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Medical tourism business and high reliability organization: A review

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Abstract
Medical tourism is a term used to refer to a travel activity that involves a medical procedure or activities that promote the wellbeing of the tourist. Unacceptably long hospital queues and high costs of medical procedures in western society have created a demand for medical tourism. Hence, as this new global product gains popularity, increased monitoring and greater accreditation of this service is required to keep pace with an increase in its international demand. The trend to advance patient safety and quality in health care organizations is based on implementing the concepts of High Reliability Organizations (HRO). Experts agree that high reliability organizations are those that achieve a high degree of safety or reliability despite dangerous or hazardous conditions, the focus of a HRO is safe reliable performance.

Keywords: medical tourism, high reliability organization

1. Introduction
Medical tourism refers to people traveling to a country other than their own to obtain medical treatment. In the past this usually referred to those who traveled from less-developed countries to major medical centers in highly developed countries for treatment unavailable at home (Horowitz *et al* 2007) [1, 2] However, in recent years medical tourism usually refers to those from developed countries who travel to third-world countries for lower priced medical treatments. Depending on the destination they choose, medical tourists may be subject to a number of risks, such as deep vein thrombosis from air travel or poor post-operative care. In the United States, the accreditation group Joint Commission International (JCI) was formed in 1994 to provide international clients education and consulting services [3] and many international hospitals today see obtaining international accreditation as a way to attract American patients [4]. In First World countries such as the United States, medical tourism has large growth prospects and potentially destabilizing implications. An authority at the Harvard Business School stated that "medical tourism is promoted much more heavily in the United Kingdom than in the United States" (Lagace, Martha 2008) [5].

2. Components of medical and healthcare tourism
There are four components in the medical tourism. 'Treatment of illnesses', generally includes medical check-ups, health screening, dental treatment, joint replacements, heart surgery, cancer treatment, neurosurgery, transplants and other procedures that require qualified medical intervention. These can range from healthcare services that can be provided by a local general practitioner to complex surgical procedures such as transplants. (TRAM, 2006) [6]
'Enhancement' procedures are carried out mainly for aesthetic purposes. Some of these procedures require qualified medical personnel but much of this work is non-disease related (unless disfigurement is caused by disease). Examples of such procedures include all cosmetic surgery, breast surgery, facelifts, liposuction and cosmetic dental work. (TRAM, 2006) [6].
The 'wellness' segment of medical and healthcare tourism promotes heal their lifestyles (Bennett, King and Milner, 2004) [7]. This component of the tourism and healthcare tourism is traditionally most associated with the tourism and leisure industry. Therefore, these products can include treatment in spas, thermal and water treatments, acupuncture, aromatherapy, beauty care, facials, exercise and diet, herbal healing, homeopathy, massage, spa treatment, yoga and other similar products. There is normally no need for a qualified doctor to provide these services, although many professionals providing these services are often accredited members of the various associations.
'Reproduction' tourism is an increasing and growing area of medical tourism travel. Under this component, there are patients who seek fertility-related treatments such as in vitro and in vivo fertilization and other similar procedures. In some situations, the travel is motivated and influenced by the legislation in the country of origin and host country. Some fertility procedures are illegal in some countries. Furthermore, 'birth tourism' is also included in this category (TRAM 2006) [6]. This category involves a pregnant mother who travels to another country to give birth to her baby in order to utilize the services, which are often free. In addition, a further advantage for her is to have her child gain citizenship of the new country and thus be able to reside permanently in the new location. At times, potential parents travel for the purposes of adopting children because the legislation and supply of babies for adoption is easier in host countries.

3. High Reliability Organizations (HRO)
The trend to advance patient safety and quality in health care organizations is based on implementing the concepts of High Reliability Organizations (HRO). Experts (Provost *et al* 2006) [8] (Weick and Sutcliffe 2007) [9] agree that high reliability organizations are those that achieve a high degree of safety or reliability despite dangerous or hazardous conditions. The

focus of a HRO is safe reliable performance. By embedding the core characteristics into the fabric of the organization, leaders build expectations into the daily organizational roles, routines, and strategies. These expectations create order and predictability around processes and practices that allow members of the organization to manage unexpected events through "mindfulness". Mindfulness is greater than situational awareness; it is a greater awareness of discriminatory detail that provides organizations with the "big picture". It helps identify early warning signs that some unexpected event is unfolding and action needs to be taken. This mindfulness increases alertness and readiness to potential problem areas in the here and now. HRO principles steer people towards mindful practices that encourage timely response toward unexpected events. If an event does occur then the person is mentally ready to work on recovery and minimize disruption from the event.(Weick and Sutcliffe 2007) [9]

In HROs, continuous communication is the norm. In a falls prevention program, frequent communication occurs such as hand-off communication about fall risk factors and related interventions; signage to communicate patients who are known fallers and those at risk for serious moderate injury, pre-shift and post fall communication huddles; and interdepartmental handoff detailing fall; and injury risk factors and protective interventions.

In HROs, the importance of routines and predictable behaviors is emphasized. In a falls prevention program, routines for fall risk assessment and reassessment, as well as routine interventions, are standardized into practice. In HROs, it is necessity to improvise or bounce back after an event. (Weick and Sutcliffe 2007) [9] In a falls prevention program, one must quickly assess the patient post fall in order to effect immediate treatment or a change in interventions needed to prevent a reoccurrence.

The essential components of a safe culture begin with leadership. Key leaders are aware that the heath care environment is one of risk and they seek to reduce this risk by aligning the vision, mission, and fiscal and human resources with frontline direct care. (Beaudin and Pelletier 2012) [10]. Nurse leaders recognize how strong nursing processes, interventions, and evaluations of care through measurement systems support a patient safe culture and reduce risk and harm to patients. An example of reducing risk and harm to patients is a program designed to prevent falls and injuries from falls. (Institute of medicine. 1999) [11]

Nurses hold key leadership positions and clinical practice roles, vital to shaping high performance fall program outcomes at the organizational, unit, and patient levels though leading/coordinating multi component individualized care planning with interdisciplinary teams. Safe culture is further strengthened by strong interdisciplinary teams, which includes collaboration and cooperation among leaders, nursing staff, and staff from other disciplines. (Sherwood G, and Barnsteiner J. 2012) [12]

The role of nursing is using HRO concepts to support safe patient care in fall prevention and fall injury prevention includes a strategy for the implementation of evidence- based practice (EBP). EBP will promote standardization, reduce variation, and strengthen the focus on preoccupation with failure. In this example, the failure would be a fall, and even more serious is a fall with injury. Evidence regarding major factors that reduce errors in health care systems targets effective communication and trans-disciplinary work. Evidence for the most successful fall prevention programs suggests multi factorial and interdisciplinary components. (Oliver *et al* 2010) [13]

In HROs, a set of barriers to protect the patient from harm is a hallmark feature. In a multi factorial falls prevention program, there will be many systematic barriers established to reduce the risk of a fall and injury. Evidence based interventions will improve standardization in processes and decrease variation. (Oliver *et al* 2010) [13] (Miake-lye, I. m. *et al* 2013) [14] (Radey, L.A., & Labresh, k.a. 2012) [15] (Spoelstra, s.l. 2012) [16] This is seen in fall prevention programs in which fall bundles to prevent falls and injuries allow standardized application of evidence such as risk assessment using a valid and reliable tool. Improved systems design includes use of checklists, decreasing interruptions, preventing fatigue, avoiding task saturation, reducing clinician stress, and improving environmental conditions. These design elements can be found in fall prevention programs such as lists of possible fall prevention interventions and fall injury interventions. Modifications and improvements to environmental conditions that reduce the risk of fall may include lighting; flooring to absorb impact of a fall; handrails to assist with ambulation; elimination of trip hazards with raised thresholds, sloping ledges, and curbs; and marking trip hazards to increase their visibility [17, 18].

In 2013, AHRQ (Agency for research and quality) published targeted preventing in-facility falls (Ganz *et al* 2013) [19]. Because most fall prevention programs are multi factorial, the best the authors could do in identifying and reviewing the evidence was to describe interventions that have been evaluated, including the following.

- Post fall review
- Patient education
- Staff education
- Footwear advice
- Scheduled and supervised toileting
- Medication review

Nurses play a key role in ensuring quality and patient safety in health care. Nurses are most likely to spend the greatest amount of time with patients and are in a strong position to monitor and mitigate risks and improve patient outcomes. While nurses may impact numerous clinical processes and outcomes, the example of falls and injury prevention as nurse sensitive measures will be reviewed as an exemplar framework for demonstrating safe, quality care at the organization, unit, and patient level. Nurses in all roles and at all levels of the organization have a shared and intergrades responsibility to apply concepts of HROs to patient safety programs, such as fall and injury prevention. The HRO framework is applied to nursing process specific to nurses in administrative and direct care roles. Nurses' leadership and clinical judgment is critical affirmed [20]. However, nurse's organizational leaders must expand program evaluation beyond the point of care to the patient level, to include key attributes at unit and organizational levels. Knowledge of fall prevention program deployment and evaluation using a high reliability model and statistical analysis can help nurses design and test effectiveness of fall and injury prevention programs (Quigley *et al* 2007) [21]. Organization, unit, and point of care infrastructure, capacity, and interventions can be tracked and evaluated to identify best system practices.

4. Conclusion

Medical tourism is becoming a new and emerging international business that is gradually increasing in importance. In capitalizing on the tourism infrastructure that supports this industry, nations do not need to invest much more in supporting medical tourism. As an international business, this is not too different from the subcontracting or the off-shoring of services. With higher costs and expertise, in the future, medical tourism is likely to be the new global trend for providing medical services. High reliability organization (HRO) concepts to support safe patient care in fall prevention and fall injury prevention includes strategy for the implementation of evidence- based practice (EBP). EBP will promote standardization, reduce variation, and strengthen the focus on preoccupation with failure.

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