



SLOVENIA



A developing culture of safety and quality
with a focus on mediation



*(A story of pictures and words
from Ljubljana)*



Change and transition

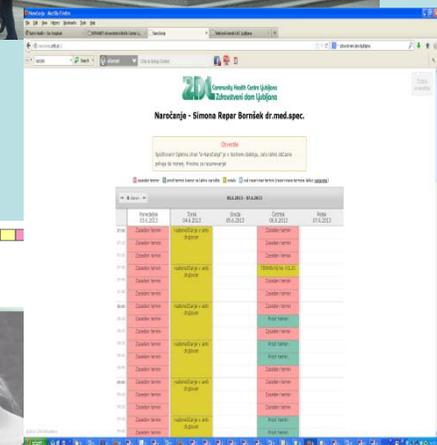
A Journey



1. Community Health Centre

Primary Care web-based appointment booking for patients

- Prevention
- Accessible information
- Independence choice and control



Ham po pomoč?
Spremembe v vedenju večinoma najprej opazijo starši, ki naj strokovni nasvet poiščejo pri osebnem zdravniku. V primeru, ko zaskrbi telesno bolezen, bo svetoval pregled pri pedopsihiatru (psihiatru, ki je specializiran za zdravljenje otrok) ali pri psihologu.

Kako poteka zdravljenje?
Brez ustrezne pomoči (zdravljenja) je depresija dolgotrajna in se ponavlja, zdravljenje pa je v večini primerov učinkovito. Pri lažjih oblikah depresije zadostuje psihoterapija, v katero je vključen otrok/mladostnik, pogosto tudi njegovi starši. Pogovori in svetovanje večinoma izvajata pedopsihiater ali psiholog. Pri težjih oblikah depresivnosti pa je potrebno vključiti tudi zdravnika, ki jih predpiše pedopsihiater.

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Depresivnost pri otrocih in mladostnikih

Depresija ni zgolj običajna žalost, ki jo v povezavi z neprijetnimi življenjskimi izkušnjami doživljamo vsi. Rodar potrebnost in spremembe v vedenju trajajo daljši čas in opazno ovirajo otroka/mladostnika pri vsakodnevnem delovanju doma, v šoli in v skupini vrstnikov, je potrebno poiskati strokovni nasvet.

2. University Medical Centre

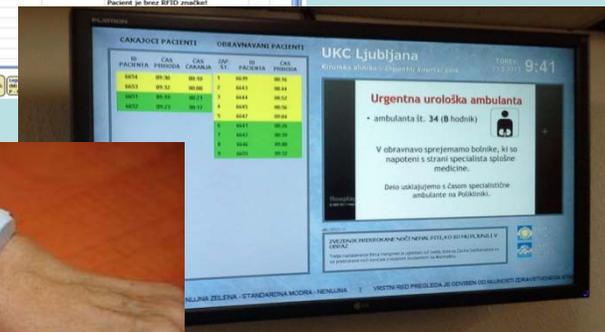
Trial of RF Patient tracking in Medical Emergency Department

- Patients more informed
- Monitoring progress
- Focus on efficiency
- Alarm button
- Measuring quality
- Contributing to safety



The screenshot displays a patient tracking software interface. At the top, there is a floor plan of the emergency department with numbered rooms (10, 9, 8, 7, 6, 5, 4). Below the floor plan is a table with columns for 'Prilitek in smer' (Arrival and direction), 'ID' (Patient ID), 'Vrednoti simptomi' (Assessed symptoms), 'CAW/SPORO' (Status), 'Opozorila' (Warnings), 'LAS' (Location), and 'Faza obr' (Phase of care). The table lists several patients with their respective details and status indicators (green for 'Pacient je brez RFID značke' and red for 'Pacient je brez RFID značke').

Prilitek	Na IP	A	N	Prilitek in smer	ID	Vrednoti simptomi	CAW/SPORO	Opozorila	LAS	Faza obr
10:06	5:52	1			3022	MF	Pacient je brez RFID značke		AMB (0-12)	
10:11	5:39	2			3024	Drugače pri zdravljenju	Pacient je brez RFID značke		AMB (0-12)	
10:36	5:22	3			3026		Pacient je brez RFID značke		AMB (0-24)	
10:46	5:12	2			3027		Pacient je brez RFID značke		PP	AMB (12-27)
10:56	5:08	5			3028		Pacient je brez RFID značke		PP	AMB (12-27)
10:56	5:02	5			3029		Pacient je brez RFID značke		CD	AMB (0-26)
11:45	4:13	2			3033	sum na druge bolezenske znake	Pacient je brez RFID značke			AMB (0-09)
12:12	3:46	1			3036	SINKOPA	Pacient je brez RFID značke		AMB (12-27)	
13:58	20:08	1			3071		Pacient je brez RFID značke		AMB (0-14)	
13:32	2:26	1			3044	SINKOPA	Pacient je brez RFID značke			AMB (0-14)
14:18	1:40	2			3047	sum na druge bolezenske znake	Pacient je brez RFID značke			AMB (0-12)
14:56	1:02	5			3049		Pacient je brez RFID značke			AMB (0-24)
15:08	0:50	1			3053	Slabe počutje	Testiranje			AMB (0-31)



3. Rehabilitation Institute

Drive thru pharmacy opened by a Tertiary provider

- Needs led
- Patient centred
- Accessible
- Improves quality of life for patients



Direction

“I said go that way...no that way...”



Strategy

“We need a plan to get where we are going”



Mediation and its development in Slovenia

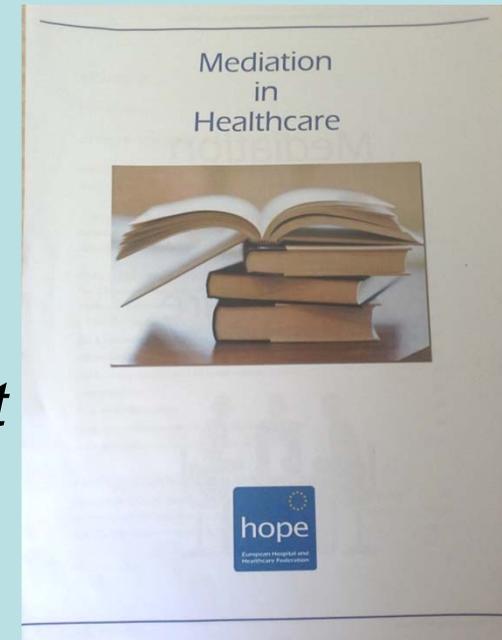
Effective Dispute Resolution model

Definition:

'A structured process whereby two or more parties to a dispute attempt by themselves, on a voluntary basis, to reach an agreement on the settlement of their dispute with the assistance of a mediator.' HOPE 2012

Legislative framework:

- Law on mediation in Civil and Commercial matters (2008)
- Act on Alternative Dispute Resolution (ADR) in Judicial matters
- Patient Rights Act and Rules on mediation in healthcare



Research: *Perspectives, attitudes and dilemmas*

Clinician

- 30% of errors disclosed
- 32% reported disclosing full information
- 70% thought they should give full details (32% said they do this)

Patient

- 99% wanted disclosure
- 99% wanted information on future prevention
- 88% wanted an apology

1. A gap exists in patients preferences and the attitudes of those working in healthcare to error disclosure and apology
2. Decision to take legal action was taken due to perception of insensitive handling or poor communication after the event

Effective Dispute Resolution

Structured process:

Mediator

Voluntary

Agreement

Confidential

Communication

Solutions

Learning



'Building an empowering and flexible approach'

Nekrep Case

- In March 2008, 12 year old boy died due to rare genetic condition. He had an excessive level of ammonia in his blood, which the doctor failed to detect.
- Attending physician was sentenced by the court.
- Parents of deceased boy also filed a damages lawsuit against the hospital, but they agreed to reach agreement via the process of mediation.

Nekrep Case

One of the most prominent features of this case is a lack of communication between all parties:

- Attending physician failed to provide an adequate explanation to the parents after the boy was admitted to the hospital
- There was a confusion about responsibilities, i.e. who and how further information would be provided for parents
- There were misunderstandings between physicians and between hospitals
- Behavior of the hospital management after the incident could be perceived as an internal cover-up

Nekrep Case

Some terms of the agreement:

- Both sides expresses the regret over the death of a boy
- Compensation for the parents
- Good part of compensation parents have returned to the hospital in form of the donation
- Hospital provided the assurance that measures are taken to prevent future events like this occurring

Evidence, motivation and outcomes

Typical outcomes leading to resolution:

1. Explanation
2. Apology

Reduced time and cost:

1. 10% of the time preparing for litigation
2. Substantially reduced financial and emotional costs

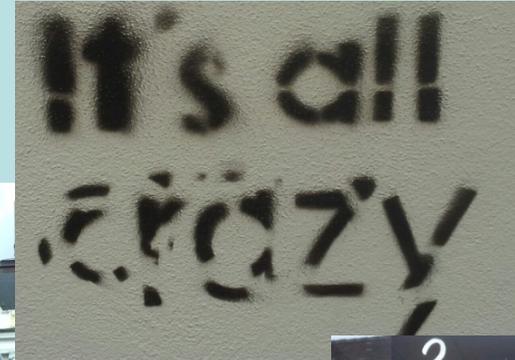
Creative solutions and unexpected outcomes:

1. Funds for plane fare and lodging for family
2. Educational outreach project
3. Scholarship fund in response to an unexpected death following a medical error

Challenges



"Nobody..



...said...



"I would prefer not to."

...it was going to be easy."

Support

'We all need a helping hand sometime'



Commitment



Communication



“Why don’t you ever pick up the phone?... This is a two way process.”



“When were you planning on telling us this is what was going on?...and why?”

informacijski

'A day in your shoes'



"Walk the walk"



“Life is good.

No hope

No marmalade!

Or jam!”

**Of course, life is not good
without hope.**

**Marmalade and jam are a
bonus!**

We need belief if we are to have



H
O
P
E



Resources and further reading

Mediation in Healthcare HOPE Publications (December 2012)

Should We Disclose Harmful Medical Errors to Patients? If so, How?

Gallagher et al., *Clinical Review* Vol.12, No.5 (May 2005)

www.turner-white.com

Alternative Dispute Resolution in Medical Malpractice: A Survey of Emerging Trends and Practices

Conflict Resolution Quarterly, vol.26, No.1 (2008) Wiley Periodicals

Medical Malpractice Mediation: Benefits Gained, Opportunities Lost

Carol B. Liebman (2011) <http://www.law.duke.edu/journals/lcp>.

