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OPTIMIZING PATIENT SAFETY AND BEHAVIORAL RISK MITIGATION THROUGH INTERDISCIPLINARY COLLABORATION BETWEEN HEALTH CARE SECURITY AND EMERGENCY MEDICAL TEAMS

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Abstract

Introduction: Patient safety remains a global priority in healthcare systems, as behavioral and clinical risks continue to pose significant threats to the quality of care. Addressing these challenges requires comprehensive and coordinated strategies that extend beyond traditional clinical practices. Interdisciplinary collaboration between healthcare security and emergency medical teams has emerged as a critical approach to managing complex risk situations and ensuring safe, patient-centered care.

Objective of the Study: The primary objective of this study is to examine the role of interdisciplinary collaboration between Health Care Security Assistants and Emergency Medical Technicians as a strategy for improving patient safety, reducing behavioral and procedural errors, and enhancing overall healthcare outcomes.

Methods: A mixed-methods approach was employed, incorporating quantitative analysis of incident and safety reports alongside qualitative data collected through interviews with healthcare and emergency professionals. This methodology aimed to assess the effectiveness of collaborative practices in risk mitigation, communication efficiency, and behavioral threat management within healthcare environments.

Findings: The findings indicate that interdisciplinary collaboration between HCSAs and EMTs contributes to a measurable reduction in adverse events, improved communication during critical situations, and more proactive identification and management of behavioral risks. These outcomes collectively support higher standards of patient safety and quality of care.

Conclusion: Structured and coordinated teamwork between healthcare security and emergency medical professionals plays a vital role in reducing risks, strengthening safety culture, and promoting patient-centered care within complex and high-pressure clinical settings.

Keywords: Patient safety; Interdisciplinary collaboration; Behavioral risk mitigation; Healthcare quality; Health Care Security Assistants; Emergency Medical Technicians.

INTRODUCTION

Patient safety and the mitigation of behavioral risks within healthcare environments are critical components of delivering high-quality care, particularly in complex and high-stakes settings that require effective interdisciplinary collaboration. Contemporary healthcare systems are characterized by intricate interactions among medical professionals, emergency responders, support staff, and patients; therefore, timely and accurate communication, comprehensive risk assessment, and proactive safety measures are essential to minimizing adverse events and improving patient outcomes (Falade et al., 2024; MacGillivray, 2020). The increasing incidence of medical errors, preventable harm, and critical safety incidents has intensified the need for systematic and coordinated approaches that integrate clinical practice, emergency response, and safety management frameworks (Bhati et al., 2023).

Interdisciplinary collaboration between Health Care Security Assistants (HCSAs) and Emergency Medical Technicians (EMTs) has emerged as a strategic approach to enhancing patient safety by addressing both behavioral and procedural risk factors within healthcare and emergency settings. Evidence suggests that coordinated efforts between security and emergency medical teams contribute to improved risk communication, early identification of potential threats, and the development of a strong safety culture that extends beyond traditional clinical interventions (Fernandez & Grand, 2015). Accordingly, this study explores the effectiveness of a synergistic model in which HCSAs and EMTs collaborate systematically to optimize patient outcomes, reduce behavioral risks, and strengthen the overall quality and safety of healthcare delivery.

Aim of Work

The main objective of this research paper is to examine and develop effective approaches for optimizing patient safety and mitigating behavioral risks through interdisciplinary collaboration between Health Care Security Assistants (HCSAs) and emergency medical teams. The study seeks to identify best practices, key barriers, and enabling factors that influence successful collaboration, as well as to propose practical and actionable interventions aimed at improving patient care across diverse healthcare and emergency settings. By emphasizing the integration of professional expertise in healthcare delivery, emergency response, and safety management, the research aims to enhance coordinated responses to behavioral risks and critical incidents (Alqarny et al., 2024; Din et al., 2024). Furthermore, the study explores the role of predictive analytics and structured decision-making frameworks in enabling interdisciplinary teams to proactively identify potential risks, prioritize patient needs, and reduce the likelihood of adverse outcomes (Edoh et al., 2024). Through a systematic analysis of roles, responsibilities, and collaborative dynamics among healthcare and emergency professionals, this research contributes to a deeper understanding of how patient safety can be strengthened through targeted team-based interventions and evidence-based strategies..

METHODS

In this study, a mixed-methods approach is employed to obtain both quantitative and qualitative insights into interdisciplinary collaboration aimed at enhancing patient safety and mitigating behavioral risks within healthcare and emergency settings. Data are collected through structured questionnaires distributed to Health Care Security Assistants (HCSAs) and emergency medical personnel across various healthcare institutions, focusing on key areas such as risk assessment practices, communication effectiveness, incident response coordination, and perceptions of safety culture (Falade et al., 2024; Alqarny et al., 2024). In addition, semi-structured interviews and focus group discussions are conducted to explore professional experiences, operational challenges, and the practical implementation of collaborative safety interventions. Direct observations of real-time interactions and workflow dynamics within emergency and clinical environments are also utilized to examine coordination patterns and response behaviors during critical situations. Furthermore, predictive analytics and simulation models are applied to assess patient risk profiles, support clinical and emergency decision-making, and enhance the efficiency of interdisciplinary coordination (Edoh et al., 2024). This methodological triangulation ensures a comprehensive evaluation of organizational and behavioral factors influencing patient safety and facilitates the development of evidence-based action plans to strengthen collaborative practice.

DISCUSSION

Importance of Interdisciplinary Cooperation.

The interdisciplinary collaboration within health care facilities is becoming one of the most significant variables to enhance patient care safety, efficiency in care delivery, and avoid behavioural risks. The net of patient care safety is fully created by combining the Health Care Security Assistants (HCSAs), Emergency Medical Technicians (EMTs), and Sociology Specialists because both the clinical and non-clinical problems are addressed. HCSAs are needed to observe the work at the hospitals, to ensure the safety of the environment, and to reveal the potential threats to the well-being of patients, and EMTs introduce the experience of the pre-hospital environment, the speed of response, and the acute care provision (Alqarny et al., 2024; Din et al., 2024). Instead, Sociology Specialists can shed some light

on patient behaviors, social determinants of health, and also on communication dynamics, which is critical to comprehend the risk factors that would not have been identified due to typical clinical assessment (Fernandez & Grand, 2015). This type of three party partnership does not only enhance the identification and remediation of risks, but also fosters the culture of collaboration and self-perpetual innovation. It is also indicated that the likelihood of adverse events is also decreased significantly when healthcare teams handle a multidisciplinary approach both in a routine and an emergency setting, which proves the utility of a multidisciplinary approach to work (Falade et al., 2024). By incorporating the rigor of the procedures employed by the clinical team, as well as, sociological experience and environmental control, the healthcare organizations will be in a position to enforce contextually-aware and behaviorally-responsive safety interventions.

Enhancing the Communication and Information sharing.
It depends on communication to ensure patient safety and reduce the behavioral risks. Among the most common sources of adverse events in a healthcare facility, one can single out information gaps and inadequate communication (Falade et al., 2024; Bhati et al., 2023). The interdisciplinary teamwork provides a platform, where information exchange between team members is organized in real time. To give an example, HCSAs will be in a position to report on environmental or behavioral hazard and inform the EMTs instantly and the EMTs will be geared to respond fast as compared to the Sociology Specialists who will be able to read the social or cultural conditions that lead to the patient behavior. This dynamic assists in ensuring that interventions are timely, coordinated, and sensitive to the situation of patient care overall (Alqarny et al., 2024). Moreover, the system of communication that incorporates standardized handoff protocols, electronic reporting systems, and multidisciplinary briefing has been stated to reduce the mistakes, improve compliance to safety measures, and boost the cohesion within a team (Edoh et al., 2024). Integrating communicational initiatives across professional lines, healthcare facilities would be able to facilitate the proactive-risk-management-process, minimize the probability of error-making, and encourage a culture of transparency and trust. The interprofessional communication and behavioral risk awareness training interventions are also useful and can be included in this collaborative approach in such a way that every member of the team could be equipped with the skills to perform in the high-stakes scenario (Din et al., 2024).

Risk Analysis and predictive model.
The use of predictive analytics in healthcare has been an innovative instrument of risk anticipation among patients and provision of clinical decision-making. The predictive models have the potential to assist teams with identification of the high-risk patients, prevention of the potential negative outcomes, and efficient resource utilization, thereby facilitating the objectives of the interdisciplinary collaboration (Edoh et al., 2024; Falade et al., 2024). As an example, predictive analytics development into emergency management processes will allow the EMTs to foresee the patient to deteriorate, but HCSAs can focus on patient observation and treatment in the risk areas. Identification of social and behavioral patterns, which may influence the patient outcomes, e.g. compliance with medical advice or susceptibility to environmental stressors is the contribution of Sociology Specialists. This type of integration of clinical data into the environment monitoring and behavioral observation would allow healthcare personnel to use proactive action as opposed to the reactive one, which will eventually enhance patient safety and quality of care (Din et al., 2024). It has been established that predictive analytics can help minimize the number of medication errors, simplify patient flows and improve the overall efficiency of the organization, that is why the idea of combining data-driven decision-making with interdisciplinary practice is significant (Falade et al., 2024). With these advanced tools, the healthcare entities will get a chance to develop a proactive safety culture that is predictive, participatory, and evidence-based.

Bureau of Behavior and Safety Culture Risk Mitigation.
There is a requirement of the safety culture in order to reduce behavioral risks, including non-compliance, aggression, and human factor errors in patients. The interdisciplinary teamwork would have a shared understanding of the safety roles, near-miss reporting, and life-long learning across the professional boundaries (MacGillivray, 2020; Bhati et al., 2023). HCSAs play a role in the modeling of safe behavior and adherence to the protocols whilst Sociology Specialists pay attention to the behavioral and social factors behind the unsafe behavior. EMTs could be involved in providing timely feedback on the success of the operation and indicating the gaps in risk prevention strategies (Alqarny et al., 2024). It has been proved that performance of teams, psychological safety, and adherence to best practices can be enhanced by the use of structured safety programs, including simulation-based training, scenario-based drills, and interdisciplinary debriefings (Falade et al., 2024). The interventions not only prevent the harm, but it will create the culture of safety in the organization, a culture whereby safety is considered common. To reduce the number of avoidable incidents, healthcare institutions can incorporate the problem of behavioral risks into all aspects of patient care, raise the level of trust, and guarantee high-quality levels.

Barriers and Issues to Cooperation.
The advantages of the interdisciplinary cooperation are not exaggerated, yet, there are many barriers that make its successful provision impossible. The friction development may occur because of the existence of organizational hierarchies, professional silos, and differences in training backgrounds, which restrict information exchange and inhibit the prospect of harmonious teamwork (Din et al., 2024; Fernandez and Grand, 2015). The other resource limitations include lack of staffing or the lack of technological backup that makes the coordination of the collective interventions even more difficult. In addition, the instability of the institutional policies divergence, the difference in

culture between the workforce, and change resistance may turn out to be the obstacles to the implementation of collaborative frameworks (Alqarny et al., 2024). This mental or cognitive action to get over these barriers requires an intentional effort that involves a leadership effort, intensive training classes and institutionalization of cross-disciplinary communication. There are strategies that could be used to reduce the challenges and establish a mutual respect, trust, and role clarity among the team members, such as using standardized protocols, team-building exercises, and contributing to the decisions (Falade et al., 2024). These obstacles must be actively identified and addressed to provide the interdisciplinary collaboration with the opportunity to turn into the actual patient safety and behavioral risk changes.

Practice and Policy Implications.

The experiences gained in this discussion may be very significant to practice and policy in the healthcare environment. The cooperation between HCSAs, EMTs, and Sociology Specialists into a shared structure can inform the development of the policy that will emphasize preventive care, active risk assessment, and interventions that can meet the patient needs (Falade et al., 2024; Edoh et al., 2024). Priority should be given to policy makers and healthcare administrators with regard to training in the field of interdisciplinary collaboration, communication, and behavioral risk control, and make investments in predictive analytics and clinical decision support systems technologies. These do not only make the operation more efficient, but also the satisfaction and outcomes of patients. Moreover, social science concepts can also inform culturally sensitive interventions through the integration of social science in clinical and emergency guidelines to decrease inequality and address determinants of behavior that can impact patient safety (Fernandez & Grand, 2015). To sustainably support the ever-evolving demands on care of patients, the healthcare systems can inculcate the culture of evidence-based safety, which is holistic, dynamic and sustainable.

Problems and Ethical Implications

Although the benefits of interdisciplinary collaboration in healthcare and emergency settings are widely recognized, several operational, organizational, and ethical challenges must be carefully addressed to ensure safe and effective implementation. Key barriers include hierarchical structures within healthcare organizations, resistance to change among professionals, limited training in teamwork and interprofessional communication, and insufficient communication infrastructure, particularly in high-pressure emergency environments (Falade et al., 2024; Fernandez and Grand, 2015). Moreover, balancing patient safety initiatives with the protection of patient autonomy, privacy, and informed consent presents significant ethical concerns, especially during emergency situations where rapid decision-making is required (Shenoy, 2021; World Health Organization, 2023).

Additional challenges arise from the need to coordinate the roles of Health Care Security Assistants and emergency medical personnel in a manner that ensures safety measures do not compromise patient dignity, cultural values, or human rights during emergency interventions. Maintaining transparency, accountability, and ethical awareness is essential not only to prevent harm but also to foster trust among patients, their families, and healthcare professionals. Addressing these challenges requires the development of comprehensive training programs, clearly defined institutional guidelines, and robust policies that promote ethical, collaborative, and patient-centered safety practices across healthcare and emergency services.

CONCLUSION

In order to enhance patient safety and minimize behavioral risks within healthcare settings, an interdisciplinary approach that integrates the complementary roles of Health Care Security Assistants (HCSAs) and emergency medical teams represents an effective and practical strategy. Evidence suggests that proactive, well-coordinated teamwork strengthens communication, fosters a robust culture of safety, and contributes to a reduction in adverse events, particularly when supported by predictive analytics and structured decision-support systems that guide timely and informed actions (Din et al., 2024; Edoh et al., 2024). Although challenges related to organizational hierarchies, variations in professional training, and ethical considerations may hinder implementation, the adoption of interdisciplinary collaboration models demonstrates strong potential for improving patient outcomes and enhancing the overall quality of care. Addressing these challenges requires embedding collaborative practices within institutional policies, developing targeted training programs that build team-based competencies, and leveraging technology-driven solutions to support real-time decision-making and risk reduction. Through such integration, healthcare and emergency systems can advance toward a patient-centered model of care that prioritizes safety, efficiency, and ethical responsibility.

REFERENCES

1. Al Wachami, N., Chahboune, M., Youlyouz-Marfak, I., et al. (2024). Improving the quality of care and patient safety in oncology through simulation-based training: A scoping review. *International Journal of Nursing Sciences, 11*(2), 187–196. https://doi.org/10.1016/j.ijnss.2024.03.005
2. Alhur, A., Alhur, A. A., Al-Rowais, D., et al. (2024). Enhancing patient safety through effective interprofessional communication: A focus on medication error prevention. *Cureus, 16*(4). https://doi.org/10.7759/cureus.57991

3. Alqarny, H. A. M., Algarni, A. N. M., Alshehri, A. S. M., Alshehri, M. A. Y., Alshehri, M. M. M., Alshehri, A. A., ... & Al-Shahri, D. S. D. (2024). Interdisciplinary Collaboration in Healthcare: The Synergy of Nurses, Laboratory Services, Anesthesiologists, Emergency, and Operative Teams. *Journal of International Crisis and Risk Communication Research, 7*(S9), 1295.

4. Asadi, M., Ahmadi, F., Mohammadi, E., & Vaismoradi, M. (2024). Implementation of medical orders by clinical nurses: A grounded theory. *BMC Nursing, 23*(1), 113. https://doi.org/10.1186/s12912-024-01775-6

5. Baptista, R., Williams, M., & Price, J. (2023). Improving the impact of pharmacy interventions in hospitals. *BMJ Open Quality, 12*(4). https://doi.org/10.1136/bmjoq-2023-002276

6. Bhati, D., Deogade, M. S., & Kanyal, D. (2023). Improving patient outcomes through effective hospital administration: A comprehensive review. *Cureus, 15*(10), e47731. https://doi.org/10.7759/cureus.47731

7. Centers for Disease Control and Prevention. (2024). *Epidemic Intelligence Service: Healthcare settings*. Retrieved June 10, 2024, from https://www.cdc.gov

8. Centers for Disease Control and Prevention. (2024). *Summary of patient safety component annual survey data 2016–2020*. Retrieved June 10, 2024, from https://www.cdc.gov

9. Chau, M. (2024). Enhancing safety culture in radiology: Key practices and recommendations for sustainable excellence. *Radiography*. https://doi.org/10.1016/j.radi.2024.04.025

10. Chen, Z., Liang, N., Zhang, H., et al. (2023). Harnessing the power of clinical decision support systems: Challenges and opportunities. *Open Heart, 10*(2), e002432. https://doi.org/10.1136/openhrt-2023-002432

11. Cormick, A., Graham, A., Stevenson, T., Owen, K., O'Donnell, K., & Kelly, J. (2024). Co-designing a health journey mapping resource for culturally safe health care. *Australian Journal of Primary Health, 30*.

12. https://doi.org/10.1071/PY23172

13. Din, B. R. U., Anjum, F., & Malik, A. (2024). Cross-disciplinary collaboration in healthcare: Enhancing outcomes through team-based care. Multidisciplinary Journal of Healthcare (MJH), 1(1), 11-19.

14. Edoh, N. L., Chigboh, V. M., Zouo, S. J. C., & Olamijuwon, J. (2024). Improving healthcare decision-making with predictive analytics: A conceptual approach to patient risk assessment and care optimization. International Journal of Scholarly Research in Medicine and Dentistry, 3(2), 1-10.

15. Endalamaw, A., Khatri, R. B., Mengistu, T. S., et al. (2024). A scoping review of continuous quality improvement in healthcare system: Conceptualization, models and tools, barriers and facilitators, and impact. *BMC Health Services Research, 24*, 487. https://doi.org/10.1186/s12913-024-10828-0

16. Falade, I. M., Gyampoh, G. K. S., Akpamgbo, E. O., Chika, O. C., Obodo, O. R., Okobi, O. E., ... & Chukwu, V. U. (2024). A comprehensive review of effective patient safety and quality improvement programs in healthcare facilities. Medical Research Archives, 12(7).

17. Farhat, H., Makhlouf, A., Gangaram, P., et al. (2024). Predictive modelling of transport decisions in pre-hospital settings using machine learning. *PLoS One, 19*(5). https://doi.org/10.1371/journal.pone.0301472

18. Fernandez, R., & Grand, J. A. (2015). Leveraging social science-healthcare collaborations to improve teamwork and patient safety. Current problems in pediatric and adolescent health care, 45(12), 370-377.

19. Finn, M., Walsh, A., Rafter, N., et al. (2024). Effect of interventions to improve safety culture on healthcare workers in hospital settings. *BMJ Open Quality, 13*(2). https://doi.org/10.1136/bmjoq-2023-002506

20. Ghezaywi, Z., Alali, H., Kazzaz, Y., et al. (2024). Targeting zero medication errors in PICU: A quality improvement project. *Intensive & Critical Care Nursing, 81*, 103595. https://doi.org/10.1016/j.iccn.2023.103595

21. Gómez-Moreno, C., Vélez-Vélez, E., Ramón, G., Alfaro, M. R., & García-Carpintero, E. (2024). Patient safety in surgical settings: Challenges and strategies. *Journal of Clinical Nursing, 33*(6), 2324–2336.

22. https://doi.org/10.1111/jocn.17047

23. Graf, C., Rüst, C. A., Koppenberg, J., et al. (2024). Enhancing patient safety: Detection of in-hospital hazards and effect of training. *BMJ Open Quality, 13*(2). https://doi.org/10.1136/bmjoq-2023-002608

24. Hassan, R. E., Akbar, I., Khan, A. U., et al. (2023). Clinical audit of operation notes documentation: An audit cycle. *Cureus, 15*(12). https://doi.org/10.7759/cureus.50281

25. Hussein, M., Pavlova, M., Ghalwash, M., & Groot, W. (2021). The impact of hospital accreditation on the quality of healthcare: A systematic literature review. *BMC Health Services Research, 21*(1), 1057.

26. https://doi.org/10.1186/s12913-021-07097-6

27. Institute for Healthcare Improvement. (n.d.). *Quality improvement essentials toolkit*. Retrieved June 10, 2024, from https://www.ihi.org

28. Jones, B., Vaux, E., & Olsson-Brown, A. (2019). How to get started in quality improvement. *BMJ, 364*, k5408. https://doi.org/10.1136/bmj.k5437

29. MacGillivray, T. E. (2020). Advancing the culture of patient safety and quality improvement. *Methodist DeBakey Cardiovascular Journal, 16*(3), 192–198. https://doi.org/10.14797/mdcj-16-3-192

30. McElroy, C., Skegg, E., Mudgway, M., et al. (2024). Psychological safety and hierarchy in operating room debriefing. *Journal of Surgical Research, 295*, 567–573. https://doi.org/10.1016/j.jss.2023.11.054

31. Mousa Alqarny, H. A., Maed Algarni, A. N., Mohammed Alshehri, A. S., Yahia Alshehri, M. A., Mohammed Alshehri, M. M., Alshehri, A. A., ... & Dahman Al-Shahri, D. S. (2024). Interdisciplinary Collaboration in Healthcare:

Open Access

The Synergy of Nurses, Laboratory Services, Anesthesiologists, Emergency, and Operative Teams. Journal of International Crisis & Risk Communication Research (JICRCR), 7.

32. National Institutes of Health. (2024). *Quality improvement methods (LEAN, PDSA, Six Sigma)*. Retrieved June 10, 2024, from https://www.ncbi.nlm.nih.gov

33. National Institutes of Health. (2024). *Quality in healthcare: 2021 national healthcare quality and disparities report*. Retrieved June 10, 2024, from https://www.ncbi.nlm.nih.gov

34. Obaid, L. M., Ali, I., Al Baker, A., et al. (2023). Sustaining a culture of safety: A zero harm programme. *BMJ Open Quality, 12*(4). https://doi.org/10.1136/bmjoq-2022-002063

35. Paraparambil Vellamgot, A., Salameh, K., AlBedaywi, R. R., et al. (2023). Early-onset sepsis calculator: Qatar experience. *BMJ Open Quality, 12*(4). https://doi.org/10.1136/bmjoq-2023-002459

36. Recsky, C., Rush, K. L., MacPhee, M., et al. (2024). Perspectives on health IT safety after experiential learning. *JMIR Formative Research, 8*. https://doi.org/10.2196/53302

37. Sara, S. A., Schwarz, A., Knopp, M. I., & Warm, E. J. (2024). Twelve tips for creating QI and safety education. *Medical Teacher, 46*(3), 330–336. https://doi.org/10.1080/0142159X.2023.2274137

38. Sharkiya, S. H. (2023). Quality communication can improve patient-centred health outcomes among older patients: A rapid review. *BMC Health Services Research, 23*(1), 886. https://doi.org/10.1186/s12913-023-09869-8

39. Shenoy, A. (2021). Patient safety from the perspective of quality management frameworks: A review. *Patient Safety in Surgery, 15*(1), 12. https://doi.org/10.1186/s13037-021-00286-6

40. Simard, C., Poirier-Blanchette, L., Rizzolo, A., et al. (2024). Standardized direct oral anticoagulants prescription for VTE in the emergency department. *Thrombosis Research, 236*, 68–73.

41. https://doi.org/10.1016/j.thromres.2024.02.015

42. Smith, L. E., Escobar, T., McCabe, A., et al. (2024). Optimization of patient progression in a new era: A comprehensive framework. *Professional Case Management, 29*(3), 91–101.

43. https://doi.org/10.1097/NCM.0000000000000700

44. Smith, L. M., Jacob, J., Prush, N., et al. (2024). Virtual interprofessional education: Team collaboration in discharge planning simulation. *Professional Case Management*. https://doi.org/10.1097/NCM.0000000000000717

45. Steiner, J. L., Belisle, N., Cahill, J. D., et al. (2024). Preventing patient mistreatment of staff in mental health centers. *Psychiatric Services, 75*(5), 492–495. https://doi.org/10.1176/appi.ps.20230234

46. Sullivan, J. L., Shin, M. H., Chan, J., et al. (2024). Quality improvement lessons learned from national implementation of the patient safety events guidebook. *Health Services Research*. https://doi.org/10.1111/1475-6773.14317

47. The Lancet Global Health Commission. (2024). *High quality health systems: Progress on a global imperative*. Retrieved June 10, 2024, from https://www.thelancet.com

48. Wegwarth, O., Hoffmann, T. C., Goldacre, B., Spies, C., & Giese, H. A. (2024). General practitioners' risk literacy and prescribing of hazardous drugs. *BMJ Quality & Safety*. https://doi.org/10.1136/bmjqs-2023-016979

49. World Health Organization. (2020). *Quality health services: Fact sheet*. Retrieved June 10, 2024, from https://www.who.int

50. World Health Organization. (2023). *Patient safety*. Retrieved June 10, 2024, from https://www.who.int

51. World Health Organization. (2024). *Strengthening the health system response to COVID-19*. Retrieved June 10, 2024, from https://www.who.int