What is the most important learning from Covid?

How to use Menti:

1. Pick up your phone
2. Go to Menti.com and use the code 6516 5657
3. Type in your answer

Dansk Selskab for
PatientS!kkerhed

COVID-19: What have we learned?

Hope is not a strategy

Some is not a number, soon is not a time

Experiences from Denmark

Inge Kristensen, CEO, Danish Society of Patient Safety

Jan Mainz, Professor, Executive director, MD., Ph.D. MPA Psychiatry

Region North Denmark & Aalborg University

PS!

Hope is not a strategy
Some is not a number - soon is not a time

Dansk Selskab for PatientS!kkerhed PS!

Agenda

Brief introduction to the book

- The process
- The content
- The lessons

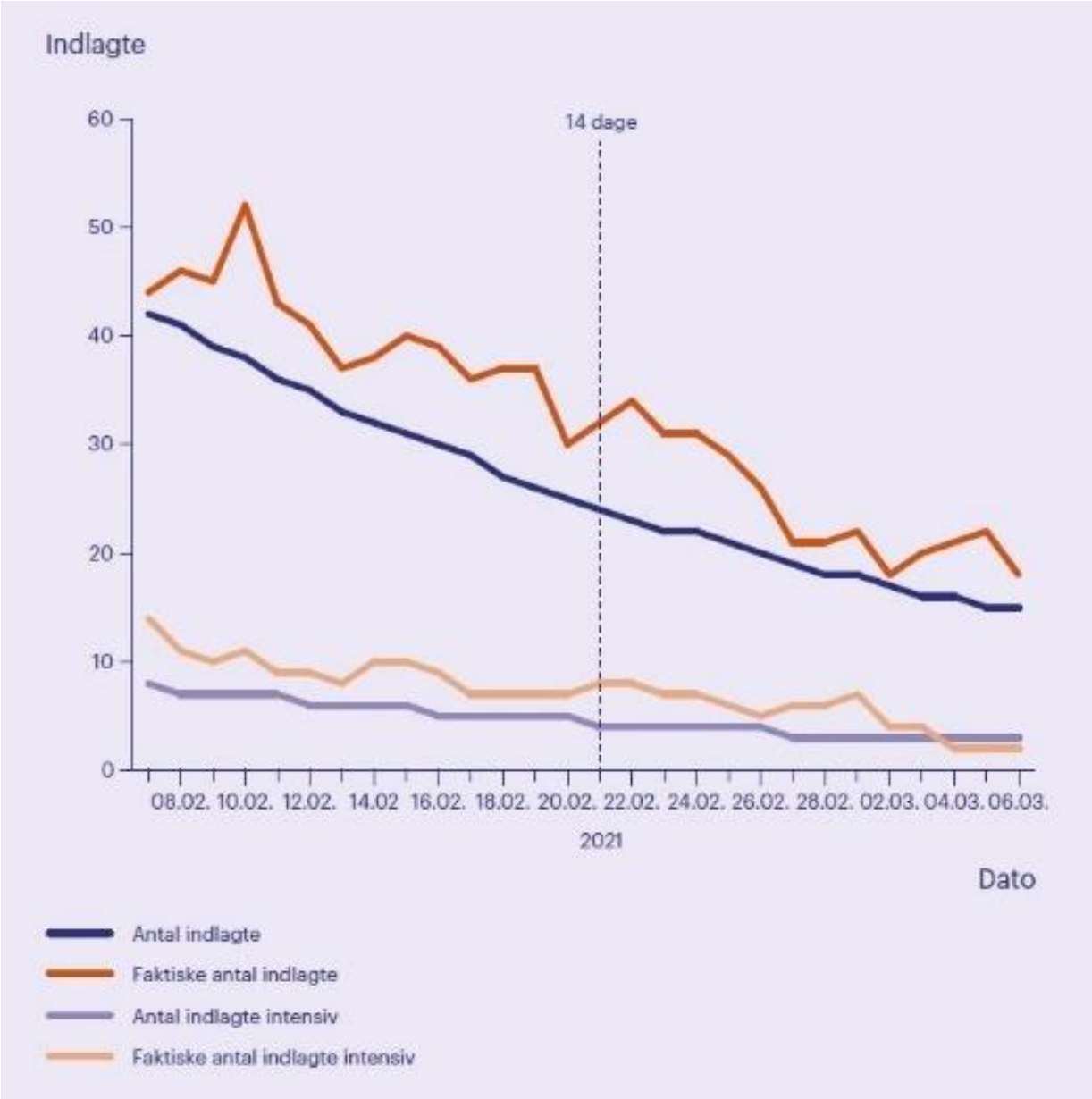
Purpose:

- To ensure learning from the Covid-19 crisis
- Focus on quality and patient safety - but a desire to get around the healthcare system
- Focus on cooperation, coherence and interdependence
- How do we make the many initiatives that succeeded during the crisis live on?
- Covers approx. 14 months of the pandemic

1st lesson: Ready for a pandemic?

- Plans are worthless, but planning is everything
- Planning requires data and ongoing monitoring
- Examples of crisis management in practice
- Input to future emergency plans - and focus on coherence and agility

Prediction of admissions in the North Denmark Region



2nd lesson: Capacity and ability to work systematically with quality and patient safety

- Well-established infrastructure, well-known methods and maturity in relation to quality work provide extra strength in a crisis.
- Applies both to the individual employee, the management and to the entire organization / system.
- Inspiration and input for the future work with quality and patient safety in the healthcare system

Video consultations between hospital and patients in their own home

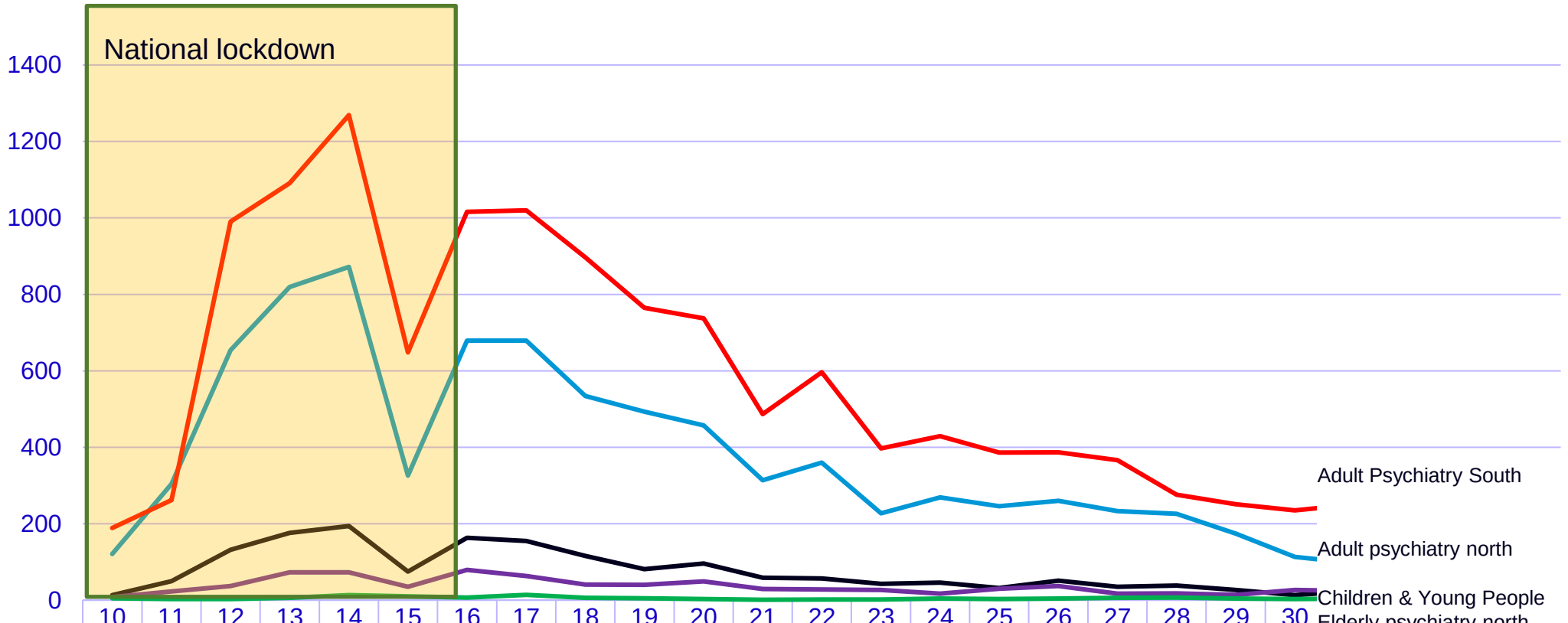
App based video solution build on Vidyo software

Patient can video on the following platforms: Smartphone, tablet or PC.

Healthcare professionals ca use phone or video consultations via PC

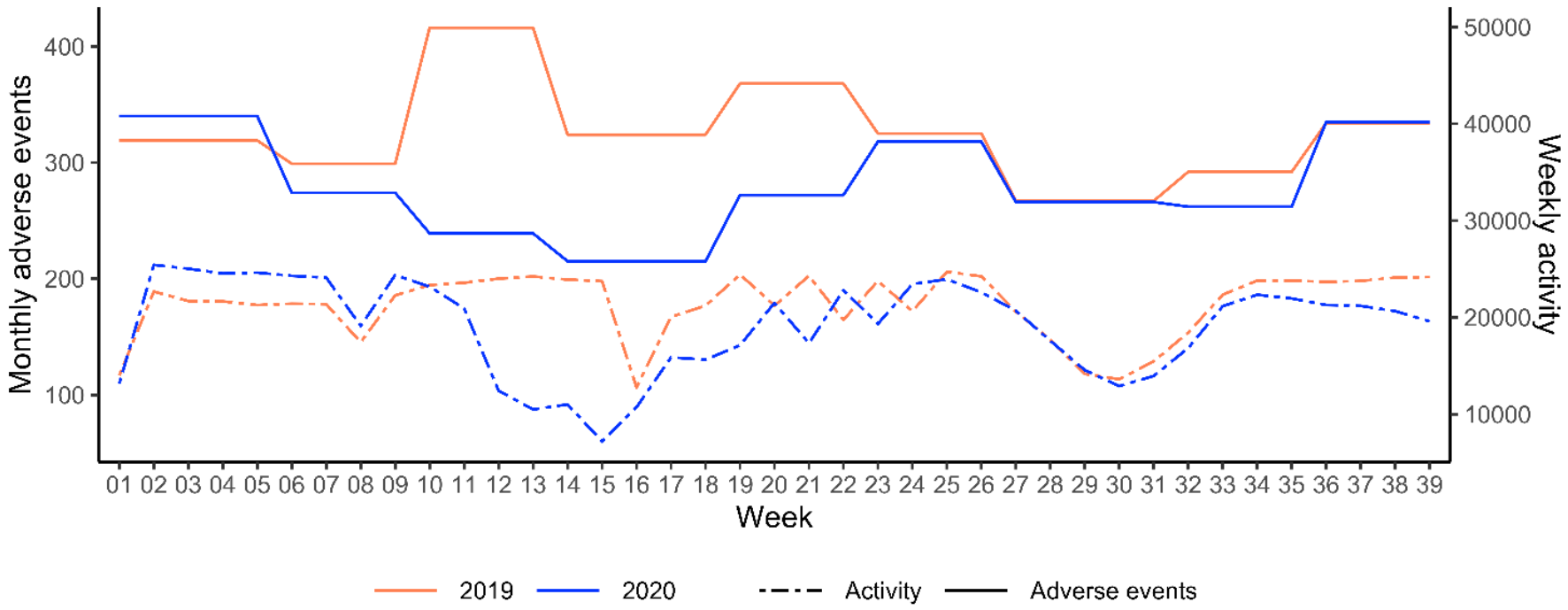
Patient at home

Virtual visits, by weeks



	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
B&U	13	50	132	176	194	75	163	155	116	81	96	59	57	43	46	32	51	35	38	27	13
Nord alm	121	304	654	819	872	326	679	679	534	493	457	314	360	227	269	246	260	233	226	174	113	97	149	156	145
Nord ældre	8	23	37	73	73	35	79	63	41	40	49	29	28	27	17	30	37	17	18	14	27	24	22	38	11
Syd Ret	5	3	3	6	13	10	7	14	6	5	3	1	2	2	4	3	4	6	7	4	3	4	3	4	2
Syd alm	189	262	990	1091	1269	648	1016	1020	897	765	737	487	596	397	429	386	387	366	276	251	235	250	248	243	247

Monthly adverse events and weekly activity



- **Monthly adverse events in solid lines, numbered on the left y-axis. Weekly hospital activity in dashed lines and numbered on the right y-axis. The year 2019 in orange and 20**
- **Note that week 8 (winter holiday), week 16-2019 and week 15-2020 (easter holiday) and week 28 through 31 (summer holidays) are common national holidays in Denmark.**

The COVID-19 project in Denmark

- The COVID-19 project in Denmark examines the indirect effects of the COVID-19 pandemic on the diagnosis and treatment and quality of treatment of other diseases

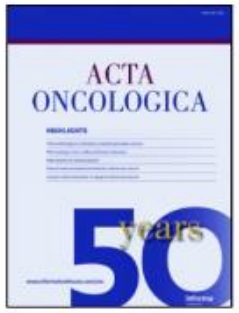
- The project is carried out by The Danish Clinical Quality Program – National Clinical Registries (RKKP) in close collaboration with clinicians within each disease area

Disease areas

- The COVID-19 project examines indirect effects of the COVID-19 pandemic on several disease areas:
  - Cancer e.g., colorectal cancer and lung cancer
  - Cancer screening e.g., cervical cancer screening
  - Cardiovascular disease e.g., stroke
  - Chronic diseases e.g., COPD
  - Psychiatric disease e.g., schizophrenia
  - Unplanned hospital attendence

Decrease in cancer diagnoses

- In the spring period, we saw a decrease in newly diagnosed cancers of 1/3 compared to the previous 5 years
- This corresponds to 2800 fewer people who had been diagnosed with cancer during the period.
- What are the short-term and long-term consequences of this?



Taylor & Francis

Acta Oncologica

ISSN: (Print) (Online) Journal homepage: https://www.tandfonline.com/loi/ionc20

Hidden morbidities: drop in cancer diagnoses during the COVID-19 pandemic in Denmark

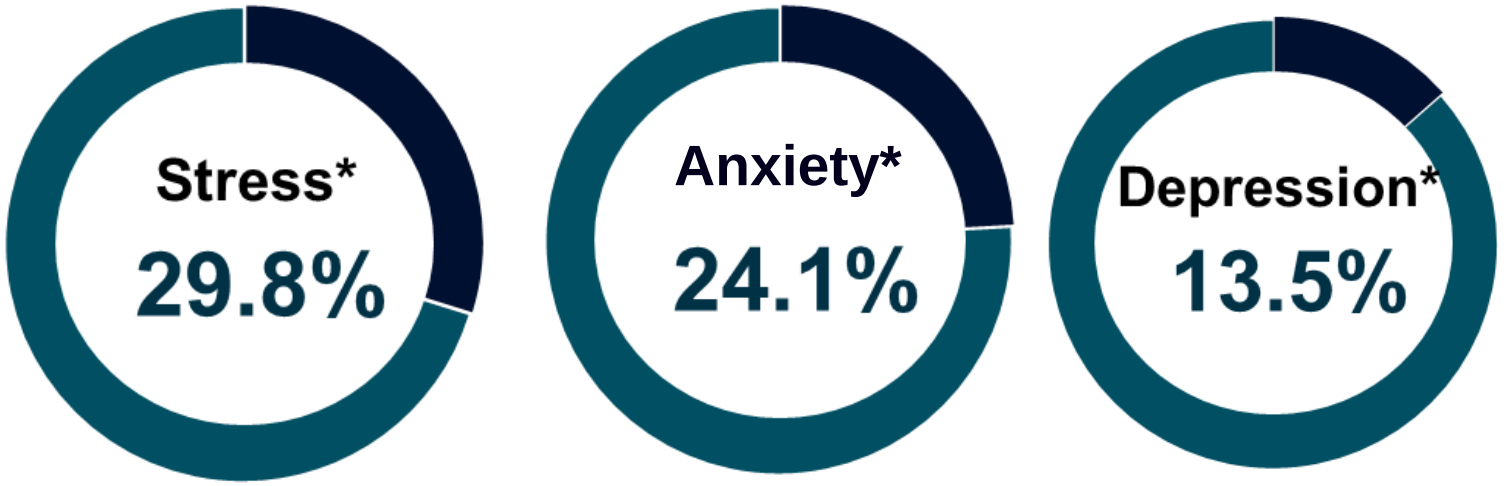
Charlotte Wessel Skovlund , Søren Friis , Christian Dehlendorff , Mef Christina Nilbert & Lina Steinrud Mørch

3rd lesson: Psychological well-being and mental health

- The psychological security of the staff is of great importance for quality and patient safety
- There is a need for psychosocial preparedness for health professionals who have to carry through crises.

Background

- Epidemic crises are some of the most psychologically stressful for people to be in - especially for healthcare professionals
- Finds from health professionals from Wuhan during COVID-19 (Lai et al. 2020)



* Moderate / high scores on questionnaires

- Prolonged mental / physical strain
- Traumatic experiences

→

- Burn-out
- Care fatigue
- Stress
- Primary or secondary trauma

→

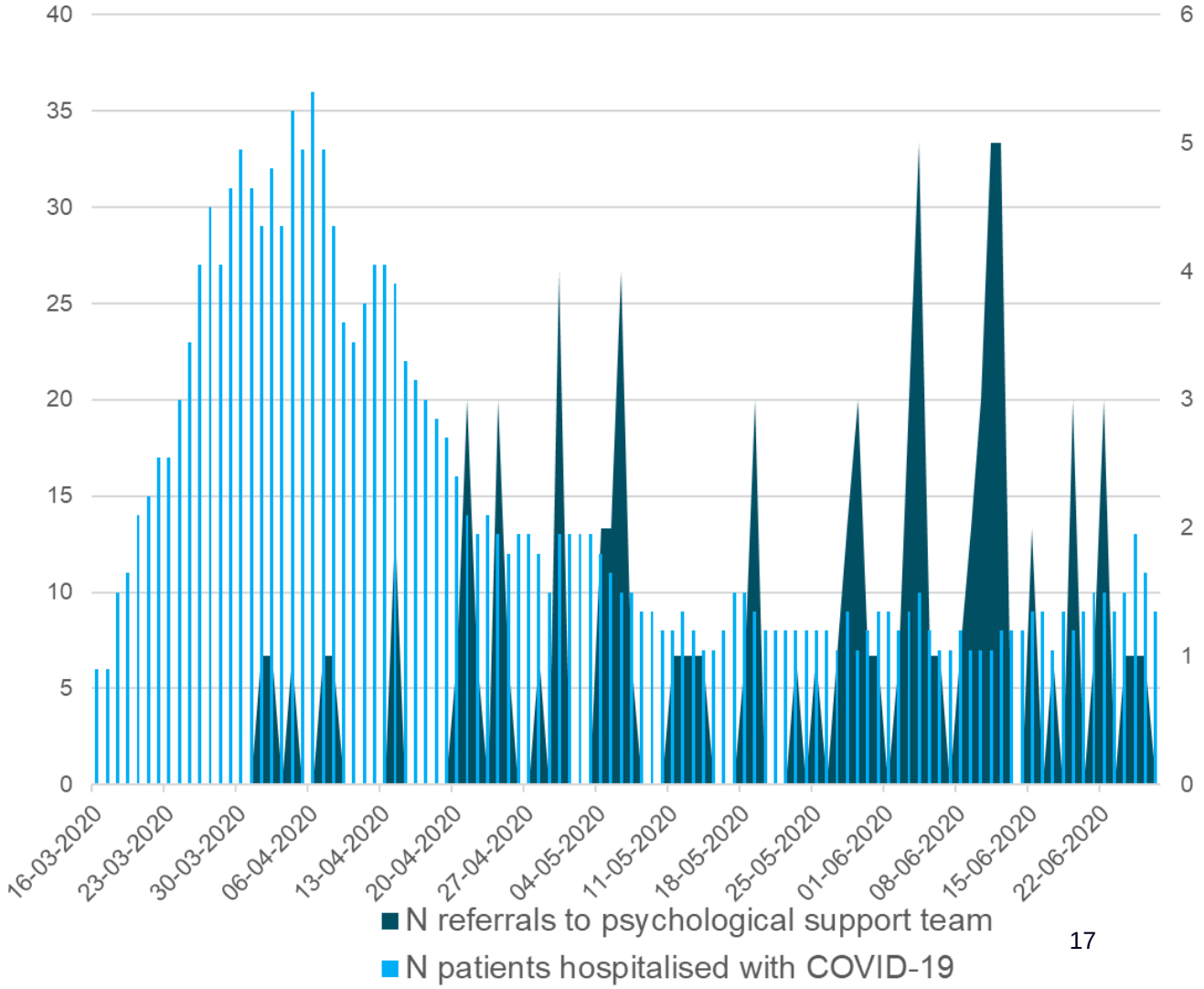
- Sick leave
- Terminations
- Development of mental illness
- Decreased empathy
- Increased risk of conflicts
- Increased risk of error

COVID emergency personnel

- Joint regional psychosocial preparedness COVID-19:
- April-August: 81 individual and 28 group courses
- August-end of 2020: Put on pause
- January-now: Reactivation in new form

- Trends:
- Spring-Summer 2020: Primarily from staff directly affected by COVID (pandemic, relocated, designated)
- Autumn-now: More mixed professional groups and specialties

- Reactions:
- Anger, anxiety, depression, burnout, existential crises, work-life balance etc.



What has been emphasized in the conversations?

Conditions

- Being moved at short notice
- Involuntary
- Duty plans
- Wage supplement
- Unknown time horizon

Fear of infecting others / becoming infected

- Stigma from oneself and the outside world

Professional challenges

- Changing instructions
- No time for quality assurance
- Do not feel dressed

Physical work environment

- None / too few opportunities for breaks
- Protective equipment

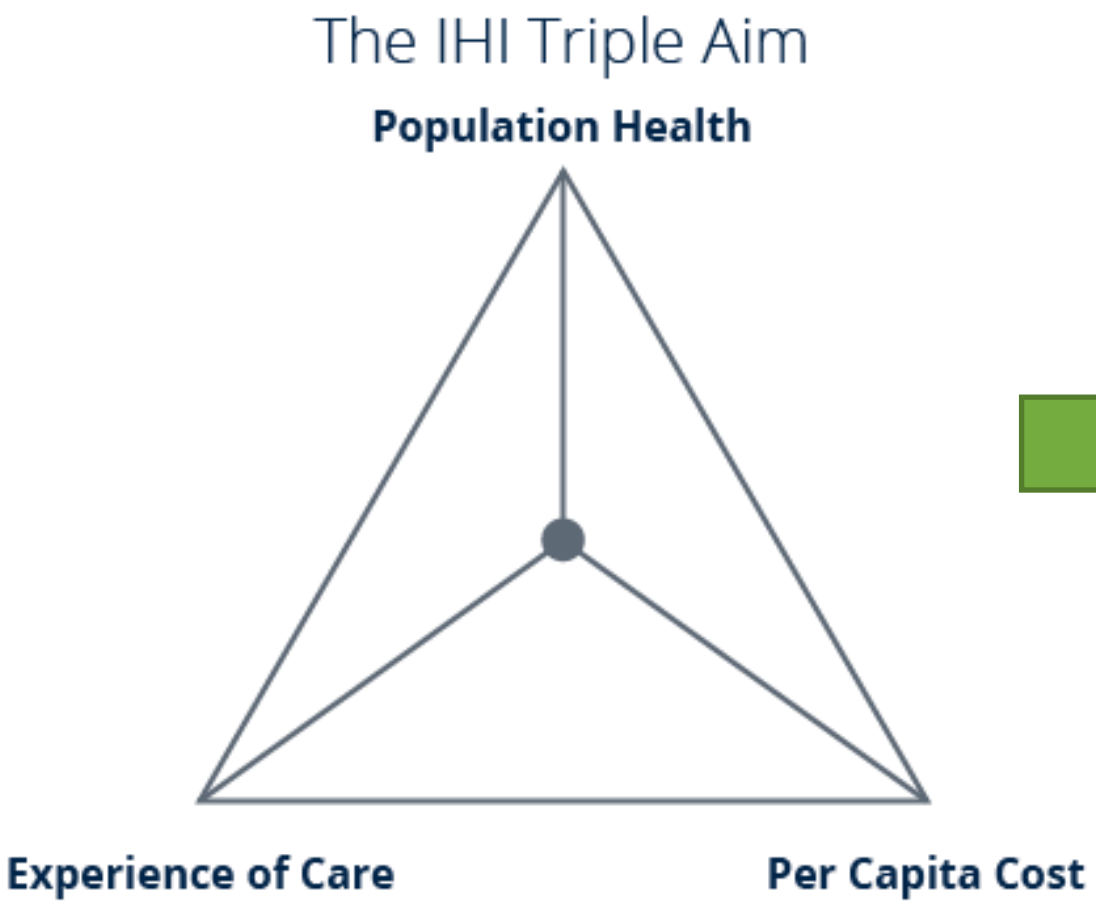
Organization and affiliation

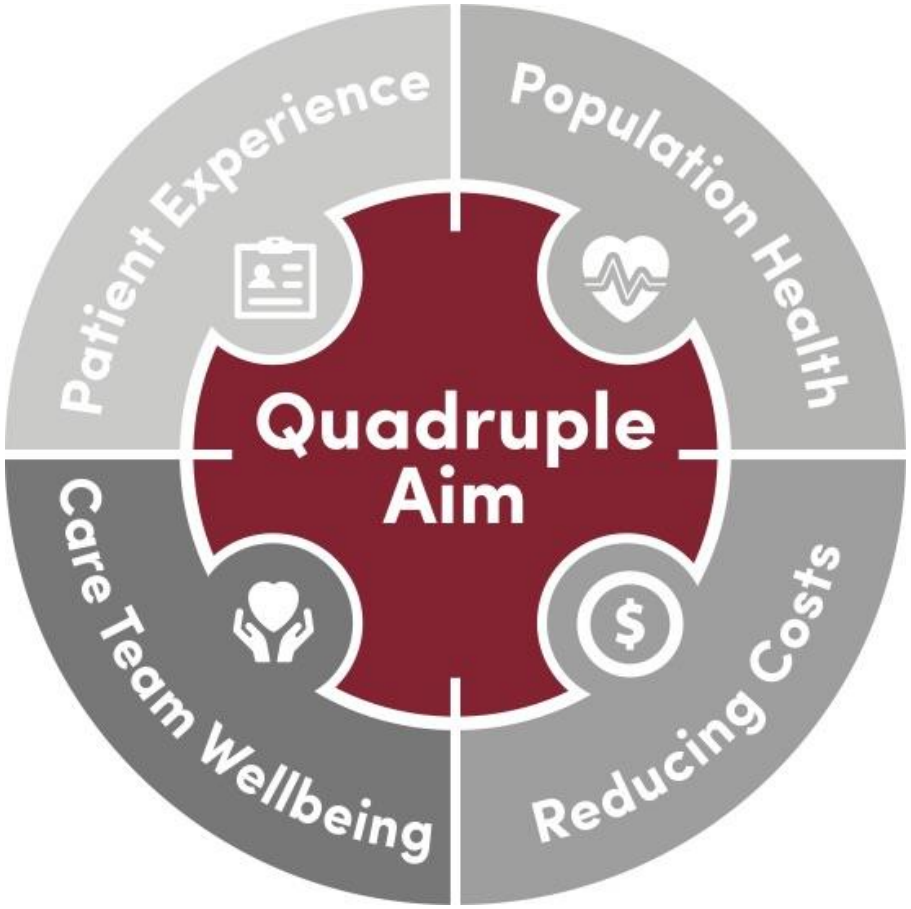
- Do not feel welcome
- Nearest leader located on another section

Mental work environment

- Work-life balance
- Feeling alone

From ´Triple´ to ´Quadruple´ Aim





The influence of the working environment on quality and outcome

- Health professional quality:
  - Association between poor working environment and poorer clinical performance in e.g. diagnostics and treatment (Guo, 2022. Riskin, 2015).
- Outcomes:
  - Poor mental work environment is associated with several (10-20%) postoperative complications (Cooper, 2019).
- Organizational quality:
  - A productivity reduction of 20% as a consequence of a poor mental work environment (Guo, 2022. Berry, 2012, Lewis, 2011. Hutton, 2008).
- Personnel perspective:
  - The work environment has an impact on job satisfaction, stress, depression and burnout.

4th lesson: The importance of leadership

- The Covid-19 crisis has shown the importance of political and professional leadership
- The crisis has focused on the importance of practice-oriented management.
- The crisis has shown the importance of clear and unambiguous communication

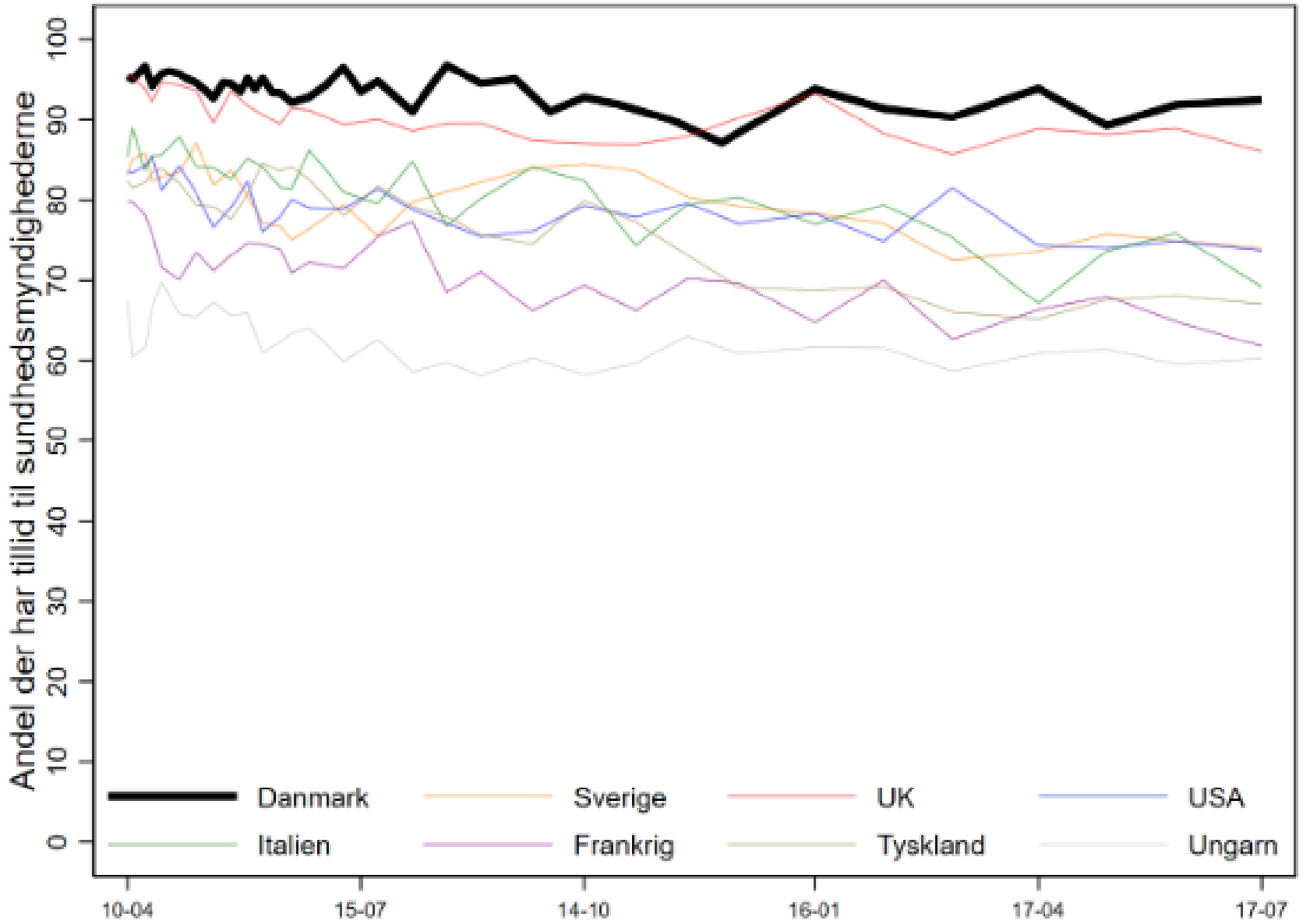
5th lesson: Coherence and inequality

- The unique focus on COVID-19 has had secondary consequences in other disease areas, which may challenge social inequality in health
- The interdependence and need for coherence across healthcare has been emphasized
- Closer interdisciplinary and cross-sectoral cooperation must continue after the crisis

6th lesson: We are each other's quality and safety

- The Danes have shown enormous responsibility
- The Danes comply with the advice of the health authorities
- Health authorities and other actors provide relevant guidance and information
- Effective infection detection - concrete examples from Hjørring and Aarhus

Development in trust in the health authorities by country



MICHAEL BANG PETERSEN

From corona to climate:
Crises must be met with behavioral data

- The corona crisis taught us that citizens' behavioral changes were less driven by fear and were more about the experience of competence.

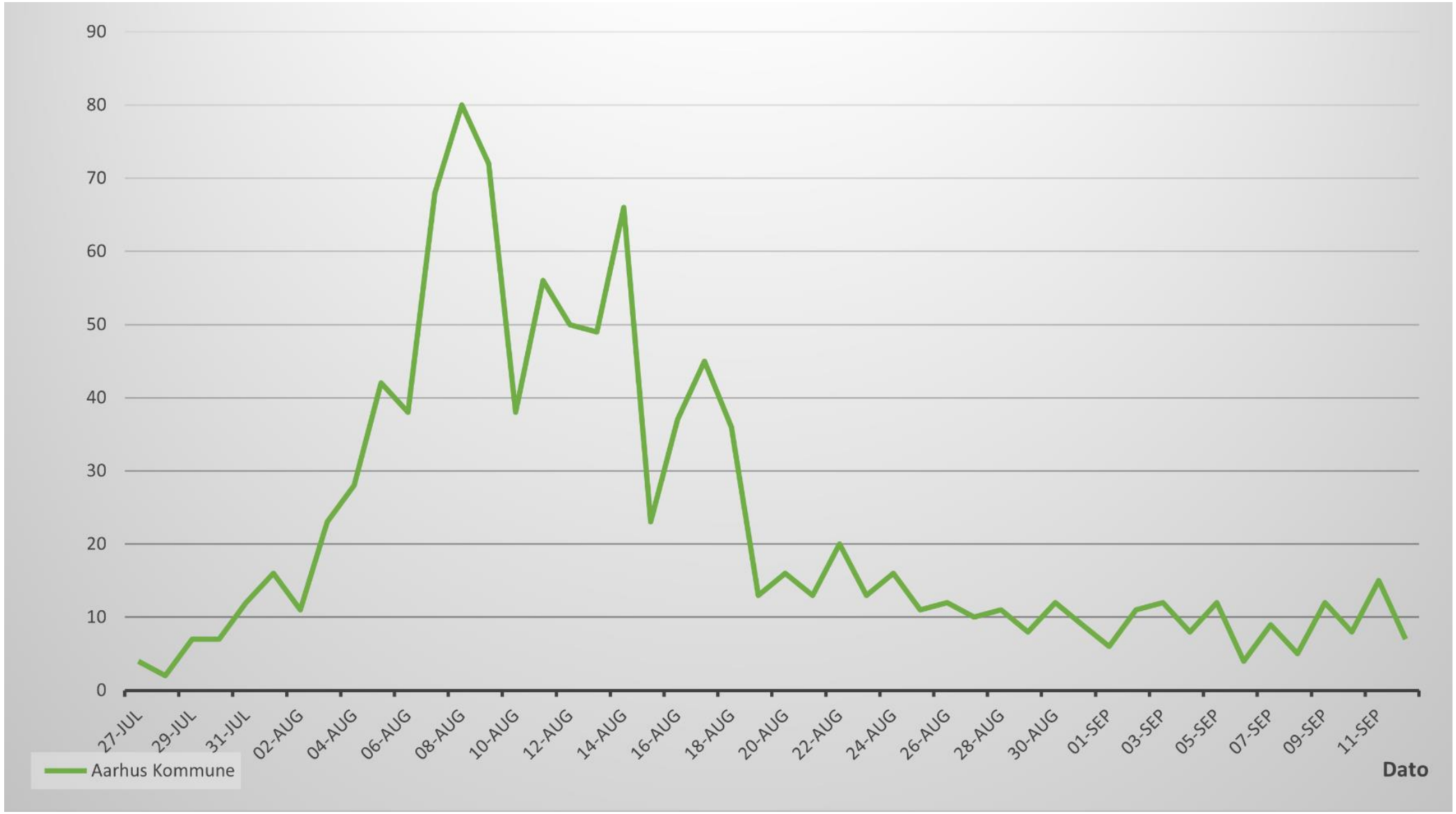
- As a citizen, you need to know exactly what behavioral changes you need to make and why those behavioral changes help you deal with the threat you face.

“After corona outbreak: Somali associations shut down all activity”

“To fight corona, representatives of Somali associations have formed a task force in collaboration with Aarhus Municipality”

Artikel på www.stiften.dk fra den 7. august 2020

Development in the daily number of new infected in Aarhus Municipality from 27.7. until 12.9. 2020



Elements of monitoring an epidemic in a modern society 1

- Emergency plans, monitoring of updated emergency plans at national, regional and municipal level.

- Monitoring of capacity, ongoing overview of hospital capacity, including personnel resources, bed and intensive care capacity, respirators, protective equipment, test material and capacity in municipalities.

- Epidemic surveillance in the population, monitoring of tests, spread of infection and deaths in the population.

- The epidemic's burden on health care (national, regional and municipal), including hospitalization in intensive care units.

Elements of monitoring an epidemic in a modern society 2

- Prediction models, prediction of the impact of the epidemic nationally, regionally and municipally.

- Management of other diseases, selected relevant indicators from the national RKKP databases and based on PRO indicators.

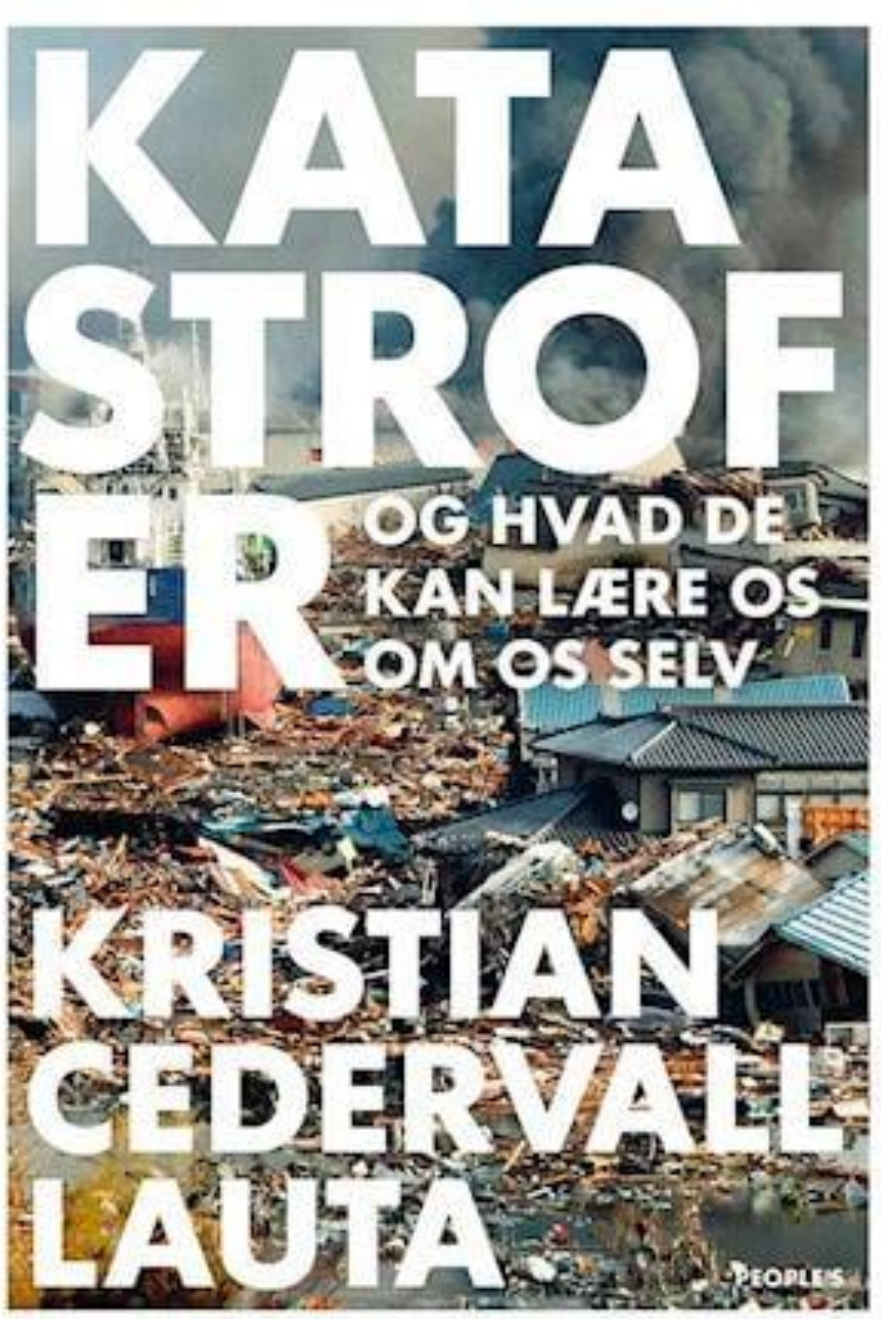
- Patient safety, monitoring of epidemic-relevant adverse events.

- The psychosocial well-being of health professionals, national, regional and municipal monitoring of the psychosocial status of health professionals on the basis of validated instruments.

- Continuous monitoring of the population's behavior and attitudes in connection with an epidemic, systematic monitoring based on HOPE indicators.

Chronic crises are *new normal*

- Crises not only tell something about the extraordinary, but also something about the very foundation of our companies, society or private life.
- Instead of seeing crises as external disturbances, one could see them as organized insights: as a magnifying glass for which parts of our organizations function well under pressure.
- These are situations where you can think outside the box or collaborate across usual areas of responsibility. If we do this, we will also begin to be able to learn something from one crisis to the next.



Dansk Selskab for
PatientS!kkerhed

Thank you for your attention

Jan Mainz, professor and director of psychiatry in the North Denmark Region

Inge Kristensen, CEO, Danish Society for Patient Safety

PS!

What do we do now?

How to use Menti:

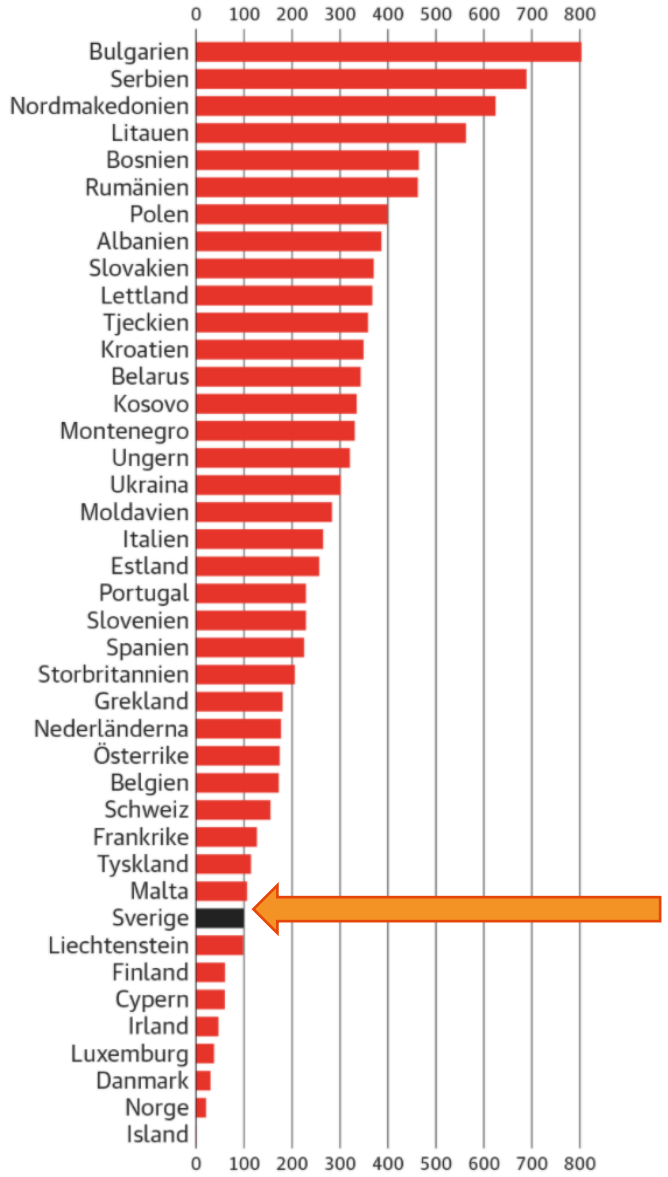
1. Pick up your phone
2. Go to Menti.com and use the code 6516 5657
3. Type in your answers

Collaboration between the Swedish regions during the Covid-19 pandemic

Emma Spak MD PhD, Head of section of health care, The Swedish Association of Local Authorities and Regions (SALAR); Sweden

Göran Karlström MD PhD, SALAR, The Swedish Intensive Care Registry, County of Värmland

Excess deaths per 100 000 inhabitants since the start of the pandemic

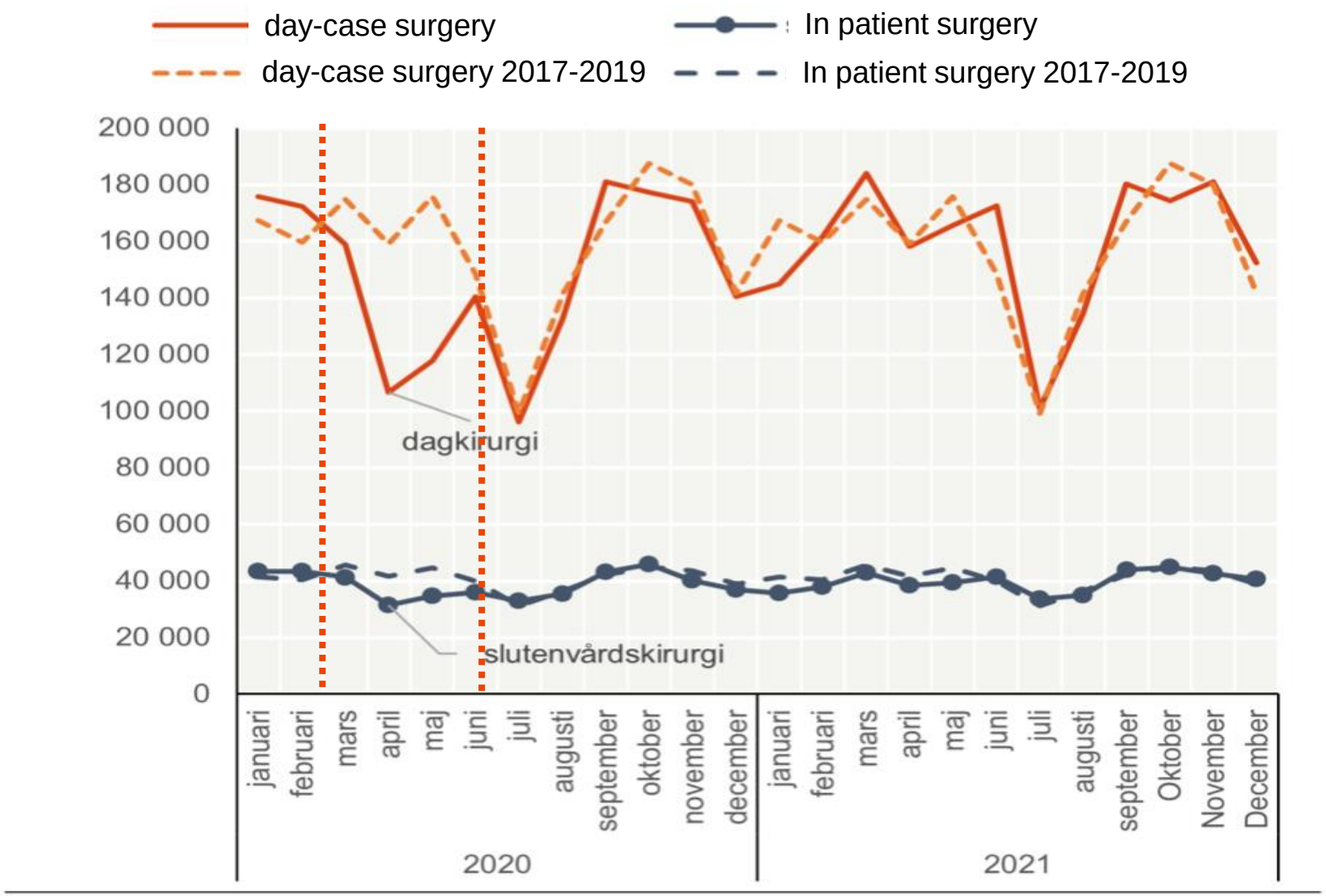


Källa: World Mortality Dataset/Dmitry Kobak

Sweden had a distinctly increased level of excess deaths during 2020, but looking at 2020 and 2021 together Sweden has fared better. Quick vaccination of risk groups can be one explanation.

Direct correlation between excess deaths among the eldest during the spring of 2020 and the spread of the infection in the community.

Surgeries performed during 2020 and 2021 compared to 2017-2019



Sveriges Kommuner och Regioner

Local and regional authorities

- 290 municipalities – population between 2 400 and 978 000 inhabitants
- 21 regions – population between 61 000 and 2 415 000 inhabitants

The possibility of decision-making based on regional and local conditions is known as local self-government and is enshrined in the Swedish constitution

SALAR

-Interest organisation gathering all 290 municipalities and 21 regions

-Established in 2007 after the merger of the separate organisation for municipalities and regions

-Voluntary membership

Employer organization

Knowledge organization of welfare

Venue

Actively safeguards members' interests, nationally and internationally

Regional self-government as the bases of strong voluntary operational collaboration

- Pre-existing networks
  - Regional Chief Executives and Directors of Healthcare
- Quick move from long term strategic to operative meetings, from physical to digital, from monthly to weekly
- Operational collaboration initiated by the regions supported by SALAR
- Needs identified by the regions
- Collaborations run by the regions supported by SALAR.
- Connection to governmental agencies

Decision making in collaboration

- Representatives from regions and municipalities make individual decisions together based on their existing mandates, the networks do not make decisions as a group
- Capacity to make quick individual decisions as a group
  - Increasing intensive care capacity
  - Clinical knowledge management
- SALAR makes politically decided recommendations
- SALAR negotiates and signs agreements with the government

Strong capability to lead in uncertainty and complexity

Examples of national coordination and collaboration

1. National operative coordination of the purchase and distribution of critical pharmaceuticals
2. National operative coordination of procurement and purchase of protective personal equipment and medical devices
3. National operative coordination of ICU resources and transportation
4. National networks for large scale testing and vaccination as well as national exchange of experiences in handling delayed care.

Example 1: Organisation to secure provision of medicines during the Covid-19 pandemic

- National procurement and distribution

Strategic steering-group
(NSG LMMT – pre-existing, CMO)

Economi group
Fyrlän

Operative steeringgroup (Fyrlän)

Maria Landgren, Skåne
Marie Rasmuson, VGR
Johanna Orraryd, Östergötland
Malin Alenius, Stockholm

SALAR - support
Sanna Eklund
Sofie Alverlind

Collaboration with governmental agencies, pharma companies, distributers etc

Procurement and purchasing Fyrlän

Coordination/ Control Tower
VGR, Skåne, Stockholm
+ fler från andra regioner
+ representatives from Oriola/Tamro - distributers

Distribution of Propofol and sterile water
VGR, Skåne, Stockholm
+ från andra regioner

Examples of national coordination and collaboration

1. National operative coordination of the purchase and distribution of critical pharmaceuticals
2. National operative coordination of procurement and purchase of protective personal equipment and medical devices
3. National operative coordination of ICU resources and transportation
4. National networks for large scale testing and vaccination as well as national exchange of experiences in handling delayed care.

National coordination of Intensive care during Covid-19


HISTORY

History at the beginning of the pandemic

- The Swedish Intensive Care Registry (SIR)
  - National quality registry organizing 83 of 83 (100 %) of Swedish intensive care units since 2001
    - ICU- care data (75 % reporting daily and 25 % approx. weekly). Data available open on website within 2 hours after reporting (https://icuregswe.org)
    - ICU-follow up data up to a year after ICU
    - Organ donation follow up from ICU together with National Board of Health and Welfare for 15 years
    - Responsible for “national early warning system” for serious contagious diseases in cooperation with The Public Health Agency of Sweden for about eight years (ICU-care for Influenzae-virus prior to the pandemic)

In the beginning

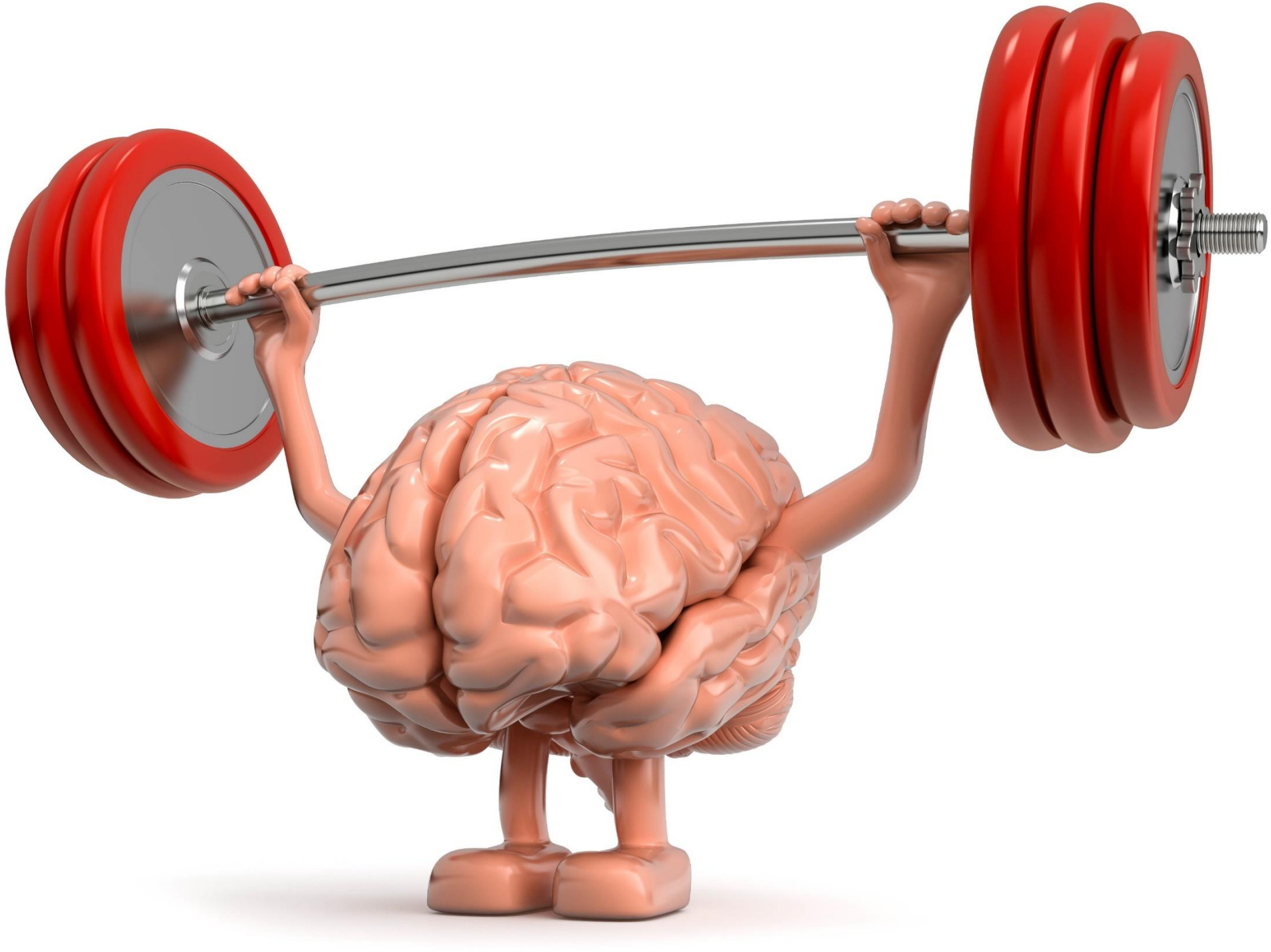
- March 17, 2020
  - Covid 19 in ICU was included in the early warning system and openly presented. Data to Public Health Agency and National Board of Health and Welfare.
- March 30, 2020
  - Start of systematic data analysis and aggregated presentations for national coordination.
- April 20, 2020
  - Start of National ICU coordination on behalf of the 21 Regional Directors of Health Care in Sweden using the infrastructure of The Swedish Intensive Care Registry


THE
EASY
WAY
THE
HARD
WAY

Work structure

- Regional representatives and daily data sharing (Five questions with reporting of seven numbers for each ICU)
- E-meetings for coordination of present situation
- Follow up on cooperative efforts
- Planning for the future and sharing experiences

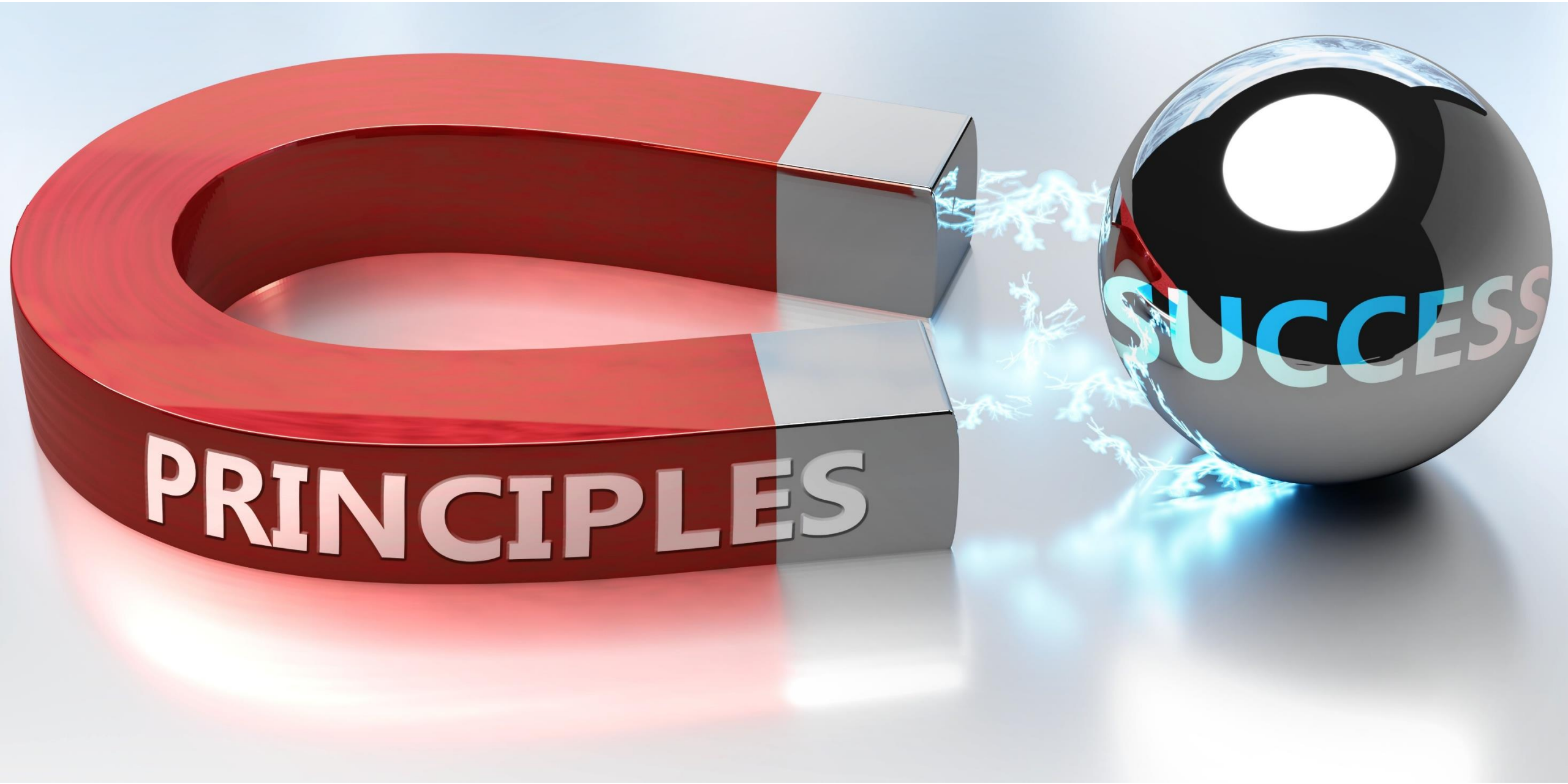
- Who needs help? – Who can help?
  - Transport coordination



Positive experiences

– Fixed time for meetings
– *Very structured meetings*
– Systematic discussion
– Place for analysis and prediction
– Experience sharing

– Structured daily report


PRINCIPLES
SUCCESS

Principles of the network

- You have to try to help yourself – share your actions
- When in need…
  - Good neighbours first
  - Health Care Regions second (Six Health Care Regions for the 21 regions of Sweden)
  - National cooperation third
- National transport coordination (as good as possible)
  - Agreement of principles on how to use air-transportation for ICU-patients
  - Systematic work on availability for helipads and airports
  - Cooperation with The Swedish Armed Forces and The Swedish Maritime Search and Rescue authority

Nearing the end… (?)

– National systematic ICU-coordination April 20, 2020 – June 30, 2021

– Systematic evaluation and learning for the future

– Planning for truly automatic real time situation board

– Prepared for restart… if necessary

– A good example of team effort between individuals, ICUs, counties and authorities

THE END

Thank you:
goran.karlstrom@regionvarmland.se

Conclusions

– National collaboration during a crises can be achieved voluntarily built on pre-existing collaborations and networks!

– Division of roles between the state, regions and municipalities should continue to have its basis in the principle of responsibility, the principle of proximity and the principle of equality. This is especially important during a prolonged crisis when regular operations has to continue side by side with crisis management

– This division of roles has been challenged during the pandemic.

– Sharing of information – nationally gathered updates compiled by governmental agencies does not reach those with operational responsibility, secrecy due to national security complicates daily operations

– Application of laws in the field of procurement during a crisis creates uncertainties

Conclusions

– A clear shared WHY? is the basis for a shared HOW?

– Mandates are crucial

– Relationships beats roles – but you need to understand the role with in which others act.

– Our ability to bridge organisational gaps will decide our success as all possible ways to organise will contain gaps

We will never be able to plan our way out of the next crises instead we have to prepare our leaders and health care professionals to act in times of uncertainty

PLEASE SUBMIT YOUR FEEDBACK

Join at slido.com
#quality2022