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Complejo
Hospitalario
de Navarra
Spain




Patient as Assessor of Safe Practices:
Challenges and Benefits

Declaration of interests

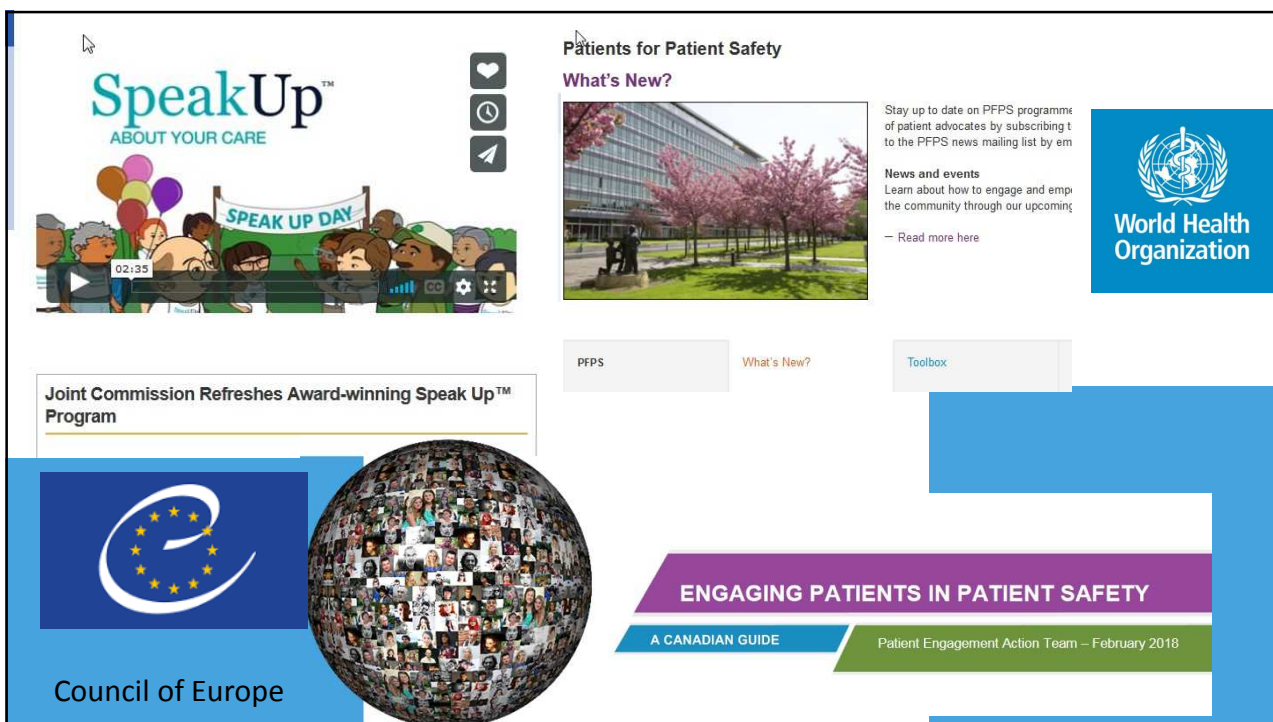


- To carry out this project we have received a Research Grant from the Spanish Government through Instituto de Salud Carlos III.
- We have won an award in 2018 from Quiron Group which provided funds for the extension of the project.



Key points

- Background
- Definition of assessors of safe practices
- Challenges for the organisation
- Participants training



SpeakUp™
ABOUT YOUR CARE

Patients for Patient Safety
What's New?

Stay up to date on PFPS programme of patient advocates by subscribing to the PFPS news mailing list by email

News and events
Learn about how to engage and empower the community through our upcoming

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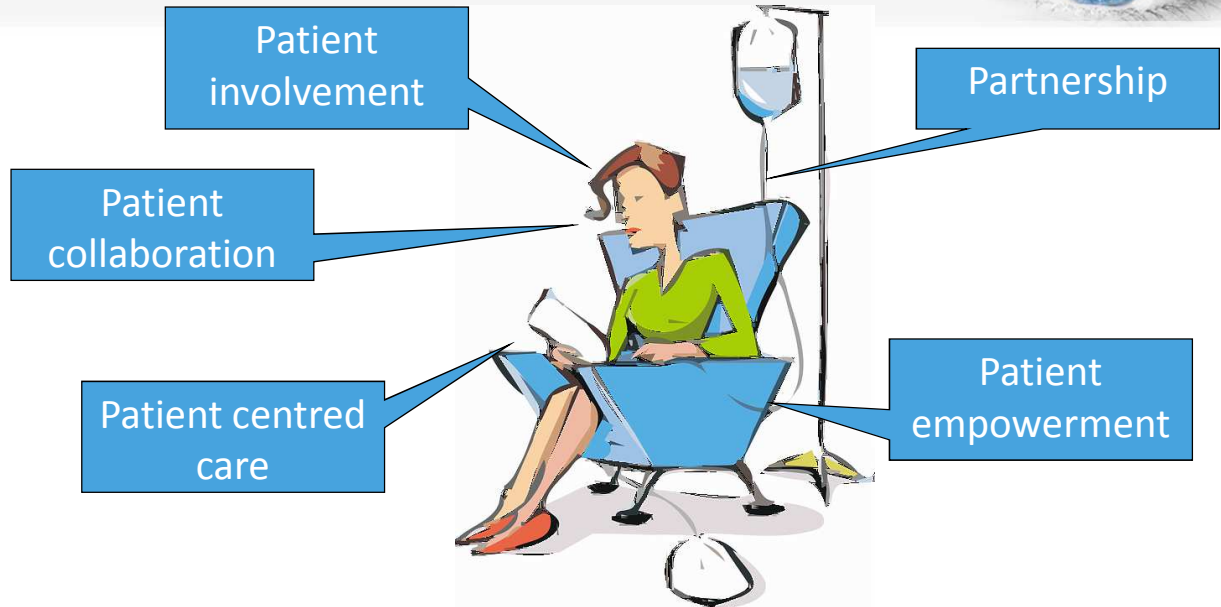
World Health Organization

Joint Commission Refreshes Award-winning Speak Up™ Program

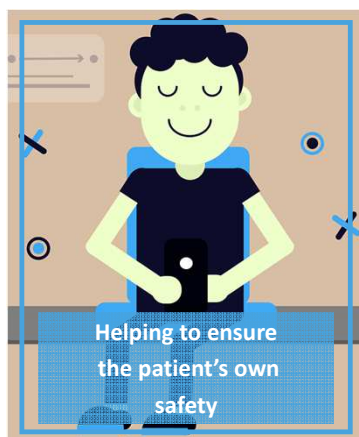
Council of Europe

ENGAGING PATIENTS IN PATIENT SAFETY
A CANADIAN GUIDE
Patient Engagement Action Team – February 2018

Synonyms



Three main roles to improve patient safety



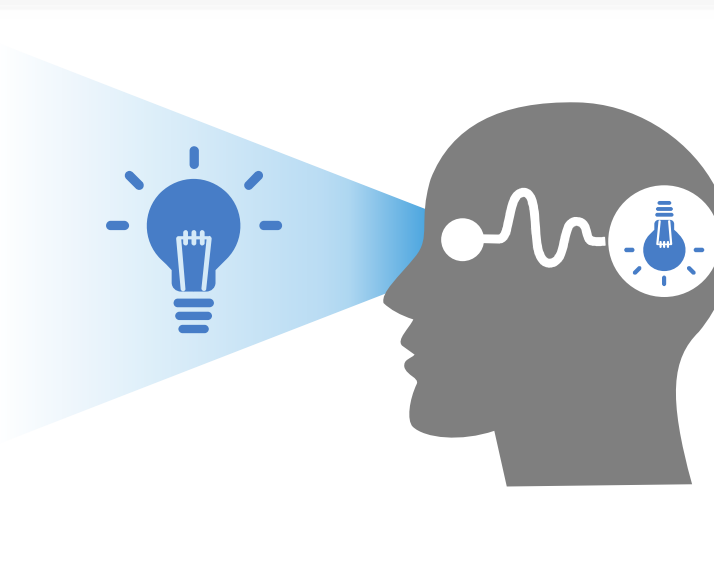


¿What is this new role about?

The role of a patient as assessor lies in **voluntarily** and **anonymously tracking** health care safe practice **adherence**, not to report adverse events.

Behaviour characterisation

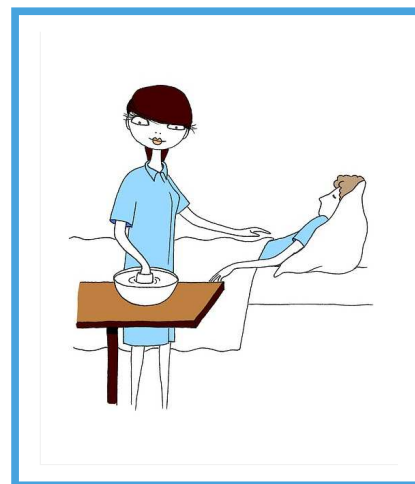
Patients and relatives as assessor



- One-off versus continuous
- Confrontational versus nonconfrontational
- Proactive versus reactive
- Interactive versus noninteractive
- Behaviors to prevent errors of omission versus of commission



Participants: patients and relatives
(friends, companions, carers, advocates)



Safe practices selected



Patient identification



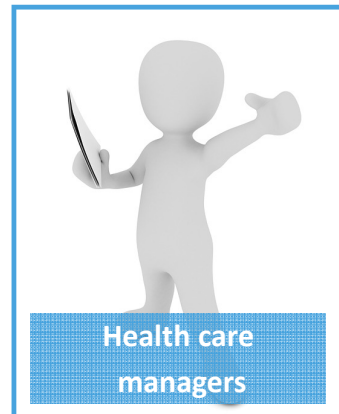
Hand hygiene

Oncological or transfusion
errors

Chemotherapy/
transfusion secondary
effects information

Focus groups

Whom did we ask?



What did we ask?



Results



1

Advantages for:



Organisation

- Safer organisations
- Additional safety layer
- Monitoring healthcare workers safe practices adherence
- More patient and relatives participation
- Assess departments/areas not very accessible otherwise
- Bigger accountability
- Better perceived quality
- More control systems



Health workers

- Increased patient safety
- Reminder of safe practices
- Increased patient safety procedures adherence
- Learn how to assume critic



Patients

- Better patient safety perception
- Feel heard
- Taken into account
- Feel useful
- Satisfaction for cooperating
- Possibility to speak up if something is done wrong

Results



2

Disadvantages for:



Organisation

- Conflicts
- Health care workers rejection
- Patients distrust
- More complaints
- Lawsuits
- Media impact



Health care workers

- Healthcare worker-patient tension
- Feel assessed
- Increased pressure
- "Big brother effect"
- Distrust of the organisation
- Not feeling comfortable at work
- An added burden
- Emotional consequences: fear



Patients

- Negative perception
- Distrust
- Uncomfortable
- Tension patient-healthcare worker
- Uneasy interaction patient-healthcare worker
- Stress
- Being tagged as "annoying", "observer"
- Loss of freedom
- Loss of peace of mind
- Fear to hurt the professional

Results



3

Requirements for:



Organisation

- Ensure anonymity
- Inform health care workers
- Train health care workers in safety practices
- Check the information to guarantee data is right
- Communication infrastructure
- Information analysis structure
- Maturity
- Commitment to improvement
- Action plan against lawsuits



Health care workers

- Information about the new patient and relatives role
- Know the goal to detect safe practices adherence
- Training in patient safety
- Information about results
- Maturity



Patients

- Anonymity
- Confidentiality
- Training in safe practices
- Frequent visits
- Common sense
- Not be hypochondriac
- Mature personality

Results



4

Difficulties for:



Organisation

- Information infrastructure
- Communication system
- Organisation maturity
- Culture of patient safety



Health care workers

- Safety culture
- Professional maturity



Patients

- Being aware of the situations
- Physical and psychological health
- "Stockholm syndrome"

5



Assessor profile (patients and relatives)

- Chronic patients
- Patients who require periodical attention
- Non-surgical patients
- Patients with frequent health care visits
- Patients for long hospital stays
- Volunteers

Results

6 Other areas where it can be used

- Day hospitals
- Critical care units
- Chronic care units
- Haemodialysis
- Blood draws
- Rehabilitation
- Emergency unit
- Oncology
- Haematology
- Neurology
- Central Units: radiology, labs...

7 Practices - Processes

- Patient identification
- Hand hygiene
- Transfusion safety
- Drug safety
- Catheter care
- Fall prevention
- Pressure sore prevention
- Care circuits
- Accessibility
- Noise
- Catering

Training materials: Brochures

What did we do?

¿Mañana? ¿Me dice su nombre para corroborar los datos.



✓ Comprobar reacciones a la transfusión

En ocasiones la transfusión puede provocar alergia, dificultad o dolor para respirar, náuseas. Al iniciar la transfusión la enfermera/o le informará y si nota cualquier tipo de reacción o síntoma de alarma rápida. Le tomarán las constantes, interconsultando al médico establecido.



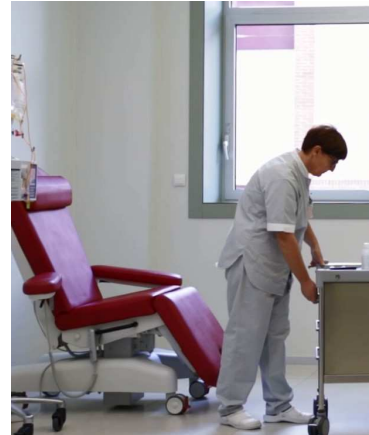
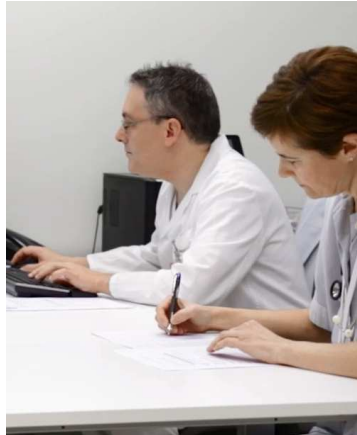
Avise si tiene alguno de estos síntomas

Síntomas de alerta durante transfusión

Fiebre
Tiritona
Pícor
Dificultad para respirar

Training material: videos

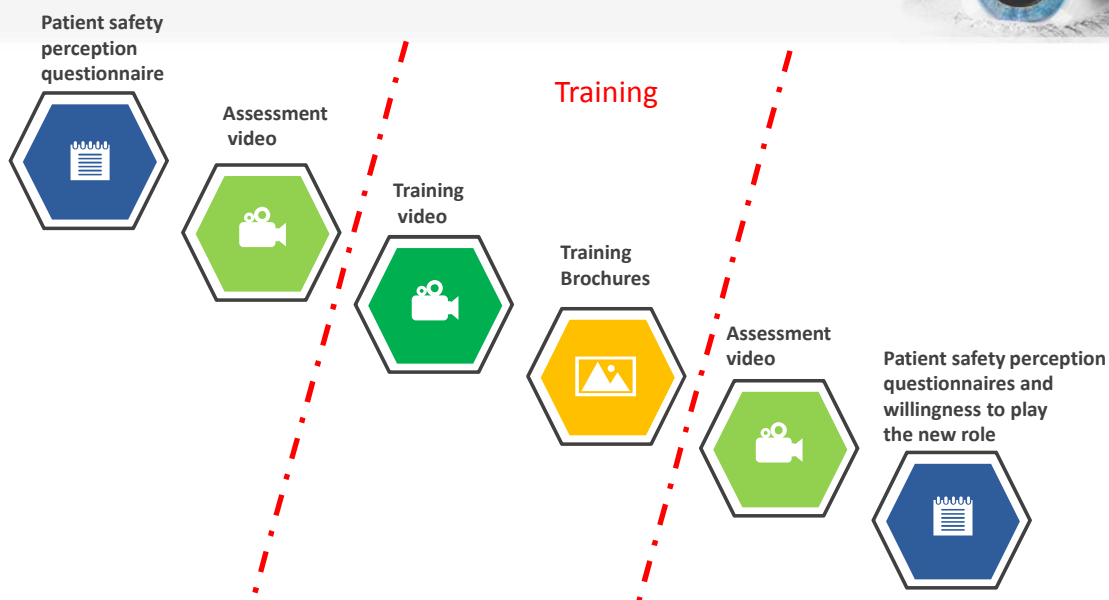
What did we do?



Questionnaires: perception, assessment and willingness



Work Sequence



Participants

136 patients and relatives

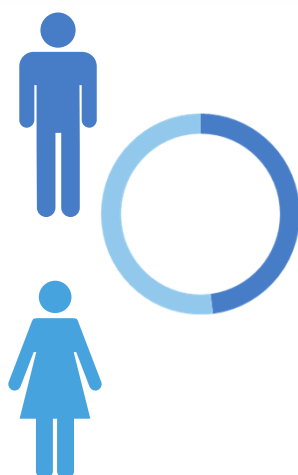
Participants



47% Men



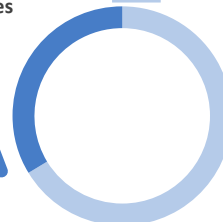
53% Women



34% Relatives



66% Patients

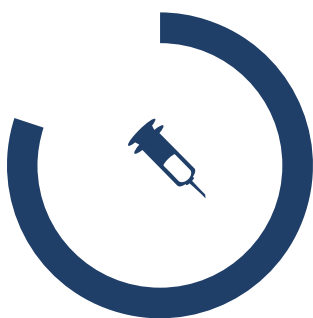


Results

% of participants willing to become safety assessors



**Oncological or
transfusion errors**



80%

**Patient
identification**



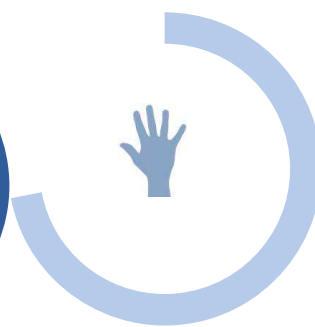
79%

**Chemotherapy/
transfusion secondary
effects information**



75%

Hand hygiene



72%

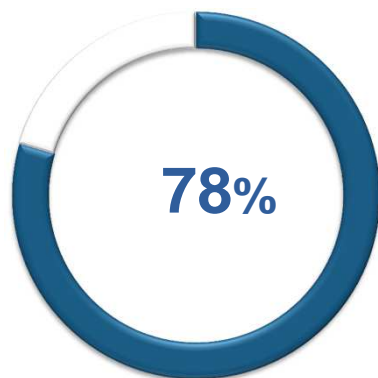
Results% of items correct

% of participants willing to become safety assessors



% of participants willing to become
safety assessors

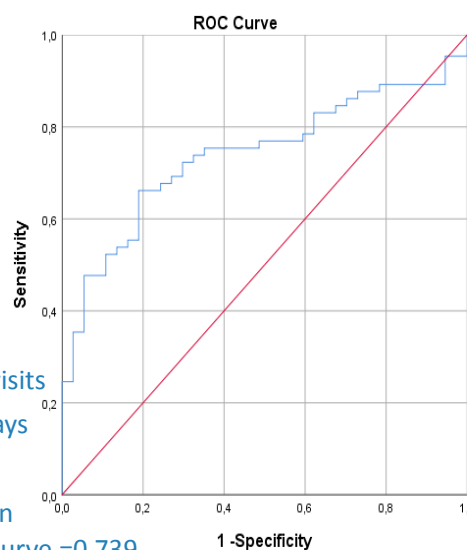
(3 or more safe practices)



78%

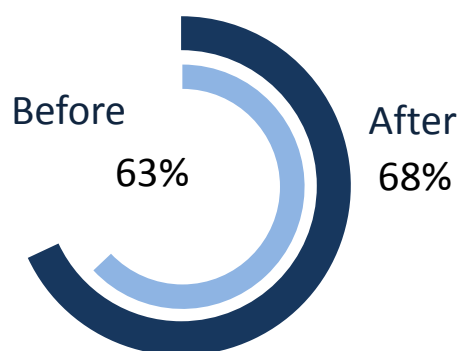
- Age
- Gender
- Educational level
- Type of participants
- Type of treatment
- Number of hospital day visits
- Number of of hospital stays
- Adverse evets suffered
- Hospital safety perception

Area under curve =0.739

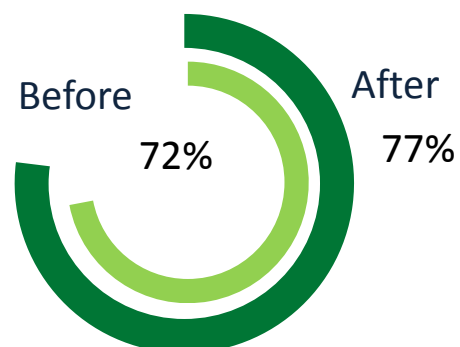


% of items correct

After versus before the training



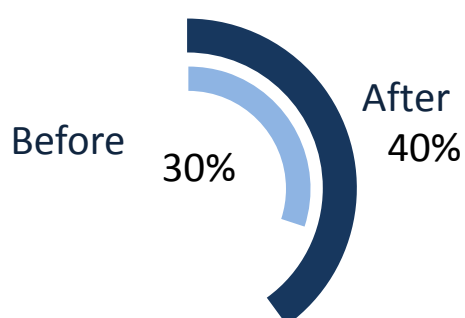
Patients



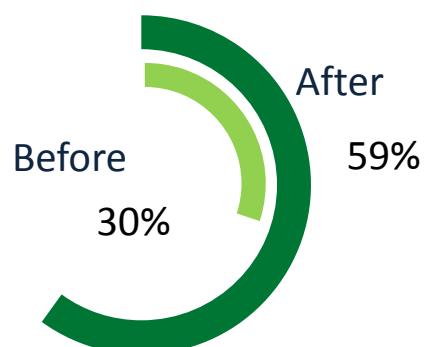
Relatives

% of participants >75% items correct

After versus before the training



Patients



Relatives

Why these results?



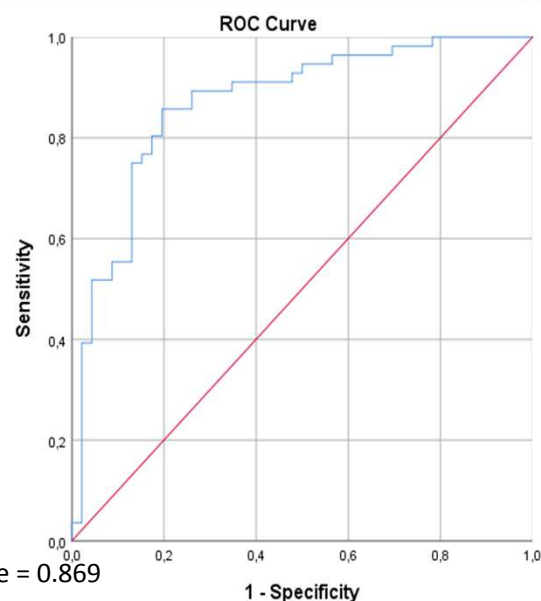
- It is difficult for people to say that something was wrong.
- Problems with hand hygiene and patient identification.

Characteristics of a good assessor:

Logistic Regression Model

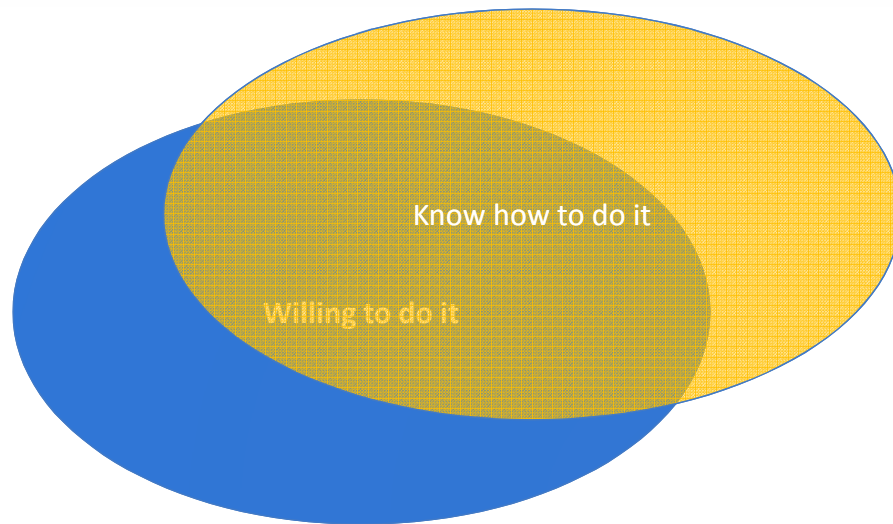


- Age
- Gender
- Educational level
- Type of participants
- Type of treatment
- Number of hospital day visits
- Number of of hospital stays
- Adverse events suffered
- Hospital safety perception



Patients and relatives as assessors

Intersection

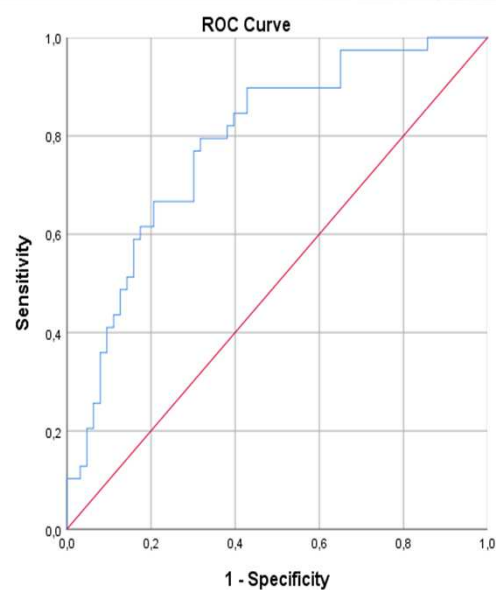


Characteristics of a good assessor willing to participate:

Logistic Regression Model



- Age
- Gender
- Educational level
- Type of participants
- Type of treatment
- Number of hospital day visits
- Number of of hospital stays
- Adverse events suffered
- Hospital safety perception



Area under curve = 0.786

Take home messages:

1

It is necessary to prepare the whole organisation. Which is the best way?





3

Training is necessary but gives modest results. It is hard for participants to say that something is wrong. How to dig in the emotional component?



2

It is Important to choose a cohort of patients and relatives who know how and want to monitor. Casting?





Thanks!!!

on behalf of Safety Patient Research Group.

Isabel Rodrigo Rincon
PhD MD
Complejo Hospitalario de Navarra
Pamplona. Spain

mi.rodrego.rincon@cfnavarra.es