CLINICAL HEALTH PROMOTION CENTRE

How to manage clinical risk

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Twin Centres: DK + SE

RESEARCH

EDUCATION

SCIENTIFIC JOURNAL

HPH

CLINICAL EFFECT DATABASES

Overview

- Definition and introduction
- Walk through the performance needs
  - Know how to report risks / hazards in the workplace
  - Keep accurate and complete health care records
  - Know when and how to ask for help
  - Participate in meetings on CRM & patient safety
  - Respond to patients/families after adverse events
  - Respond to complains
- A new guide to implementation
- Look into practice
- CASE Discussion

Definition

- An approach to improving the quality and safety of healthcare by:
  1. identifying what places patients at risk of harm
  2. taking action to prevent or control the risks

Goals

Proactive

- Risk **identification**
- Harm, injury, and loss **prevention**
- System and process **control**
- Severity **reduction**

Target groups of CRM

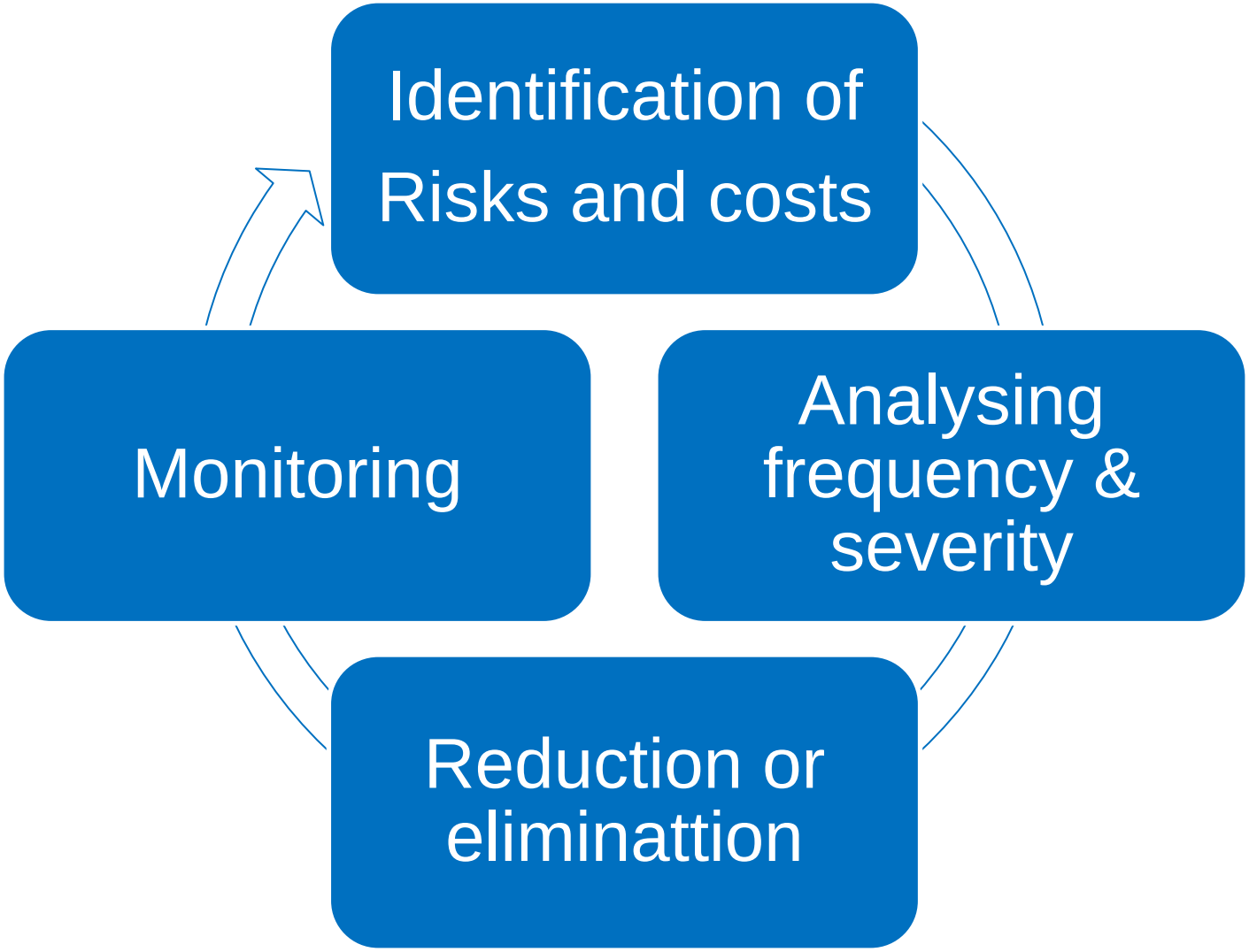
- Patients and their families
- Staff and the hospital/health care

- Future patients and staff

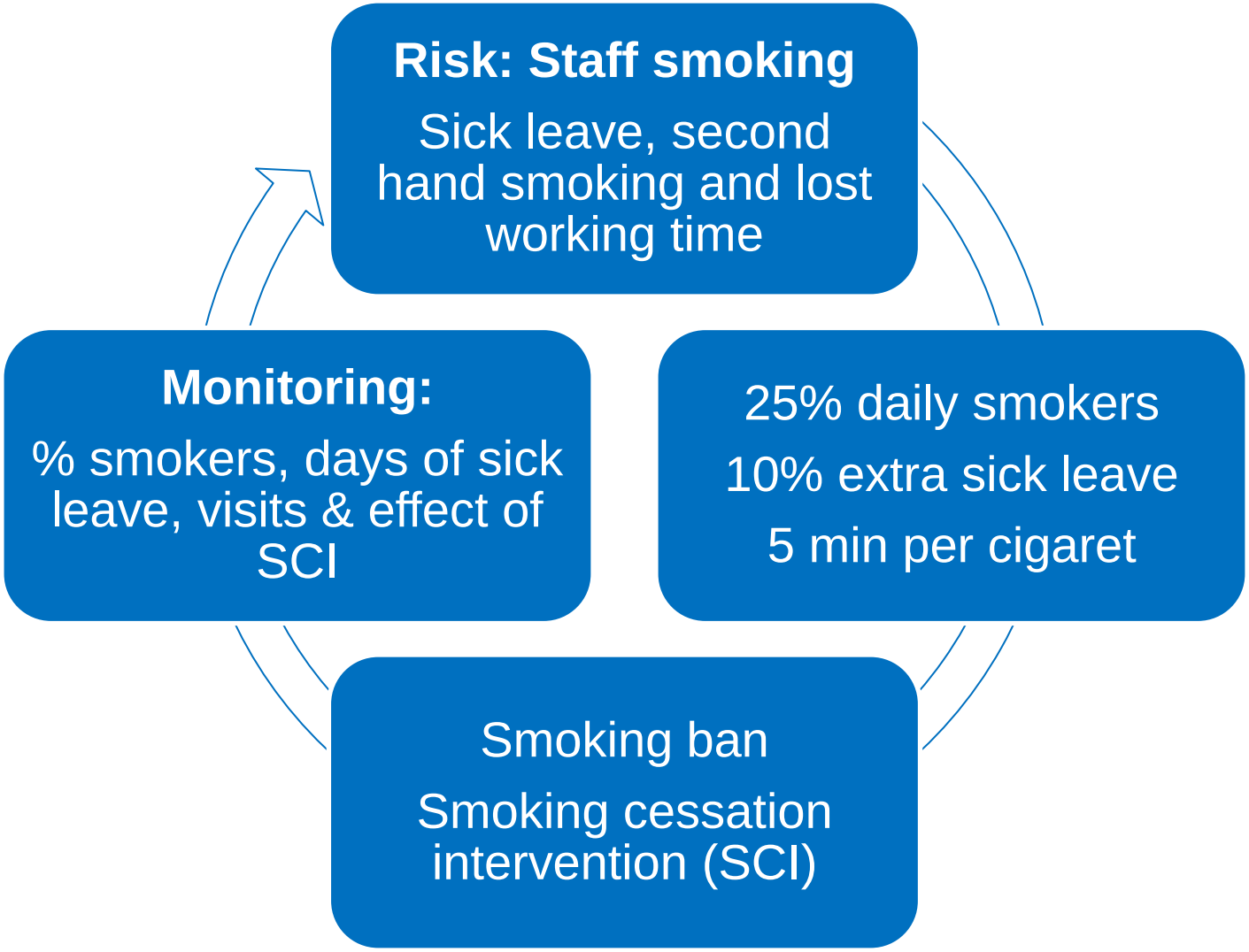
CRM process

- Identify the risk and the costs
- Analyse the risk
  - assess the frequency and severity
- Reduce or eliminate the risk
  - select implementation strategy
- Monitor the effect

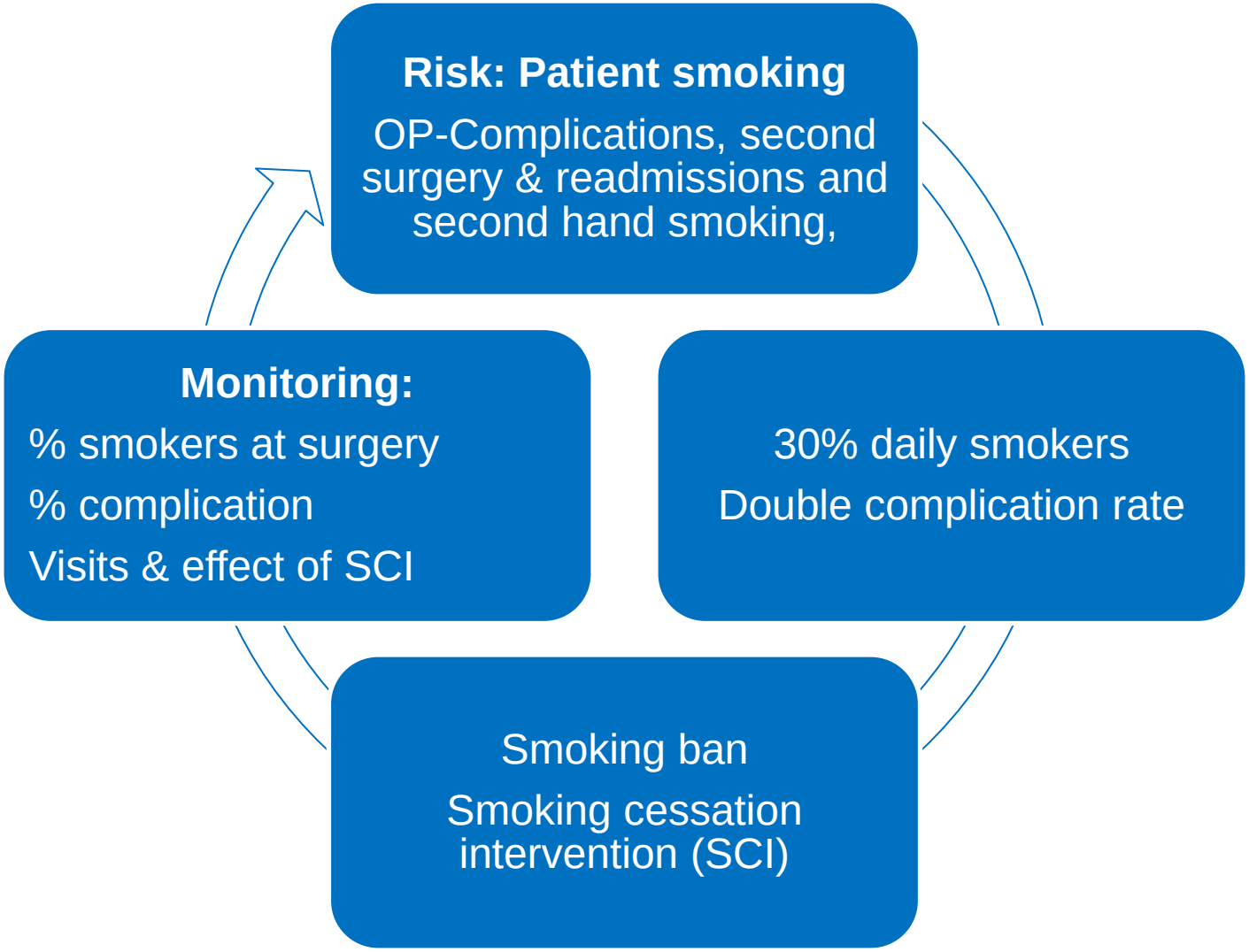
The cyclic process



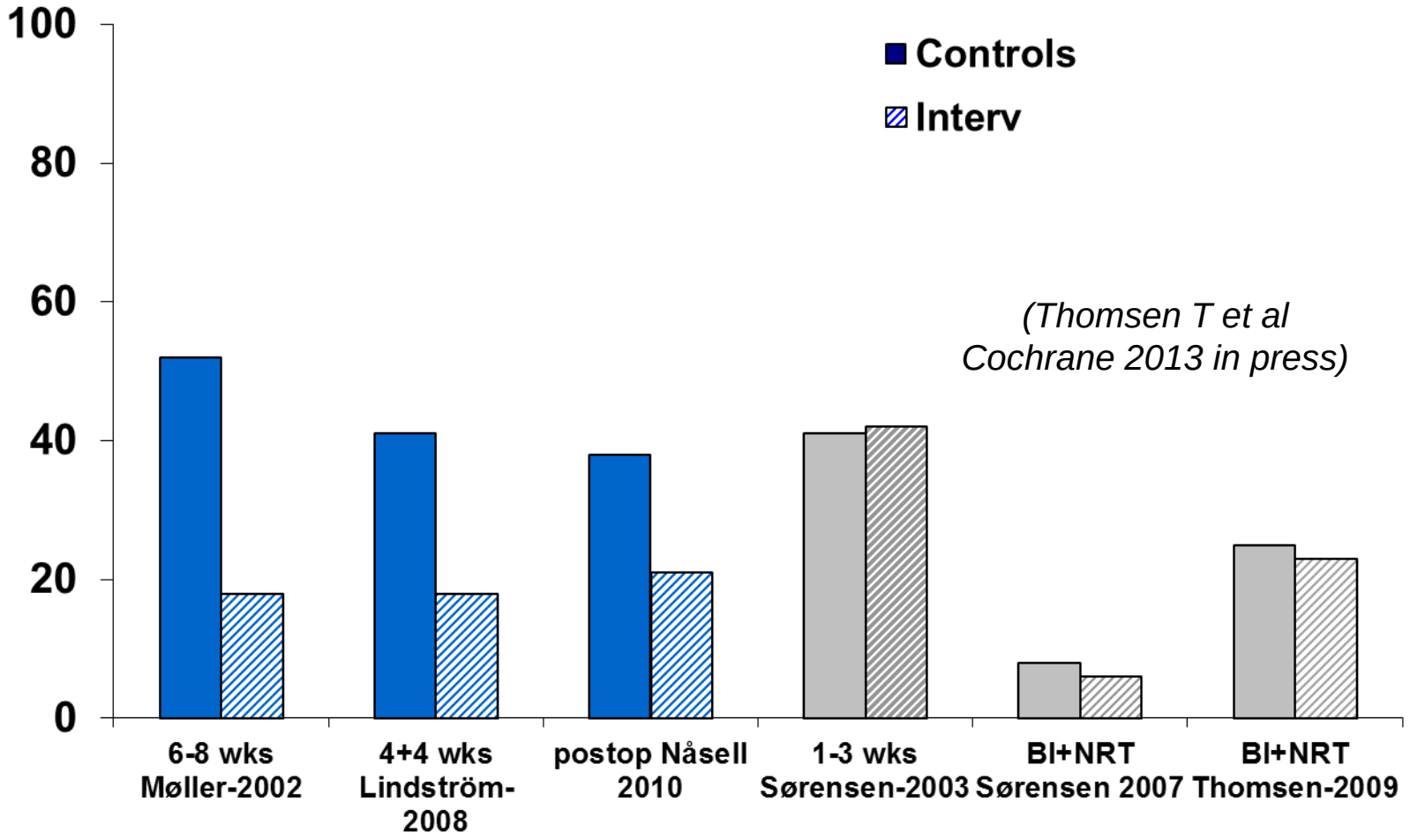
An example



Another example: Surgery

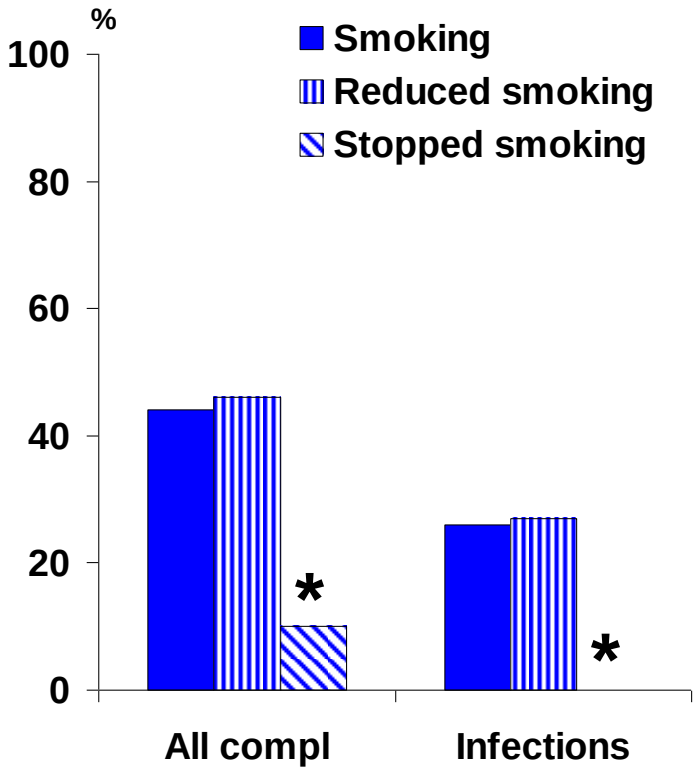


Perioperative SCI: 10 RCTs
6 included complications

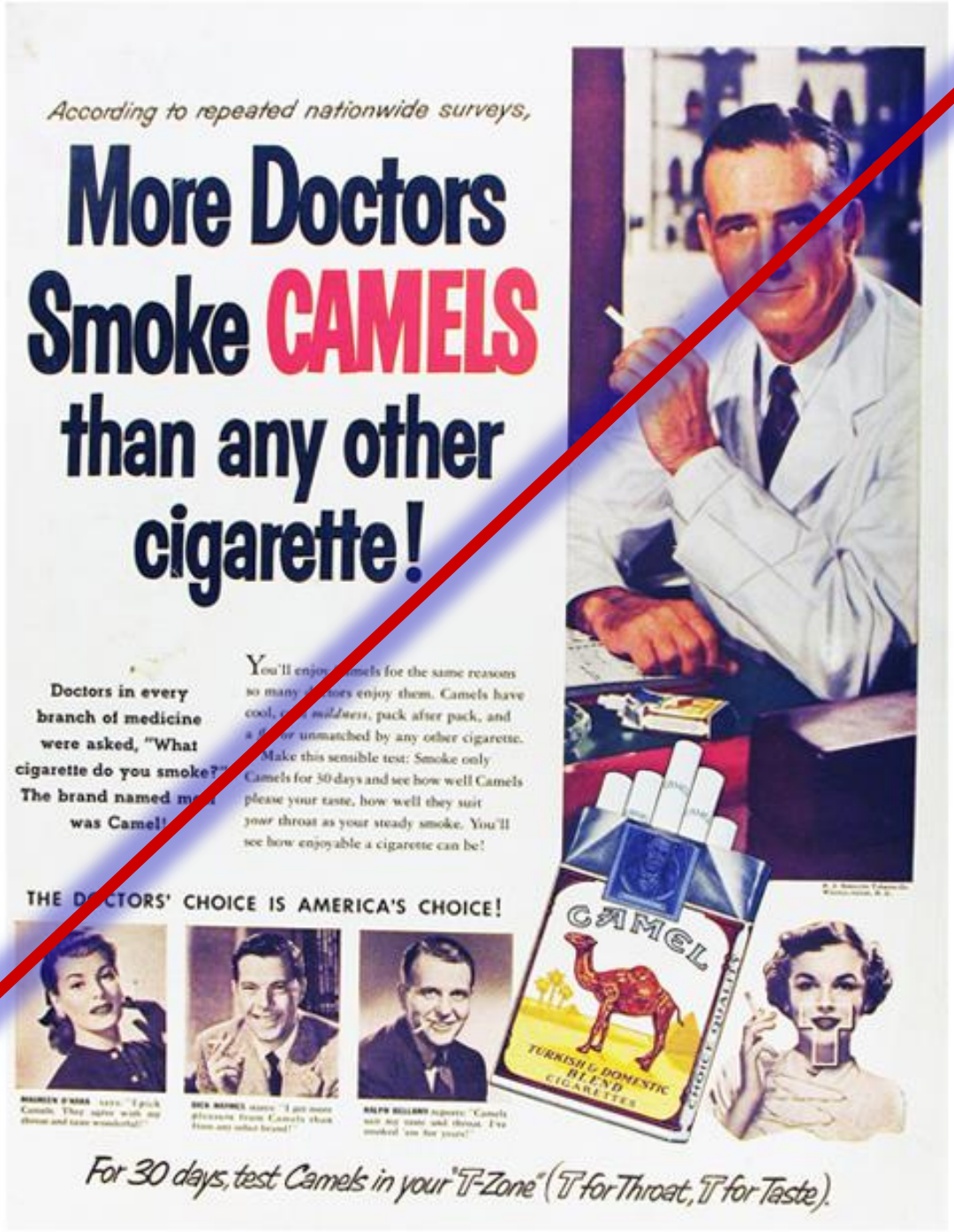


Effect on postop compl

6-8 weeks intervention before knee / hip replacement



AM Møller et al: Lancet 2002



Smoking ban

Know how to report risks / hazards in the workplace

- This could happen for all staff, so all should have documented skills in reporting
- The easiest way to do this is an e-learning program
  - Few cases (easy to use)
  - Certificate after completed successfully
- **Participate in meetings on feed-back and action – and learn**

Keep accurate and complete health care records

- Old tradition
  - Only write positive diagnoses, treatment and results
  - Everything else have been examined and found to be negative or without relevanse
- New tradition
  - Always describe the relevant elements, positive or negative, including areas of priority
    - Allergy: not allergic to penicillin, bandages, etc
    - Non-smoker since 2008
- **Participate in meetings on feed-back and action – and learn**

Know when and how to ask for help

- **Old tradition** (my own responsibility)
  - I can do everything my-self
  - I have to continue trying many times before I ask the senior officer
- **New tradition** (shared responsibility)
  - The senior officer walk through the procedure on forhand and follow-up during or afterwords
  - I ask for help if I foresee problems or enter problems that I can not solve
- **Participate in meetings on feed-back and action – and learn**

Inspector at Nat Board of Health

- In DK we have Inspectors in all medical disciplines
- Validation of young physicians' education – in reality: site visits
- Self-evauation form, report and FU
  - The department
  - The Inspectors (2-3)

Responses

- ”The young doctors are lazy”
- ”We give them all opportunities to learn, but they don’t want to participate”
- ”The senior surgeons do not want to teach and train”
- ”They never give away the scalpel or endoscope”

Actions: Communication course !

Tools for documentation and FU

Participate in meetings on CRM & patient safety

The meetings

- involve all disciplines and level relevant
- take place on regular basis – e.g.once a month
- include results from monitoring and others
- have a clear agenda, e.g.
  - Status / Follow-up from previous meetings
  - New problems, facts/results, discussion, learning
  - Decision on action and follow-up

Root cause analyses

Respond appropriately after adverse events

- An injury caused by medical management– rather than by the underlying disease
  - The etiology include drug effects, infections, technical complications, negligence, diagnostic and therapeutic malpractice and others
- Serious adverse events
  - Death, life-threatening, hospitalization, permanent damage, birth defects and similar

Do

- Initiate the disclosure process as soon as possible after an adverse event
- Express empathy with the patient or family and sympathy for any pain and suffering
- Be prepared to listen to the patient and/or family
- Document the adverse event as soon and factually as possible in the patient record

American Association for ortopaedic surgeons 2012

Don't

- Lie or cover up
  - Patients want honesty and are more willing to forgive an error than a lie.
- Blame someone else
  - Blaming someone else is an almost certain way of implicating oneself.
- Be defensive
  - Try to meet anger with professionalism and objectivity.
- Use medical jargon

American Association for ortopaedic surgeons 2012

Overall

- Accept that we all make mistakes
- Take contact to the mananegement, your collegues and any other supportive group
- Inform the management, department about the case and report to the DB
- **Participate in meetings on feed-back and action – and learn**

Complains

- A complain is defined as an expression of dissatisfaction by a patient, family member or carer with the care provided:
  - Poor communication
  - Suboptimal decisition-making
  - Problems with treatment and diagnosis

Respond appropriately to complains

- **Follow the guidelines (e-learning)**
  - Act promptly, professional without judging
  - Listen and inform about the possibilities to official complains
  - Hand out the folder / documents for complaining and collect them again
  - Inform about the following process
  - Report to the management and database
- **Participate in meetings on feed-back and action – and learn**

Overall, CRM requires

A new

- Tradition of documentation
- Setting for follow-up and feed-back
- Way of action according to performance
- Method of learning
- Culture of communication
  - Collegues, across disciplines, patients

Performance needs

- Know how to report risks / hazards in the workplace
- Keep accurate and complete health care records
- Know when and how to ask for help
- Participate in meetings on CRM & patient safety
- Respond to patients/families after adverse events
- Respond to complains

But what about practice ?

To day

- Many health care facilities have systems in place for reporting
  - Patient falls, medication errors, retained swabs and misidentification of patients.
- However
  - Most health facilities are only beginning to focus on all of these
  - Reporting of these incidents is often sporadic

1) What do we do in practice?

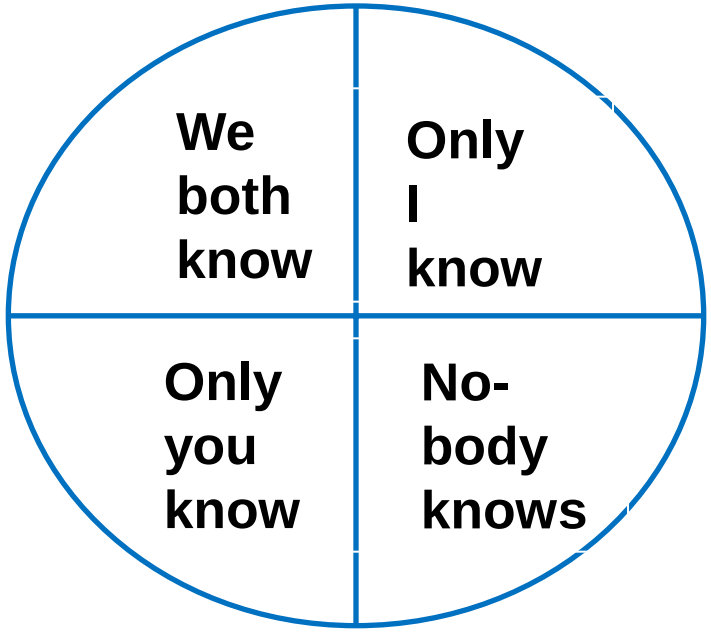
- Identify areas of priority for improvement
  - By coincidence
    - We have just had a case on .....
    - Let us look at .....
  - Sentinel event
    - Unexpected occurrence involving death or serious physical or psychological injury

2) What do we do in practice?

- Identify areas of priority for improvement
  - Based on assessments
    - Claims reports & Near misses
    - Patient claims & Patient safety alerts
    - Reports and trends of adverse events & unsafe conditions
    - Medical records

What is the major challenge?

- Implementation
  - A million barriers have been described
  - And more will come (Johari's window)



What is the major challenge?

- Implementation: Some succeed
  - Clear vision and dedication
  - Have (or develop) ownership to the tool
  - Secure anchorage at the manangement
  - Local organisation
  - Follow-up and return results (feed-back)

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REGION

Implementation starts with you!

Buttom-up implementation: Preparation

1. **Get familiar with the tool you want to implement**
2. **Visit others, learn and network**
3. **Inform and train any collegue to create experts and owners**
4. **Start using it your-self, let everybody know what you are doing, discuss, feed with facts and good stories**

Buttom-up implementation: Strategy

5. Prepare and educate all stakeholders

- Take the most interested and supportive first
- Include collegues from other disciplines

6. Create champions at every level

- Do not spend time on the resistence
- Let the champions be the engine

7. Senior management endorsement

- Emphasize with facts and examples

8. Adapt the tool for your organisation

9. Start small, then expand

Maintain success & share learning

10. Monitor and record compliance
11. Give feed-back and compare
12. Identify issues that have come up before an error happened
13. Celebrate and reward successes
14. Update the hospital on progress
15. Continue: your lesson learned are essential to others
16. Collect best practice and makd SOP

WHO

”Smoke-free operation”

- In Norhern Sweden the ortopaedic surgeons stopped operating on smokers
- They recommended SCI

Implementation: Top Down

- **Get familiar with the tool, vision and facts**
  - study visit, meet the ”buttom-up person”
- **Connect to the buttom-up strategy**

After some progress:

- **Secure anchorage at management level**
- **Establish policy and framework**
- **Participate in celebrations**
- **Inform and recommend at all levels**
- **Establish SOP and secure continuity**

Examples on implementation of CRM and Patient Safety

Factors of importance for the patients' treatment results

- Disease / diagnosis
- Intervention
- Organisation
- Individual patient-related factors
  - Health
    - Diet and nutrition
    - **Smoking**
    - Alcohol
    - Physical activity
  - Co-morbidity (chronic diseases)

Health Promotion: Patients

HPH

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REGION

Unhealthy lifestyle

→ Lifestyle-related physical and psychosocial damage

→ Aggravation of outcome and prognosis of other diseases & conditions

Intervention

↓

Better lifestyle

→ Reduced lifestyle-related damages

→ Improved outcome & prognosis of others diseases and conditions

WHO / HPH Tools

1. Management policy of HP
2. Patient Assessment
3. Patient Intervention & Info
4. Promoting a healthy workplace
5. Continuity and cooperation

HPH

HPH DATA Model (St. 2)

HPH

Doc. HP Activities (St. 3)

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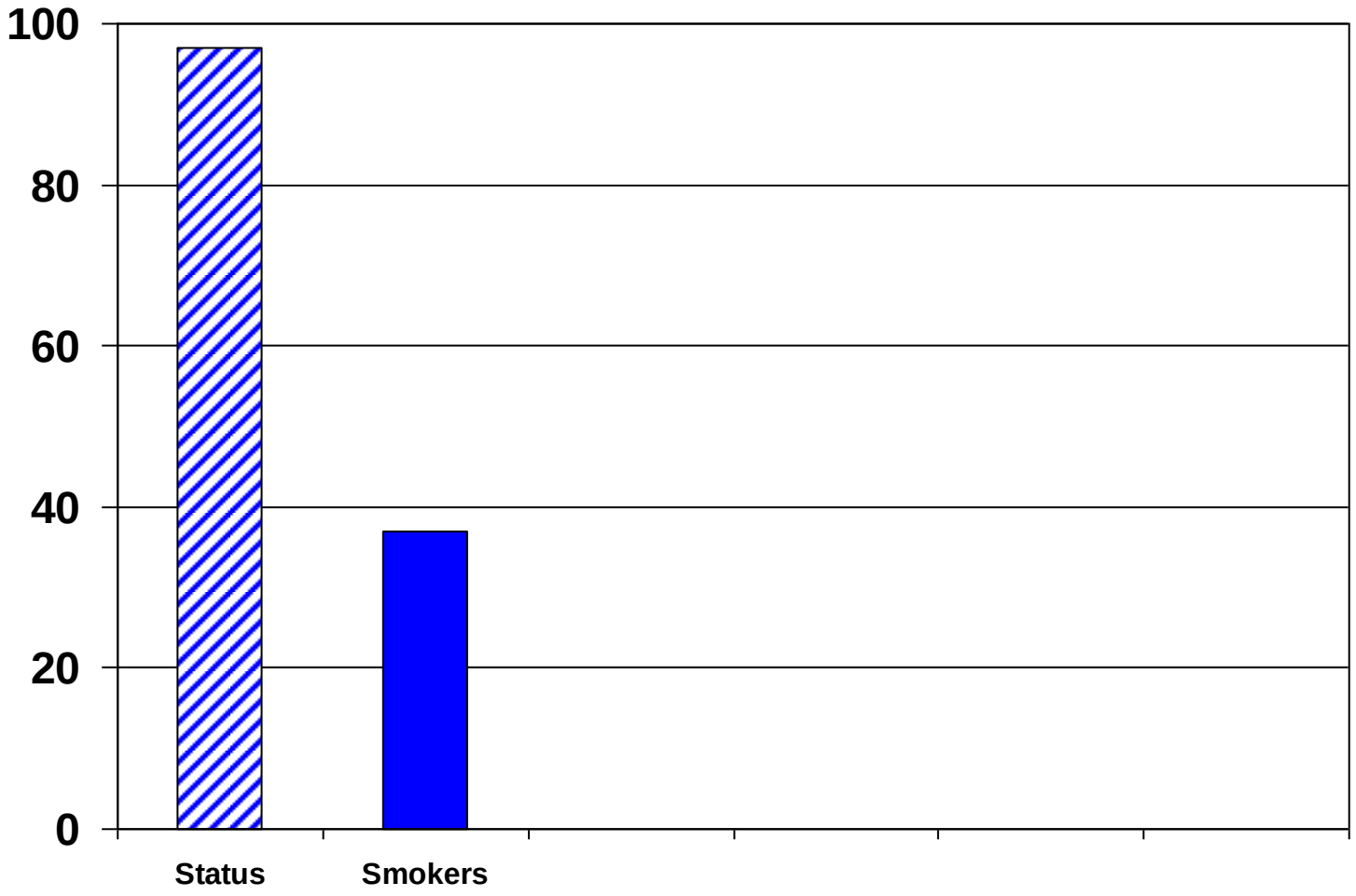
Bispebjerg Hospital Indicators

	Indicators for MR audit	**No/Yes**
1	Status of smoking history in MR	
2	The patient smokes daily	

Bispebjerg Hospital Indicators
Surgical patients



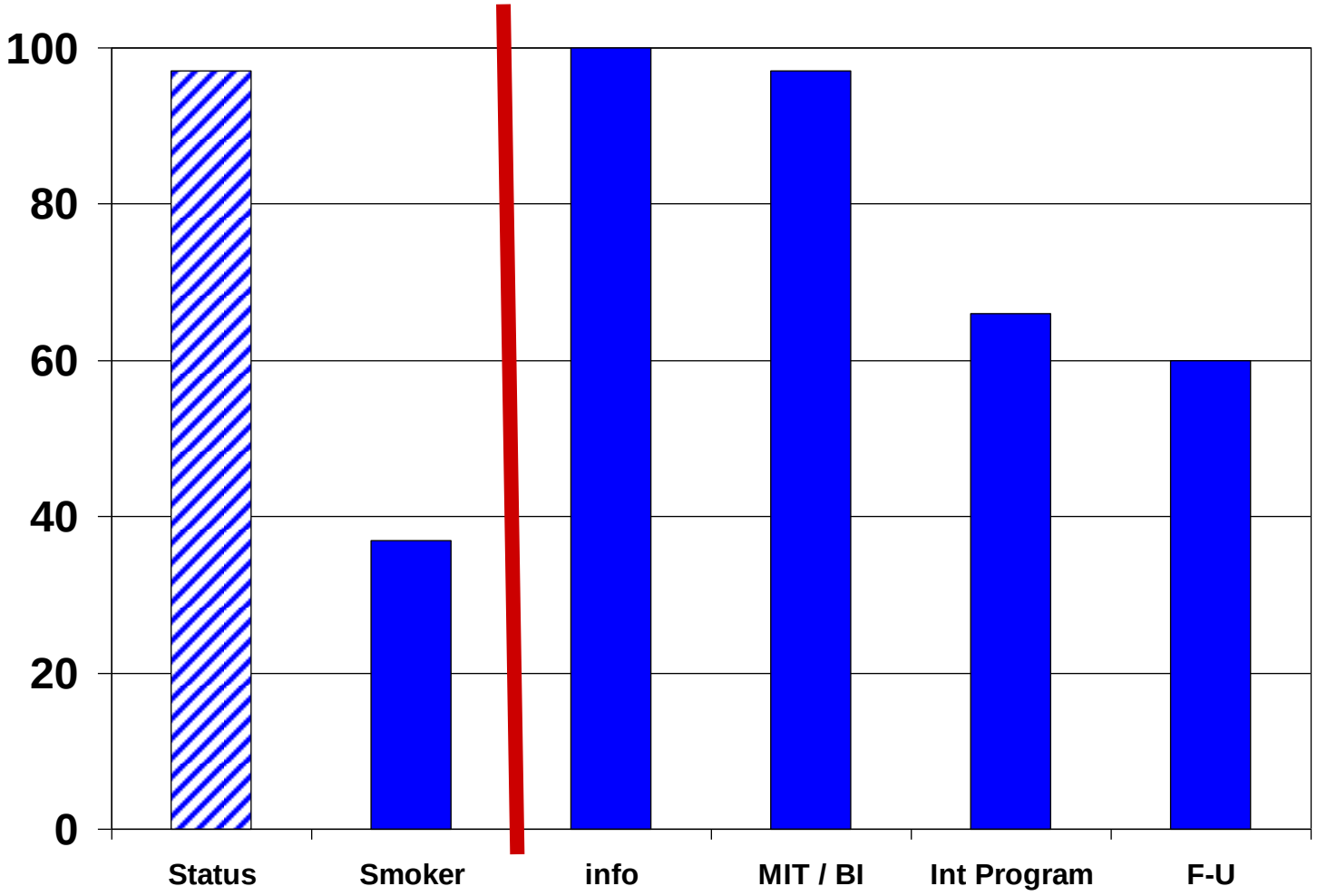
Indicators: MR 3.1.1. + 3.1.2. HPH DATA / DOC HP ACT:

	No	Yes
Status in MR	___	___
Positive risk factor	___	___
Info given	___	___
MIT / BI	___	___
Intervention program	___	___
Follow up for results	___	___

Bispebjerg Hospital Indicators

	Indicators for MR audit	**No/Yes**
1	Status of smoking history in MR	
2	The patient smokes daily	
3	Information is given acc. to guidelines	
4	MIT / BI is given	
5	Smoking Cessation Intervention	
6	Follow-up for results	

Bispebjerg Hospital Indicators
Surgical patients



Better health gain by HP Fast Track Implementation

From 27 to 39 of 40 measurable elements completed

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Operations: Patient safety

- Less smoking

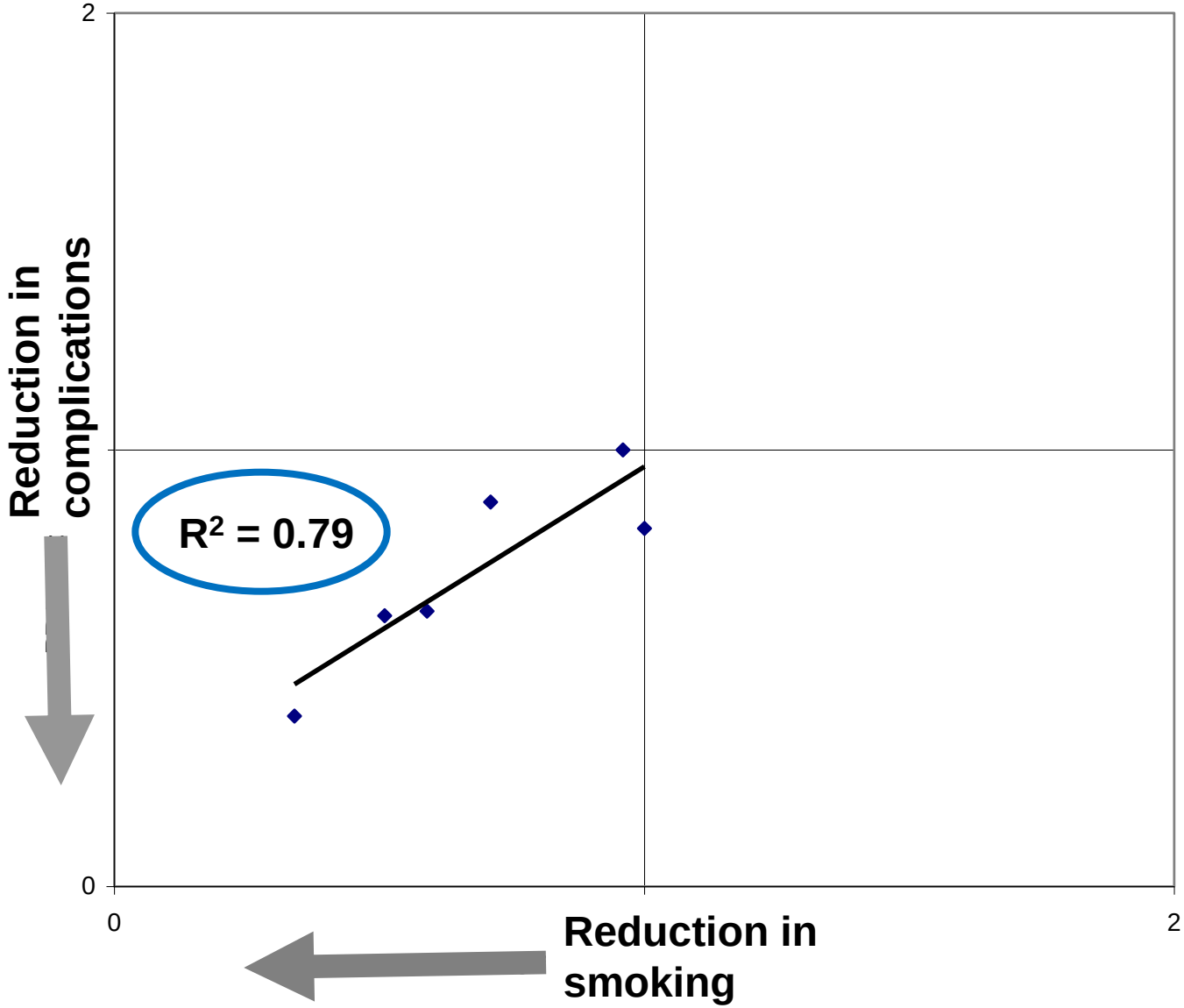
= Less complications

- SCI Programs without or little effect

= without or little effect (non significant) on complications

SCI on surgical patients: RR

Better quit-rate ~ Lesser complications



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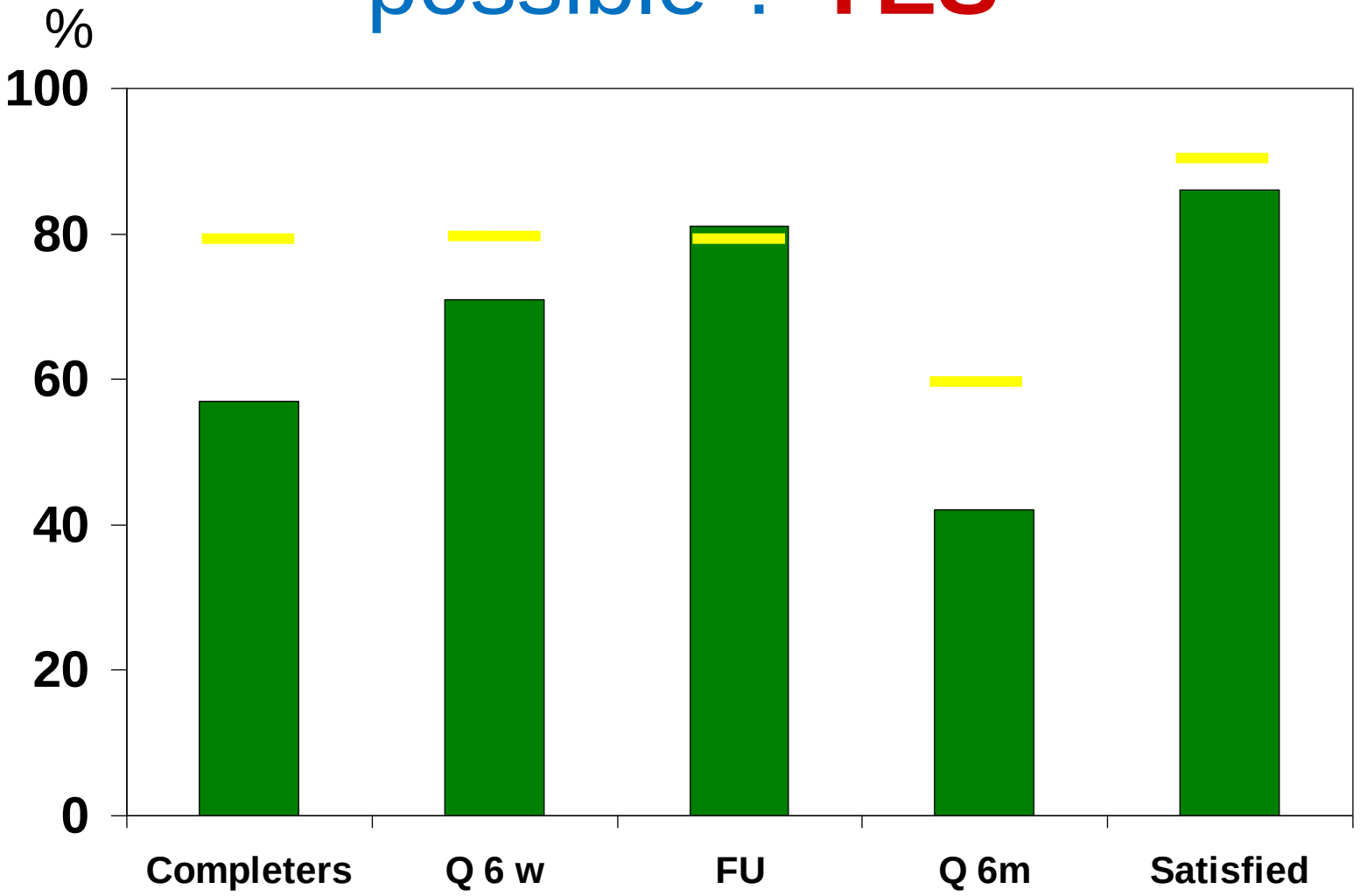
Is a successful quit-rate >50% possible ? **YES**



Swedish doctors require stop smoking for surgical patients

Patient safety today

Don’t do anything

- **You accept the doubled complication rate among smokers**

”Smokefree operations” (elective OP)

- Reduced complications

Postoperative intervention (trauma/acute OP)

- Reduced complication after fracture surgery

But often

Now to the case on CRM

CASE 1

After hip surgery you, unfortunately, have the antibiotics prescribed for the patient next to you.

Two days later you get an infection at the surgical site.

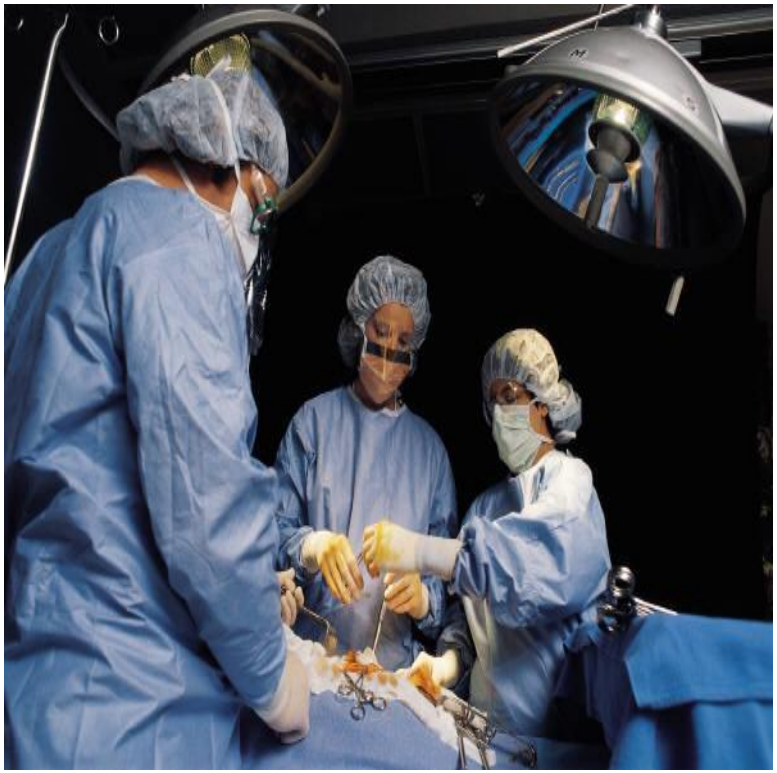
How should the staff respond to you:

- **The nurse**
- **The surgeon**

CASE 2

Immediately, the nurse excuses sincerely for the mistakes.

The surgeon says that complications just happen sometimes; like bad luck. You undergo a new operation and treatment with the same antibiotics as you had by mistake.



How would you act?

CASE 3

You start reading about hip surgery and complications on the Internet. You realize that smoking is a major risk factor for wound infections.

You smoke heavily, but were not informed about the risk or recommended to quit smoking before surgery.

How would you act now?

CASE 4

Now the surgeon says that you were recommended to quit smoking, because he does that to all smokers. He just forgot to put it into the medical record.

You decide to complain on malpractice, but will you win the case ?

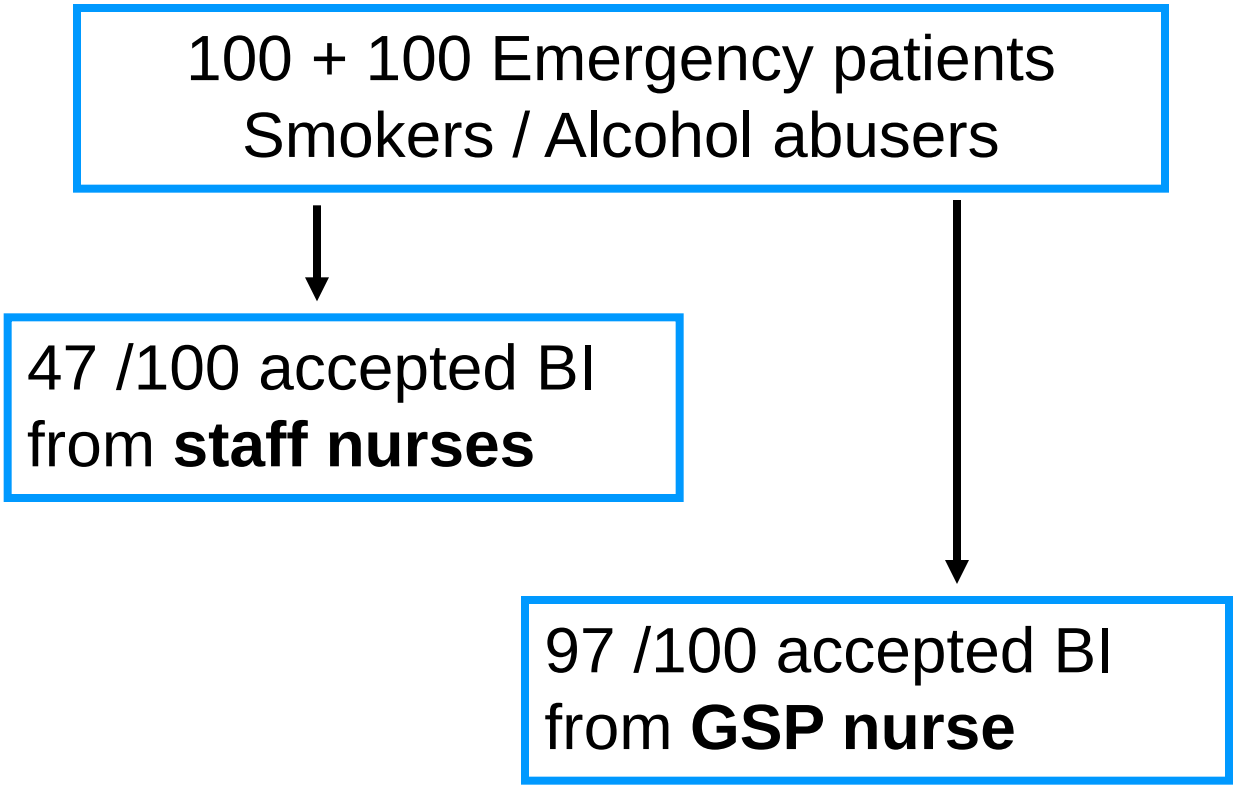
Best EB Practice

Includes all three parts

(*Sackett, DL, Strauss SE, Richardson WS et al. Evidence-based medicine. Churchill Livingstone 2000)*

Clinical expertise

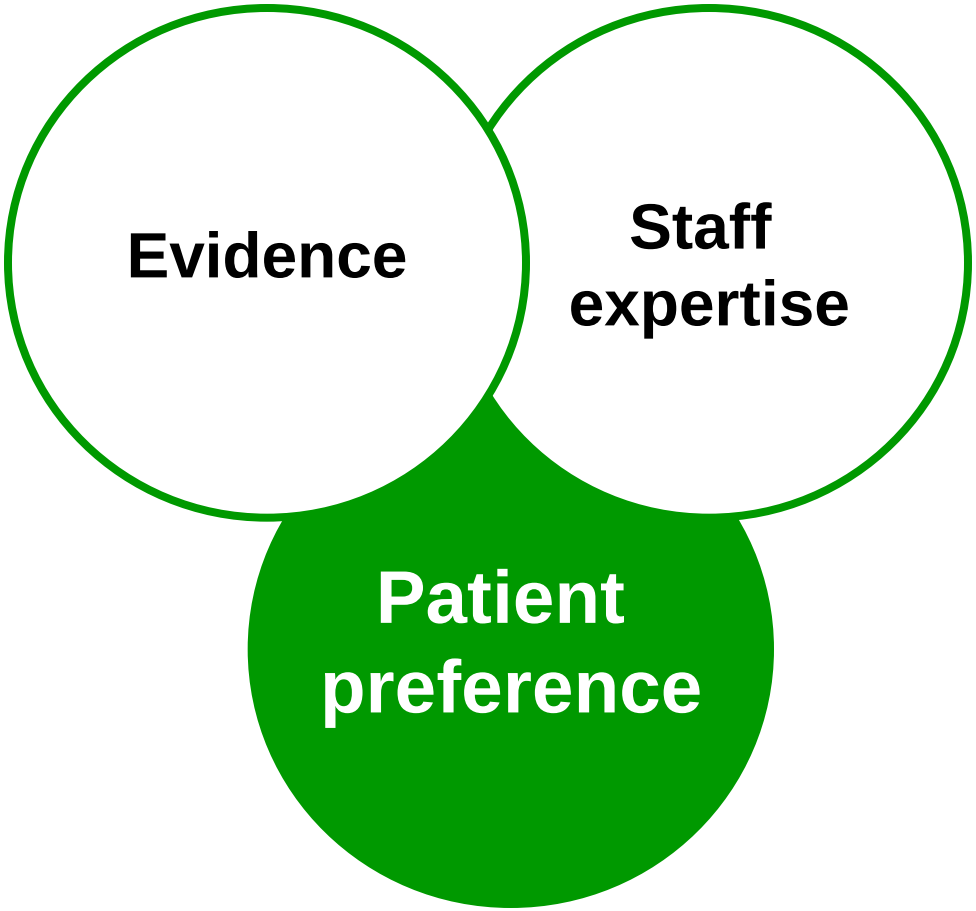
The influence of specially trained nurses



Nelbom et al. 2004, Backer et al. 2007, Clin Resp Jour

Best EB Practice

Includes all three parts



(*Sackett, DL, Strauss SE, Richardson WS et al. Evidence-based medicine. Churchill Livingstone 2000)*

Patient attitude

- We are afraid that the patients are not motivated for smoking cessation

- Knowledge
  - 80% wants support from the hospital to change lifestyle prior to surgery; tobacco, alcohol drinking and overweight

Boel T et al. Ugeskr Laeger 2004

Patient preferences

- We are afraid that we invade privacy when recommending smoking cessation before surgery !

- Knowledge
  - All patients wanted to be offered the possibility to change smoking habits prior to surgery
    - Quitters
    - Smokers

Møller, Villebro Ugeskr Laeger 2004

Patient preferences

- It is not possible to focus on two major things at the same time, such as upcoming surgery and change of smoking habits !
- Knowledge
  - The patients focused on
    - The possibility for reduced complication rate
    - The probability for increased quality of life after surgery induced an increased motivation for changing lifestyle
    - Hospital support to smoking cessation

Møller, Villebro Ugeskr Laeger 2004

Patient preferences

- We think that the staff approach does not mean anything to the patients; e.g. the roll model is exaggerated
- Knowledge
  - Active support from the staff was very important for changing smoking habits
  - Smoking and smelling of smoke reduced the level of motivation
  - Conflicting information from the staff about the influence of smoking was frustrating

Møller, Villebro Ugeskr Laeger 2004

Patient preferences

- We hope that smoke-free surroundings do not mean anything in relation to smoking cessation

- Knowledge
  - Smoke-free common rooms were important for keeping up the motivation

Møller, Villebro Ugeskr Laeger 2004

Patient experiences

- **Being offered a few days preop program before breast cancer surgery**

- **All found it relevant**
  - Most: Insufficient in the present situation
  - A few: The kick I needed

Thomsen et al 2009 Eur J Oncol Nurs

Patient experiences: CONTROL GROUP

- **Being randomised to the Control Group instead of 4+4 weeks GSP at general and hip/knee surgery**
  - Half of the patients were disappointed
    - No influence on the drop-out rate
    - More stopped smoking by them-selves

Lindström et al: Contemp Clin Trials 2010