



EUROPEAN RAIL
SAFETY DAYS
2021 Porto
3 - 5 November

Committed to Safety!

Managing safety in healthcare: First lessons from COVID

Session 3: Learning from safety critical sectors

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Clinical Risk Management and Patient Safety Center

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PATIENT SAFETY IN THE NATIONAL HEALTHCARE FEDERATED SERVICE



before 2017

- establishment of a patient safety incident reporting system in each hospital;
- local and regional clinical risk management function;
- the creation of a national repository of safety practice
- mandatory monitoring of sentinel events and claims



“Patient safety is a fundamental right of each individual within any healthcare service and it is a primary goal of the national healthcare service.”

TUSCANY HEALTHCARE SERVICE



The regional public healthcare system accounts for 3.7 millions citizens

7 local healthcare trusts (32 community hospitals for acute cure), 4 university hospitals, in 3 wide geographic area

50.000 employees (18.000 nurses, 7000 physicians, 5000 clerical ecc.)

13.500 beds for 650.000 in-patients per year

Highest scores in most of the national benchmarks on Q&S

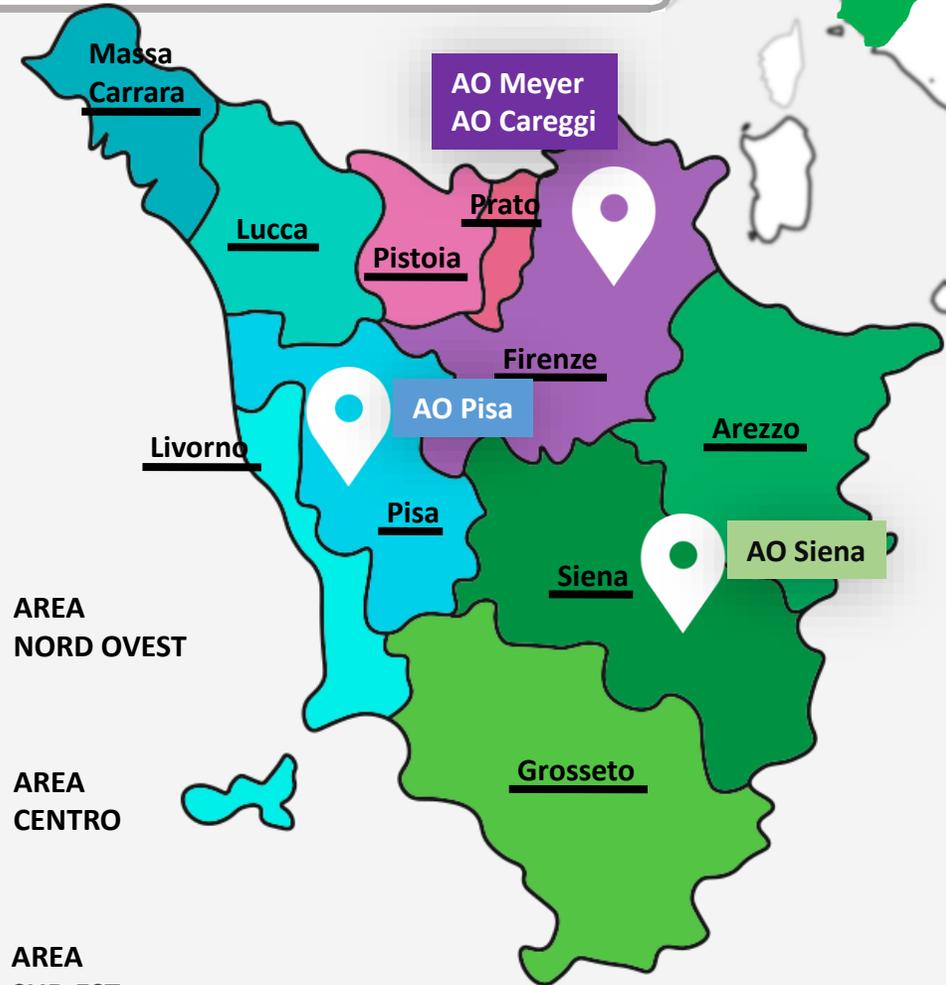
Health fund per year 6730M€



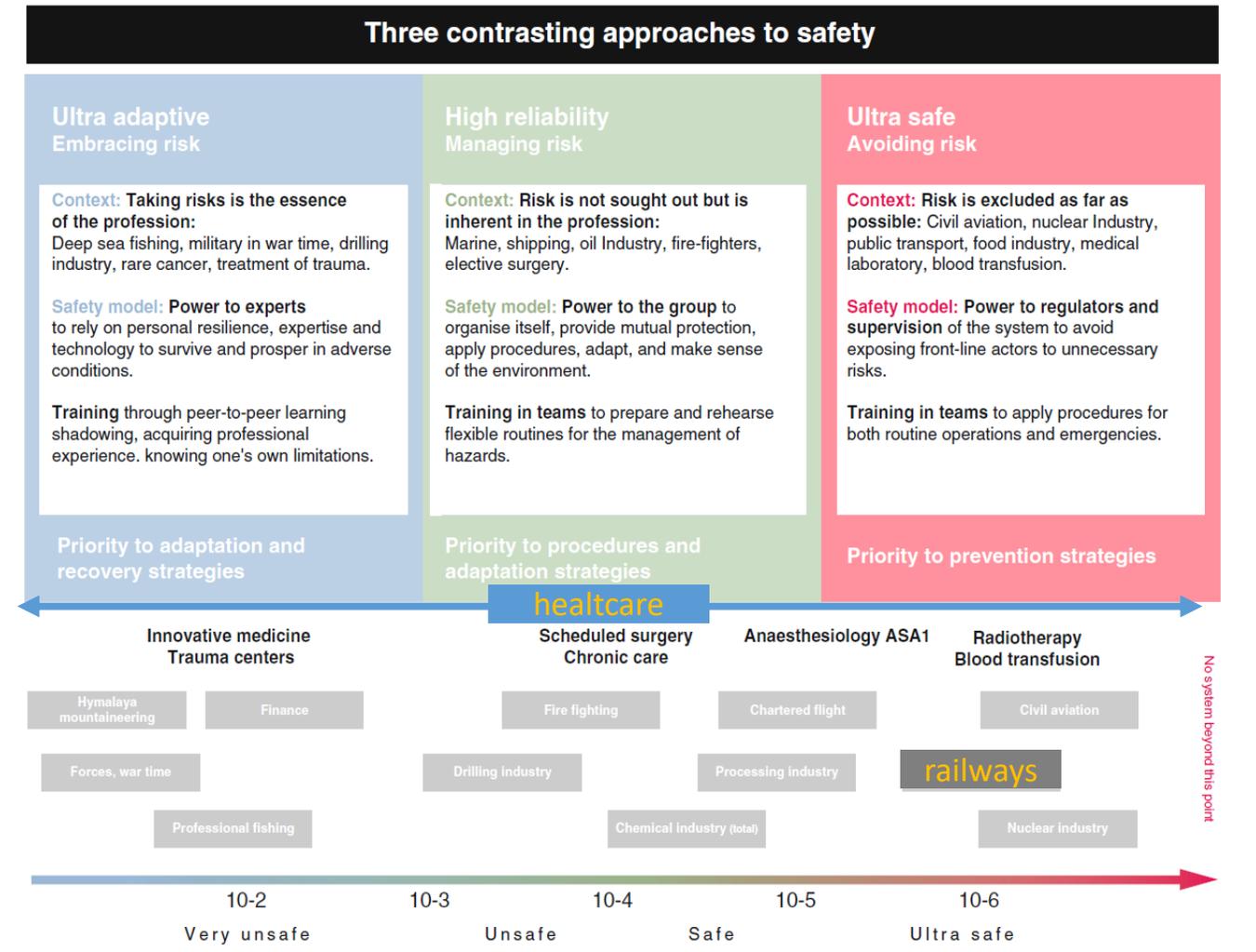
AREA
NORD OVEST

AREA
CENTRO

AREA
SUD EST



TUSCANY HEALTHCARE PATIENT SAFETY AND CLINICAL RISK MANAGEMENT CENTER





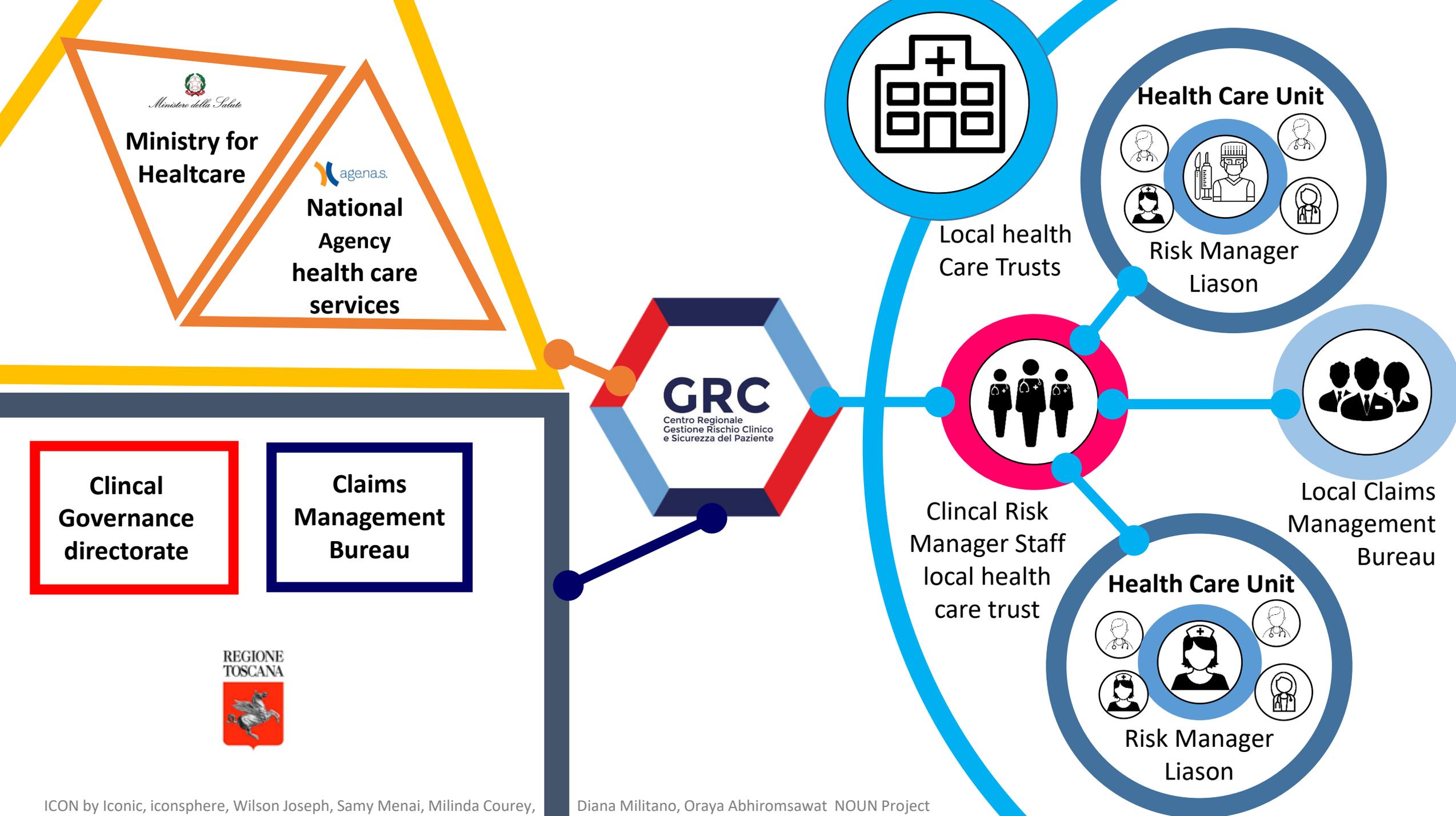
Health Care Policies
National level



Clinical Governance
Federal level



Health Care
Local level



Ministero della Salute
Ministry for Healthcare

agenas.
National Agency health care services

GRC
 Centro Regionale Gestione Rischio Clinico e Sicurezza del Paziente

Local health Care Trusts

Health Care Unit

Risk Manager Liason

Clinical Risk Manager Staff local health care trust

Health Care Unit

Risk Manager Liason

Local Claims Management Bureau

Claims Management Bureau

Clinical Governance directorate



Ministry for Healthcare

National Agency health care services

data on sentinel events

Data on claims

Data on implemented
patient safety practices

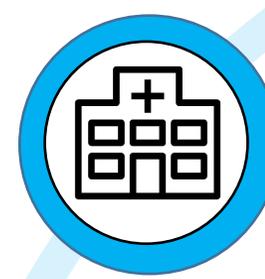
Significant Incidents reports

Performance on Safety indicators

new risks mapping

Access to network of risk
managers

Clinical Governance directorate Claims Management Bureau



Local health Care Trusts

Data on implemented
patient safety practices

Reports on **sentinel and
adverse events, claims**

Expertise

access to fieldwork and
networking

coordination

Training

Feedback on data

access to policies
negotiation

GRC
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Gestione Rischio Clinico
e Sicurezza del Paziente

Ministry for Healthcare

**National Agency
health care services**

data on **Sentinel Events**

Data on claims

Data on implemented
patient safety practices

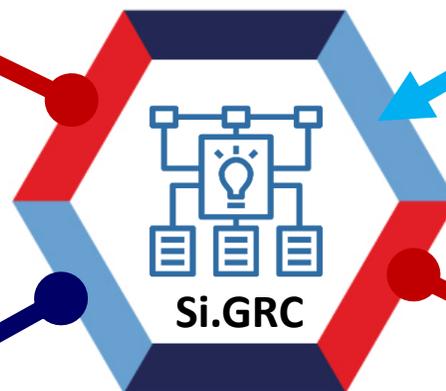
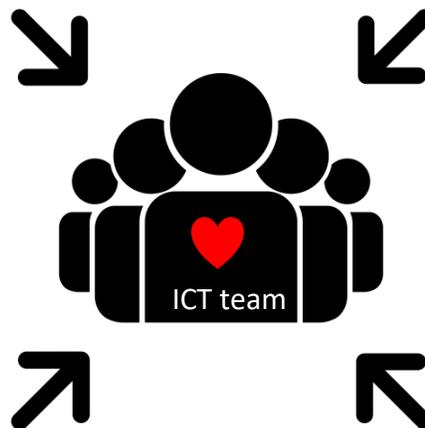
Significant Incidents reports

Performance on Safety indicators

new risks mapping

Access to network of risk
managers

**Clinical Governance directorate
Claims Management Bureau**



...Integrated
workflow
management
system (Si.GRC)
for sentinel,
and adverse
events + claims
data



Local health Care Trusts

Data on implemented
patient safety practices

Reports on **sentinel and
adverse events, claims**

Expertise

access to fieldwork and
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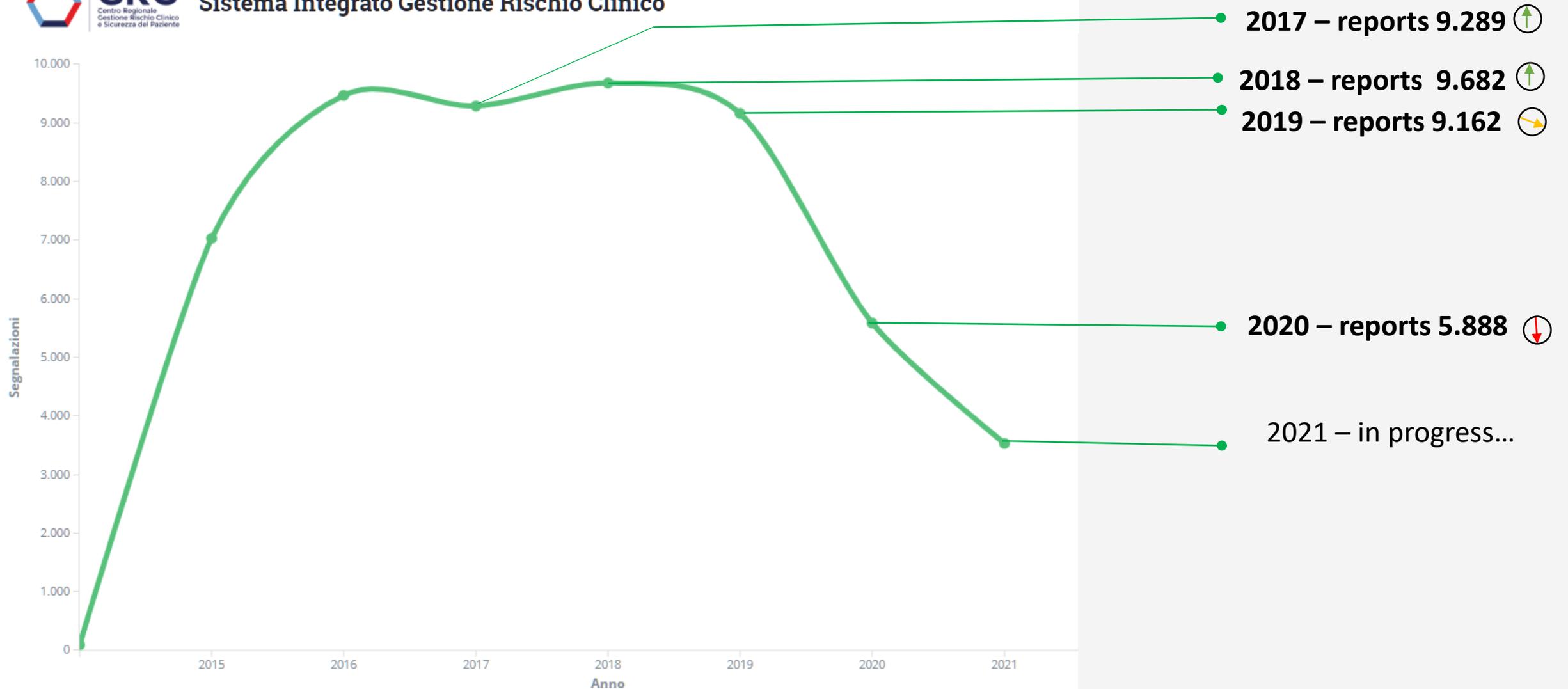
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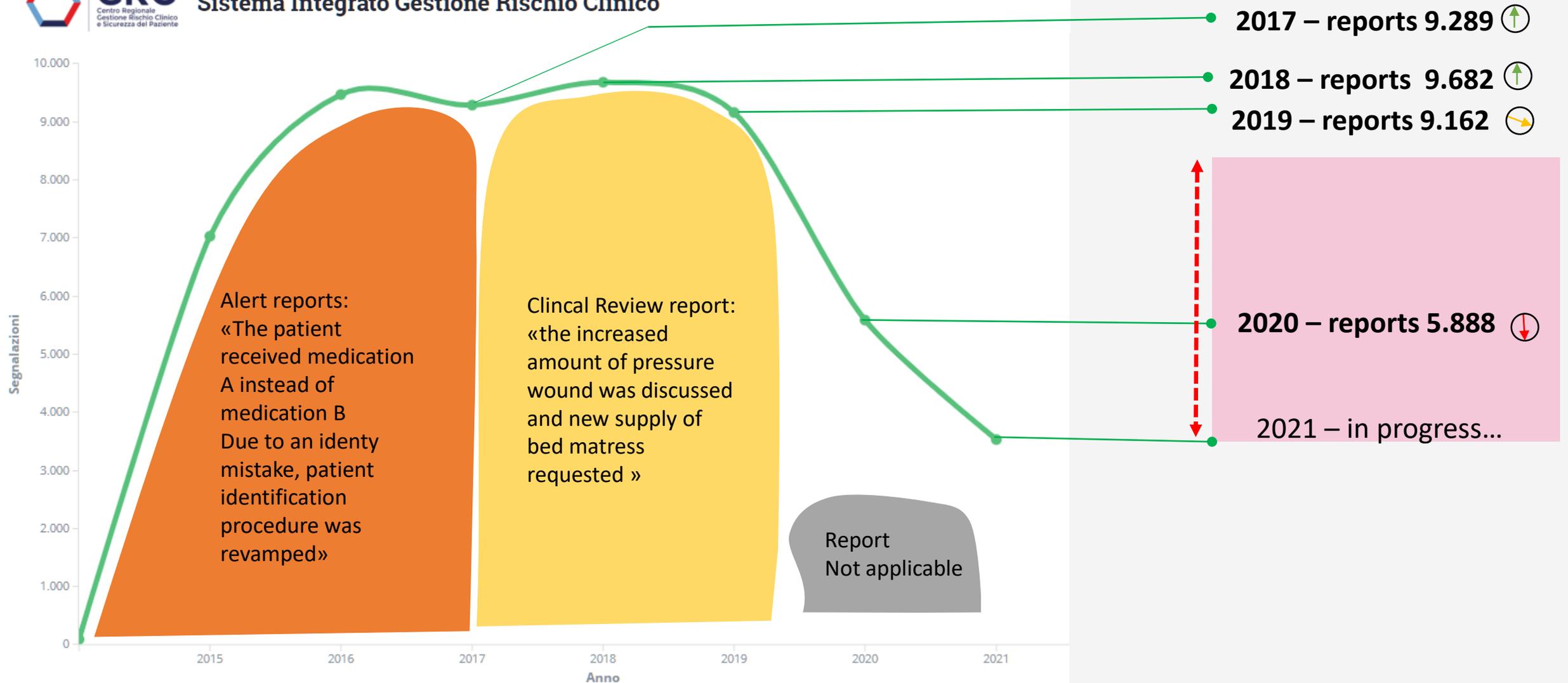
PATIENT SAFETY DATA IN THE TUSCAN HEALTHCARE FEDERATED SERVICE

Sistema Integrato Gestione Rischio Clinico



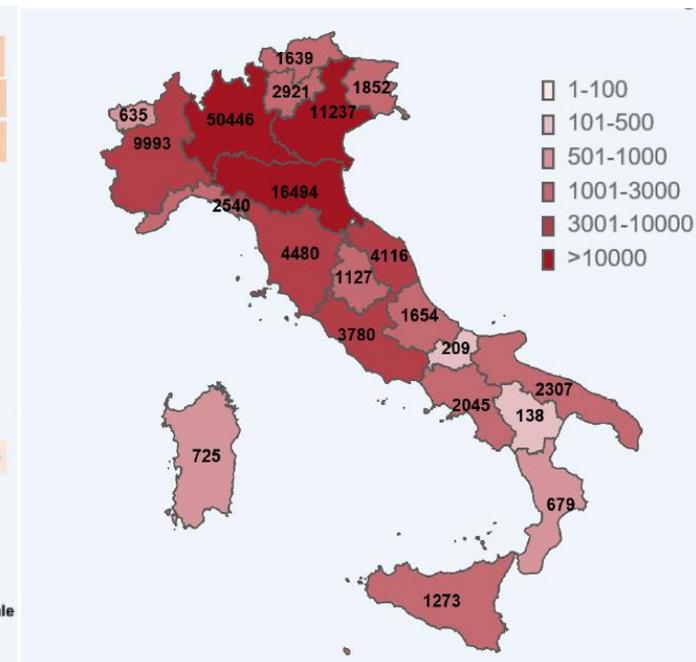
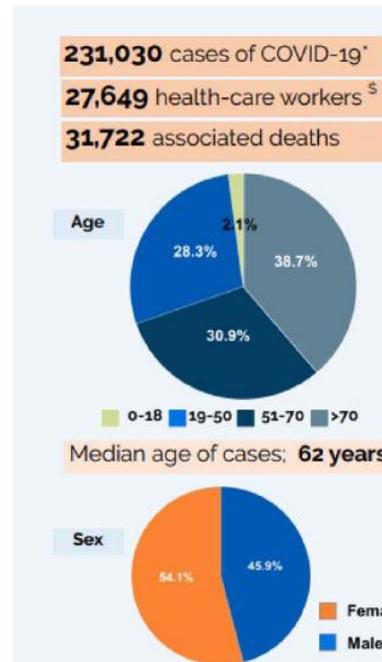
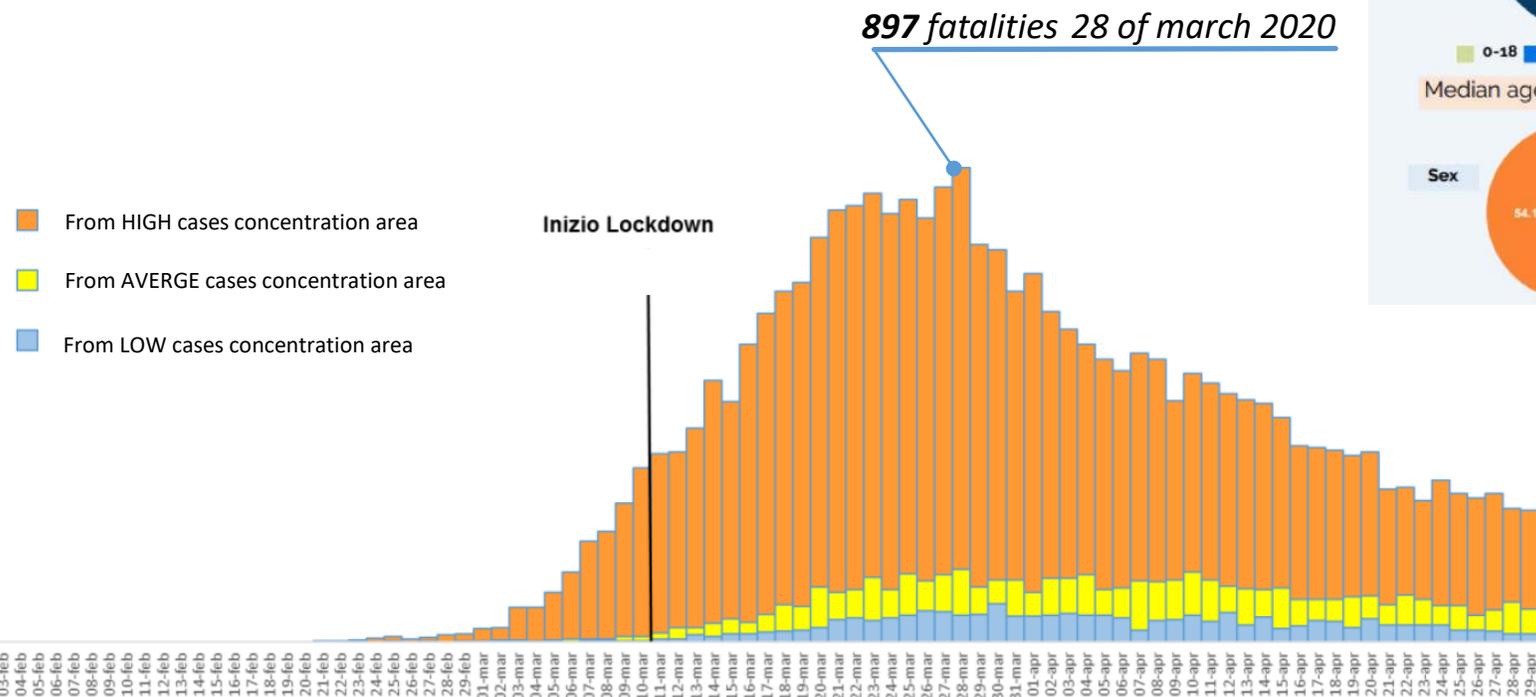
PATIENT SAFETY DATA: ADVERSE EVENTS

Sistema Integrato Gestione Rischio Clinico



IMPACT OF THE COVID-19 ON TOTAL MORTALITY OF THE RESIDENT POPULATION **MAY 2020**

daily trend of deaths reported to the Covid-19 Integrated Surveillance System, by areas of spread of the epidemic. Period 29 January-30 April 2020.



<https://www.epicentro.iss.it/coronavirus/sars-cov-2-sorveglianza-dati-archivio>

IMPACT OF THE COVID-19 EPIDEMIC: SURGE CAPACITY IN EMERGENCY **MAY 2020**

The NEW ENGLAND JOURNAL of MEDICINE

CORRESPONDENCE

Difficult decisions about which patients would be assigned ventilators were made using a cumulative patient score that took into account the urgency of each patient's need and the patient's chance of benefiting from treatment

Adaptations and Lessons in the Province of Bergamo

5 of may 2020

Stefano Fagioli, M.D.

Ferdinando Luca Lorini, M.D.

ASST–Papa Giovanni XXIII

Bergamo, Italy

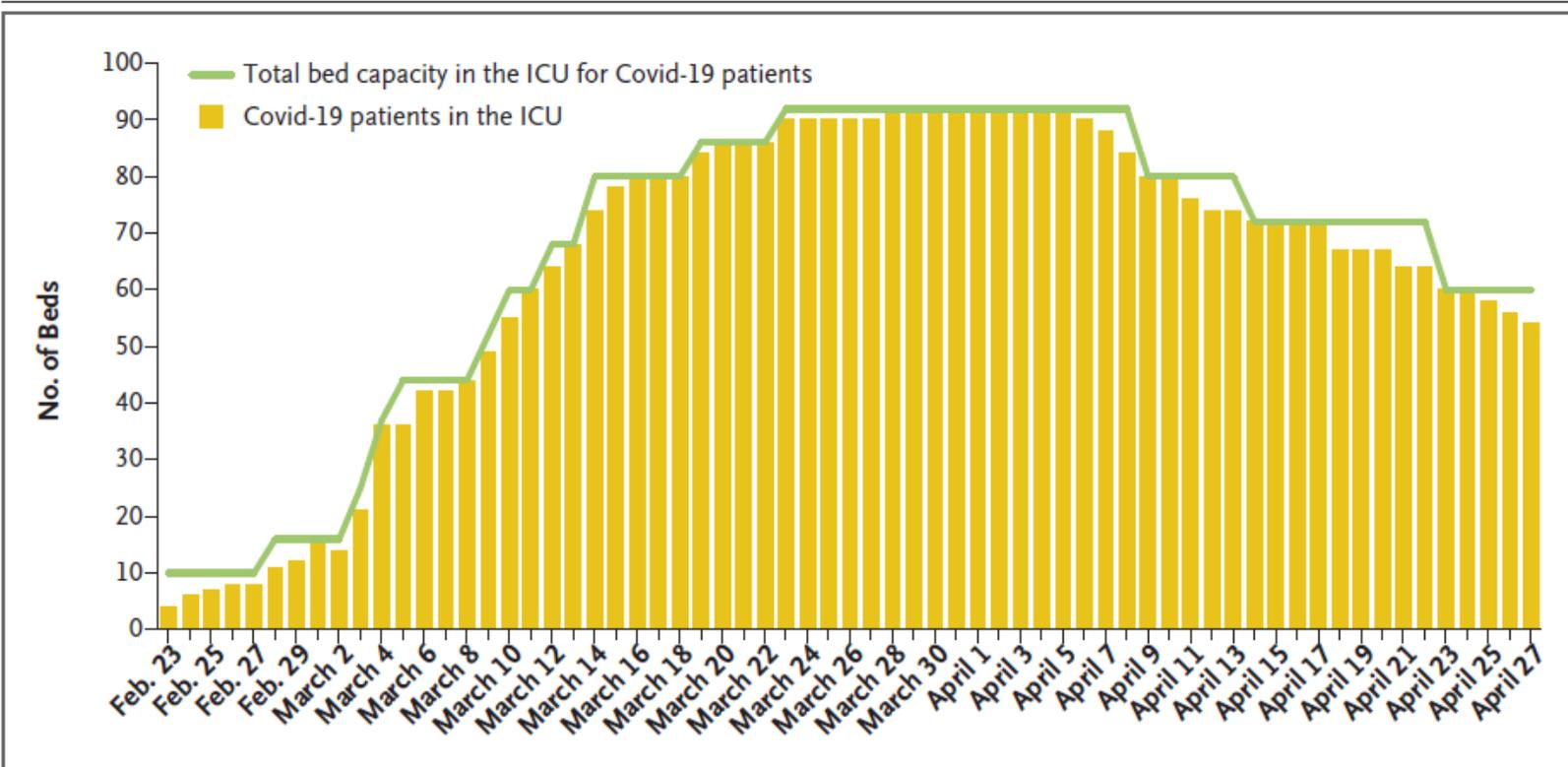
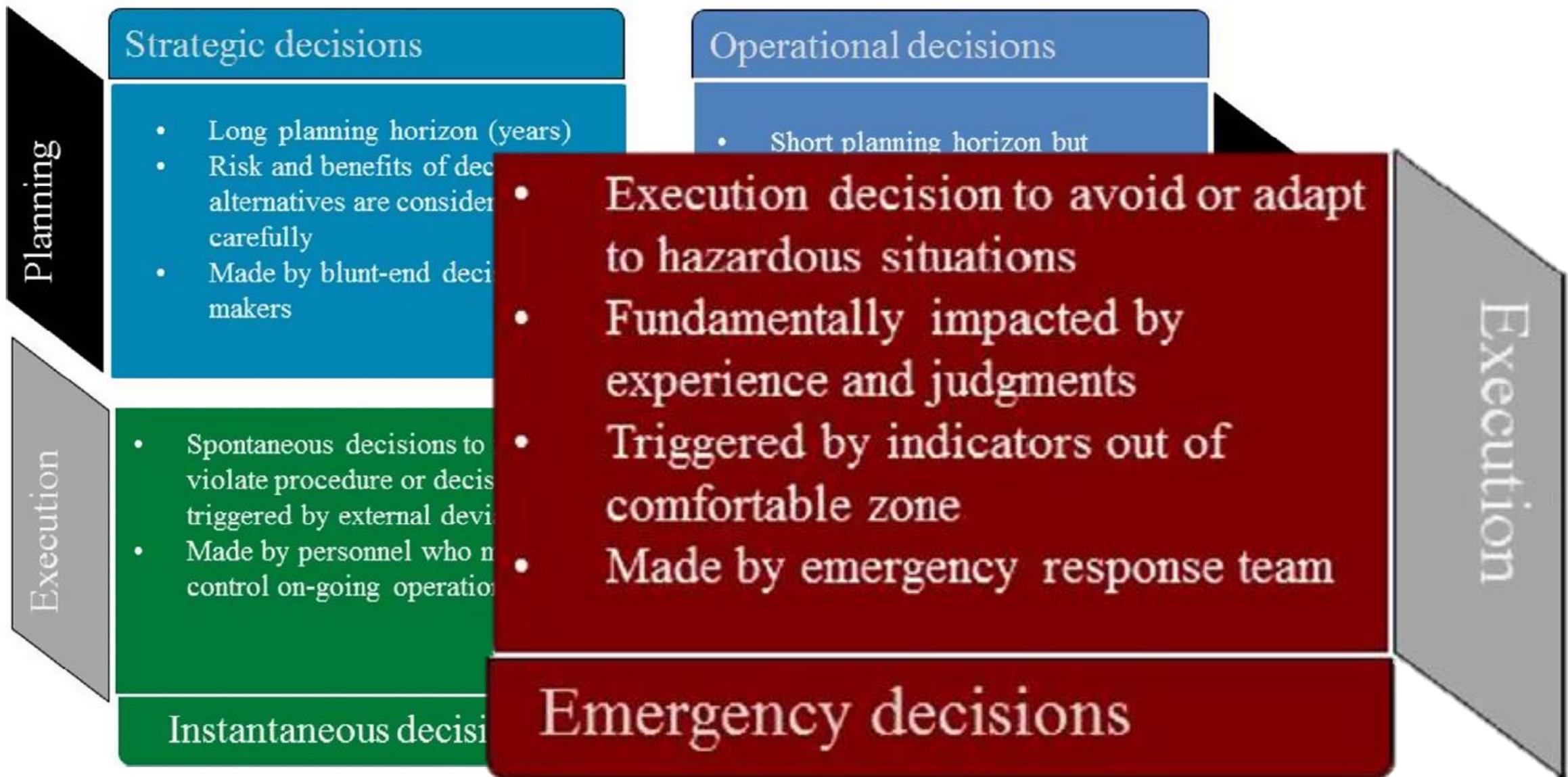


Figure 1. Availability of ICU Beds for Patients with Covid-19 and Hospitalization Trends in the ICU, February 23 through April 27, 2020.

All patients with Covid-19 hospitalized in the ICU were receiving mechanical ventilatory support. On February 28, and again on March 3, 9, 11, 13, and 19, new intensive care departments were dedicated to patients with Covid-19 and were filled within 72 hours. When ICUs began to overflow, some less-sick patients had to remain at home, where several of them died.



THE COVID TSUNAMI IMPACT ON HEALTHCARE SERVICE AND PATIENT SAFETY NETWORK

Surge Capacity

Disruption of the clinical pathways – merge of medical units into comprehensive COVID UNIT
loss of unit level liason dedicated to safety reporting

Unilateral focus on increasing and mantainance of Intensive care units capacity

Management

Collapse of management levels into one permanent unit of crisis at national, federal and local level

Healthcare workers

Emotional and cognitive disruption due to fear, uncoherent information, workload

Safety network

Permanent coordination on support to healthcare workers on biological risk management and communication, safety briefings, safety walkarounds

Patients

Closure of all non-covid related medical activities (elective surgery) and deferment of all non covid-related medical conditions execept from emergencies

THE COVID TSUNAMI AND PATIENT SAFETY NETWORK

Dream from the past



Present reality



Nightmare of the future



HEALTH CARE CRITICALITIES *UNVEILED BY* COVID19 **MAY 2020**

❌ Lack of national policy on the integration of Clinical Risk Management and Infection prevention and control

❌ Understaffing of healthcare personnel

❌ Lack of adequate supply of PPE

❌ Unskilled personnel in dressing and donning, source isolation

❌ Too much «experts» seeking for celebrity

❌ Depletion of environmental cleaning, ventilation, contact tracing

❌ Lack of diagnostic resource (microbiology lab capacity)

❌ Too much uncoherent rules and lack of clear procedures for COVID19 management

❌ Lack of strategy for intervention in community care

❌ Lack of strategy for intervention in long term care residencies

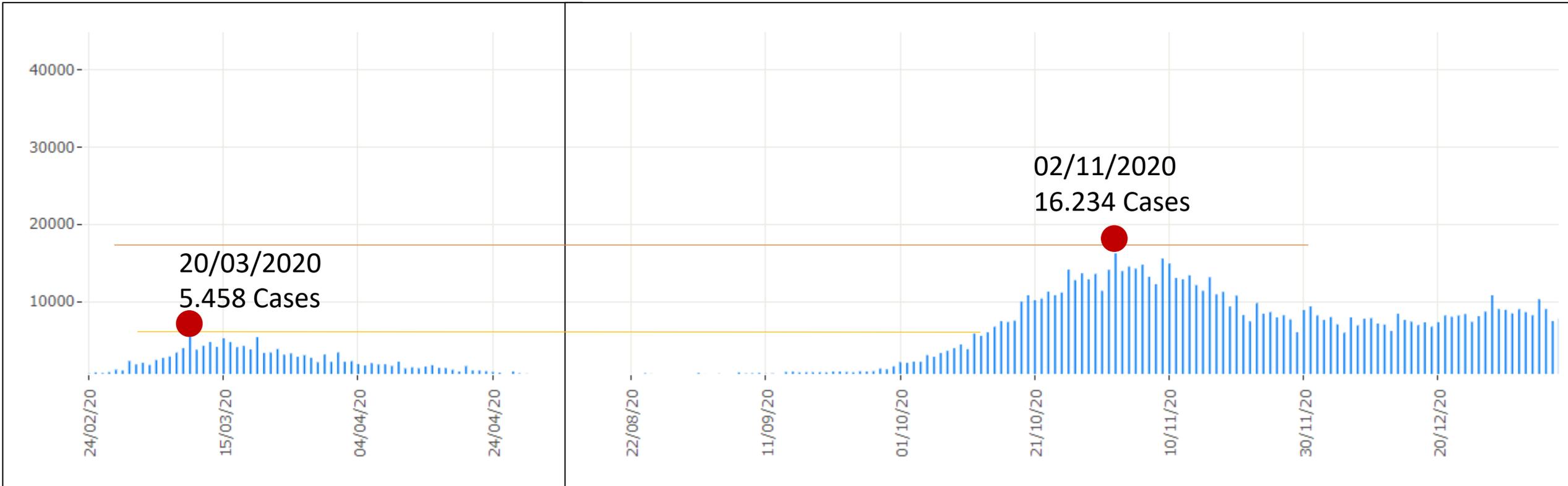
❌ Potential endurable loss on incident reporting data (safety reports)

❌ Safety reports focused on organizational issue only partially relevant for clinicians

THE COVID TSUNAMI IMPACT ON HEALTHCARE SERVICE AND PATIENT SAFETY NETWORK

First Pandemic Wave (march/april 2020)

Second Pandemic Wave (october/november 2020)



HEALTH CARE CRITICALITIES ADDRESSED DURING COVID19 OCT. 2021

 Lack of national policy on the integration of clinical risk management and Infection Prevention and Control

 Increased level of healthcare staffing

 Adequate supply of PPE

 Trained personnel in dressing and donning, source isolation

 Too much «experts» seeking for celebrity

 Revamping of environmental cleaning, ventilation, contact tracing

 Diagnostic resource (microbiology lab capacity)

 Redefinition and armonization of COVID19 standard procedures

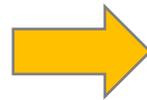
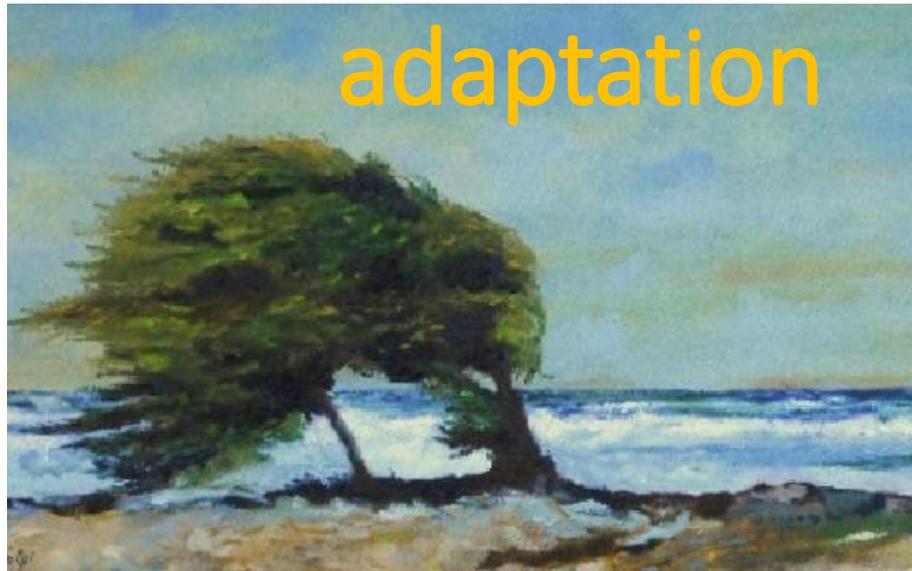
 Planning intervention in community care

 Planning intervention in long term care residencies

 Potential endurable loss on incident reporting data

 Tapping into novel source of clinical data to trigger patient safety and clinical improvement

THE COVID19 LESSON LEARNT: OPPORTUNITY TO CHANGE



Adapting means reacting to the current situation and doing what allows you to reduce and manage stress by lowering tensions. To adapt, you need reaction skills, readiness and creativity.

Changing implies a profound reflection on our way of acting and on ourselves. Change implies a choice, a decision on something to leave. To change you need courage, will and a strategy. Change leads to a transformation -if best used - towards a transformation of structure.



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