**Program Experience Day Erasmus MC Rotterdam**

(Site visit from Forum of Quality and Safety in Healthcare 2 May 2018)

Final, 13-03-2018

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| **Plenary program****Educational center, hall 1, in combination with Foyer-C** |
| **Time** | **Subject** | **Speaker** |
| *09:30 - 10:00*  | *Walk in with coffee and tea (buses from Amsterdam are expected between 09.30 and 09.45)* |
| 10.00 - 10:10  | Welcome to Erasmus MC- Introducing the program of the day  | Markus Klimek, MD, PhD, DEAA, EDIC, Vice-Chairman / Vice-Had Residency Training Program, Dept. of Anesthesiology, Chairman Incident Committee Erasmus MC |
| 10:10 - 10:25  | An introduction to Erasmus MC | Joke G. Boonstra, PhD, Member of the Board of directors Erasmus MC |
| 10:25 - 10:40  | Quality and patient safety in Erasmus MC, a brief overview | Harriët van Veldhuizen, MSc., Director quality and patient care |
| 10:40 - 10:55  | Patient engagement and value based healthcare  | Jan Hazelzet, MD, PhD, CMIO Erasmus MC & Professor Healthcare Quality and Outcome  |
| 10:55 - 11:10  | Innovation in the new building | Tanja Bos, MSc., Projectmanager program ONE (Ons Nieuw Erasmus MC) |
| 11:10 - 11:25  | Teamwork in an academic hospital, training of students and professionals | Cynthia van der Starre, MD, PhD, Pediatrician-Neonatologist, Patient Safety Officer, PICU and NICU |
| 11:25 - 11:40  | Better Together, regional cooperation | Monique Daniels MSc., Director Business, Development and Sales, external health relations, regional cooperation |
| 11-40 - 11:55  | Patient Safety in general  | Markus Klimek |
| 11:55 - 12:00  | Closing of the plenary program | Markus Klimek |
| *12:00 - 13:00* | *Lunch in Foyer-C* |
| **Workshops: every participant can choose 2 workshops**All workshops will be given twice in an identical setup.round 1: 13:00-14:10 , round 2: 14:20-15:30  |
| *15:40 - 16:00* | *End of site visit, closing the day with Markus Klimek* |
| *16:00*  | *Departure to busses* |

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|  | **Theme** | **Title** | **Experience** | **Speaker(s)** | **Location** | **Explanation** |
| **Workshop 1** | Patient engagement and value based healthcare  | Discussing patient outcomes in the consulting room | Experience how a value based program is implemented within the Erasmus MC by using a real use case and advise us as an Expert-team on how to give feedback about the outcomes to the patient in de consulting room. | Ilona Gritter MSc., Ciska Pruijssers MSc, and Hanneke van Aggelen MHOB: Expert-team for Value Based Health Care and Patient Centered CareRaymond Dykgraaf MD, Gynecologist  | OWR-25  | Measuring patient outcomes is an important tool for improving healthcare processes, benchmarking results to other patient populations but most of all, tailoring care to the individual patient with all his/her values, preferences and needs. In this interactive workshop we will describe our approach to measuring outcomes and focus on how to discuss these results in the consulting room together with the patient.  |
| **Workshop 2** | Teamwork in an academic hospital, training of students and professionals | Educational strategies in an academic hospital for undergraduate and postgraduate education | Experience the working of the Erasmus MC Skillslab & Simulation Center to improve patient safety. | Ilse Meima, Educator INACSL- CAE Simulation Healthcare FellowErasmus MC Academy, Erasmus MCVicki Erasmus, PhD, scientific researcher, Erasmus MCChristian Grass, MD, PhD, asst. Professor of Anesthesiology, Programme Director Medical Simulation SkillsLab and Simulationcenter,Erasmus MC | Erasmus MC SkillsLab & SimulationCenter | Traditionally, the acquisition and ongoing improvement of high level psychomotor skills required by future physician take place in an apprentice-style model of ‘see one, do one, teach one.’ This style of learning is no longer considered acceptable because of the increasing concern for the quality of patient care and safety and change in health care systems. One of the most important steps in our curriculum development is the introduction of learner-centered medical teaching and learning with medical simulation at its top. Simulation is a generic term that refers to an artificial representation of a real world process to achieve educational goals through experiential learning. Simulation based medical education is defined as any educational activity that utilizes simulation aides to replicate clinical scenarios. Medical training programs should ensure that learners have the necessary learning opportunities and assessed by the appropriate methods. Clinical skills competencies including interprofessional collaboration, communication skills, professional attitudes, procedural skills, critical thinking, clinical reasoning, problem solving, teamwork, organization skills, and management skills should be part of the core undergraduate and postgraduate curriculum.Simulation tools serve as an alternative to real patients. A trainee can make mistakes and learn from them without the fear of harming the patient. Medical simulation has been found to enhance clinical competence at the undergraduate and postgraduate levels. It has also been found to have many advantages that can improve patient safety and reduce health care costs through the improvement of the medical provider's competencies. At the conclusion of our interactive and multimodal workshop the attendee is able to discuss 1.The relevance of interprofessional undergraduate and postgraduate training to improve patient safety2.The potential of different learning strategies in medical curriculum development to improve teamwork, communication, task management, situation awareness, and decision making3.The importance of a safe learning environment and facilitator qualification (train-the-trainer) |
| **Workshop 3** | Teamwork in an academic hospital, training of students and professionals | Teamwork makes hearts beating faster***30 min:*** *Escape room:* ***45 min:*** *Assessment of healthcare professionals in teamwork*  | Experience of effective teamwork! | Ada van den Bos, Patient Safety Officer at Erasmus MCOlga Stoffels, Senior Pediatric Intensive Care Nurse Erasmus MC | Sophia children's hospital | Participants will first experience effective teamwork in our escape room and next learn how to assess healthcare professionals’ technical and non-technical skills in teamwork. Teamtraining is one of the tools to improve team performance and thus decrease incidents and improve quality of care. Measuring team performance or the individual professionals' performance in a team is not very common yet. Validated assessments of teamwork provide a solid base for continuous learning. After this session, participants will be able to: 1. Effectively work as a team2. Assess healthcare professionals' (non)-technical skills  3. Determine where to improve as professional in teamwork  4.  How to adapt this to other healthcare practitioners and how toadapt this to other skills.  |
| **Workshop 4** | Teamwork in an academic hospital, training of students and professionals | Co-creation effectively meets healthcare professionals' needs | During this interactive workshop, Onno Helder, Linda Wauben and Ronald van Gils will guide small groups of attendees in a real 'do-it-yourself' session.A collaboration of Erasmus MC Rotterdam, TU Delft and University of Applied Sciences. | Onno Helder, PhD, RN, clinical researcher and senior intensive care nurse, Erasmus MC and lecturer/ researcher Rotterdam University of Applied SciencesLinda Wauben, PhD, MSc. Research Professor Technical Innovations in Healthcare at  Rotterdam University of Applied Sciences, and postdoctoral researcher TU DelftRonald van Gils MSc, senior lecturer Industrial Design Engineering, Rotterdam University of Applied Sciences | OWR-8 | User centered co-creation is a relative new approach to develop innovations that meet the needs of healthcare professionals in case there is no adequate commercial alternative. In collaboration with the Rotterdam University of Applied Sciences the Erasmus MC runs a successful program to solve practical issues as experienced by nurses and physicians. During this interactive workshop, Onno Helder, Linda Wauben and Ronald van Gils will guide small groups of attendees in a real 'do-it-yourself' session. |
| **Workshop 5** | (Innovation) in the new building | Walking tour through our brand new hospital! | Experience our new building: ready for the future | Organized by the congress center | Walking tour | During a 70 minutes tour through Erasmus MC, you will get an impression of our brand new hospital, where we provide high-quality and safe patient care. You will visit the education center, the pharmacy with the Pill Pick System and then walk through the heart of the building to the newest part of the hospital where the department of Radiology, with its innovative MRI and CT techniques, is situated. You will visit a conventional X-ray room and an intervention room. Furthermore, you will get a glimpse of the roof gardens that are accessible for patients and personnel. In partnership with the municipality of Rotterdam, Erasmus MC strives to add extra qualities to the building in terms of safety, sustainability and health aspects. So the new hospital will have a high-standard indoor climate and contain many natural green elements. |
| **Workshop 6** | Better Together, regional cooperation | Better together: two good examples in one workshop | Group discussion; lessons to be learned. How do you see future development? | Han Meeder, MD, PhD, intensivist Erasmus MCBob Roozenbeek, MD, PhD, neurologist Erasmus MC | OWR-37 | MICU (Mobile Intensive Care Unit)The Mobile Intensive Care Unit Southwest Netherlands (MICU) foundation provides inter-clinical transport of IC patients between hospitals. In principle, any inter-clinical transport of an IC patient, older than 16 years, falls under the definition MICU transport. There may be several indications that require transfer from an IC patient to another hospital. For example the need for additional or specific expertise (upscaling to top clinical or academic centers) or the lack of diagnostic and technical facilities. Regional spread and coordination of the need for IC care can also be a reason for inter-clinical transfers.Value Based Payment, CVA:Adding more value for stroke patients. That is the goal of high quality stroke care. But how exactly will we achieve this added value? Within the value based healthcare concept, value is defined as achieving the best possible health outcomes, that are relevant for the patient, at the lowest possible costs. In stroke care especially, we cannot achieve this within our own hospital only, enhanced value is only viable with extensive regional cooperation. The stroke care delivery chain therefore has to work in a solid network.Using practical examples, we will illustrate during this workshop how regional collaboration within stroke care can lead to more value for our patients. |
| **Workshop 7** | Patient Safety in general | Learning from mistakes | The workshop will provide a combination of interactive presentations, discussion and exercises.  | Markus Klimek, MD, PhD, DEAA, EDIC, Vice-Chairman / Vice-Had Residency Training Program, Dept. of Anesthesiology, Chairman Incident Committee Erasmus MCLaura Zwaan, PhD, Cognitive psychologist and Assistant Professor at the Institute of Medical Education Research Rotterdam, Erasmus MC | OWR-9 | Erasmus MC has about 10.000 incident reports/year. While this sounds like a large number, it is still considered as under-reporting. In this interactive workshop, Dr. Markus Klimek will discuss the insights of learning from mistakes through incident reporting. What can we learn from incident reports? How do we create a safe reporting culture in the Erasmus MC? What is an effective incident analysis and what challenges we currently face?One of those challenges is to get incident reports of all types of incidents. Unfortunately, many of the adverse events that occur are not represented in incident reporting systems. In particular diagnostic errors are rarely reported, while they account for the second largest proportion of preventable patient harm in the Netherlands. Dr. Laura Zwaan will zoom in on this overlooked area of patient safety. How can we learn from mistakes in the diagnostic process? What are the next steps in understanding and improving the diagnostic process? |