

# SafePAT Symposium 2018



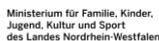
**Interreg**  
Euregio Meuse-Rhine  
European Regional Development Fund



## Joining Forces Across Borders

*Book of Abstracts*

Organizers	SafePAT Consortium
Location	CT <sup>2</sup> - Center for Teaching and Training, Forckenbeckstraße 71 52074 Aachen, Germany
Datum	October 24 <sup>th</sup> (Wednesday), 2018
Time	9.00 – 17.00



SafePAT is a project by Interreg V-A Euregio Meuse-Rhine.  
It is co-financed by the European Union and the European Regional Development Fund

# Program

Time		Activity	
9.00	–	9.30	Registration and coffee and tea
9.30	–	9.35	Welcome
9.35	–	10.15	SafePAT – Highlights
10.15	–	11.15	<a href="#">Keynote prof. dr. Cordula Wagner</a>
11.15	–	11.30	Coffee and tea
11.30	–	12.30	<a href="#">Keynote prof. dr. Tanja Manser</a>
12.30	–	13.30	Lunch
13.30	–	14.15	Parallel session 1

- [Insights on handover training I](#)
- [In search of 'The Euregion-factor'](#)
- [Patient Safety World Café!](#)
- [ADaPT: a design science approach to improve patient safety](#)

14.15	–	14.30	Coffee and tea
14.30	–	15.15	Parallel session 2

- [TeamLEADER: A game that will leave your brain puzzled](#)
- [Implementation of SBAR tools in hospital settings](#)
- [Insights on handover training II](#)
- [10 years of safety culture assessment in Belgium](#)

15.15	–	16.00	Plenary discussion
16.00	–	17.00	Informal drinks

### About Cordula Wagner

Cordula Wagner (PhD, physiotherapist, sociologist) is executive director of the Netherlands Institute of Health Services Research (NIVEL) in Utrecht and works as a professor of patient safety at VU University medical center in Amsterdam. She is also head of the patient safety research center 'Safety 4 Patients', a collaboration of EMGO+/VUmc and NIVEL.



For the last 20 years, Cordula has been involved in a substantial number of projects focusing on: a) the implementation of quality systems among healthcare institutions and professionals, b) the evaluation of national quality programs and more specific quality improvement activities such as guidelines, team-training and break through projects, c) the relation between quality systems, care process and clinical outcomes, and d) risk management and patient safety.

The research takes place in various health care fields, e.g. hospitals, nursing homes, primary care and mental health care organizations. She has also participated in a number of European projects focusing on quality and patient safety.

### **Keynote Title**

*'Development and impact of patient safety initiatives in the Netherlands'*

## KEYNOTE SPEAKERS

### About Tanja Manser



Tanja Manser is Director of FHNW School of Applied Psychology in Switzerland and Adjunct Professor of Patient Safety at the University of Stavanger. She is one of the leading experts in Europe on issues related to teamwork in healthcare and its relation to patient safety and employee health. Her research focuses on teamwork in acute care settings, patient transfers, safety culture and the evaluation of measures to promote patient safety.

Tanja Manser received her doctorate in psychology from the University of Zurich in 2002 and her habilitation from ETH Zurich in 2008. Research stays took her to Stanford University, Aberdeen University, from 2010-2014 she was SNF Associate Professor at the Université de Fribourg and from 2014-2017 she was Director of the Institute for Patient Safety at the University Hospital Bonn. Prof. Manser has been awarded numerous prizes.

### Keynote Title

*'Do we need standardization for medical handovers?!'*

### **Insights on handover training An exemplary handover simulation I**

*By AIXTRA Skillslab (RWTH Aachen)*

This workshop aims to raise awareness around the impact of handover training on patient safety and offers insights to an exemplary handover training session containing a short simulation and debriefing situation.

The structure of the workshop will follow:

(1) Short introduction on current handover checklists and guideline recommendations (5min)

(2) Active Part: Experience or observation of a short handover simulation (training session, 30min)

I. Short briefing on simulation procedure and debriefing technique (10min)

II. Simulation of short clinical case and task (3-4 participants, rest observers, 10)

III. Case Debriefing (10min)

(3) Round of discussion and exchanging opinions (10min)

Target group: medical educators, clinical educators, students, nurses, doctors, emergency medical service personnel, communicators, others interested in Patient Safety and handover. 4. Intended Learning

Outcomes: After the workshop participants will...

(1) explain examples how handovers can impact patient safety.

(2) know at least 3 checklists/formats for a patient handover

(3) explain the concept of debriefing with good judgement

*Session I and II of this workshop will have the same structure but will discuss different examples.*

### **In search of 'The Euregion-factor'**

#### **Which leads can be found in the Euregion Meuse-Rhine that may contribute to improving the health situation in (South) Limburg?**

*By Laura Willems and Nicole Curvers (GGD Zuid-Limburg)*

During this session, 'In search of The Euregion-factor', we will present the research project performed by the Common Health Service South-Limburg (GGD ZL) in the Euregion Meuse-Rhine (EMR). The Euregion-factor research report outlines the health situation in the EMR and provides recommendations for improving the health situation in Limburg. What is the influence of being a border region on the health situation in Limburg?

The research results are based on a literature review and an analysis of demographic, socio-economic and health data of the EMR-regions, such as age, education and unemployment rate. To get a global insight in the health situation this project focused on life expectancy, mortality. In order to compare the border regions, it is important to have comparable data. This appeared to be very challenging. Furthermore, we interviewed stakeholders in the EMR. In search of the Euregion-factor we took a closer look at the EMR to see which factors may influence the health situation in the Euregion. Based on our findings we stated recommendations for improving the health situation in the EMR.

During our interactive Kahoot discussion we will further discuss these recommendations and possibilities for Euregional collaboration.

### **Patient Safety World Café!**

#### **Taking current patient safety ideas and insight to the next level**

*By Mara Bouwmans and Juliët Beuken (Maastricht University)*

This workshop will be focused on starting the dialogue about current patient safety ideas and insights in the context of international collaboration in healthcare. The first SafePAT study showed that 30% of healthcare professionals in the EMR are involved in care for patients from other countries in the region, while only 15% is specifically trained for this. Healthcare professionals brought up several factors that impede international collaboration in healthcare, such as the regional differences in organization of healthcare, insurance structure, differences in systems and use of protocols and procedures, culture, and language.

The focus in this workshop will be on taking the current insights and ideas to the next level. In order to do so, we will 'provoke' attendees with statements to start off discussion tables in a World Café format. The session begins with a factsheet with topics that have been investigated up to now. These topics will then be split into themes with accompanying statements:

- (1) Patient safety: frequency of international handover
- (2) Patient safety and cultural differences
- (3) Patient safety and procedures and checklists for international use
- (4) Training to improve patient safety in international collaborations

### **ADaPT**

#### **A design science approach to improving patient safety**

*By Jochen Bergs (Hasselt University)*

Based upon decades of research it's safe to conclude that change doesn't come easy! It's been estimated that 70 per cent of improvement initiatives fail. Researchers have acknowledged the importance of systematic dissemination, adoption, and implementation of research findings, which resulted in the arising of research fields like improvement and implementation science.

However, ironically, the insights of these fields themselves slowly find their way into practice. Not at least due to the ever-increasing plethora of definitions, concepts, frameworks, and theories (aka the implementation jungle). To help you find your way in the implementation jungle, you will be introduced to ADaPT - a method for the design and development of theory informed implementation strategies. This method starts with the central premise that people don't change, rather, they evolve while adapting to changing circumstances. It draws upon design science combined with insights from implementation and improvement science.

During this workshop you will be introduced to its concepts and steps, followed by some examples of how this method can be used. After this workshop you will be able to make your own ADaPT story and design your own implementation strategy adapted to your context.

### **TeamLEADER**

#### **A game that will leave your brain puzzled**

*By Jochen Bergs and Dorien Ulenaers (Hasselt University)*

“TeamLEADER” is developed at Hasselt University and has been applied in health professional education as a low-threshold method to interactively (re)introduce crew resource management principles, such as effective communication, leadership, cooperation, synergy, team behaviour, decision-making, and individual and team responsibilities. Through a serious game format, participants will experience, observe, and discuss group dynamics and factors influencing teamwork.

After this workshop, you might feel a little puzzled, however you will experience how a simple tool can improve your leadership skills and your insight in teamwork.

### **Implementation of SBAR tools in hospital settings Beyond a curriculum**

*By Michel Vergnion and Xavier Losfeld (CHR Citadelle)*

Building a blended curriculum is only the first step to enhance patient safety centered behaviors of professionals in hospital settings. Indeed, there is often confusion between the ongoing education of end-users and the evolution of their professional behavior. The real stakes are the strategies that must be used for an effective and sustainable implementation. What are the feasible methods in a pragmatic approach towards a new communication culture in health care facilities?

### **Insights on handover training** **An exemplary handover simulation II**

*By AIXTRA Skillslab (RWTH Aachen)*

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The structure of the workshop will follow:

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### **10 years of safety culture assessment in Belgium**

*By Annemie Vlayen (UHasselt)*

In Belgium, the federal government launched in 2007 a national program to support hospitals for implementing quality and patient safety strategies. One of the main objectives in the federal program is the development of a safety culture. "Safety culture refers to the beliefs, values and attitudes of patient safety shared by all members of the organization."

Three nationwide safety culture measurements in the Belgian acute, psychiatric and long-term care already raised high awareness about the role of safety culture in quality and patient safety improvement and confirm the need for a long-term approach. Hospital management support, non-punitive response to errors and transfer of patient information seem to be overall key areas that warrant high attention.

National aggregation and benchmarking of survey results - with the aim of internal learning and improvement- allows identifying patterns and trends and provides each hospital with a 'patient safety culture profile' to direct an intervention plan. Future safety culture measurements will further assess the impact of hospital-wide accreditation programs and a national pay for quality (P4Q) program on safety culture in Belgian hospitals.