

Haemovigilance : are we asking the right questions, and collecting and analysing the right information?

A story of disappointment, but with the potential of a happy ending

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overview

- Patient Safety (and Haemovigilance) is weakening year by year, but the patient does not know it yet : some of the reasons why.
- The way forward : asking the right questions etc. : issues at the level of safety management philosophy, and concerning the system level of Incident Reporting and Analysis Systems (IRAS).



Stagnation = weakening of PS : based on lessons from industry

- ❑ Hopeful early childhood : MERS-TM, To Err Is Human, NHS-NPSA, UMCU, WHO-ICPS
- ❑ Not reached adulthood : independent, self-supporting, integrated and accepted. All struggling.
- ❑ Single, driven individuals
- ❑ Medical curricula



“whining” continued

- Career paths
- “low-hanging fruit” , symptom-based
- Central role of Safety Culture
- cost – benefit analysis, overall view of highest risks
- Sustained training/retraining program
- Non-medical input vs. overconfidence :
 - *“PS too important to leave to only doctors”*



The way forward : the right questions, the right data

- Safety Management Philosophy :
 - Person- vs System-based (Reason) : who vs why.
“Would another person make the same error?”
 - Always Technical, Organisational and Human causes combined (PRISMA)
 - *Dare to Share* : joint learning; more power vs manufacturers, inspectorates, etc.
 - Integrate retrospective learning with *predictive tools* (SAFER, etc)



The way forward continued:

- System level of IRAS
 - Not only Failure causes, also *Error-Recovery* factors (distilled from near-miss reports) :
“staff / patients as the strongest link in the chain”
 - Involve the reporter : too much “mea culpa”
 - End anonymous reporting
 - Design IRAS from the analytic heart(causal classification model) outward : see abstract
 - IRAS efficiency vital to survival



Thank you !

- Hope you are annoyed / inspired enough for comments

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