A6: The principles of patient safety

International Forum on
QUALITY & SAFETY
in HEALTHCARE
COPENHAGEN

Adapting to a changing world: equity, sustainability and wellbeing for all

@QualityForum #Quality2023

Institute for Healthcare Improvement

BMJ

The headache calendar

A digital way towards patient quality

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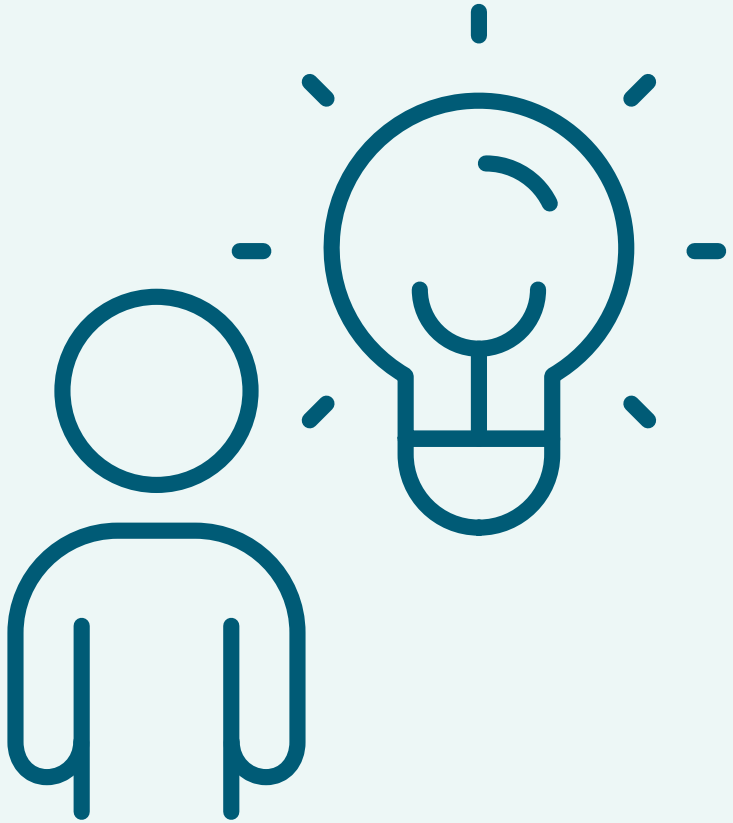
Region Hovedstaden

REGION SJÆLLAND
– vi er til for dig

In 30 minutes, you will know



How a simple idea transformed the contact between patients and clinicians into a digital tool leading towards better treatment and patient quality when treating headache.

Improved and trustworthy data

Better use of clinician's time and outcome of consultations

Improved quality and patient empowerment

A tour of ”Sundhedsplatformen”

Sundheds-platformen

Health care information system for clinicians

- Patient records
- Medicine
- Documentation
- Rounds
- Operation booking
- Laboratory tests

Since 2016

45.000 users in the clinic

Capital Region of Denmark incl. Bornholm and Region Zealand

A tour of ”Min Sundhedsplatform”

Min Sundheds— platform

Digital platform and app for patients

- Test results
- Message the hospital
- Book appointments
- Questionnaires (patient-reported outcome)
- Access to medical record and notes
- Monitoring – e.g., blood pressure, saturation, pain management etc.

600.000 downloads of the MinSP app

Collaboration between patient and clinician

5.8 mill. citizens across Denmark. 1 million of them have logged on to Min Sundhedsplatform

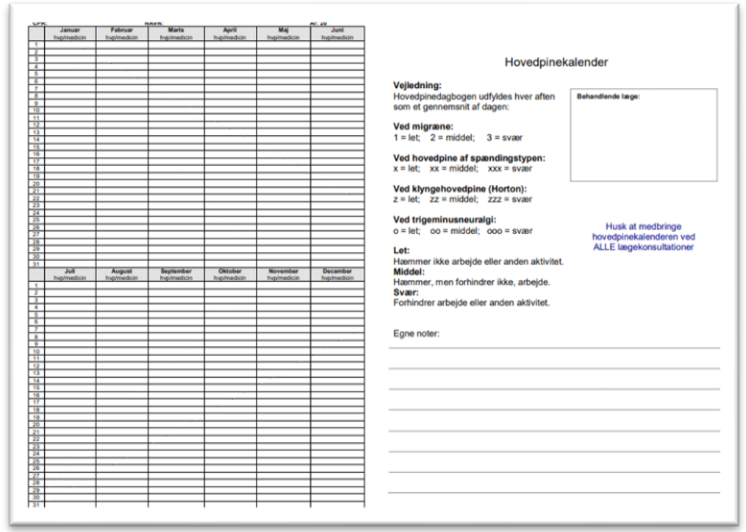
Help us: what does patients perceive as quality?

1. Take out your phone
2. Scan the QR code
3. Describe in one word: *what is quality according to patients?*

Involvement contributes to quality

- 2.000 users in a digital patient panel
- 8 personas
- A focus group of 20 patients and care takers

Once upon a piece of paper



Hovedpinekalender

Vejledning:
Hovedpinedagbogen udfyldes hver aften som et gennemsnit af dagen:

Ved migræne:
1 = let; 2 = middel; 3 = svær

Ved hovedpine af spændingstypen:
x = let; xx = middel; xxx = svær

Ved klyngehovedpine (Horton):
z = let; zz = middel; zzz = svær

Ved trigeminusneuralgi:
o = let; oo = middel; ooo = svær

Let:
Hæmmer ikke arbejde eller anden aktivitet.
Middel:
Hæmmer, men forhindrer ikke, arbejde.
Svær:
Forhindrer arbejde eller anden aktivitet.

Behandlende læge:

Husk at medbringe hovedpinekalenderen ved ALLE lægekonsultationer

Egne noter:

Who are we – The Danish Headache Centre and The It & Medico Technology Centre (CIMT)

- The Danish Headache Centre team initiated the idea of a digital headache calendar
- Doctors, nurses and secretaries involved from the start

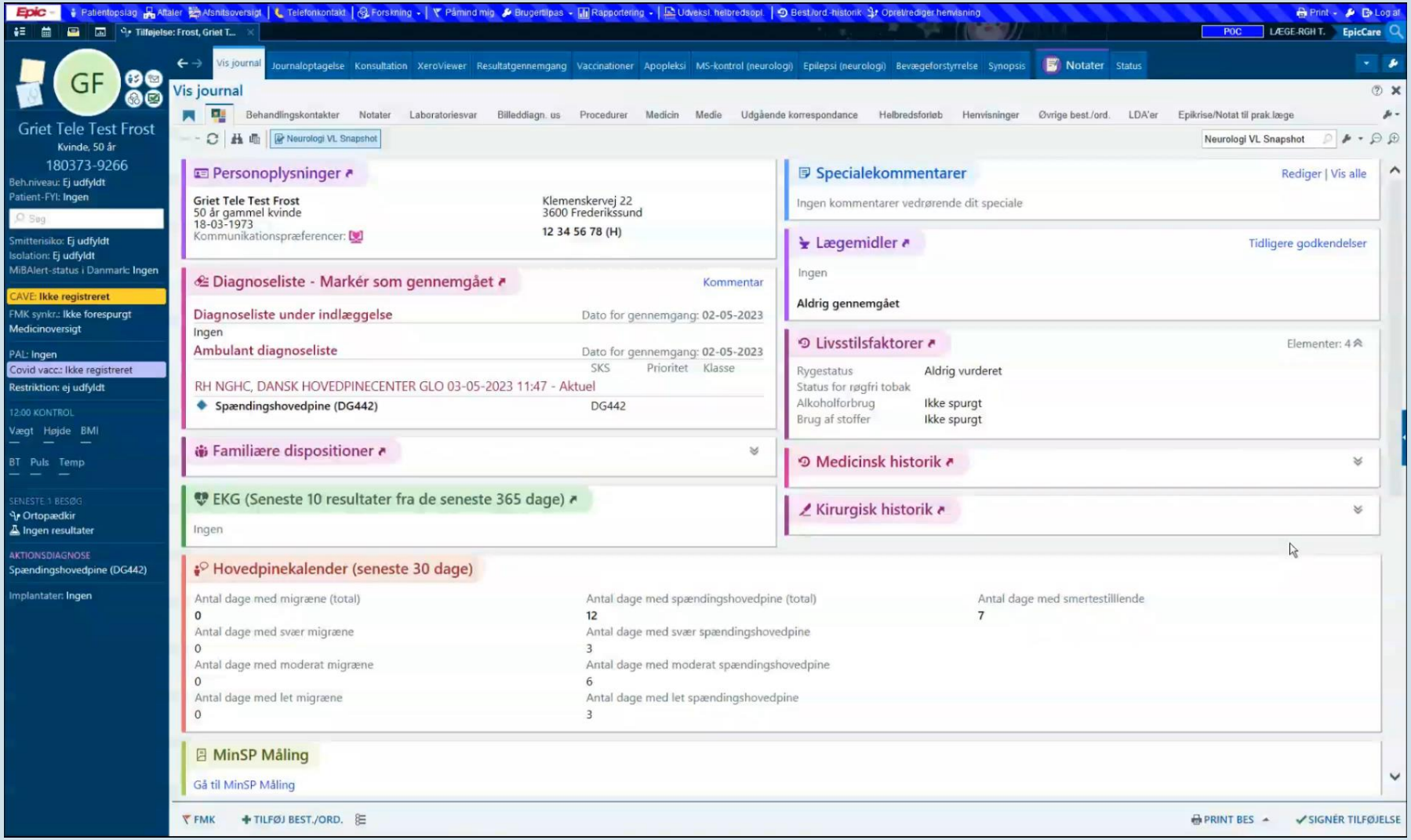
- December 2021 collaboration with CIMT
- Headache calendar launched May 2022

A digital headache calendar – why?

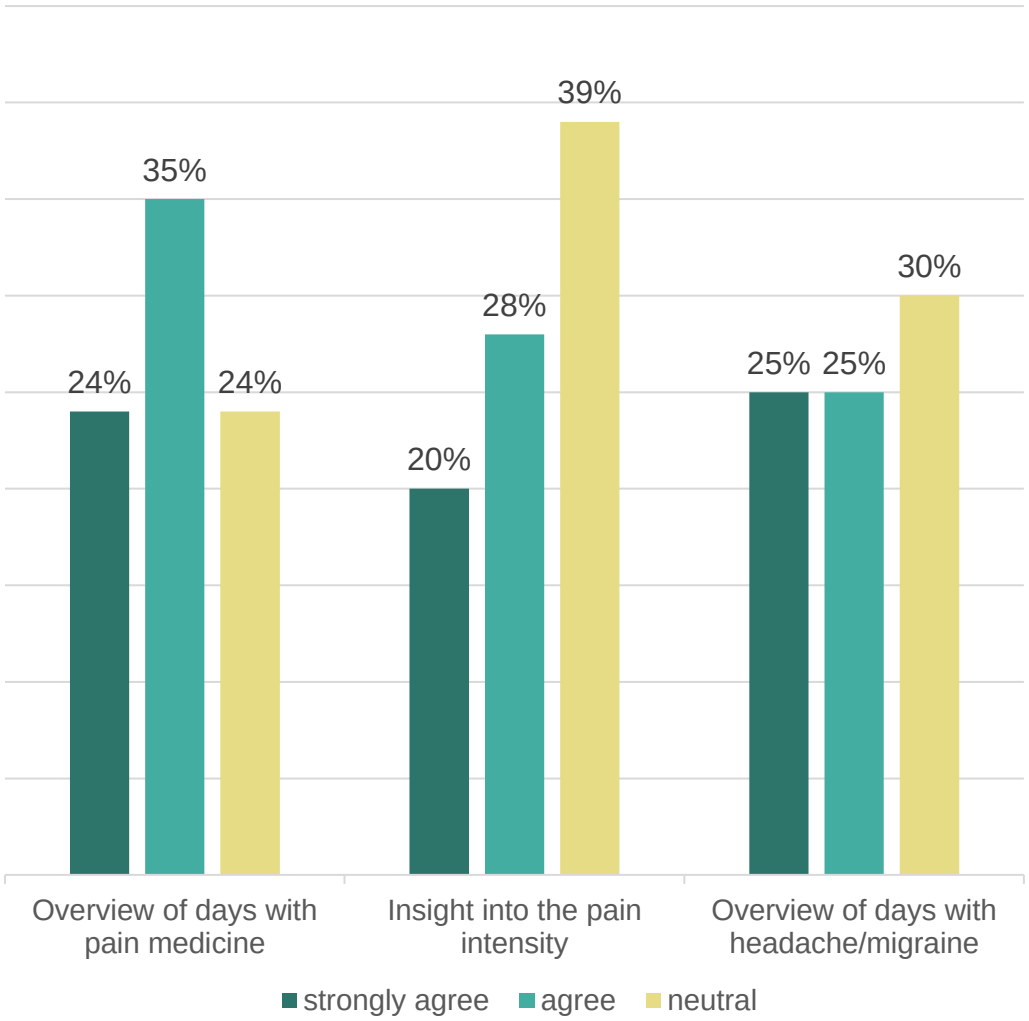
Manual input
in the system

Difficult to
manage treatment

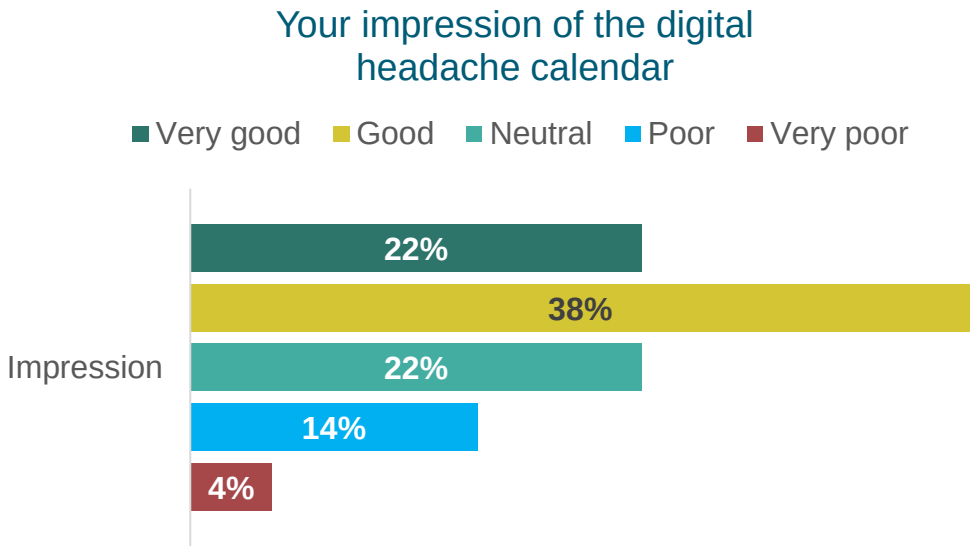
The headache calendar; the clinicians' view



Patient’s point of view – overview of pain medicine

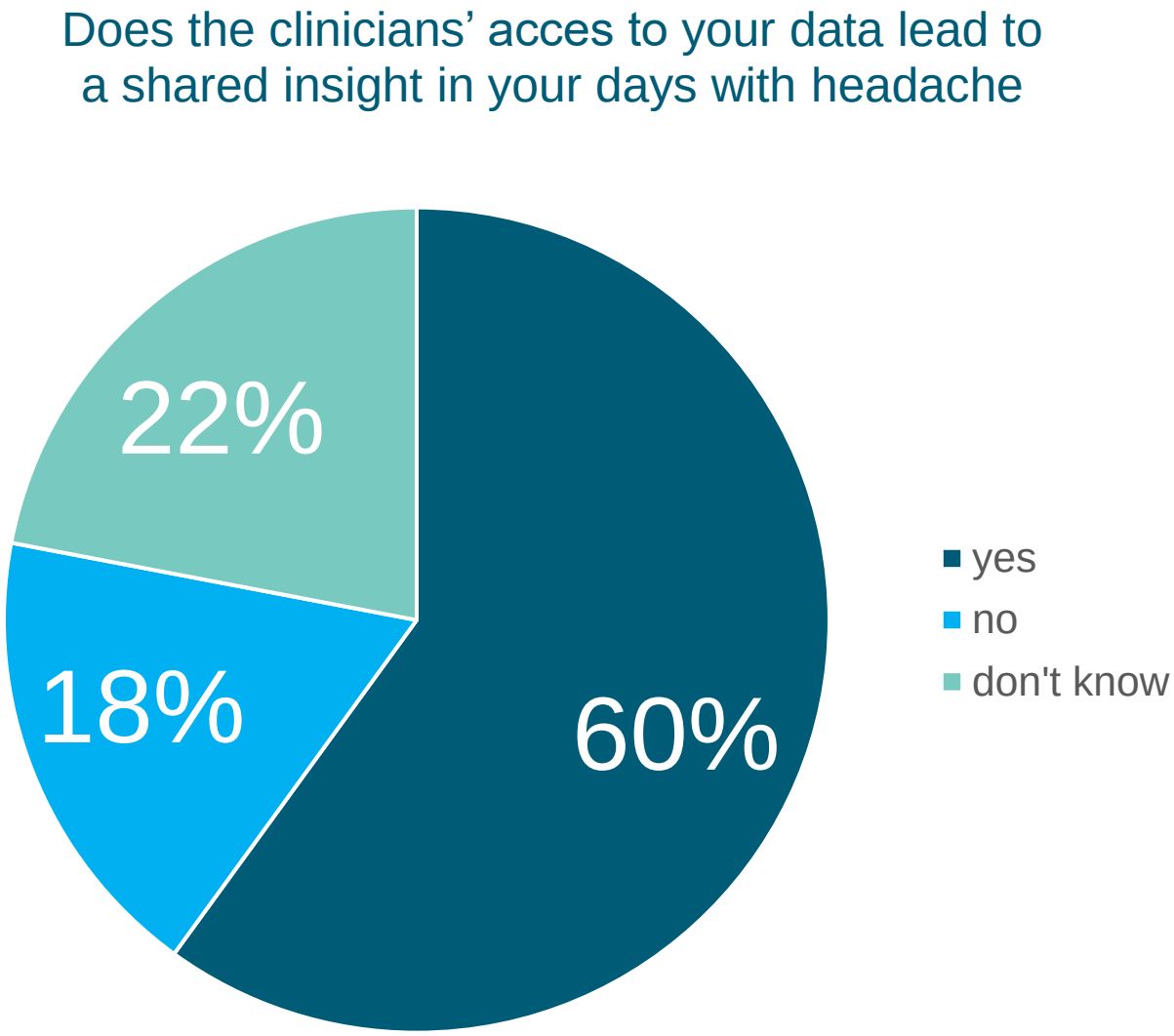


The paper version didn't work well and sometimes got lost (…) I found an app myself and then transferred everything to paper straight away before meetings at CHPC. Now I always have it at hand and the doctor gets it (the data ed.) straight away. Definitely a fan.

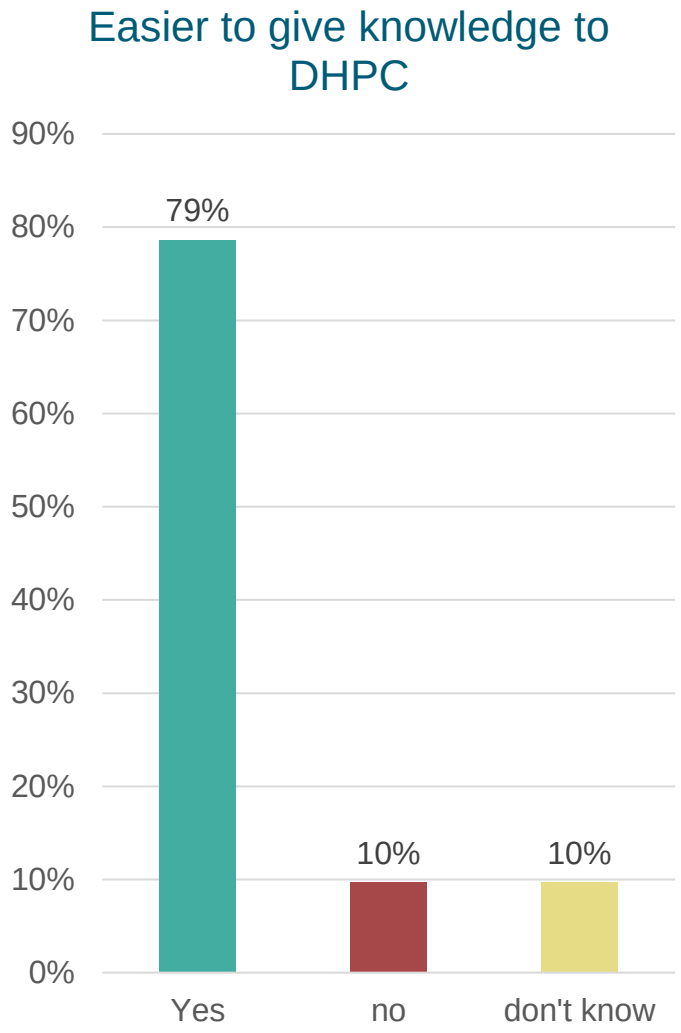


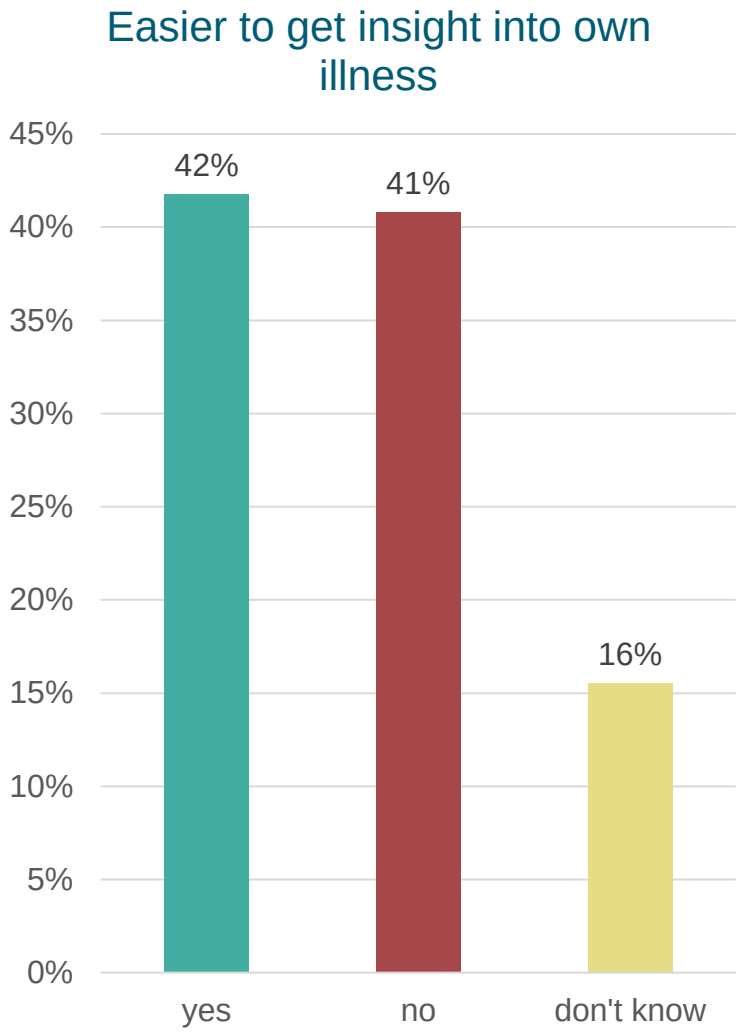
128 respondents completed

The results – patient's point of view



The results – Patient's point of view





Pro’s and cons from the clinician's point of view

- Fast and **accurate data** presented to the clinicians before a consultation
- Data is **valid**: sensitivity of 84% and specificity of 88% in diagnosing the headache day correctly
- More **time to talk** with the headache patients
- **Easy to document** the headache data in the medical charts

- Patients and colleagues are used to the old headache diary – **changing old habits** is a lengthy process
- There is a need for **better visual presentation** of data for the patients

What have we learned?

1. Implementation of a digital headache calendar takes time and effort
2. Education of colleagues and patients are of key importance
3. Ask the patients and clinicians what they want
4. Refine the product if possible
5. Harvest data that can document your success or failures

What is the future for headache calendars?

Create other specific calendars for rare headaches and pain conditions such as e.g., cluster headache and trigeminal neuralgia

Use headache calendar data in clinical trials

Monitor and tailor treatment for each individual patient based on the headache calendar data

Moral and epistemic principles of involvement in patient safety incident response

Dr Siobhan McHugh

Senior Researcher, University of Leeds

On behalf of the Learn Together research project team

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What did we do?

Scan me!

1A Literature Review

1B Documentary Analysis

2A Interviews

2B Synthesis

What are the principles for meaningful involvement?

What approach or 'programme theory' should underpin new involvement guidance?

3 Co-design

of new involvement guidance

4 Implementation & Evaluation

of co-designed guidance in live investigations

5 Refine and share guidance

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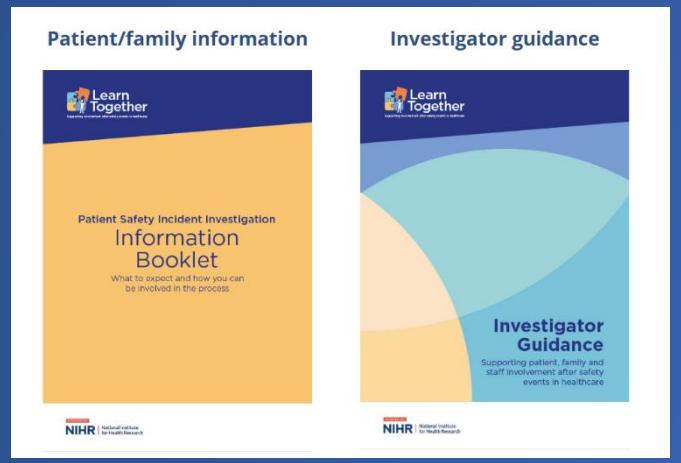

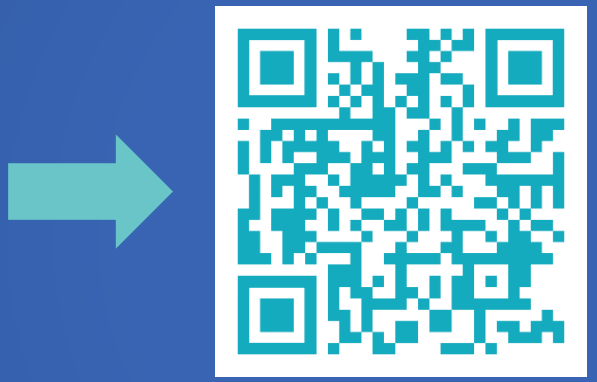

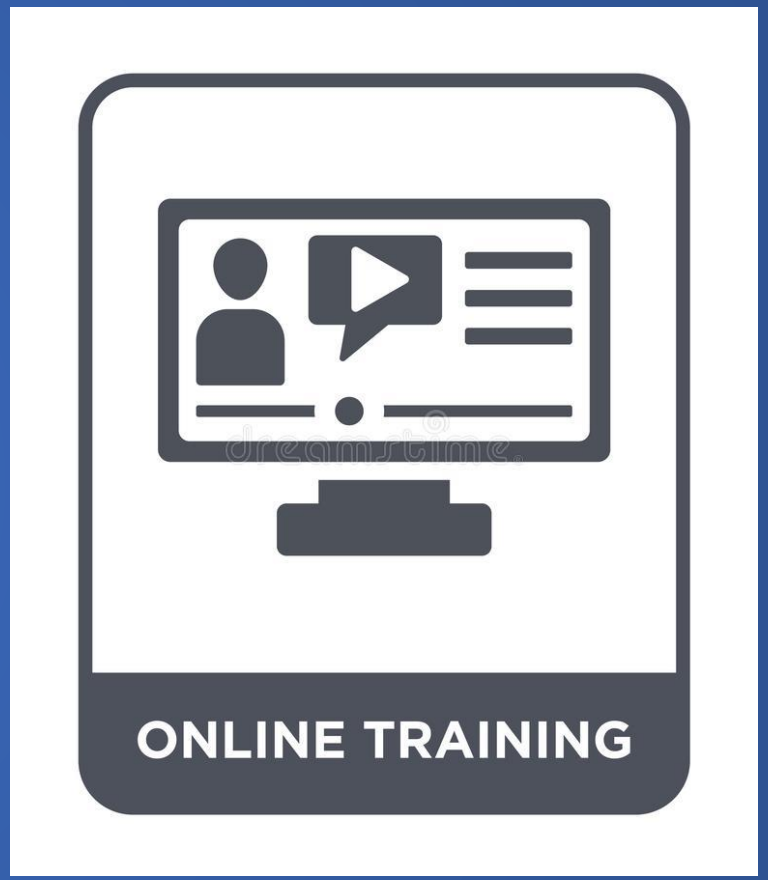

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What did we do?

The booklet is in two parts. A detailed
beginning of each section.

General information

This section contains all of the key inform
serious incidents and the serious inciden
give you a good idea of what you might
investigation you are involved in.

Your investigation

This section is specific to your investigati
you to be as involved as you would like to
record key information, any questions you
feel is important.

Key words and phrases

You'll notice that we've highlighted certa
These are words or phrases that might b
collected the definitions in a list at the b

Your investigation

This next section has been designed to suppor
your investigation. It is divided into three secti
continued contact and **closing the investigati**

At the end of this section you'll find spaces to
about the investigation so that you can keep it
also information to support the different ways
involved if you would like to be.

The investigator might refer to this section of t
conversations with you, and in ongoing commu
be involved in the investigation.

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My experience

My experience

As outlined on page 14, the investigator mig
were involved in the incident about their exp
about what happened and why.

If you would like to share your experiences
can use this space to note down the importa
share with them.

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Question log

Question log

Date	My question	Response

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What did we do?

Contents

These **common needs** a
people during the inve
you are more li
individual needs. Don't
to attend to these
investigator. Und
need means y
other appropri

7

Initial contact

Ideally, you will make first contact with the patient or fam and the healthcare staff involved, at the beginning of the However, we know that this might not always be possible the timing of making this first contact might be flexible, t of making the first contact with people who have experie incident are important to get right. Initial conversations w who has experienced the incident will set the tone for the investigation.

Patients and family members will have had varied experie healthcare provision leading up to the incident, and differe of the **Duty of Candour** process. They might be recovering psychologically or emotionally from the incident, or the im **Healthcare staff** will respond to involvement in an incident and will have received varied levels of support afterwards.

You are not expected to know in detail their experiences u but your role at this point is to set a tone you are both com moving forward. Enacting the **common principles for invo** likely to make the experience of this initial communication and more meaningful, for you and them:

- **Respect humanity** — Different people will respond differently to the same in initial conversations to determine the impact of the inci individual you involve. This will make it easier for you to tone with each person and to accommodate their invol
- **Treat people with compassion** — arm can be caused during the investigation and the w are treated within it. By being respectful, compassionat these early conversations you can prevent this addition
- **Strive for equity** — Organisational learning is the main output of an investi meaningful involvement of the people who experience dgment learning whilst making the process feel less di
- **Make apologies meaningful** — In your initial conversations you should give a meaningf the incident where appropriate, and demonstrate your learning about what happened.

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Initial contact

Clear introduction

You should introduce yourself clearly to anyone you involve in the investigation. To maintain equity of access to involvement in the investigation patients, family members and healthcare staff should be able to contact you as well as you being able to contact them.

- **Give the patient or family member your full name.** Check if they would like you to repeat it.
- **Tell them you are the lead investigator and where you work.** This might be the specific hospital name or the name of the Trust.
- **Tell them if you also have another role within the Trust.** You should make them aware if you are not a full time investigator as this will mean their expectations of your time will be different.
- **Give them your contact details and discuss your working hours.** You should make it clear how and when they should contact you and set clear expectations about when they should expect you to reply.

Can you have this conversation over the telephone, video call or face-to-face to make it more personal?

The Information Booklets have space on **page 23** for people to record these details. You could use these pages to structure your introductory conversations with patients, family and staff.

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Initial contact

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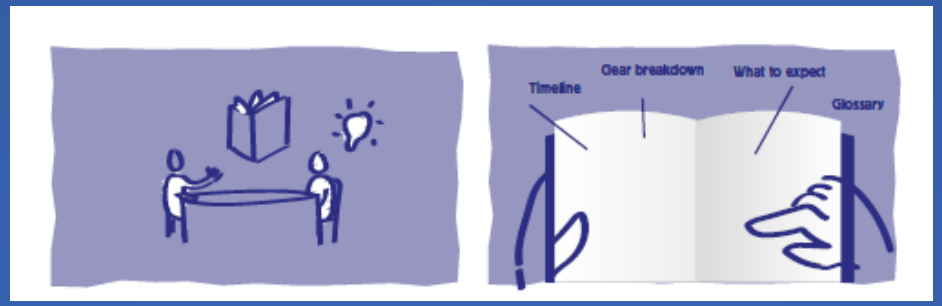
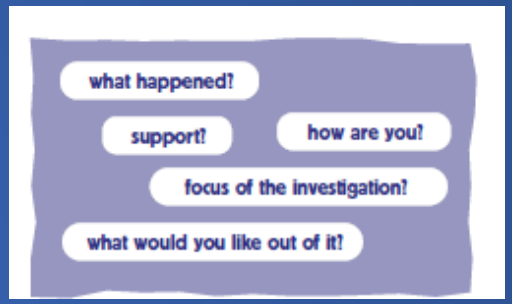
How do they work together?





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Central principles for involvement

Make apologies meaningful. Rather than offer excuses, demonstrate understanding and a commitment to learn what has happened and why.

Individualise your approach. Involvement should be flexible and adapt to changing needs. Set realistic expectations.

Be sensitive to timing. Investigations can feel like they're happening slowly, quickly or at insensitive times. Investigators need to manage time carefully.

Treat people with respect and compassion. Harm can happen through the experience of the investigation, and how people are treated within it.

Strive for equity. Investigations allow an organisation to learn, but if their agenda is prioritised over patients/families/staff, the process can feel discriminatory.

Provide guidance and clarity. Patients, families and healthcare staff can all be confused by what an investigation actually entails.

Listen. If there is a true commitment to learning, then everyone involved should have the opportunity to share their experience.

Be collaborative and open. People who feel involved are less likely to need to seek other routes to be heard (e.g. complaints, litigation).

Respect humanity. Investigations should embrace and accommodate different human responses.

Accept subjectivity. Each individual will experience the same incident in different ways. No one truth should be prioritised over others.

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Minimise harm, maximise learning

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Reduce compounded harm

Epistemic motivation

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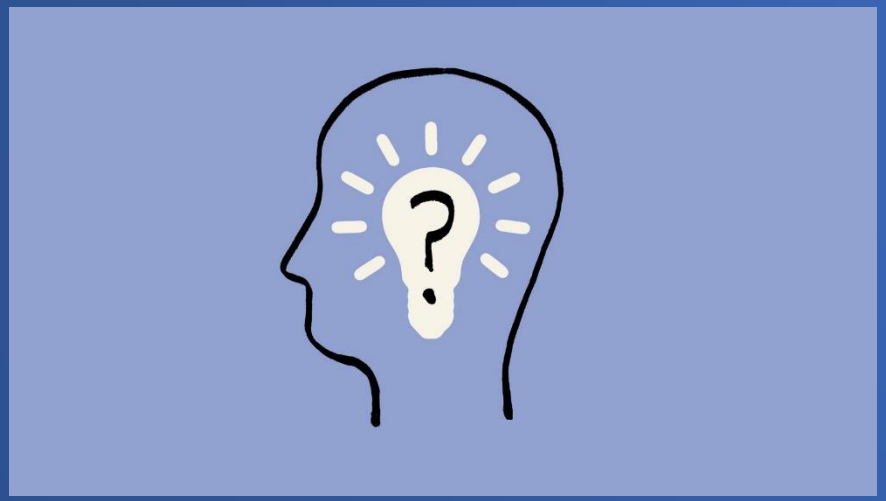

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