

Panel Discussion 2

Patient Safety in Ageing Society

Chair: Tomonori Hasegawa

Toho University School of Medicine, Japan

Chair Information:

Tomonori HASEGAWA, M.D., Ph.D. is professor of the Department of Social Medicine, Toho University School of Medicine. He graduated from Tokyo University School of Medicine in 1985, and had residency at Tokyo University Hospital (1985-1987). His academic activities cover health policies and performance evaluation of health systems. He published more than 170 reviewed articles and 90 books (including participation as co-author). He was engaged in health sector reform in Japan as an advisory member of the Cabinet Office from 2001 to 2010. He is an executive board member of the Japan Council for Quality Health Care and is responsible for hospital accreditation. He is a board member of the Japanese Society of Healthcare Management (editor-in-chief of the Journal of Japanese Healthcare Management). He is/was a member of the following academic societies and committees; Japanese Society of Public Health, Japanese Society of Hygiene, Japanese Society of Transplantation (board member, chair of the ethical committee 2008-2015), Japanese Society of Hospital Administration (board member 2011-2012), Japan Organ Transplant Network (board member 2012-2015), Ministry of Labor, Health and Welfare Committee on Disclosure of Healthcare Information (2003), Committee on the Administration of Healthcare Organizations (2004), Committee on the Review of Medical Claims, Committee on the Healthcare Organization, Japan Medical Association Hospital Committee, All Japan Hospital Association Committee on Healthcare Quality Improvement, and Committee on Hospital Accreditation.

Chair: Tommaso Bellandi

Northwest Trust of the Tuscany's public Health Service, Italy

Chair Information:

Tommaso Bellandi is a certified Ergonomist/Human Factors Engineer (Eur.Erg.). He graduated at the University of Siena in 2001 in Communication Science, he obtained a Master in Ergonomics and Human Factors in 2003 and a PhD in ICT in 2006 at the University of Florence. During his PhD he attended study visits at the Clinical Safety Research Unit of the Imperial College in London and at the Danish Society for Patient Safety in Copenhagen.

He is currently Director of Patient Safety at the Northwest Trust of the Tuscany's Health Service, which is a big public organization with around 12 thousands employees, providing health and social services to 1.5 millions people in the Italian provinces of Lucca, Pisa, Livorno and Massa-Carrara.

He previously worked from 2004 to January 2018 at the Centre for Clinical Risk Management and Patient Safety, located at the Department of Health of the Tuscany Region in Florence, where he was deputy director and responsible for the Reporting and Learning System. He has been responsible for quality and safety of the Regional Organization for organs and tissues donation and transplantation, auditor of the National Centre for Transplantation and surveyor of accreditation in Tuscany.

He is Advisor and former Chair of the WHO Collaborating Centre on human factors and communication for the delivery of safe and quality care, located in Florence.

He is Adjunct Professor of ergonomics and patient safety at the University of Florence (I) and at the Sant'Anna School of Advanced Studies in Pisa (I). He collaborated for training and research purposes with the Imperial College (UK), Universidad Catolica de Chile, Università della Svizzera Italiana (CH), Swiss Foundation for Patient Safety (CH), Italian Foundation for Patient Safety (I).

He is author of 93 publications on Italian and international journals, books and proceedings of conferences on patient safety, human factors and communication in healthcare. He is associated editor of the journals Transactions of Healthcare Systems Engineering and Journal of Patient Safety and Risk Management.

He is member of the Council of the Italian Ergonomics Society, with the role of president of the national assessment board of professional ergonomists and member of the Council of the Centre for the Registration of the European Ergonomists. He is also in the board of the Italian Society for Safety and Quality in Transplantation.

Albert W. Wu

Johns Hopkins University, U.S.A.

Patient Safety in an Ageing World

Abstract:

Most countries have rising life expectancy and an ageing population. Older people are venerated across the globe. However, they utilize a disproportionate amount of health care, and are at increased risk for adverse events in hospital and outpatient settings. These events are more likely to result in permanent disability and death than for younger patients, and are associated with increased costs. In a US study, 19% of patients 65 or older experienced at least one adverse event, 62% of these resulting from outpatient care. In hospitals, elderly patients have a higher incidence of preventable events related to medical procedures, adverse drug events, and falls. Factors at multiple levels of the system contribute to the increased incidence. These include patient factors like decreased physiologic reserve, cognitive decline, and multiple chronic conditions. Health care factors include polypharmacy, medication errors, overly aggressive treatment, poor communication with patients and families, and lack of coordination within the healthcare team. Societal factors include poverty, isolation, and inadequate long term care. Patient safety in long term care is a special case as a growing number of people require care in skilled nursing facilities, inpatient rehabilitation facilities or long-term care hospitals. Some solutions have been proposed to improve patient safety for older people. The most successful tend to be multidisciplinary and multifactorial, aiming at different levels of the healthcare system. The healthcare workforce is also ageing. Therefore, a related issue is what are the best ways to support ageing health professionals to prolong their working life.

Keywords:

Patient safety, elderly, falls, adverse drug event, long term care, health care workers

Speaker Information:

Albert W. Wu is a practicing general internist and Professor of Health Policy & Management at the Johns Hopkins University Bloomberg School of Public Health, with joint appointments in Epidemiology, International Health, Medicine, Surgery, and Business. He is director of the Johns Hopkins Center for Health Services & Outcomes Research, Center for Meaningful Measures of the Armstrong Institute for Patient Safety and Quality, PhD in Health Services Research, and online Masters of Applied Science in Patient Safety & Healthcare Quality. He has studied patient safety since 1988, and has published over 400 papers and two books. He coined the term “Second Victim,” and co-directs the RISE staff support program at the Johns Hopkins Hospital. He was a member of the Institute of Medicine committee on medication errors, and Senior Adviser for Patient Safety to WHO in Geneva. He is Editor-in-Chief of the new Journal of Patient Safety and Risk Management.

Siu F. LUI

The Chinese University of Hong Kong, Jockey Club School of Public Health and Primary Care and Jockey Club Institute of Ageing

Specific Risk in Elderly People

Abstract:

To facilitate the identification of specific risk in elderly people, a proposed integrated & systematic framework is adapted from two WHO taxonomies: International Classification for Patient Safety (ICPS) and The International Classification of Functioning, Disability, and Health (ICF). The relevant elements from the ICPS to identify risk are (1) Incident Type, (2) Incident Characteristics, (3) Patient Characteristics and (4) Contributing Factors/Hazards. The Components and domains from ICF are (1) Body function/ structure, (2) Activities and participation, (3) Environmental factors and (4) Personal Factors.

The proposed integrated and systematic framework is used to identify risk in elderly people from (i) failure of body functions (aging/ illness) to participate/ execute certain activities, (ii) contributing factors (environmental, personal), and (iii) care/ treatment process resulting in harm.

This proposed framework can be applied for individual person/ patient & for different settings (Hospital, Clinic, Ambulatory care, Residential care, Home, Community), at a specific time/place setting, and during transition of care.

Some specific risks in elderly people:

Body condition (Hypothermia, Malnutrition, Dehydration)

Care/Treatment (In-coordinate care, over-treatment, under-treatment, iatrogenesis, inaccessibility to care, hospital, local resources/ service)

Misidentification (Wrong patient, Wrong treatment)

Medication (Medication error, Polypharmacy, side effect of drugs)

Fall and use of barriers, Restraints, the risk thereof

Tube feeding (misplacement)

Missing (lost)

Self harm (Suicide)

Dehumanized care (Elder Abuse)

Keywords:

Elderly, Healthcare Risk, Risk identification framework, Patient Safety, Fidelity

Speaker Information:

Currently position: Clinical Professional Consultant (part time) at the Division of Health System, Policy and Management, The Jockey Club School of Public Health and Primary Care, and Adjunct Professor, Jockey Club Institute of Ageing, Chinese University of Hong Kong.

He was the Consultant (Quality and Risk Management) for Hospital Authority (HA) Hong Kong till 2012. He was the Chairman of HA Central Committee for Quality and Safety and Central Committee for Patient Relations and Engagement.

He has contributed significantly to the development of Quality, Safety and Patient relations.

He has developed and implemented many programs, including HA Drug Formulary, Clinical IT systems, Incident reporting (AIRS), Sentinel event reporting, 2D-barcode for correct patient identification, Medication safety, Hospital Accreditation, Patient experience survey and applied mediation.

He was the co-convenor of the Program Advisory Committee for the BMJ/IHI International Forum on Quality and Safety in Healthcare: Asia for 2015 and 2016.

This presentation was prepared with colleagues from Jockey Club School of Public Health and Primary Care & Jockey Club Institute of Ageing of The Chinese University of Hong Kong, HKSAR and the Geriatric Division & Quality and Safety Department of New Territories East Cluster, Hospital Authority, Hong Kong.

Midori Hirai

Kobe University, Japan

Medication Safety Challenges in Older Adults

Abstract:

Elderly people often suffer from multiple diseases with age. In Japan, disease-specific guidelines have been developed and are used for routine medical practice. The category of prescription medicine is increasing, according to abnormalities of symptoms and laboratory data of patients. A further problem is the so-called “prescription cascade”, which means misinterpreting the harmful effects of drugs as the emergence of new diseases and adding further prescription drugs. As the number of prescription drugs increases, the possibility of adverse effects and drug interactions appearing increases. To maintain medical safety, the types of prescription medicine should be minimized. Currently in Japan, the “Senior citizens’ safe drug treatment guidelines” issued by the Japan Geriatrics Society is becoming a best-seller as the elderly become more interested in multiple drug combinations. The prescription of more drugs than is necessary or the prescription of potentially inappropriate drugs is called “polypharmacy”. How to proceed with “prescription review” to correct such polypharmacy has become a central concern for ensuring proper medical care for the elderly. Optimizing medication through prescription review or deprescribing is critical in managing chronic conditions, avoiding adverse effects and improving outcomes.

Keywords:

elderly people, prescription cascade, polypharmacy, prescription review, deprescribing, avoiding adverse effects

Speaker Information:

Academic record

March 1974 Graduated from Department of Pharmaceutical Sciences, Kyoto University (Bachelor of Pharmaceuticals)

March 1985 Graduated from Kobe University School of Medicine (Bachelor of Medicine)

March 1992 Completed doctoral course of Graduate School of Medicine, Kobe University and acquired PhD

Qualifications

October 1974 Acquired pharmacist license (No. 145990)

June 1985 Acquired medical doctor’s license (No. 294695)

Career

April 1990 Department of Hospital Pharmacy, Kobe University School of Medicine

August 1990 Faculty of Hospital Pharmacy, Kyoto University Medical School

April 1995 Associate Professor, Kobe Pharmaceutical University

October 2002 Professor, Kobe Pharmaceutical University

March 2007 Professor/Director of Hospital Pharmacy, Kobe University School of Medicine

April 2017 Professor Emeritus of Kobe University

Awards

November 2015 Association Achievement Award of the Japanese Society of Pharmaceutical Health Care and Sciences

June 20017 Hospital Pharmaceutical Award of the Japanese Society of Hospital Pharmacists

Aiko Osawa

National Center for Geriatrics and Gerontology, Japan

Rehabilitation for People with Dementia and Their Family to Maintain a Safe and Calm Life

Abstract:

Rehabilitation is one of the best methods to support the daily and social lives of disabled people. Rehabilitation treatment is often focused on physical dysfunction, but cognitive impairment also needs to be treated. In dementia, activities are reduced in addition to cognitive dysfunction, resulting in various daily living problems. If the activity of a person with dementia declines and the person becomes shut in the house, all of the problems associated with dementia will be addressed only by the family, leading to social isolation. If this situation persists, physical, mental and economic collapse of caregivers may lead to violence toward and neglect of people with dementia. In order to overcome this situation, we are carrying out outpatient rehabilitation for people with dementia living at home and their families. To enable people with dementia to live safely and calmly at home, it is essential for their families to understand and cooperate with dementia. In this presentation, I will explain the assessment and treatment of people with dementia and their families to prevent social isolation, and outline the one-year course.

Keywords:

rehabilitation, family, social isolation

Speaker Information:

Aiko Osawa, M.D., Ph.D. is Director of Cognitive and Behavioral Science (2014-), and Director of the Department of Rehabilitation Medicine, National Center for Geriatrics and Gerontology, Obu, Japan (2017-). She received a Ph.D. from Saitama Medical University (2010, Japan). Dr. Osawa's current work includes cerebral stroke rehabilitation, especially cognitive dysfunctions and swallowing disorders. She also addresses the rehabilitation of patients with brain injury and dementia. She has published various papers in peer-reviewed journals.

Peter Gausmann

GRB Gesellschaft für Risiko-Beratung mbH, Detmold, Germany

Patient-Safety Malpractice Claims of Elderly Patients in Connection with in and Outpatient Care and Recommended Prevention Measures

Abstract:

We know from systematic reviews and analyses of loss events in connection with in and outpatient care that certain care areas are characterized by risks, which can be compensated by appropriate prevention measures. On international level, obstetrics, traumatology and anesthesiology for example, are classified as high-risk medical disciplines. A variety of technically assisted safety measures has been implemented for these areas in recent years, while not as much research exists for the risk management concerning the treatment of elderly patients as equal focus has not been given to its systematic prevention. The evaluation of a comprehensive German medical malpractice database showed that patients of a higher age become more often victims of medical malpractice, whereas claims payments decrease with age. Several factors account for this trend. The identification of causes and qualitative assessment of loss events are of vital importance for developing prevention measures. Based on the above-mentioned database, the following areas of prevention are relevant:

- Prevention of falls
- Prevention of pressure-induced ulcers
- Medication therapy safety, including in particular the prevention of polypharmacy
- Supply of orientational aids for patients with dementia-type illnesses
- Prevention of diagnostic errors in case of multimorbidity
- Monitoring elderly patients during preoperative processes.

Due to frequently occurring multimorbidity, senior patients are a special risk group in the complex and heavily dissected healthcare provision. In addition to therapists, also relatives play an important role as safety agents in the risk management of old-age patients. The therapeutic team must actively support this function.

Keywords:

Claims Analyses (Claims Assessment), Risk Management Measures, High-Risk Medical Disciplines, Prevention Measures

Speaker Information:

Dr. Peter Gausmann

Managing Director of GRB Gesellschaft für Risiko-Beratung mbH, Detmold (Germany)

Honorary Professor of the Danube University Krems

Lecturer at the College in Osnabrueck (Germany), Medical Faculty of the University of Heidelberg (Germany)

Consultant, Author and Lecturer on the topics of patient safety and clinical risk management

Member of the board of the platform Patient Safety in Austria

Member of the German-Chinese Society of Medicine

Member of the scientific advisory board of the research project GIO- Gestaltungskompetenz als Innovator für hochzuverlässige Organisationen im Gesundheitswesen (English: design competence as an innovator for highly reliable organizations in healthcare) (University of Osnabrueck)

Andrew Carson-Stevens

Cardiff University, U.K.

Sources of Unsafe Primary Care for Older Adults: Lessons from a National Patient Safety Reporting and Learning System

Abstract:

The safety of primary care is an emerging global priority for healthcare, catalysed by the leadership of the World Health Organization's Safer Primary Care Expert Group. This is mirrored in UK policy, where there is also recognition that vulnerable groups, like older adults, are a priority. Given this global interest, and the complexity of delivering healthcare to an ageing population, it is important to create a better understanding of the healthcare-associated harm experienced by older adults. Many health systems have established, or are in the process of launching, patient safety incident reporting systems. Such systems are predicated on incident reports providing an important lens for understanding unsafe care, in terms of what happened and perceived causes.

The Patient Safety (PISA) Research Group at Cardiff University have developed a mixed-methods process for generating learning from patient safety incidents occurring in primary care. Using an analysis of incident reports describing patient safety incidents involving older adults in England and Wales, I will: explore the practicalities of analysing incident reports to generate hypotheses (change concepts) and how these can be used as the basis for quality improvement projects; outline the key steps for primary care teams to start identifying, reporting, and investigating incidents, as well as involving patients and families in the learning process; and, present the ongoing challenges for maximising the utility of incident reports as informants of data-driven quality improvement.

Keywords:

patient safety, incident reporting, quality improvement

Speaker Information:

Andrew Carson-Stevens MBBCh PhD HonMFPH is a primary care doctor, the Patient Safety Research Lead at the Primary and Emergency Care Research Centre in Wales, and the founding leader of the Primary Care Patient Safety (PISA) Research Group at Cardiff University. The PISA Group has internationally recognised expertise in generating learning from patient safety incidents. From 2012-2016, Andrew was the UK and Ireland Faculty Lead for the IHI Open School at the Institute for Healthcare Improvement. In 2016, he was Clinical Lead for Quality Improvement and Patient Safety at the UK Royal College of General Practitioners (RCGP) and developed the RCGP Guide 'Reporting and learning from patient safety incidents in general practice'. Andrew is a Visiting Chair in the Department of Family Practice, University of British Columbia, Vancouver, Canada and Honorary Professor at the Australian Institute of Health Innovation, Macquarie University, Sydney, Australia.