Alimentazione Prevenzione Cura
Nuova Governance in Sanità

Il rischio clinico connesso al rischio assicurativo

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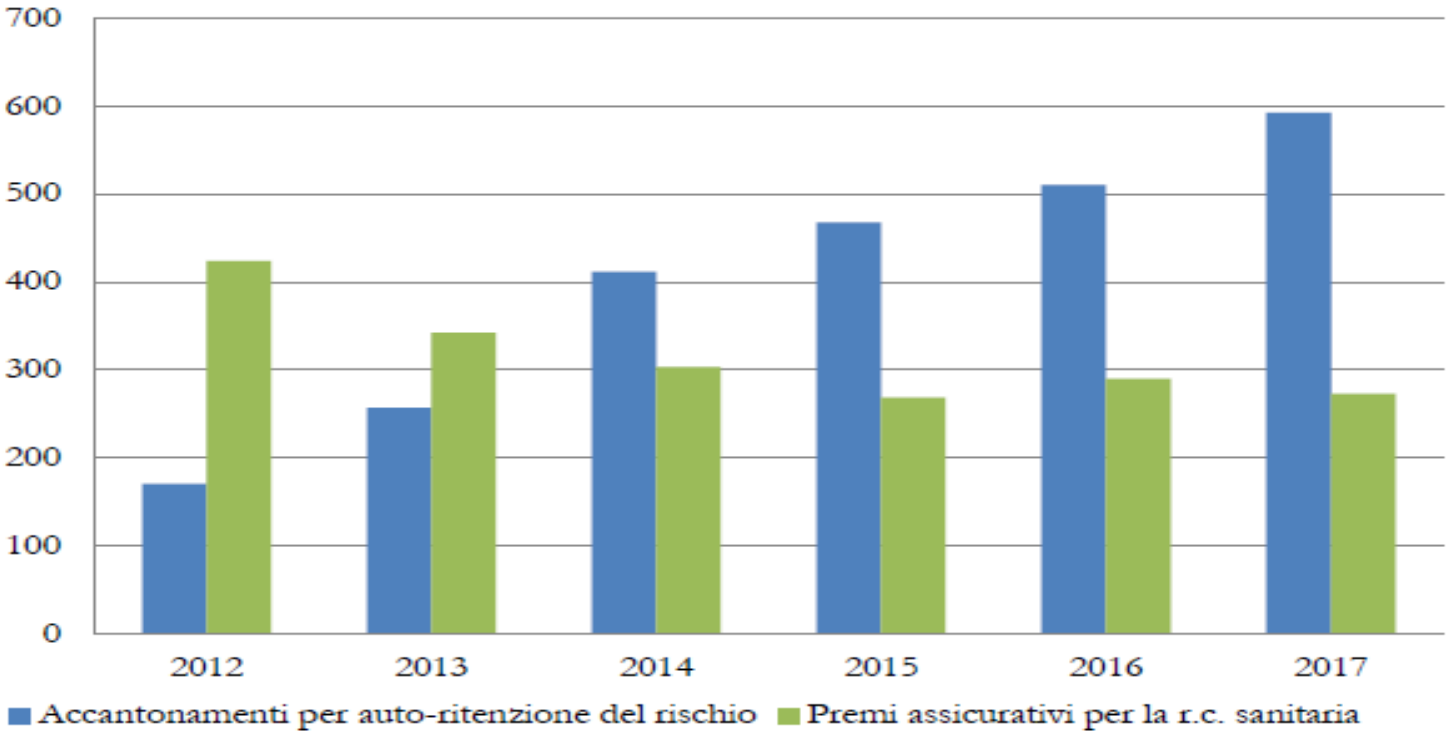
Global Risk Management Survey risk ranking AON 2019

I rischi da responsabilità civile sanitaria
IVASS 2019

Fig. 9 – Rischi da r.c. sanitaria delle strutture sanitarie pubbliche
Accantonamenti per l'auto-ritenzione del rischio e premi assicurativi a confronto (2012-2017)

(milioni di euro)



Monitoraggio denunce sinistri Age.na.s 2016 (Dati 2015)

Costo presunto Sinistri (Regioni e P.A. eccetto Abruzzo, Basilicata, Friuli V.G., Sicilia) (euro)	Costo medio Sinistri liquidati (euro)	n. Sinistri/ n. Dimissioni x 10.000
506.285.947	52.369	20,94

Monitoraggio denunce sinistri
Age.na.s 2016 (Dati 2015)

Percentuale di sinistri aperti per contesto di riferimento

- Ricovero ordinario: 50,87%
- Ricovero Day Hospital: 2,14%
- Accesso ambulatoriale: 9,45%
- Accesso in Pronto Soccorso: 14,99%
- Soccorso in emergenza: 2,26%
- Altro: 20,77%

Monitoraggio denunce sinistri
Age.na.s 2016 (Dati 2015)

Percentuale di sinistri aperti per tipo di procedimento

- Stragiudiziale: 77,02%
- Conciliazione: 10,15%
- Giudiziale civile: 8,40%
- Giudiziale penale: 4,43%

Monitoraggio denunce sinistri Age.na.s 2016 (Dati 2015)

Percentuale di sinistri aperti per tipologia di tramite

- Avvocato: 73,45%
- Direttamente: 12,94%
- Agenzia antiinfortunistica: 3,17%
- Associazione diritti malato: 1,15%
- Rappresentante legale: 1,05%
- Altro: 8,61%

The Economics Of Patient Safety

Cost of failure

Key findings on the costs of failure:

- Patient harm is the 14th leading cause of the global disease burden.
- 15% of total hospital activity and expenditure is a direct result of adverse events.

Eventi Avversi

Adverse events in acute hospitals in ten countries				
Study	**Authors**	**Date of admissions**	**Number of hospital admissions**	**Adverse event rate (% admissions)**
Harvard Medical Practice Study	Brennan et al, 1991; Leape et al, 1991	1984	30195	3.7
Utah-Colorado Study	Thomas et al, 2000	1992	14052	2.9
Quality in Australian Health Care Study	Wilson et al, 1995	1992	14179	16.6
United Kingdom	Vincent et al, 2001	1999	1014	10.08
Denmark	Schioler et al, 2001	1998	1097	9.0
New Zealand	Davis et al, 2002	1998	6579	11.2
Canada	Baker et al, 2004	2002	3745	7.5
United Kingdom	Sari et al, 2007	2004	1006	8.7
Spain	Aranaz-Andre et al, 2008	2005	5624	8.4
The Netherlands	Zegers et al, 2009	2006	7926	5.7
Sweden	Soop et al, 2009	2006	1967	12.3
				C. Vincent, 2010
Italy	Tartaglia, 2012	2011	7573	5,2

Eventi Sentinella
Casistica nazionale

Evento	N°	%
Morte o grave danno per caduta di paziente	1140	29,3
Ogni altro evento avverso che causa morte o grave danno al paziente	532	13,7
Suicidio o tentato suicidio di paziente in ospedale	494	12,7
Atti di violenza a danno di operatore	455	11,7
Strumento o altro materiale lasciato all'interno del sito chirurgico che richieda un successivo intervento o ulteriori procedure	274	7,0
Morte o grave danno imprevisto conseguente a intervento chirurgico	233	6,0
Morte o disabilità permanente in neonato sano di peso superiore a 2500 grammi non correlata a malattia congenita	150	3,9
Morte, coma o gravi alterazioni funzionali derivanti da errori in terapia farmacologica	132	3,4
Reazione trasfusionale da incompatibilità AB0	113	2,9
Morte materna o malattia grave correlate al Travaglio e/o Parto	97	2,5

Fonte: Report SIMES 2016

Riferimenti internazionali

- AHRQ Evidence for Patient Safety Practices – march 2013
- BMJ Evidence - Based interventions to reduce adverse events in hospitals – September 2016
- ECRI Institute Top 10 Patient Safety Concerns – 2019
- Cochrane Library Interventions for preventing falls in older people in care facilities and hospitals (Review) - 2018

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.

Evidence for patient Safety Practices - AHRQ, march 2013

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.

Evidence for patient Safety Practices - AHRQ, march 2013

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 1. Device-related infections 2. Sepsis	1. - Care bundles e checklists - Training on appropriate catheter placement - Catheter restriction and removal protocols - Reminder or stop order to decrease catheter placement 2. 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

British Medical Journal - September 2016

BMJ
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

British Medical Journal - September 2016

ECRI Institute
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
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
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
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
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.

Interventions for preventing falls in older people in care facilities and hospitals (Review)

Care facilities

- We are uncertain of the effect of exercise on the rate of falls (very low-quality evidence) and it may make little or no difference to the risk of falling (low-quality evidence).
- General medication review may make little or no difference to the rate of falls (low-quality evidence) or the risk of falling (low-quality evidence).
- Prescription of vitamin D probably reduces the rate of falls (moderate-quality evidence) but probably makes little or no difference to the risk of falling (moderate-quality evidence). The population included in these studies appeared to have low vitamin D levels.
- We are uncertain of the effect of multifactorial interventions on the rate of falls (very low-quality evidence). They may make little or no difference to the risk of falling (low-quality evidence).

Cameron ID, Dyer SM, Panagoda CE, Murray GR, Hill KD, Cumming RG, Kerse N Cochrane Library 2018

Interventions for preventing falls in older people in care facilities and hospitals (Review)

Hospitals

- We are uncertain whether physiotherapy aimed specifically at reducing falls in addition to usual rehabilitation in the ward has an effect on the rate of falls or reduces the risk of falling (very low-quality evidence).
- We are uncertain of the effect of bed alarms on the rate of falls or risk of falling (very low-quality evidence).
- Multifactorial interventions may reduce the rate of falls, although this is more likely in a rehabilitation or geriatric ward setting (low quality evidence). We are uncertain of the effect of these interventions on risk of falling.

Cameron ID, Dyer SM, Panagoda CE, Murray GR, Hill KD, Cumming RG, Kerse N Cochrane Library 2018

Riferimenti italiani

- Legge 8 marzo 2017, n. 24 «Disposizioni in materia di sicurezza delle cure e della persona assistita, nonche' in materia di responsabilita'professionale degli esercenti le professioni sanitarie» Art. 1 Sicurezza delle cure in sanita‘ Art. 5 Buone pratiche clinico-assistenziali e raccomandazioni previste dalle linee guida Art. 16 Responsabilità professionale del personale sanitario « I verbali e gli atti conseguenti all’attività di gestione del rischio clinico non possono essere acquisiti o utilizzati nell’ambito di procedimenti giudiziari»
- Legge 22 dicembre 2017, n. 219 «Norme in materia di consenso informato e di disposizioni anticipate di trattamento»
- Programma Nazionale Esiti (PNE)
- Ministero della Salute «Raccomandazioni agli operatori»
- Ministero della Salute «I 16 obiettivi per la sicurezza in sala operatoria»
- Conferenza Regioni «Sinergie e integrazione tra rischio clinico e rischio infettivo» – maggio 2019

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.

Fonte: Jeffrey Braithwaite , BMJ: 17 May 2018

La valutazione partecipata del grado di umanizzazione delle strutture di ricovero

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

Patients for Patient Safety