



# 1<sup>st</sup> Nordic Patient Safety Conference

## Patient Safety Challenges, May 20<sup>th</sup> – May 21<sup>st</sup> 2010

ROYAL INSTITUTE OF TECHNOLOGY  
School of Technology and Health

### Conference Program Committee:



Synnöve Ödegård



Irene Tael



# CTMH

Technology - Medicine - Health

Centre for Technology in Medicine and Health

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# CTMH Research Area Development

Research in  
Medical  
Technology and  
the Health Care  
organization  
surrounding it.



# Content and form of the conference, NPSC

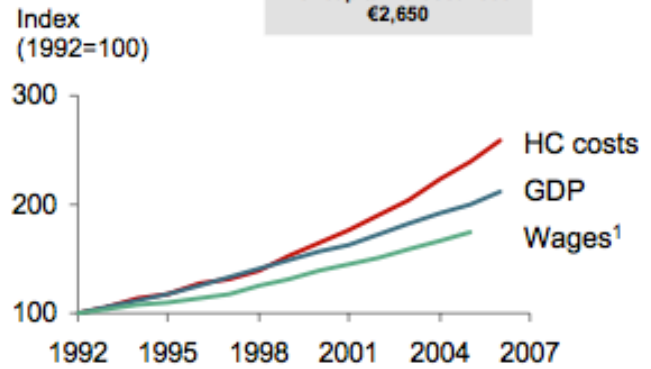
- Patient Safety from a systems perspective
- Key Note Speakers presenting the forefront of Safety Research
- Concrete examples from Centre for Advanced Medical Simulation (KI) and SLL (Sthlm County Council)
- Nordic perspectives on Safety Research – National strategies
- Inspiring examples presented in a new form of Posters
- AND – networking, in an excellent environment...

# Health care financing increasingly a challenge in Europe

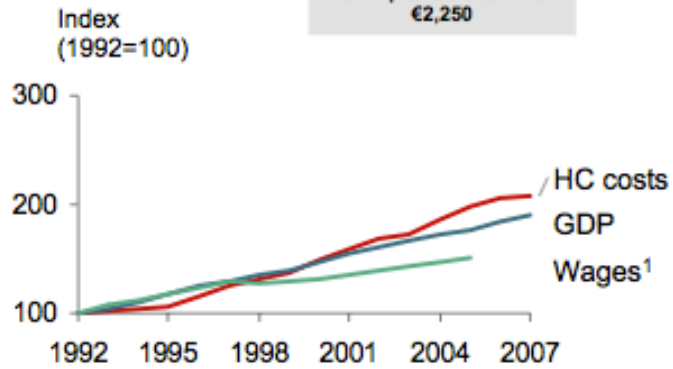
Sweden has managed to balance HC spend and GDP lately



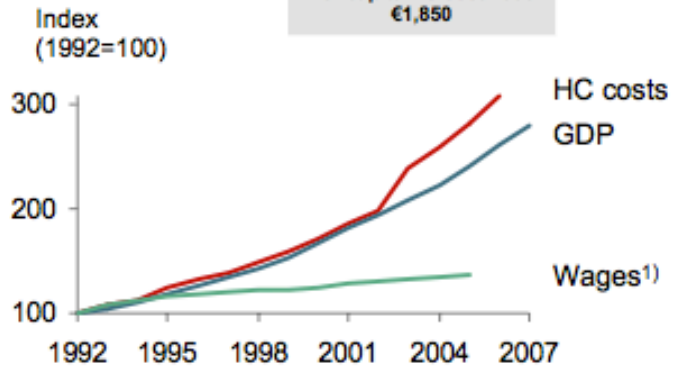
Per capita HC cost 2006  
€2,650



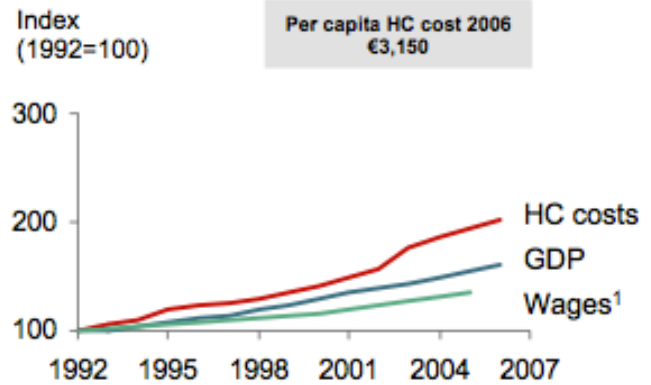
Per capita HC cost 2006  
€2,250



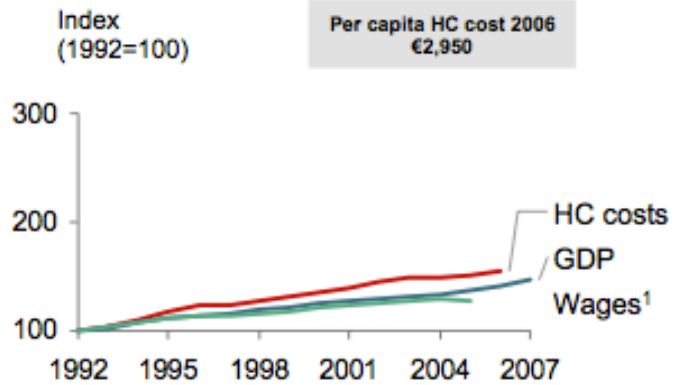
Per capita HC cost 2006  
€1,850



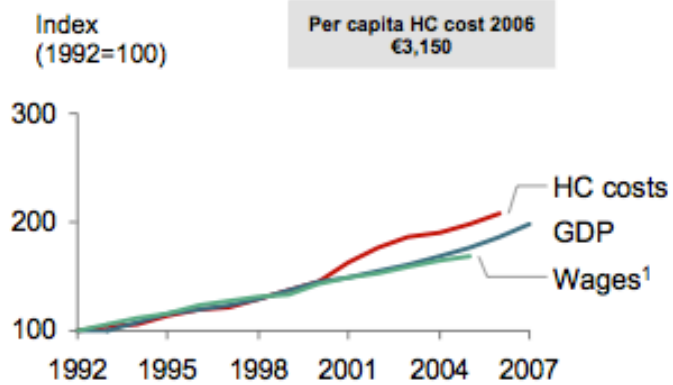
Per capita HC cost 2006  
€3,150



Per capita HC cost 2006  
€2,950



Per capita HC cost 2006  
€3,150



1. Average compensation per employee  
 Note: Index on basis of local currency; Per capita HC cost 2006 at exchange rate of 1 USD=0,797 €  
 Source: OECD Health Data 2008

# The Health Care Context

- Issues of responsibility and legislation
- Possibilities and Challenges through influx of new technology and new organizational forms
- The confidence and faith of the citizens in Health Care is at stake  
(media)
- Clearcut, quantitative Economical Issues the basis of short term decision making
- Safety in Health Care far behind other high-risk-activities/industries



# Why a Nordic Conference?

Important circumstances in common:

- Homogeneous cultures
- Similar level of knowledge base
- (almost exclusively) Publicly funded Health Care
- High level of invention
- Increasing numbers of elderly
- Long tradition of cooperation and exchange in research
  
- This first NPSC aims at making the joint forces more efficient

# What can research in patient safety learn from safety research?

Jens Rasmussen:

”The socio-technical system involved in risk management includes several levels ranging from legislators, over managers and work planners, to system operators.”

”Task analysis focused on action sequences and occasional deviation in terms of human errors should be replaced by a model of behaviour shaping mechanisms in terms of work system constraints.”

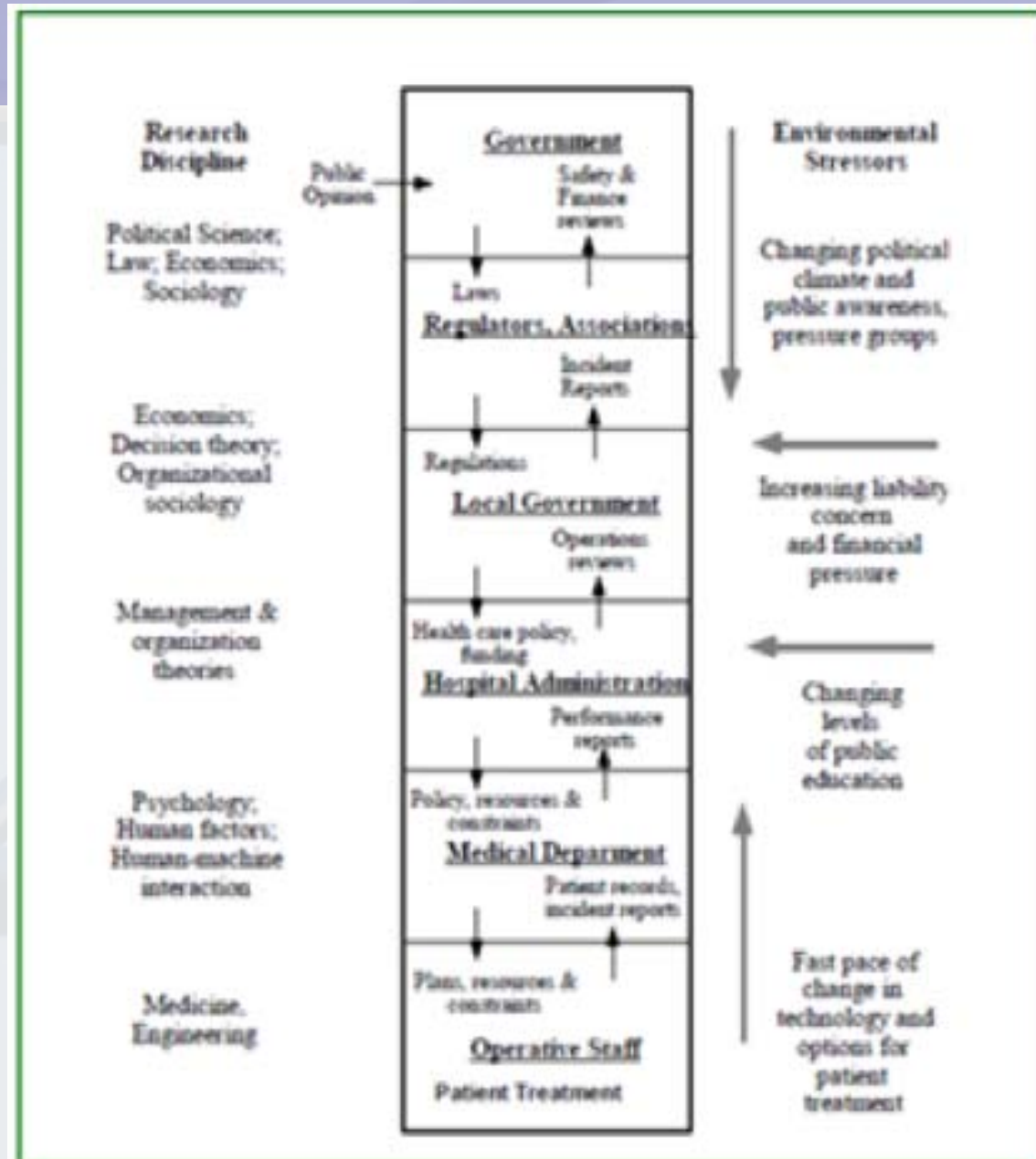
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In a ”world of propensities” (K. Popper)  
the risk of error  
as a ”state of exception”  
is a deception.



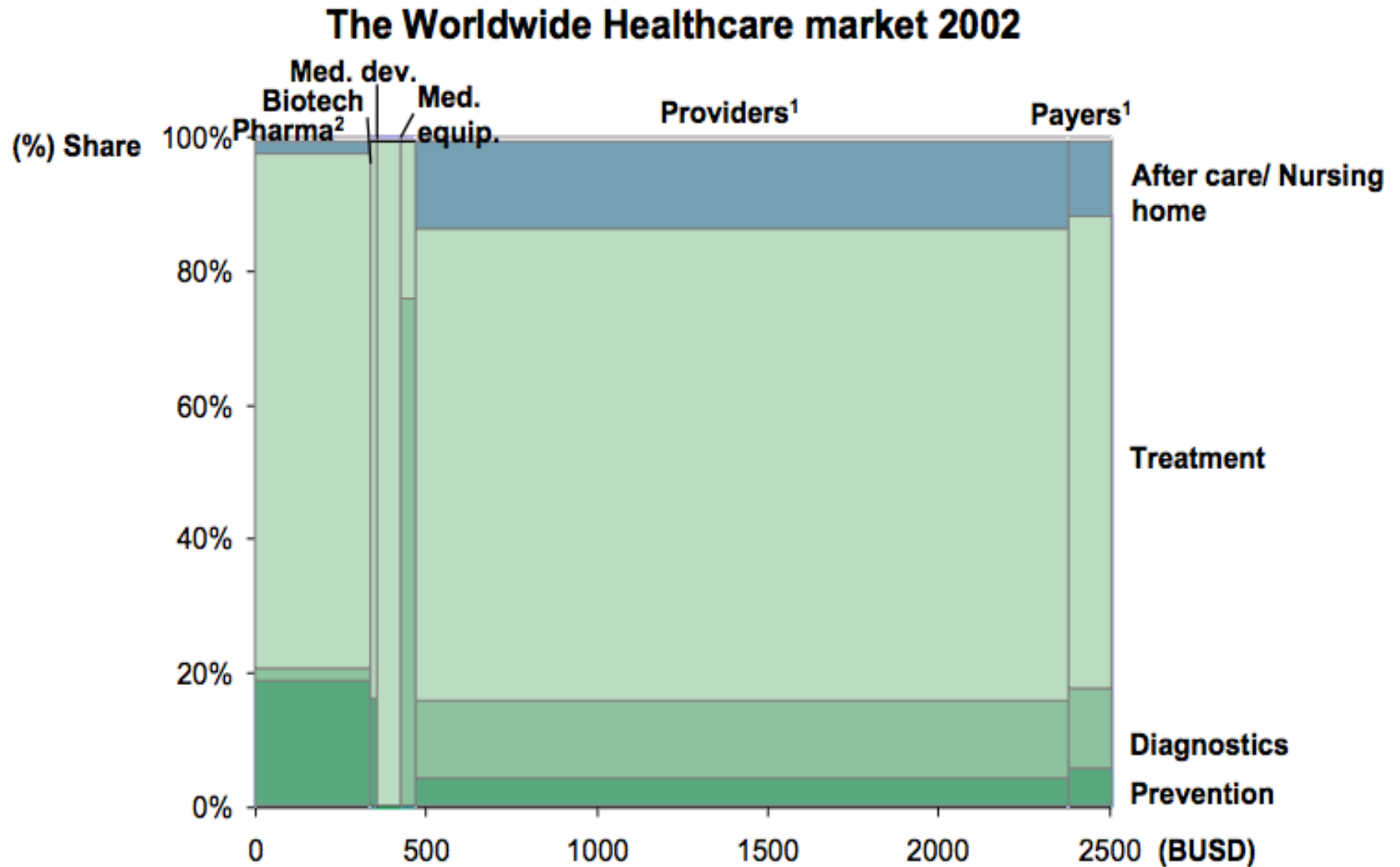


# Risk management in a dynamic society: a modelling problem





# Providers is where the HC money is spent



(1) Only OECD countries

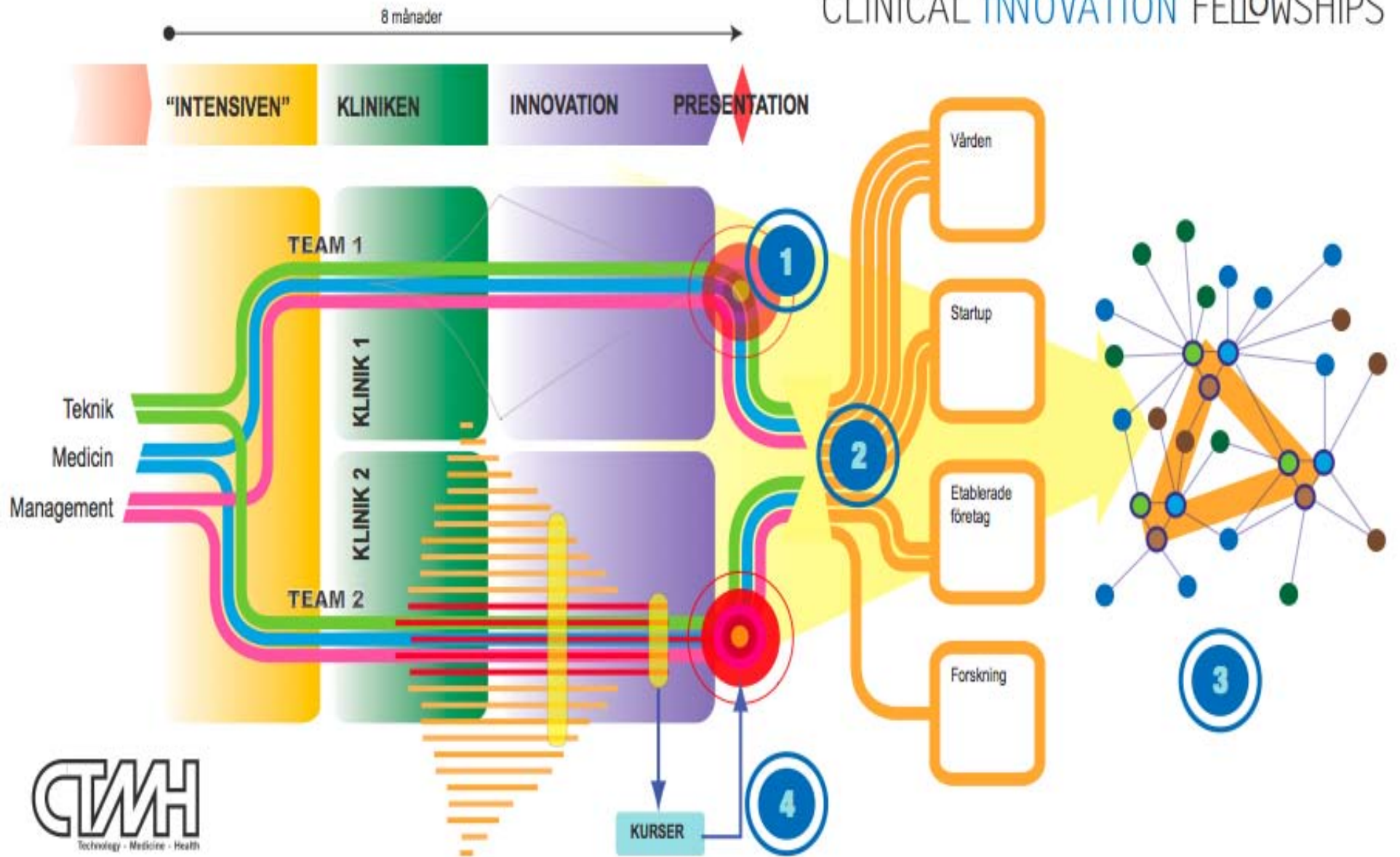
(2) Blood pressure and cholesterol medication in prevention

Note: For providers and payors value chain split estimated from US figures

Source: OECD, Medicare, Medical & Healthcare Marketplace Guide 2003, BCG analysis and estimates

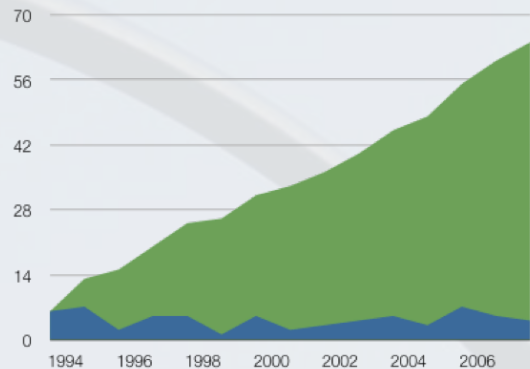
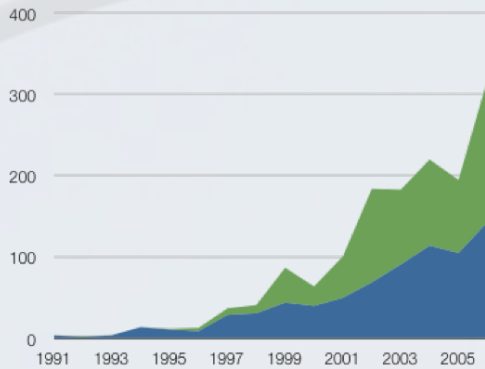


# CLINICAL INNOVATION FELLOWSHIPS





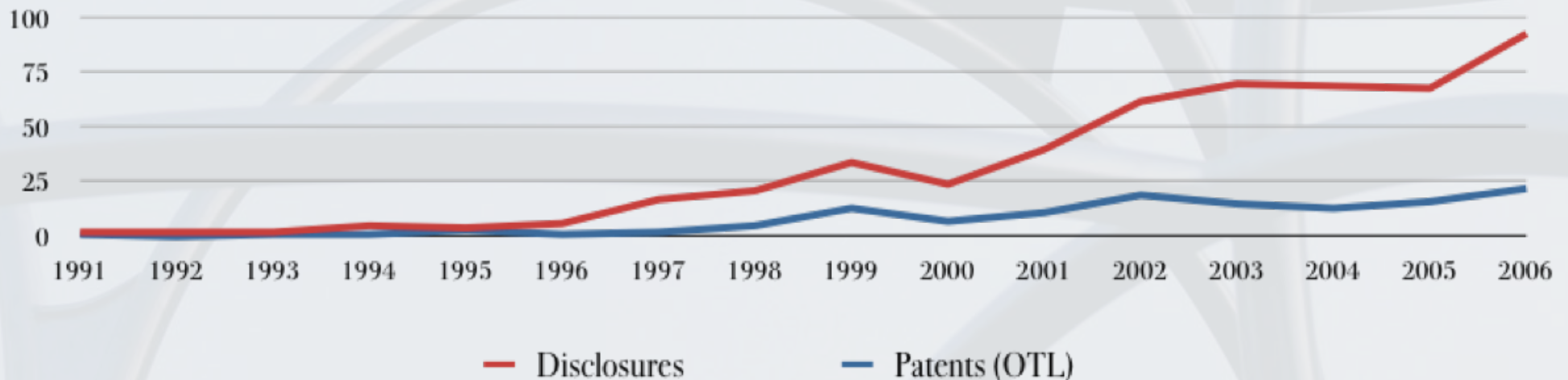
# Inspiration: Stanford University - Biodesign



■ "Old" Inventors active that year  
■ Inventors who disclosed with the OTL for the first time that year

■ New groups that year      ■ Addendum

Stanford OTL's Data, number of MedDev inventions:



Thank you for listening