PSYKIATRIEN
– i gode hænder

BUILDING A PSYCHOLOGICALLY SAFE CULTURE OF PATIENT SAFETY

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WORKSHOP 6 - NSQH 2018

REGION H
CAMES Copenhagen Academy for Medical Education and Simulation
UNIVERSITY OF COPENHAGEN

PLAN FOR THE WORKSHOP

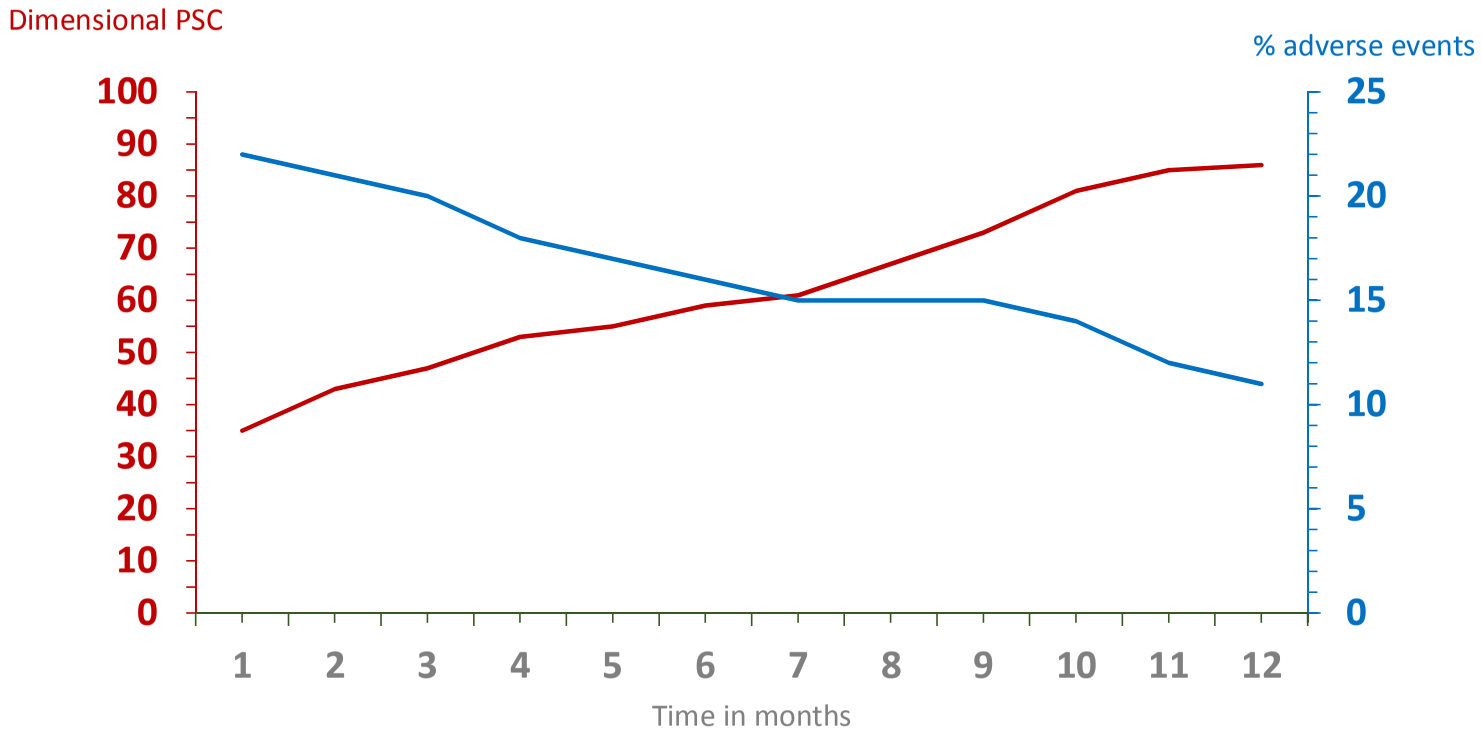
- Basics about patient safety culture
- Why is defusing important?
- How to do it? - Tips and tricks
- Practice you defusing skills
  - Video presentation of a critical incident
  - Defusing of the team
- Discussion
- Closing remarks

PATIENT SAFETY – WHERE ARE WE NOW?

- *”Despite numerous studies, policy reports and hundreds of interventions to improve patient safety, progress has been slow”*
- *”The rate of errors have remained constant over the years”*

- *Sevdalis BJA 2012, Landrigan NEJM 2010,*
- *Vincent BMJ 2008, Cabana JAMA 1999*

PATIENT SAFETY CULTURE & ADVERSE EVENTS



Ref. Weaver SJ, et al. Promoting a culture of safety as a patient safety strategy: a systematic review. Ann Intern Med 2013 Mar 5;158(5 Pt 2):369-74.
Morello RT, et al. Strategies for improvig patient safety culture in hospitals: a systematic review. BMJ Qual Saf 2012 Jul 31

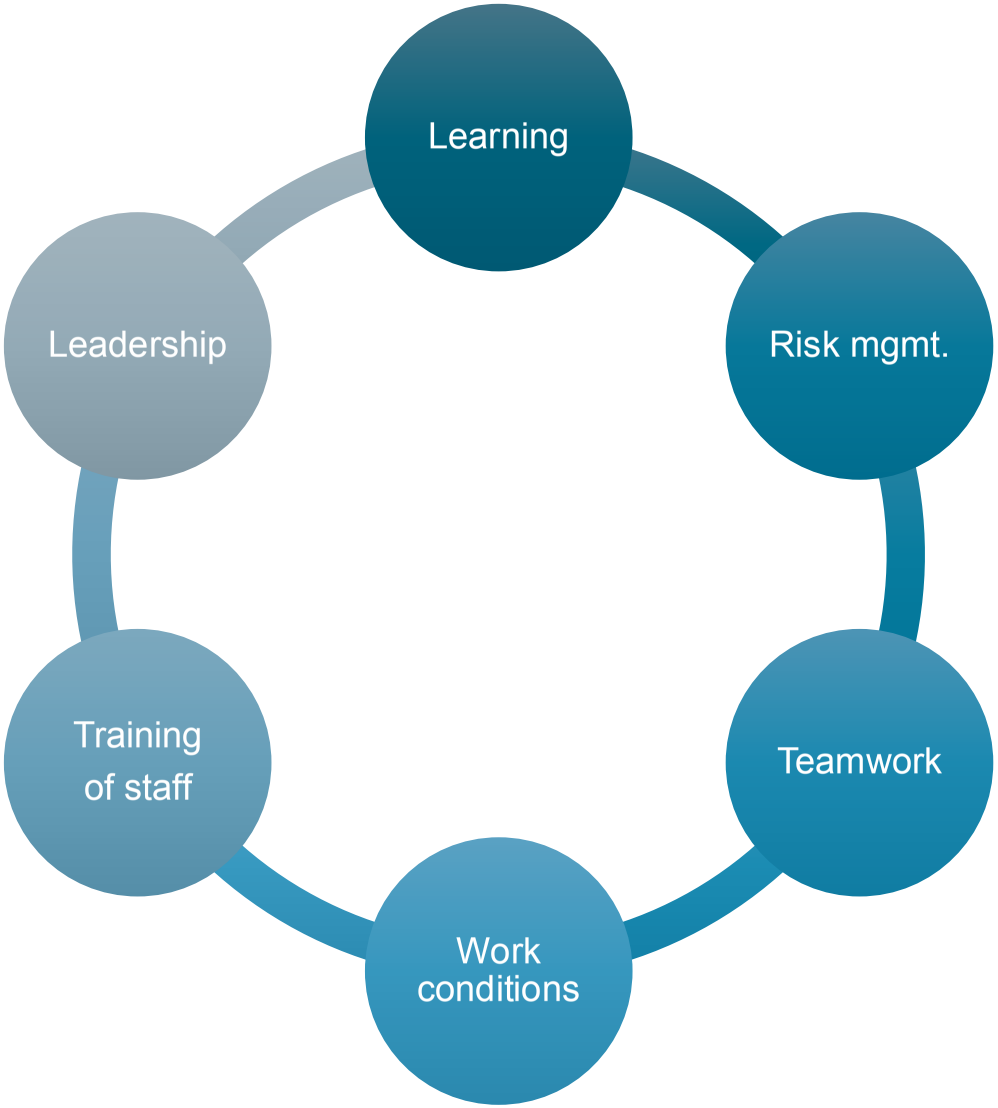
Patient Safety Culture

Definition of Patient Safety Culture (PSC)

"An integrated pattern of individual and organisational behaviour, based upon shared beliefs and values that continuously seeks to minimise patient harm, which may result from the processes of care delivery" [1]

References: 1. Kristensen S, Bartels P. Use of Patient Safety Culture Instruments and Recommandations - Results of the EUNetPaS project. Aarhus: European Society for Quality in Healthcare - Office for Clincal Qua Indicators; 2010.

PSC IS MULTI DIMENSIONAL



CULTIVATION

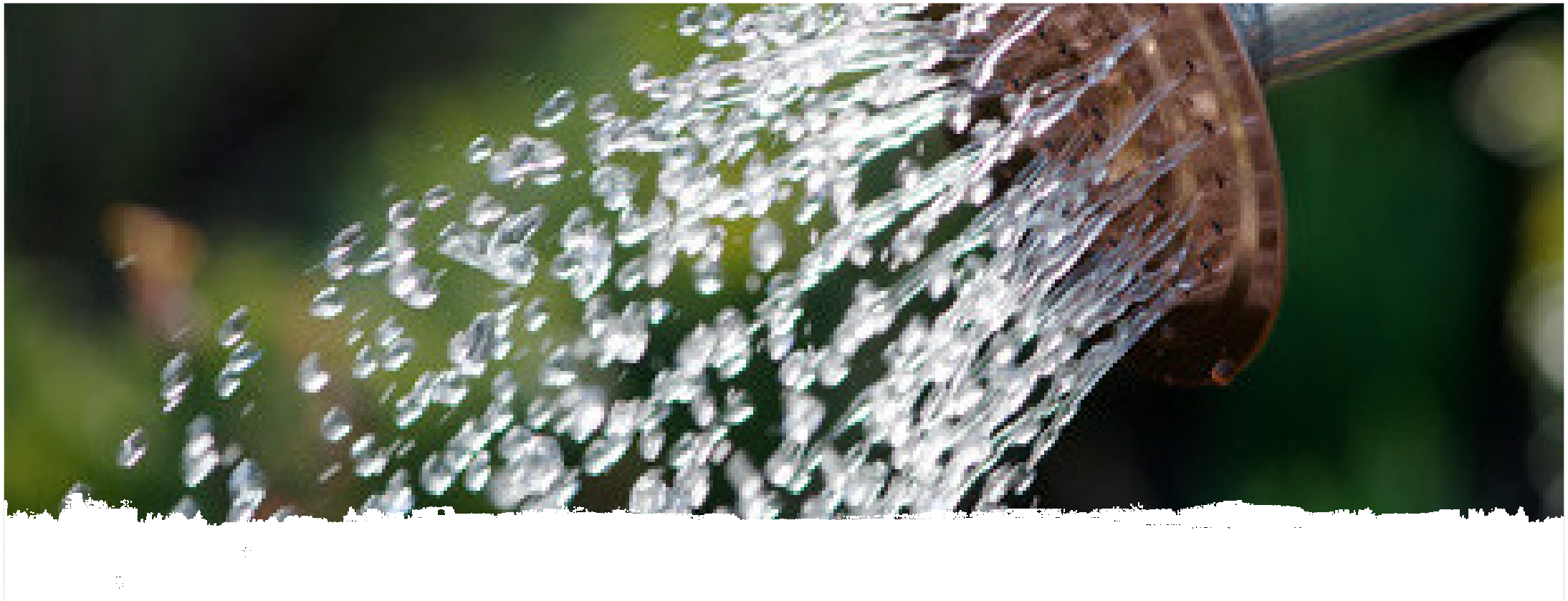
WHAT FOR?

NATURAL STATE

TILLING

RAKING

SOWING



NOURISHING

GROWING

HARVESTING

CELEBRATING

CULTIVATION OF SAFE PATIENT CARE

What does it take?

- Most errors are due to **system failures** rather than reckless or incompetent individuals
- Error prevention is best approached through **systemic interventions**
- One promising systemic intervention to provide safe process of care and error free outcomes involves **increasing the psychological safety** of health-care workplaces
- Psychological safety refers to the degree to which **one feels comfortable taking interpersonal risks in a group setting** without fear of retaliation/punishment

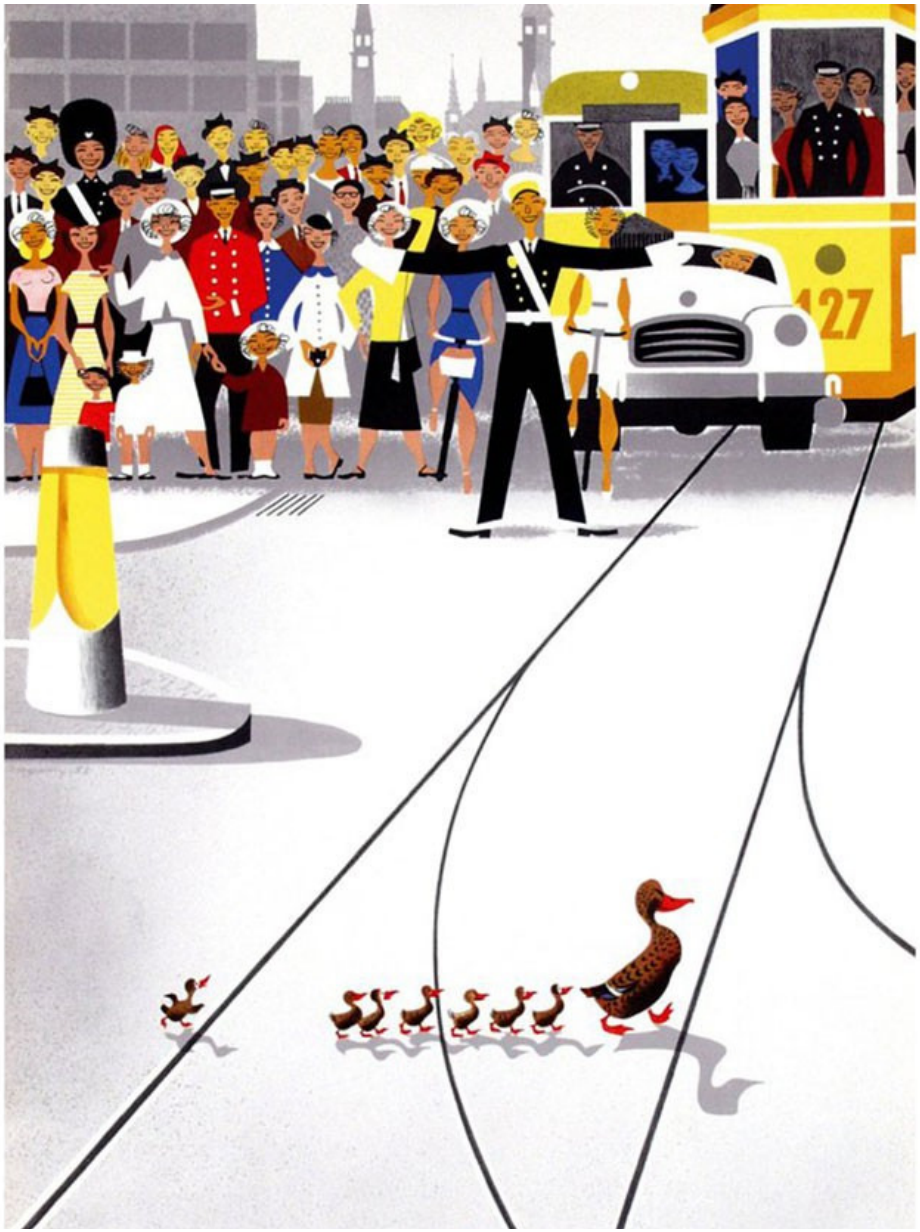
Ref. Derickson R, Fishman J, Osatuke K, Teclaw R, Ramsel D. Psychological safety and error reporting within Veterans Health Administration hospitals. J Patient Saf. 2015;11(1):60-6.

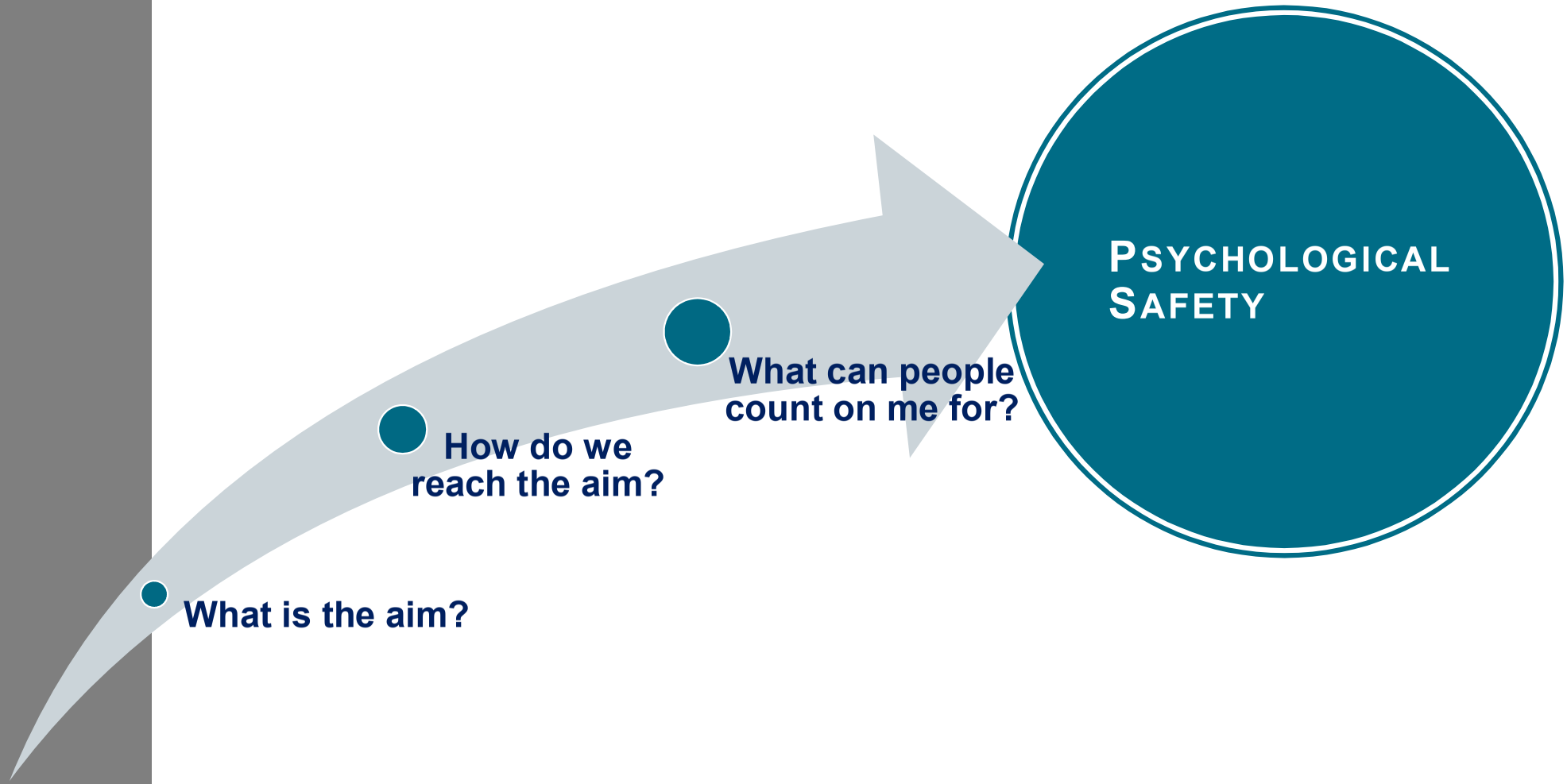
JUST CULTURE

"In a just culture, both the organization and its people are held accountable while focusing on risk, systems design, human behavior, and patient safety."

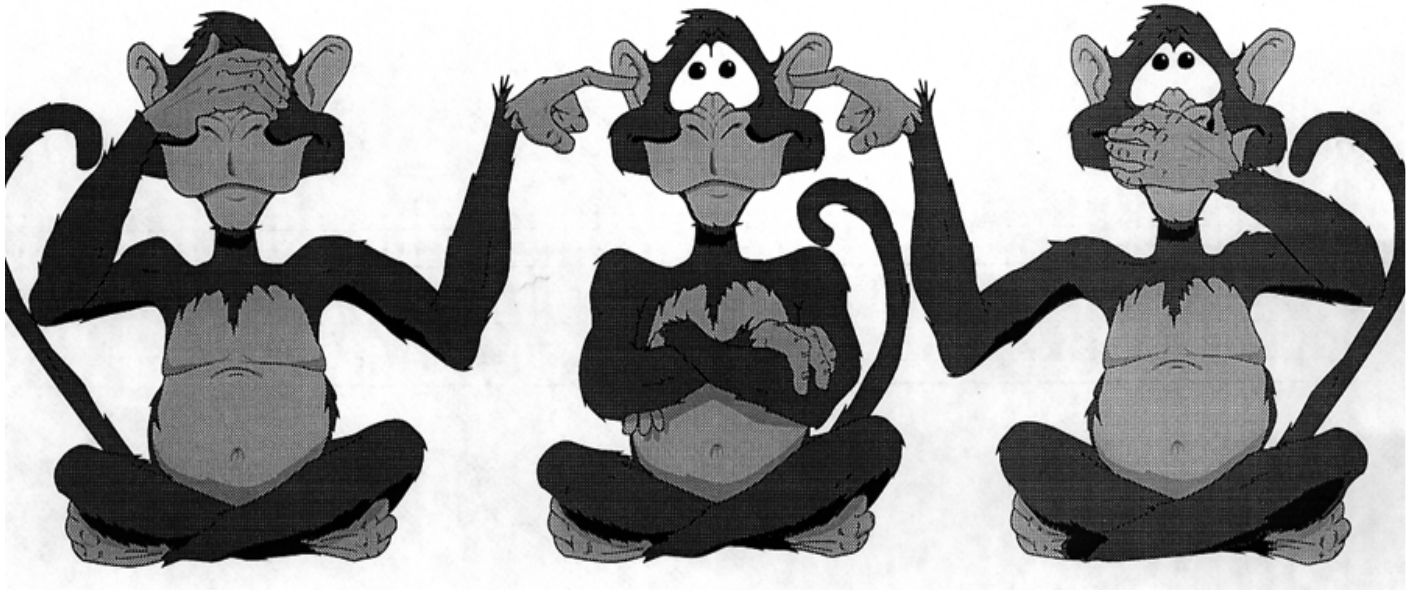
Ref: P G. Boysen. Just Culture: A Foundation for Balanced Accountability and Patient Safety. The Ochsner Journal 13:400–406, 2013

Direction
Allignment
Commitment




What is the aim?
How do we reach the aim?
What can people count on me for?
PSYCHOLOGICAL SAFETY

Commitment



Ref. Schein E. Whistle Blowing: A Message to Leaders and Managers. International journal of Health Policy and Management. 2016;5(4):265-6.

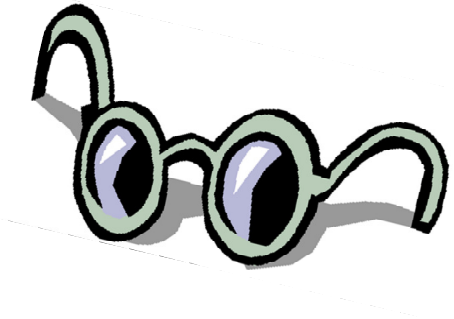
DEFUSING

”The thought that I could make an error with severe consequences to a patient….”

1. Make me consider a change of career **29%**
2. Make me leave risky tasks to my colleagues whenever possible **43%**
3. Is stressful to me **81%**

Madsen MD 2007 data from the Capital Region of DK

The terminology

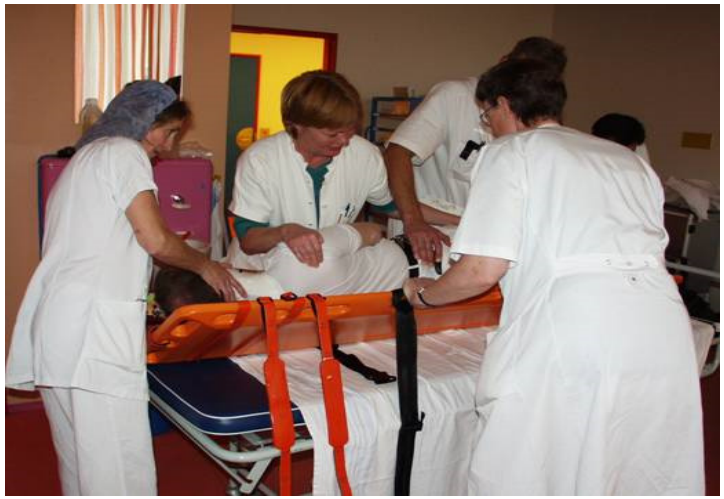


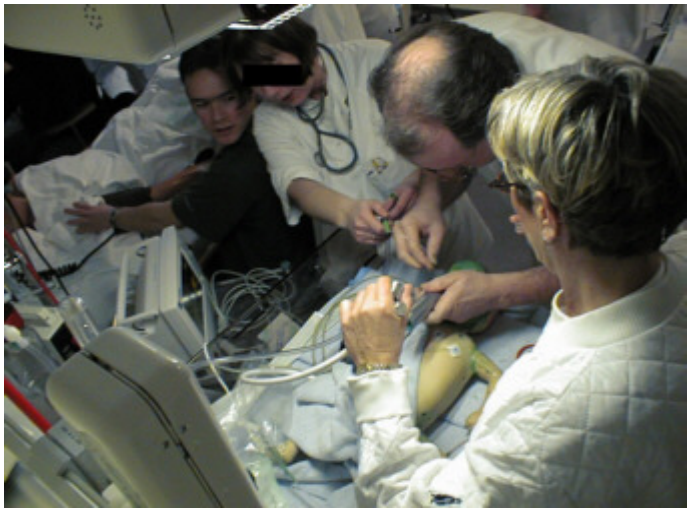
- Feedback
- Debriefing
- Defusing
- Psychological defusing

The purpose of a defusing

- To help the involved persons obtain a immediate understanding of the situation
  - Take care of my self and my colleagues
  - Improve patient safety

- *What happened for me (facts)?*
- *What did I feel in the situation (feelings)?*

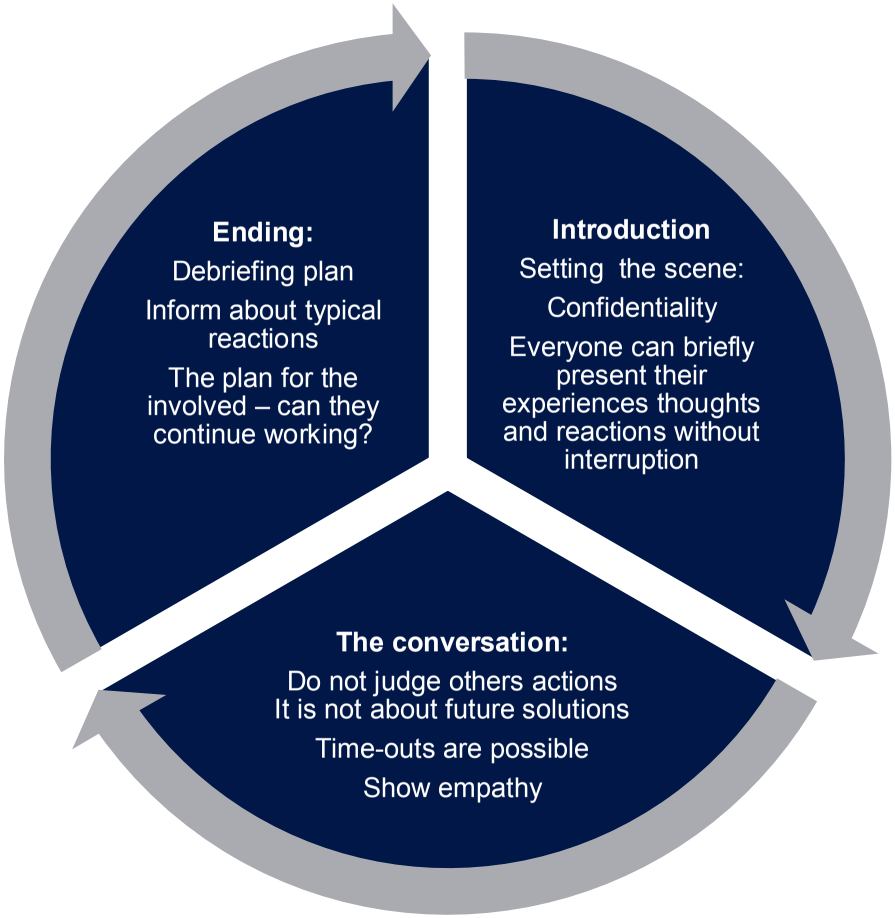




Reactions In relation to critical incidents

- *What characterizes critical events?*
  - *Unforeseen, loss of control, time pressure*
- *What is normal reactions during incidents?*
  - *"being in a tunnel", "no, I can´t" walks away, "fight mode" speak loud and do not listen*
- *What is normal reactions after incidents?*
  - *Anger, restlessness, difficult to sleep, tiredness, difficult to remember things ….*

Defusing – the short version (7 min.)



How to start and ask questions

1. The introduction

"Everything you say here is confidential…."

"I will lead this session…."

2. The conversation

"What did you experience…."

"What did you think when…."

"How did you react when…."

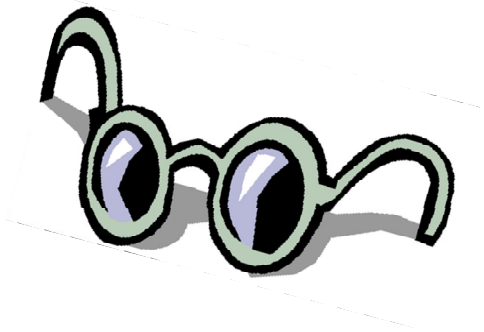
"What could have helped you…."

3. The closing

"Can you continue your work…."

"Do you need to talk more about this…."

"Can we agree on what to say at the morning conference…"



A critical incident in the recovery room


A critical incident in the recovery room.mp4 - VLC medieafspiller
Medier Afspilning Lyd Video Subtitle Tools Vis Hjælp
Recovery room team
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Intracent – koncerncentrenes intranet – Google Chrome
Workshop
Kontrolpanel
Defusing worksho...
Feb 2018 - AL-PC ...
HU anæstesiologi...
A critical incident ...
DA
99%
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16-04-2018


A critical incident in the recovery room.mp4 - VLC medieafspiller
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Cardiac arrest team
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Workshop
Intracent – koncer...
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A critical incident in the recovery room

Role playing the defusing of the team

- The team leader is the recovery room doctor

- The second recovery room nurse
- The recovery room nurse involved in the incident
- The junior anaesthesiologist
- The cardiologist
- The orderly

Information of the patient and relatives – questions to ask before the conversation

- Who should do it - the recovery room doctor?
- Should the recovery room nurse participate?
- When should the conversation take place?
- How many relatives can participate?

"I cannot do it on my own – will you help me?" (Gernes P)

Literature

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- Pratt SD, Jachna BR. Care of the clinician after an adverse event. Int J Obstet Anesth 2015;24(1):54-63
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THANK YOU!

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