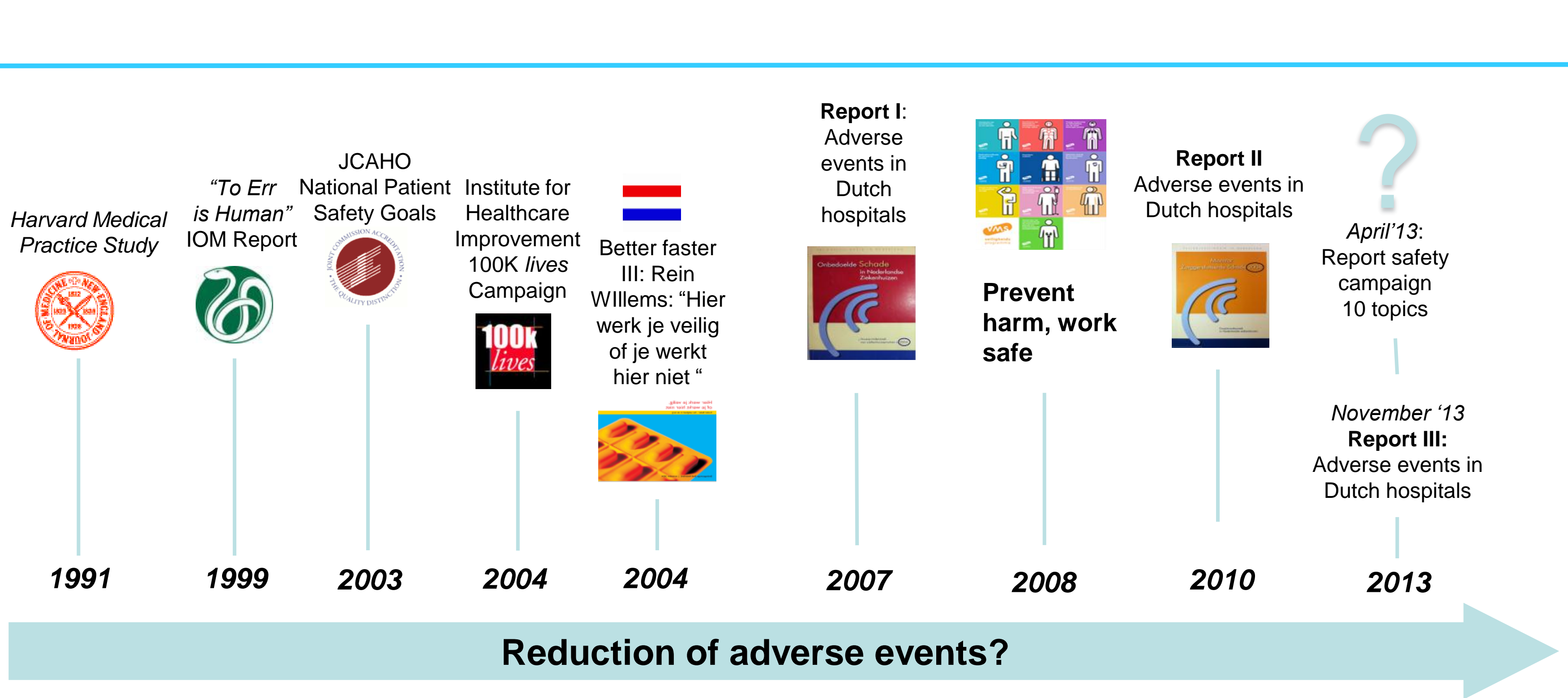
Patient safety and patient outcomes

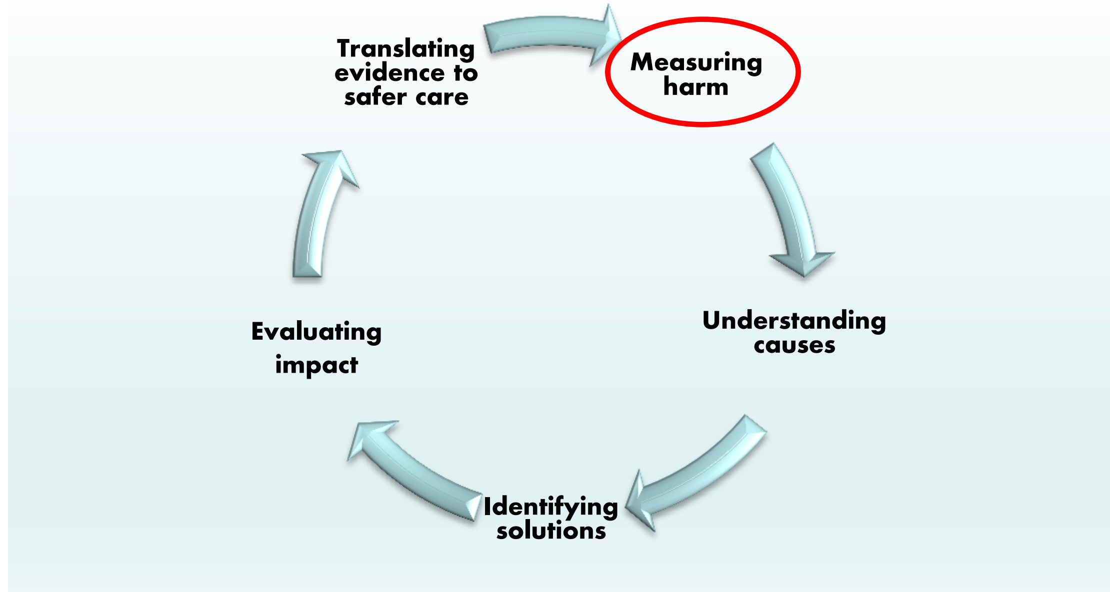
Martine de Bruijne, Cordula Wagner
Safety 4 Patients
www.onderzoekpatientveiligheid.nl

TRIP symposium, 19 maart 2013

Patient safety milestones

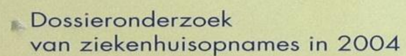


Patient safety research NL



PATIËNTVEILIGHEID IN NEDERLAND

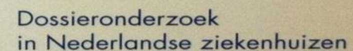
Onbedoelde Schade in Nederlandse Ziekenhuizen



Dossieronderzoek van ziekenhuisopnames in 2004

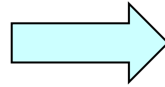
PATIËNTVEILIGHEID IN NEDERLAND

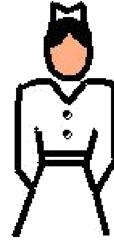
Monitor Zorggerelateerde Schade 2008

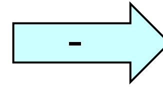


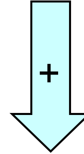
Dossieronderzoek in Nederlandse ziekenhuizen

Record review







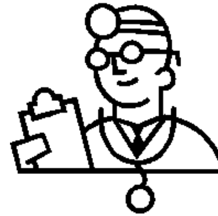


Patient harm?

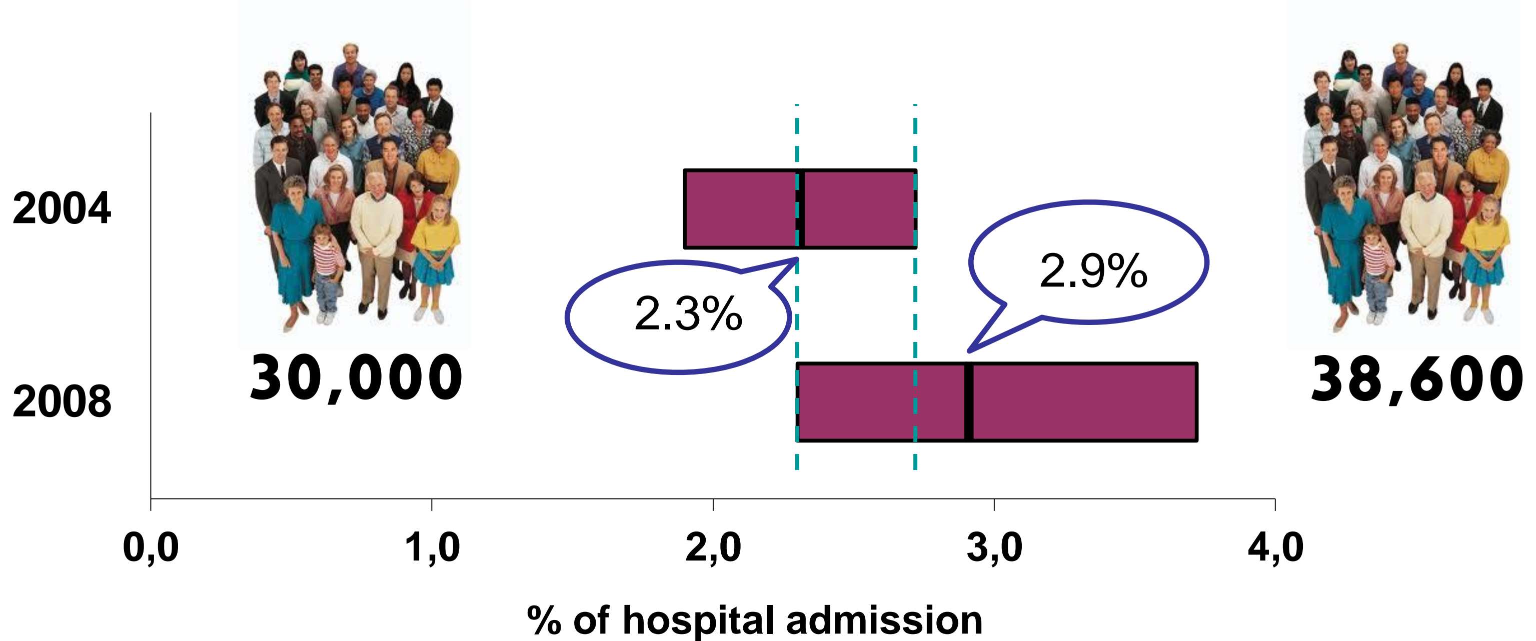
Health limitation?

Related to health care?

Preventable?



Potentially preventable adverse events



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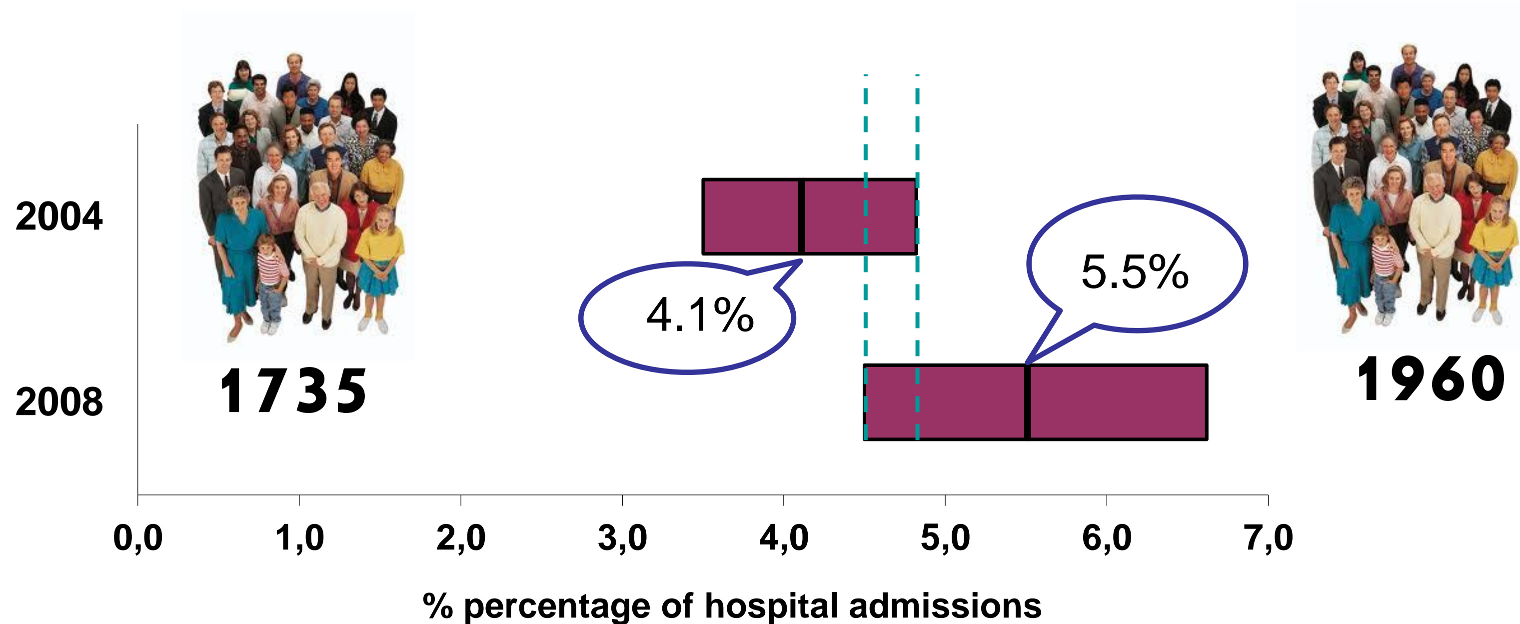
Potentially preventable hospital deaths



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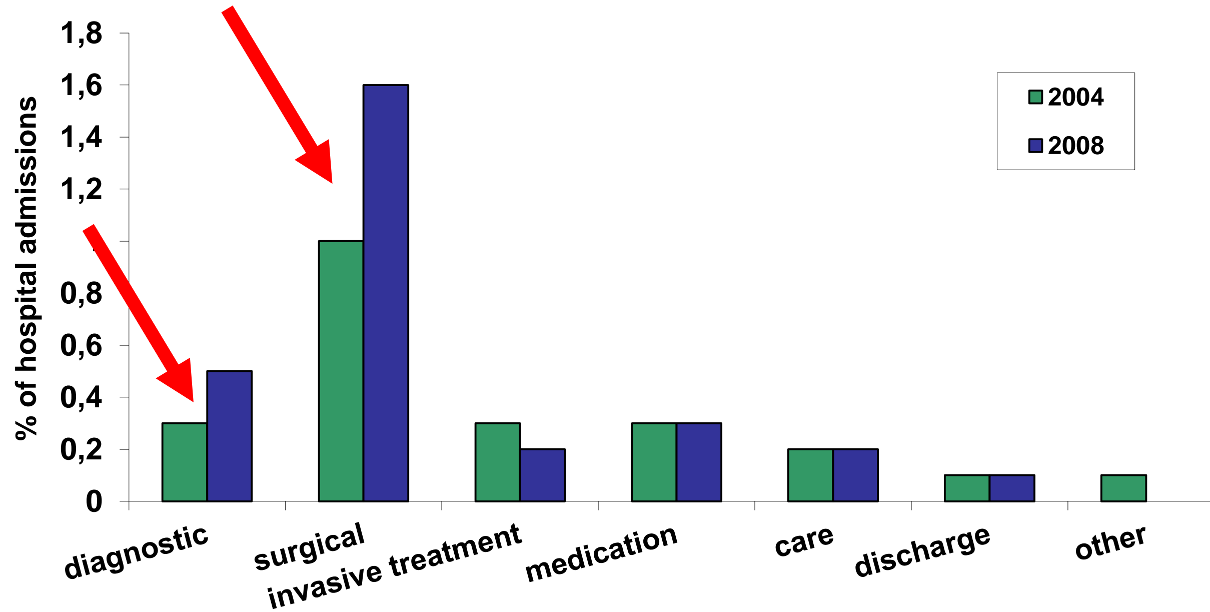
Type of preventable AEs



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Causes

Age
Complexity
Length of stay
Hospital mortality

Patient

More openess
More attention

Culture

Verschil zorggerelateerde schade

Methods

Electronic records
Registration quality
Change in reviewer
Chance

Care

Better faster programme
Guidelines
Inspection / audits

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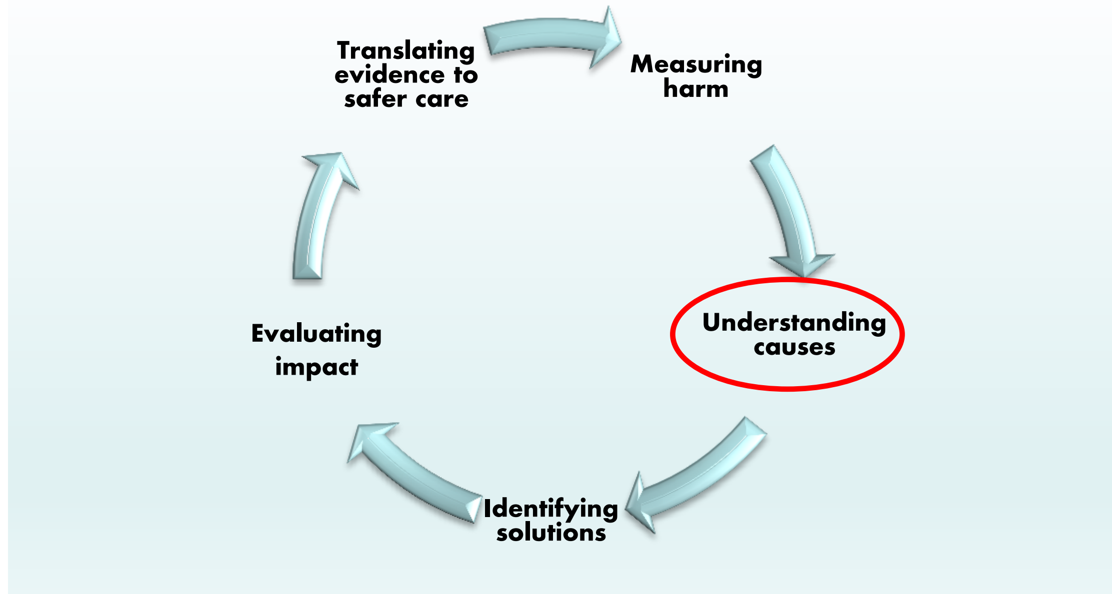

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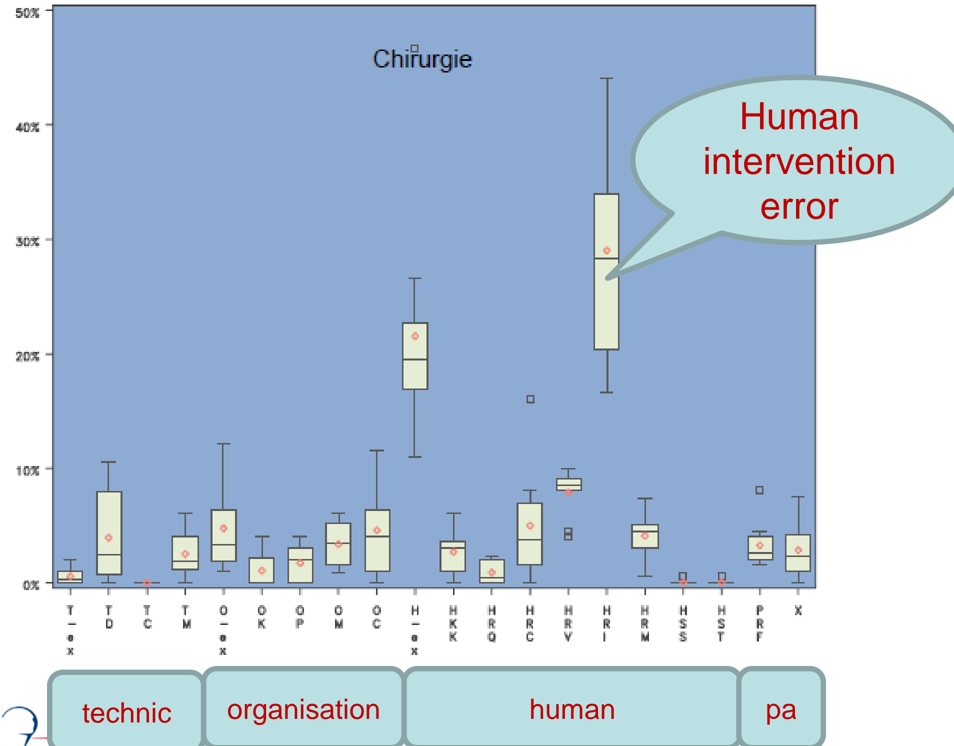
Root causes of 881 surgical incidents



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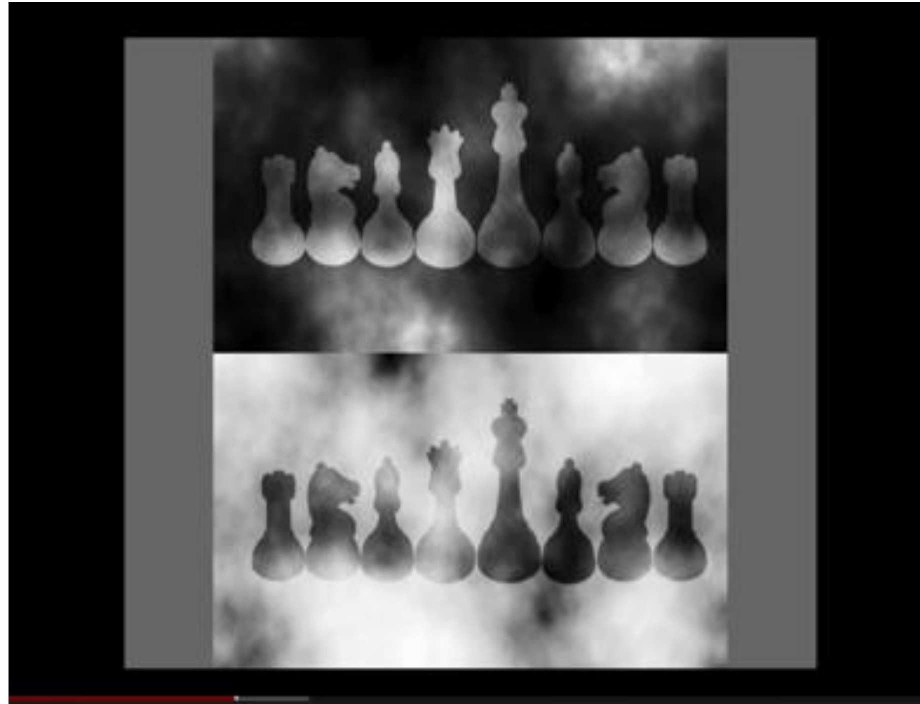
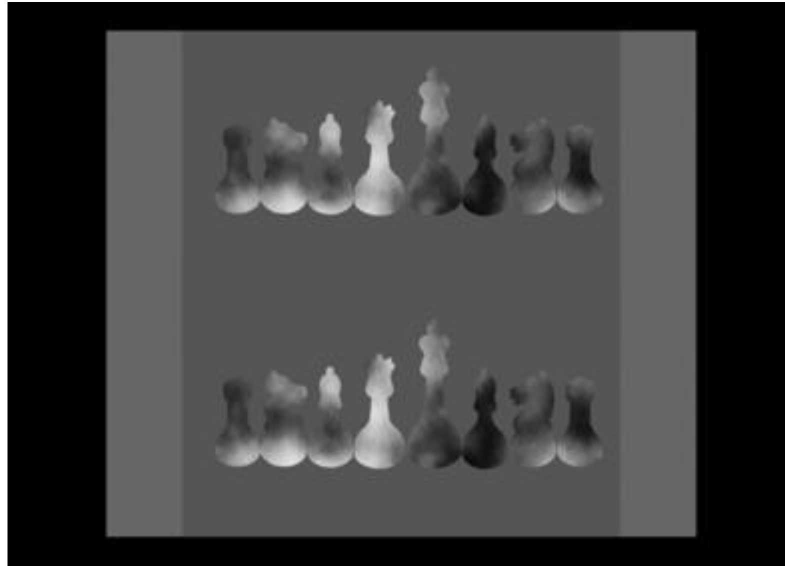
Human factors

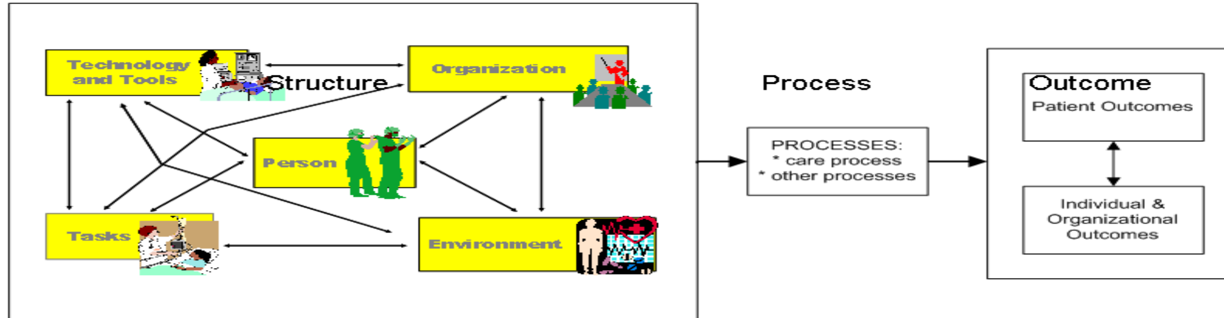


Human factors



WORKSYSTEM

SEIPS System Model



Carayon, P., Hundt, A. S., Karsh, B., Gurses, A. P. Alvarado, C. J., Smith, M., and Brennan, P. F. (2006). Work system design for patient safety: the SEIPS model. Quality and Safety in Healthcare, 15(Suppl I), i50-i58.

Presented by Ben-Tzion Karsh, PhD

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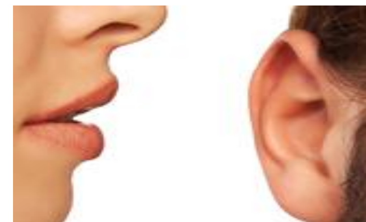
Communication errors



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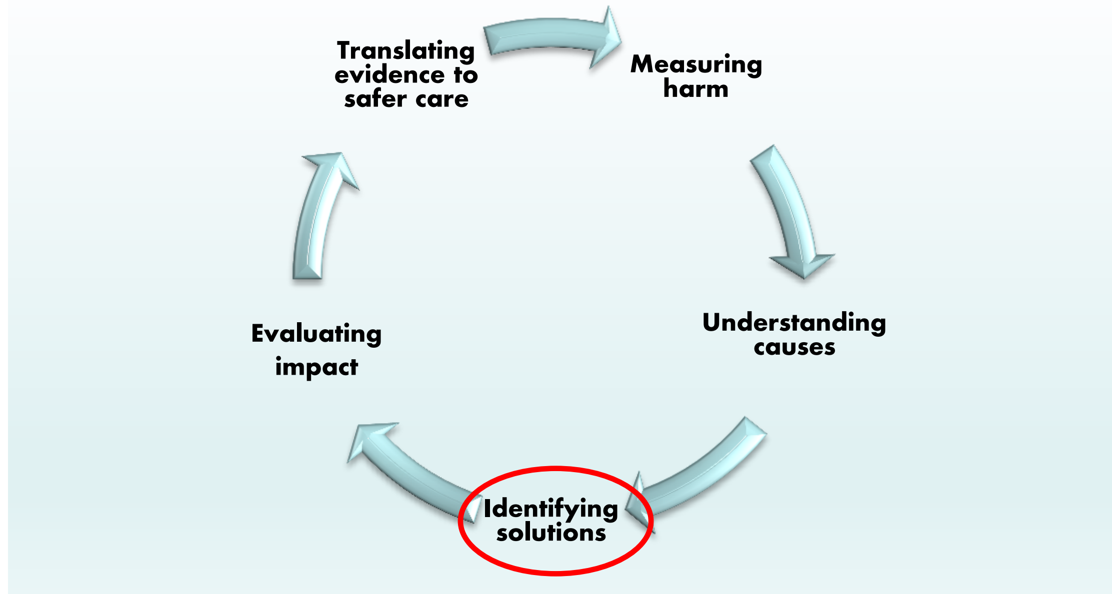


“Safety campaign 2007-2012”

Safety management system

Topics:

1. Postoperative infections
2. Sepsis
3. Rapid response team
4. Medication errors
5. Elderly patients
6. Acute coronary syndromes
7. Pain
8. High risk medication
9. Wrong site/patient
10. Contrast nephropathy

www.vmszorg.nl

How?

Crew resource management

- Training
- Instruments

Time Out!

SURPASS
Eerst checken, dan veilig verder!

TeamSTEPPS
SITUATION
BACKGROUND
ASSESSMENT
REQUEST/
RECOMMENDATION

TeamSTEPPS
SITUATION
What is the situation?
BACKGROUND
What is the clinical background?
ASSESSMENT
What is the problem?
REQUEST/
RECOMMENDATION
What do I recommend / request to be done?
Structured Communication Tool

Communication in hospital

- **Problem solving networks in an ED**

Nurses

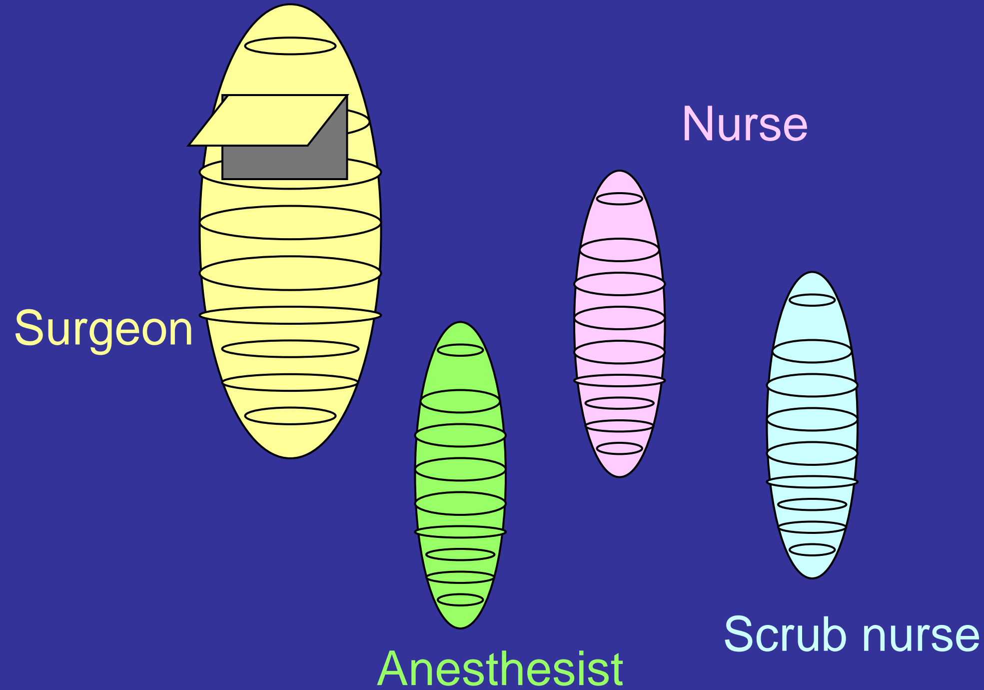
Doctors

Allied health

Admin and support

[Creswick, Westbrook and Braithwaite, 2009]

Functioning like cocons'



CRM

Team

- Leadership
- Teamwork
- Communication
- Situational Awareness
- Shared aims
- Standardisation

Nurse

Surgeon

Scrub nurse

Anesthesist

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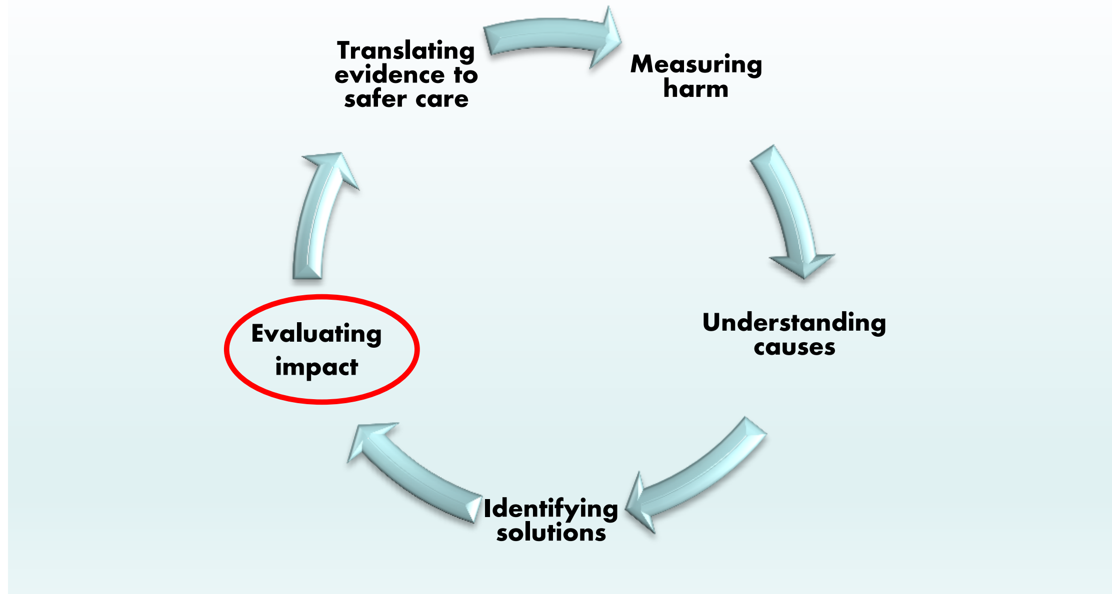
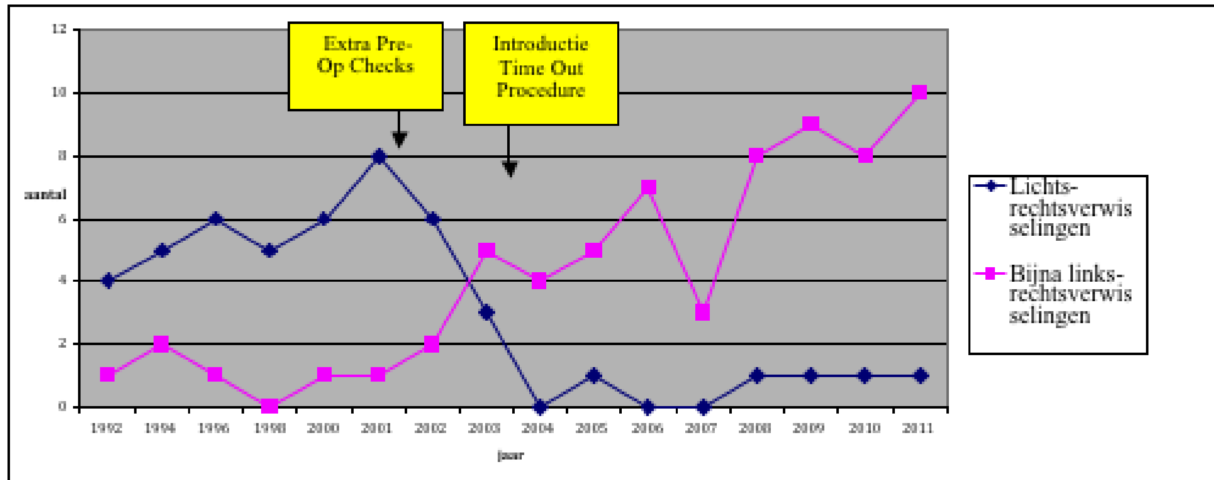


Effects of CRM team training

Both simulation training and classroom based training improve ..
.. Knowledge
.. Attitude
.. Behaviour

However limited effects on patient outcomes within 6 to 12 months

Time-out Eye hospital Rotterdam



Korne DF de. Divergent sight: studies on the application of industrial quality and safety improvement methods in eye hospitals. Proefschrift, Academisch Medisch Centrum, Universiteit van Amsterdam, 2011

Opmerking en Deler
meer functies.

SPECIAL ARTICLE

Effect of a Comprehensive Surgical Safety System on Patient Outcomes

Eefje N. de Vries, M.D., Ph.D
Rogier M.P.H. Crolla, M.D.
George van Andel, M.D., Ph.D.,
Wolfgang S. Schlack, M.D., P
Dirk J. Gouma, M.D., Ph.D.
Susanne M. Smorenburg, M.D., Ph.D.
for the SURPASS

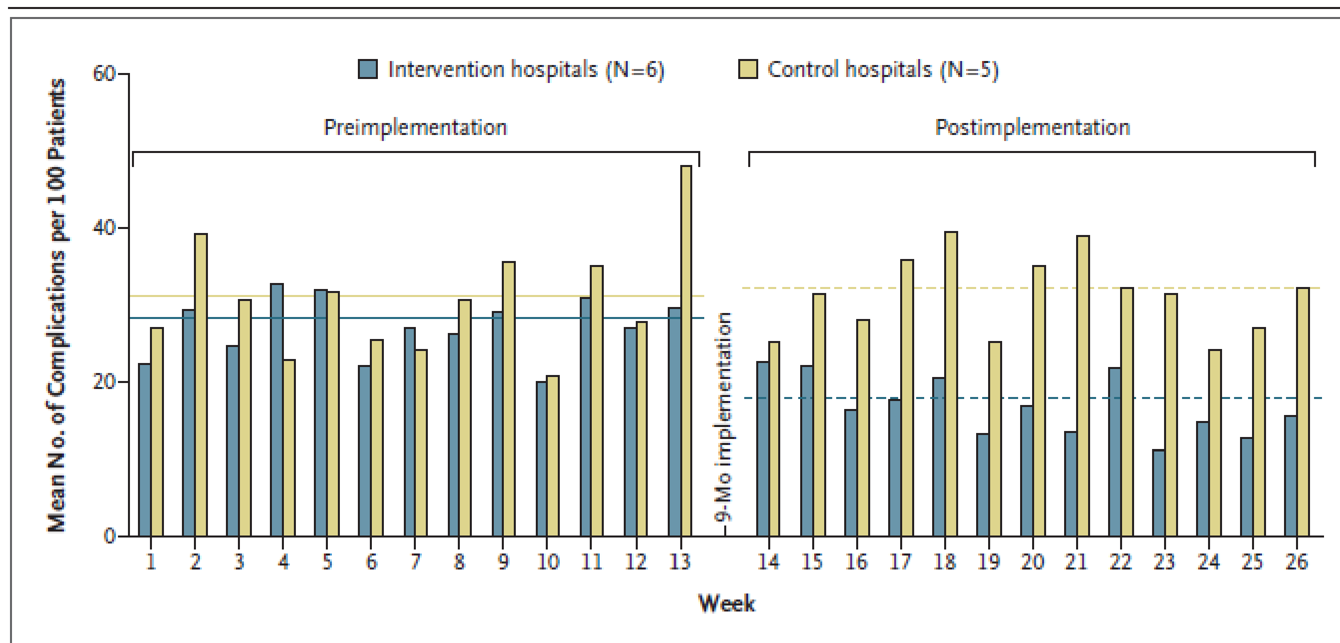
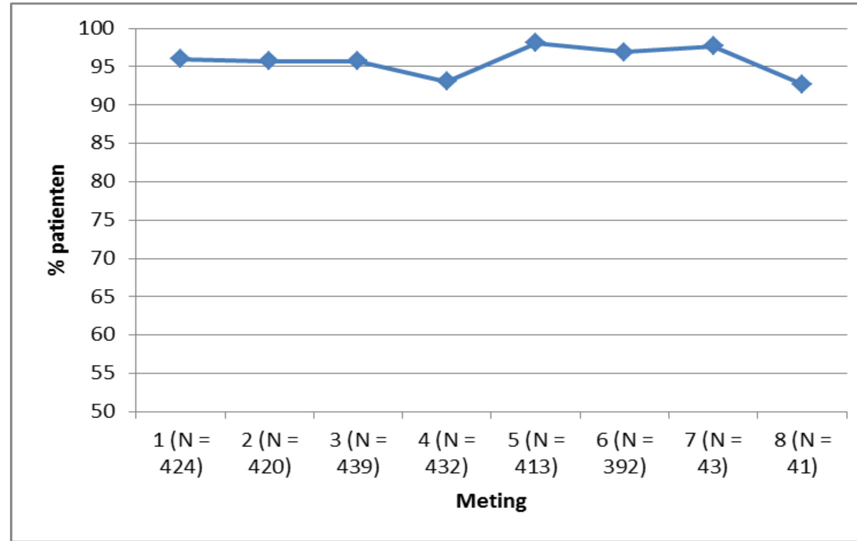


Figure 1. Mean Number of Complications in Intervention Hospitals and Control Hospitals before and after Implementation of the Surgical Safety Checklist.

Contrastnephropathy

Preliminary results (nov '12)

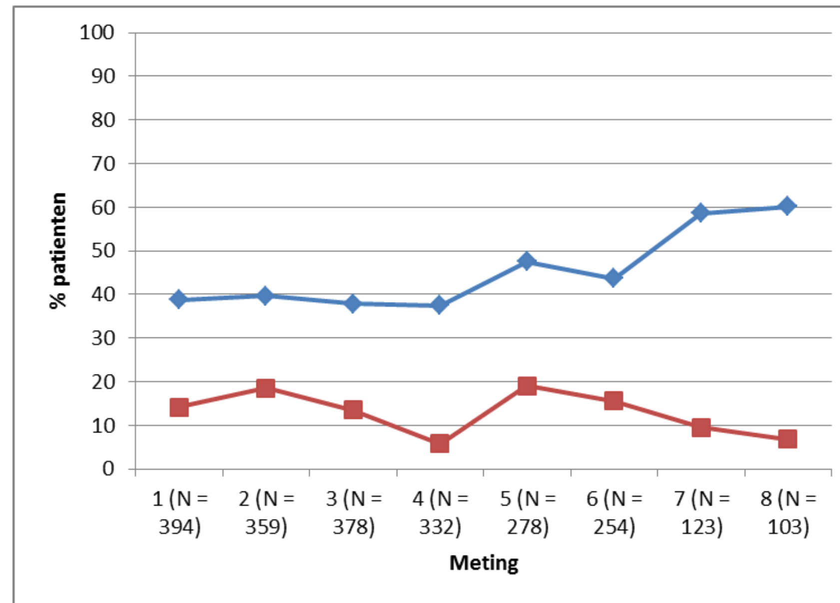
% patients with registerd eGFR before contrast administring



Medication verification

Preliminary results (nov '12)

% Patients treated with complete bundle



admissions
discharge

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Expected reports

April 2013:

Results implementation 10 topics safety campaign

November 2013:

Report III: Adverse events in Dutch hospitals

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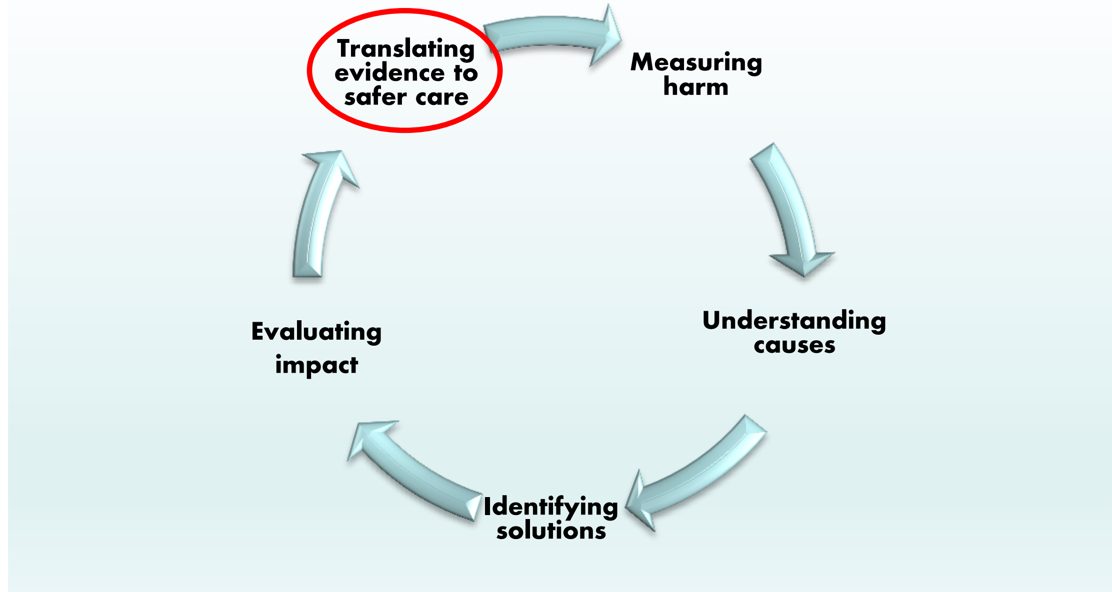


Downloaded from qualitysafety.bmj.com on March 18, 2013 - Published by group.bmj.com

EDITORIAL

Trends in adverse events over time: why are we not improving?

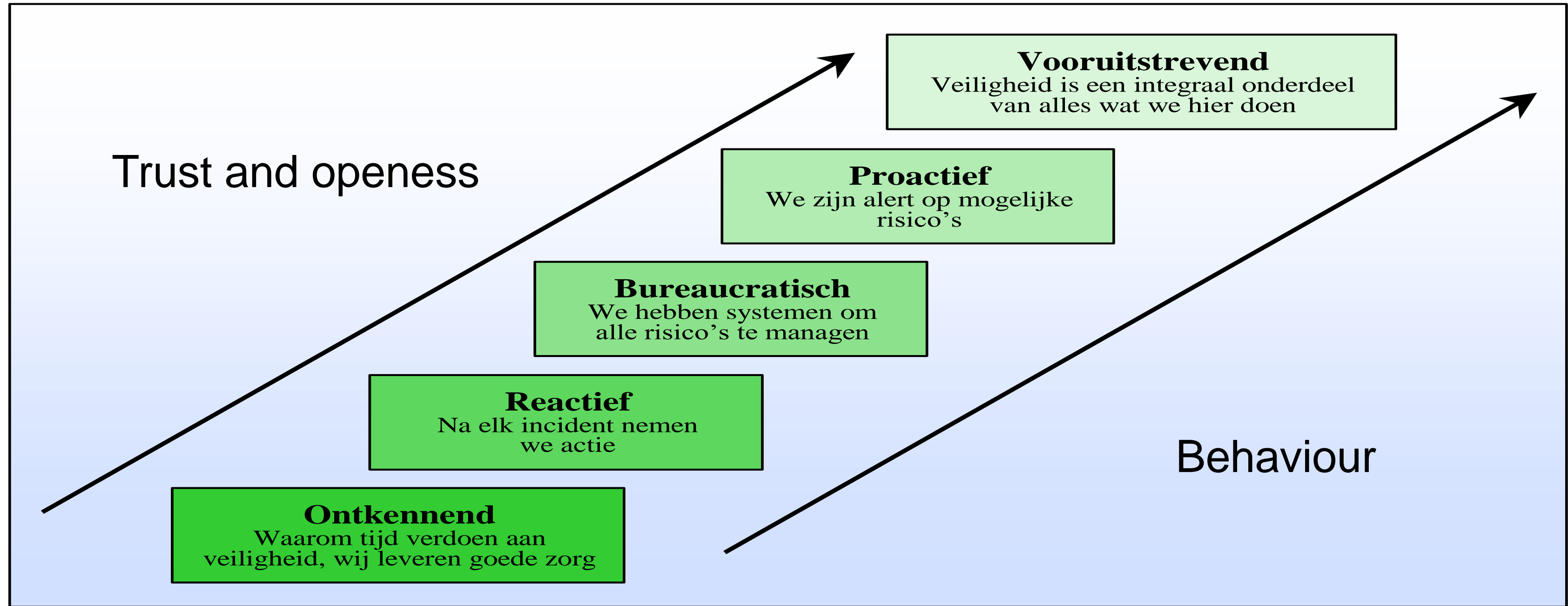
Kaveh G Shojania,[1] Eric J Thomas[2]

THE PAUCITY OF EFFECTIVE PATIENT SAFETY INTERVENTIONS

WHAT IS THE SOLUTION?

Detecting the modest improvements associated with most interventions will require targeted surveillance for the events targeted by effective interventions. If an

Improve safety culture



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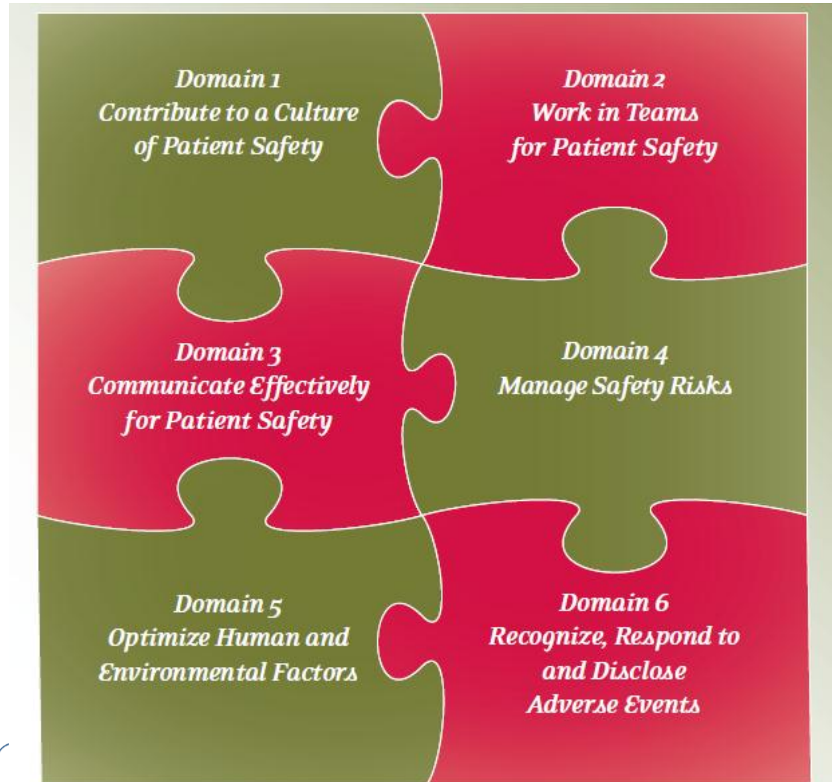
Multiprofessional competencies



Basic quality registration

Show results with more ease

Handy patients enterprise edition

File Edit View Help

David (8 month and 10 day
John (2 years and 3 month)
Mother: Teacher
Father: Financial advisor
Parents: Maried

Last Anderson P
First David Boy
Birth 5 January 2009
Age: 8 month and 10 days
Patient nb: 3

Appointments

Forms: Meeting (Doctor), Full status (Doctor), Assistant, Billing, Reports, Statistics

Sheets: O: Neurologic, O: Vascular, O: Cardiac, O: Respiratory, O: Abdomen, Exams, Radiology, Summary, Patient documents, Letter

SOAP Sum. T
R-V T. P. PC
Admission Agenda

Meetings
2 month checkup 5 Mar 09 2m.0d
1 month checkup 5 Feb 09 1m.0d
Respiration problem 22 Jan 09 17d
10 days chekup 13 Jan 09 8d
Control for return at home 9 Jan 09 4d
Birth 5 Jan 09 0d

Diagnosis: General, My Diagnosis, Social

New documents
- Abdomen palpat
- 15 Sep 2009
- Cardiac auscul
- 15 Sep 2009

To Do
Send checkup

Notes
Father ask many questions, add 10 minutes to consultation

Digestive
Thursday, 22 Jan 2009

Digestive inspection: Normal
Liver: No hepatomegaly.
Digestive auscultation: Normal abdomen noises
Rectal
Digestive palpation: Little pain on the right lower area

Page 1/1
Draw
Mark
Color
Pen
8

Esophagus
Liver
Stomach
Colon
gall bladder
Small intestine
Rectum
Anus

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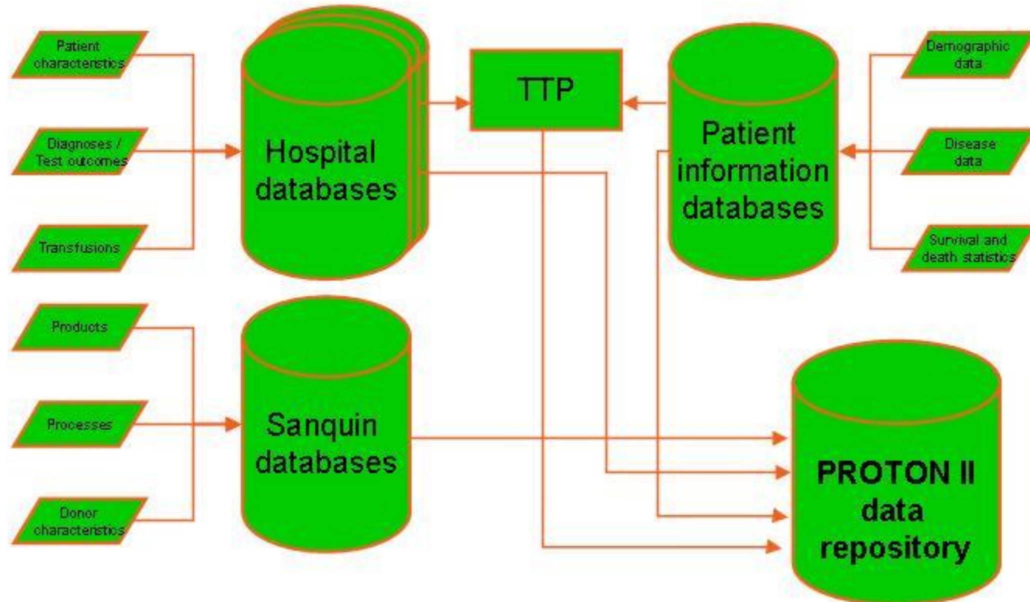
PROTON II:
Sanquin & Julius Center & EMGO+



Benchmark

Risks

Prognoses

Thank you!