


Rapporteurs du Jour 2

The views presented here do not necessarily reflect the views of the conference management and/or us


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Safety 2.0


- Web 2.0 – Evolution of the WWW
- Safety 2.0 is coming
 - ‘Sous’-veillance – Greater capacity for meaningful patient input
 - Greater engagement of consumers
 - What about, ‘Greater capacity for staff input’

We better be ready to respond!!!!

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Pay now or pay later

- Investment for safety makes intuitive sense, but...
 - Cost is uncertain (example of CPOE system)
 - Return is uncertain (example of community spread of MRSA)
 - Vigilance for unexpected but foreseeable harms
- Even if these risks are accepted...
 - SHOW ME THE MONEY!

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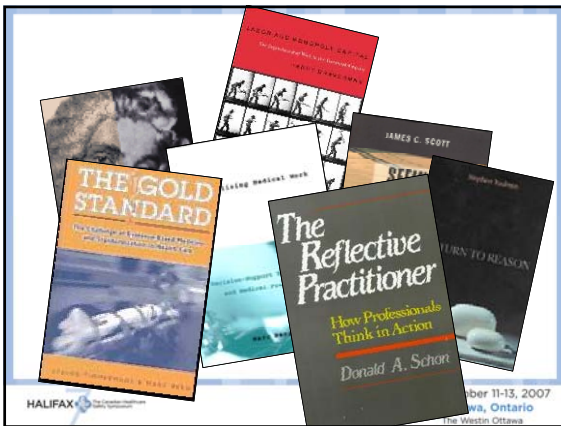
Evidence?

- Every speaker alluded to 'evidence'
- Every speaker used data to make an argument
- Every speaker used anecdotes to make an argument
- Every speaker alluded to the need to make decisions in the absence of 'evidence'

We need to better understand!

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The evidence-based *Salon*



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The evidence-based Salon





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Rigor vs Complexity

- Older women w/ 5 problems
 - Osteoporosis, HTN, NIDDM, arthritis, COPD
- Evidence-based© practice guidelines lead to:
 - 12 drugs, complicated / contradictory diet
 - Cost > \$5,000 / year for rest of life
 - > 20 drug-drug, drug-diet interactions


– Boyd CM, Darer J, Boulton C, *et al.* JAMA 2005;294(6):716-724.

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But Learning Does Occur


- Evidence-based© review
 - Pediatric sepsis '98-'01
 - “Relatively low quality”
 - “... only 4 randomized controlled trials ...”
 - Mortality decreased
 - 97% → 60% → 9%




– Carcillo JA, Fields AI. *Crit Care Med* 2002.

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Controversies in Healthcare Safety

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