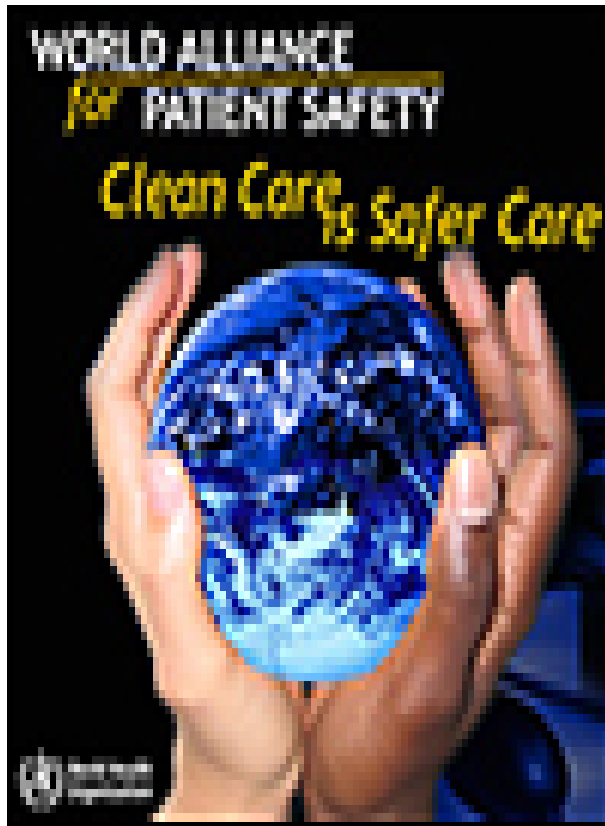


INFEZIONI OSPEDALIERE QUALE CLINICAL GOVERNANCE?

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WHO Global Patient Safety Challenge

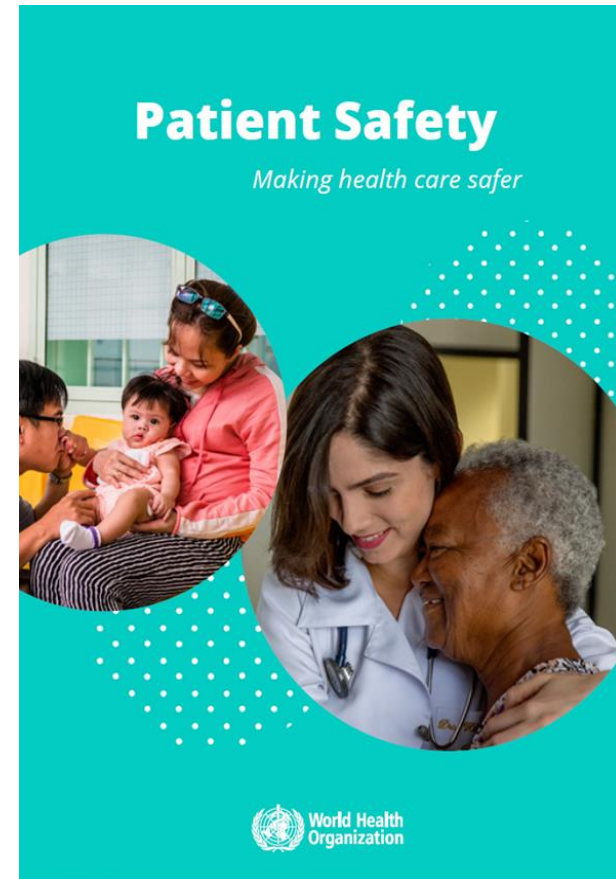


WHO 2005



WHO 2008

WHO Global Patient Safety Challenge



AHRQ

Strongly recommended patient safety practices

- Preoperative checklists and anesthesia checklists to prevent operative and post-operative events.
- Bundles that include checklists to prevent central line-associated bloodstream infections.
- Interventions to reduce urinary catheter use, including catheter reminders, stop orders, or nurse-initiated removal protocols.
- Bundles that include head-of-bed elevation, sedation vacations, oral care with chlorhexidine, and subglottic-suctioning endotracheal tubes to prevent ventilator-associated pneumonia.
- Hand hygiene.
- "Do Not Use" list for hazardous abbreviations.
- Multicomponent interventions to reduce pressure ulcers.
- Barrier precautions to prevent healthcare-associated infections.
- Use of real-time ultrasound for central line placement.
- Interventions to improve prophylaxis for venous thromboembolisms.

AHRQ

Recommended patient safety practices

- Multicomponent interventions to reduce falls.
- Use of clinical pharmacists to reduce adverse drug events.
- Documentation of patient preferences for life-sustaining treatment.
- Obtaining informed consent to improve patients' understanding of the potential risks of procedures.
- Team training.
- Medication reconciliation.
- Practices to reduce radiation exposure from fluoroscopy and computed tomography scans.
- Use of surgical outcome measurements and report cards, like the American College of Surgeons National Surgical Quality Improvement Program.
- Rapid response systems.
- Utilization of complementary methods for detecting adverse events/medical errors to monitor for patient safety problems.
- Computerized provider order entry.
- Use of simulation exercises in patient safety efforts.

BMJ

Evidence - Based interventions to reduce adverse events in hospitals

Patient-safety area	Intervention components relevant to patient safety
Adverse drug event	Multicomponent interventions, including pharmacist involvement and support of care teams or physicians; guideline implementation, including academic detailing, reminders and feedback of data
Infection	<ol style="list-style-type: none"> 1. Device-related infections <ul style="list-style-type: none"> - Care bundles e checklists - Training on appropriate catheter placement - Catheter restriction and removal protocols - Reminder or stop order to decrease catheter placement 2. Sepsis <ul style="list-style-type: none"> - Multicomponent programme aimed at improving compliance to sepsis care bundles, including education and decision support tools
Delirium	Multicomponent intervention, including cognitive screening, proactive geriatric consultation and psychotherapy; multicomponent intervention, including early mobility, cognition and orientation, sleep-wake cycle preservation; multicomponent intervention, including physiotherapy, family involvement and staff/family-member education
Adverse event after hospital discharge or clinical handover	Nurse-led early-discharge planning programmes

Evidence - Based interventions to reduce adverse events in hospitals

Patient-safety area	Intervention components relevant to patient safety
Fall	Addressing risk factors by a multidisciplinary team; physiotherapy; multicomponent interventions, including risk alert card, exercise, education, hip protectors and geriatric assessment
Adverse event in surgery	Surgical Safety Checklist
Cardiopulmonary arrest	Critical-care outreach service; rapid response teams
Staffing	Increasing proportion of support staff Interdisciplinary team interventions
Clinical pathway	Multidisciplinary care plans with essential steps in care, supporting the translation of clinical guidelines into local protocols and application in practice

ECRI Institute

TOP2019 Top 10 Patient Safety Concerns

2019 Top 10 Patient Safety Concerns

1. **Diagnostic Stewardship and Test Result Management Using Electronic Health Records:**

“If you don’t get the diagnosis right, appropriate care cannot follow”

“You need to have all the information and test results available, and you have to know when and where to look for that information to make the right diagnosis”

2. **Antimicrobial Stewardship in Physician Practices and Aging Services:**

“Antibiotic stewardship does not mean withholding necessary treatment”

Perhaps the most significant challenge facing antibiotic stewardship is managing patient expectations. Patients “expect an antibiotic to help them get better”. Moreover, unnecessary antibiotic administration puts patients at unnecessary risk of adverse drug reaction. And the broadest concern is that overprescribing leads to antimicrobial resistance.

ECRI Institute

TOP2019 Top 10 Patient Safety Concerns

2019 Top 10 Patient Safety Concerns

3. **Burnout and Its Impact on Patient Safety:**

“Ideally, it’s the patient’s goals that are the most important”

Burnout is a complex issue, with diverse stakeholders who sometimes have conflicting goals. Most of these goals individually are worthy. But the accumulation can become overwhelming.

4. **Patient Safety Concerns Involving Mobile Health:**

“It’s no use to have a technology that the patient is supposed to use at home if the patient is not going to use it”

Usability concerns mean that methods for informing clinicians about user error and inactivity must be established. Along with assessing ease of use, organizations must identify the right candidates for mobile health, and provide training for both providers and patients on how to use a device.

ECRI Institute

TOP2019 Top 10 Patient Safety Concerns

2019 Top 10 Patient Safety Concerns

5. **Reducing Discomfort with Behavioral Health:**

Healthcare organizations can also develop internal and external support systems.

6. **Detecting Changes in a Patient's Condition:**

“Transitions of care and handoffs are critical times for care delivery, and they're fraught with danger”

“Passing along and receiving the correct information sets providers up for success.”

7. **Developing and Maintaining Skills:**

“Simulation has been repeatedly proven in meta-analyses to be effective.”

Debriefings, an essential component of simulation training, are provided by a facilitator who observes the simulation and gives feedback

ECRI Institute

TOP2019 Top 10 Patient Safety Concerns

2019 Top 10 Patient Safety Concerns

8. **Early Recognition of Sepsis across the Continuum:**

“Can we intervene quicker to get patients the care they need to prevent shock and death?”

Timely screening and recognition of sepsis is a challenge for other settings as well, including aging services and physician practices.

9. **Infections from Peripherally Inserted IV Lines:**

“Any time you break the skin, you’re breaking down the body’s first line of defense against infection.”

Tracing infections back to the PIV line can be difficult, because healthcare workers tend to overestimate their safety. “If a patient gets both a peripheral line and a central line and later develops a bloodstream infection, clinicians will often attribute it to the central line without even considering the PIV line”.

ECRI Institute

TOP2019 Top 10 Patient Safety Concerns

2019 Top 10 Patient Safety Concerns

- 10. Standardizing Safety Efforts across Large Health Systems:**
Regardless of organization size, the goal is to institute structures that effectively allow patient safety leaders to support organization leadership in engaging with patient safety priorities. Foundational principles of continuous communication up and down the chain of command, clear organizational structure, consistent committee configuration, and universal strategic planning and implementation can help the organization reduce inconsistencies and embed a strong focus on patient safety.

Linee Guida Globali per la Prevenzione del Sito Chirurgico

LINEE GUIDA GLOBALI PER LA PREVENZIONE DELLE INFEZIONI DEL SITO CHIRURGICO

Linee Guida Globali per la Prevenzione del Sito Chirurgico

Publicato dall'Organizzazione Mondiale della Sanità nel 2016 con il titolo: *Global Guidelines for the Prevention of Surgical Site Infection*.

© World Health Organization 2016

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Linee guida globali per la prevenzione delle infezioni del sito chirurgico

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Traduzione: Laura Delpiano

Centers for Disease Control and Prevention Guideline for the Prevention of Surgical Site Infection, 2017

FINDINGS

- Before surgery, patients should shower or bathe (full body) with soap (antimicrobial or nonantimicrobial) or an antiseptic agent on at least the night before the operative day.
- Antimicrobial prophylaxis should be administered only when indicated based on published clinical practice guidelines and timed such that a bactericidal concentration of the agents is established in the serum and tissues when the incision is made.
- In cesarean section procedures, antimicrobial prophylaxis should be administered before skin incision.
- Skin preparation in the operating room should be performed using an alcohol-based agent unless contraindicated.

Centers for Disease Control and Prevention Guideline for the Prevention of Surgical Site Infection, 2017

FINDINGS

- For clean and clean-contaminated procedures, additional prophylactic antimicrobial agent doses should not be administered after the surgical incision is closed in the operating room, even in the presence of a drain.
- Topical antimicrobial agents should not be applied to the surgical incision. During surgery, glycemic control should be implemented using blood glucose target levels less than 200mg/dL, and normothermia should be maintained in all patients.
- Increased fraction of inspired oxygen should be administered during surgery and after extubation in the immediate postoperative period for patients with normal pulmonary function undergoing general anesthesia with endotracheal intubation.
- Transfusion of blood products should not be withheld from surgical patients as a means to prevent SSI.

Sinergie e integrazione tra rischio clinico e rischio infettivo

Il “Piano Nazionale di Contrasto dell’Antimicrobico-Resistenza (PNCAR) 2017-2020” è il programma di intesa tra il Governo, le Regioni e le Province autonome che si pone come obiettivo principale il contrasto alla diffusione della Antimicrobico-Resistenza.

La Legge 8 marzo 2017, n. 24 “Disposizioni in materia di sicurezza delle cure e della persona assistita, nonché in materia di responsabilità professionale degli esercenti le professioni sanitarie” prevede l’istituzione dei “Centri regionali per la gestione del rischio sanitario e la sicurezza del paziente” e dell’“Osservatorio nazionale delle buone pratiche sulla sicurezza nella sanità” presso l’Agenzia nazionale per i servizi sanitari regionali (AGENAS).

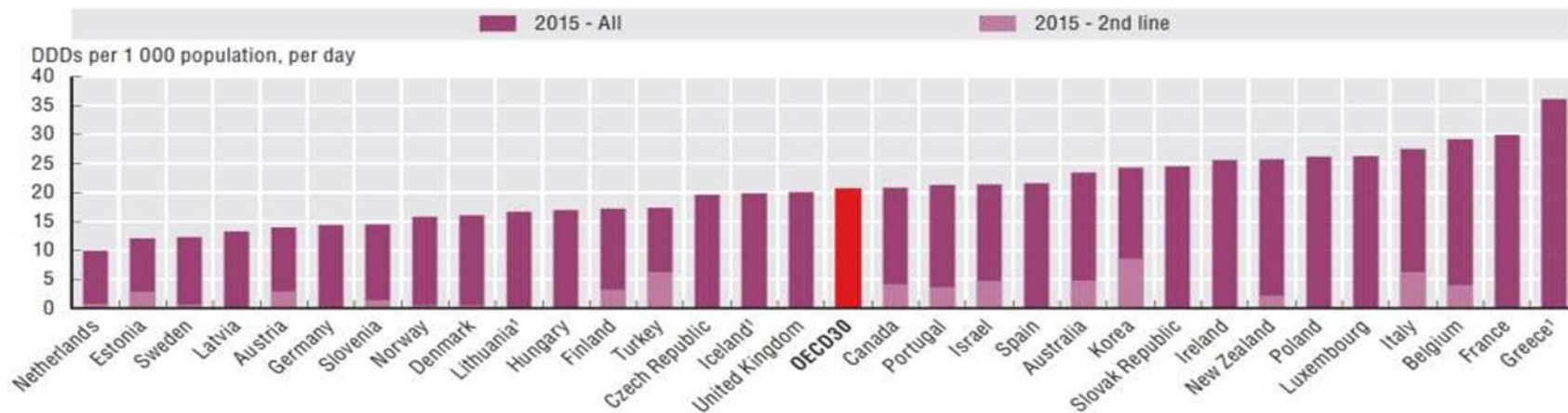
Favorire la ricerca e lo sviluppo di sinergie e integrazioni tra l’area tematica della sicurezza delle cure e quella del rischio infettivo, al fine di favorire una coerenza di programmi e azioni in ogni ambito: nazionale, regionale e aziendale.

Documento di consenso Conferenza Regioni e Province Autonome Maggio 2019

Quality and outcomes of care indicators

Unnecessary use of antibiotics contributes to antimicrobial resistance

Overall volume of antibiotics prescribed, 2015 (or nearest year)



Note: 1. Data refer to all sectors (not only primary care).

Source: Health at a Glance 2017, extracted from the European Centre for Disease Prevention and Control and OECD Health Statistics 2017.

Richieste di risarcimento liquidate AOU CdSS 2004 - 2014

Categoria	Numero di Eventi (%)	Importi liquidati (%)
Errori medici e infermieristici	53	67
Infezioni Correlate all'Assistenza	6	6
Eventi oggetto Raccomandazioni Ministeriali	41	27
TOTAL	100	100

Changing how we think about healthcare improvement

Conclusion

It's time to stop thickening the rule book, reorganising the boxes on the organisation chart, introducing more key performance indicators.

Every system can tell multiple success stories.

Patients for Patient Safety

Patients for Patient Safety Partnerships for Safer Health Care



Costruire collaborazioni con pazienti e cittadini

- Rischio clinico ed engagement dei pazienti: “Patients for patient safety”
-promuovere il Patient Engagement significa anche aumentare la sicurezza e la qualità di vita dei pazienti: a rivelarlo è uno studio di Weingart et al. (2011) " Hospitalized patients' participation and its impact on quality of care and patient safety", su un campione di oltre 2000 soggetti ospedalizzati ha messo in luce come un alto livello di Patient Engagement sia associato alla riduzione del 50% degli eventi avversi post-dimissione.
- Safety Walk Around secondo Safety II
- La valutazione partecipata del grado di umanizzazione delle strutture di ricovero

La valutazione partecipata del grado di umanizzazione delle strutture di ricovero



Ricerca Corrente 2012
La valutazione della qualità delle strutture ospedaliere
secondo la prospettiva del cittadino

Checklist per la valutazione partecipata del grado di umanizzazione delle strutture di ricovero

In collaborazione con  **AGENZIA
VALUTAZIONE
CIVICA**
di CITTADINANZA E TUTELA

La valutazione partecipata del grado di umanizzazione delle strutture di ricovero

I temi della sicurezza valutati

Lotta alle infezioni ospedaliere

Igiene delle mani

Checklist per la sicurezza
in sala operatoria

Sistema segnalazione eventi
avversi e near misses

Segnalazione incidenti e situazioni
di rischio da utenti struttura

Comunicazione al paziente e
familiari in caso evento avverso

Informazione pazienti rischi e
misure di sicurezza adottate

Corretta identificazione del paziente

Misure per la gestione del rischio
di caduta dei pazienti

Braccialetto identificativo

Costruire collaborazioni con pazienti e cittadini

Le azioni per la sicurezza delle cure, tutte le attività finalizzate alla prevenzione e alla gestione del rischio connesso all'erogazione di prestazioni sanitarie e l'utilizzo appropriato delle risorse strutturali, tecnologiche e organizzative risultano più efficaci quando sono condotte in collaborazione con le persone assistite, con i care-giver, con i cittadini e con le associazioni