

## Beyond the scalpel: Quality care and patient safety

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Quality surgical care was traditionally viewed through the lens of definitive outcomes - low complication rates and better survival. These metrics, though fundamental, now epitomize only a fraction of what outlines high-quality surgical care. While technical skills and proficiency are important, the modern horizon of quality care in surgery encompasses patient safety, health systems, teamwork, communication and delivery of patient-centered, evidence-based care. This year's theme of the Annual Surgical Conference, and this supplement - *Beyond the Scalpel: Quality Care and Patient Safety* – reflects this evolving landscape.

In low- and middle-income countries, the quest for quality often unfolds against the backdrop of resource constraints, high patient volumes and a shortage of healthcare personnel.<sup>1</sup> Providing quality care is the holistic responsibility of the healthcare system, not just clinicians. In addition to technical skills and practical knowledge, a conducive work environment enabling institutional policies, resource availability and organizational culture, strongly influence a surgeon's performance. Patient safety is the cornerstone and top priority of healthcare institutions globally. It is more often compromised by system gaps and failures than by individual follies or knowledge constraints. Addressing these vulnerabilities is the first step towards meaningful improvement. Patient safety should be viewed as an essential component of ethical and effective care everywhere, and not a privilege for high-income settings.

Measurement is vital for improvement. An essential aspect of improving patient safety is the collection and management of hospital data. Several databases have been developed and implemented in many countries to record the presentations and outcomes of surgical patients. Some of these databases, like the American College of Surgeons (ACS) National Surgical Quality Improvement Project (NSQIP), allow benchmarking of outcomes and safety parameters and enable anonymized comparisons across institutions, which can aid

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improvement.<sup>2</sup> Morbidity and mortality meetings are also an important avenue for discussing complications and reflecting on unfavourable outcomes in a scientifically rigorous manner.<sup>3</sup> Providing high-quality healthcare requires a culture in which speaking up is safe, adverse events are regularly discussed, and the team rather than the surgeon alone, owns errors and strives to prevent them. Implementing surgical checklists, such as the World Health Organization checklist, has shown to improve anaesthetic and surgical safety.<sup>4</sup>

While patients are the main beneficiaries of any healthcare system, their participation and engagement are also indispensable for improving healthcare delivery.<sup>5,6</sup> Studies have reported inconsistencies between healthcare professionals' and patients' viewpoints on patient safety.<sup>7,8</sup> Surveys of patient-reported clinical outcomes can provide unbiased insights into clinical practices and serve as an essential quality outcome measure. Their involvement can help identify areas for improvement, reduce costs, and build public trust.

Finally, the real measure of an effective healthcare system is how well and safely it performs under pressure. Surgical excellence must be defined by dependable systems that protect each patient, every time. Thinking beyond the scalpel demands an unwavering focus on quality of care and patient safety. It requires a deliberate shift in focus. Surgical excellence must be defined by dependable systems that safeguard every patient, every time. This supplement includes papers on clinical outcomes that affect the quality of care and patient safety. The published articles were selected after a rigorous peer review process. The contributions reinforce the shared responsibility of clinicians, health systems and patients towards safe and reliable health services.

**DOI:** <https://doi.org/10.47391/JPMA.AKU-10Surg-01>

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