



CRITICAL ANALYSIS ON PATIENT SAFETY AND PATIENT-CENTRED CARE IN EMERGENCY MEDICAL SERVICES AND ADJOINING CARE SETTINGS

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ABSTRACT:

Emergency medical service/adjacent care setting is the indispensable terminus of the medical system, shouldering the duty to give immediate medical attention to patients suffering from acute illnesses. This paper critically analyzes patient safety and patient-centered care in the EMS and adjoining environments. This empirical research aims to critically review all the existing literature on patient safety measures, challenges, and improvement opportunities. The research accentuates the value of prioritizing patient safety and patient-oriented care in emergency medical operations as it suggests developing care delivery in these critical areas.

Keywords: patient safety, leadership, EMS, different medical care settings.

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DOI: 10.53555/ecb/2022.11.7.99

INTRODUCTION

Emergency medical services, or EMS, that encompass delivering urgent medical care to those facing emergent health problems constitute essential medical care. The paramedics are of great importance, and their job is to stabilize the patients and facilitate fast intervention in different situations, such as ambulances, emergency departments, and urgent care centers. On the other hand, public health emergencies such as pandemics contribute to the risks of adverse patient outcomes and patient-care delivery (Kim et. al 2022). This paper examines the impact of patient safety and a patient-focused approach in EMS and associated care settings. This research aims to highlight the existing literature, gaps in knowledge, and ways to advance the quality of the care provided.

Scope of Study

This study is aimed at bedside patient safety and humanity-centered treatment inside EMS and neighboring healthcare institutions, including emergency departments, prompt care centers, and other acute care establishments. A focus is made on situating the study area with different works done on patient safety principles, barriers, and approaches to increase patient-centered care in emergencies.

Context, Importance, and Relevance

The EMS system and its administration work in a dynamic and risky setting where efficiency and fast decision-making are the pillars of successful care. The significance of patient safety concerns like medication exclusions, diagnostic misdiagnoses, and adverse effects cannot be overemphasized, as they may be responsible for a breach of care quality and result in patients' bad outcomes. Also, ensuring patient-centered care means making healthcare designed for improved patient treatment so that the services can meet unique needs and preferences, and by enhancing mutual understanding, there is greater satisfaction with overall healthcare experiences. Overcoming the obstacles and fostering the praiseworthy aspects of patient safety and patient-centered care within EMS and the linked care settings is critical to obtaining quality care and optimizing patients' results (Ratelle et. al 2019).

LITERATURE REVIEW

EMS patient safeguard measures are critical in EMS and adjunctive facilities.

Various studies have been conducted on emergency medical services (EMS) patient safety and care settings. These have identified multiple difficulties

in provision, including but not limited to quality, consistency, and availability of care delivery in a dynamic environment. As reported in the literature, lack of communication is considered one of the significant areas of failure that can happen in the EMS team, between the team and the staff in a hospital, and between healthcare service providers and patients (Youssef et. al 2020). These deteriorations may result in communication barriers, a timely care postponement, and, unfortunately, compromised patient outcomes. As well as this, medication errors, which constitute a significant source of danger in EMS and nearby clinics, are the next concern. Several causes of medication errors include complex medication regimens, a lack of a unified standard of procedures, and high-stress environmental circumstances (e.g., difficult or hectic conditions) that could hinder one's decision-making ability. Delays in diagnosis attributable enhance the risk for patient safety (Youssef et. al 2020). This is particularly true in the emergency room, where cases requiring emergency intervention need an immediate evaluation. As for system-level problems caused by crowding and low resources, they worsen patient safety problems, limiting the possibility of timely care and making the risks high.

Substandard Treatment by EMS and its Adjacent Care Units

Along with patient safety, the literature indicates that implementing these patient-centered care principles in emergency medicine and nearby care locations can potentially have significant effects. Patient-focused health services recognize the individual healthcare requirements, preferences, and priorities of the patients, which are at the center of healthcare decisions. Good communication lays the foundation for patient-centered practice, resulting in informed decisions by patients and healthcare providers cooperating with mutual regard and trust (Vennedey et. al 2020). Research demonstrates that patient-focused care practices, including appropriate communication, empathy, and cultural competence during treatment, positively correlate with enhanced quality of outcomes, patient satisfaction, and treatment effectiveness. On the other hand, in environments like EMS and emergency departments, where there are urgent and time constraints, providing health care to patients represents a more significant challenge, allowing them to harmonize clinical urgencies with compassion and person-centered care approaches (Youssef et. al 2020).

Gaps in knowledge

However, the existing body of knowledge points toward some salient features of patient safety and patient-centered care in EMS and hospital admission and discharge procedures. The gaps in knowledge present avenues for further research and investigation. One such narrowly explored gap is the study that deals with the patients' safety measures structured to meet a unique set of challenges that EMS faces. Communication problems, inadequate medication processes, and diagnostic delays were apparent as the primary safety concerns in the experiments. A better approach and evaluation protocols are still needed (Venney et. al 2020).

Furthermore, the literature doesn't end at patient-centered care in EMS and other associated healthcare settings; exploring strategies for effectively incorporating patients' preferences and values into clinical decision-making processes needs to be worked on. Lastly, the absence of a standard classification system for measuring centers of interest in emergency medical settings and intervention programs for evaluating and improving care quality in this environment impedes progress toward this goal (Graham et. al 2019). Health systems at EMS and adjoining care look ahead to closing the knowledge deficits to make achievements in ensuring patient safety and patient-oriented care.

METHODS

Research Methodology:

In this research, a systematic review has been employed to conduct an exhaustive literature survey on patient safety measures and patient-centered care within EMS and other related care settings. An incorporated structured review searching databases such as PubMed, MEDLINE, and Scopus, including peer-reviewed journal publications, is carried out to provide the related studies. The road map contains words as keywords for patient security, patient-centered care, pre-hospital emergency medicine, and settings of care (Dahlke et. al 2020).

Research design and methodology

The research plan's design includes inclusion and exclusion criteria to ensure that the studies chosen are in the subject. This analysis has employed

studies based on their English language and relevance to the theme of patient safety and patient-centered care in EMS and other related areas, including emergency departments, urgent care centers, and pre-hospital care settings. Studies that do not relate directly to the research are available, ranging from those that only address inpatient care or non-emergency medical services.

Justification and alignment

The applied research methodology aligns with the study's aim to complete an intricate examination of the current literature on patient safety and patient-centered care for patients in EMS and surrounding healthcare sectors. Using the systematic review technique, we can rigorously look for relevant studies. In the end, they are assembled to suit all research matters, trends, and gaps in knowledge within the area of research (Serrano-Ripoll et. al 2020).

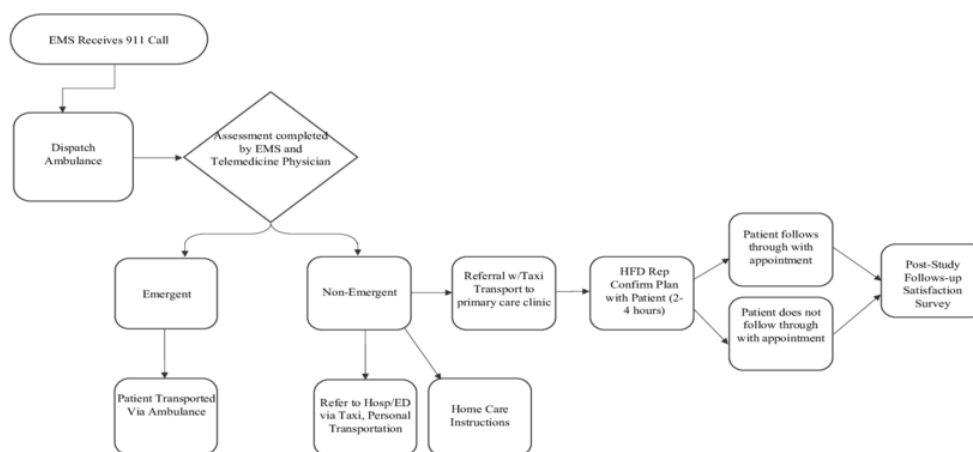
RESULTS AND FINDINGS

The structured reading providing the literature on patient safety and patient-centered care in the emergency medical service (EMS) and its surrounding settings has indicated the significant issues to address as follows: Such results may facilitate the understanding of the current status of medical inclination, obstacles that may occur, and measures possible to enhance performance in the cardinal areas of healthcare.

Patient safety measures

Many studies have listed safety procedures already in place for turnaround care in EMS and the soil of the patient-care area. Such protocols include medication administration standards, communication standards, patient identification guidelines, and practices for infection control. Besides, checklists, clinical pathways, and simulation training programs used to derive better patient safety standards are some strategies that will work. Despite portraying the state of affairs uniformly, the literature suggests discrepancies in the implementation and degree of compliance with these safety measures by different EMS systems and the frameworks in which healthcare is provided (Mehmood et. al 2019).

Figure 1: Patient Safety Measures in Emergency Medical Services (EMS) and Adjoining Care Settings



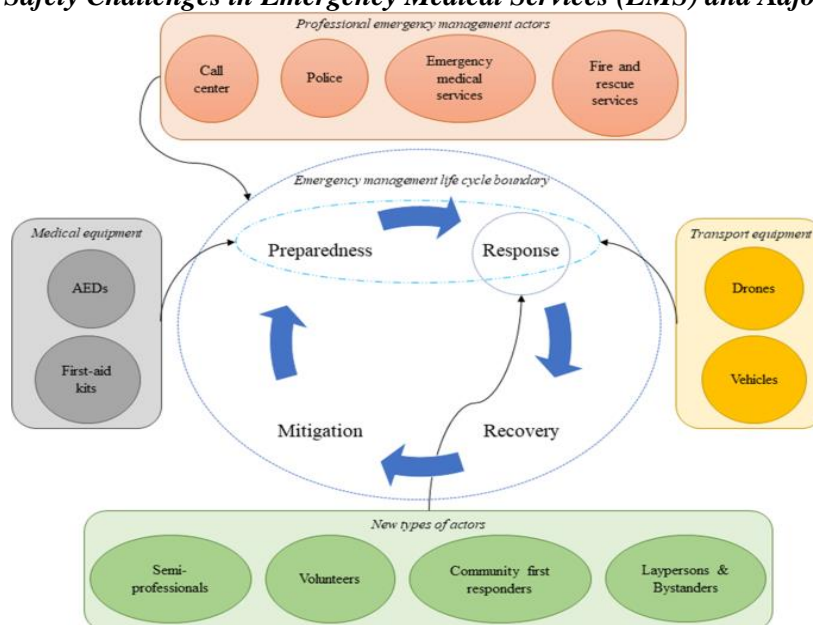
(Malm et. al 2021).

Patient safety challenges

The facility has patient safety policies; however, specific barriers still exist for achieving quality patient care during EMS operations and transfer into the facility. Communication difficulties persist as a primary obstacle to delivering quality care, which results in errors in patient treatment and misunderstandings among healthcare professionals. Erroneous administration of drugs is still widely characterized as one of the most fundamental matters of the safety crisis, with facets including a burdensome working environment,

improper medication reconciliation, and the absence of standardized guidelines. The risk of diagnostic failure, mainly in the emergency department, causes a delay in treatment, leading to the need for fast and accurate assessment and intervention (Khorram-Manesh et. al 2019). Therefore, the safety of patients is maintained. Politico-level barriers such as resource strains, overcrowding, and personnel shortages remain insoluble issues, making patient safety more vulnerable, pushing clients to the edge and increasing their risk of harmful incidents.

Figure 2: Patient Safety Challenges in Emergency Medical Services (EMS) and Adjoining Care Settings



(Khorram-Manesh et. al 2019).

Efforts that are to ensure that patient-centered care is further boosted.

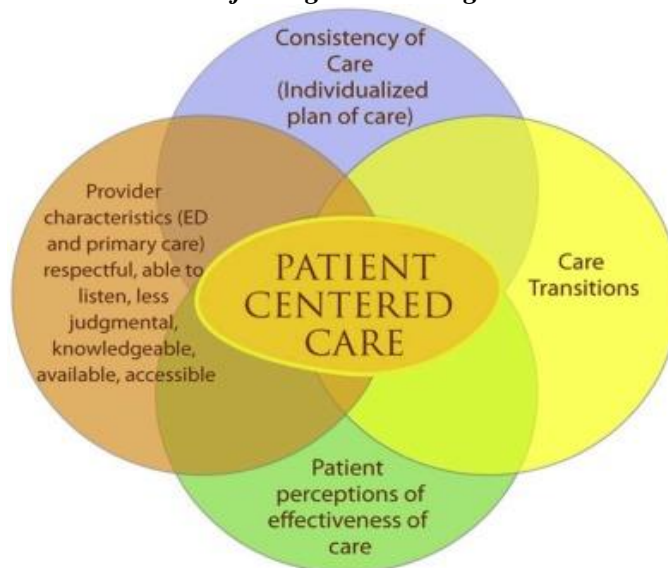
The papers also talked about other measures for patient safety besides patient safety and proposed strategies that would make the EMS and the Eur. Chem. Bull. 2022, 11(Regular Issue 07), 700 - 708

surrounding care settings well-focused on the patients. These tactics involve having good communication between doctors and patients, engaging patients in shared decision-making, and respecting their viewpoints and values. To this end,

cultural competence training for healthcare providers, patient education campaigns, and the implementation of patient feedback channels are intervention points that have been suggested to enhance patient-centered care experiences. Also, a combination of technology like telehealth

applications and mobile platforms has the possibility for better communication between patients and providers, as well as more accessible access to the services of care. This can be crucial in regions that are difficult to access (Wireklint Sundström et. al 2019).

Figure 3: Strategies to Enhance Patient-Centered Care in Emergency Medical Services (EMS) and Adjoining Care Settings



(Sutton, 2021).

Synthesis of Literature

Ultimately, such an interpretation of the existing art of the literature points out the necessity of patient safety and patient-centered care in EMS and related settings as a priority. A lot has been done in connection with safety measures and patient-care-oriented methods. However, some barriers still exist because of the difficulty in consistently preserving the implementation and showing the proper results (Kodadek et. al 2019). The problems surrounding the pandemic have always been solved through multidimensional approaches that include devising standard protocols, implementing improved communication strategies, training the workforce, and finding technological solutions. Moreover, studies must fully capture the degree of risk these critical healthcare environments might pose, necessitating further research to assess the impact of interventions to enhance patient safety and patient-centered care outcomes in these settings.

Areas for further research

The systematic literature analysis revealed several research areas to be studied, including patient safety and care about EMS and neighboring healthcare facilities.

- 1) Discuss the outcome achievements and concrete patient safety measures like medication reconciliation protocols and communication methods in improving patient conditions.
- 2) Discussing patient safety and care delivery on systemic levels, such as resource availability and human workforce, is essential (Mira et. al 2021).
- 3) Creating and standardizing tools that will be used to assess protocols and outcomes of care that cater to the needs of individual patients in emergency medical settings.
- 4) Study of novel tools, for instance, telehealth and remote monitoring systems, to improve communication between the patient and the provider, increasing the chance for the patient to receive well-organized soft services.
- 5) Determining the patient's perceptions and experiences to understand their requirements, likes, and concerns because their requirements, preferences, and priorities in emergency medical cases come first.

A systematic review of the study furnishes valuable information about patient safety and patient-centered care in EMS and the care settings that are connected with it. Despite the vast improvement in the health and safety area, the problem continues with the issue of uniformity in the implementation

measures and delivery of the best care possible (Choe et. al 2022). These obstacles need continued exploration, improvements, and partnership by health officials, politicians, and other cooperators. Since EMS and the following care settings are founded on the cornerstones of patient safety and patient-centered assistance, they can strengthen care provision and provide better health outcomes.

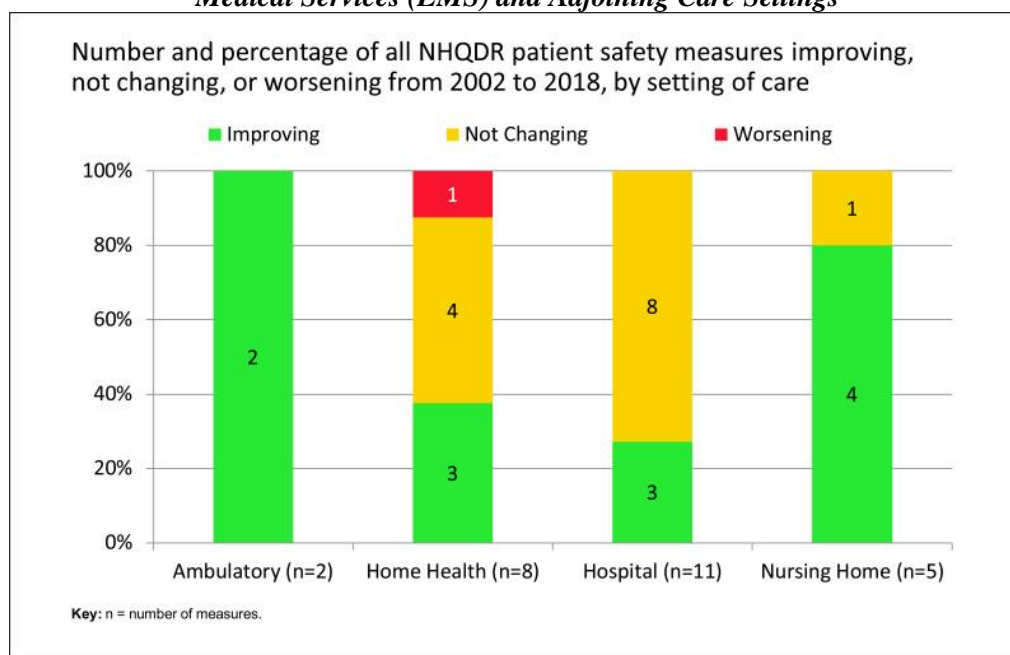
DISCUSSION

This systematic review has helped expose the central approach and patient-focused care within emergency medical services (EMS) and adjoining settings. This debate closely examines these results, putting the findings in the proper perspective within the broader literature on healthcare quality, which is accompanied by actionable steps for practice, policy, and future research.

Implications for Practice

The importance of fast response times and quick interventions is one of the most significant conclusions that can be drawn from these results. Assessing the level of risk factors and voicing their importance in preventing incidents should become the duty of the professionals involved in such situations and adjacent healthcare settings. Communication mistakes, drug errors, diagnostic delays, and systemic issues introduced by the literature studies are severe threats to the patients' health and present an immediate appeal to resolve them. To reduce the risk of medical errors, healthcare institutions must establish protocols, enhance communication strategies, and spend on employee training. In addition, developing a seamless culture of safety and responsibility among all healthcare providers can't be overlooked. This is to ensure that healthcare delivery is patient-centered (Gonçalves et. al 2022).

Graph 1: Implications for Practice in Enhancing Patient Safety and Patient-Centered Care in Emergency Medical Services (EMS) and Adjoining Care Settings



(Aase & Waring 2020).

Implications for Policy

The results also have implications for policy on healthcare, both in the context of the possible regulatory frameworks that need to be introduced and resource allocation issues. One of the proposals among policymakers is to adopt the regulations and guidelines that demand the introduction of patient safety measures in EMS and care settings as a mandatory practice. This could entail the establishment of some norms; for example, this could be a standardized communication protocol or medication reconciliation processes. Furthermore,

it may necessitate timely diagnosis observance (Chinyandura et. al 2022). Besides, politicians should allocate money for initiatives for primary and secondary care experiences, especially cultural competence training of medical personnel and the integration of technological care delivery models.

Implications for Future Research

Although the systematic review provides information on preventing adverse events and patient-centered research in EMS and between-care settings, large areas must be studied. In the future,

the research must focus on measuring the outcomes of dedicated initiatives sought to resolve communication mismatches, medication mistakes, and diagnostic misdiagnoses. Also, research relating to systems focused on establishing quality and patient outcomes should be conducted by examining the availability of resources and the workforce (De Man et. al 2020). Having a set of universal tools and dimensions for measuring care practices and outcomes from a patient perspective is crucial. For this purpose, it is also essential to develop and prove metrics. Besides, this type of research can also benefit significantly from using the patient's voice to figure out their needs, preferences, and aspirations, which is essential in setting emergency priorities.

Challenges and opportunities

Finally, we addressed the problematic parts: EMS and the transition to extended care, such as home-based or long-term healthcare. Although considerable progress has been made regarding the design of patient safety systems and the development of principles of patient-centered care, challenges are still experienced, such as resource constraints, workforce shortages, and technological barriers (Marsden et. al 2021). Yet these hardships, too, can serve as catalysts for innovative and cooperative solutions. Healthcare organizations achieve this through technology, applying evidence-based practices, and creating teamwork across healthcare fields to overcome these challenges and develop efficient service delivery to patients during emergencies.

In summary, the discussion indicates the necessity of a safety- and patient-oriented approach to driver care and its related system elements in EMS and supportive care. Through considering and utilizing favorable chances, healthcare managers, policymakers, and investigators can combine efforts to ensure that care is delivered optimally using these critical healthcare environments. Collaborative efforts involving standardized protocol implementation, better communication strategies, and investment in workforce training are the pillars that need to be relied upon to reach that goal and, thus, guarantee the successful delivery of safe, effective, and patient-centered care to emergency medical settings (Spaeth et. al 2021).

CONCLUSION

This paper is a rigorous review of existing science on patient safety and patient-centric care in the EMS and emergency care contexts. This examination revealed essential issues, problems, and fields for improving the quality and

effectiveness of care that patients receive in emergencies. With these discoveries, it is up to healthcare providers, the government, and other stakeholders to react and make timely decisions, improving patients' quality of care in emergencies. We have included remarks on practice, policy, and research, emphasizing the crucial role of patient safety and patient-centered care principles in critical care environments (Anderson et. al 2021). The solutions to the highlighted challenges and seizing opportunities would require good working relationships among providers, policymakers, and researchers, resulting in the provision of effective, quality, and patient-centered EMS and adjacent care services.

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