



Implementation of the safe clinical practices: WHO Surgical Safety Checklist & Medication Reconciliation in Croatia

Jasna Mesaric, Carmen Hadžić Kostrenčić

WP2 leader

Associated partner; PaSQ NCP

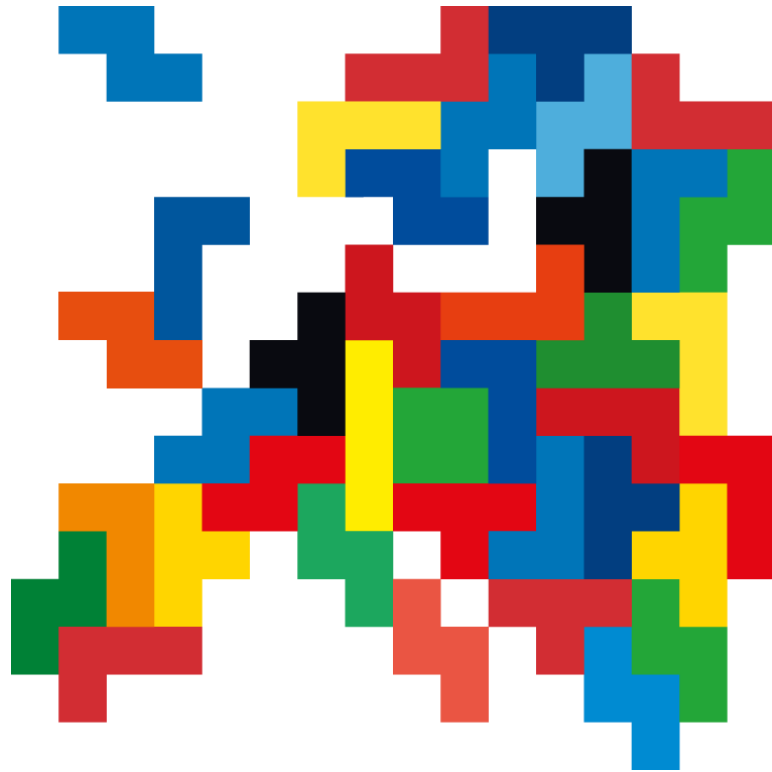


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EM Event Madrid
Oct 21st, 2015



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Experience so far

And plan for
next steps

18 implementing countries

- Austria
- Bulgaria
- Croatia
- Finland
- France
- Germany
- Greece
- Hungary
- Ireland
- Italy
- Latvia
- Lithuania
- Netherlands
- Norway
- Poland
- Spain
- Slovakia
- United Kingdom



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Two SCPs have been selected by Croatian PaSQ NCP:

Medication Reconciliation
WHO Surgical Check List.

Country	WHO Surgical Safety Checklist	Medication Reconciliation	Multimodal intervention to increase hand hygiene compliance	Paediatric Early Warning Scores
→ Austria		X		
→ Bulgaria	X	X	X	
→ Croatia	X	X		
Finland		X	X	
→ France	X			
→ Germany		X		
→ Greece	X			
→ Hungary	X	X	X	
Italy	X	X	X	
Latvia	X		X	X
Lithuania	X			
Netherlands	X	X	X	X
→ Norway	X			
→ Poland	X		X	
→ Spain	X	X	X	X
→ Slovakia	X		X	
United Kingdom				X
Sum	13	9	9	4



Implementation steps

- Recruitment of hospitals for participation (June, 2013)
 - Requirements for Health Care Organisations for participation in the WP5 implementation of Safe Clinical Practices
 - Letter of interest

- Some of supporting international materials were translated into Croatian
 - WHO SOP & Implementation Guide Med Rec is underway

- Workshops



15 Croatian Hospitals have taken part in the implementation of the Safe Clinical Practice WHO SCL

14 Croatian Hospitals have taken part in the implementation of the Safe Clinical Practice Med Rec

Croatia						
HCO information		Coordinator Information	SCP			
Name	Type of organisation	First and Last name	Checklist	Med Rec	Hand Hygiene	PEWS
Klinički bolnički centar "Sestre Milosrdnice"	Clinical hospital center	Željka Gavranović	X	X		
Klinički bolnički centar Osijek	Clinical hospital center	Suzana Mimica-Matanović		X		
		Marko Ivanović	X			
Klinički bolnički centar Rijeka	Clinical hospital center	Helga Komen	X			
Klinička bolnica "Dubrava"	Clinical hospital	Mario Kopljar	X	X		
Klinička bolnica "Merkur"	University hospital	Smiljana Kolundžić	X			
		Ines Baotić		X		
Opća bolnica "Ivo Pedišić"	General hospital	Ivana Šmit		X		
		Marin Repustić	X			
Opća bolnica "dr. Tomislav Bardek"	General hospital	Jasna Pavičić Astaloš	X	X		
Opća bolnica Gospić	General hospital	Mirjana Vrkljan Radošević	X			
Opća bolnica Karlovac	General hospital	Petar Mišković	X	X		
Opća bolnica Pula	General hospital	Hana Kalinić Grgorić		X		
		Franco Marušić	X			

Participating hospitals: 18

Opća bolnica Varaždin	General hospital	Anica Sekovanić	X			
Opća bolnica Virovitica	General hospital	Tomislav Ružić	X			
Opća bolnica Zadar	General hospital	Milan Rudić	X	X		
Klinika za dječje bolesti	Children's hospital	Stjepan Višnjić	X	X		
Specijalna bolnica za zaštitu djece s neurorazvojnim i motoričkim smetnjama	Special hospital for children with neurodevelopmental and motor difficulties	Helena Kapitanović Vidak		X		
Klinika za psihijatriju Vrapče	University psychiatric hospital	Domagoj Vidović		X		
Neuropsihijatrijska bolnica "Dr. Ivan Barbot"	Neuropsychiatric hospital	Azijada Srkalović Imširagić		X		
Specijalna bolnica za ortopediju, kirurgiju, neurologiju i fizikalnu medicinu i rehabilitaciju „Sv. Katarina“	Special hospital for orthopaedics, surgery, neurology, radiology, anaesthesiology and physical medicine and rehabilitation	Darko Perović	X	X		



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Med Rec (Hospitals)	Surgical CheckList (Hospitals)	
KBC Sestre milosrdnice	KBC Sestre Milosrdnice	2014 17 Hospitals
KBC Osijek	KBC Osijek	
KB Dubrava	KB Dubrava	
KB Merkur	KB Merkur	
OB Koprivnica	OB Koprivnica	
OB Karlovac	OB Karlovac**	9 SCL & MedRec
OB Ivo Pedišić Sisak	OB Ivo Pedišić Sisak	
OB Pula**	OB Pula**	
OB Zadar	OB Zadar	
SB Katarina	SB Katarina	
Klinika za dječje bolesti Zagreb	Klinika za dječje bolesti Zagreb	14 MedRec
KB Sveti Duh*	KBC Rijeka	
SB za djecu NR i MP Zagreb	OB Gospić	
Psihijatrijska bolnica Zagreb	OB Varaždin	
Neuropsihijatrijska bolnica Popovača	OB Virovitica	
		13 SCL

* New Hospital - Clinical Hospital Sveti Duh, since April, 2014;

** 2 Hospitals dropped out



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In order to support
implementation process
four workshops were
organized:



Workshops

- **1st (Jul 11, 2013):** Implementation of Safe Clinical Practices in Croatian hospitals through PaSQ project
- **2nd (Dec 2, 2013):** PaSQ – Implementation of the Safe Clinical Practice - Medication Reconciliation in Croatia
- **3rd (Jun 4, 2014):** Sharing the experience in the Implementation of the Safe Clinical Practices Medication Reconciliation and Surgical Safety Checklist in Croatian HCOs
- **4th (Sep 25, 2014):** Implementation of Safe Clinical Practices in Croatian hospitals - Where we are? Plan for next steps

Target audience: Hospital coordinators (team) involved in implementing Safe Clinical Practice(s) & other interested party (SHs)



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Results – Med Rec

- 15 Hospitals were recruited for the Med Rec implementation (July, 2013);
- Due to the hospital structural changes in 2014, two hospitals dropped out and one new joined the project;
- 7/14 hospitals have introduced medication reconciliation to a certain level;
- Results were presented and discussed during PaSQ Exchange Mechanism Event, Helmond, Dec 12, 2014.

THE ANALYSIS OF PHARMACOTHERAPY AT HOSPITAL ADMISSION AND DISCHARGE

Dr. Miroslav Mrazović, Merkur Clinical Hospital, Zagreb

OBJECTIVES:

- Identify the current state of medication reconciliation in the hospital.
- Identify the barriers to medication reconciliation.
- Identify the opportunities for medication reconciliation.
- Identify the key stakeholders for medication reconciliation.
- Identify the key messages for medication reconciliation.

RESULTS:

- Medication reconciliation is performed in 100% of cases at admission and 100% of cases at discharge.
- The most common barriers to medication reconciliation are: lack of information, lack of resources, and lack of staff.
- The most common opportunities for medication reconciliation are: the use of technology, the use of standardized processes, and the use of multidisciplinary teams.
- The key stakeholders for medication reconciliation are: pharmacists, nurses, and doctors.
- The key messages for medication reconciliation are: medication reconciliation is a key component of patient safety, medication reconciliation is a key component of quality of care, and medication reconciliation is a key component of patient satisfaction.

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MEDICATION RECONCILIATION AT GENERAL HOSPITAL KARLOVAC

Dr. Miroslav Mrazović, General Hospital Karlovac

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MEDICATION RECONCILIATION AT GENERAL HOSPITAL DR. TOMISLAV BADREK, KOPRIVNICA

Dr. Miroslav Mrazović, General Hospital Dr. Tomislav Badrek, Koprivnica

OBJECTIVES:

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MEDICATION RECONCILIATION MERKUR CLINICAL HOSPITAL, ZAGREB

Dr. Miroslav Mrazović, Merkur Clinical Hospital, Zagreb

OBJECTIVES:

- Identify the current state of medication reconciliation in the hospital.
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MEDICATION RECONCILIATION UNIVERSITY HOSPITAL "SVETI DUH", ZAGREB

Dr. Miroslav Mrazović, University Hospital "Sveti Duh", Zagreb

OBJECTIVES:

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MEDICATION RECONCILIATION IN UNIVERSITY PSYCHIATRIC HOSPITAL VRAPCE

Dr. Miroslav Mrazović, University Psychiatric Hospital Vrapce

OBJECTIVES:

- Identify the current state of medication reconciliation in the hospital.
- Identify the barriers to medication reconciliation.
- Identify the opportunities for medication reconciliation.
- Identify the key stakeholders for medication reconciliation.
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MEDICATION RECONCILIATION AT NEUROPSYCHIATRIC HOSPITAL "Dr. IVAN BARBOT" POPOVAČA

Dr. Miroslav Mrazović, Neuropsychiatric Hospital "Dr. Ivan Barbot", Popovača

OBJECTIVES:

- Identify the current state of medication reconciliation in the hospital.
- Identify the barriers to medication reconciliation.
- Identify the opportunities for medication reconciliation.
- Identify the key stakeholders for medication reconciliation.
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PaSQ EM Event: Medication Safety Crossing Borders, Patients' Medication Reconciliation Process & Safe Management of High Risk Medications, Utrecht, Dec 12, 2014.



1st prize poster winner: Sveti Duh University Hospital, Croatia, Petar Pekić



Implementation challenges

- To involve clinical pharmacists
- To develop national guidelines on MedRec
- Full implementation to entire hospital
- Form incorporation into hospital IT
- Implementation of discharge medication lists to the national primary care mainframe
- To introduce Med Rec in all hospitals
- Staff education

In addition
.. next steps
(Med Rec)

- Measurement: % of medication errors through the level of prescription and medication administration during hospitalization (defined target population) – pilot study (2015/2016)
- Medication reconciliation rounds on randomly selected patients (2015/2016)
- Opinion survey on the use of Med Rec among the staff (2016)
- Education tool for patient: A Quick Guide to Medication Reconciliation for Patients - Croatian version



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WHO Surgical Safety Checklist

Surgical Check List (15 Hospitals involed)

KBC Sestre milosrdnice

KBC Osijek

KBC Rijeka

KB Dubrava

KB Merkur

Klinika za dječje bolesti Zagreb

OB Karlovac

OB Ivo Pedišić Sisak

OB Pula

OB Zadar

OB Koprivnica

OB Gospić

OB Varaždin

OB Virovitica

SB Katarina

- 14 acute hospitals (public, academic & non academic)
- 1 hospital private for profit



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KONTROLNA LISTA ZA SIGURNOST KIRURŠKIH ZAHVATA (Croatian translation)

Prije uvođenja anestezije

PACIJENT JE POTVRDIO SVOJ

- IDENTITET
 - MJESTO KIRURŠKOG ZAHVATA
 - ZAHVAT
 - SUGLASNOST
-

MJESTO KIRURŠKOG ZAHVATA JE OZNAČENO / NIJE PRIMJENJIVO

.....

PROVJERA ANESTEZIOLOŠKOG SUSTAVA JE OBAVLJENA

.....

PULSNI OKSIMETAR PRIKLJUČEN I U FUNKCIJI JE

.....

**DA LI PACIJENT IMA:
POZNATE ALERGIJE?**

- NE
- DA

OTEŽANE DIŠNE PUTEVE ILI RIZIK OD ASPIRACIJE?

- NE
- DA, I OPREMA/ASISTENCIJA JE OSIGURANA

RIZIK OD GUBITKA KRV I >500ML (7ML/KG ZA DJECU)?

- NE
- DA, I POTREBNE TEKUĆINE I INTRAVENOSNI PRISTUP SU PLANIRANI

Prije prvog kirurškog reza

SVI ČLANOVI TIMA SU SE PREDSTAVILI IMENOM I FUNKCIJOM

- KIRURG, ANESTEZIOLOG I MEDICINSKA SESTRA SU USMENO POTVRDILI**
- IME PACIJENTA
 - MJESTO KIRURŠKOG ZAHVATA
 - ZAHVAT
-

PREDVIĐENI KRITIČNI DOGAĐAJI

- KIRURG PROCJENJUJE: KOJI SU KRITIČNI ILI NEOČEKIVANI KORACI, TRAJANJE OPERACIJE, OČEKIVANI GUBITAK KRV I?**

- ANESTEZIOLOG PROCJENJUJE: DA LI POSTOJE NEKE SPECIFIČNOSTI VEZANE ZA PACIJENTA?**

- TIM SESTARA PROCJENJUJE : DA LI JE STERILNOST (UKLJUČUJUĆI VRIJEDNOST POKAZATELJA) POTVRĐENA? POSTOJE LI PROBLEMI VEZANI UZ OPREMU I LI KAKVIH DRUGI RPBOP?**

DA LI JE ANTIBIOTSKA PROFILAKSA DANA U POSLJEDNJIH 60 MINUTA?

- DA
- NIJE PRIMJENJIVO

DA LI SU NAJVAŽNIJI RTG SNIMCI PRIKAZANI?

- DA
- NIJE PRIMJENJIVO

Prije nego pacijent napusti salu

MEDICINSKA SESTRA USMENO POTVRĐUJE:

- NAZIV IZVEDENOG ZAHVATA**

- OBAVLJENO BROJANJE INSTRUMENTATA, KOMPRESA I IGALA (ILI AKO NIJE PRIMJENJIVO)**

- OZNAČAVANJE UZORKA (UKLJUČUJUĆI IME PACIJENTA)**

- DA LI POSTOJE KAKVI PROBLEMI S OPREMOM KOJE TREBA RIJEŠITI**
-

- KIRURG, ANESTEZIOLOG I SESTRA PROCJENJUJU KLJUČNA PITANJA VEZANA UZ OPORAVAK I SKRB O PACIJENTU**

Surgical Checklist

HCOs implementing this practice within WP5 of the PaSQ Project are expected **to apply the WHO Surgical Safety Checklist (locally adapted)** at three levels:

1. Before induction of anaesthesia (“**Sign In**”)
2. Before skin incision (“**Time Out**”)
3. Before patient leaves operating room (“**Sign Out**”)

- ▶ All hospitals involved have locally adapted SCL
- ▶ All wish to share and spread

- Vrijeme čekanja na ugradnju endoproteze kuka, ekstrakapsularnu ekstrakciju leće, postupak magnetske rezonancije, kemoterapiju i radioterapiju
- Udio dolazaka u bolničku zdravstvenu ustanovu vozilom HMP unutar 12 sati od pojave simptoma
- Udio preživjelih pacijenata do prijama u bolničku zdravstvenu ustanovu kod politrauma i zastoja srca
- Vrijeme provedeno u hitnom bolničkom prijemu
- Trajanje hospitalizacije za akutni pankreatitis, laparoskopsku kolecistektomiju, carski rez, akutni infarkt miokarda, moždani udar i ugradnju endoproteze kuka
- Neplanirani ponovni prijam u bolnicu unutar 30 dana
- Neplanirana reoperacija
- Iskorištenje kirurških sala
- % operacija s kirurškom kontrolnom listom (SCL WHO)
- % of surgical procedures with Surgical Checklist applied
- Učestalost carskog reza
- Preživljenje presadka nakon transplantacije bubrega
- Preživljenje pacijenta nakon transplantacije bubrega
- Ubodni incidenti
- Postotak otpuštenih pacijenata uz otpusno pismo
- Učinkovito liječenje akutne boli

Ordinance (NN 79/11) Quality standards in healthcare and way of their implementation

In addition .. next steps (Surgical Checklist)

- Measurement: % of surgical procedures with Surgical Checklist applied (Report 2015)
- Audit of practical implementation (2016)
- Opinion survey on the use of the Checklist among the staff (2015)



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Plan ...Conference

WHO Surgical Checklist and
Medication Reconciliation as part of
safe healthcare, Jan 29, 2016.



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PaSQ project has facilitated

- To get started with Med Rec implementation
- To improve Surgical Checklist application
- To exchange knowledge and experience with other HCOs nationally and internationally



Thank you for your attention

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