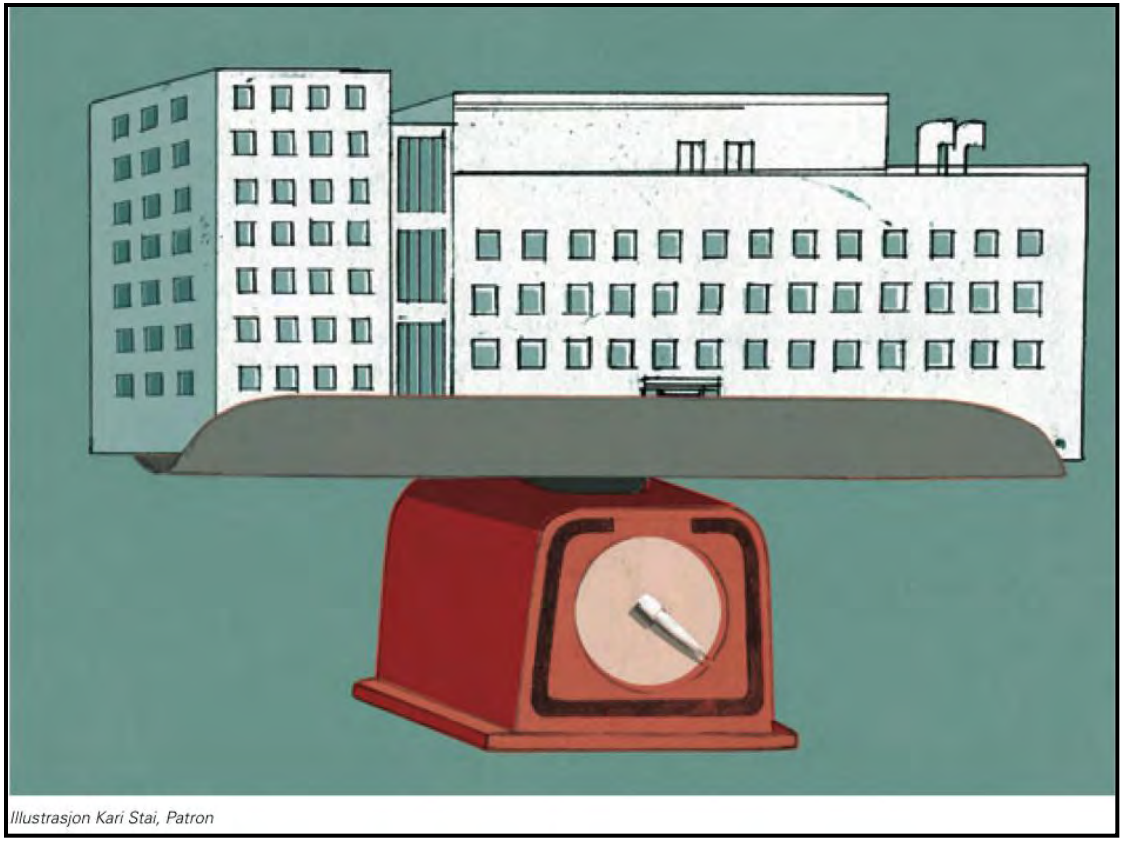
Kvalitetsforbedring av akuttmedisinske tjenester

Marius Rehn
Lege / Stipendiat

Stiftelsen Norsk Luftambulanse



Illustrasjon Kari Stai, Patron

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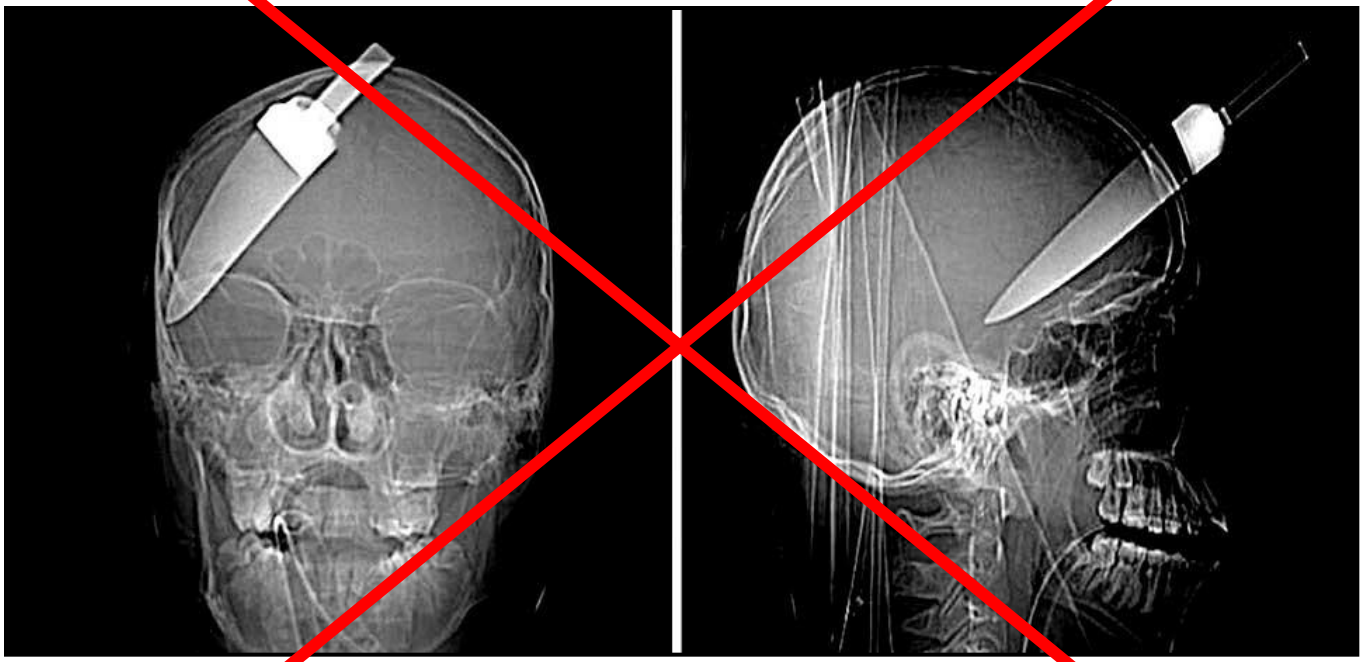

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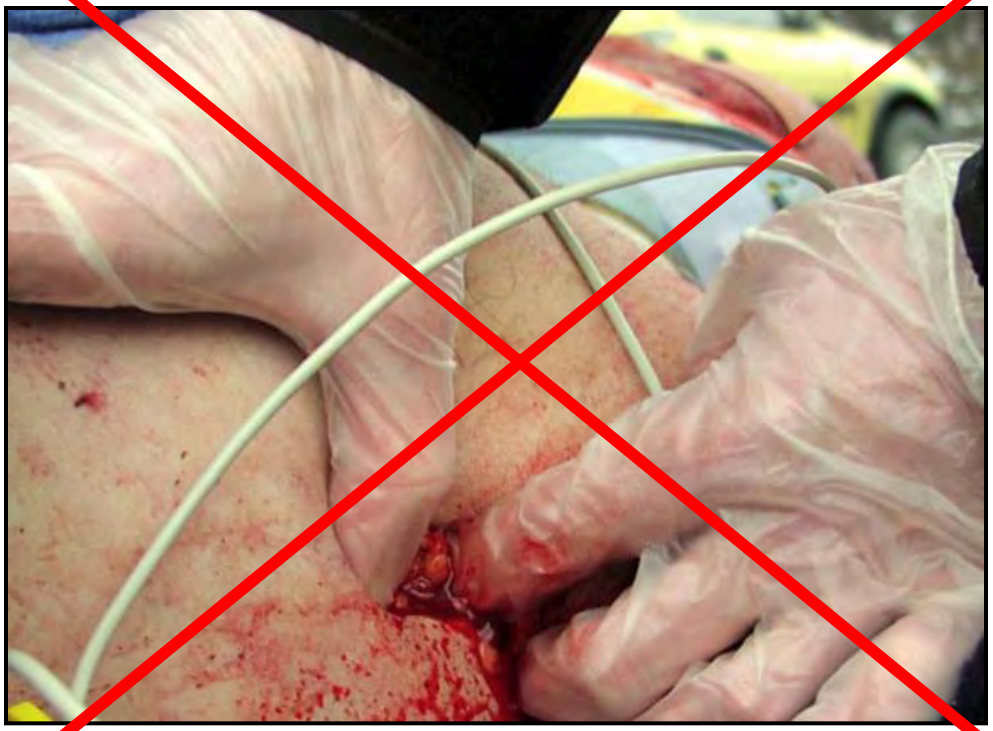

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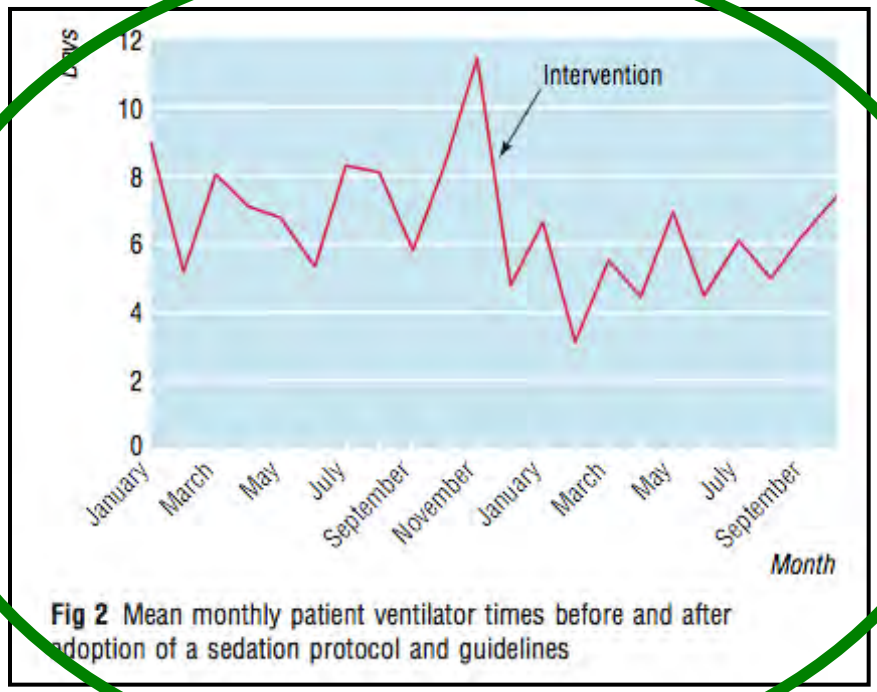

Fig 2 Mean monthly patient ventilator times before and after adoption of a sedation protocol and guidelines

Brattebø G al, BMJ, 2002; 324: 1386-9

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Kvalitetsforbedring

Illustrasjon Dave Cutler/© Images.com/Corbis/SCANPIX

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Kvalitetsforbedring

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Du har to oppgaver når du kommer på jobb:

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1) Gjøre jobben din

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2) Gjøre den bedre

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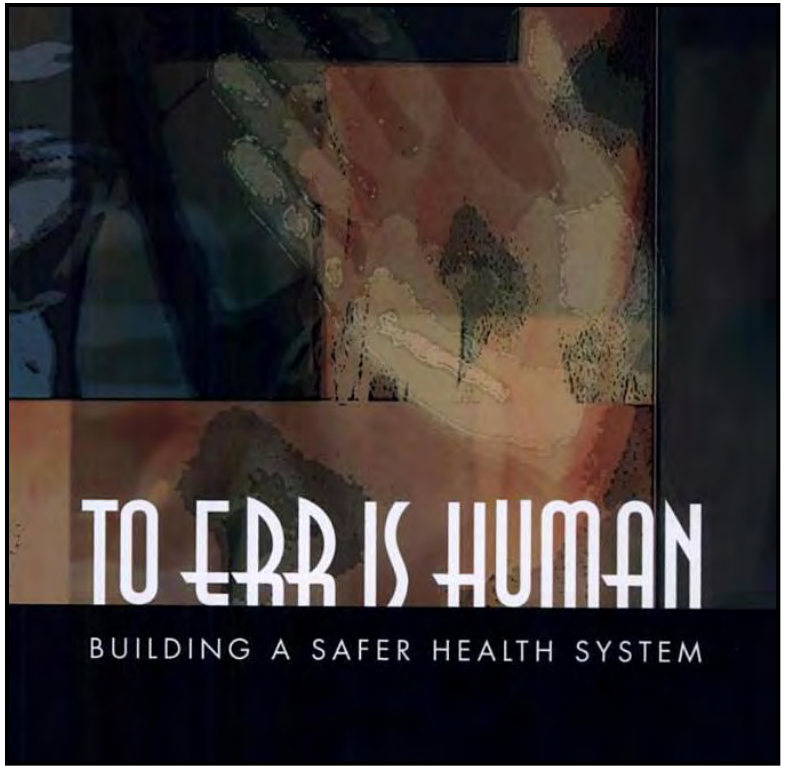
Batalden PB, et al, Qual Saf Health Care 2007;16:2–3



Medisinske feil:

Kan være den 8nde ledende dødsårsaken i USA

Verdensmester i helseutgifter, men ikke helse?

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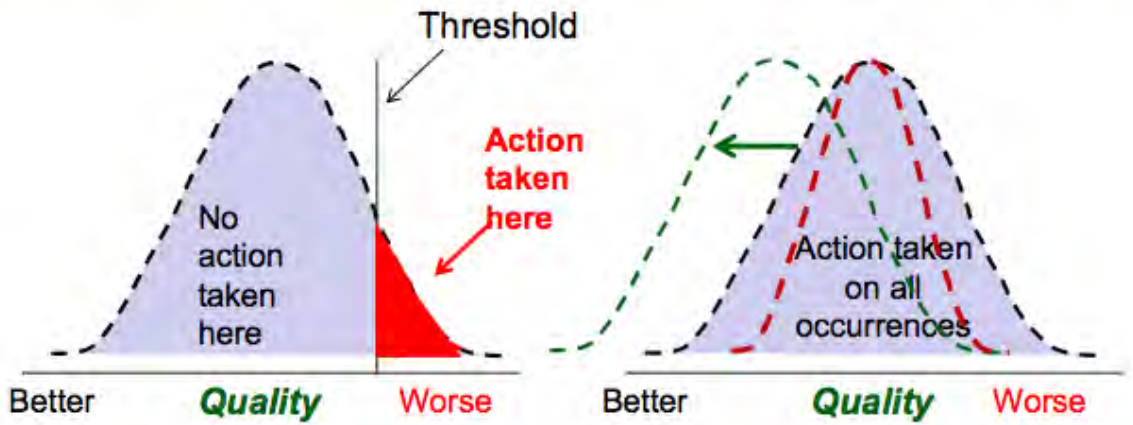
Auerbach AD, et al, N Eng J Med, 2007; 357: 608-13

Kohn LT, et al, To err is human: building a safer health system, 2007; National Academy Press

Old Way versus the New Way



Old Way
(Quality Assurance)

New Way
(Quality Improvement)

4

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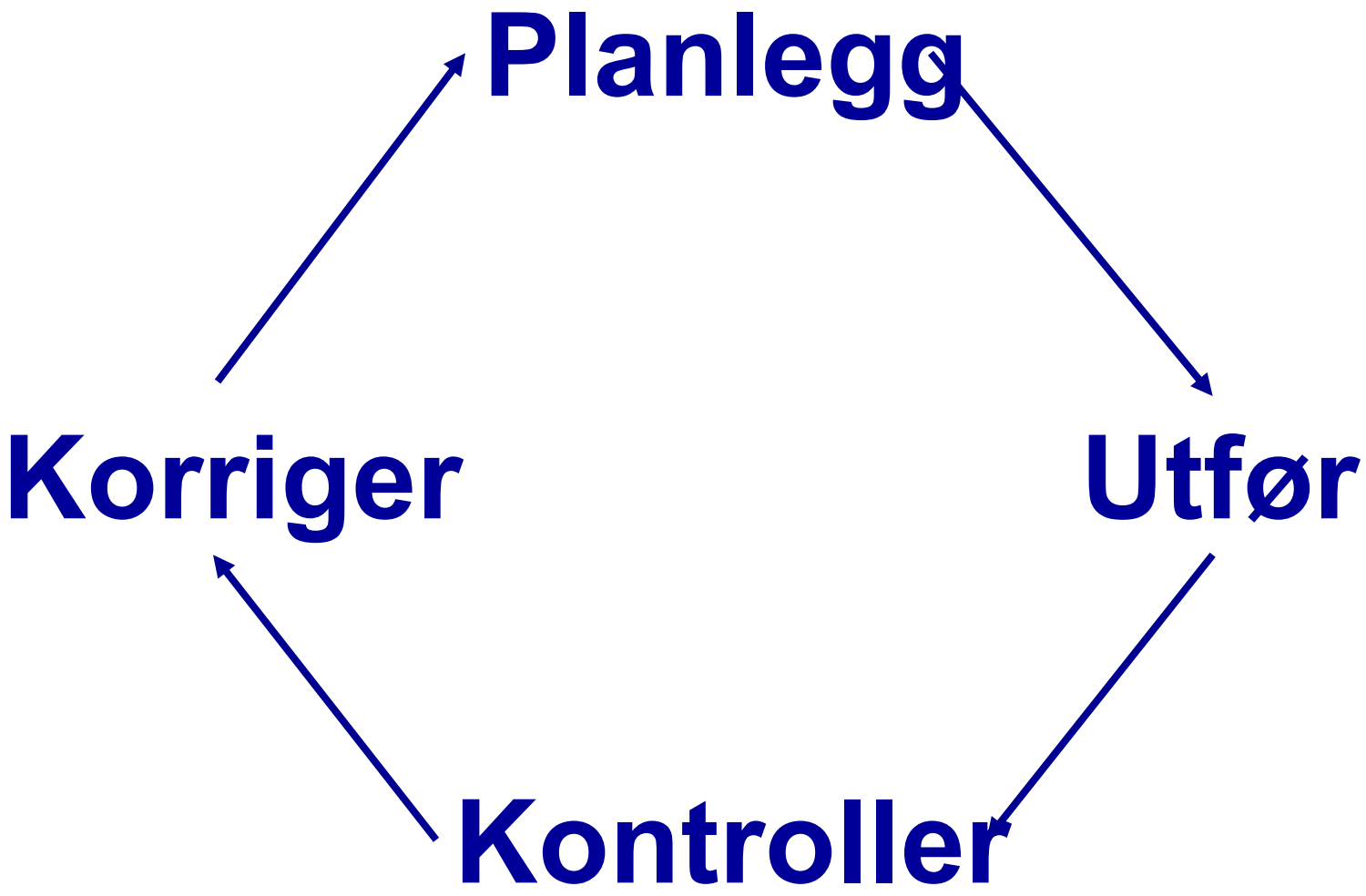

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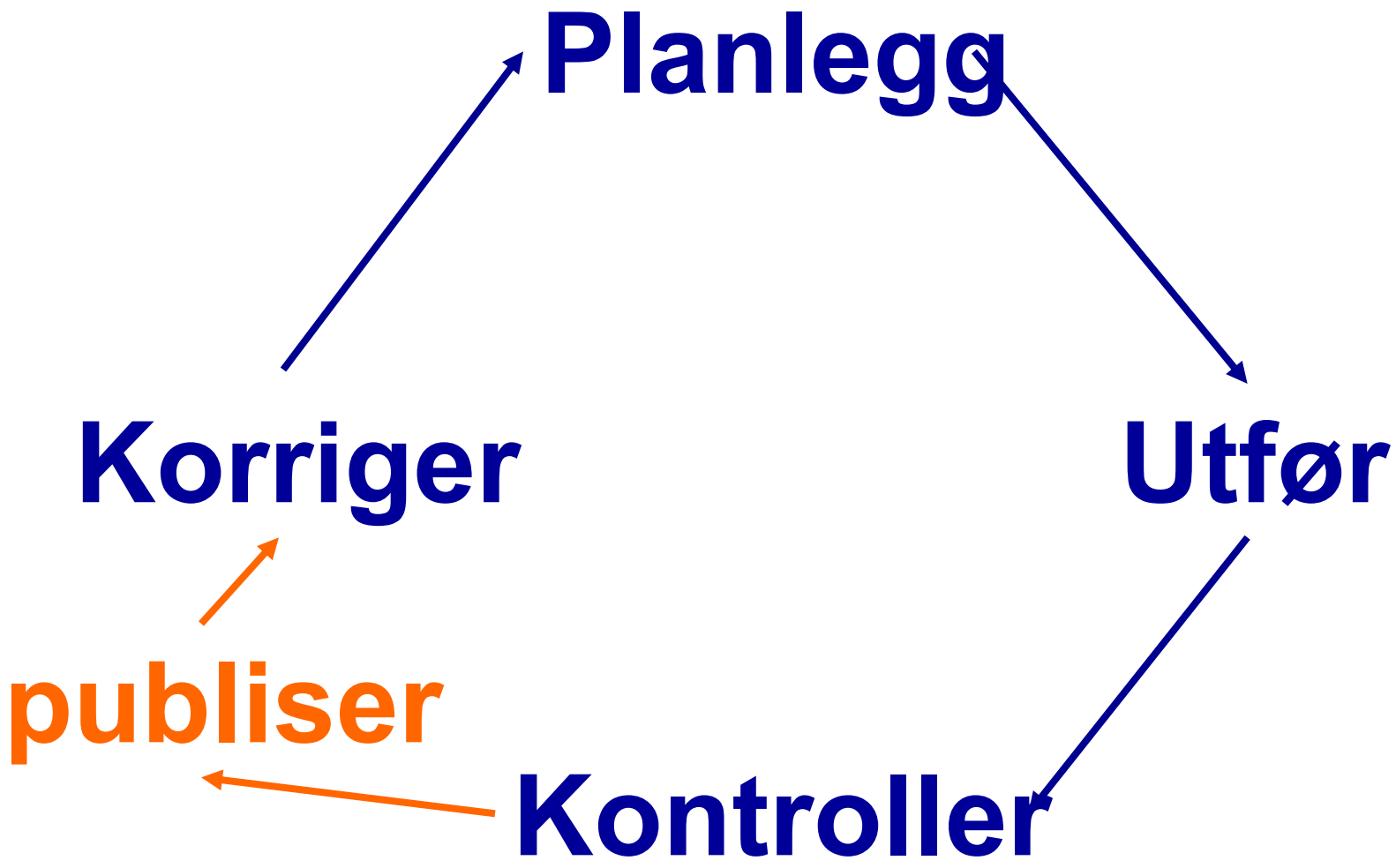

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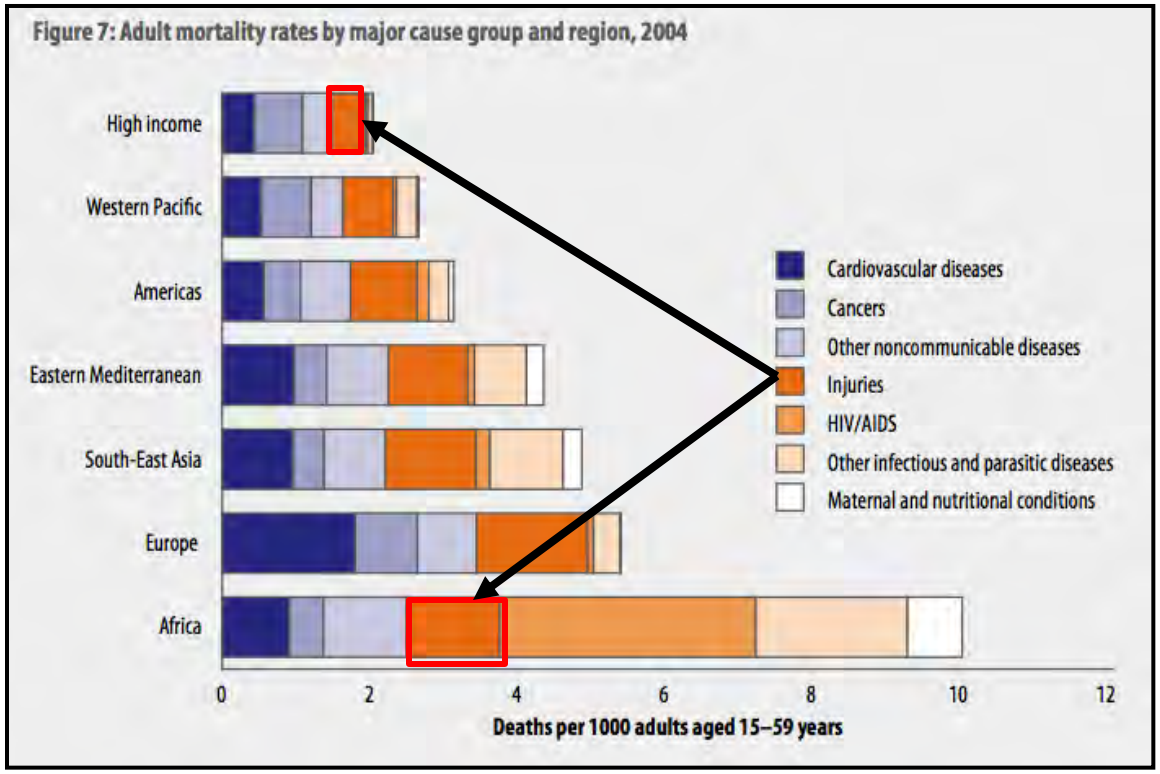
Etisk forpliktelse……



= Oss

= Dem

WHO, The Global Burden of Disease, 2008; Geneva

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Guidelines for trauma quality improvement programmes

World Health Organization

Def:

The optimization of resources– including knowledge, practical skill and material assets to produce good health

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WHO, Guidelines for trauma quality improvement programmes, WHO; Geneva: 2009

Kvalitet = ?

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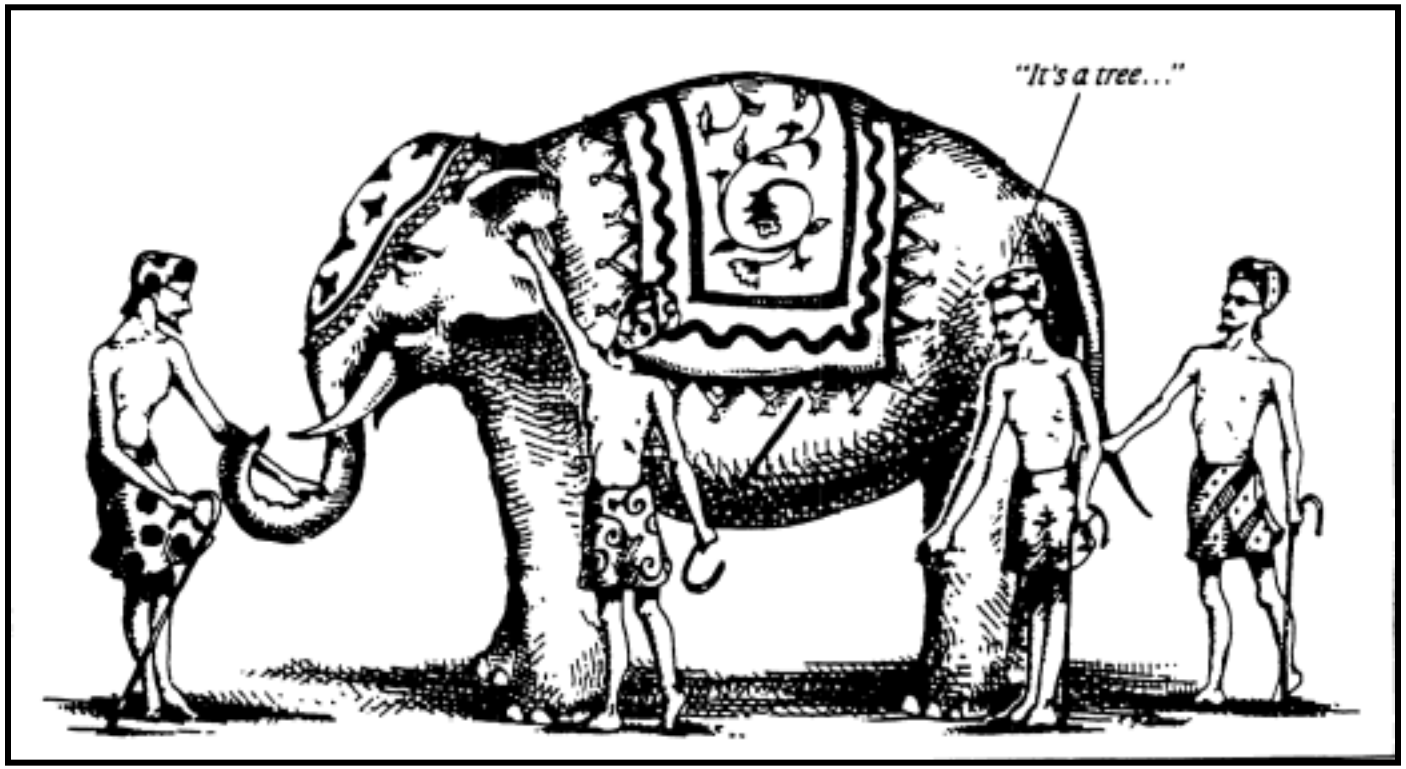
Sammensetning av kvalitetsindikatorer; triangulation



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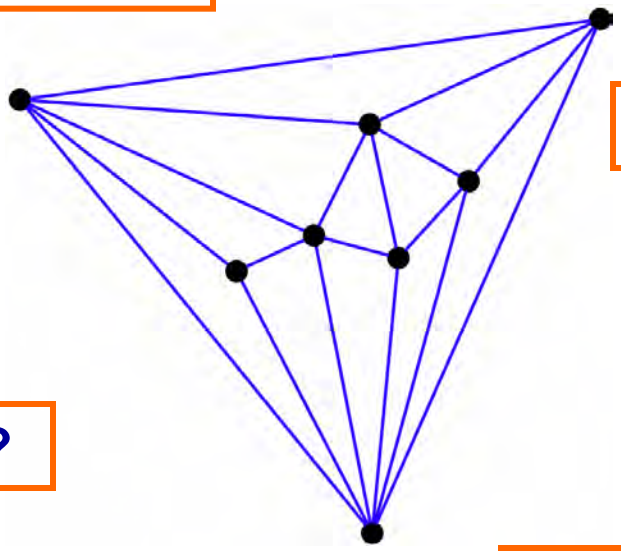
Sammensetning av kvalitetsindikatorer; triangulation

Ansatt tilfredshet?

Antall oppdrag?



Budsjett?

Overlevelse?

Arbeidsmiljø?

Behandlings kvalitet?

Overtriage?

Pasient tilfredshet?

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What are the highest priorities for research in emergency prehospital care?

Helen Snooks,[1] Angela Evans,[1] Bridget Wells,[1] Julie Peconi,[1] Marie Thomas,[1] Malcolm Woollard,[2] Henry Guly,[3] Emma Jenkinson,[4] Janette Turner,[5] Chris Hartley-Sharpe,[6] on behalf of the 999 EMS Research Forum Board

1) Kvalitetsindikatorer

2) Slag

3) Alternativer til transport til sykehus

The "top 10" priority topics were:

- Development of emergency medical services (EMS) performance measures other than response times for use in performance management, audit and research.
- Prehospital clinical management of stroke.
- Safety, costs and benefits of alternatives to conveyance to hospital.
- Development of patient-focused clinical outcomes measures.
- Methods for combining information on prehospital care and patient outcomes across ambulance service and other healthcare organisations.
- Developing interventions to appropriately manage the increase in 999 calls.
- Evaluation of mechanical aids for cardiopulmonary resuscitation.
- Nasal route for administration of pain relief.
- Alternatives to ambulance response or transport to emergency departments (EDs) for stroke.
- Clinical prehospital management of confused/aggressive patients with head injuries.

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Snooks, H et al, EMJ, 2009; 26: 549-50

The Development of Indicators to Measure the Quality of Clinical Care in Emergency Departments Following a Modified-Delphi Approach

Patrice Lindsay, BScN, MEd, Michael Schull, MD, MSc, Susan Bronskill, PhD, Geoffrey Anderson, MD, PhD

ACAD EMERG MED • November 2002, Vol. 9, No. 11

TABLE 2. Clinical Indicators of Emergency Department (ED) Performance Chosen by the Expert Panel*

Clinical Condition	Outcome	Indicators	Need for Risk Adjustment
Asthma	Mortality	• Number of asthma-related patient deaths in the ED	No
	Morbidity	• Time from arrival in the ED to first documented treatment for an acute exacerbation	No

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Verdi = ?

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$$\text{Verdi} = \frac{\text{Kvalitet}}{\text{Kostnad}}$$

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ACS, Trauma Performance Improvement; 2002

$$\text{Value} = \frac{\text{Kvalitet}}{\text{Kostnad}}$$

Øke verdien:

Øke kvaliteten

og/eller

senke kostnadene

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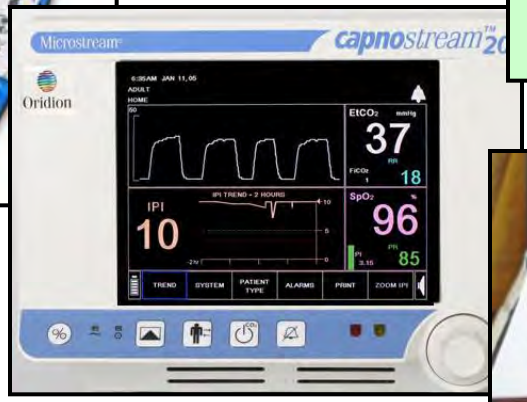
ACS, Trauma Performance Improvement; 2002

$$\text{Verdi} = \frac{\text{Kvalitet}}{\text{Kostnad}}$$



Kurs

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Mere kostbart

A

B

Mere kvalitet

Mindre kvalitet

C

D

Mindre kostbart

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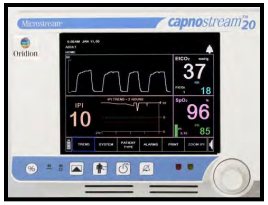

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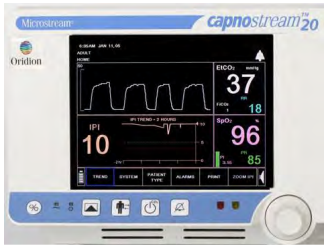

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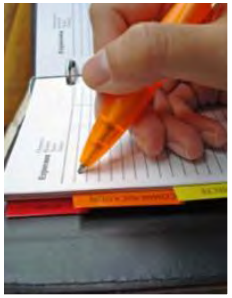

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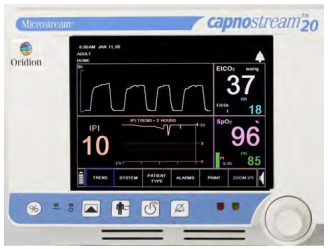
Kurs



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Det teller ikke
–med mindre du kan telle det

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Kvalitetsforbedringsarbeidet starter den dagen man starter å telle

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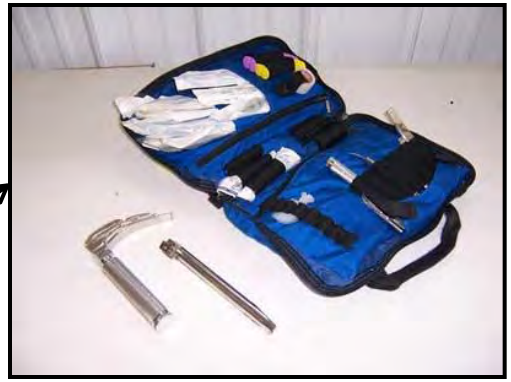

Traumeteam Ja/Nei

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Original research

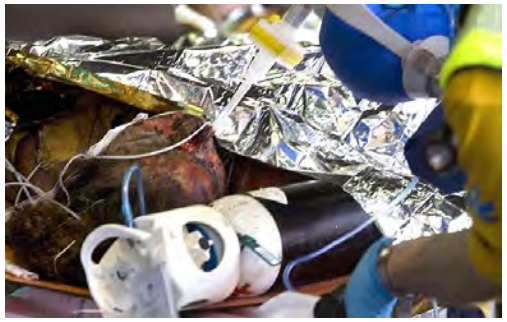
Open Access

Precision of field triage in patients brought to a trauma centre after introducing trauma team activation guidelines

Marius Rehn*[1,2], Torsten Eken[3], Andreas Jorstad Krüger[1,4], Petter Andreas Steen[2,5], Nils Oddvar Skaga[1,6] and Hans Morten Lossius[1]

ULLEVÅL universitetssykehus

55% Overtriage
10% Undertriage



35% overtriage
2% undertriage

~~VS~~

66% overtriage
17% undertriage

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“The hard work and motivation of clinicians, although important are not enough, and specially not enough to understand and address system issues”

World Health Organization

Guidelines for trauma quality improvement programmes

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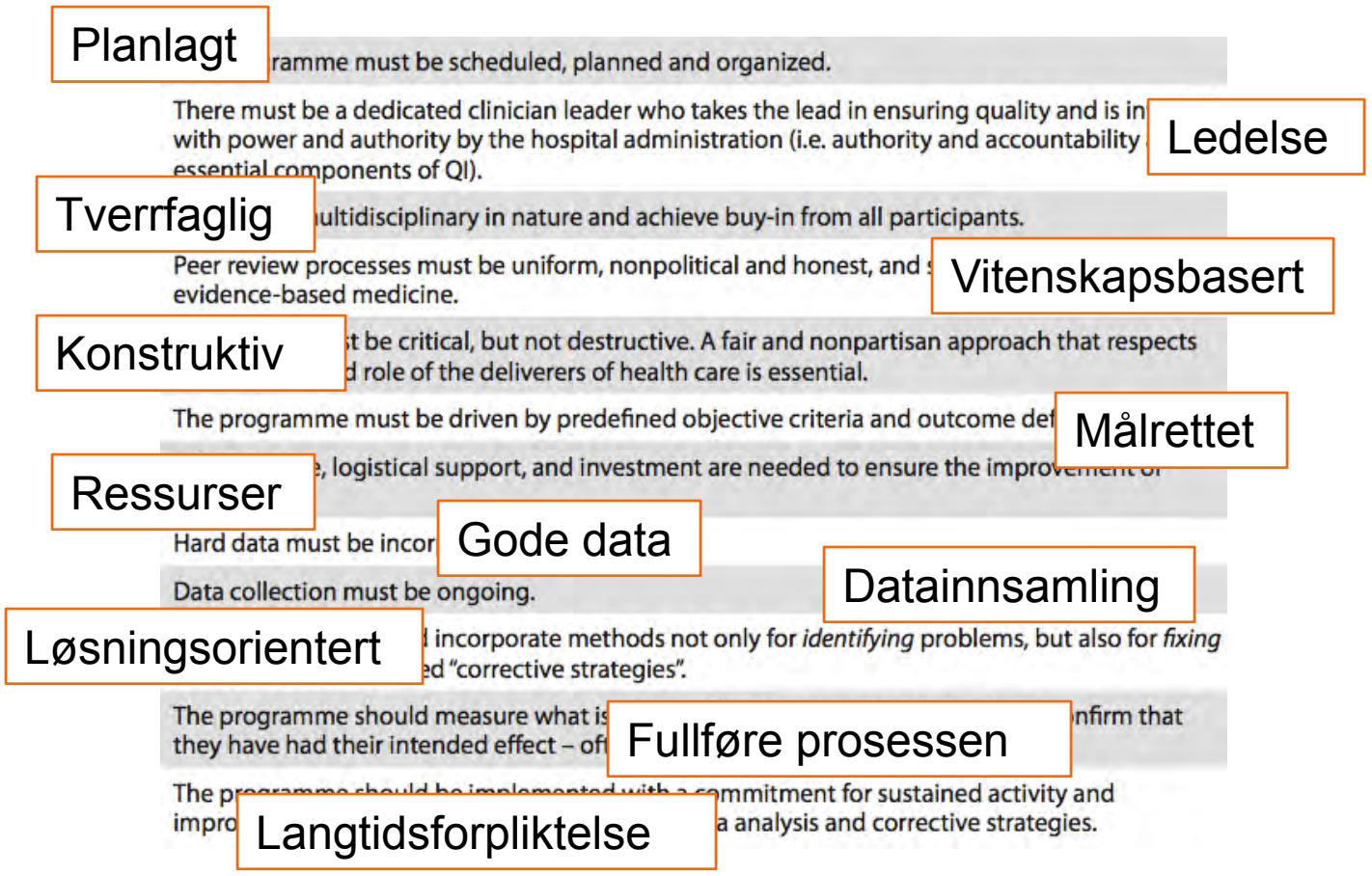
WHO, Guidelines for trauma quality improvement programmes, WHO; Geneva: 2009
ACS: 2006

Principles fundamental to the success of a QI programme



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Kvalitetsforbedring i akuttmedisinske tjenester

Gode kvalitetsindikatorer

Prioritere forbedringstiltak etter verdiavkastning

Måle effekten av dine tiltak

Flere år til livet…

…mere liv til årene

?

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