

ÄRZTEKAMMER BERLIN



How to deal with frightening issues – the case of Patient Safety in Germany

NATO Advanced Research Workshop
14 – 17 May Chisinau, Moldova

Dr. med. Günther Jonitz, President of the Berlin Chamber of Physicians



Dr. med. Günther Jonitz, born 1958

Surgeon

President of the Berlin Chamber of Physicians

Member of the board of the German Medical Association

**Founding member of the German Network Evidence-based Medicine,
German Coalition for Patient Safety, Guidelines International Network,
Berlin Registry of Myocardial Infarction.**

**Technical advisor to the German Ministry of Health acc. Patient Safety
International**

Member of the strategic advisory group on Patient Safety of the WHO

Col: No money from pharmaceutical industry since 2015



Human beings are the most emotional
forms of life on earth

Only we know that we have emotions

Without emotions there would be no music, no
arts, no fashion, no love, no curiosity, no fear



People tend to avoid negative feelings

Harm in health care is associated with
very negative feelings

For patients **and** doctors (and nurses)

Thus, Patient safety became a taboo

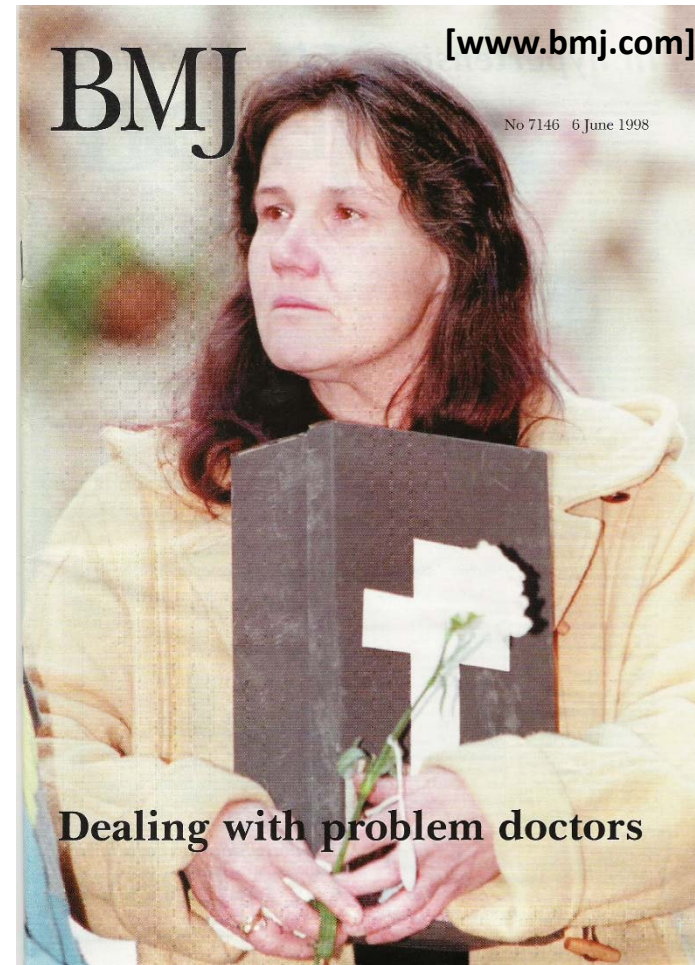


***„An estimated 8 – 12% of patients
admitted
to hospital in the EU
suffer from adverse events
whilst receiving healthcare.“***

(Source: EU-Recommendation Patient Safety 2009)



Promoting Change



Promoting Change

Set goals („better life ahead!“)



Goals

- ✓ Better confidence in health care
- ✓ Higher quality
- ✓ Less harm, pain and grief (*patients, families and „second victims“*)
- ✓ Lower costs
- ✓ Better cooperation based on common sense and trust
- ✓ Evidence based health care
- ✓ Understanding of a better organization
- ✓ End of „passing the buck“
- ✓ More job satisfaction

„win-win-win-situation“



Promoting Change

Explain!



-
- **Medicine** Successful and complex
 - **Patients** Multimorbid and demanding
 - **Economics** Decreased funding and trust
bad working conditions
 - **Lack of Staff** „Why are doctors so unhappy?“

(BMJ May 2001)

Double need for action!



Change of culture: Positive frame

It is not just a problem or a threat, it is a chance and invitation to take action for patient safety

→ „bad issue, but glad news!“

80% of all harms are due to bad organization

→ „Be honest but don't feel guilty!“

Various institutions, stake holders and people are there to support you on promoting the patient safety issue

→ „You are not alone!“

Action!!

- **Better knowledge about errors in medicine**

System failure, problems with communication rather than failure of individuals

→ Asking „What“ instead of „Who“ failed

- **Tools and Instruments concerning prevention of errors**

- Critical Incident Reporting Systems,

- Root cause analyses

- A wide spread of learning activities (CPD, Simulation Training, communication skills)

- Management know how, tools und techniques (Quality Management, Risk Management, importance of role models and leadership in medical work etc)

Promoting Change

follow a strategy



Roadmap to patient safety in Germany

since 1975

Chambers of Physicians: **Arbitration boards/ „Gutachterkommissionen/ Schlichtungsstellen“**

2002

„Berliner Gesundheitspreis“ for Innovations in Health Care
(Berlin Chamber of Physicians/ BCP and AOK, Statutory Health Insurance Company)

→ Public agenda

2004

Scientific Congress on Patient Safety
(Society for Quality Management in Health Care GQMG)

→ Scientific agenda

2004

Workshop of AOK (insurance) and BCP

→ **Stepwise forward procedure, including people and organisations**

„No „Big Bang“, no „King of Patient Safety““

2005 → political agenda



Network !!

[Quelle: www.sehstern.de]



Berlin Award for Health Care 2002



Promoting Change

Be a leader

and

collect allies



The German Coalition for Patient Safety

(GCPS est. April 11th, 2005)



Umbrella Organisation

**AKTIONSBÜNDNIS
PATIENTENSICHERHEIT**

<http://www.aktionsbuendnis-patientensicherheit.de/>

- **Building a network organisation**
- **Including - from the beginning – all relevant players of the German health care system**

GCPS-Characteristics

- ✓ **Based on voluntary, honorary engagement and enthusiasm of members, activists and their organizations**
- ✓ **The persons and parties involved are of full integrity, recognized and competent**
- ✓ **Credibility based on independence**
- ✓ **Bundling of Know how**
- ✓ **Multidisciplinary networking**
- ✓ **Based on experience „from practice for better practice“**
- ✓ **Providing: trust, knowledge, tools, cooperations**
- ✓ **Common responsibility!! No „King of Patient Safety“**



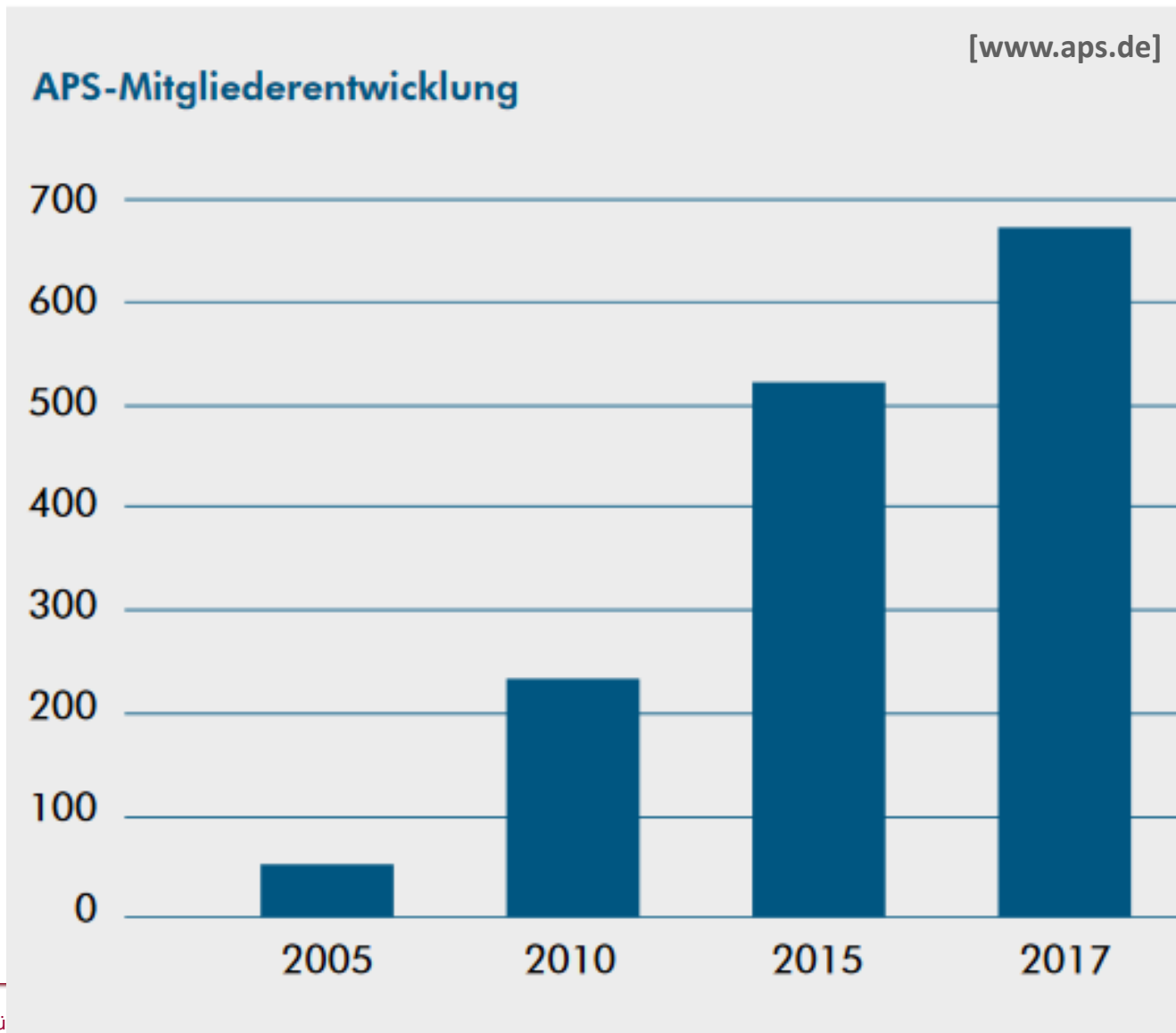
GCPS-Recommendations

- **WG Registry for Medical Errors**
- **WG Critical Incident Reporting Systems** (work completed)
- **WG Wrong Site Surgery** (work completed)
- **WG Patient Identification**
- **WG Forgotten Foreign Bodies after Surgery**
- **WG Patients for Patient Safety** (information-advice-decision)
- **WG Medical Devices**
- **WG Drug Safety**
- **WG Education and Training**
- **WG Communication after Adverse Event** (“Reden ist Gold”)
- **WG Patient Safety and Senior Citizens**
- *...etc*

You can take action !



Memberships GCPS



1. Patient Safety Global Summit 9.-10.11.2016 in London



[Foto: privat]

German MinoH Hermann Gröhe, Don Berwick, Victor Dzau, Prof. Lord Darzi u. a.

At the „Ministerial Patient Safety Global Action Summit“ for the first time **ministers and experts and stakeholders** (including victims) came together to talk about actions.

The German way - **cooperation, solutions, friendliness** – is acknowledged.

2nd Min PSGAS March 2017 in Bonn

<http://www.who.int/patientsafety/policies/ministerial-summits/en/>

3rd MinPSGAS April 2018 in Tokyo

Dr. med. Günther Jonitz, President of Berlin Chamber of Physicians

World Health Organization

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Patient safety

Global Ministerial Summits on Patient Safety

Patient safety in health care has been the subject of international focus, research and debate since around the turn of the century, and is now a serious global concern. The experience of countries that are engaged in national efforts demonstrates that, although health systems differ from country to country, many threats to patient safety have similar causes and often be addressed by similar solutions. There are many forums for academic and expert debate of the subject but limited opportunities for international experts to engage with Ministers of Health and other high-ranking political decision-makers or for effective collaboration between countries.

Promoting Change

Celebrate results:

International Day of Patient Safety

September 17th



Paradigm Change of Safety Culture on Top Level

Arzte-Fehler



Klemme vergessen

Prof. Matthias Rothmund (65), Marburg



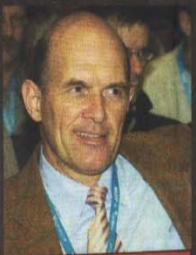
Keine Hilfe gerufen

Prof. Christel Bienstein (56), Witten/Herdecke



Harnleiter verletzt

Prof. Joachim Dudenhausen (64), Berlin



Knie verwechselt

Prof. Bertil Bouillon (50), Witten/Herdecke



Falsches Antibiotikum

Dr. Günther Janitz (49), Berlin



Lunge angesteochen

Dr. Marike Eisenmann-Klein (53), Regensburg

Donnerstag, 28. Februar 2008 50/9 0,50 €

Bild

Erstmals sprechen Mediziner über ihr Versagen!

Sie sind die mutigsten Ärzte in einer Branche, die in Deutschland: Erstmals gesteht, dass sie eigene Behandlungsfehler ein. Mit der Aktion wollen sie für mehr Qualität in deutschen Kliniken sorgen. Ihre Geständnisse - S. 3

„These are the most courageous doctors in Germany“.

BILD 28. 2. 2008



Success factors of the German strategy

- ✓ **Leadership by professionals and leading institutions!**
- ✓ **Bad issue but „good news“!! (Positive framing)**
- ✓ **Taking action!** (No more suffering as a victim – help yourself AND your patients)
- ✓ **Participation, honesty, appreciation, support, friendliness, cooperation, confidence, common responsibility!**
- ✓ **Free access and share ware** of know how and products/ materials (recommendations, scientific results, reports, informations...)
- ✓ **Involvement of leading stakeholders up to the minister!** (Top-down-revolution)

win-win-win-situation

