The formulation of a correct diagnosis and the prescription of adequate therapies represent key aspects in planning healthcare. Diagnostic and therapeutic errors constitute a significant and unrecognized threat to patient safety.

In such a context, the management of clinical risk represents a privileged observatory on healthcare since the successful implementation of these activities involves the search for preventive actions adequate to overcome the critical issues.

The implementation of a virtuous litigation management system as well as a culture of safety for citizens and health professionals cannot be guaranteed by sectoral interventions but must derive from the integrated action of different skills. With this in mind, the integration of activities must aim at improving quality and safety with clinical risk management. These activities must be guaranteed through the most appropriate organizational methods based on the peculiarities of the individual health systems. Therefore, in the current state of knowledge, the acquisition of data from the different institutions is fundamental in order to adopt a shared methodology and design appropriate strategies for the reduction of errors in medicine.

The need to generate evidence and recommendations useful for competitively addressing problems related to error requires the identification and use of evaluation criteria and performance indicators that can contribute to the continuous updating of technologies. Furthermore, the reduction of the knowledge gap and the implementation of surveillance systems at a multicenter level can contribute to defining methodological standards for the development of preventive strategies.

Understanding the error represents the main effort to be made to improve the quality and safety of care. In fact, it is widely known that error is the most common and preventable cause of patient harm. The costs of medical errors are significant and include expenses due to morbidity, mortality, additional treatments, and prolonged hospital stay. On the other hand, the costs of prevention and surveillance are relatively low and sustainable [1-8].

The aim of the papers collected in the present issue is to provide relevant information about healthcare quality and patient safety, focusing attention on the adequacy of diagnostic procedures, medication errors, litigation management, risk management, and performance measurement.

This special international issue of ‘Current Pharmaceutical Biotechnology’, entitled “Risk management, patient safety and quality in health care” compiles valuable research articles on subjects concerning the quality and safety of care, the evaluation of healthcare activities, and the processes of elaboration, development, and implementation of health policies.

Giacomo Fassina et al. (Padua, Italy) present a seventeen-year medical professional liability experience in a level III university hospital. An analysis of disputes for medical professional liability has been performed, and the importance of establishing a medical-legal observatory to monitor the phenomenon is underlined, in order to implement a shared methodology in the medical-legal evaluation that leads to the prevention of adverse events [9].

On the other hand, the topic developed by Matteo Sanavio et al. (Padua, Italy) concerns the development of a quality indicator to be used in medico-legal expert reports regarding professional healthcare liability in civil law. Particularly, agreed criteria and methodologies allow to verify the congruity of professional conduct, causal mechanisms, and potential damages related to the failure to follow the scientific evidence [10].

An interesting perspective is provided by Stefano D’Errico et al. (Trieste, Italy) in their manuscript on the role of hospital autopsy auditing in clinical risk management. The authors underline the importance of improving an autopsy service and the relevance of this investigation procedure in daily clinical practice, by evaluating the rate of major discrepancies between the assumed cause of death and the ascertained cause of death after a complete post mortem investigation [11].

Finally, Matteo Scopetti et al. (Rome, Italy) provide a definition of a set of indicators for the evaluation of medico-legal activity. In particular, with the aim of monitoring and implementing the management of litigation due to medical liability, a group of key performance indicators has been developed in order to provide scientifically reliable data on claims management to hospital professionals responsible for strategic choices [12].

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REFERENCES


