

## Technological Variations in Health Care Utilization and Mortality

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### DESCRIPTION

Despite the dearth of national accreditation organizations like the Joint Commission, which is a driving force for performance improvement in healthcare systems and, the sparse number of federal and state regulations that are in place, community pharmacy practice is making significant strides in the quality and safety movement. To reduce the possibility of error and increase the likelihood of providing high-quality care, community pharmacies are utilizing automated drug dispensing devices (robots), computerized drug utilization review tools, and most recently, the capability to receive electronic prescriptions from prescribers.

Community practice Quality Assurance (QA) is a relatively recent idea. Only 16 states, as of 2006, had legislation governing QA in community pharmacy practice. New technologies facilitate the traceability tools of patients and medications. This is particularly relevant for drugs that are considered high risk and cost.

### Quality improvement and safety initiatives in pediatrics

Pediatric healthcare professionals are very concerned with patient safety and quality improvement. Initiatives for patient safety and quality improvement in inpatient settings will be the main topics of the next section.

In recent years, pediatric organizations have joined forces to improve pediatric inpatient care standards, reporting, and general understanding. A significant programme of projects, research, and benchmarking initiatives has resulted from these agreements. Medication errors have drawn a lot of attention in research and discussions regarding adverse events since they are the most often reported adverse event for both adult and pediatric patients. It's also noteworthy that there are many other ways in which children might be harmed, with drug-related mistakes being the most easily preventable. According to reports, children who experience medication errors have a higher rate of death linked to the error than do adults. A more recent review of potential pediatric safety issues conducted by Miller, Elixhauser, and Zhan found that hospitalized children who experienced a patient safety incident, compared with those who did not, had,

1. Length of stay 2- to 6-fold longer
2. Hospital mortality 2- to 18-fold greater
3. Hospital charges 2- to 20-fold higher

Designing safe systems and processes must be the focus of safety efforts if these errors are to be decreased. Slonim and Pollack emphasize the importance of safety in lowering medical errors and unfavourable outcomes. These issues can include misdiagnosis and incorrect treatment, hospital complications from treatments, newly acquired infections, and a failure to prevent problems like pressure ulcers. Along with addressing the quality and safety issues that are present in adult patients, there are several characteristics that are unique to the pediatric group. Children's requirements as consumers of health care goods and services alter as they develop cognitively and physically. As a result, the flexible nature of pediatric development has an impact on the planning of a unified strategy to pediatric safety and quality.

**Dependency:** Children who are in the hospital, especially those who are very young and/or nonverbal, depend on their parents, caregivers, or other replacements to convey crucial information concerning patient relationships. Even when they are able to express their needs clearly, children are not always given the same respect as adult patients. Every encounter with children must also receive parental or replacement clearance due to the fact that they are dependent on their caretakers.

**Different epidemiology:** The majority of hospitalized kids need acute episodic care rather than care for chronic conditions like adult patients does. Planning safety and quality initiatives within the context of "wellness, interrupted by acute illnesses or exacerbations," offers particular difficulties and necessitates a shift in perspective.

**Demographics:** Children are more likely than other groups to live in poverty and experience racial and ethnic disparities in health care. Children are more dependent on public insurance, such as State Children's Health Insurance Program (SCHIP) and Medicaid. One of the main challenges faced by pediatric safety and quality efforts is that most of the work on patient safety to date has focused on adult patients.

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