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Quality and safety in healthcare.docx

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4 Pages

374 Words

2,210 Characters

0% detected as AI

The percentage indicates the combined amount of likely AI-generated text as well as likely AI-generated text that was also likely AI-paraphrased.

Caution: Review required.

It is essential to understand the limitations of AI detection before making decisions about a student's work. We encourage you to learn more about Turnitin's AI detection capabilities before using the tool.

Detection Groups

1 AI-generated only 0%
Likely AI-generated text from a large-language model.

2 AI-generated text that was AI-paraphrased 0%
Likely AI-generated text that was likely revised using an AI-paraphrase tool or word spinner.

Frequently Asked Questions

How should I interpret Turnitin's AI writing percentage and false positives?
The percentage shown in the AI writing report is the amount of qualifying text within the submission that Turnitin's AI writing detection model determines was either likely AI-generated text from a large-language model or likely AI-generated text that was likely revised using an AI-paraphrase tool or word spinner.

False positives (incorrectly flagging human-written text as AI-generated) are a possibility in AI models.

AI detection scores under 20%, which we do not surface in new reports, have a higher likelihood of false positives. To reduce the likelihood of misinterpretation, no score or highlights are attributed and are indicated with an asterisk in the report (*%).

The AI writing percentage should not be the sole basis to determine whether misconduct has occurred. The reviewer/instructor should use the percentage as a means to start a formative conversation with their student and/or use it to examine the submitted assignment in accordance with their school's policies.

What does 'qualifying text' mean?
Our model only processes qualifying text in the form of long-form writing. Long-form writing means individual sentences contained in paragraphs that make up a longer piece of written work, such as an essay, a dissertation, or an article, etc. Qualifying text that has been determined to be likely AI-generated will be highlighted in cyan in the submission, and likely AI-generated and then likely AI-paraphrased will be highlighted purple.

Non-qualifying text, such as bullet points, annotated bibliographies, etc., will not be processed and can create disparity between the submission highlights and the percentage shown.

Quality and safety in healthcare

Student's Name

Institutional Affiliation

Course

Professor's Name

Date

Quality and safety in healthcare

In the video, the one major quality and safety issue that I found was the incomplete medical records and lack of interoperability. When Pat went for emergency care, her medical history was missing the implant procedure (Patient Safety Movement, 2020). A delayed diagnosis and improper treatment due to this failure subsequently led to her death. Missing medical information has a major impact because healthcare providers cannot make an educated decision without it, resulting in additional complications, wrong diagnoses, and potentially fatal outcomes. Timely, coordinated, and effective medical care occurs only if people have proper documentation and access to patient records.

Technology aided in both hindering and potentially improving the quality and safety issues that were identified. Electronic health records (EHRs) should theoretically make continuity of care easier, but in this case, they failed due to poor interoperability between providers. There was mismanagement due to medical professionals' inability to access crucial patient information. Nevertheless, technological tools could have permitted real-time access to Pat's entire medical history so that all providers were kept abreast at all times of the situation of his condition (Patient Safety Movement, 2020). If there had been a well-integrated EHR system with shared access throughout all the various healthcare facilities, then oversight would have been prevented, and she would not now find herself at risk of a worsening condition.

Through a national interoperability policy, in which the use of standardized, fully integrated EHR systems is required, similar quality and safety issues should be prevented. The second policy requires that this be a policy of seamless sharing of data across hospitals, clinics, and specialists so that the patient data is available to the provider wherever the patient may find him or herself. It is also important that healthcare providers be liable for having complete and up-

to-date medical records. By regulating the record-keeping, real-time updates, and data exchange securely on every report, communication would become stricter, and we could cut down on errors and, therefore improve patient safety by making sure medical decisions can be made timely and accurately.

Reference

Patient Safety Movement. (2020, July 6). *Uncoordinated care claimed Pat's life too soon* Video]. YouTube. https://www.youtube.com/watch?v=cw6XboxeUac