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# EDITORIAL

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## The Era that Ends the Error: The Age of Patient Safety

We all went into medicine for the same reasons. We were good in science and we wanted to help people. We then choose urology and eventually, a subspecialty perhaps. Regardless of your specific expertise or interest, there are the universal truths we all follow: helping patients with their medical problems and keeping them safe. Patient safety is loftily defined as a discipline that applies the methods of safety science to achieve the goal of achieving a trustworthy system of healthcare delivery. Breaking it down further: we strive for good outcomes in our treatments with minimal risk to the patient. BOOM. Patient safety explained. It is that simple.

Methodologies to educate and expand the dissemination of patient safety techniques abound and are becoming more readily available to the urologist. Understanding the gaps in patient safety and the errors in system process that occur are crucial to the definition. Key to understanding is identifying root cause analysis that triggers failure. There are efforts to move beyond individual blame towards understanding where the system error occurred. It is much easier to change the system than to change people. There are aspects of patient safety that specifically involve the patient, the healthcare team (including hospital administration and leadership) and understanding how human design factors play a role. The science has many layers, but is both learnable and practical.

On both sides of our great border, efforts are being directed towards that education goal. Canada has made national strides to create a program in patient safety in conjunction with the Patient Safety Education Program from Northwestern University. This product will be distributed throughout the provinces. The American Board of Urology has recognized the value of patient safety and has approved a course to be held at this year's national American Urological Association meeting entitled the Patient Safety Education Program. This course, created from similar content, will count towards Maintenance of Certification credit.

Would anyone argue that they want to provide better care? Or want to avoid errors? Being safe is synonymous with providing good care. Understanding your own patient's outcomes and complications are personal ways to begin this process. Look critically at your own results in disease management. Is there variance from your peers or the reported literature? If so, take apart the process and try to identify root cause, and then try to fix it. Nothing motivates improvement like knowledge and friendly competition. We recently looked at our patients undergoing percutaneous nephrolithotomy and found a 1% transfusion rate, which I use to quote to patients preoperatively. And we continue to strive to understand why we still have 1% and work to reduce it further.

Want to improve outcomes? One option is to follow current urological guidelines as best as the patient condition allows. For instance, is it not time to stop performing shock wave lithotripsy on staghorn stones and expecting success? Reducing prostate needle biopsy complications is another easy target for improvement. Consideration of bacterial antibiotic resistance before prescribing prophylaxis or the option of a rectal swab, particularly in high risk patients, are very appropriate and direct steps to reduce risk. Our patients deserve the best outcomes and to know that they are safe.

The time has come to take this seriously. So next time you are asked to take a surgical "time out" before your next case, take it earnestly and pause. Next time you are explaining to a patient about the risk of bleeding for their surgery, give them your data, not quoted data. And if your data varies from your peers, look into why and effect change. Constantly self-assess the therapies you provide and strive to enact safer and better quality care. After all, we are ultimately the primary stewards of our patient's healthcare.

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