公務出國報告（出國類別：參加國際研討會）

參加第七屆美國病人安全基金會國際病人安全研討會

7th Annual NPSF Patient Safety Congress

Let's Get On With It - Round 2

出國人員：

（1） 服務機關： 行政院衛生署

姓名職稱： 蔡素玲 副處長 阮娟娟 副處長

（2） 服務機關： 經國暨健康管理學院

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（3） 服務機關： 財團法人醫院評鑑暨醫療品質策進會

姓名職稱： 黃首詠 專員

出國地點：美國 佛羅里達 奧蘭多

出國期間：94 年 5 月 4 日至 94 年 5 月 6 日

報告日期：94 年 8 月 日

摘要

美國National Patient Safety Foundation，NPSF於2005年5月4日～6日在美國奧蘭多舉辦之第七屆病人安全大會（7th Annual NPSF Patient Safety Congress），大會的主題延續去年之主題設定為「Let’s get on with it Round 2！」持續呼籲全體共同參與的目標，期望藉由此次會議收集國際病人安全發展之新知與資訊，使國內病人安全工作之推動可與國際接軌。

第一天會前會主要進行了三個分場主題，分別是 Executive Leadership Day：提出重點為今日所指之領導者，不再僅限於組織的最高層，各部門主管皆應屬之；Pathways to Medication Safety：Train the Trainer：此會議提出針對用藥安全之各種注意事項、及教育訓練及評估方法；Institute for Healthcare Improvement （IHI） minicourse：提醒在醫療過程中溝通的技巧與對病人進行衛生教育時「Teach Back」之概念，以上所提都將值得我國在醫療領域推動病人安全之借鏡。

第二天與第三天之主場會議則提出「No Excuse」之概念，說明了在推動病人安全工作時，組織或者是人員不應有任何推託之辭；另亦指出「Health Literacy」健康知能素養的重要性，病人之健康知能與健康狀況有著正比的關係存在著。在分場會議中，主要主題則以預防不良用藥事件、系統性介入、提升慢性病安全管理、相關研究、提升醫院之安全等報告，說明以保險給付等財務層面鼓勵病人安全的機制、提升醫療人員與病人或其家屬之間的溝通方式，促進民眾參與、文化的改造以及領導者的觀念思想等。

我國在衛生政策、教育及研究應釐訂更具體的主軸，優先以科學的數據證明病安的成效，作為全面推動病人安全的依據。此項工作並非短時間可以預見其成效，必須從文化的改造、領導者的觀念、民眾的參與等議題投入相當精神與時間的，始可見其開花結果。

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壹、 參加會議目的

我國病人安全工作自 92 年起，已經由行政院衛生署列爲衛生政策之主要議題，並陸續委託各相關學協會以補助計畫或者是研究計畫等方式，提供各相關學協會或學校機關團體進行病人安全之推動，以提升國內醫療品質及病人安全。

病人安全相關的各項研究、實行措施對於國際上多數的國家都屬新的課題，較具系統性規劃與研究的國家，目前也以美國、英國及澳洲等爲主。美國 National Patient Safety Foundation，NPSF 於美國奧蘭多舉辦之第七屆病人安全大會（7th Annual NPSF Patient Safety Congress），該會議爲目前世界上對於病人安全議題中，屬於較具規模的國際會議之一，並自 92 年起由前衛生署涂署長醒哲第一次參加該基金會所舉辦之年會；93 年則由衛生署病人安全委員會之石崇良委員參與，爲使我國病人安全工作之延伸及一致性，故仍安排病人安全計畫相關人員參與本次大會。

期望藉由連續性的參與國際會議，以瞭解國際病人安全發展趨勢，並收集可供學習參考之新知與資訊，以使國內病人安全衛生政策推動之方向與實務工作的推動可與國際接軌。

貳、 會議背景

NPSF 為美國所創立的一個非營利性組織，其設立的宗旨在提供一個溝通的平台，以致力於病人安全文化的建立、推動病人安全相關的研究、促進病人安全的作為等，並提昇一般民眾對於病人安全議題的參與及重視，自 1999 年起每年該機構均會舉辦一場全國性的會議，提供各項病人安全研究、實務與經驗的發表與交流，可以說是目前國際間以病人安全議題為主軸的會議中最具指標性意義之會議。

大會的主題延續去年之主題設定為「Let’s get on with it Round 2！」持續呼籲全體共同參與的目標，其精神主要是有感於病人安全的作為，若想徹底成功則需仰賴於病人安全文化的建立與深化及各方面的支持，由此可見病人安全文化的營造並非一蹴可及，需要全體參與和投入的相當的時間與精力，包含政府、醫療人員、媒體、一般民眾等。

今年為第七屆年會，於 5 月 4~6 日在美國佛羅里達州奧蘭多一連舉行三天，與會人員亦包含來自其他國家之代表，參加人數將近 1500 人，其中亞洲地區除本國派員參加之外，新加坡、日本、韓國亦有代表參加此次會議。此次大會我國指派四人出席，係行政院衛生署醫事處蔡副處長素玲、國際合作處阮副處長娟娟、經國健康暨管理學院紀副教授雪雲、醫策會黃首詠專員，背景分別屬於官方(行政院衛生署)、專家(專案小組委員)及執行單位(醫策會)，共同前往國外學習他國相關經驗，相信對本國病人安全政策發展與落實應有相當助益，詳細大會議程如附件一。

參、 研討會重點摘要

一、5/4-會前會重點

Executive Leadership Day

今日所指的領導者，已經不再只是醫院的院長或副院長的層級，而應有更為廣闊的面向，包含醫院中各個領域的主要領導人，例如財務主管（chief financial officer）、醫療主管（chief medicine officer）、護理主管（chief nursing officer）、資訊主管（chief information officer）等所有”C suite”主管皆應包含在內，因為病人安全工作的推動，並非只是院長或者是臨床工作人員的工作，而是需要醫院內每一個工作人員共同參與，共同發揮行政、財物、資訊、醫療等相關團隊工作始可完成；而主管更應對於前線的工作人員給予尊重及應有的支持，進而達到醫院內部病人安全文化改造。

醫療機構之領導者，在進行任何文化改造的時候，更要注意其文化的改變必須是由內部產生，以及團隊合作的默契；進行意見交流與溝通時，更應把握與所屬的成員討論時之必要重點；在組織中，每一個人所扮演的角色都不可忽略，特別是在第一線工作的同仁，皆應給予適當的尊重及鼓勵，藉以增加同仁之信心與向心力。

領導統御嚴格說來並非是一門科學，但也不是什麼難以理解的學問。領導者可藉由實務上不斷的學習與操作來使其領導能力更有效率。特別是在衛生健康領域這方面的領導者，每天面臨不同行況的變化，更需要及時的反應並面對各種複雜的制度與系統。Daniel Goleman PhD.曾說過:”Hour to Hour, day to day, week to week, [leaders] must play their leadership style like a pro —using the right one at just the right time and in the right measure.”提醒著領導者無時無刻都需要扮演其重要的角色，並用正確的方式、確切的時間點提出真正而有效的決策，以使所屬員工可有確切的方向可依循，往同一目標共同努力。

Pathways to Medication Safety：Train the Trainer

主題是由 American Hospital Association、Health Research and Education Trust、Institute for Safe Medication Practice 三個機構共同製作與提供教材，經過 17 個 panel organizations ，24 個 evaluation hospitals 發展出來的教材，因參加會議當日以藥師居多，故以用藥安全為例，其內容共有三個單元，大綱如下：

1、 學習機構內藥物安全的策略規劃

學習機構內藥物安全的策略規劃有七個長程目標，每個目標都有提出其 boundaries、enduring advantages、threats、change projects。

- 提出一個 leadership-driven culture of safety，需溝通說明。
- 藥物錯誤監測、報告、運用資訊來促進藥物安全。
- 評估使用減少藥物錯誤的 technology。
- 減少 high-alert 處方、high-risk 病人或易受傷害的期間，其藥物錯誤之危險。
- 建立無懲罰的錯誤報告環境。
- 參與社區藥物安全及藥物自我管理 program
- 建立 controlled formulary 是基於安全而非費用的選擇。

2、 整體評估機構內藥物方面的危機

用 10 個 key elements 評估機構在藥物方面的潛在危機，並對管理者、醫師、護理人員、藥師、危機處理人員，五種背景人員分別就以下 10 個項目進行評估。包含：

- 病人資訊
- 藥物資訊

- 藥物處方及其他藥物資訊的相互溝通
- 藥物標示、包裝、命名
- 藥物標準、儲存與配送
- 藥物製作、使用和監測
- 工作環境
- 工作人員的能力與教育
- 病人的教育
- 有品質的過程與危機處理

3、 評估 bed-side bar coding 的準備度

- Bar Coding 介紹
- Assessing Bedside Bar-Coding Readiness 有表格提供自行評估，共 135 項目。

Institute for Healthcare Improvement （IHI） minicourse

醫護人員傳遞病人狀態的溝通方式越來越受到重視，其主要原因是如果有任何的錯誤訊息傳遞，那麼將會造成一連串的錯誤發生，爲了避免這樣的情況發生，在進行緊急報告病人狀態的時候，報告內容應具備下列幾項的部分：

（1） Situation→用 5～10 秒的時間，簡潔有力的形容病人的身份與狀態

（2） Background→描述整個事件的經過、病人現有的檢查檢驗數據資料、以及爲何發生此狀況？

（3） Assessment→評估病人可能面臨的問題，以及可能發生的狀況

（4） Recommendation→針對病人現在需要進行哪些處置，給予適

當的建議。

完成上述架構的報告內容，將可盡量避免訊息的遺漏，以達到完整的資訊傳遞，確保病人的安全，其詳細內容報告工作表如附件二。

根據研究指出，可以將衛教內容完整正確地描述的病人僅佔約 40％，於是提出了「Teach Back」的概念，醫療人員對於病人或是民眾的衛教，在指導的過程中除應詳細說明之外，在衛教結束之後應請病人針對所做的說明與指導內容重複一次，藉此可得知病人對於衛教內容的瞭解程度，對於其所遺漏或不清楚的地方再次的補充說明，以避免因為誤解發生傷害事件。

二、5/5~5/6-大會重點

主場會議重點

No Excuses：The Reality Demanding Action

在推動病人安全的工作過程中，常會聽到許多的推託之辭，而我們所要做的，就是盡量減少一些無謂的理由避免危害病人安全的事件發生，常見的推託之辭包含：

- 醫院中支出成本考量
- 病人安全事件的發生缺少具體且直接的證據證明與其工作相關
- 自我對於病人安全的價值觀認知的差異與領導者能力的問題
- 自我的專業能力
- 工作職責上能力權限與可運用的資源不足
- 擔心醫療不良事件的揭露

大會中表示，這些推託說詞都將不足以構成不去致力於病人安全工作的理由，並應盡量克服這些理由來達到應有的病人安全作為。

Listening to the People：How Literacy and Communicating Initiatives Improve Patient Safety

大會報告中指出，在 1993 年美國針對的一項研究當中，有 41%～51%的人口是屬於較低的閱讀理解能力，然而在健康照護方面的認知理解能力上，確有高達 75%的成年人是屬於較低的層級（健康認知），「Health Literacy」在 Institute of Medicine 的解釋中意指指個人具有獲得、解釋和瞭解基本健康資訊與服務的能力，並且能運用所獲得資訊和服務來促進個體的健康及做出相關之決策行爲。而這樣的能力對於不同的年齡、教育程度、居住地區、種族等因素而有所不同，而這樣的差異也會影響醫療照護品質的結果。

由此可明白，「溝通」在病人安全議題上的重要性，良好的溝通互動，讓病人可更爲清楚明白其所遭遇醫療健康上的問題，更有助於臨床人員在照顧的過程當中，避免不必要的錯誤發生，會議中亦準備相關有關推動「Health Literacy」之衛教單張，如附件三。

分場會議重點

在經過兩天，舉行將近 50 個場次的會議，其主要分類爲預防不良用藥事件（Preventing adverse drug event）、系統性介入（System-wide Intervention）、提升慢性病安全管理（Improving Safety in Chronic Disease Management）、相關研究（Research）、提升醫院之安全（Improve safety in Hospitals），在會議的發表及討論的過程中，主要可整理以下幾個重點，概述如下：

醫療供給者面向

1. 由保險給付等財務層面鼓勵病人安全的機制，如“pay for performance”的方式，藉此促使醫院更能重視病人安全。

2. 提升醫療人員與病人或其家屬之間的溝通方式，讓病人與其家屬有知的權利，善盡告知的義務並達到良好的互動與溝通，增加病人參與的作爲，提醒病人重視自己的權益，提升優良醫病關係。
3. 建立一般民眾或病人可以容易閱讀或理解的資訊及衛生教育，太複雜且深入的專有名詞對病人並無幫助，徒增其困擾。
4. 醫院裡除了住院病人以外，應特別針對不同對象如基層、門診照護、非住院服務、重症照護及手術等特殊需求之病人加強病人安全的照護。
5. 病人安全工作的倡導亦應對具有慢性疾病的老人、小孩以及城鄉差距較大的人群等特定人口群進行，因爲這些對象通常都是最常發生病人安全問題的主要族群。
6. 病人安全工作的改善，其必要條件包含整個文化的改造以及領導者的觀念思想；此外，在醫院中的每個工作人員都是重要的關鍵，皆需要主管的尊重及重視。
7. 鼓勵有關病人安全的基礎研究，相關的研究成果亦會影響未來病人安全的倡導方向，並期望可將研究成果呈現分享，以降低病人安全事件的發生。

醫療消費者面向

1. 病人與其家人在醫療過程中扮演著重要且完整的角色，唯有病人主動的參與，做好事前的準備工作，與醫療人員充分討論溝通，才能改善病人安全和減少醫療錯誤。
2. 在就醫的過程中，對於醫療人員的說明解釋有所疑問時，應與醫療提供者充分的討論，對於不清楚的疑點請醫護人員作更進一步的詳細說明，以充分瞭解本身的狀況爲目的。

肆、 業務相關運用重點

此次年會除了在病人安全觀念上的新知增進，在會場亦有許多廠商、相關學協會的攤位展覽，提供相當多的病人安全單張及工具，值得醫策會未來在推動病人安全業務實務方面運用參考運用：

- 病人安全教育訓練小手冊：大會有展示許多醫療教育訓練機構，針對不同專業背景人員設計有教育訓練手冊，例如 RCA、FMEA 工具書等（見圖一），國內可發展相關資料，提供所需之醫護人員運用時之參考。
- 鼓勵民眾參與病人安全之工具：國內現今亦推行鼓勵民眾參與病人安全之工作，例如病人安全週用藥記錄卡的推行就是要強調病人重視自己的健康狀況，國外已製作提醒民眾勤問之徽章與爲教單張（見圖二），亦或者是由病人來提醒醫護人員是否已經洗手（見圖三），來確保病人不發生院內感染的情況。
- 專屬之病人安全網站：在資訊科技及網路發達的今天，許多的資源在網路上皆唾手可得，故建立一個病人安全的網站是當務之急，可將國內外的資訊及知識匯集以達知識共享與學習的目的，並可提供醫護同仁間對於病人安全之交流平台，增加病人安全資訊的可近性。

伍、 心得與建議

病人安全的工作並非短時間可以遇見其成效，從文化的改造、領導者的觀念、民眾的參與等議題，都是需要花費許多精神與時間的投入。我國在政策、教育、研究應釐訂更具體的主軸，優先以科學的數據證明病安的成效，作爲全面推動病安的依據，亦已於 6/28（二）假行政院衛生署病人安全委員會中進行報告，報告簡報內容如附件五。就國內目前病人安全的工作現況來看，並參考此次國外的經驗，其感想與建議如下：

在中央主管機關方面：

- 成立一病人安全教育小組：此小組的成立應包括醫師、藥師、護理人員、醫院行政人員、衛生教育人員以及消費者代表等，將此次所攜回之教材重整彙編，以符合我國國情之病安教材，供各醫院教育使用。
- 辦理會前會中類似「Pathways to Medication Safety：Train the Trainer」課程，針對醫療專業人員在用藥安全方面進行主題式教育訓練。
- 進行國內之「Health Literacy」之相關研究：研究調查之重點以瞭解目前國內健康認知之現況，以爲醫療照護宣導資料修正之依據，並可進行跨國際間之合作研究以掌握其他國家最新方向與發展。
- 邀集相關團體共同推動：對於病人安全工作的推動才起步的我們應與媒體合辦高峰會議，使病安成爲社會的重要議題，希望能鼓勵各界從文化層面重新思考病人安全的切入點，而不是只是醫界人士單方面的努力。

在醫療機構方面：

- 領導團隊文化塑造與培養：主要工作應強化國內病人安全醫院領導團隊共同參與，加強醫院領導人（包括各類”C suite”），對病人安全之認識與共識。
- 專業人員教育訓練：持續不斷的強化各類專業人員之病人安全教育及安

全文化環境營造，並加強對病人安全師資培訓與相關教材製作。

- 強化溝通能力：良好的溝通議題在國際間已成爲病人安全主要工作項目，除了醫護人員之間的溝通，更應深入至醫護與病人及其家屬之間，溝通的技巧、溝通的策略、溝通環境的營造，這將是國內推動病人安全之際應重視的課題。

在醫學院校方面：

- 強化基礎教育：醫師、藥師、護理師幾乎是病人安全主要工作人員，這些學生的養成過程及應將病人權益、病人安全、醫病關係的重新定位加以探討，使這些新血能成爲病安工作的尖兵。

（附件一）

NPSF Patient Safety Congress *at a glance*

Wednesday, May 4

8:00 A.M. – 4:00 P.M.	**NPSF/HLA Executive Leadership Program** Grand Ballroom 9-14
8:00 A.M. – 5:00 P.M.	**Institute for Healthcare Improvement Minicourse** Grand Cayman-West Indies - North Tower
8:00 A.M. – 5:00 P.M.	**Pathways for Medication Safety: Train-the-Trainer Workshop** Aruba-Bahamas - North Tower
6:00 P.M. – 8:00 P.M.	**Welcome Reception** Exhibit Hall, Sponsored by Hospira

Thursday, May 5

7:00 A.M. – 8:00 A.M. **Continental Breakfast**

8:00 A.M. – 8:30 A.M. **Welcome and Opening Remarks** Grand Ballroom 8

8:30 A.M. – 10:00 A.M. **Opening Plenary** Grand Ballroom 8

No Excuses: The Reality Demanding Action
National safety and quality leaders will address the reality regarding the most common excuses that routinely defeat rapid improvement in patient safety. They will frame the excuses, the realities, and success stories for the issues of evidence for action, values and leadership, the business case, power and autonomy, disclosure and transparency. The audience will be equipped with key messages, and the resources they need to move their organizations forward when they get home.

<u>Moderators:</u> **Susan Edgman-Levitan PA**, Congress Co-Chair, Executive Director, John D. Stoeckle Center for Primary Care Innovation; and **Charles Denham MD**, Chairman, Texas Medical Institute of Technology

<u>Panelists:</u> **James Bagian MD PE**, Director, Veterans Health Administration, US National Center for Patient Safety; **Jennifer Daley MD**, Chief Medical Officer and Senior Vice President, Office of Clinical Quality, Tenet Health Care; **Lillee Gelinas RN**, MSN, VP and CNO, VHA Inc; **Dennis O'Leary MD**, President, Joint Commission on Accreditation of Healthcare Organizations; **Sue Sheridan MIM, MBA**, Co-Founder and VP, Consumers Advancing Patient Safety; **Robert Wachter MD**, Professor and Chief of Medical Service, University of California Medical Center

10:00 A.M. – 10:30 A.M. **Break**

10:30 A.M. – 12:00 NOON **Breakout Session**

- T-101 — **Preventing Adverse Drug Events** Grand Ballroom 11-12
  Medication Reconciliation
- T-102 — **Eliminating Errors in Hospitals** Atlanta/Boston
  Improving the Effectiveness and Safety of ICU Care
- T-103 — **Failure to Rescue** Grand Ballroom 8
  Getting Started with Rapid Response Teams
- T-104 — **Improving Safety in Chronic Disease Management** Key West
  Creating Prepared, Proactive Practice Teams
- T-105 — **System-Wide Intervention** Grand Ballroom 9-10
  Creating and Sustaining a Successful Safety Program
- T-106 — **Research** Grand Ballroom 13
  Transitions in Care Research
- T-107 — **System-Wide Intervention** Miami
  Support Services for People Involved in Medical Errors
- T-108 — **Reducing Role Conflicts** Grand Ballroom 14
  Shaping a Partnership with Labor/Management to Advance Patient Safety
- T-109 — **Eliminating Errors in Hospitals** Anaheim
  Application of Crew Resource Management Principles in Health Care

12:00 NOON – 1:00 P.M. **Lunch and Book Signings in Exhibit Hall**

1:00 P.M. – 2:30 P.M. **Breakout Sessions**

- T-201 — **Preventing Adverse Drug Events** Grand Ballroom 8
  A System's Approach to Reducing ADE's: The Fairview Story
- T-202 — **Improving Safety in Hospitals** Grand Ballroom 11-12
  Supplier Solutions: Suppliers Present High Impact Safety Solutions Using a Standardized Evidence Based Framework
- T-203 — **Eliminating Errors in Hospitals** Grand Ballroom 9-10
  Update on 100K Lives Campaign
- T-204 — **Failure to Rescue** Grand Ballroom 13
  Technology Performance Solutions
- T-205 — **Improving Safety in Chronic Disease Management** Miami
  Using Information Technology to Achieve Safe and Effective Chronic Disease Care
- T-206 — **Reducing Role Conflicts** Grand Ballroom 14
  Lessons Learned in Simulation Training
- T-207 — **Research** Atlanta/Boston
  Ambulatory Care Research
- T-208 — **System-Wide Intervention** Anaheim
  State-Wide Patient Safety Programs

2:30 P.M. – 3:00 P.M.	**Break**
3:00 P.M. – 4:30 P.M.	**Breakout Sessions**

T-301 — **Preventing Adverse Drug Events** Atlanta/Boston
Ambulatory ADE's - Practical Approaches to Ambulatory Patient Safety
T-302 — **Failure to Rescue** Miami
The Consumer Perspective on Patient Safety
T-303 — **Improving Safety in Chronic Disease Management** Grand Ballroom 13
Managing Transition: Site to Site, Person to Person
T-304 — **Reducing Role Conflicts** Grand Ballroom 8
Look, then Look Again: The surprising power of what we take for granted in clinical practice
T-305 — **Research** Grand Ballroom 9-10
Safety Culture Measures
T-306 — **System-Wide Intervention** Grand Ballroom 11-12
Building a High Reliability System-Wide Patient Care Infrastructure: The Clarian Safe Passage Program
T-307 — **Long Term Care** Anaheim
Resident Safety Strategies in Long-Term Care High Risk Areas
T-308 — **Eliminating Errors in Hospitals** Grand Ballroom 14
Pursuing Perfection Improve Patient Care with AMI's

4:30 P.M. – 5:00 P.M.	**Break**
5:00 P.M. – 6:00 P.M.	**Plenary** Grand Ballroom 8

Leadership from Apartheid to Post-Apartheid South Africa: Lessons for Health Care
Dr. Mamphela Ramphele, a South African national, is the Chair of Circle Capital Ventures, a Cape Town based company focusing on growing companies and investing in people. As former Managing Director of the World Bank Dr. Ramphele was responsible for managing the institution's human development activities in the areas of education; health, nutrition, and population; and social protection.

6:00 P.M. – 8:00 P.M.	**Reception**

iday, May 6

7:00 A.M. – 8:30 A.M.	**Breakfast Roundtable Discussions** (centrally located on lower level)
7:00 A.M. – 8:30 A.M.	**Leadership Breakfast** (centrally located on lower level)
7:00 A.M. – 8:30 A.M.	**Research Breakfast** (centrally located on lower level)
8:45 A.M. – 10:15 A.M.	**Plenary*** Grand Ballroom 8

Listening to the People: How Literacy and Communicating Initiatives Improve Patient Safety
This presentation will review the relationship between literacy and health outcomes and give examples of the risk of low literacy for patient safety.
Moderator: **Josie Williams MD, MMM,** Director, Rural and Community Health Institute: Quality of Patient Safety Initiatives Assistant Professor of Internal and Family Medicine A&M System Health Science Center, College Station, TX
Toni Cordell Literacy Advocate, Charlotte, NC
Archie Willard Literacy Advocate, New Readers of Iowa, Iowa Health System, Eagle Grove, IA
Darren DeWalt MD, MPH, Assistant Professor of Medicine, Division of General Internal Medicine, UNC-Chapel Hill, NC
*Sponsored by: Pfizer's Clear Health Communication Initiative & The Partnership for Clear Health Communication.

10:15 A.M. - 10:45 A.M.	**Break**
10:45 A.M. - 12:15 P.M.	**Breakout Sessions**

F-401 — **Preventing Adverse Drug Events** Anaheim
The Role of Technology in Reducing ADE's: Smart Pumps
F-402 — **Eliminating Errors in Hospitals** Miami
Reducing Risk of Wrong Site Surgeries
Implementation of CMS-SIPP Measures in Surgery: Strategies to Achieve Success
F-403 — **Failure to Rescue** Grand Ballroom 11-12
The Past, Present and Future of Rapid Response: The Evidence
F-404 — **Improving Safety in Chronic Disease Management** Marco Island
The Informed, Activated Patient and Family
F-405 — **Patients and Families** Grand Ballroom 9-10
Creating Effective Partnerships with Patients and Families
F-406 — **Eliminating Errors in Hospitals** Grand Ballroom 8
Error Proofing Healthcare to Improve Patient Safety
F-407 — **Eliminating Errors in Hospitals** Atlanta/Boston
Pay for Performance - Do Financial Incentives Improve Quality and Safety?
F-408 — **Reducing Role Conflicts** Harbor Beach
Partnering for Patient Empowerment through Community Awareness: a Hospital-Public Library Collaborative Program
F-409 — **Improving Safety in Hospitals** Grand Ballroom 13
Supplier Solutions: Suppliers Present High Impact Safety Solutions Using a Standardized Evidence Based Framework

F-410 — **Improving Safety in Hospitals** Grand Ballroom 14
Supplier Solutions: Suppliers Present High Impact Safety Solutions Using a Standardized Evidence Based Framework

12:15 P.M. - 1:15 P.M. — **Lunch and Book Signings in Exhibit Hall**

1:15 P.M. - 2:45 P.M. — **Breakout Sessions**

F-501 — **Preventing Adverse Drug Events** Anaheim
Special Population Strategies: Pediatrics and Geriatrics

F-502 — **Eliminating Errors in Hospitals** Grand Ballroom 8
From the Cockpit to the Bedside: Using Crew Resource Management for High Impact Team Training and Culture Change

F-503 — **Research** Grand Ballroom 9-10
NPSF Research: Talking to Patients About Medical Errors; Partnering with Patients and Families to Promote Patient Safety; Error Persistence in Fast-Paced Diagnostic Problem Solving

F-504 — **System-Wide Intervention** Miami
Florida Patient Safety Network - A Model for Other States

F-505 — **System-Wide Intervention** Harbor Beach
International Patient Safety Solutions in Action

F-506 — **Reducing Role Conflicts** Atlanta/Boston
Driving Patient Safety Success with Measurement, Culture, Governance Leadership, and Public Reporting

F-507 — **System-Wide Intervention** Marco Island
Health Literacy: Practical Techniques for Clinical Practice

F-508 — **Reducing Role Conflicts** Grand Ballroom 11-12
Communicating Your Way to Patient Safety

F-509 — **Eliminating Errors in Hospitals** Grand Ballroom 13
Saving 100k Lives Campaign – Failure is Not an Option

F-510 — **Improving Safety in Hospitals** Grand Ballroom 14
Supplier Solutions: Suppliers Present High Impact Safety Solutions Using a Standardized Evidence Based Framework

2:45 P.M. – 3:15 P.M. — **Break**

3:15 P.M. – 5:00 P.M. — **Closing Plenary** Grand Ballroom 8

Distinguished Advisors Town Hall, Donald Berwick MD, MPP, President and CEO, Institute for Healthcare Improvement (invited), **Carolyn Clancy MD,** Director, Agency for Healthcare Research and Quality; **James Conway MBA, MSC, CHE,** Executive Vice President and Chief Operating Officer, Dana Farber Cancer Institute; **Kenneth Kizer MD, MPH,** President and Chief Executive Officer, The National Quality Forum (invited); **David Lawrence MD,** Retired Chairman and Chief Executive Officer, Kaiser Foundation Health Plan and Hospitals; and **Lucian Leape MD,** Adjunct Professor of Health Policy, Harvard School of Public Health.

（附件二）

SBAR report to physician about a critical situation

S	<u>**Situation**</u> **I am calling about** <patient name and location> **The patient's code status is** <code status> **The problem I am calling about is** ______________________________. I am afraid the patient is going to arrest. **I have just assessed the patient personally:** **Vital signs are**: Blood pressure _____/_____, Pulse ______, Respiration_____ and temperature ______ **I am concerned about the:** Blood pressure because it is over 200 or less than 100 or 30 mmHg below usual Pulse because it is over 140 or less than 50 Respiration because it is less than 5 or over 40. Temperature because it is less than 96 or over 104.
B	<u>**Background**</u> **The patient's mental status is:** Alert and oriented to person place and time. Confused and cooperative or non-cooperative Agitated or combative Lethargic but conversant and able to swallow Stuporous and not talking clearly and possibly not able to swallow Comatose. Eyes closed. Not responding to stimulation. **The skin is:** Warm and dry Pale Mottled Diaphoretic Extremities are cold Extremities are warm **The patient is not or is on oxygen.** The patient has been on ________ (l/min) or (%) oxygen for ______ minutes (hours) The oximeter is reading _______% The oximeter does not detect a good pulse and is giving erratic readings.
A	<u>**Assessment**</u> **This is what I think the problem is:** <say what you think is the problem> **The problem seems to be cardiac infection neurologic respiratory** _____ **I am not sure what the problem is but the patient is deteriorating.** **The patient seems to be unstable and may get worse, we need to do something.**
R	<u>**Recommendation**</u> **I suggest or request that you** <say what you would like to see done>. transfer the patient to critical care come to see the patient at this time. Talk to the patient or family about code status. Ask the on-call family practice resident to see the patient now. Ask for a consultant to see the patient now. **Are any tests needed:** Do you need any tests like CXR, ABG, EKG, CBC, or BMP? Others? **If a change in treatment is ordered then ask:** How often do you want vital signs? How long to you expect this problem will last? If the patient does not get better when would you want us to call again?

（附件三）

Do you know?

Which of the following is the strongest predictor of an individual's health status?

A. Age

B. Income

C. Literacy skills

D. Employment status

E. Education level

F. Racial or ethnic group

Answer:
C – Literacy Skills

Surprised? If so, you are not alone.
According to the Institute of Medicine, nearly half of all American adults — 90 million people — have difficulty understanding and using health information.

What Is Health Literacy?

Health literacy is the ability to read, understand and effectively use basic medical instructions and information. Low health literacy can affect anyone of any age, ethnicity, background, or education level.

People with low health literacy:

- Are often less likely to comply with prescribed treatment and self-care regimens.
- Fail to seek preventive care and are at higher (more than double) risk for hospitalization.
- Remain in the hospital nearly two days longer than adults with higher health literacy.
- Often require additional care that results in annual health care costs that are four times higher than for those with higher literacy skills.

Why Is It Important to Me?

Chances are high that some of your patients are among the 90 million people in the United States whose health may be at risk because of difficulty in understanding and acting on health information.

In fact, you may not even know that these patients are in your practice because:

- They are often embarrassed or ashamed to admit they have difficulty understanding health information and instructions.
- They are using well-practiced coping mechanisms that effectively mask their problem.

The **Partnership for Clear Health Communication** can help physicians and other clinicians gain access to information, resources and practical tools. Among these tools is a new patient education program called **Ask Me 3™**, which is designed to enhance communication between patients and providers.

Patients Should Be Encouraged to Understand the Answers to Three Questions:

1. What is my main problem?
2. What do I need to do?
3. Why is it important for me to do this?

Materials to encourage patients to **Ask Me 3** are available at **www.AskMe3.org** or by calling **1-877-427-5633**.

Myth vs. Reality

As an emerging public health issue, low health literacy is often misunderstood as a condition that affects a small, specific portion of the population. In reality, its scope is much broader and its impact much more severe.

Myth: Most people with low literacy skills come from minority backgrounds.

Reality: Although ethnic minority groups are disproportionately affected by low literacy, the majority of those with low literacy skills in the United States are white, native-born Americans.

- Others who are especially vulnerable in a health care situation include:
  - Older patients
  - Recent immigrants (who may be highly literate in their native language)
  - People with a chronic disease
  - Those with low socioeconomic status

Myth: My patients are generally well-read and college-educated. They understand the information I give to them.

Reality: The average American reads at the 8th-9th grade level; however, health information is usually written at a higher reading level. Most patients – regardless of their reading or language skills – prefer medical information that is simple and easy to understand.

- Additional factors that may hinder understanding include:
  - Intimidation, fear, vulnerability
  - Shock upon hearing a diagnosis
  - Extenuating stress within the patient's family
  - Multiple health conditions to understand and treat

Myth: Encouraging my patients to ask more questions will increase the length of their visit. I simply can't afford to spend more time with each patient.

Reality: Fearing lengthy appointments, most doctors allow patients to talk for an average of 22 seconds before taking the lead. Research shows, however, that if allowed to speak freely, the average patient would initially speak for less than two minutes. Encouraging questions during the initial visit may require a short-term time investment; however, the long-term payoff may include more accurate compliance, less follow-up visits, and shorter, more focused interactions as the patient proceeds through his/her condition.

What Do I Need to Do?

1. Answer 3

Along with encouraging your patients to use the **Ask Me 3™** approach, simple techniques can increase your patients' comfort level with asking questions, as well as compliance with your instructions after they leave appointments.

- Create a safe environment where patients feel comfortable talking openly with you.
- Use plain language instead of technical language or medical jargon.
- Sit down (instead of standing) to achieve eye level with your patient.
- Use visual models to illustrate a procedure or condition.
- Ask patients to "teach back" the care instructions you give to them.

2. Learn more about low health literacy

Go to **www.AskMe3.org** for research studies on the issue of low health literacy, a white paper detailing the scope and impact of the problem, and communication tools to help you in your practice.

3. Incorporate new knowledge into your practice

Broadening your knowledge of the low health literacy issue and associated concerns will help you to better treat your patients. A list of additional literacy resources, explanations of interaction techniques, and examples of simple interventions are also available at **www.AskMe3.org**.

Ask Me 3 is an educational program provided by the **Partnership for Clear Health Communication** to promote clear communication between health care providers and patients.

The **Partnership for Clear Health Communication** is a national, nonprofit coalition of organizations that are working together to promote awareness and solutions around the issue of low health literacy and its effect on health outcomes. The Partnership serves consumers, public health officials, health care professionals, health educators, literacy specialists, patient advocates and caregivers, health associations and policymakers.

The Partnership and its individual members are committed to offering free and low-cost resources and programs that deliver patient information, medical education and practice management tools to care and information providers.

Partnership Board of Directors:

American Federation for Aging Research
American Medical Association Foundation
American Nurses Association
American Pharmacists Association
American Public Health Association
California Literacy, Inc.
National Alliance for Caregiving
National Association of Community Health Centers
National Coalition for Literacy
National Council of La Raza, Institute for Hispanic Health
The National Council on the Aging
National Health Council
National Medical Association
Janet Ohene-Frempong, MS
Partnership for Prevention
Pfizer Inc
ProLiteracy Worldwide

Partnership for Clear Health Communication

www.askme3.org

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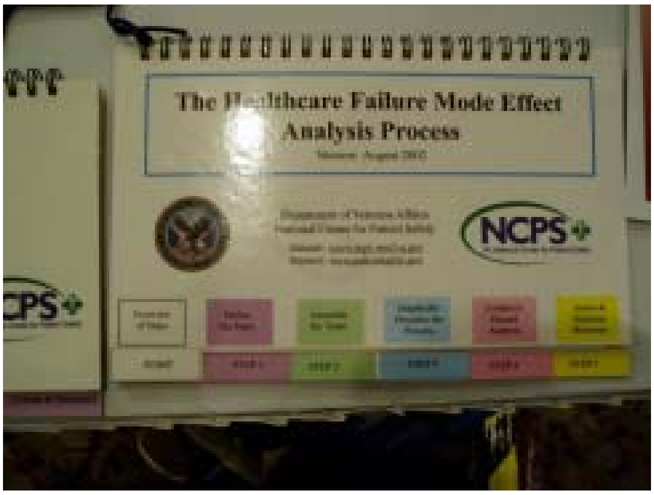
（附圖）

圖一


Failure Mode Effect
Analysis Process
NCPS

圖二


ASKME!

圖三


Ask
Me
If I've
Washed
My Hands

（附件五）

7th NPSF Patient Safety Congress

Let's Get On With It - Round 2

紀寧雲 委員, 蔡素玲 副處長, 黃官妹 專員

May 4 - 6, 2005
Orlando, FL

1

會議目標

- 為病人及員工建立一安全與支持的組織文化
- 落實並執行病人安全之相關研究成果於各醫療照護單位以改善病人安全
- 無論是個人或者是組織，應使用現有之工具、最好的執行方式和相關資源用以確保文化改造
- 發現與改善目前之困境以改善現況
- 運用員工創意及科技以改善現今之困境

2

參加人員

- 約1500人參加

亞洲：（台灣-4、新加坡-14、日本-1、韓國-1）

其他：英國、加拿大、丹麥、以色列、荷蘭、澳洲

3

May 4 , 2005

Pre-Congress

1. Executive Leadership Day
2. Pathways to Medication Safety：Train the Trainer
3. Institute for Healthcare Improvement （IHI） Minicourse

4

Executive Leadership Day

An Essential Patient Safety Requirement: Teamwork in the "C Suite"

CEO → Chief Executive Officer
CFO → Chief Financial Officer
CMO → Chief Medical Officer
CNO → Chief Nursing Officer
CIO → Chief Information Officer

5

Executive Leadership Day

Leader in high-reliability organization realize:

- Culture is local
- Change is the work of team
- Communication must be a focus
- Respect for the wisdom of front-line workers is central to advancing safety.

6

Pathways to Medication Safety：Train the Trainer

進行方式：

由講師說明教材的使用方式與時機

教材介紹：

1. Leading a strategic planning effort
2. Looking collectively at Risk
3. Assessing Bedside Bar-coding Readiness

7

Institute for Healthcare Improvement （IHI） minicourse

進行方式：

影帶播放，小組討論，重點提示

內容重點：

- 團隊合作與溝通（醫療提供者、病人與家屬）
- 醫學倫理
- 手術安全
- 感染管制

8

Institute for Healthcare Improvement （IHI） minicourse

"I Know the name of all the personnel that I worked with during my last shift"

醫生：19.4%

醫事技術人員：45%

護士：83.3%

9

May 5, 2005　IHI minicourse

Situation:

在5-10秒鐘內簡潔有力的形容狀態

Background:

整個事件的經過，現有的數據資料，如何發生此狀況？

Assessment:

發生了什麼樣的問題？

Recommendation:

現在需要做些什麼？

10

May 5-6 , 2005

本場會議

1. No Excuses：The Reality Demanding Action
2. Listening to the People：How Literacy and Communicating Initiatives Improve Patient Safety

11

主場會議主題（No Excuse）

- 克服一些無謂的理由讓那些危害病人安全的事件不會發生

病人安全工作上六個常見的抗拒工作因素

1. 商業成本考量
2. 缺少具體直接的證據
3. 價值觀與領導能力
4. 能力與資源
5. 權限與自我能力
6. 擔心錯誤的揭露

12

主場會議主題（Health Literacy）

- 瞭解基本的語言辨識能力與健康狀態及病人安全之間的關係

Health Literacy:

"The degree to which individuals can obtain, process, and understand the basic health information and services they need to make appropriate health decisions."

-Institute of Medicine report, 2004

13

主場會議主題（Health Literacy）

- National Adult Literacy Survey-1993 41-55% population has low literacy
- 90 million American has low literacy
- 75% patients with low health literacy
- Inadequate health literacy increase with age ,relationship between outcome of health care.
- 80 % aged people have chronic disease, average 20 Rx/year ,8 physicians (Compare to 9 Rx/per adult/per year)

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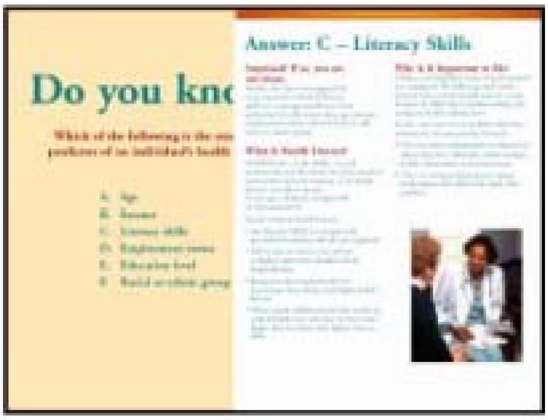

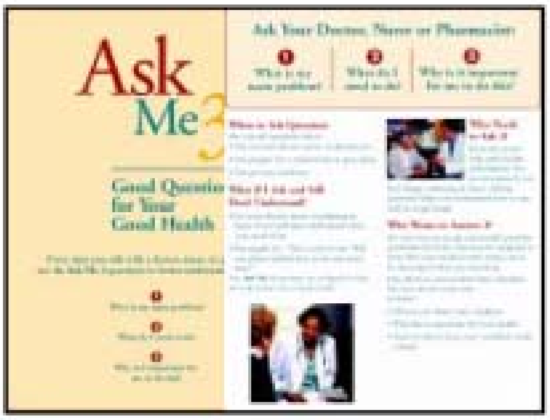

May 5-6 , 2005

分場會議主題

1. 預防不良用藥事件（Preventing adverse drug event）
2. 系統性介入（System-wide Intervention）
3. 提升慢性病安全管理（Improving Safety in Chronic Disease Management）
4. 研究（Research）
5. 提升醫院之安全（Improve safety in Hospitals）

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醫療供給者面向重點

- 提供國際之間醫療照護者的工作案例研究分享
- 從財務層面鼓勵病人安全的機制，如 "pay for performance"
- 提升病人與其家屬之間的溝通
- 建立消費者型態的資訊及教育
- 應特別針對基層照護、門診照護、非住院服務、重症照護及手術加強病人安全

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醫療供給者面向重點

- 應對特殊的族群進行病人安全的倡導，包含具有慢性疾病的老人、小孩以及城鄉差距較大的人群
- 改善病人安全的必要條件包含文化的改變及領導者
- 基礎的研究亦會影響病人安全未來的倡導方向
- 資訊科技的運用，含電子病歷的應用
- 組織中的每個角色均是重要的關鍵

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消費者面向重點

- 病人及其家人在對於改善病人安全和減少醫療錯誤的議題上扮演著完整的角色
- 對於醫療上的疑問應與醫療提供者有充分的溝通

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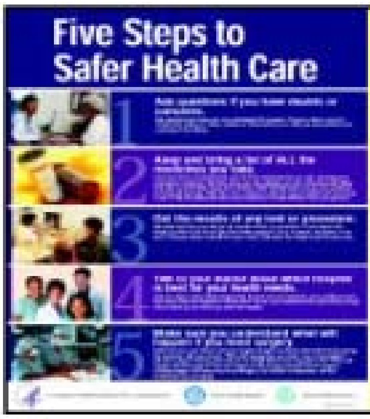

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國內病人安全工作建議

- 強化國內病人安全醫院領導團隊共同參與，應加強醫院領導人（包括各類"C suite"），對病人安全之認識與共識。
- 建議成立一病人安全教育小組，包括醫師、藥師、護理人員、醫院行政人員和衛生教育人員，將此次所攜回之教材重整彙編，以符合我國國情之病安教材，供各醫院教育使用。
- 持續不斷的強化各類專業人員病人安全教育及環境之營造，加強對病人安全師資培訓與教材製作。

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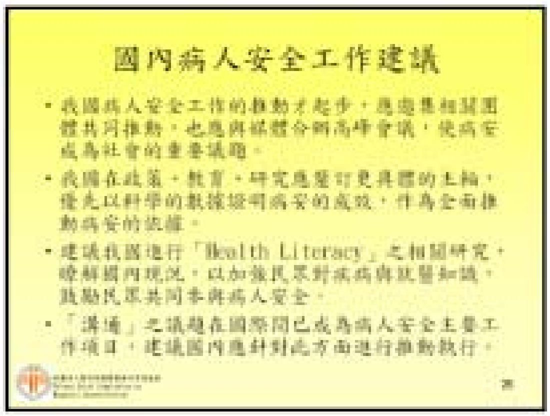
國內病人安全工作建議
• 我國病人安全工作的推動才起步，應邀集相關團體共同推動，也應與媒體合辦高峰會議，使病安成為社會的重要議題。
• 我國在政策、教育、研究應釐訂更具體的主軸，優先以科學的數據證明病安的成效，作為全面推動病安的依據。
• 建議我國進行「Health Literacy」之相關研究，瞭解國內現況，以加強民眾對疾病與就醫知識，鼓勵民眾共同參與病人安全。
• 「溝通」之議題在國際間已成為病人安全主要工作項目，建議國內應針對此方面進行推動執行。


～謝謝～
～敬請指教～