UMF
UNIVERSITATEA DE MEDICINĂ ȘI FARMACIE
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CLUJ-NAPOCA

SPITALUL CLINIC JUDEȚEAN DE URGENȚĂ CLUJ-NAPOCA

Siguranța pacientului

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Asigurarea calității serviciilor și siguranța pacientului

- Organizația Mondială a Sănătății dă următoarea definiție:

”Unitatea sanitară este o parte integrantă a organizației medicale și sociale care oferă populației servicii de sănătate curative și preventive”.

Asigurarea calității serviciilor și siguranța pacientului

- Unitățile sanitare au o responsabilitate directă în a oferi servicii de sănătate populației din comunitatea din zonă.

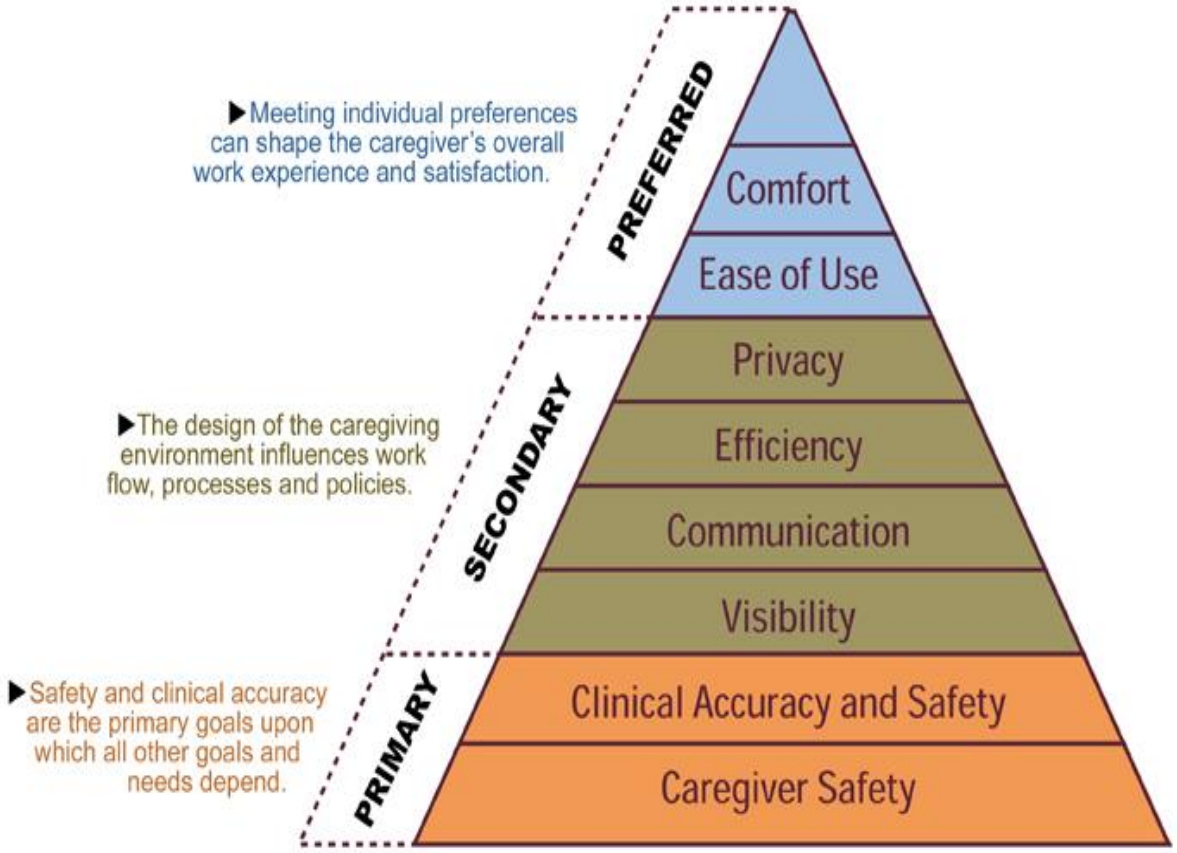
- Printre politicile unui spital sigur se numără :
  - **siguranța spitalicească**, ca parte din sistemul național și comunitatea locală,
  - **acreditarea** spitalului pentru a oferi servicii medicale sigure,
  - **integrarea** în sistemul național de urgență.

Asigurarea calității serviciilor și siguranța pacientului

- Calitatea arată dacă asistența medicală oferită corespunde nevoilor de sănătate ale populației.

Ce este important în practică?

- Siguranța
- Acuratețea
- Cunoașterea procesului



Important de schimbat în practică

- Conceptul de protocol medical
- Introducerea conceptului de proces medical bazat pe:
  - Standard de bază diagnostic/terapeutic
  - Elemente critice de sistem
  - Posibilități de optimizare tehnologice/umane
- Analiza procesului medical pe bază de audit clinic
- **Standard și performanță centrate pe elementul "outcome funcțional uman"**

Ghidul clinic

- Practica bazată pe evidențe
- Protocoale clinice
  - cum le alegem
  - care sunt parametrii care ne arată că am ales corect

- Standard
- Performanță
- Audit clinic

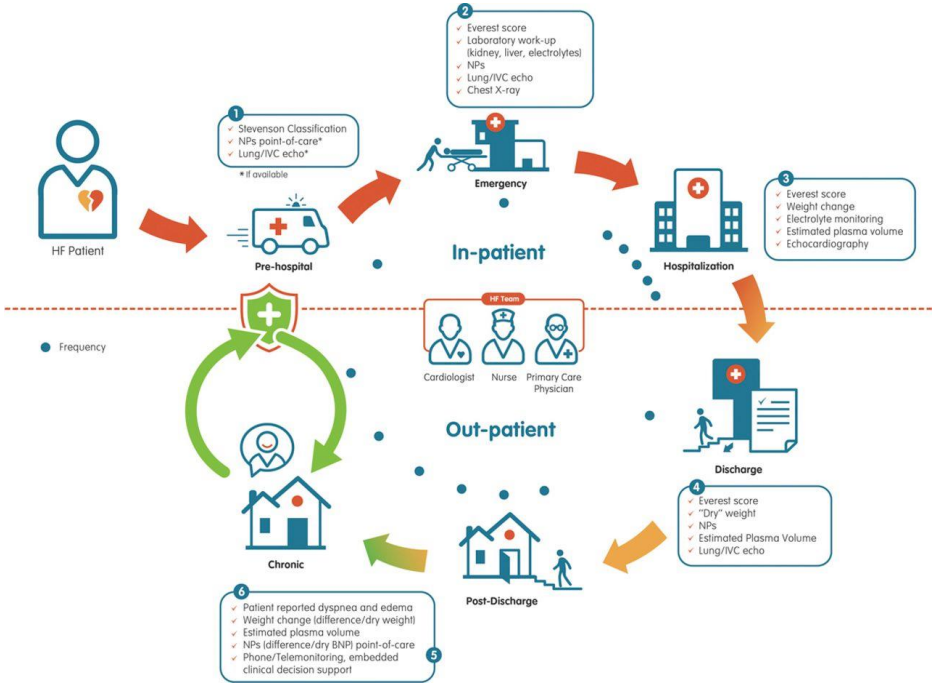
- Ce sunt aceste concepte abstracte?
- La ce îmi folosesc?
- Cum să mă descurc?
- Mă ajută?

Cum ne organizăm?

- Timpi și flux de pacienți
- Protocoale medicale

Versus

- Procese medicale
- Resurse de optimizare umane și tehnologice
- Audit de practică



Unde este siguranța actului medical:

-Pentru pacient?

-Pentru personalul medical?

Care sunt problemele?

- Luarea deciziilor medicale?
- Calitatea actului medical?
- Siguranța actului medical?


Vision
Behavior Expectations
Trust, Respect, and Inclusion
ZERO HARM
to Patients, Families, and the Workforce
Just Culture
Board Engagement
Leadership Development


Liability
Negligence
Apology
Medical
Apology
Mistakes
Medical
Quality
Error
Quality
Blame
Malpractice
Negligence
Disclosure
Shame
Safety
Injury
Error
Quality
Blame
Malpractice
Negligence
Injury
Malpractice
Apology
Claims
Safety
Legal
Safety
Liability
Shame
Tort
Risk
Tort
Disclosure
Claims
Claims
Legal
Risk
Legal
Mistakes
Medical
Settlements
Settlements
Risk


COMPASSIONATE
INNOVATIVE
COLLABORATIVE
RESPECTFUL

Când apare noțiunea de siguranță?

Ce este siguranta pacientului?

- Principiu fundamental in ingrijirea sanatatii
- Problema globala de sanatate publica
- Hippocrat: primum non nocere

WHO: absent a oricarei afectari prevenibile a pacientului in timpul ingrijirii medicale

EC: nu promoveaza o definitie proprie. Adopta definitia WHO

OBIECTIVELE SIGURANȚEI PACIENTULUI

Obiectiv 1

Identificarea corectă a pacientului

Obiectiv 2

Îmbunătățirea comunicării efective

Obiectiv 3

Îmbunătățirea siguranței utilizării medicamentelor de risc înalt

Obiectiv 4

Chirurgia corectă, în locul corect, pacientului corect

Obiectiv 5

Reducerea numărului de infecții asociate îngrijirilor medicale

Obiectiv 6

Reducerea riscului de leziuni datorate căderilor

Siguranța administrării medicației

- La nivel de personal medical
  - Farmacie
  - Prescripție de medic
  - Administrare de asistent
  - Complianță pacient

- La nivel de pacient

Procesul administrării medicației iv

farmacie

- Preluarea produsului în termen de valabilitate
- Păstrarea în condiții optime – grafic de monitorizare
- Livrarea în condiții optime – structură pvilionară

Secție

- Preluare și păstrare în condiții optime
- Prescripție corectă, lizibilă

Asistent

- Identificare corectă pacient
- Identificare corectă preparat medicamentos
- Verificare valabilitate și condiții de păstrare
- Preparare corectă: stabilitate în soluție, durată de menținere activă
- Administrare corectă – menținere concentrație terapeutică
- Supraveghere reacții adverse

Procesul administrării medicației iv

The ten ‘R’s of safe multidisciplinary drug administration

Sharon Edwards and Sue Axe

The NPSA (2007) report that 71% of fatal and serious harm from medication incidents are due to:

- Unclear prescriptions
- The wrong dose being written
- The wrong frequency being prescribed
- The drug being omitted
- The medicine being delayed.

Table 1. The five ‘R’s of safe drug administration

Number	R	Information
1	Right patient	Ensure medications are administered to the correct patient by checking the wristband
2	Right drug	The prescription of a drug should be clear and legible. The generic name, and not the trade name, should be used (unless appropriate). Highlight any antiobiotics allergies on the wristband as well as on the drug chart
3	Right dosage	Check the name of the drug against the dosage of the medication to be administered
4	Right time	A drug needs to be administered at the appropriate time(s) for effective outcomes (antibiotics, for example)
5	Right route	Some drugs cannot be administered by the oral route (GTN or insulin, for example). Others have to be administered IV for 100% bioavailability

GTN: glyceryl trinitrate; IV: intravenous

Procesul administrării medicației iv

- Noțiuni pentru preparat – seringi preumplute
- Etichetare seringi – OMS 398/2019
- Farmacist clinician
- Analiză mod de administrare – pentru SA

Table 2. Causes of medication errors

Human errors	Faulty system errors	Environmental errors
Poor calculation or competence, or lack of confidence	Unclear error reporting processes, which provide no clear definitions of medication errors and near-miss events	Distractions from other nurses or patients (which can be hard to ignore)
Poor adherence to prescription/ administration protocols	Limited or no easily accessible resources, such as electronic databases, to research unfamiliar drugs	Lack of awareness of when and where an error can occur
Poor knowledge of medications	Lack of staff, poor management or leadership, or lack of funds	Poor lighting on night shifts
Complacency, misconceptions or incorrect interpretations	Ambiguous protocols, policies and procedure guidelines for prescribing and drug administration	Busy ward
Misinterpretation of packaging information ('not for oral use', for example)	Drug companies' packaging not clearly marked or labelled	Noisy environments
Fatigue, inexperience or poor communication	Lack of training and no regular updates or courses provided	Time pressures
Medical professionals' poor handwriting or unclear prescriptions	Poor teamwork	Increase in nurses' workload

Procesul administrării medicației iv

- Erori de preparare
  - Inactivare
  - Efecte adverse

Table 4. Knowledge and understanding of pharmacology required for safe drug administration

Principles	Knowledge	Understanding
Nomenclature classification of drugs	■ Therapeutic use ■ Mode of action ■ Molecular structure	■ To cure, suppress or prevent disease ■ How a drug exerts its effect on the body ■ Knowledge of molecular structure and the drug's similarity to other drugs, which usually have similar action
Naming of drugs	■ Chemical name ■ A generic name ■ A trade name	■ Chemical names are sometimes used (glycerin trinitrate, for example) ■ Generic names are decided when a drug can be used (for NHS prescribing) [AQ: This is a little unclear. Please explain this] ■ Given by the company
Pharmaceutics	■ Preparation of a drug into convenient form for administration, and the formulation of drugs ■ Drugs are administered by mouth via the gut or parenteral (all other routes)	The aims of administration of a drug are to: ■ Establish optimal concentration at the target site ■ Maintain optimal concentration for the required period of time ■ Minimize adverse drug reactions owing to general distribution

Procesul administrării medicației iv

Pharmacodynamics	■ What the drug does to the body, including both therapeutic and adverse side-effects of the drug ■ Many drugs cause their effects by combining with receptors, and each responds to a different chemical or hormone	*Agonist drugs*, which interact with a receptor mimicking the effect of a natural mediator *Partial agonist drugs*, whose maximal response falls short of the full response *Antagonists* block the effect of the natural mediator at a receptor to prevent an effect *Selective*, but not specific, drugs (which act on more than one receptor and produce side-effects, which lead to dry mouth, blurred vision, constipation and drowsiness) *Inhibiting* enzymes in the body
Drug interactions	This is when two or more drugs are given at the same time and exert their effects independently or may interact with one another. A drug's action may be: ■ Suppressed ■ Rendered completely inactive ■ Increased ■ An antagonism of one drug by another ■ Some other effect Combinations of drugs need to be carefully considered to avoid drug interactions	All interactions need to be reported and are due to pharmacokinetic or pharmacodynamics interactions Pharmacokinetic interactions can affect drug absorption leading to ineffective therapy through: ■ An antagonism for one drug by another or the affect of the metabolism of another; for example, in the liver, leading to an increased risk of toxicity or affecting renal excretion ■ There can be competition for excretion in renal tubules leading to delay in excretion with the possible risk of toxicity Pharmacodynamic interactions through: ■ Competition of drugs at receptor sites ■ Changes in protein binding, which increases the free drug in plasma and so increasing the action of the drug on the body ■ There can also be interaction between drugs acting on the same physiological system (diuretics, for example)

Table 5. The ten 'R's for safe multidisciplinary drug administration

To reduce distractions, consider protected time, the use of a bright tabard or the use of a visual reminder (such as 'do not disturb'), communicating to others that you are not to be interrupted			Before administration
The ten 'R's		**Consider the following:**	
1	Right patient	■ Has this patient been prescribed the drug? ■ Has the patient's name band been checked? Is there a clear patient identifier? ■ Does the patient know they are receiving the drug and why?	Before administration
2	Right drug	■ Do you know where to obtain the drug? Are all drugs in one location and are they clearly labelled? ■ Is this the drug that has been prescribed? Is there a drug with a similar name? ■ If appropriate, has the drug been checked by another nurse or health professional?	During preparation
3	Right dosage	■ Is the dose appropriate or usual for the drug being prescribed? ■ If appropriate, has the dose or calculation been checked by another nurse or health professional?	
4	Right time	■ Has the time gap between each drug administration been adequate, sufficient, too short or too long?	
5	Right route	■ Is the route appropriate for the drug being prescribed?	
6	Right to refuse (patient and nurse)	■ Are you able to exercise your clinical judgement and refuse to give or omit the drug? Do you have a rationale for this and are you able to demonstrate or explain this to others? ■ Do you know what action to take if the patient refuses the prescribed medication? ■ Can you identify the barriers to medication administration and identify suitable approaches to address them (dysphagia or confusion, for example)?	Immediately before administration
7	Right knowledge	■ Do you know what monitoring is required prior to administration? ■ Do you know how to prepare and administer the medication in line with local policies? ■ Do you know the preferences of the patient? ■ Do you understand the pharmacokinetics, pharmacodynamics, action, possible interactions, side-effects, expected positive outcome(s), and/or the possible occurrence of adverse effects (toxicity), or overdose of the drug(s) you are administering? ■ Do you understand the law related to the particular drug(s)?	
8	Right questions or challenges	■ Is this the right prescription, appropriate drug(s) for the patient's condition(s)? Is the prescription written correctly and clearly, with clear unambiguous instructions? ■ Can the writing be easily read? ■ Can you communicate with other professionals if needed? ■ Is there access to available resources (drug formularies and/or product information leaflets)?	
9	Right advice	■ Does the patient know about the drug? If not, can you give the patient advice/details/information about this/these medication(s)?	After administration
10	Right response or outcome	■ Do you know the expected response/outcomes of the drug? ■ Do you know how to observe/check for allergic reactions, drug interaction(s), side-effects and call for assistance? ■ Do you know how and when to complete records of administration in line with local policy and document any changes?	

Procesul administrării medicației iv – probleme posibile

Nu atinge concentrația necesară efectului

- Creșterea dozei de medic

- Asociere medicamentoasă

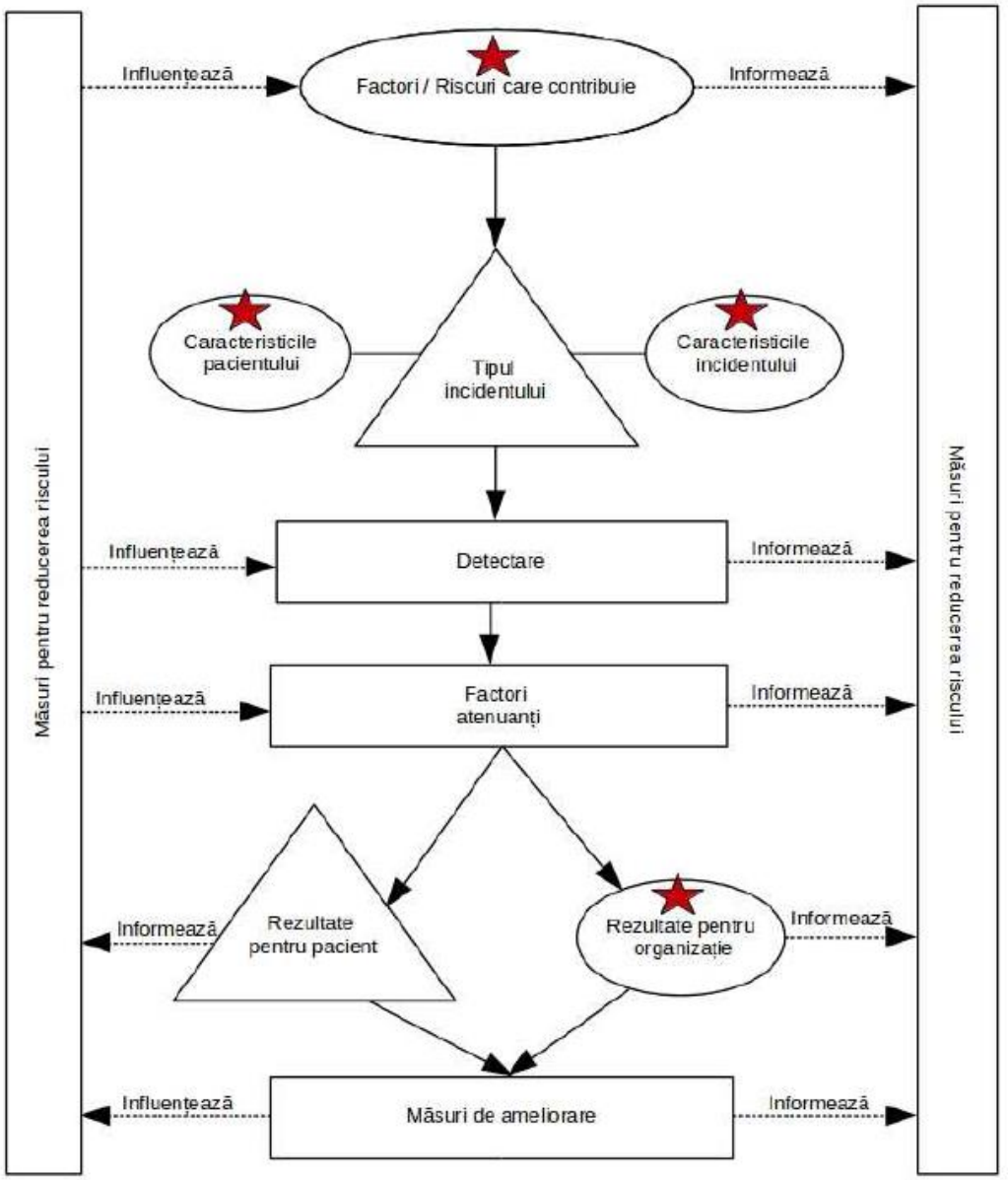
- Crește riscul de efecte adverse

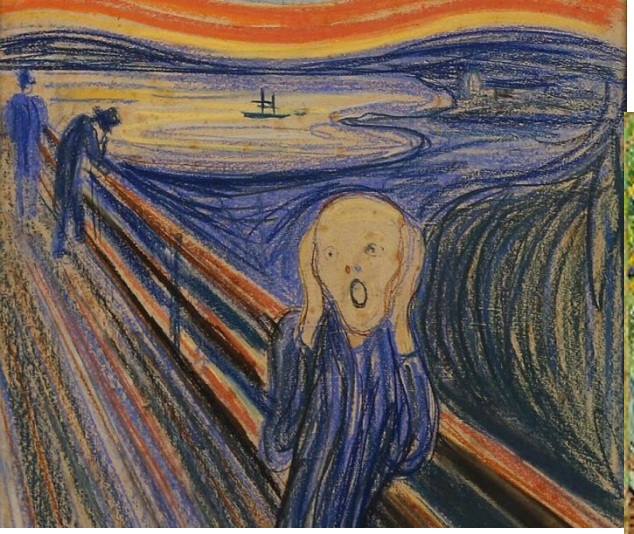
Atenție la efecte!

- Monitorizând și analizând procesul putem identifica riscurile și efectele

1. Tip de incident;
2. Rezultatul pentru pacient;
3. Caracteristicile pacientului;
4. Caracteristicile incidentului;
5. Factori / Pericole care contribuie;
6. Rezultate pentru organizație;
7. Detectare;
8. Factori atenuanți;
9. Măsuri de ameliorare;
10. Măsuri adoptate pentru reducerea riscului.

Important de monitorizat riscurile și efectele pe pacient și organizație!





Don't PANIC!

The Skeptics' Guide to EM

Vă mulțumesc!