Når behandlingen flytter hjem: muligheder og risici

Konsensusmøde om det borgernære sundhedsvæsen

Dansk selskab for Patientsikkerhed
17. maj 2017

Henning Boje Andersen
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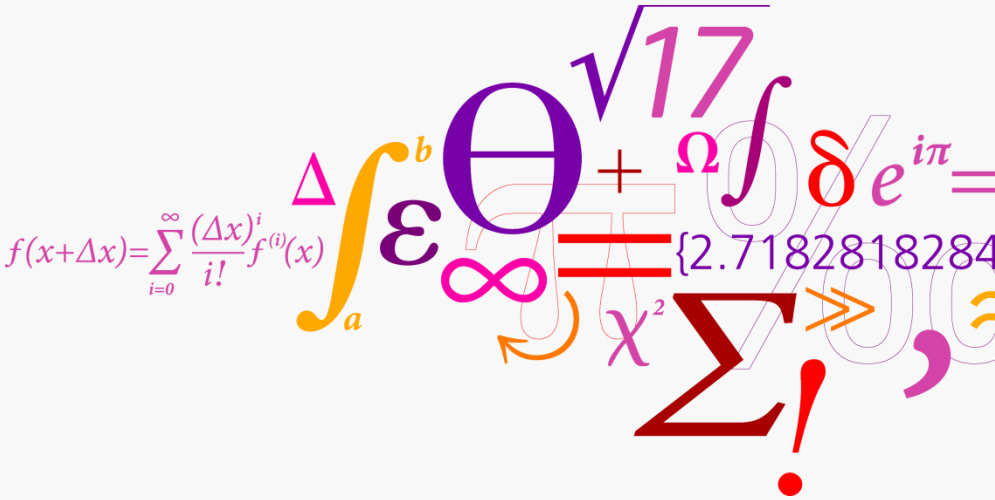
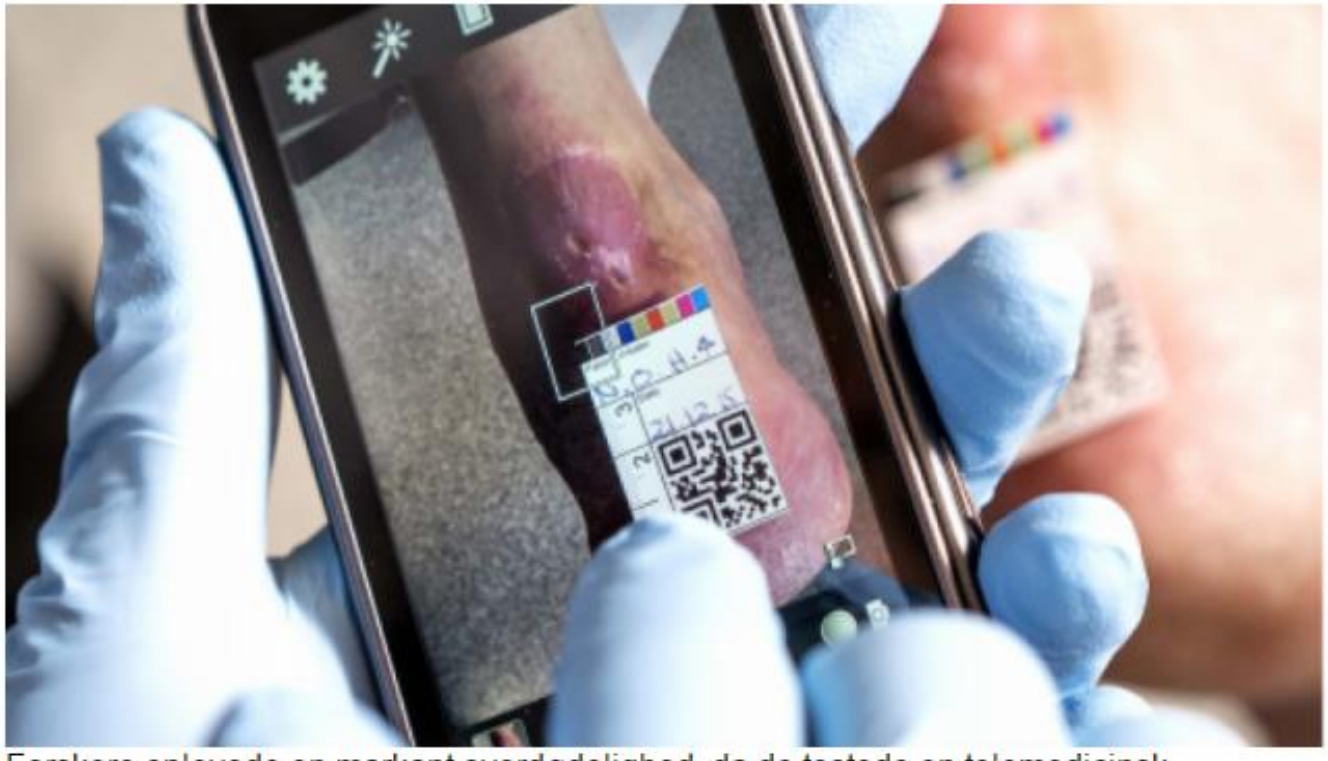


Ingeniøren

Ni patienter døde under forsøg med telemedicin



Forskere oplevede en markant overdødelighed, da de testede en telemedicinsk behandling. I mellemtiden er behandlingen udrullet over hele landet.

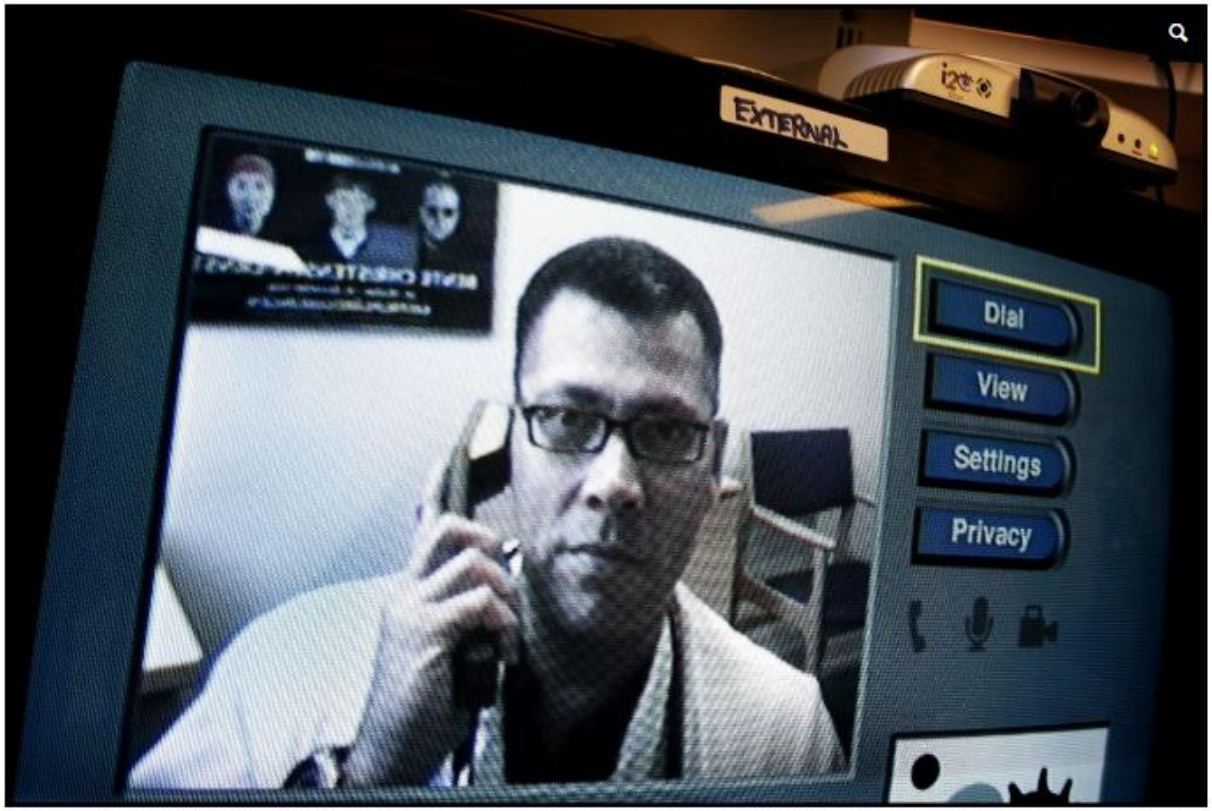
Af Mads Lorenzen Følg @MadsLorenzorro 29. mar 2016 kl. 05:17

BT

SUNDHED

Skulle indføres i hele landet: Lægebehandling via video koster menneskeliv

SINE BACH JAKOBSEN | SIJA@BT.DK — 1. APR. 2016 - 11.47



Læger frygter, at man ikke ser det fulde sygdomsbillede, når man anvender telemedicinsk behandling. Arkivfoto: Linda Kastrup Foto: Linda Kastrup

Selve effekten af telemedicinen var imidlertid endnu ikke blevet videnskabeligt undersøgt, og en lille gruppe forskere fra Odense Universitetshospital (OUH) besluttede sig derfor for at starte et forskningsprojekt.

Det skulle vise sig at blive ret spændende.

»Vi gjorde et rystende fund, som vi først troede var en fejl,« siger overlæge for fod- og ankelkirurgi Johnny Frøkjær, der var vejleder på ph.d.-projektet.

»Vi troede faktisk ikke, der var en reel forskel mellem vores testpersoner og kontrolgruppen. Men kigger vi på antallet af døde i studieperioden, er der otte, der er døde i telemedicingruppen, mens kun en enkelt døde i kontrolgruppen.«

Forsøget

I forsøget deltog 374 patienter. Heraf fik halvdelen telemedicin, den anden halvdel personlig kontakt med lægen. De to patientgrupper lignede hinanden demografisk set.

Projektet undersøgte, hvor stor den kliniske effekt af telemedicin til behandling af sukkersygepatienters fodsår kunne være.

Da man således ved et tilfælde opdager den højere dødelighed, sættes to medlemmer af forskergruppen straks til at finkæmme al statistik omkring forsøget. Derudover bliver alle patienternes journaler gennemgået nøje.

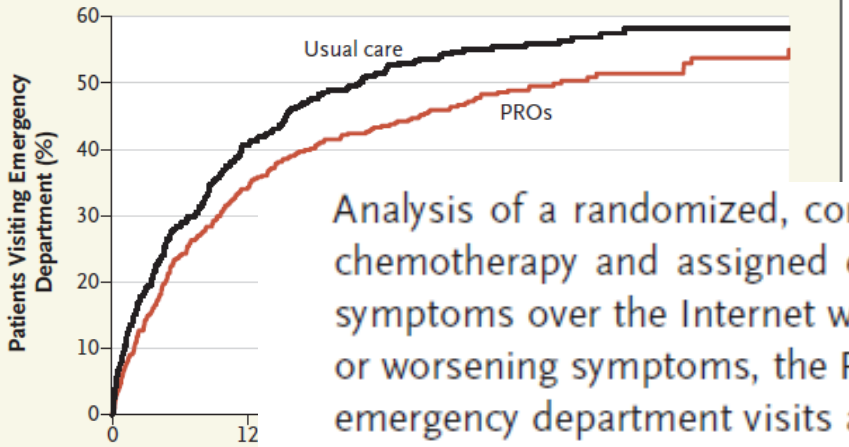
Kan have overset andre bivirkninger

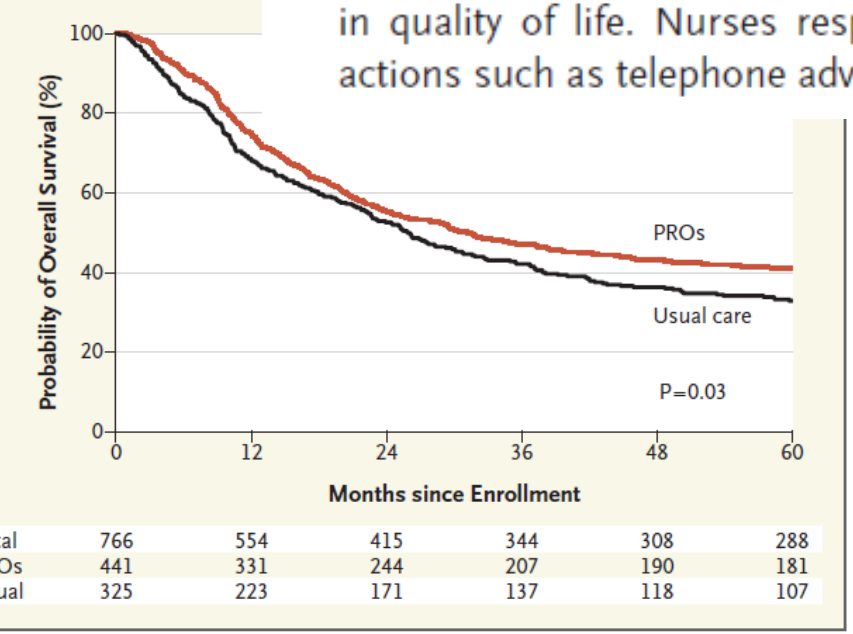
Det er svært at sige, hvorfor flere telemedicinske patienter døde under forsøget. En af grundene kan ifølge Johnny Frøkjær være, at man på grund af de færre lægebesøg ikke opdagede de mange *øvrige* bivirkninger, en syg sukkersygepatient kan have.

Municipal nurses provided standard daily care under supervision of a nurse specialized in ulcer care. The telemedical consultations were conducted by telephone or online written consultations between the specialized municipal nurse and physicians at the outpatient clinic.

- 2 døde hjemme,
- 4 i alm hospitalsafdelinger,
- 3 på intensivafdelinger;
- alle havde kronisk hjertesygdom,
- 4 havde kronisk nyresygdom,
- 1 havde prostatacancer;
- 8 af de døde var mænd;
- 6 havde blodforgiftning,
- 5 havde lungebetændelse,
- 1 havde koldbrand.

Basch E. Patient-Reported Outcomes - Harnessing Patients' Voices to Improve Clinical Care. N Engl J Med. 2017 Jan 12;376(2):105-108.





Total	766	554	415	344	308	288
PROs	441	331	244	207	190	181
Usual	325	223	171	137	118	107

Emergency Department Visits and Probability of Survival Associated with Integrating Patient-Reported Outcomes (PROs) into Cancer Care.

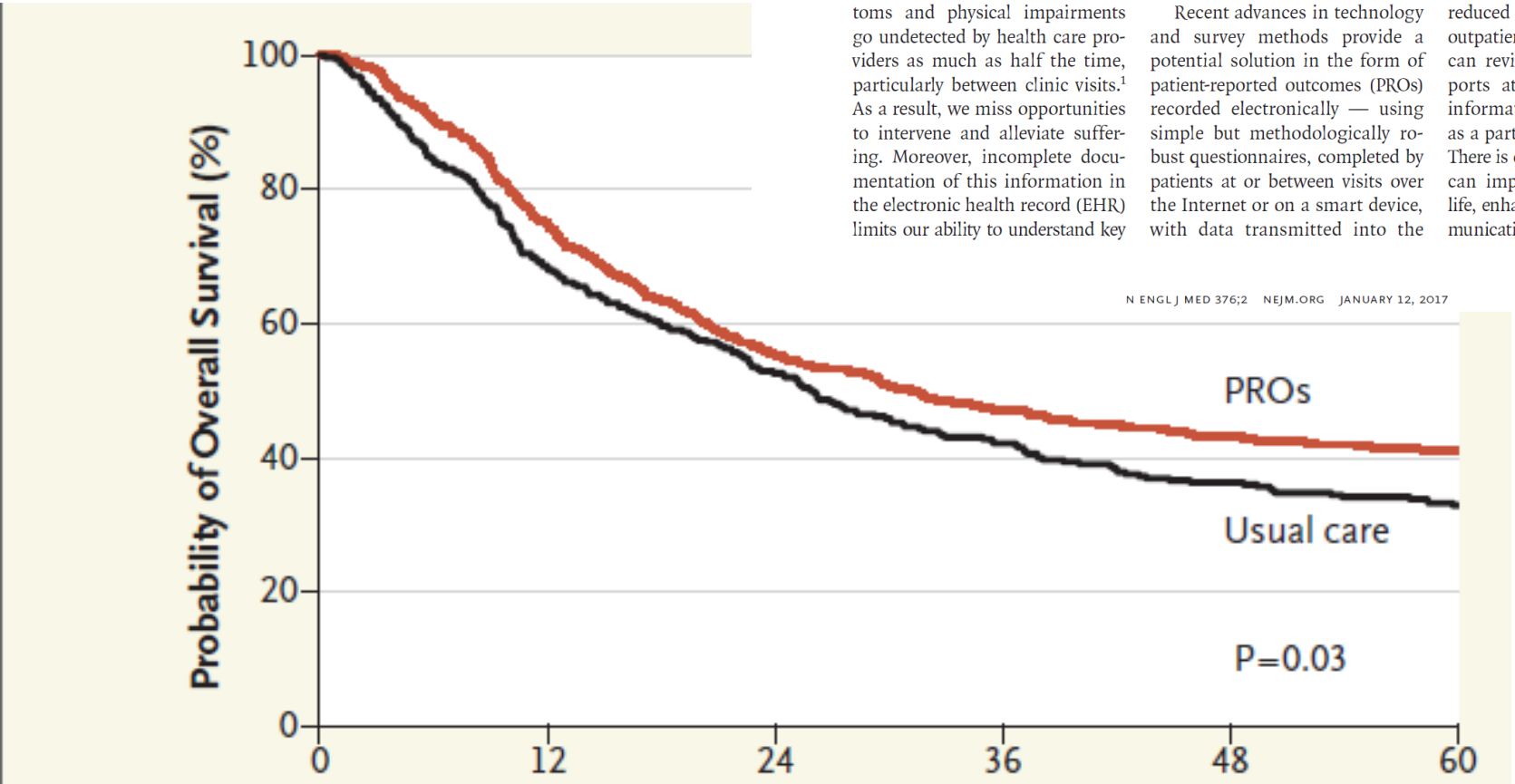
Analysis of a randomized, controlled trial reveals that among 766 patients receiving chemotherapy and assigned either to usual care or to regularly reporting common symptoms over the Internet with automated alerts e-mailed to their nurses for severe or worsening symptoms, the PRO intervention was associated with significantly fewer emergency department visits and improved overall survival, as well as improvements in quality of life. Nurses responded to patients reports of symptoms with clinical actions such as telephone advice and new prescriptions in 76% of cases.[5]

Patient-Reported Outcomes — Harnessing Patients' Voices to Improve Clinical Care

Ethan Basch, M.D.

Symptom management is a cornerstone of clinical care, particularly for patients with chronic conditions. Yet patients' symptoms and physical impairments go undetected by health care providers as much as half the time, particularly between clinic visits.[1] As a result, we miss opportunities to intervene and alleviate suffering. Moreover, incomplete documentation of this information in the electronic health record (EHR) limits our ability to understand key patient outcomes when we aggregate EHR data for comparative effectiveness research or quality-of-care assessments.[2]

Recent advances in technology and survey methods provide a potential solution in the form of patient-reported outcomes (PROs) recorded electronically — using simple but methodologically robust questionnaires, completed by patients at or between visits over the Internet or on a smart device, with data transmitted into the EHR.[3] Clinicians can receive automated notifications about worrisome symptoms or functional issues, such as severe dyspnea or reduced physical activity in an outpatient with heart failure. They can review longitudinal PRO reports at visits and import that information into their EHR notes as a part of the review of systems. There is evidence that this approach can improve patients' quality of life, enhance patient–clinician communication, reduce emergency de-



Total	766	554	415	344	308	288
PROs	441	331	244	207	190	181
Usual	325	223	171	137	118	107

Synes du, at Epitalet er et godt supplement i din behandling? (Ja / Nej)
Beskriv gerne hvordan det virker som supplement, eller hvorfor det ikke virker.

Det virker! Jeg skal ikke have natlæge. "Tror ikke jeg havde klaret den hvis jeg ikke var blevet medlem af epitalet"!!

_____

Ja, et helt nødvendigt et

_____

Det er det i hvert fald, det kan ikke være bedre

_____

Ja. Det er faktisk ikke bare et supplement. Det er selve nerven!

_____

Ja det synes jeg. Behandlingen går jo hurtigere. Og man kan snakke med nogen søde sygeplejersker

Synes du, at Epitalet er et godt supplement i din behandling? (Ja / Nej) Beskriv gerne hvordan det virker som supplement, eller hvorfor det ikke virker.

Ja
Ja det må jeg sige ja til
Absolut
Ja. Det er det jo.
Ja. Det er helt klart et godt supplement.

Ja
Ja. Det er faktisk ikke bare et supplement. Det er selve nerven!
Ja.
Ja
Ja selvfølgelig
Ja
Ja
ja det har det.
Ja
Ja det er en tryghed.
Ja
Det virker! Jeg skal ikke have natlæge. "Tror ikke jeg havde klaret den hvis jeg ikke var blevet medlem af epitalet"!!
Ja
Ja
Meget
Ja
Ja
Ja det synes jeg. Behandlingen går jo hurtigere. Og man kan snakke med nogen søde sygeplejersker.
Ja
Ja.
Ja. det er rart at man er i gode hænder.
Ja
Nej
Ja.
Ja, et helt nødvendigt et.
Ja det synes jeg det er.
Ja absolut.
Ja, bestemt.
Ja
Det er det i hvert fald, det kan ikke være bedre
Ja det er udemærket.
Ja det er rigtig godt
Ja
Ja det synes jeg.
Ja
Ja
Ja absolut
Ja det synes jeg.
Ja.
Ja.
Ja det er det.
Ja det synes jeg da. Helt klart.
Ja det synes jeg absolut
Ja
Ja det synes jeg.
Ja
Ja det synes jeg.
Det er en tryghed.
Ja det synes jeg.
Ja meget.
Ja.
Ja det giver en vis tryghed
Ja

Vil du anbefale Epitalet til andre? Ja eller nej: beskriv gerne hvorfor.

- Helt sikkert
- Ja. det har jeg gjort.
- Ja. Og jeg har fået andre med i Epitalet.
- Rigtig gerne. Er meget tilfreds.
- Ja har jeg også gjort. Mine bekendtskaber er nærmest trætte af at høre om det
- Ja det vil jeg, for det kan give en stor tryghed til mange.
- Ja det vil jeg. Det har jeg faktisk også gjort
- Ja det har jeg gjort til træning.
- Ja det vil jeg, for det kan give en stor tryghed til mange.
- Ja, har jeg gjort.
- Ja selvfølgelig. Det har jeg gjort. Meget. Har været i to træningsforløb på Gentofte Hospital, hvor man ikke er så vilde med Epitalet. Så jeg blev kaldt "Epital-"Mit-navn""

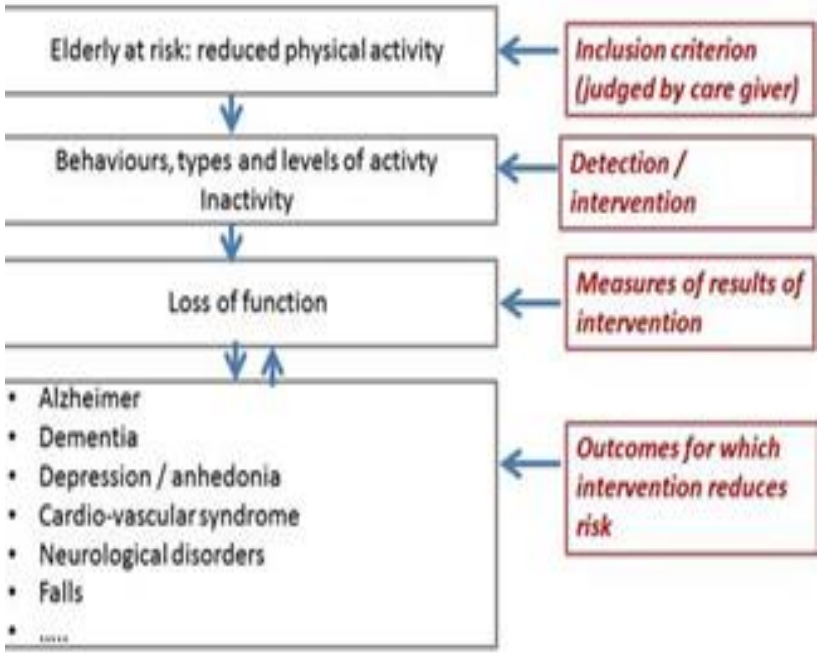



Responsive Engagement of the Elderly promoting Activity and Customized Healthcare

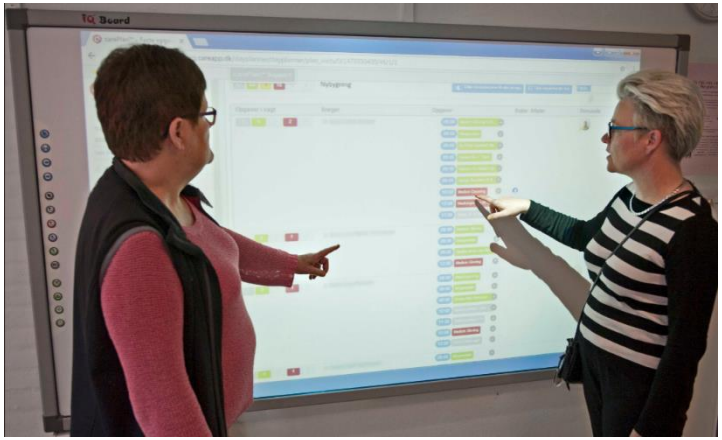
Horizon 2020: Industrial Leadership. PHC-21 2015: Advancing active and healthy aging with ICT: Early risk detection and intervention

DTU Management Engineering,
Technical University of Denmark

REACH 2020



Goal: reduce the risk of functional loss or impairment of elderly citizens (65+) by sensor-based monitoring and promoting physical activity.



We monitor in order to predict and intervene against frailty, and we intervene by supporting and promoting physical (and social, playful and otherwise engaging) activities to prevent/reduce loss of function

Balaguer A, González de Dios J. Home versus hospital intravenous antibiotic therapy for cystic fibrosis. **Cochrane Database Syst Rev**. 2015 Dec 15;(12):CD001917.

AUTHORS' CONCLUSIONS:

Current evidence is restricted to a single randomized clinical trial. It suggests that, in the short term**, home therapy does not harm individuals, entails fewer investigations, reduces social disruptions and can be cost-effective. There were both advantages and disadvantages in terms of quality of life.** The decision to attempt home treatment should be based on the individual situation and appropriate local resources. More research is urgently required.

Suicide under crisis resolution home treatment – a key setting for patient safety

Isabelle M. Hunt,[1] Louis Appleby,[1] Nav Kapur[1]

BJPsych Bulletin (2016), **40**, 172–174, doi: 10.1192/pb.bp.115.051227

[1]University of Manchester, Manchester, UK

First received 31 Mar 2015, final revision 3 Sep 2015, accepted 9 Sep 2015

Correspondence to Isabelle M. Hunt (isabelle.m.hunt@manchester.ac.uk)

Summary Recent years have seen a substantial increase in the use of crisis resolution home treatment (CRHT) teams as an alternative to psychiatric in-patient admission. We discuss the functions of these services and their effectiveness. Our research suggests high rates of suicide in patients under CRHT. Specific strategies need to be developed to improve patient safety in this setting.

Declaration of interest L.A. chairs the Suicide Prevention Advisory Group at the Department of Health and is a non-executive Director for the Care Quality Commission. N.K. is a member of the Suicide Prevention Advisory Group.

BJPsych Bull. 2016 Aug;40(4):172-4. doi: 10.1192/pb.bp.115.051227.

PLOS ONE

RESEARCH ARTICLE

Carers' Medication Administration Errors in the Domiciliary Setting: A Systematic Review

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OPEN ACCESS

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Editor: Imti Choonara, University of Nottingham, UNITED KINGDOM

Abstract

Purpose

Medications are mostly taken in patients' own homes, increasingly administered by carers, yet studies of medication safety have been largely conducted in the hospital setting. We aimed to review studies of how carers cause and/or prevent medication administration errors (MAEs) within the patient's home; to identify types, prevalence and causes of these MAEs and any interventions to prevent them.

This review reinforces the need to consider potential medication safety implications in home healthcare[83]. The evidence reveals carer administration error rates ranging from 1.9 to 33% of medications administered, 12 to 92.7% of carers administering medication, and 70% of patients receiving medication. Contributory factors include individual carer, environmental, medication, prescription communication, psychosocial factors and care-recipient factors. Useful interventions to prevent MAEs include carer training, tailored equipment, and home medication checks. There is a strong argument for training carers and communication between carers and healthcare professionals, as well as attention required to medication supplies, medication equipment used, and type and number of medications administered. The findings sup-

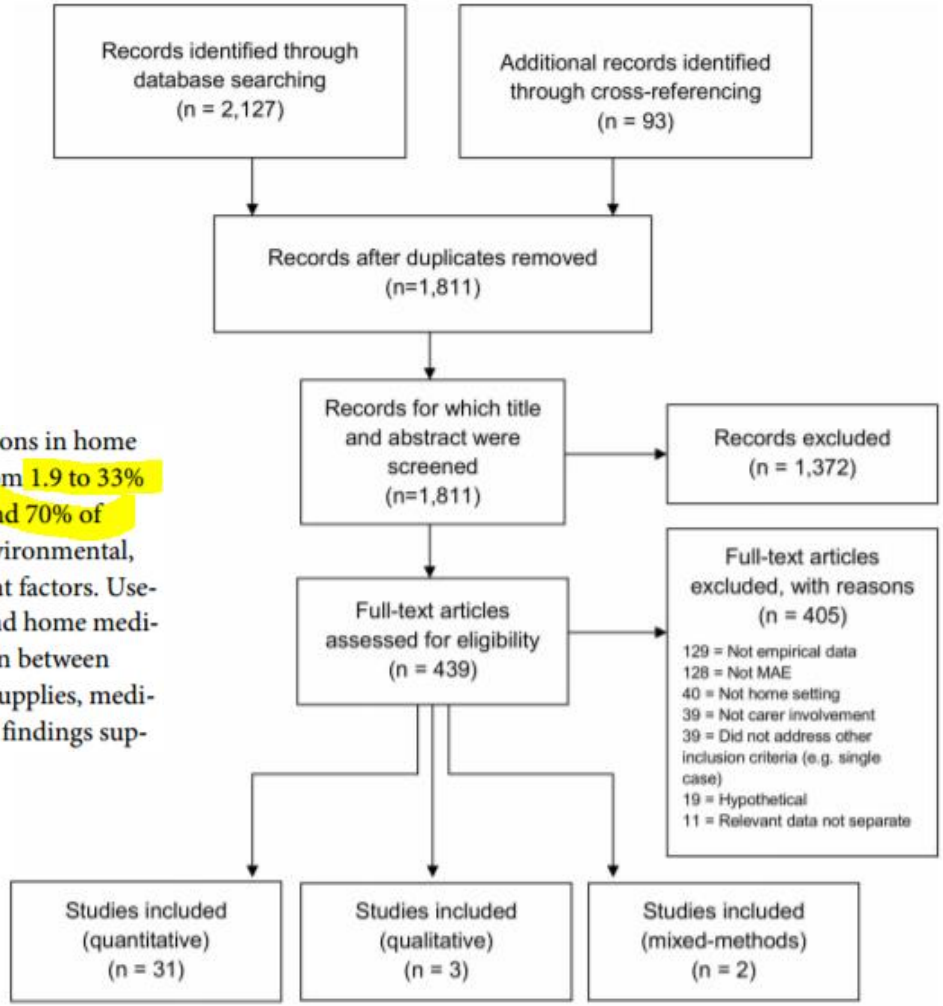

Fig 1. Review stages based on PRISMA Flow Diagram[36]

This review has shown that medication errors made by carers in patients' homes are a potentially major patient safety issue. Carers appear to make the full range of errors made by professionals in other contexts and there are a wide variety of causes and contributory factors. Very few interventions have been trialled to support carers and reduce MAEs in the home.

Ole Stangegaard blæser jævnligt i et lille mundstykke, der sender oplysninger om hans lungekapacitet videre til et program på en tablet. Hvis tallene er alarmerende, bliver han ringet op af en sygeplejerske med det samme.