JÖNKÖPING UNIVERSITY

Speed-poster session I

Thursday 29th September

JÖNKÖPING ACADEMY
For Improvement of Health and Welfare

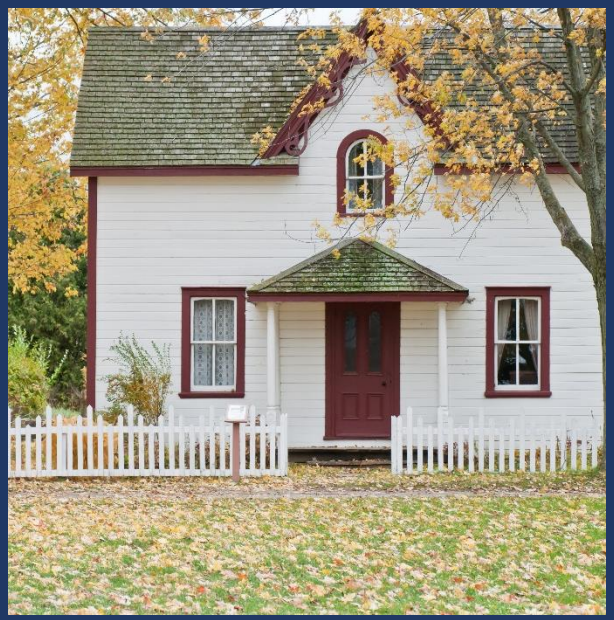
Speed-poster session rules

One slide – one minute – per poster

Presenters

1. Identifying arguments for implementing person-centredness as a quality improvement measure in homecare services. A literature review.
   ≫ ***Mrs. Ingvild Idsoe-Jakobsen***
2. Patterns of mortality risk among patients with substance use disorder: an opportunity for proactive patient safety?
   ≫ ***Mr. Jakob Svensson***
3. Translation and psychometric testing of the Norwegian version of the "Patients' Perspectives of Surgical Safety Questionnaire" and patients' perception of surgical safety.
   ≫ ***Prof. Sissel Eikeland Husebo***
4. Developing contraceptive services for immigrant women postpartum – a case study of a Quality Improvement Collaborative in Sweden.
   ≫ ***Dr. Helena Kilander***
5. Studying patient harm by application of Global Trigger Tool in surgery.
   ≫ ***Mrs. Lena Bjerknes Larsen***
6. Safe Medication of Elderly through development and evaluation of a new complex intervention targeted patient safety culture: Protocol of a mixed methods study with participatory approach (SAME study).
   ≫ ***Ms. Marie Haase Juhl***
7. Parent experiences with a new complementary consultation for families with children with complex health complaints.
   ≫ ***Ms. Ragnhild Lygre***
8. Comorbidity in patients with hip fracture; current trends in prevalence and association with 30-day mortality – a populationbased cohort study.
   ≫ ***Dr. Pia Kristensen***
9. Shared decision making - Fashionable party dress or practical workwear? How does the specialist health service handle guidelines for shared decision making?
   ≫ ***Mrs. Helena Paulsson Nilsen***

Ingvild Idsøe-Jakobsen



Identifying arguments for implementing person-centredness as a quality improvement measure in homecare services

– a literature review

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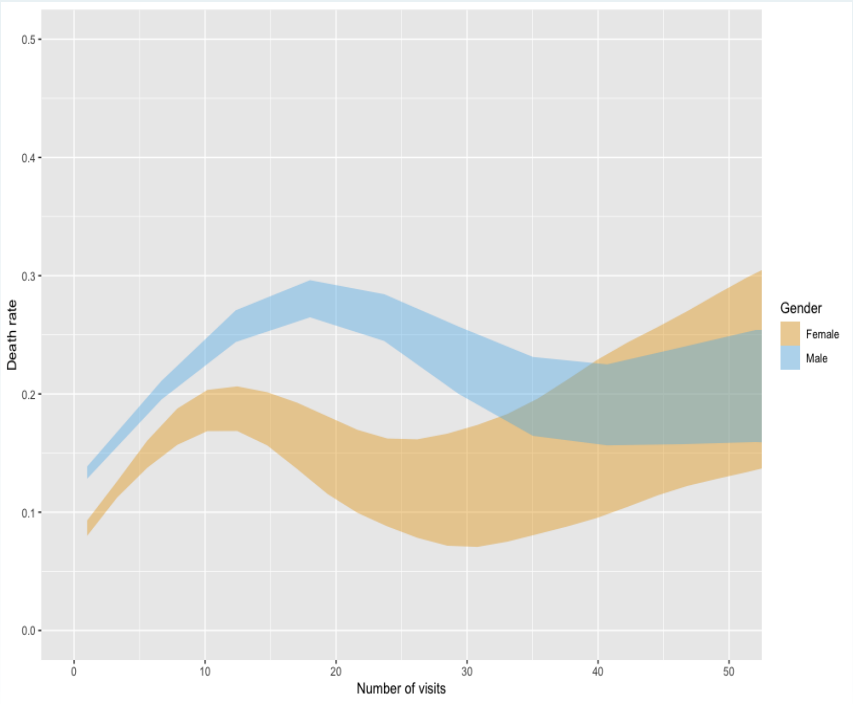
Patterns of mortality risk among patients with substance use disorder: an opportunity for proactive patient safety?

- Hospital visit data to a substance use disorder emergency ward were collected between 2010 and 2020 through medical records.
- 37959 patient with 157200 visits
- Having an opioid use disorder or sedative hypnotics use disorder was associated with the highest death rates; 29.4-51.7% and 46.7-74.4% higher mortality risk than without such diagnoses.
- Knowledge about patterns of patient visits and mortality risk could be used to increase patient safety through a decision support tool that is integrated in the electronic medical records.



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LUND UNIVERSITY

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Husebø et al.

Translation and psychometric testing of the Norwegian version of the "Patients' Perspectives of Surgical Safety Questionnaire" (PPSS) and patients' perception of surgical safety

Main findings

A total of 218 (74 %) surgical patients responded to the PPSS questionnaire

Missing values were less than 5%
All 20 items had a high skewness (≥15 %) ranging from 52.8% to 95.9%

The EFA yielded two significant factors that explained 45.15% of variance

The Cronbach's alpha for Factor 1 "Team interaction safety" was 0.88 and for Factor 2 "Patient's ID safety", 0.82.

Overall, most patients reported a high sense of surgical safety.

HELSE STAVANGER
Stavanger University Hospital

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DEVELOPING CONTRACEPTIVE SERVICES FOR IMMIGRANT WOMEN POSTPARTUM – A CASE STUDY OF A QIC IN SWEDEN

Why ?

- Immigrant women have increased risk of induced abortions and choose less effective contraceptives.
- No national data collection on women's choice of contraceptive method

What did we do?

- Quality Improvement collaborative (QIC)
- Three maternal health clinics, Stockholm
- Swedish pregnancy register
- Two women and a couple shared lived experiences.

What did we learn?

- Immigrant women's choice of a more effective contraceptive method postpartum increased.

30% → 47%

- The QIC, supported by a register and user feedback, helped midwives to improve their contraceptive services.

Kilander H, Weinryb M, Vikström M, Peterson K & Larsson EC. *Developing contraceptive services for immigrant women postpartum -a case study of a quality improvement collaborative in Sweden*. 2022,22(556). BMC Health Services Research

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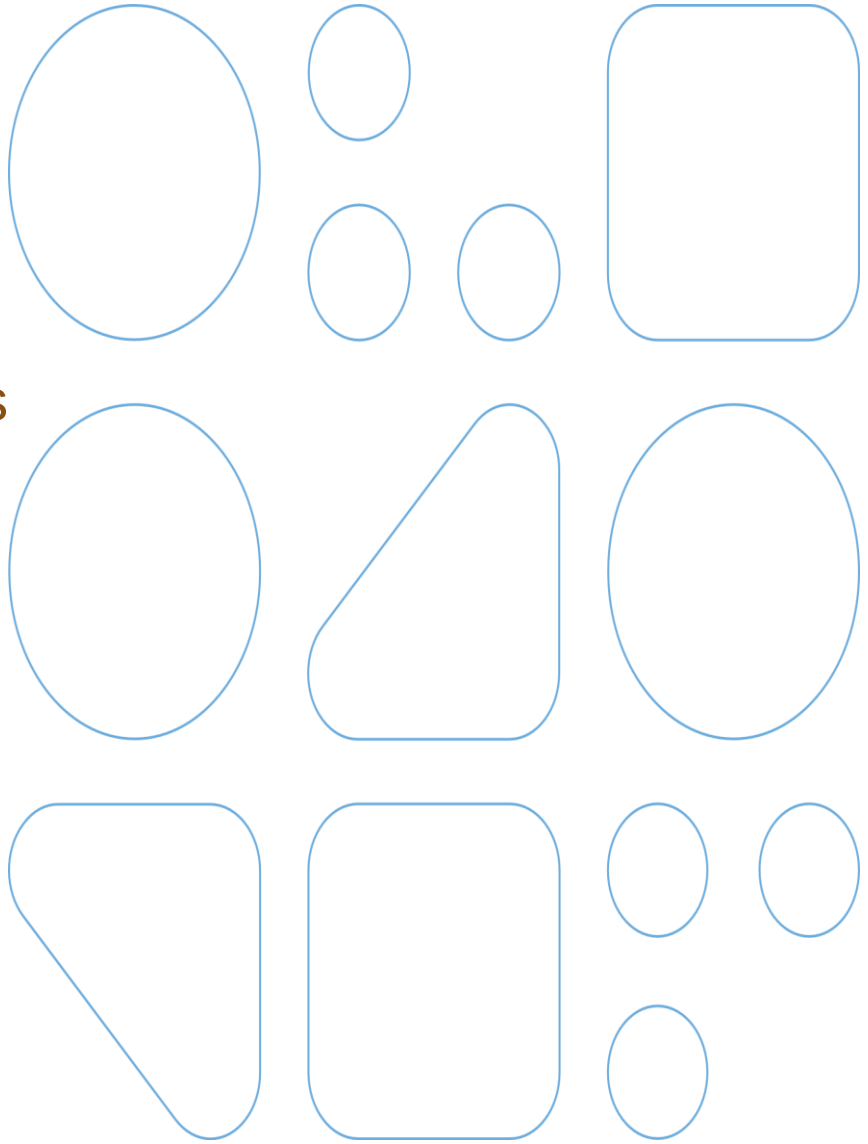
AKERSHUS UNIVERSITY HOSPITAL

Do surgery Division in Akershus university hospital identify more patient injuries on surgical patients by developing the Global trigger tool method?

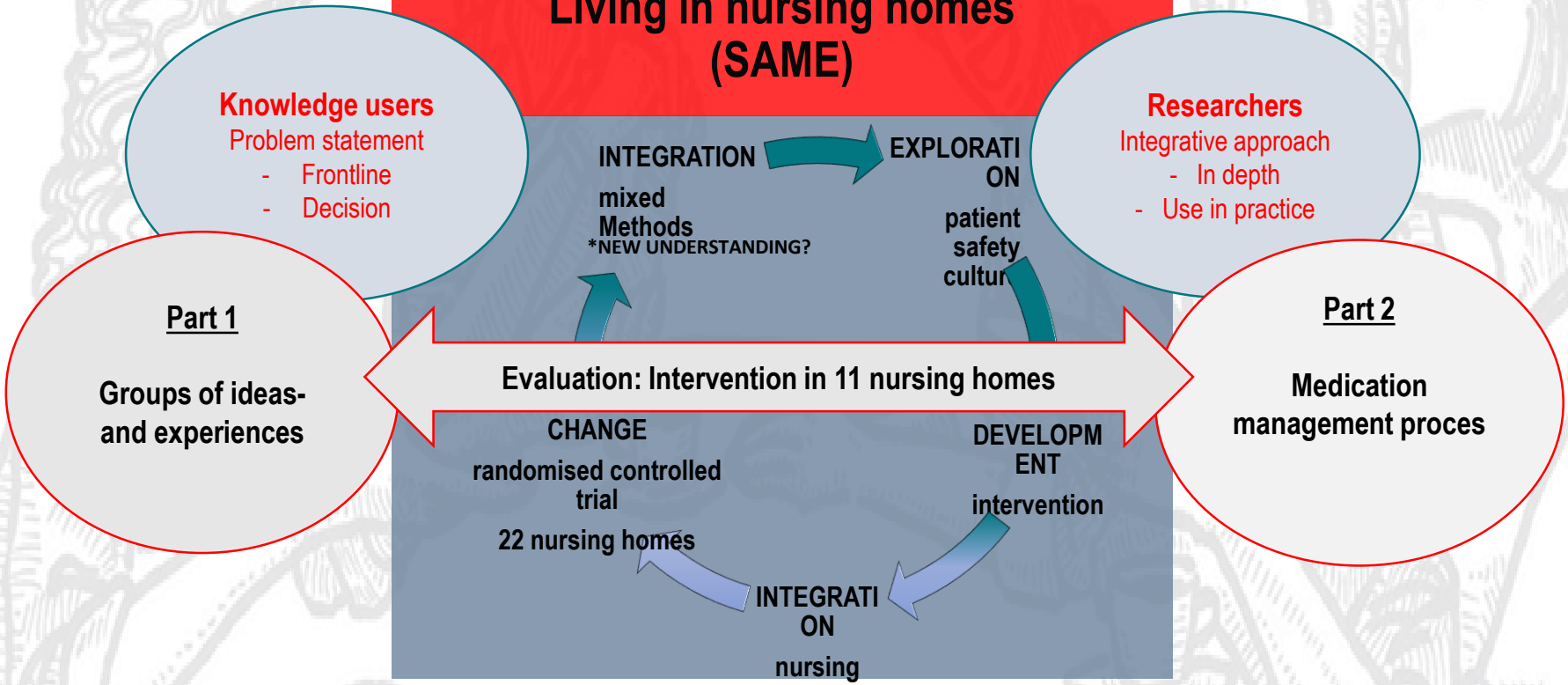
Lena Bjerknes Larsen
Masters student
Surgical division



Global Trigger Tool in surgical care

- We know that surgical patients are at high risk of being exposed to adverse events and injury. Operative complications occur more often, the consequences can be more serious than other types of complications, while at the same time they are often more preventable *(Predictors of surgical complications; Visser).*
- Investigate the occurrence of injuries in the surgical departments at Akershus University Hospital, including the types and extent of such injuries.
- The GTT method is a tool to use to get an overview of these damages over time, what the extent of the damage is, what is happening and where it is happening.
- Will further development of the GTT method by adding surgical triggers be able to identify more patient injuries in surgical patients than with the original GTT method.
- The intention is to use the results for local learning and to add barriers to minimize the risk in patient treatment.

SAfe Medication of Elderly Living in nursing homes (SAME)



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Parent experiences with a new complementary consultation for families with children with complex health complaints

Study design:

- Feasibility study

Setting:

- Haukeland University Hospital, Bergen, Norway

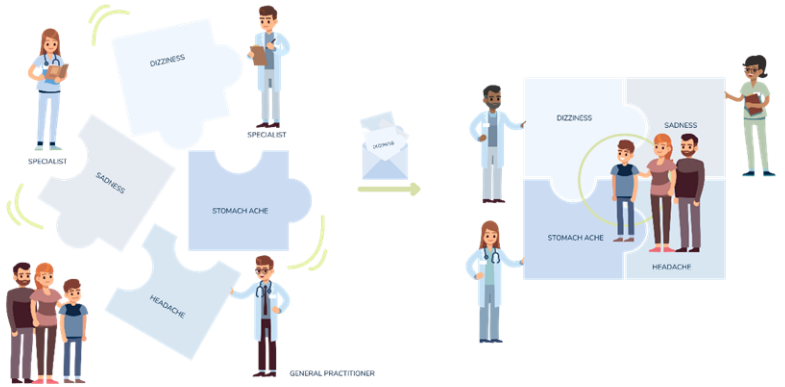
Measures:

- PREM – previous healthcare
- PREM – complementary consultation

Population:

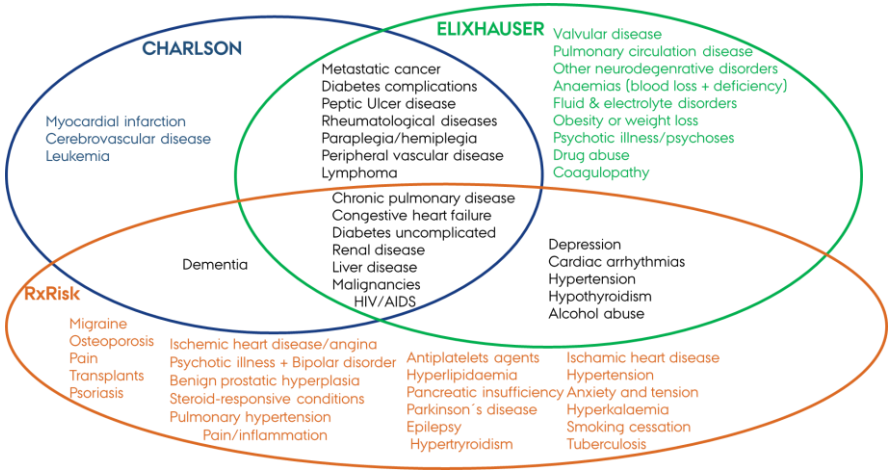
- 71 families
- 6-16 years
- Mean age 12 years 4 months
- 51,1 % boys

Parents on average rate the complementary consultation more positively compared to previously received healthcare.



Comorbidity in patients with hip fracture; current trends in prevalence and association with 30-day mortality – a population-based cohort study

Figure 1: The disease areas included in Charlson, Elixhauser and RxRisk comorbidity indices



Highlights - which comorbidity index to use?

- The RxRisk index identified more comorbidities (72%) than Charlson (62%) and Elixhauser (56%).
- All three methods seem robust for case mix adjustment in mortality analysis, but considerable heterogeneity arise in included diseases.
- RxRisk index captured more patients with congestive heart failure, chronic pulmonary diseases and depressions, but not renal disease.
- Elixhauser index identified cardiac arrhythmias and hypertension, whereas Charlson Comorbidity identified dementia.

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How does the spesialist health services handle guidelines for Shared Decision Making?

Political guidelines

- influenced by different welfare policy approaches
- SDM as **principle**
- a universal solution to a multitude of problems in the healthcare system

Practice

- accepting the **principle** of SDM
- the idea is «watered down» and the practice is the same as before …..

Discursive practice constitutes Social practice

The healthcare system – political guidelines and clinical practice – embraces the Principle of SDM in favor of the Practice of SDM

Vilka institutioner/forskare tar initiativ till ett forskningsprogram om säkerhet i vården?

Behovet av tvärvetenskaplig forskning

Hälso- och sjukvårdsystemet blir alltmer komplext. Den snabba utvecklingen inom medicin, teknik och organisation innebär samtidigt nya risker. Kunskap om vad som krävs för att öka säkerheten måste därför ständigt utvecklas.

Säkerhetsforskningen inom andra högriskverksamheter långt före hälso- och sjukvården

Denna forskning måste tas tillvara, vidare-utvecklas och anpassas så att den kan tillämpas inom hälso-och sjukvårdssystemet.

Nordiska konferensen 2010

Redan efter den första nordiska konferensen 2010 insåg vi att en förutsättning för tvärvetenskaplig säkerhetsforskning är att det ges tillräckliga och stabila resurser.

Ökade medel för forskning en förutsättning

I den komplexa och dynamiska verksamhet som vården är - och verkar i - måste kunskapen om säkerhet hållas aktuell och förmedlas vidare. En förutsättning är då att det finns medel tillgängliga för forskning.

Systemperspektivet

Rasmussen illustrerar i en modell de olika nivåerna i ett hälso- och sjukvårdssystem. Rasmussen illustrerar dynamiken som påverkar systemet (både inom och utifrån), liksom den kompetens som krävs för att studera olika aspekter som påverkar säkerheten. (Rasmussen J. (1997) Risk management in a dynamic society)

Öppet brev till regeringen

Vi menar att staten måste ta ett ökat ansvar för patientsäkerheten. Nationella insatser är nödvändiga om säkerheten ska kunna utvecklas och vårdskadorna minska. Vi har därför lämnat fyra förslag i ett öppet brev till regeringen, varav satsning på tvärvetenskaplig forskning med ett systemperspektiv är ett.

Våra synpunkter baseras på lång erfarenhet från både praktiskt arbete inom vården, lagstiftning och forskning inom säkerhet och kvalitet i vården och från andra säkerhetskritiska branscher.

Hur kan frågan drivas vidare? Förslag?

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