Open Medical Club Košice Slovakia

13. 12. 2001

Peter Krcho

OPEN MEDICAL CLUB

Open mind for evidence based medicine ideas



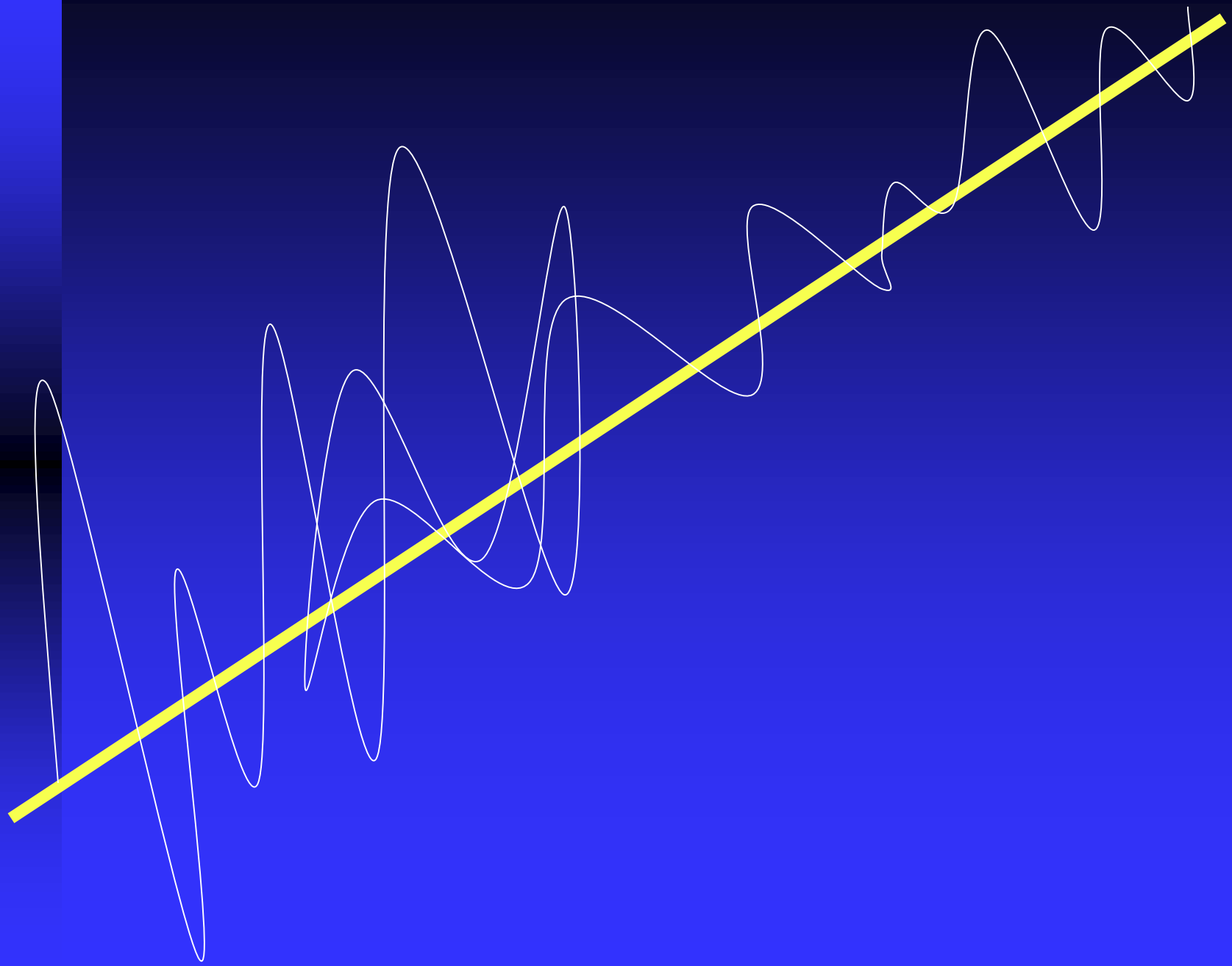
Experts to others

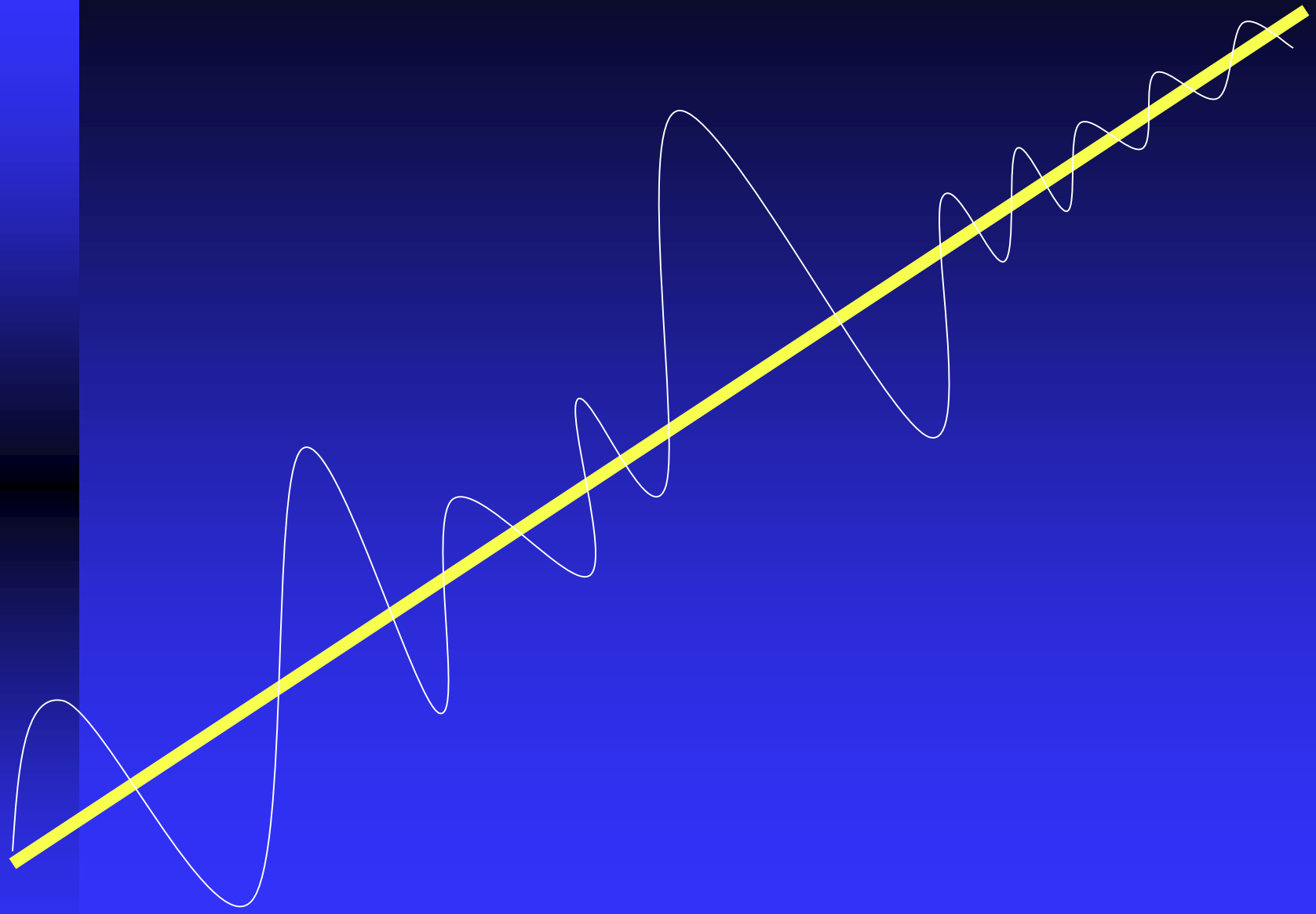
Youngers to olders Olders to youngers

Big databases to small databases

Stronger for the weaker Big and strong for the small and weak

Etc...





Idea? Delusion?



EBM

To look from the right angle... evidence based decisions



In some situations we need EBM in some not…



PNO with tension

Emergency intervention is necessary

Astma

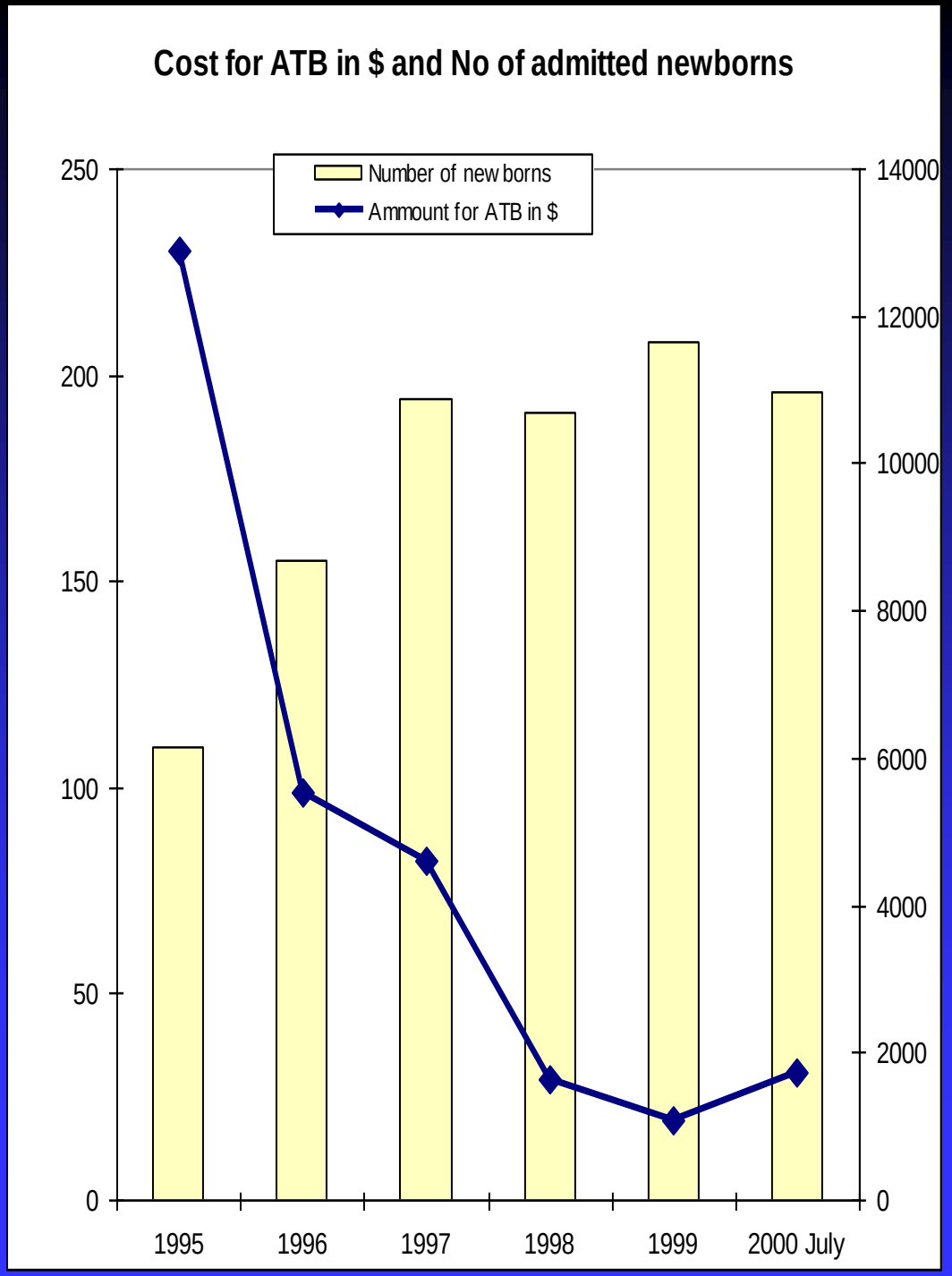
Is the treatment effective…

Viral and bacterial infections?

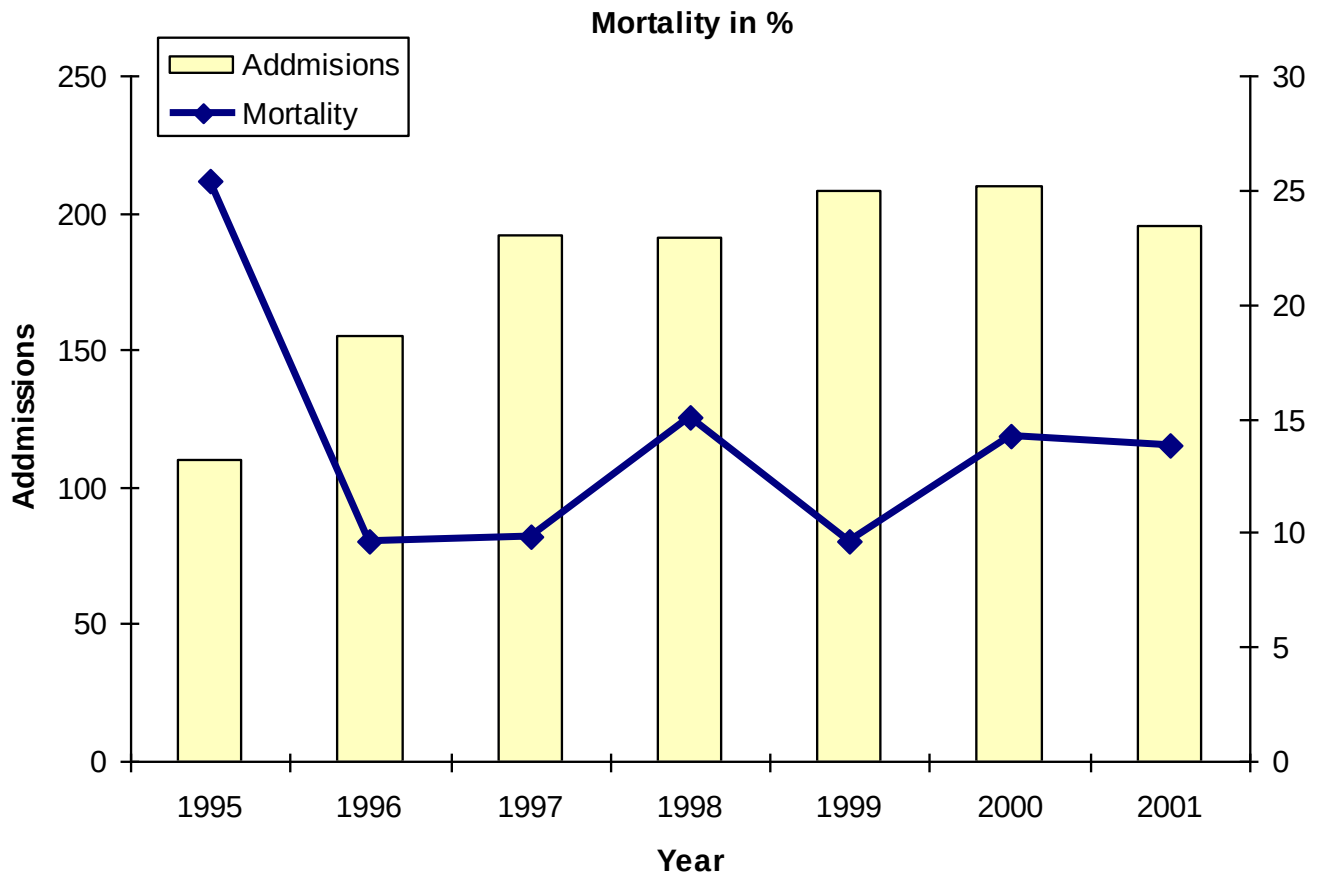
ATB?

Other drugs ?

What about our interventions, were they OK 5 years ago???



Addmissions/Mortality



We are doing mistakes all over the world …

esa http://books.nap.edu/books/0309068371/html/26.html#pagetop



2
Errors in Health Care: A Leading Cause of Death and Injury

Health care is not as safe as it should be. A substantial body of evidence points to medical errors as a leading cause of death and injury.

- Sizable numbers of Americans are harmed as a result of medical errors. Two studies of large samples of hospital admissions, one in New York using 1984 data and another in Colorado and Utah using 1992 data, found that the proportion of hospital admissions experiencing an adverse event, defined as injuries caused by medical management, were 3.7 and 2.9 percent,[1] respectively. The proportion of adverse events attributable to errors (i.e., preventable adverse events) was 58 percent in New York, and 53 percent in Colorado and Utah.[2]
- Preventable adverse events are a leading cause of death in the United States. When extrapolated to the over 33.6 million admissions to U.S. hospitals in 1997, the results of these two studies imply that at least 44,000 and perhaps as many as 98,000 Americans die in hospitals each year as a result of medical errors.[3] Even when using the lower estimate, deaths in hospitals due to preventable adverse events exceed the number attributable to the 8th-leading cause of death.[4] Deaths due to preventable adverse events exceed the deaths attributable to motor vehicle accidents (43,458), breast cancer (42,297) or AIDS (16,516).[5]

What creates negative image of our health care?

- Errors with residual consequences ?
- Diagnostic and therapeutic interventions without the influence on the patient´s condition. Interest or concern about the patient?
- Inaccurate, wrong diagnosis ?
- Each expert has a different opinion ?
- Lack of communication between the experts ?
- Personal and verbal contact between the physician and the patient?

Why OMC

- It is a large group of physicians with foreign experience…
- They have different views on some problems…
- They are able but they are not able to receive the right information alone…
- They either have or don´t have information about EBM…
- They were able to implement some EBM ideas to the clinical practice…
- Still a lot of thinking are not only about money…

Why we need OMC

- Different experts have different opinions about the same topic…
- We need more trust of the population…
- We need more not financial support for our work…
- We are able to save money, NOT to do ineffective, expensive and not evidence based interventions…
- Everybody needs effective intervention, our families, our children, our parents …we all need more exact information, we all need evidence based information…

Objectives of OMC KE

- To create a network of former Salzburg fellows
- Creation of clinical working groups (CWG)
- - specification of the role of CWG
- - how to search for the Evidence Based Medicine data
- - how to implicate the EBM data to the clinical practice

Objectives of OMC KE

- - how to use data during the personal contact with the patient
- - how to select contacts with the Slovak Academic field
- - how to involve Slovak Professors in the work of CWG
- - direct activity of CWG members with the population - seminars and meetings in Schools, Kinders schools, Universities ??? other places ...**ONE MAIN PRINCIPlE _ PRESENT ONLY EVIDENCE BASED DATA .**
- - the role of OMC web page,

How could we do it…

We would like to communicate within our working group through direct meetings and especially through the electronic e mail contacts. We would like to publish our solutions directly, always comparing them with EBM, in our web page. The role of the CWG is also to monitor the information searched by population, follow the open discutions in public web pages , follow the web pages of farmacologic companies and compare the informations from farmacologic companies with EBM.

When could we have more support

- After the presentation of our activity…
- It is necessary to functioning from our resources…
- Search for the projects
- We are trying to find more support for active members
- The situation in medical informatics is changing very quickly, we will be prepared…
- The prices of the “hardware” are always lower…

How to present our activity...

- Store information about our activity…
- Collect also the „cases“
- Publish in WWW / but only serious, evidence based solutions, not opinions, clearly explain that the opinions of the experts worldwide was not yet closed and some of them are open…
- Understand EBM as a dynamic process
- Search for simple examples for progress „hand washing“

One example for illustration...

- The use of prenatal corticoids before the delivery…
- We presented the consensus of NICHD from Washigton DC in more places in Slovakia
- Also the Slovak Neonatal Society made the recommendation for Slovak Obst.and Gynec. Society

Direct situation from practice ...

- Extremely premature newborn with conception age of 22 weeks and 4 days was delivered after partial prenatal corticoids [2 x 6 mg of Dexamethason]
- Delivery by Cesarean Section
- Successful transition with very severe problems
- The case was consulted with Experts from US because of not enough experience with such premature newborns
- A lot of help from the US side , daily important information is coming by e mail…





Severe complications

- Necrotising enterocolitis with perforation / clear indication for urgent surgical intervention
- Severe Ductus arteriosus persistens / we planned the surgical ligation



PDA ligation

- The first surgical ligation of PDA was done directly in our Unit, first such intervention in Slovakia
- The cardio surgeons travelled first time to the neonatal intensive care unit to make the intervention and it was successful

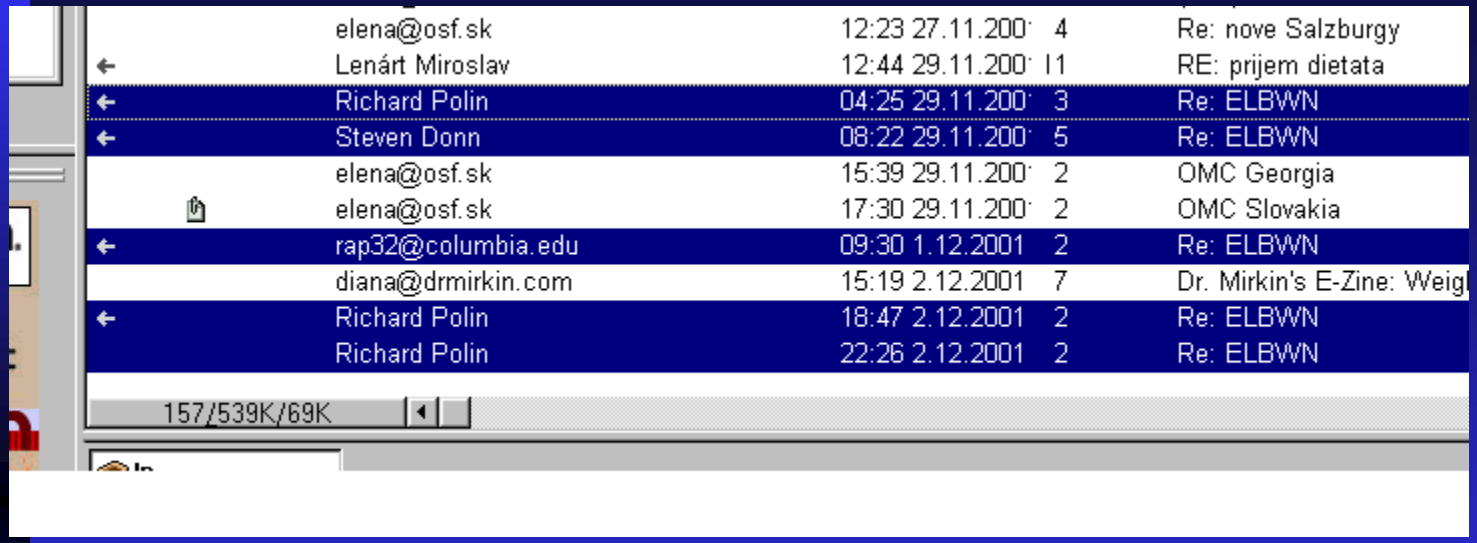
Kosice / Michigan

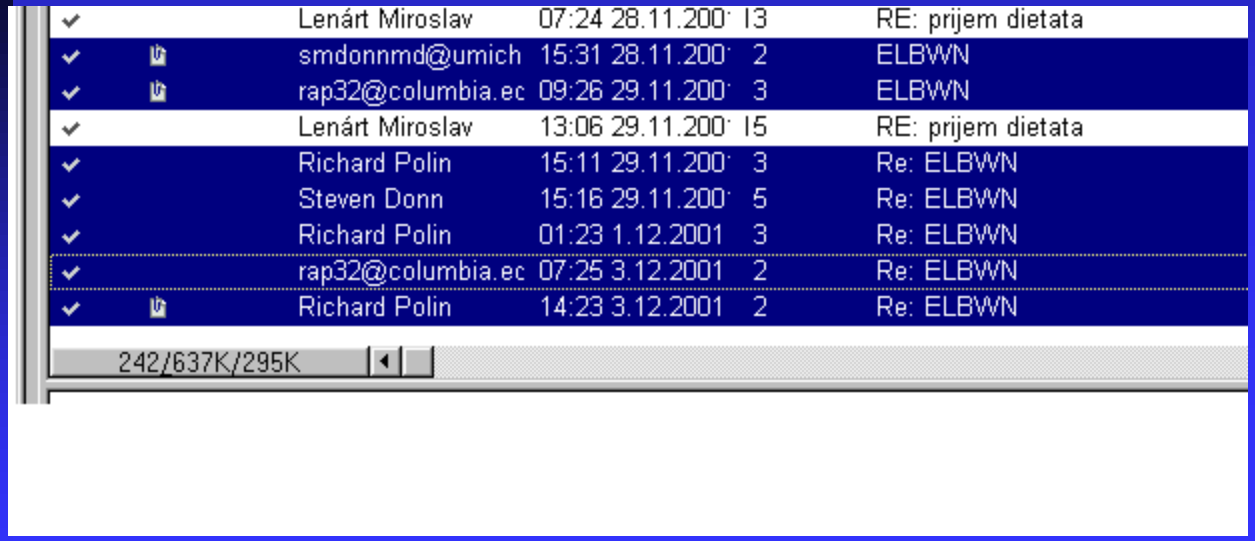
- 12.12.2001 PDA ligation in Kosice (first)
- 12.12.2001 PDA ligation in Michigan /at the same time but not the first one

- If we follow the case we can see that in some cases we are able to make progress in leaps, and it is the most important…



Consultations with experts in USA and also in Slovakia…





The main objective…

- Search for the better communication between units and people
- Better communication with parents…
- Learn from situations and cases…

What is the outcome…

- We are learning how to fight with severe cases…
- Maybe we will understand that not only our protocols are the best…
- Slowly we will change the discussion during the rounds, not only one opinion
- The treatment of severe cases will teach us to understand what is important and what is not….
- We make leaps in our development…we will be better partners for multicentric trials and collaboration …