Patient Safety Recommendations for COVID-19 in a Time of Crisis: Presentation and Q&A

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Disclosure of conflict of interests

Peter Lachman, MD has no conflicts of interests to disclose

Micaela La Regina, MD has no conflicts of interests to disclose
Learning Outcomes

• To introduce the importance of spreading knowledge rapidly [PL]
• To illustrate the rationale of recommendations [MLR]
• To unravel the development process of recommendations [MLR]
• To highlight the difficulties of fighting an unknown enemy and the advantages of facing a global threat [MLR]
• How to spread learning at scale [PL]
• How going forward we can accelerate learning from each other [PL]
Why does ISQua exist?

“To inspire and drive improvement in health, and the safety and quality of healthcare worldwide.”

Our vision is to be the leader of transformation in health and healthcare worldwide.
What we do?

Knowledge

Networks

Voice
We aim to make it easy to spread knowledge to enhance safe, person-centred high quality care.
Learning must be different

We need to get the learning from frontline rapidly so to can be spread without having to wait for the delays in publication.
COVID-19 Epidemic Evolution from December 2019 to October 2020

- **WHO is informed about the first cases in Wuhan, China**
  - 31/12/2019

- **China closes Wuhan public markets**
  - 01/01/2020

- **The Coronavirus is isolated**
  - 07/01/2020

- **ECDC announces 'Moderate Likelihood' of imported cases in the EU**
  - 17/01/2020

- **First case in USA**
  - 21/01/2020

- **Wuhan goes into quarantine**
  - 22/01/2020

- **Quarantine extended to nearby cities in China**
  - 24/01/2020

- **WHO raises the danger level of the virus to 'Very High' in China and 'High' for the rest of the world**
  - 26/01/2020

- **WHO declares that the virus is now a Global High Risk**
  - 30/01/2020

- **213 deaths and 10,000 cases in China. First cases in UK & Spain**
  - 31/01/2020

- **722 deaths and 34,500 cases in China. Airborne transmission confirmed**
  - 08/02/2020

- **WHO announce a name for the new Coronavirus disease: COVID-19**
  - 11/02/2020

- **110 deaths and 44,200 cases in China. For the 1st time asymptomatic added to total count**
  - 12/02/2020

- **WHO launch a database to collect the latest scientific findings and knowledge on Coronavirus disease.**
  - 13/02/2020

Two Chinese tourists are hospitalized with the virus in Spallanzani Hospital, Rome, Italy
<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
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<tbody>
<tr>
<td>15/02/2020</td>
<td>First death in France</td>
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<td>Lodi (Italy) stops all work activities</td>
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<td>Lockdown of social activities in Italy</td>
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<td>South Korea recommends that citizens stay at home &amp; avoid social events</td>
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COVID-19 Epidemic Evolution from December 2019 to October 2020

08/05/2020

Bolzano reopens retail businesses, museums, bars restaurants, & beauty centres

22/03/2020

Italian PM declares a quarantine for the country until 3rd April

27/03/2020

V1.0 of the Patient Safety Recommendations for COVID-19 published

28/03/2020

Italian PM adopts important economical actions to support industries

30/03/2020

V1.1 of the Patient Safety Recommendations for COVID-19 published

01/04/2020

The Italian quarantine is extended to 13th April

06/04/2020

V1.2 of the Patient Safety Recommendations for COVID-19 published

26/04/2020

Italian PM announces 'Phase 2' a gradual relaxation of the containment measures

08/06/2020

New PM Decree further eases the containment measures

15/06/2020

Contact based sports are allowed to be played

25/06/2020

Entry and transit from 13 countries considered at-risk are blocked

09/07/2020

COVID-19 Epidemic Evolution from December 2019 to October 2020

- **16/08/2020**: Due to increase in infections, discos & dancehalls are closed.
- **17/08/2020**: Mask wearing is mandatory from 18:00 – 06:00 even in public spaces.
- **06/09/2020**: New PM Decree extends previous containment measures to 30th September.
- **02/10/2020**: An awareness campaign starts for the download of the Immuni app.
- **07/10/2020**: PM Decree extends the state of emergency to 31st January 2021.
- **02/10/2020**: Updated indicators on the duration & term of isolation for quarantine are published.
- **12/10/2020**: New decree introduces more restrictive measures on outdoor attendance, number of visitors in homes etc.
- **18/10/2020**: New decree introduced is targeted at stopping crowds; local fairs & festivals are cancelled.
- **06/09/2020**: Tighter restrictions – cinemas, gyms & pools to close; restaurants to stop serving at 6pm daily; people asked not to travel.
- **25/10/2020**: High Schools – up to 75% of lessons now taught online.
- **18/10/2020**: App download figures increase by 25% by 10th October.
- **12/10/2020**: 3,678 new cases.
- **13/10/2020**: 11,705 new cases.
- **19/10/2020**: 19,644 new cases, 151 deaths.
Corona virus, number of cases by region until March 23

- Lombardia 28,761
- Emilia Romagna 8535
- Veneto 5905
- Piemonte 4861
- Marche 2369
- Toscana 2401
- Liguria 1924
- Lazio 1540
- Campania 1026
- Trento 1023
- Friuli Venezia Giulia 990
- Puglia 906
- Bolzano 724
- Sicilia 721
- Abruzzo 663
- Umbria 577
- Val d’Aosta 353
- Sardegna 359
- Calabria 292
- Basilicata 90
- Molise 67
Patient Safety Recommendations for COVID-19

• Key-lessons compiled by Italian Network for Safety in Healthcare (INSH) – Covid-19 Working Group and promoted by ISQua
• 4 versions from March to May 2020
• A work in progress, a symbol of continual learning and improvement
From Italian frontline to World frontline

- A series of measures to facilitate consultation during emergency:
  
  - Practical frontline messages, devoid the complexity of guidelines
  
  - Recommendations displayed distinct in areas of interest
  
  - Available in 5 languages (Italian, English, Spanish, French, Portuguese)
Patient Safety Recommendations for COVID-19

- **Version 1.0** 15 areas of interest
- **Version 2.0** + 5 NEW areas
- **Version 3.0** + 5 NEW areas updating previous areas

- **Extended version**: each message accompanied by a relative brief summary of the evidence
- **Pocket version**: 1 Card for each topic
- **Tables** on side effects and contraindications of the most used drugs
- **NEW RELEASE**: multi-medial links (drug interactions check and vocal guide for correct doffing)

**NEW RELEASE**
- hemodyalisis
- long-term facilities
- psychiatric facilities
- primary care
- nursing staff re-locations
- ophtalmology
- post-pandemic phase
- vaccinations
- covid-19 sequele and F-U
- nursing students Internship

**RELEASE BY early NOVEMBER**

#IHFCOVIDForum
Patient Safety Recommendations for COVID-19

The process has been arranged to describe the work system according to the SEIPS Human Factor Approach.

1. **Assess the work system:**
   a. team and organizational culture and communication
   b. environment
   c. tasks required and skills to complete tasks
   d. equipment for patient care and to protect staff
   e. people needed to provide care
   f. patients who will receive care

2. **Develop reliable pathways of care**

3. **Measure the outcomes of care**
From Intensive Care to Step-Down Units: Managing Patients Throughput in Response to COVID-19

Vanni Agnoletti, MD, Emanuele Russo, MD, Alessandro Ciricelli, MD, Marco Benni, MD, Giuliano Bolondi, MSc MD, Costanza Martino, MD, Domenico P Santonastaso, MD, Etrusca Brogi, MD, Beniamino Praticò, MD, Federico Coccolini, MD ...

Published: 11 August 2020

Abstract

Expanding frontiers of risk management: care safety in nursing home during COVID-19 pandemic

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#IHFCOVIDForum
Find the material here: https://isqua.org/blog/covid-19/covid19-resources/patient-safety-recommendations-for-covid19-epidemic-outbreak.html
Examples of Recommendations

1. **GENERAL RECOMMENDATIONS**

**BUILDING THE TEAM** (including communication and team culture)

1. Emergency task-force should be promptly activated with a clear chain of command, roles and responsibilities, reliable information sharing tools and proactive approach. *Emergency task force should be pre-existing and meet periodically (i.e. 1-2 times/year) even in absence of emergencies, to build the team.*

2. Check frequently every day the communications sent by your institutions. Read carefully and respect them Alternatively, print and make such communication available in the ward and share such information during handovers.

3. Clinical risk management units can support dissemination of documents, guidelines issued by the national/ regional institutions for supporting the emergency management, relatively for measures of prevention to be taken. *Knowledge about Coronavirus transmission and spreading and clinical characteristics of related disease (COVID-19) are constantly evolving, so that indications for clinical practice change frequently, i.e. case or suspicion definition, criteria for making swabs, etc.*

4. The clinical risk management units must keep contact with front line workers and provide support. The reporting of adverse events must occur within the task-force activity and be primarily related to the core activities in time of pandemic. Secondly, the reporting of Adverse Events should be encouraged in order to maintain the underpinning safety climate in order to promote, whenever possible, prompt corrective and improvement actions. Consider quick reporting tools such as confidential instant messages (IM) or audio-messages.

5. The clinical risk management units should also receive evidence of good practice so this can be disseminated.
Rationale of recommendations

• To provide healthcare workers with updated knowledge and tips to avoid preventable errors in critical steps (i.e. work organization, diagnosis, monitoring, etc.) due to working under pressure
• To protect patients from unexpected, unintentional and undesirable damage
Development process

- **Reporting**
  - Incidents or questions forwarded to INSH Clinical Risk Managers from frontline HCWs

- **Analysis**
  - Identification of contributing factors

- **Literature/Government docs Review**
  - Identification of supporting evidence and/or expert opinions and/or norms

- **Formulation**
  - Elaboration of the recommendation and approval by working group

- **Updating**
  - Continuous scanning of literature/government docs and collection of suggestions from readers to update previous recommendations
Key Takeaways

• We need to learn rapidly

• If we had learnt from Italy, outcomes may have been different in countries affected later

• The old ways of spreading knowledge no longer apply
Micaela La Regina, Michela Tanzini, Vittorio Fineschi, Francesco Venneri, Giulio Toccafondi, Peter Lachman, Riccardo Tartaglia, COVID-19 INSH Working Group,
Questions
Special Thanks

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Equipe de la PAQS – Blegique (translation into French)
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