

Dansk Selskab for  
**PatientS!kkerhed**

# Forskningsmarkedsplads

**Patient 22!**  
**Konference**

Følg med live på **#patient22**  
PS! på Twitter: **@patientsikker**


**PS!**

# Kontekst

17

Check for updates

REVIEW



## The answer is 17 years, what is the question: understanding time lags in translational research

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**DECLARATIONS**

**Competing interests**  
None declared

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**Ethical approval**  
Not applicable

**Guarantor**  
JG

**Summary**  
This study aimed to review the literature describing and quantifying time lags in the health research translation process. Papers were included in the review if they quantified time lags in the development of health interventions. The study identified 23 papers. Few were comparable as different studies use different measures, of different things, at different time points. We concluded that the current state of knowledge of time lags is of limited use to those responsible for R&D and knowledge transfer who face difficulties in knowing what they should or can do to reduce time lags. This effectively 'blindfolds' investment decisions and risks wasting effort. The study concludes that understanding lags first requires agreeing models, definitions and measures, which can be applied in practice. A second task would be to develop a process by which to gather these data.

**Introduction**  
Timely realization of the benefits of expensive medical research is an international concern attracting considerable policy effort around 'translation'.<sup>1,2</sup> Policy interventions to improve translation respond to a vast empirical literature on equivalent to earning £0.39 per year in perpetuity. Of this, 9% was attributable to the benefit from health improvements, which is the focus of this paper. (The remaining 30% arise from 'spillovers' benefitting the wider economy.) This level of benefit was calculated using an estimated lag of 17 years. Varying the lag time from 10 to 25

# Mål

Viden

Samarbejde

Kulture



# Format

**1.**

Presentation

(5 min)

**2.**

Plakaterne

**3.**

Stemme

**4.**

Præmie

# Rækkefølgen af oplægsholdere

## Oplægsholder

## Titel

1. Sebrina Hansen



Anvendelse af systematisk kodning af patientklager til kortlægning af ulighed i kvaliteten af sundhedsfaglig behandling

2. Christina Egelund Antonsen



Ledelse af Capacity Building – for at understøtte forbedringsarbejdet i Region Midtjylland

3. Anja Vibe



Patientsikkerhed i praksis

4. Clara Mosborg Petersen



Samtidig brug af naturmedicin/ kosttilskud og konventionel medicin

5. Maiken Wolderslund



Genhør din samtale - Bedre patientforløb gennem videndeling og inddragelse

# Oplægsholder

1. Sebrina  
Hansen

# Anvendelse af Systematisk HCAT Kodning af patientklager til kortlægning af Ulighed i kvaliteten af sundhedsfaglig Behandling (SKUB)

Sebrina Maj-Britt Hansen, Msc  
[semh@bib.sdu.dk](mailto:semh@bib.sdu.dk)





# Oplægsholder

2. Christina  
Egelund  
Antonsen





# Ledelses af Capacity Building

Et multi-casestudie i Region Midtjylland

# Capacity Building

## Capacity Building er en kontinuerlig proces for:

- *at skabe forbedringer af de fagprofessionelles, organisationernes og institutionernes evne til at opnå deres forbedringsmål*
- *at skabe et grundlag for, at der sættes nye mål, når de oprindelige mål er nået*

## Ledelse af Capacity Building foregår på to afhængige niveauer:

### Individuelt niveau:

- *Lederen har fokus på egne evner og kompetencer for at lede organisationen til dennes ønskede fremtidige stadi*

### Organisatorisk niveau

- *Lederen skal evne at skabe rammer for at mål opnås og understøtter medarbejderne i at opbygge kompetencer og evner til at forbedre*



# Sikkert Patientflow

## Læringsfællesskabets formål:

- Erfaringsudveksling, læring, sparring, videndelig, reflekterende dialoger

## Fælles sprog, begrebsanvendelse og systematik:

- Fælles metode: forbedringsmodellen
- Fælles og individuelle mål fx. tavlemøder, kapacitetskonference, fokus på udskrivelser før kl 12
- Fælles dataunderstøttelse
- Fælles organisering: Regional styregruppe, regional projektgruppe, lokal styregruppe, lokal forbedringsteams
- Fælles fora: Læringsseminar og site visits



# Forskningsspørgsmål

***Hvilke evner og mekanismer medvirker til at fremme ledelse af Capacity Building –***

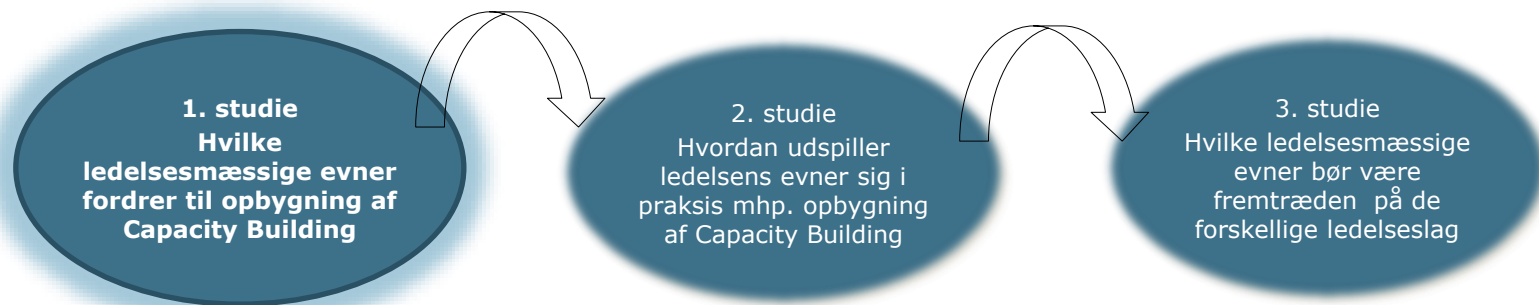
***og hvilken læring kan analytisk generaliseres, som kan være brugbar for andre – særligt i sundhedsvæsenet ?***



# Forskningsdesign

## Kvalitativ studie:

- Observationer v. ledermøder, læringsseminar etc.
- Semi-strukturerede interviews af strategiske ledere
- Fokusgruppeinterview af medarbejdere og funktionsledere



### **1 studie:**

Afsluttet og artikel indsendt

*Kvalitativ studie:*

*21 semi-strukturerede interviews*

*Deltagende observationer*

*Resultat:*

*En model for hvilke ledelsesmæssige evner der fordrer til opbygning af Capacity Building*

*Tilskrivninger, nuancere og perspektivering af den teoretiske litteratur*

### **2. studie:**

*Påbegyndes maj 2022*

*Kvalitativ studie:*

*Fokusgruppeinterview*

*Deltagende observationer*



# En særlig TAK til



AALBORG UNIVERSITET



*Aarhus Universitetshospital*

**DE<sup>®</sup>  
FACT  
UM**



# Oplægsholder

3. Anja Vibe

# PATIENT SAFETY IN PRACTICE - A Ph.D. - project in process

Implication for practice: Filling a Knowledge gap and progressing the safety science field in patient safety at hospitals

Anja Vibe<sup>1,2,3</sup> Peter Dieckmann<sup>2,3</sup> Doris Østergaard<sup>2,3</sup>

## Study 1. A narrative synthesis

**Background:** The primary research, development, and teaching in patient safety culture has focused around 3 directions:



Common to these directions is an implicit assumption that patient safety culture is an established construct, that can be measured with a survey.

The foundation of what constitutes patient safety culture remains elusive to health care professionals.

## Aim

Based on a literature review to summarize variables associated with patient safety culture and identify theories applied to the construct of patient safety culture.

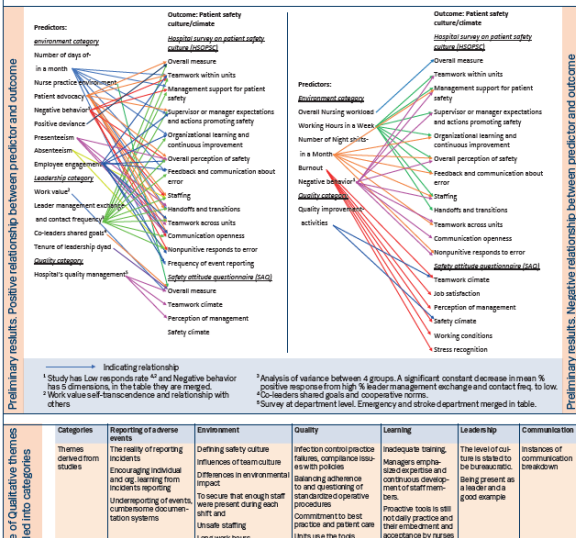


## Methods

Databases: Pub-Med, CINAHL, Psych-info  
21 records eligible

## Results: Quantitative studies n=17 and qualitative studies n=4.

> 50 unique predictor variables are derived from the quantitative studies and 20 themes are derived from the qualitative studies. Predictors and themes can be divided into 6 categories. 3 categories mutually overlapped.



## Discussion

A large variety of terms are used to describe patient safety culture. Many of the studies defined the concept poorly. They all adopted a model of safety culture that featured multiple dimensions using safety culture questionnaires. Understanding culture warrants more in-depth study, involving anthropologists or the use of ethnography as a methodology.

## Conclusion

- Broad variety of predictor variables and themes
- All variables can be categorized in 6 categories
- Quantitative and qualitative predictors and themes mutually overlap in 3 categories
- No agreed upon definition of patient safety culture
- Developing and using theory to guide the collection, analysis and evaluation of evidence is a neglected facet

## Next steps

### - Explorative studies

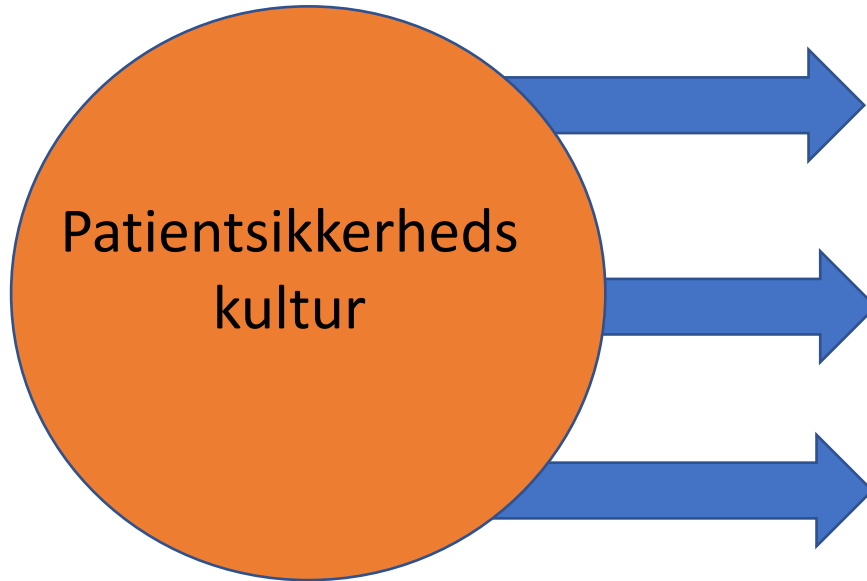
- Study 2: An Ethnographic fieldwork observing a treatment trajectory in a hospital
- Study 3: An interview study with patients Exploring safety strategies among in-patients

**Author information:**  
<sup>1</sup>Center for Health,  
<sup>2</sup>Copenhagen Academy of Medical Education and Simulation, both Capital region of Den-

Patientikkerhed i praksis et Ph.D.-projekt i proces.



# Forskning i patientsikkerhedskultur

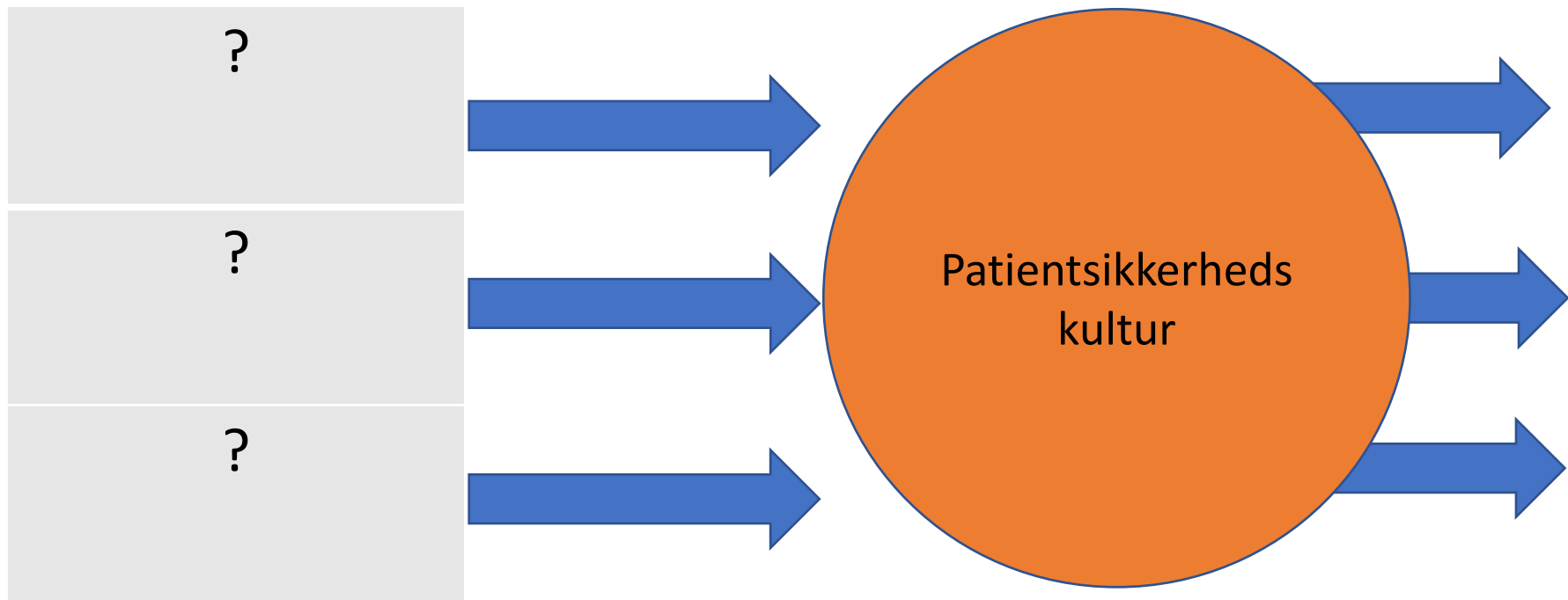


Måle  
patientsikkerhedskultur  
som status/baseline  
måling

Patientsikkerhedskultur  
s effekt på Patient-  
outcome

Måle  
patientsikkerhedskultur  
Før og efter en  
intervention

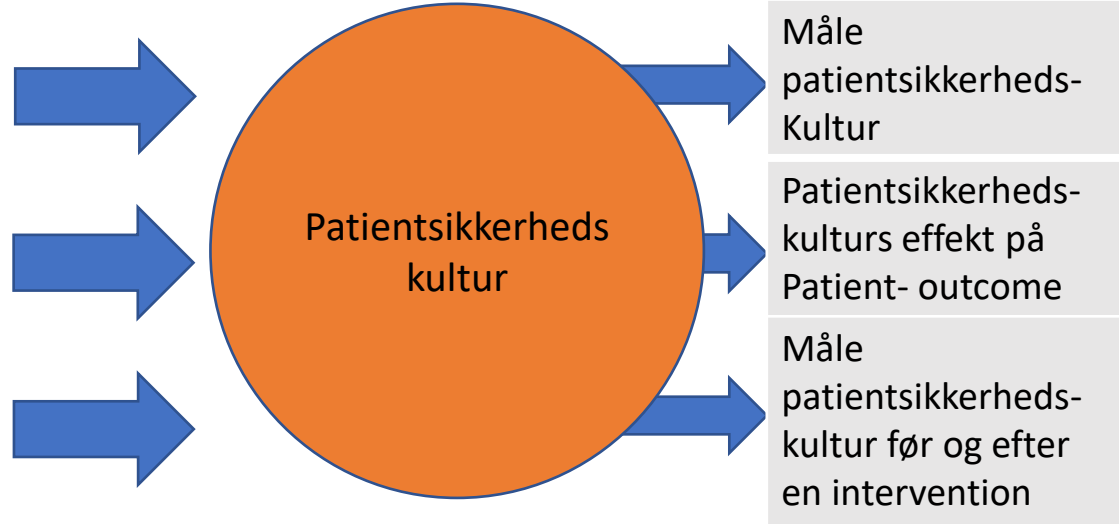
# Fokus for studiet



# Review- Narrative syntese

## Forskningsspørgsmål

1. Hvordan er patientsikkerhedskultur konstrueret som outcome variable.
2. Hvilke uafhængige variable har effekt på patientsikkerhedskultur
3. Hvilke teorier understøtter begrebet patientsikkerhedskultur



**Predictors:**

environment category

Number of days of-  
in a month

Nurse Practice environment

Patient advocacy

Negative behavior<sup>1</sup>

Positive deviance

Presenteeism

Absenteeism

Employee engagement

Leadership category

Work value<sup>2</sup>

Leader management exchange-  
and contact frequency<sup>3</sup>

Co-leaders shared goals<sup>4</sup>

Tenure of leadership dyad

Quality category

Hospitals quality management<sup>5</sup>

**Outcome: Patient safety  
culture/climate**

Hospital survey on patient safety  
culture (HSOPSC)

Overall measure

Teamwork within units

Management support for patient  
safety

Supervisor or manager expectations  
and actions promoting safety

Organizational learning and  
continuous improvement

Overall perception of safety

Feedback and communication about  
error

Staffing

Handoffs and transitions

Teamwork across units

Communication openness

Nonpunitive responds to error

Frequency of event reporting

Safety attitude questionnaire (SAQ)

Overall measure

Teamwork climate

Perception of management





Table of Qualitative themes divided into categories	Categories	Reporting of adverse events	Environment	Quality	Learning	Leadership	Communication
	Themes derived from studies	<p>The reality of reporting incidents</p> <p>Encouraging individual and org. learning from incidents reporting</p> <p>Underreporting of events, cumbersome documentation systems</p>	<p>Defining safety culture</p> <p>Influences of team culture</p> <p>Differences in environmental impact</p> <p>To secure that enough staff were present during each shift and</p> <p>Unsafe staffing</p> <p>Long work hours</p>	<p>Infection control practice failures, compliance issues with policies</p> <p>Balancing adherence to and questioning of standardized operative procedures</p> <p>Commitment to best practice and patient care</p> <p>Units use the tools shared in hospitals risk management policy</p>	<p>Inadequate training, Managers emphasized expertise and continuous development of staff members.</p> <p>Proactive tools is still not daily practice and their embedment and acceptance by nurses physicians and managers is limited</p>	<p>The level of culture is stated to be bureaucratic.</p> <p>Being present as a leader and a good example</p>	<p>Instances of communication breakdown</p>

# Oplægsholder

4. Clara  
Mosborg  
Petersen

# ”Jeg har brug for personlige erfaringer eller en form for dokumentation”

– Et studie om informationsadfærd ved brug af naturmedicin og kosttilskud blandt mennesker med multipel sclerose

Clara Mosborg, stud.cand.scient.san.publ  
Studertermedhjælper, Scleroseforeningen  
cpe@scleroseforeningen.dk



KØBENHAVNS  
UNIVERSITET

Projektet er støtte af midler fra finansloven for 2018.

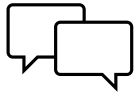
# Formål

At afdække informationsadfærd blandt mennesker med multipel sclerose i relation til deres brug af naturmedicin og kosttilskud.

# Metode



- Telefonisk indsamlet spørgeskemaundersøgelse
- 380 deltager med multipel sclerose
- Svarprocent 58 %



- Semistruktureret interviews
- 18 deltager med multipel sclerose
- Tematisk netværksanalyse





# Resultater

Behandlere

Sociale netværk

Kropslige erfaringer



# Resultater

## Behandlere



## Sociale netværk

- Kvalitet
- Relaterbar

## Kropslige erfaringer

- Validering
- Tvetydighed





SCLE  
ROSE  
FORENINGEN

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# Oplægsholder

5. Maiken  
Wolderslund



# Genhør din samtale

Bedre patientforløb gennem videndeling og inddragelse

**Maiken Wolderslund, postdoc, ph.d., cand.scient.san**

Center for Forskning i Patientkommunikation

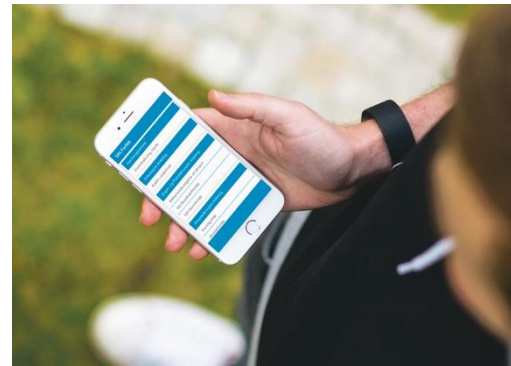
Odense Universitetshospital – Syddansk Universitet

# FORMÅL



At give patienter **mulighed for at genhøre** deres ambulatoriesamtaler

Skabe grundlag for at være **aktivt involveret**  
**i eget behandlingsforløb**





# BAGGRUND

NIH-PA Author Manuscript



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Published in final edited form as:

*Med Care*. 2012 April ; 50(4): 277–282. doi:10.1097/MLR.0b013e318241e8e1.

## What Did the Doctor Say? Health Literacy and Recall of Medical Instructions

Danielle M McCarthy, MD<sup>1</sup>, Katherine R Waite, BA<sup>2</sup>, Laura M Curtis, MD<sup>1</sup>, David W Baker, MD, MPH<sup>3</sup>, and Michael S Wolf, PhD, MPH<sup>2</sup>

<sup>1</sup>Department of Emergency Medicine, Northwestern University, Chicago, Illi

<sup>2</sup>Health Literacy and Learning Program, Division of General Internal Medicine, Northwestern University, Chicago, Illinois, USA

<sup>3</sup>Division of General Internal Medicine, Northwestern University, Chicago, Ill

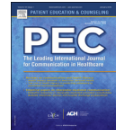


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journal homepage: [www.elsevier.com/locate/pateducou](http://www.elsevier.com/locate/pateducou)



## Outpatients' recall of information when provided with an audio recording: A mixed-methods study

Maiken Wolderslund<sup>a,b,\*</sup>, Poul-Erik Kofoed<sup>b,c</sup>, René Holst<sup>b,d</sup>, Karin Waidtløw<sup>a</sup>, Jette Ammentorp<sup>a,b</sup>

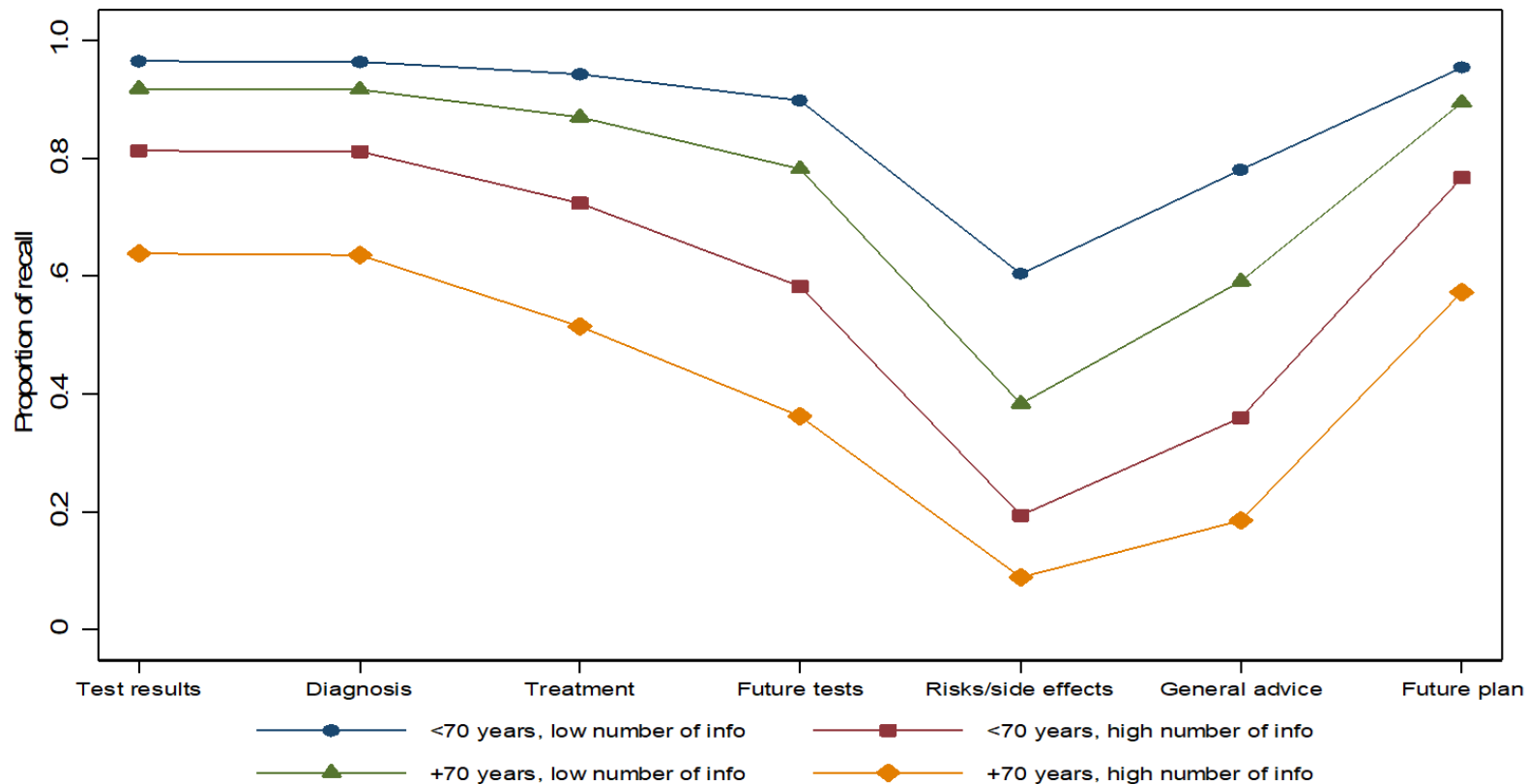
<sup>a</sup>Health Services Research Unit, Lillebaelt Hospital – University Hospital of Southern Denmark, Vejle, Denmark

<sup>b</sup>Department of Regional Health Research, University of Southern Denmark, Odense, Denmark

<sup>c</sup>Department of Paediatrics, Lillebaelt Hospital – University Hospital of Southern Denmark, Kolding, Denmark

<sup>d</sup>Oslo Centre for Biostatistics and Epidemiology, University of Oslo, Oslo, Norway





# LYDOPTAGELSE AF SAMTALER



**Tilfredshed** med samtalen

**Tillid** til personalet

**Deltagelse** i beslutninger

**Genkald** af information

**Udbytte** af samtalen

Wolderslund 2017, Elwyn 2015, Stephens 2008, Ong 2000, Bruera 1999,  
Davision 1997, McHugh 1995, Tattersall 1994, Dunn 1993



15% flere oplever at de er **bedre i stand til at håndtere** deres sygdom  
(76% mod 61% i kontrolgruppen)

18% flere oplever at have **fået meget ud** af deres seneste samtale  
(71% mod 53% i kontrolgruppen)





# IMPLEMENTERBAR TEKNOLOGI

## Elektronisk patientjournal



Opstart af Mit Sygehus

Mit Forløb - Test af samtaleoptagelser

8 år  
Nancy Ann Test Berggren

Stamkort  
Egne aftaler  
**Lydoptagelser**

Lydoptagelser

Ny optagelse

**iPad kode**

Kode fra iPad

**Opret session**

## iPad med lydoptage-app



Systemet genererer en kode



Via koden kobles optagelsen sammen med patientens journal



# CAREERS

## RESEARCH ARTICLE

# Patients Covertly Recording Clinical Encounters: Threat or Opportunity? A Qualitative Analysis of Online Texts

Maka Tsulukidze<sup>1</sup>, Stuart W. Grande<sup>1</sup>, Rachel Thompson<sup>2</sup>, Kenneth Rudd<sup>1</sup>, Glyn Elwyn<sup>1,2,3\*</sup>

**1** The Dartmouth Center for Health Care Delivery Science, Hanover, New Hampshire, United States; **2** The Dartmouth Institute for Health Policy and Clinical Practice, Lebanon, New Hampshire, United States of America; **3** The Scientific Institute for Quality Improvement, Radboud University Medical Center, Nijmegen, The Netherlands

\*Correspondence to: g.elwyn@dartmouth.edu

## My patient wants to record our appointment, what should I do?

A patient's request to record a consultation might leave you feeling uneasy but a recording can be a useful tool to empower patients, **Abi Rimmer** finds

Abi Rimmer

The BMJ

### Recordings can aid understanding

Kiersty Griffiths, standards policy manager for the General Medical Council, says, "The idea of recording consultations can be a great tool for patients and doctors. It can help with understanding and build trust."

...ns for wanting to do s  
... of trust.  
... not feel confident of  
... instructive



*Joshi et al.: Attitude of Physicians to Recording*

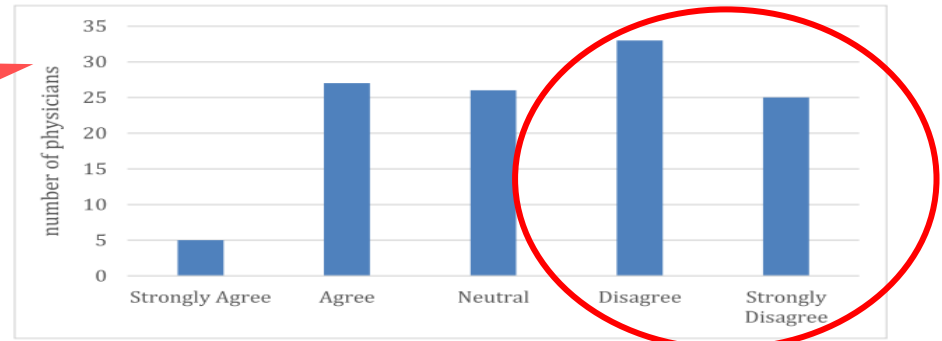


Figure 1 Number of physicians that agreed or disagreed to record the clinical encounter (N = 116).



# BEKYMNINGER I EN DANSK KONTEKST

- **Misbrug:** deling via SoMe etc.
- **Anvendelse:** personalesager - patientklager
- **(Mis)forståelse:** kontekst og manglende non-verbal kommunikation
- **Arbejds miljø:** ændrede betingelser, fortrolighed og læringsmiljø



# IMPLIKATIONER FOR PRAKSIS

Er det et tilbud vi vil give vores patienter?

- Tryghed for personale – personligt og ansættelsesmæssigt
- Anvendelsesområde – værdiskabende
- Betydning for arbejdsmiljøet



# TAK FOR OPMÆRKSOMHEDEN

Nysgerrig – Provokeret – Interesseret i dialog?

Send en mail:

[Maiken.Wolderslund@rsyd.dk](mailto:Maiken.Wolderslund@rsyd.dk)

[www.cfpk.dk](http://www.cfpk.dk)

# Påmindelse - plakaterne og stemme...

**Systematic coding of patient complaints with HCAT – inequality and opportunities for quality improvements**

**Aims**

- To explore how systematic complaint analysis is used for quality improvements
- To test the reliability of the systematic coding
- To map inequality associations between socio-demographics and patient complaints

**Study 1**  
A systematic review will investigate the usefulness of systematic coding in quality improvements and present the results narratively.

**Study 2**  
In its interaction with patients, we will test components of HCAT according to severity. We will establish a consensus on which components are sufficient and which need further cultural adaptation. Patients are invited to reformulate and test the new components.

**Study 3**  
In a register study, we will use central registers and systematic coding to investigate inequality associations between socio-demographics and patient complaints.

**Overview over the HCAT systematic coding approach**

**SDU** Department of Public Health, Research and Clinical Epidemiology, Bispebjerg Hospital, Copenhagen University Hospital

**HCAT**

**Delelse af Capacity Building: Et casestudie i sundhedsvæsenet i Region Midtjylland**

**Forskningsopgængsmål**  
Hvad er betydningen af kapacitetsbygning i et af de offentlige sundhedsvæsen i Danmark? Hvordan kan kapacitetsbygning i sundhedsvæsenet understøtte patienter og sundhedsprofessionen? Hvordan kan kapacitetsbygning i sundhedsvæsenet understøtte patienter og sundhedsprofessionen?

**Teoretisk blik på Ledelse af Capacity Building**  
Kapacitetsbygning er en proces, der involverer udvikling af kompetencer, viden og ressourcer til at håndtere den stigende efterspørgsel på sundhedsydelser. Dette sker gennem samarbejde mellem sundhedsprofessionen og ledelsen i sundhedsvæsenet.

**Forskningsdesign**  
Et casestudie i et af de offentlige sundhedsvæsen i Danmark. Dataindsamlingsmetoderne inkluderer interviews, observationer og dokumentanalyse.

**Udforskningsproces**  
1. Identificering af problemstillingen  
2. Formulering af forskningsopgængsmål  
3. Valg af metode og dataindsamlingsmetoder  
4. Dataindsamling og analyse  
5. Formulering af konklusioner og anbefalinger

**Bidrag**  
Et bidrag til den teoretiske forståelse af kapacitetsbygning i sundhedsvæsenet. Et bidrag til den praktiske forståelse af kapacitetsbygning i sundhedsvæsenet.

**SDU** Department of Public Health, Research and Clinical Epidemiology, Bispebjerg Hospital, Copenhagen University Hospital

**PATIENT SAFETY IN PRACTICE - A Ph.D. - project in process**  
Implication for practice: Filling a Knowledge gap and progressing the safety science field in patient safety of hospitals

**Study 1. A narrative synthesis**  
Background: The primary research, conducted from 2010 to 2015, was a narrative synthesis of the literature on patient safety in hospitals. The synthesis was conducted in three phases: 1. Identification of relevant studies, 2. Selection of relevant studies, and 3. Synthesis of the selected studies.

**Results:** Quantitative studies (n=17) and qualitative studies (n=4) were included in the synthesis. The synthesis identified several key findings: 1. The most common type of patient safety incident in hospitals is medication errors. 2. The most common cause of medication errors is human factors. 3. The most common consequence of medication errors is patient harm. 4. The most common intervention to reduce medication errors is education and training.

**Conclusion**  
The synthesis identified several key findings: 1. The most common type of patient safety incident in hospitals is medication errors. 2. The most common cause of medication errors is human factors. 3. The most common consequence of medication errors is patient harm. 4. The most common intervention to reduce medication errors is education and training.

**Next steps**  
The synthesis will be used to inform the development of patient safety interventions in hospitals.

**"Jeg har brug for personlige erfaringer eller en form for dokumentation"**  
Et studie om informationssøgning ved brug af naturmedicin og kosttilskud blandt mennesker med forskellige sygdomme

**Formål og metode**  
Formål: At undersøge, hvordan mennesker med forskellige sygdomme søger efter information om naturmedicin og kosttilskud. Metode: Et kvalitative studie med fokus på interview og dokumentanalyse.

**Resultater**  
I. Beskrivelse af søgningen  
II. Beskrivelse af netværket  
III. Egne erfaringer

**Implikationer**  
Resultaterne kan bruges til at udvikle interventioner, der hjælper mennesker med forskellige sygdomme med at søge efter information om naturmedicin og kosttilskud.

**GENHØR DIN SAMTALE**  
Bedre patientforløb gennem videndeling og inddragelse

**PROJEKTET**  
Projektet handler om at undersøge, hvordan mennesker med forskellige sygdomme søger efter information om naturmedicin og kosttilskud.

**Formål og metode**  
Formål: At undersøge, hvordan mennesker med forskellige sygdomme søger efter information om naturmedicin og kosttilskud. Metode: Et kvalitative studie med fokus på interview og dokumentanalyse.

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**SDU** Department of Public Health, Research and Clinical Epidemiology, Bispebjerg Hospital, Copenhagen University Hospital

Forskningsmarkedplads		
Præsenter	Title	Vælg (kun én)
1. Sebrina Hansen (SDU)	Anvendelse af systematisk kodning af patientklager til kortlægning af ulighed i kvaliteten af sundhedsfaglig behandling	
2. Christina Egelund Antonsen (AUH)	Delelse af Capacity Building – for at understøtte forbedringsarbejdet i Region Midtjylland	
3. Anja Vibe (CAMES)	Udredning af patientsikkerhed i praksis	
4. Clara Mosborg Petersen (Scleroseforening og KU)	Samtidig brug af naturmedicin/ kosttilskud og konventionel medicin	
5. Maiken Wolderslund (OUH og Svendborg Sygehus)	Genhør din samtale - Bedre patientforløb gennem videndeling og inddragelse	



An aerial, high-angle photograph of a bustling outdoor market or festival. The scene is filled with numerous stalls, many of which have large umbrellas or awnings for shade. A dense crowd of people is scattered throughout the market area, some walking, some standing near the stalls. In the background, a cityscape is visible, including a prominent tall, thin tower or spire. The entire image has a warm, reddish-orange tint. Centered over the image is the text "Mange tak og god konference..." in a bold, red, sans-serif font.

Mange tak og god konference...

# Vi ses også til

- **International Forum, 15-17. maj  
2023**

# Tak for nu

Følg med live på **#patient22**

PS! på Twitter: **@patientsikker**

**Patient 22!**  
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