

Patient Care

Quality Assurance of Patient Care

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How do we motivate medical personnel to deal with the "whole" patient? In this age of specialization, I have witnessed people being referred to as the elevated bilirubin, the dislocated shoulder, the brain scan, and so on. Are we so technically elevated that patients are no longer people? Are our thoughts dislocated to the point of indifference? Should we not be scanning our brains to recall the perspective of health care for the patient as a whole entity? Nobody in the system, it seems, except the patient is primarily concerned about the total experience of the patient.

I have always tried when instructing medical personnel to show that all patients have a name, to take the time to explain a procedure prior to commencing with tests (never assume that the patient is aware of what comes next), and to relate to the patient in a professional and courteous manner.

The staff and physicians at Kaiser-Permanente Medical Center, Northern California Region, have endorsed a statement sometimes referred to as "A Patient's Bill of Rights." It declares that each patient is entitled to the following:

- considerate and respectful care;
- the right to know the name of the doctor who has primary responsibility for coordinating his or her care and the identities of others who are involved in providing care;
- the right to ask for information from his or her doctor regarding an illness, its likely course, contemplated treatment, plans for discharge, and follow-up care;
- the rights to know about various alternative methods of treatment, including the risks and advantages of each, before giving consent and to refuse a recommended treatment, test, or procedure;
- the right to refuse to participate in any treatment which is considered experimental in nature and not to be involved in such a study without his or her understanding and permission; and
- privacy concerning medical care.

When patients visit a doctor or enter a hospital they want good medical care. Modern medical care involves a complex team, and the combined talents and efforts of many different people; the patient is a crucial part of this team. The effectiveness of treatment is influenced by his or her participation in both the diagnosis and treatment. These rights entitle the patient to information regarding course of treatment, tests, and alternative procedures. The ultimate goal is to gain the patient's cooperation as part of the entire medical team.

Have you ever considered how a patient views medical care or exactly what his expectations of the diagnostic process are? When a patient is subjected to diagnostic procedures, he or she may feel victimized by dependence on a very large and complex medical care system which can often treat the patient with indifference. According to the psychologist Abraham Maslow (1), two of the basic needs of man are safety and security. Unless medical personnel give patients reassurance and can respect their personal identity, the medical center can take away man's basic needs of safety and security. When doctors fail to explain a particular procedure to the patient, frustration may result. If the technologist meets the patient at this

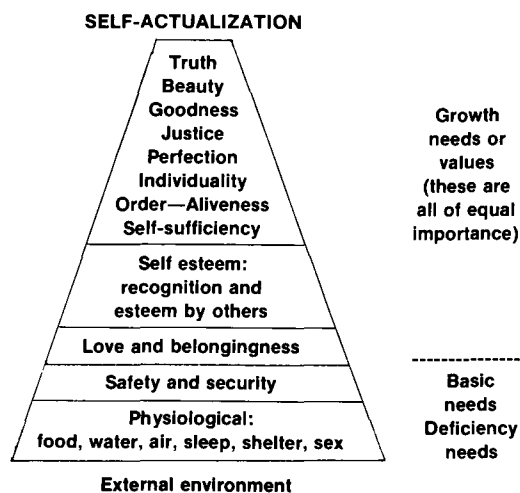


FIG. 1. Maslow's "triangle" of the needs of man.

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point, that frustration can be compounded if the patient's concern is further ignored.

Nuclear medicine invariably mystifies and sometimes frightens. This awesome name tends to connote serious illness. The technologist has to accept responsibility for the patient's physical *and* psychological needs. We strive to perform high-quality diagnostic procedures, but if we are inattentive to a patient's psychological needs, we may not reach our ultimate goal—quality scintiphotos—because of a patient's noncooperation. Increased awareness on the part of the technologists will bring various elements of a medical system together to function efficiently for a common goal—patient care as a whole entity.

To attain the ultimate goal of high-quality scintiphotos, these are the necessary parts: physician orders; clinical history; prep orders; radiopharmaceuticals; nuclear imaging equipment; and nuclear medicine technologists. Some of these parts are acted on more than others. Recently, the prevailing theme has been *quality assurance*, e.g., quality assurance of scintillation cameras, of radiopharmaceuticals, and of film. Quality assurance of technologist competency will be forthcoming.

When I add up these parts or components, I fall way short of 100%. The major deficit is *the patient!* For whom medicine tolls. We are reminded of quality assurance through continuing education programs and federal agencies.

Improving Patient Care

I think it is time to institute a new program—*quality assurance of patient care* by the nuclear medicine technologist. Nuclear medicine technologists bear the responsibility to perform diagnostic procedures efficiently and to work towards the common goal of the medical team.

The nuclear medicine technologist is a qualified professional: ethical, disciplined, and motivated to accept the challenge of helping man. Medical personnel are thought to be inefficient and inconsiderate when patients are ignored, subjected to physical and psychological pain, or kept waiting unduly. The total experience of the patient can be effectively and adequately dealt with by using skills, understanding, and technology. Through self-analysis, a technologist can realize that he or she is a person also, and this person must apply the learned technology in a desirable way most conducive to patient cooperation.

We can achieve this with a touch of "tender loving care." It is important to call each patient by name and to

introduce yourself so he or she can relate to someone personally. It takes but a few minutes to explain exactly what the nuclear medicine procedure will entail from injection through sequential scintiphotos. This can be related in basic lay terms. The unknown yields apprehension, but this is quickly alleviated when the patient knows what to expect and who will be performing the procedure.

We *must* maintain Maslow's basic needs of man: security and safety. Moreover, a patient's consent and cooperation are paramount in obtaining required diagnostic information. No matter what degree of technological expertise we have acquired, without a consenting patient we can make no application. Lacking this, our technology is not only ineffective, it is void.

Improving Communication

Since we use standards and phantoms to measure quality assurance of tangibles in nuclear medicine, how do we measure quality assurance of patient care? The most effective way is patient feedback, either immediately or at a future date. At my hospital, a patient's positive and negative experiences are handled by our Patients Assistance Coordinator, sometimes referred to as the "Patient Representative." A monthly report is compiled and the department attempts to alleviate problems. The initial analysis of any problem is to determine if it is caused by a patient's misunderstanding of a department's medical procedures. In many cases, a patient's expectation of medical care is very different from the actual situation. We have attempted to educate patients at our medical center through patient education programs. These programs are now becoming required in some states. Since they are not mandatory for the patient, we still have to deal with a patient's preconceived expectations of medical care. Communication in the medical system is conducive to good health care.

While striving for quality assurance of patient care, technologists must accept the challenge of self-evaluation to become conscientious members of the medical team that treats the whole person. It is far better that we ourselves and our peers seek self-improvement and self-motivation, rather than be judged by outsiders. It is our responsibility to continue learning whatever skills necessary to function to the best of our ability.

We are responsible!

References

1. Wharton, DC: So You Are a Registered Nuclear Medicine Technologist. *J Nucl Med Technol* 3: 199-201, 1975