

**V. N. Mahalakshmi \***

Hospital and healthcare institutions are some of our country's and indeed the world's most dynamic, creative, innovative and service minded enterprises. We are in an era where healthcare is both literally and figuratively being revolutionized around the world.

It seems that any discussion about almost any issue in the recent times has the word 'quality' peppered liberally in it. This apparent obsession with a concept, which is both nebulous and is difficult to define, especially in the realm of healthcare, has often caused confusion and an inability to truly understand what "Quality of Care" represents. For some, it is the survival of the patient; for others, it is the successful completion of the procedure, unmindful of the quality of the patient's experience during the treatment process. To deliver Quality Care, we need the patients to trust in the safety and effectiveness of our services.

The advancement of medical technology has brought newer therapies with greater clinical benefits, but also a greater potential for harm. The data from Harvard Medical Practice Study in the late 1990s, which has been repeated in various studies across the world, suggest that between 3 to 25 percent of patient suffer unintended harm due to medical errors.

Quality is the product of two factors, one the science and technology of healthcare and the other, the application of them in actual practice. We need to understand these critical components to deliver quality in healthcare. The approach analysis of the components of patient safety such as incident reporting, database review and clinical incident analysis can be applied to different service areas and specialties.

Errors and adverse events are fundamentally organizational in their etiology and an understanding of them, would involve forays into a range of disciplines including psychology, clinical epidemiology, quality management, technology, informatics and law. To bring about improvement, we need to evaluate how we deliver care and what factors in our care would improve outcomes.

Patient safety is not the province of any one discipline and a real understanding of it would require a collaborative effort from different perspectives and contributions.

'Patient first' concept aims to replace our current 'Physician centered' healthcare system with the one that revolves around the patient –'Patient centered'. We need to move from 'what's the matter' with our patients to 'what matters' to our patients, focusing on their concerns while assuring safety and effectiveness.

'Patient first: International conference on Quality Assurance and Safety in healthcare' 2012, was a Joint International Conference, organized by Sri Balaji Vidhyapeeth – a deemed University, Pondicherry, India and supported by The Royal College of Physicians and Surgeons, Glasgow, UK. The event was held at Hotel Ananda Inn, Pondicherry, Pondicherry state, India, from November 28th to 30th, 2012.

Our initiated a multi disciplinary dialogue on patient safety practices. We brought together some of the leading experts, researchers, commentators and members of the academia to share and debate their experiences and expertise. The conference program combined plenary sessions and keynote lectures with parallel focus sessions on the key issues of Quality of care and Patient Safety issues, and was trans-disciplinary in nature. The conference was attended by over 450 practicing clinicians, hospital administrators and other interested stake holders . We are happy to bring out

the deliberations and the write ups submitted for the event as a special issue for the 'Annals of SBVU' for wider dissemination and readership.

As long as science continues to expand boundaries of what we can achieve in the healthcare, the pressure to ensure what we do meets the expectations of patients and other stakeholders will not ease. No level of quality can be totally satisfactory, as the threshold continuously keeps shifting upwards. We need to live up to this challenge by developing procedures, processes and techniques that keep tune with this challenge.

We do hope that our efforts would help us all to take a positive step in safer, patient centric care.

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\* Dr. V. N. Mahalakshmi M.S, M.Ch., FRCS, Professor of Paediatric Surgery,  
Organising Secretary,  
Patient First: International Conference on Quality Assurance and Patient Safety  
Sri Balaji Vidyapeeth, Pondicherry