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voor de gezondheidszorg

Compendium of instruments for safety improvement in healthcare organizations

SIMPATIE Consensus Conference

Luxembourg, September 18/19, ‘06

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Utrecht, 25-9-2006

We embarked on a journey

- To define a set of instruments that can be used to increase patient safety in health care organizations.
- To develop recommendation on internal audit mechanisms on patient safety for health care organizations.
- Objective: development of a toolkit for patient safety

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WP6 Improving patient safety in hc organizations

Development process phase 1 Dutch expert group:

- Dutch expert group (20people, mostly specialists) as the editorial committee for developing a compendium of instruments on patient safety.
- Members recruited based on their extensive experience in daily practice and their expertise on patient safety.
- An introductory part sketching safety environment for health care organizations and description of selected instruments have been developed.

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Methodology of the expert group

- extensive desk research on international publications on a number of instruments improving patient safety
- compendium of instruments on patient safety developed with an overview of around 20 instruments that organisations can use in their setting.
- description of the instrument, how and when to use, experiences and results achieved, advantages and disadvantages, literature
- compendium has been published as a book in Dutch and edited/ translated in English

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Development process phase 2 international consultation

- English translation submitted to project partners for comments / additions
- Additional international experts invited to contribute
- Final editing in August, main issues to be presented on consensus conference in September
- Publishing as a book in English and submitted as report to EC in November / December

A good instrument...

- Introduces safety improvement opportunity (problem)
- Reviews relevant evidence, experiences, results
- Delineates how and when to use it
- Outlines advantages and disadvantages (adaptation, consequences)
- Depicts patent and family roles
- Is accompanied with references and resources

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Compendium structure, Part 1.

Introduction Ch 1 - 7

1. What is patient safety?
2. Patient safety from an international perspective
3. Why are hospitals not as safe as we would like them to be?
4. The epidemiology of medical errors: do we know what we are measuring?
5. The safety management system, the approach at the organization level
6. Patient involvement
7. IT and safety

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Structure, Part 2. - Instruments

Tools for analysis of incidents and risk:

- Retroactive / retrospective
- Proactive / prospective

Intervention approaches:

- On the system (organization) level
- On the process (professional) level

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Analysis tools

Retroactive:

- Root Cause Analysis (SIRE, Prisma)
- Trigger tool and status study

Proactive:

- Health Failure Mode Effect Analysis
- Bow tie

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Intervention approaches

System level:

- Safety culture
- Multidisciplinary team training
- Crew resource management
- Also safety management system and patient involvement

Process level:

- Communication

(walk rounds, briefings, time out, SBAR)

- Specific groups at risk

(bundles, rapid response teams)

•Combined approaches:

move your dot or campaign

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Instruments for registration of information / data on safety

- Includes both:
  - specific registration of safety incidents
  - safety information derived from other / general sources
- Definition of indicators / benchmarks that enable comparisons
- See also WP 4 Indicators / vocabulary

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Rapid Response Teams

- Helps preventing failure to recognize deteriorating patient condition
- Expert (intensive care spec./res. and nurse) help at the bed side
- If needed transfer to IC / CCU
- Before cardiac arrest occurred (signal of colleague, nurse, patient)
- Better use IC, ward staff feels supported
- Lives are being saved!

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RRT works

measure	Before RRT	After RRT	Relative risk red.
No. cardiac arrest	63	22	65% (p=.001)
Death from CA	37	16	56% (p=.005)
No. ICU days post CA	163	33	80% (p=.001)
No. hospital days post CA	1363	159	88% (p=.001)
Inpatient deaths	302	222	25% (p=.004)

Bellomo R, Goldsmith D, Uchino S, et al. A prospective before-and-after trial of a medical emergency team. Medical Journal of Australia. 2003;179(6):283-287.

WP 6 for the Consensus Conference

- Not inclusive compendium of instruments; more information is needed on their effectiveness.
- No specific priority or preference, choice depends on local situation
- Advisable to introduce at least instruments for measurement, analysis and intervention
- EU to facilitate cooperation, learning, exchange
- Health care providers to take action!

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