

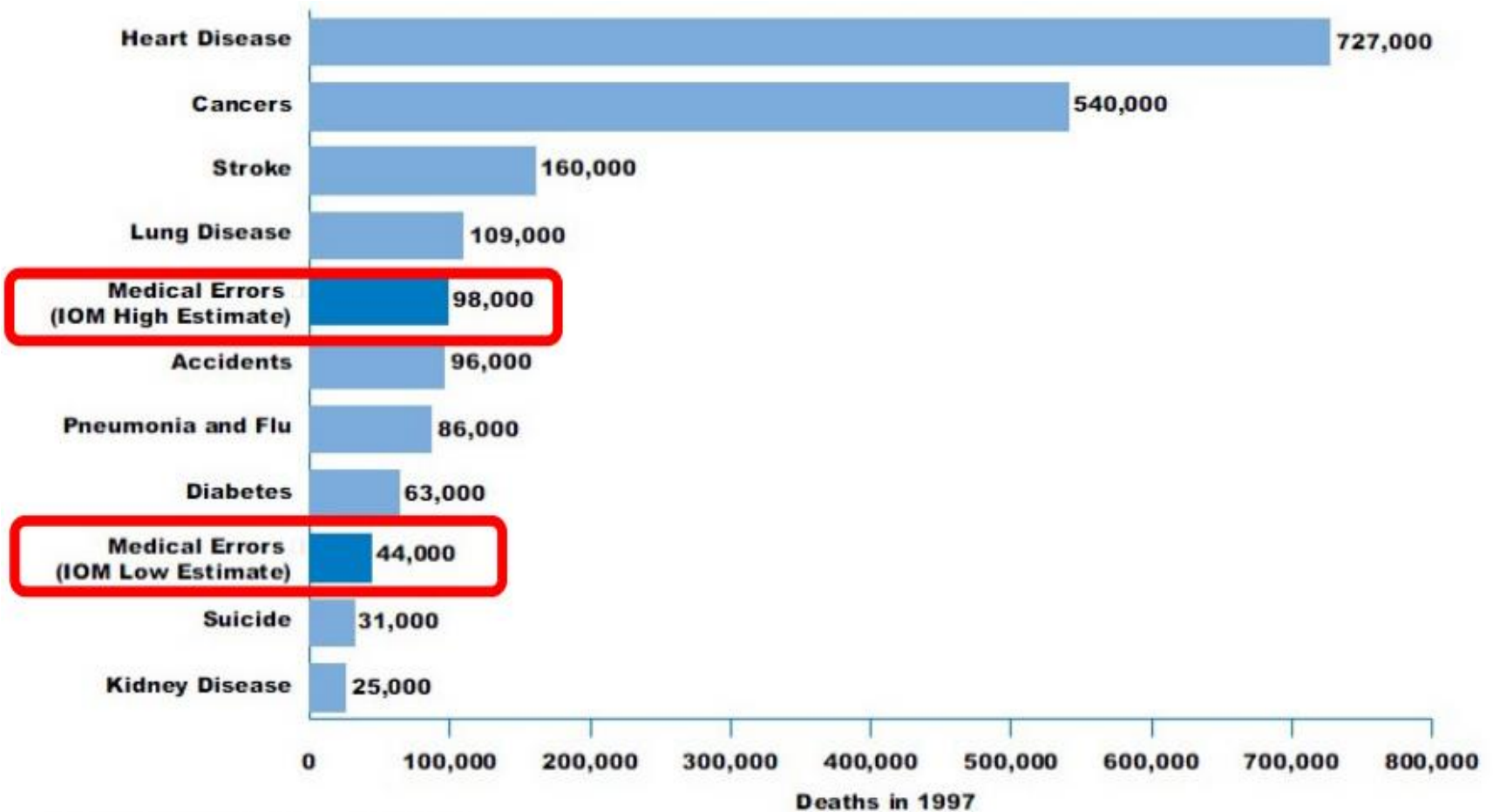
Vpliv uvedbe AIDC na varnost pacientov

Bojan Kovačič, GS1 Slovenija

Ljubljana, 24. aprila 2018



Število smrti po vzrokih (v ZDA)



Source: Adapted from Leatherman et al., 2002⁹

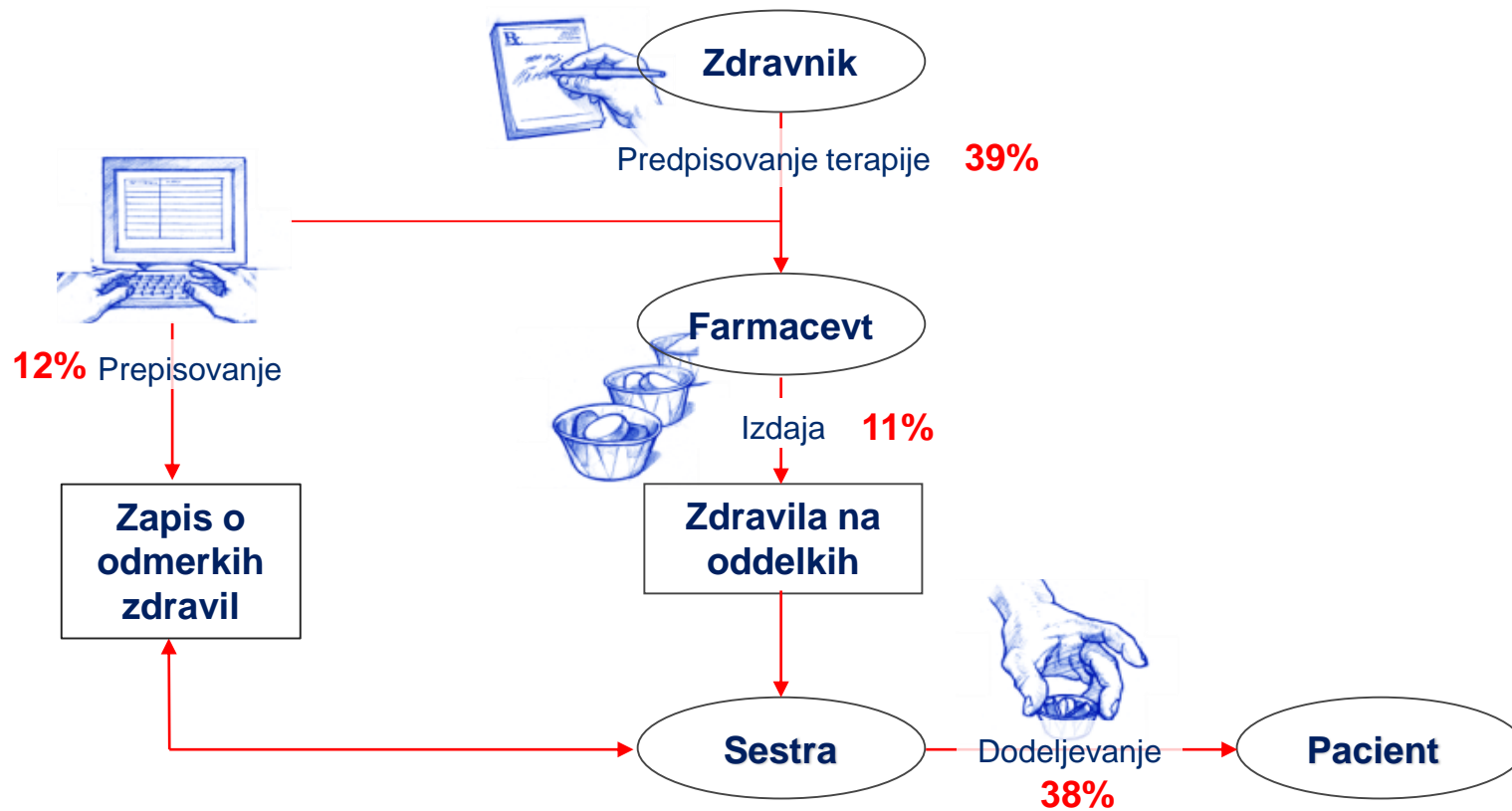
Nova študija o številu smrti v ameriških bolnišnicah zaradi preprečljivih napak



• The Journal of Patient Safety

- [See comment in PubMed Commons below](#) *J Patient Saf.* 2013 Sep;9(3):122-8. doi: 10.1097/PTS.0b013e3182948a69.
- **A new, evidence-based estimate of patient harms associated with hospital care.**
- [James JT](#)¹.
- **[Author information](#)**
- ¹Patient Safety America, Houston, Texas 77062, USA. john.t.james@earthlink.net
- **Abstract**
- **OBJECTIVES:**
- Based on 1984 data developed from reviews of medical records of patients treated in New York hospitals, the Institute of Medicine estimated that up to 98,000 Americans die each year from medical errors. The basis of this estimate is nearly 3 decades old; herein, an updated estimate is developed from modern studies published from 2008 to 2011.
- **METHODS:**
- A literature review identified 4 limited studies that used primarily the Global Trigger Tool to flag specific evidence in medical records, such as medication stop orders or abnormal laboratory results, which point to an adverse event that may have harmed a patient. Ultimately, a physician must concur on the findings of an adverse event and then classify the severity of patient harm.
- **RESULTS:**
- Using a weighted average of the 4 studies, **a lower limit of 210,000** deaths per year was associated with preventable harm in hospitals. Given limitations in the search capability of the Global Trigger Tool and the incompleteness of medical records on which the Tool depends, the true number of premature deaths associated with preventable harm to patients was **estimated at more than 400,000 per year**. Serious harm seems to be 10- to 20-fold more common than lethal harm.
- **CONCLUSIONS:**
- The epidemic of patient harm in hospitals must be taken more seriously if it is to be curtailed. Fully engaging patients and their advocates during hospital care, systematically seeking the patients' voice in identifying harms, transparent accountability for harm, and intentional correction of root causes of harm will be necessary to accomplish this goal.

Delež resnih napak v fazah procesa zdravljenja

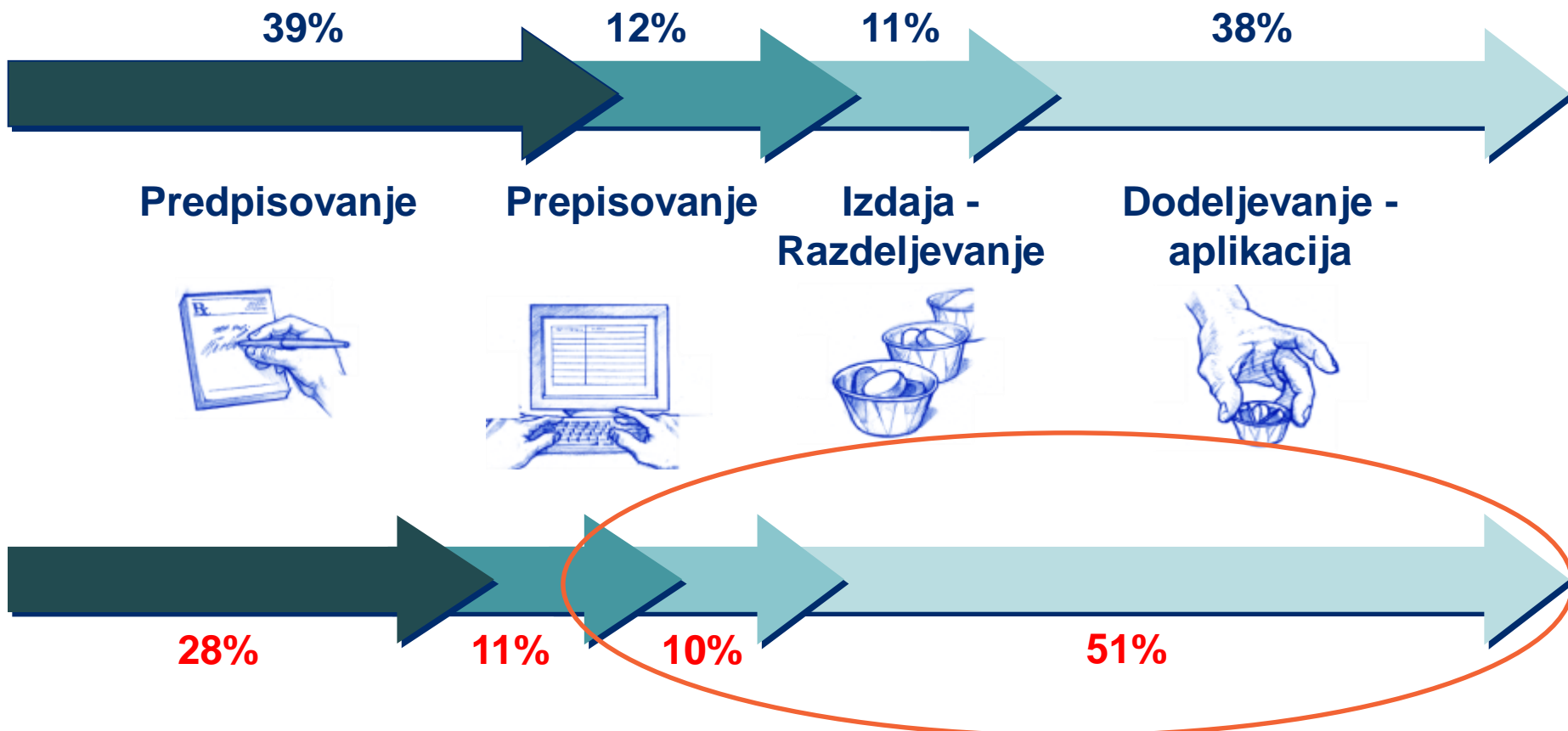


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Škodljive posledice



Vir napak



Delež škodljivih posledic pri pacientih po virih napak

Ukrepi za zmanjšanje št. napak



Ukrepi, ki lahko izboljšajo stanje:

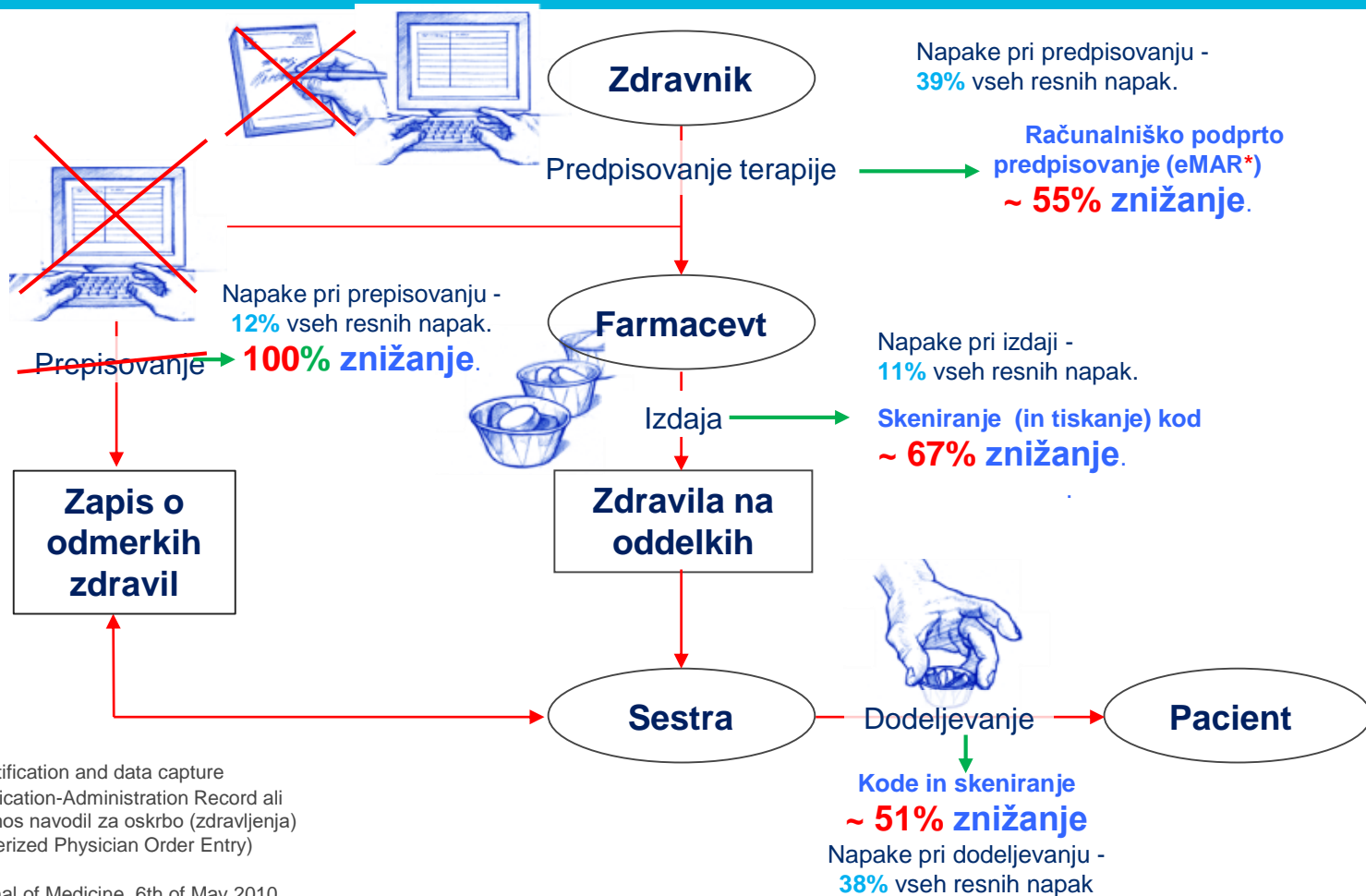
- Uporaba globalnih standardov;
- označevanje pacientov in osebja;
- označevanje zdravil, MP in drugega materiala pri proizvajalcih;
- uvedba avtomatske identifikacije do pacienta – skeniranje na mestu oskrbe (**kode** in RFID oznake);



Pogoj za največji učinek:

z ustrezno informacijsko komunikacijsko tehnologijo (IKT) podprta klinični in podporni sistem bolnišnice.

Rezultat uvedbe AIDC in eMAR*



*AIDC - Automatic identification and data capture

eMAR: Electronic Medication-Administration Record ali

CPOE: Računalniški vnos navodil za oskrbo (zdravljenja) pacienta (angl. Computerized Physician Order Entry)

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