

Curriculum vitae



Nama : Prof. dr. Iwan Dwiprahasto, MMedSc, PhD

Riwayat pendidikan

Dokter, FK UGM tahun 1987

MMedSc (Farmakoepidemiologi), Newcastle University Australia, 1993

PhD, London School of Hygiene & Tropical Medicine, England, 2000

Jabatan:

1. Vice Rector for Academic and Student Affairs UGM
2. Chairman, Indonesian Pharmacology Association
3. Chairman, Committee of Quality and Development. Dr. Sardjito hospital
4. Chairman, Clinical Epidemiology & Biostatistics Unit, UGM
5. Board of Governor, International Clinical Epidemiology Network (INCLIN)
6. Board of expert Indonesian Hospital Association (PERSI)
7. Board of expert Indonesian District Hospital Association (ARSADA)
8. Chairman, Board of Expert DPHO, PT Askes Indonesia
9. Chairman, National Committee on Essential Medicine List
10. Drug Evaluation Committee, Badan POM
11. National Committee Medicine Informatory
12. Chairman, Nasional Board of Medical Examination, Indonesia
13. Editor, Journal of Medical science
14. Editor, Indonesian Journal of Clinical Epidemiology and Biostatistics

20 Tahun MMR-UGM

Peran Klinisi dalam implementasi Patient Safety



Iwan Dwiprahasto
Clinical Epidemiology & Biostatistics Unit, Faculty of Medicine GMU

The Institute of Medicine: 44,000 – 98,000 preventable adverse events yearly

Medical mistakes kill almost 98,000 a year

THE NEW YORK TIMES

Medical mistakes kill tens

providers to report medical mistakes that cause serious injury or death. The panel said

Exceeds those who die from highway accidents, breast cancer, and aids

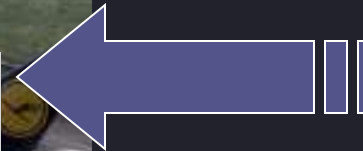
dents (about 43,450), breast cancer (42,300) or AIDS (16,500), the study said.

The group called for a new federal agency to protect patients and said that Congress should require all health care

es should

al errors years. a simple about a a doctor erroneous complex

medical device. They include wrong diagnoses from mislabeled blood tubes, mistaken treatments because of poorly labeled drugs and improper dosing because of faulty calculations. □



Risiko medik tidak berubah



The global patient safety challenge 2005-2006,
A core program of the WORLD ALLIANCE FOR
PATIENT SAFETY brings together the WHO
guidelines on :

- Hand hygiene in health care
- Work on blood safety
- Injection and immunization safety
- Safer clinical practices
- Safe water, Sanitation and health care waste management

Malpraktek, jari bayi putus usai diinfus

Online: Karis, 03 Maret 2011 | 14:43 wib ET



JAKARTA, kabarbisnis.com: Menteri Kesehatan Endang Rahayu Sedyaningsih mengirim tim investigasi menindaklanjuti kasus malpraktek di RS Global Medika (Awal Bros Group) Jl. MH Thamrin 3, Cikokol, Tangerang, terhadap Maureen Angela Gouw (8 bulan), yang kehilangan jari kelingkingnya putus setelah



Pasien Korban Dugaan Malpraktek

Diduga Malpraktek, RS Telogorejo Dipolisikan



SEMARANG - RS Telogorejo Semarang dilaporkan ke Polres Semarang Timur. Rumah sakit ini diduga melakukan malpraktek terhadap pasien

tes Akan Periksa Dugaan Malpraktek

I Taufiqqurahman - detikNews

informasi terkini dari detikcom bersama teman-teman Anda

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ASSAHRA SISWI SD DI BREBES JADI KORBAN MALPRAKTEK



Pelayanan kesehatan berubah secara fundamental dari waktu ke waktu

Kemajuan teknologi & ilmu pengetahuan

Patient centered care

Transformasi ke arah Non Comm. Dis

Model pelayanan terintegrasi

Preferensi pasien berubah

Meningkatnya biaya pelayanan kes.

Laparotomy (open surgery)

Laparoscopy (minimally access surgery)

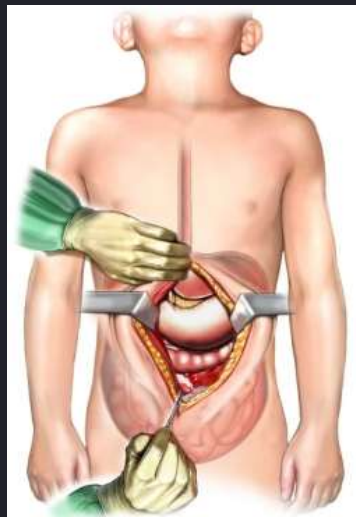
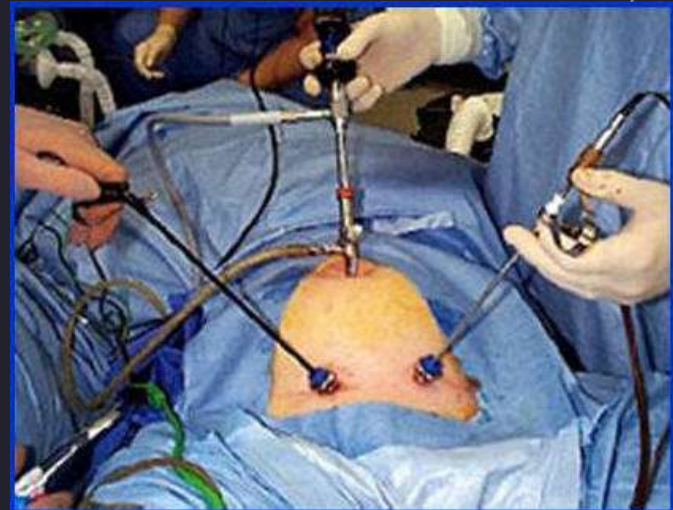




Fig 2 Effector arms of da Vinci surgical system. The attached instruments are controlled by the surgeon, who sits at an adjacent console



Flexible nailing of long bone fractures

Fraktur femur pada anak umumnya diterapi dengan traksi & memerlukan hospitalisasi 12-14 minggu

Flexible nailing of the femur- dari bahan metal alloys dimasukkan dalam canalis intramedularis, untuk mengikuti pola pertumbuhan tulang, kuat dan stabil. . Dua paku panjang dengan lekuk yang berseberangan dimasukkan perkutan melalui insisi selebar 5 mm.

Studi thd 308 pasien:

- tidak ditemukan komplikasi serius,
- hospitalisasi lebih pendek,
- kembali ke aktivitas normal lebih cepat (15-20 hari)



Stroke

JOURNAL OF THE AMERICAN HEART ASSOCIATION

American Stroke
AssociationSM

A Division of American
Heart Association



Guidelines for the Primary Prevention of Stroke : A Guideline for Healthcare Professionals From the American Heart Association/American Stroke Association

Larry B. Goldstein, Cheryl D. Bushnell, Robert J. Adams, Lawrence J. Appel, Lynne T. Braun, Seemant Chaturvedi, Mark A. Creager, Antonio Culebras, Robert H. Eckel, Robert G. Hart, Judith A. Hinchey, Virginia J. Howard, Edward C. Jauch, Steven R. Levine, James F. Meschia, Wesley S. Moore, J.V. (Ian) Nixon and Thomas A. Pearson

Stroke 2011, 42:517-584: originally published online December 2, 2010

doi: 10.1161/STR.0b013e3181fcb238

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ISSN: 1524-4628



CANADIAN STROKE STRATEGY

CANADIAN BEST PRACTICE RECOMMENDATIONS FOR STROKE CARE

UPDATE 2010



Canadian Stroke Network
Réseau canadien pour
les accidents cérébrovasculaires



HEARTS STROKE FOUNDRY
FONDATION DES MALADES DU CŒUR ET DU CERVEAU
Working smarter. For life.
À la recherche de solutions.



National Institute for
Health and Clinical Excellence

Quick reference guide

issue date: July 2008

Stroke

Diagnosis and initial management of acute stroke and transient ischaemic attack (TIA)

NICE clinical guideline 68
Developed by the National Collaborating Centre for Chronic Conditions

Citicoline in the treatment of acute ischaemic stroke: an international, randomised, multicentre, placebo-controlled study (ICTUS trial)

*Antoni Dávalos, José Alvarez-Sabín, José Castillo, Exuperio Díez-Tejedor, Jose Ferro, Eduardo Martínez-Vila, Joaquín Serena, Tomás Segura, Vitor T Cruz, Jaime Masjuan, Erik Cobo, Julio J Secades, for the International Citicoline Trial on acUte Stroke (ICTUS) trial investigators**

www.thelancet.com Published online June 11, 2012

Results

- 2298 patients were enrolled into the study , 1148 were assigned to citicoline and 1150 to placebo.
- Global recovery was similar in both groups (odds ratio 1.03, 95% CI 0.86–1.25; $p=0.364$).
- No significant differences were reported in the safety variables nor in the rate of adverse events.

Operating Characteristics of CT, PET, EUS and EUS-FNA in Detecting Malignancy in Suspicious Mediastinal Lymph Nodes

TEST	Sensitivity (95% CI) <i>p</i> -value	Specificity (95% CI) <i>p</i> -value	Accuracy (95% CI) <i>p</i> -value
CT	—	—	40.3% (30.9–50.5)
PET	—	—	50.0% (37.2–61.4)
EUS ^a	80.0% (64.4–90.1)	62.5% (49.5–74.3)	69.2% (59.4–77.9)
EUS-FNA ^b	92.5% (79.6–98.4)	100% (94.3–100)	97.1% (91.8–99.4)

CT computed tomography; EUS endoscopic ultrasound; EUS-FNA endoscopic ultrasound fine-needle aspiration; PET positron emission tomography;



Sylvie Kaiser, MD
Björn Frenckner, MD, PhD
Hakan K. Jorulf, MD, PhD

Index terms:
Appendicitis, 751.291
Appendix, CT, 751.12111,
751.12112, 751.12115

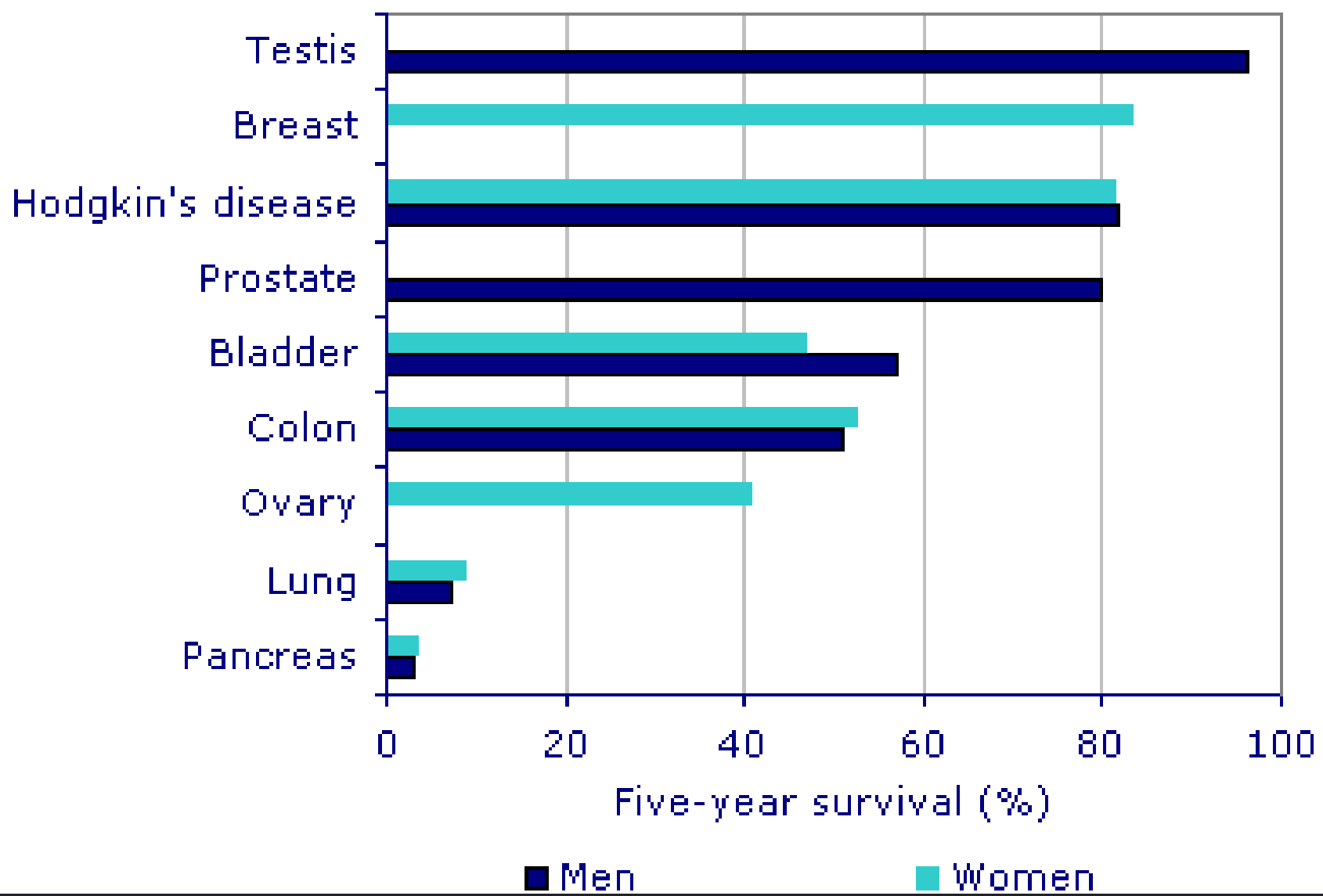
Suspected Appendicitis in Children: US and CT— A Prospective Randomized Study¹

Performance Values for Two Imaging Groups

Measurement	US (n 283)*	US Plus CT (n=317)	<i>P Value</i>
Sensitivity	86	99	.05
Specificity	95	89	.045
(+) predictive value	91	87	.28
(-) predictive value	92	99	.002
Diagnostic accuracy	92	93	.89

* Data are percentages. Numbers in parentheses are numbers of patients.

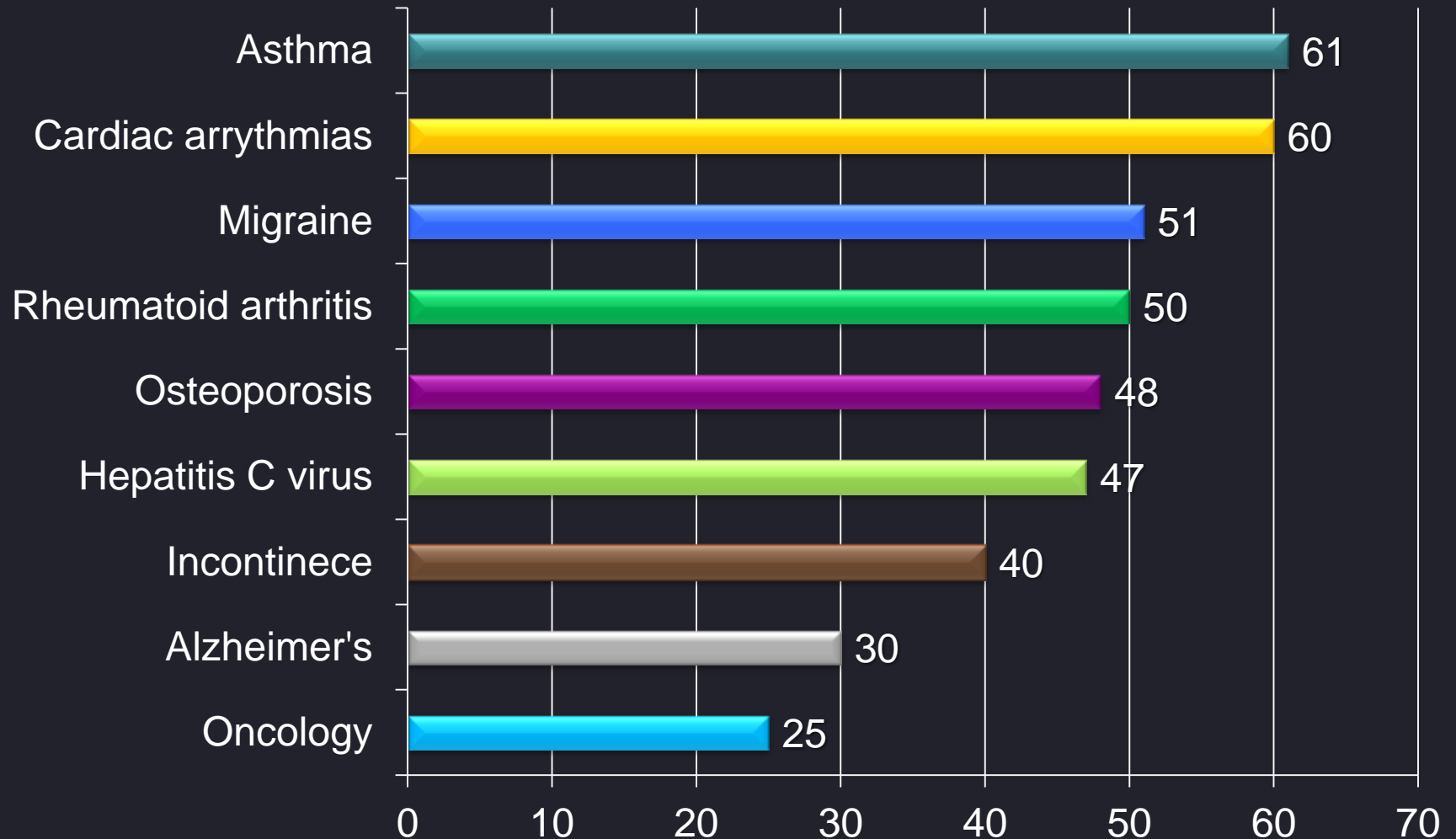
Five year relative survival rates for selected cancers: for adults diagnosed during 2003-2007, England



Drug efficacy is too low

Therapeutic area

The effectiveness rate (%)



Decision Making in Clinical Practice

Banyak keputusan klinik masih didasarkan pada unreliable “evidence”

Pengalaman pribadi, anecdotal cenderung overestimate efficacy



Berteori bukannya “patient oriented evidence that matters”




Mengadopsi mazhab yang diperoleh selama pendidikan yang dianggap kekal

Why focus on clinical outcome?



Providing high-quality care is the
RIGHT THING TO DO



Patients *need, expect, and*
deserve quality care

The National Committee for Quality Assurance (NCQA) estimates that 80,000 Americans die each year because they do not receive evidence-based care.

Outcome variable

Outcome

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graph TD; Outcome[Outcome] --> Primary[Primary outcome]; Outcome --> Secondary[Secondary outcome]; Primary --> PrimaryEndpoint[Primary endpoint]; Primary --> SecondarySurrogate[Secondary/surrogate endpoint]; Secondary --> Intermediate[Intermediate outcome];
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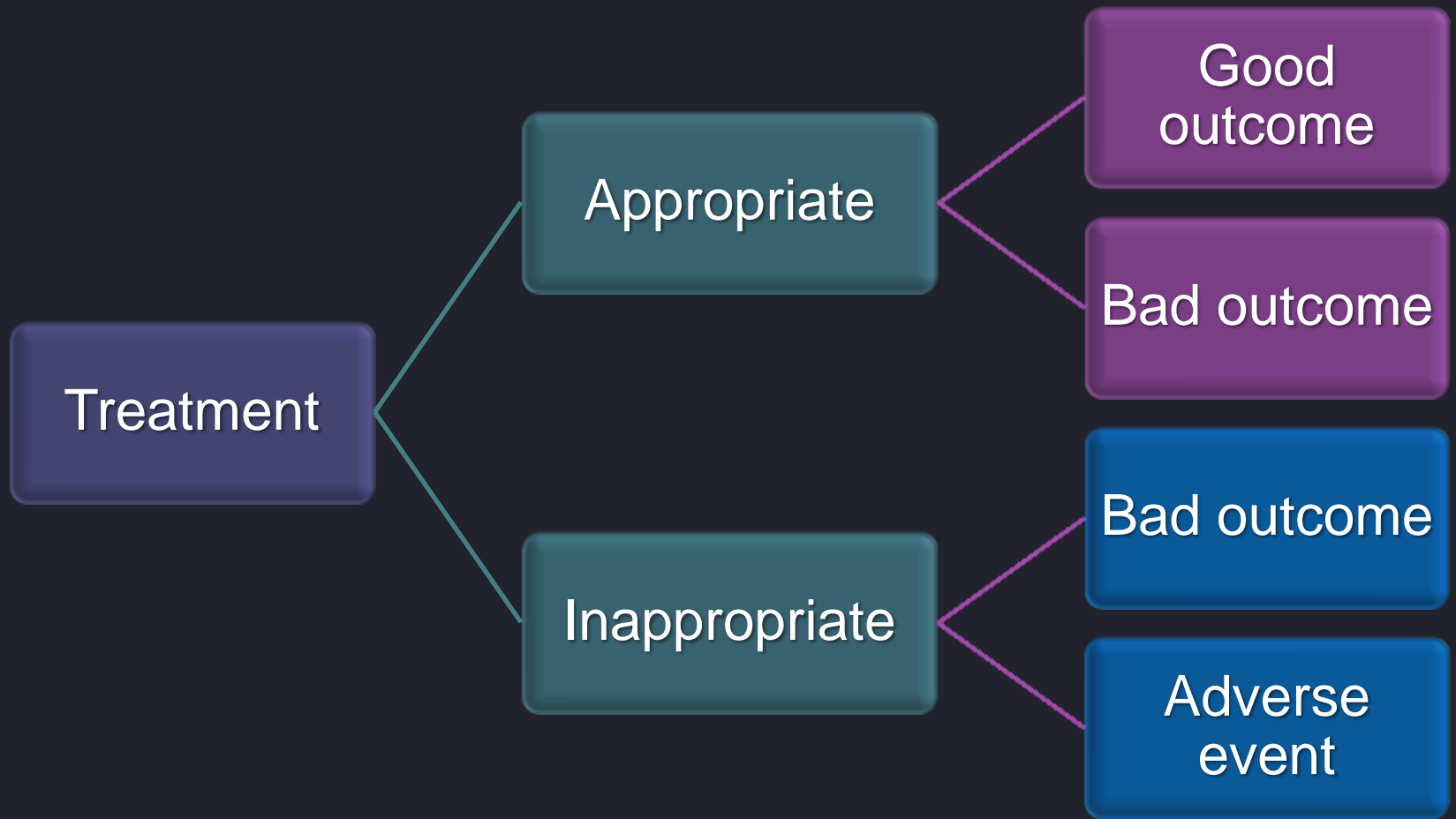
Primary
outcome

Secondary
outcome

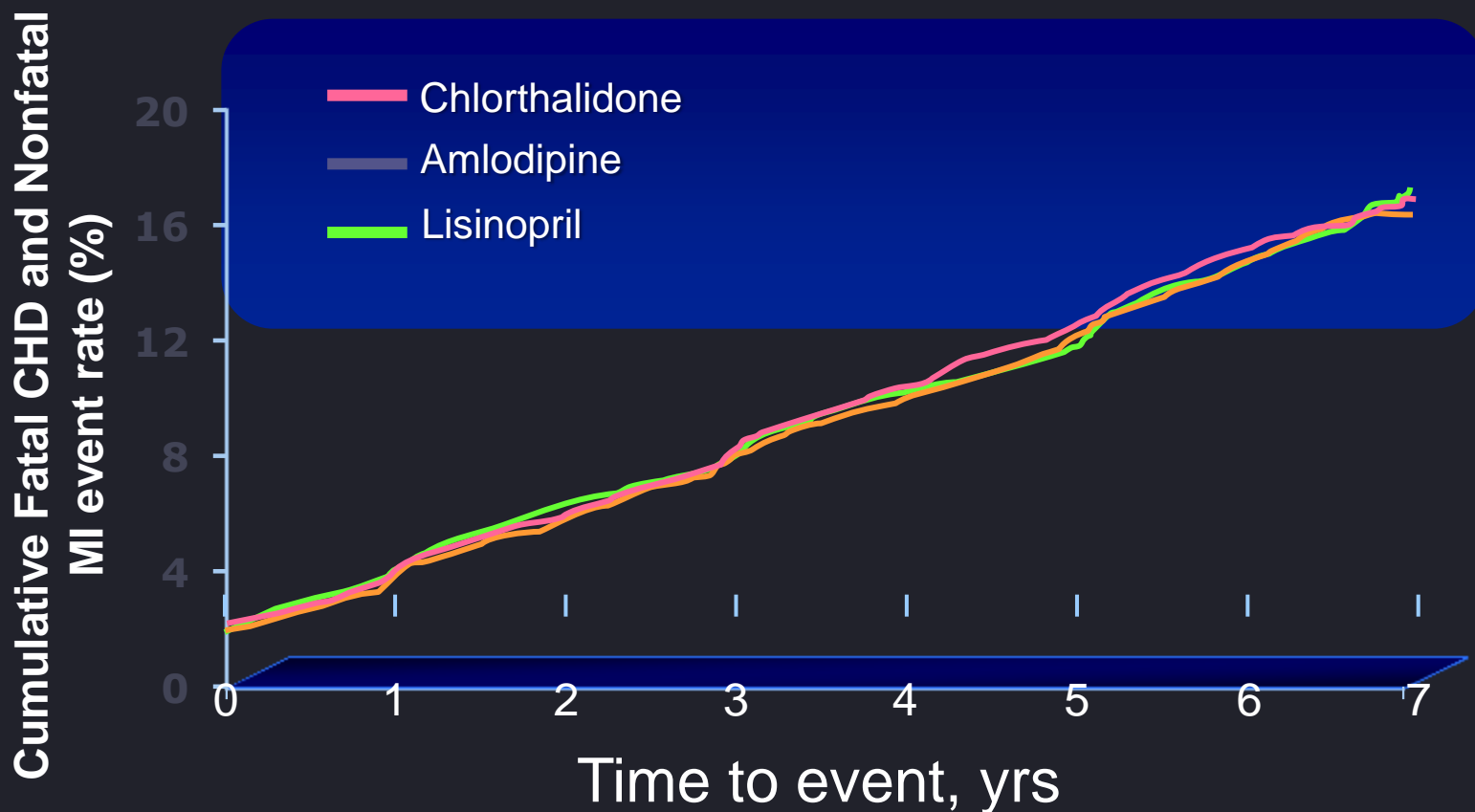
Primary
endpoint

Secondary
/surrogate
endpoint

Intermediate
outcome



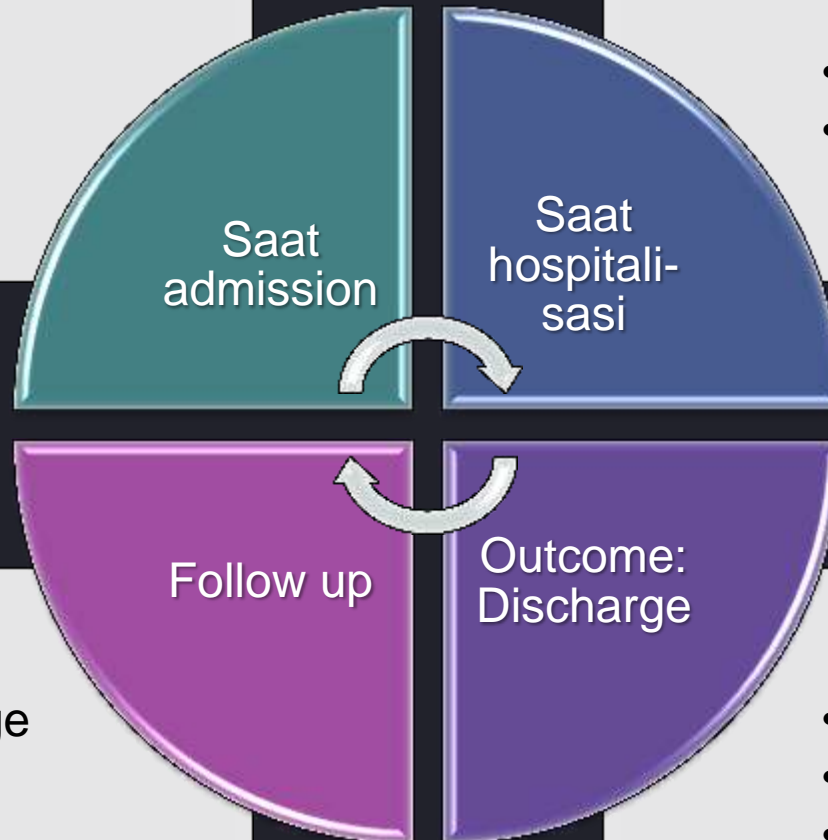
ALLHAT Primary Outcome by Treatment Group



No. at Risk	0	1	2	3	4	5	6	7
Chlorthalidone	15255	14477	13820	13102	11362	6340	2956	209
Amlodipine	9048	8576	8218	7843	6824	3870	1878	215
Lisinopril	9054	8535	8123	7711	6662	3832	1770	195

- Waiting time pendek
- Response time appropriate
- Informed consent

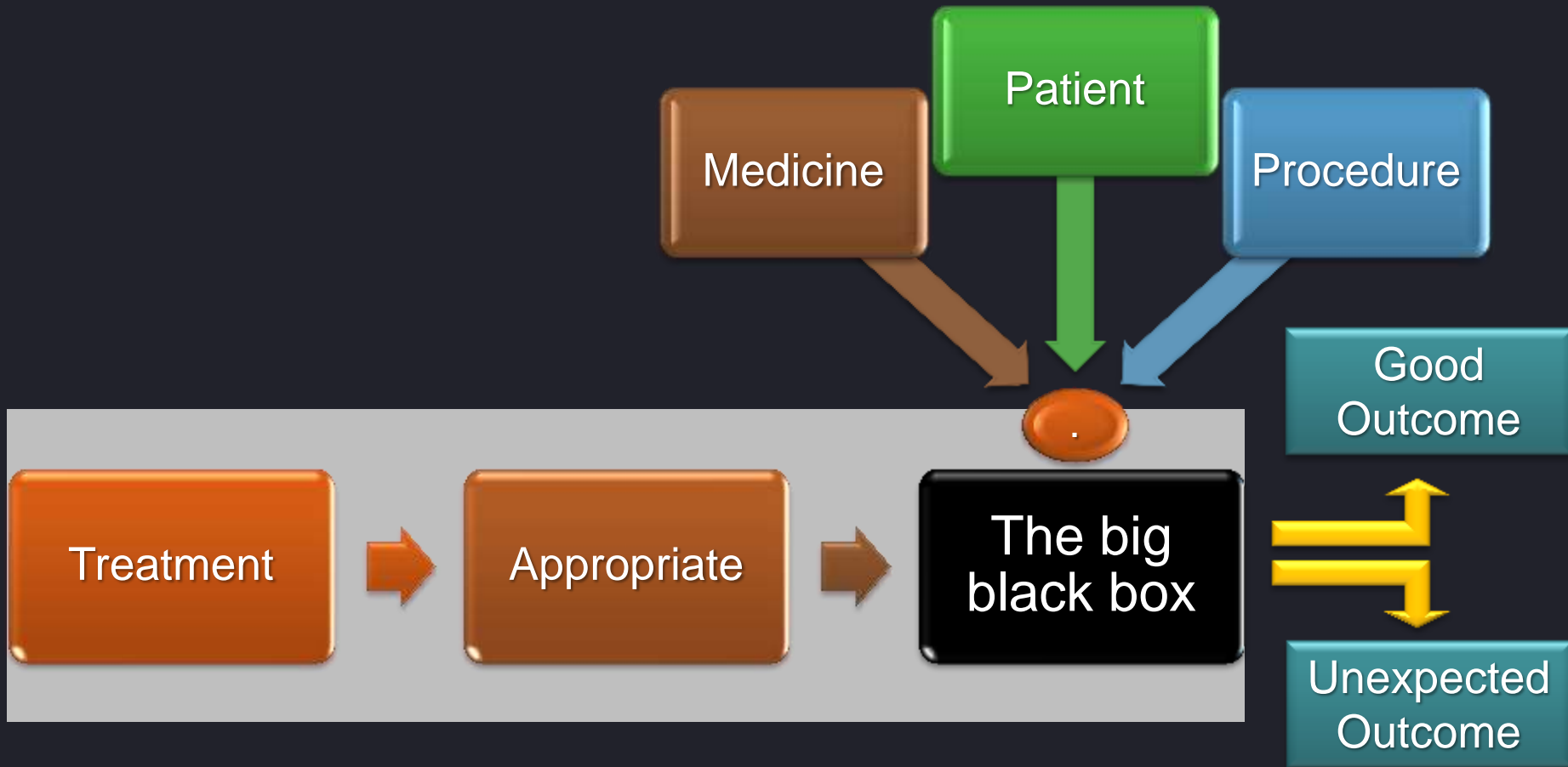
- Diagnosis akurat
- Treatment appropriate
- Well informed
- Rawat bersama



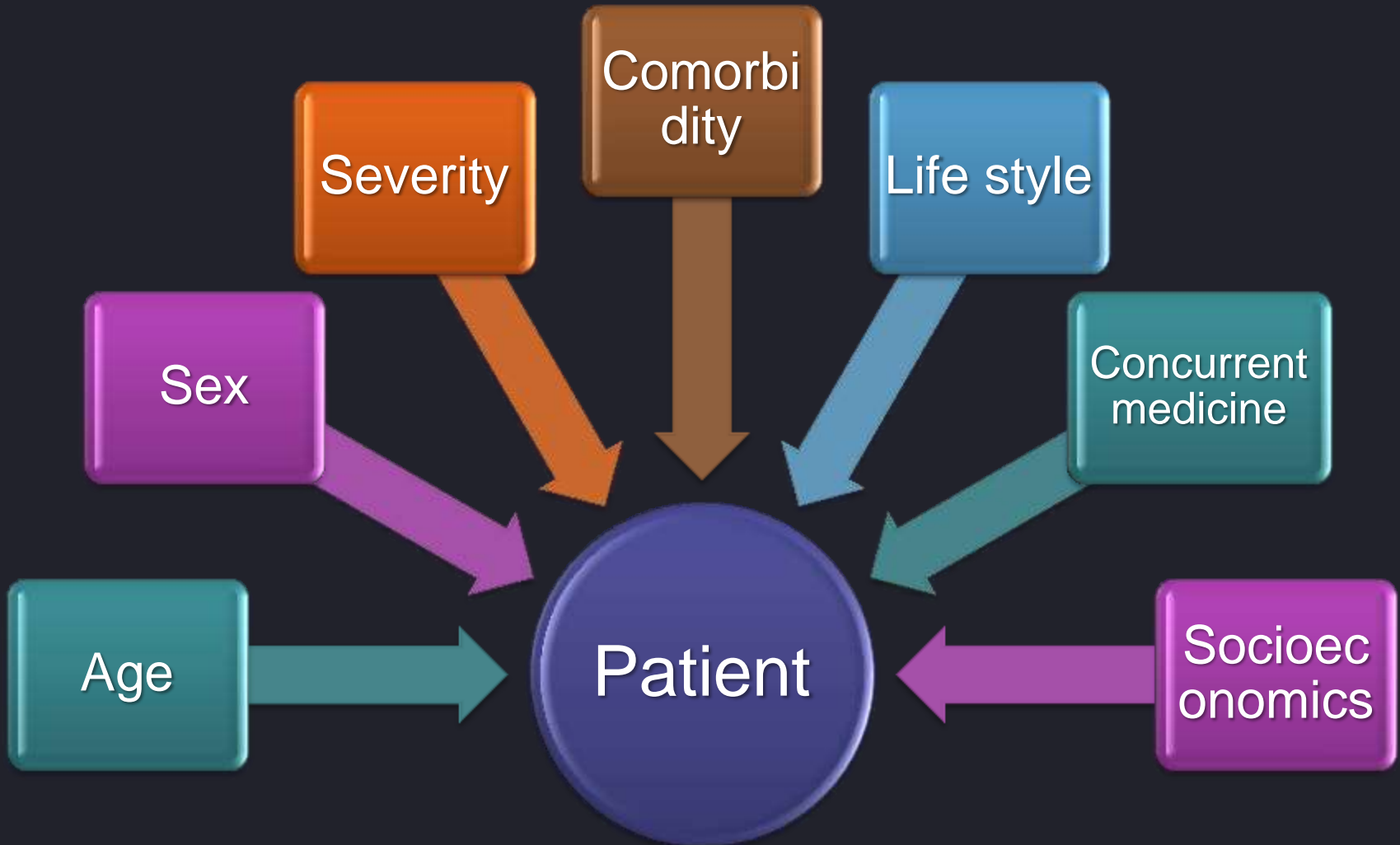
- Sesuai discharge plan
- On schedule
- Report for continuum care

- Sesuai schedule
- Tanpa komplikasi
- Tanpa HAI
- Reasonable cost
- Edukasi

Tidak semua terapi bermanfaat



Black box



Some drugs may only work with certain conditions

Drug	Ca mammae	requirement
Trastuzumab	Advanced metastatic breast ca	HER2 +++, or FISH +
Rituximab	NHL	CD20 +
Cetuximab	Colorectal cancer	KRAS wild type +

Lingkaran setan kegagalan terapi



Gaya kepemimpinan transaksional

Menggunakan power untuk menunjukkan kewenangan

Directive

Penghargaan berbasis power

Mengendalikan

Arogansi

Mengangkat perannya sendiri

Menimbulkan kecenderungan

Meremehkan orang lain

Salin menekan

Bizzare prescribing

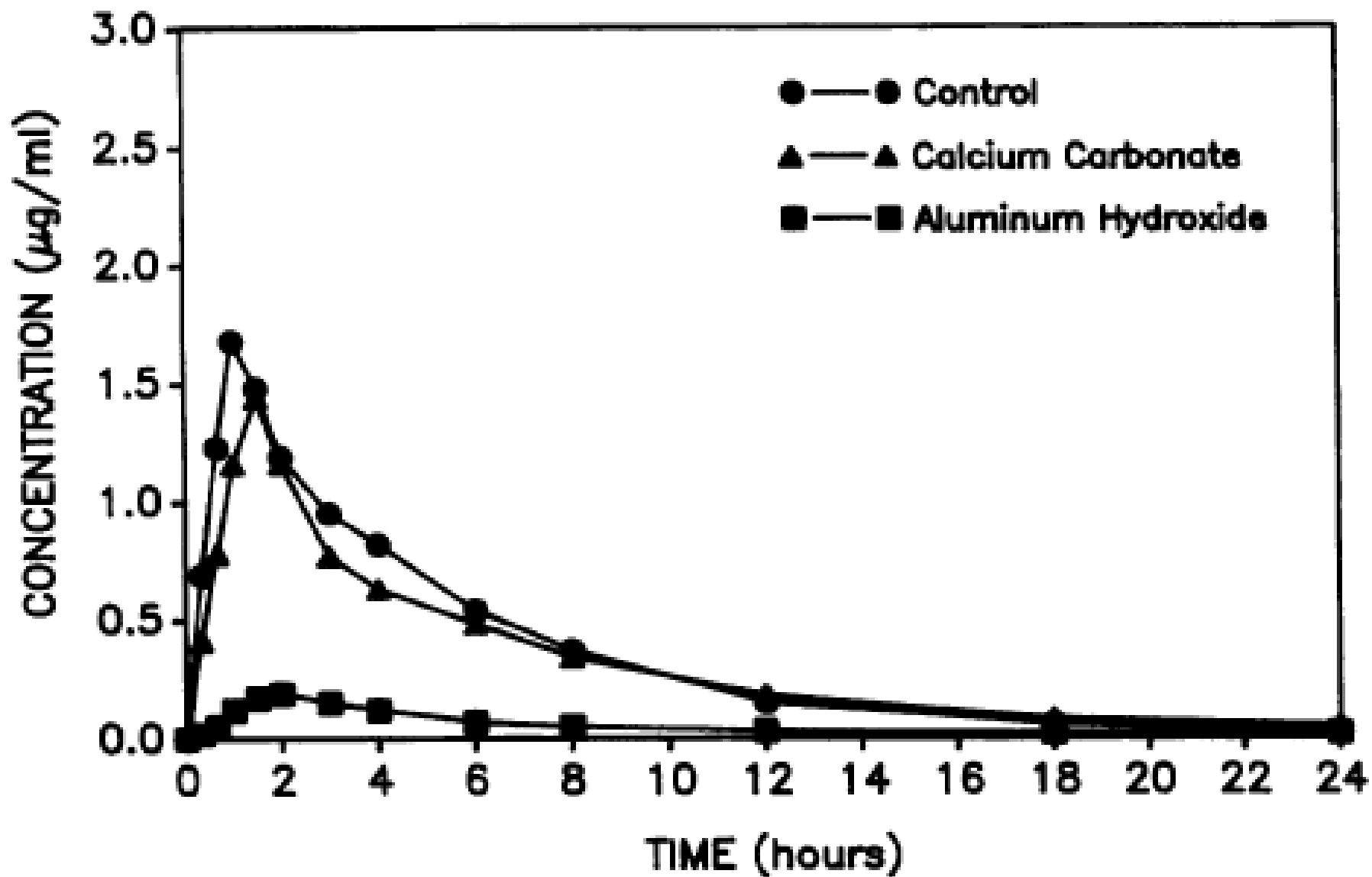
R/ Bufect susp 60 ml
R/ Luminal 50 mg tab
R/ Nalgestan tab
R/ Mucohexin 8 mg tab
R/ Kenacort 4 mg tab
R/ Codein 20 mg tab
R/ Lasal 4 mg tab
R/ Etaphylline 250 mg tab
R/ Lapicef 500 mg cap
R/ Curvit CL emulsion 175 ml
R/ Pankreoflat tab
R/ Cobazin cap 1000 mcg
R/ Lysagor tab



arga obat mahal, manfaat optimal hanya pada kondisi tertentu

Obat	Indikasi	Persyaratan
Trastuzumab	Ca mammae metastatik	HER2 +++, atau FISH +
Rituximab	NHL	CD20 +
Cetuximab	Colorectal cancer	KRAS wild type +

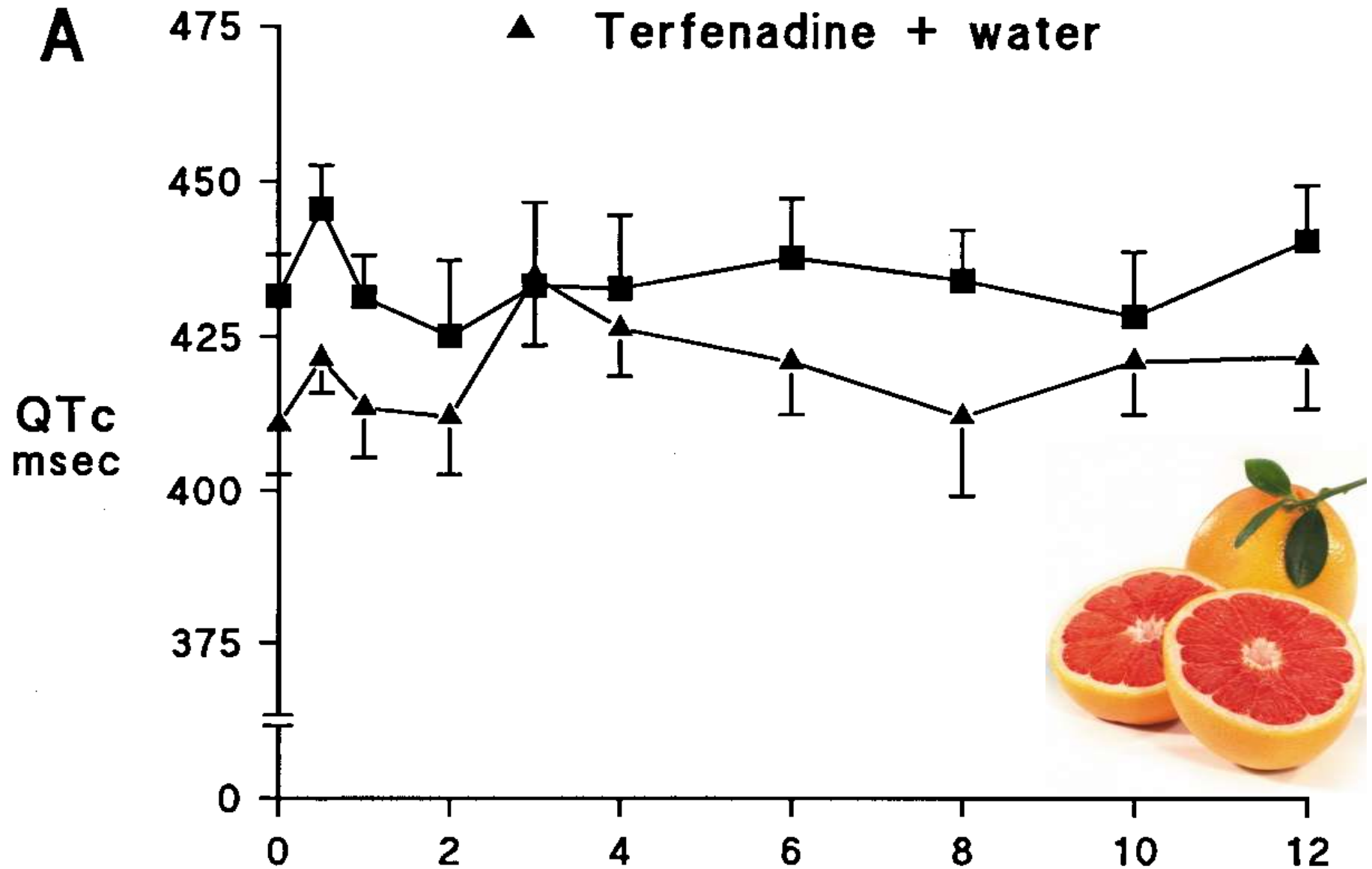
Ciprofloxacin – Antacid Interaction



Effect of Co-administered Drugs on the Pharmacokinetics of Atorvastatin

Co-administered drug and dosing regimen	Atorvastatin		
	Dose (mg)	Change in AUC ^{&}	Change in C _{max} ^{&}
#Cyclosporine 5.2 mg/kg/day, stable dose	10 mg QD for 28 days	↑8.7 fold	10.7 fold
#Clarithromycin 500 mg BID, 9 days	80 mg QD for 8 days	↑4.4 fold	↑5.4 fold
#Itraconazole 200 mg QD, 4 days	40 mg SD	↑3.3 fold	↑20%
Erythromycin 500 mg QID, 7 days	10 mg, SD	↑33%	↑38%
Amlodipine 10 mg, single dose	80 mg, SD	↑15%	↓12 %
Cimetidine 300 mg QD, 4 weeks	10 mg QD for 2 weeks	↓Less than 1%	↓11%
Maalox TC® 30 mL QD, 17 days	10 mg QD for 15 days	↓33%	↓34%
#Rifampin 600 mg QD, 5 days	40 mg SD	↓80%	↓40%

■ Terfenadine + grapefruit juice
▲ Terfenadine + water



Previous Lovastatin label



New Lovastatin label

Avoid lovastatin with:

Itraconazole

Ketoconazole

Erythromycin

Clarithromycin

Telithromycin

HIV protease inhibitors

Nefazodone

Contraindicated with lovastatin:

Itraconazole

Ketoconazole

Posaconazole

Erythromycin

Clarithromycin

Telithromycin

HIV protease inhibitors

Boceprevir

Telaprevir

Nefazodone

Off label use

Obat

Ondansetron

Rivaroxaban

Dabigatran Etexilate

Omeprazole

Indikasi

Mencegah muntah karena high emetogenic khemoterapi

Mencegah DVT pada Hip & Knee replacement

Mencegah DVT pada Hip & Knee replacement

Ulcus duodeni, ulcus gaster, GERD

Off label

Mencegah mual dan muntah

Digunakan untuk semua operasi ortopedi

Digunakan untuk semua operasi ortopedi

Gastritis; protektor obat lain

Clinimix kontraindikasi untuk pasien dengan

- Perdarahan intracranial atau intraspinal,
- Dehidrasi berat,
- Severe liver disease atau koma hepatikum

Perilaku aneh: memilih harga obat yang mahal

Levofloxacin

1.240

Levofloxacin IV

92.000,0

Metilev

20.694

Levores

110.000

Cravox

24.255

Cravox IV

147.500

LQ-500

25.410

Tevox

189.300

Volequin

26.565

Elvacin IV

195.700

Levoxal

28.750

Mosardal

197.500

Masardal

31.800

Lexa

211.600

Nislev

33.900

Levoxal

239.700

Cravit

39.200

Volequin

249.800

Floxacap inf

257.300

Cravit IV

295.200

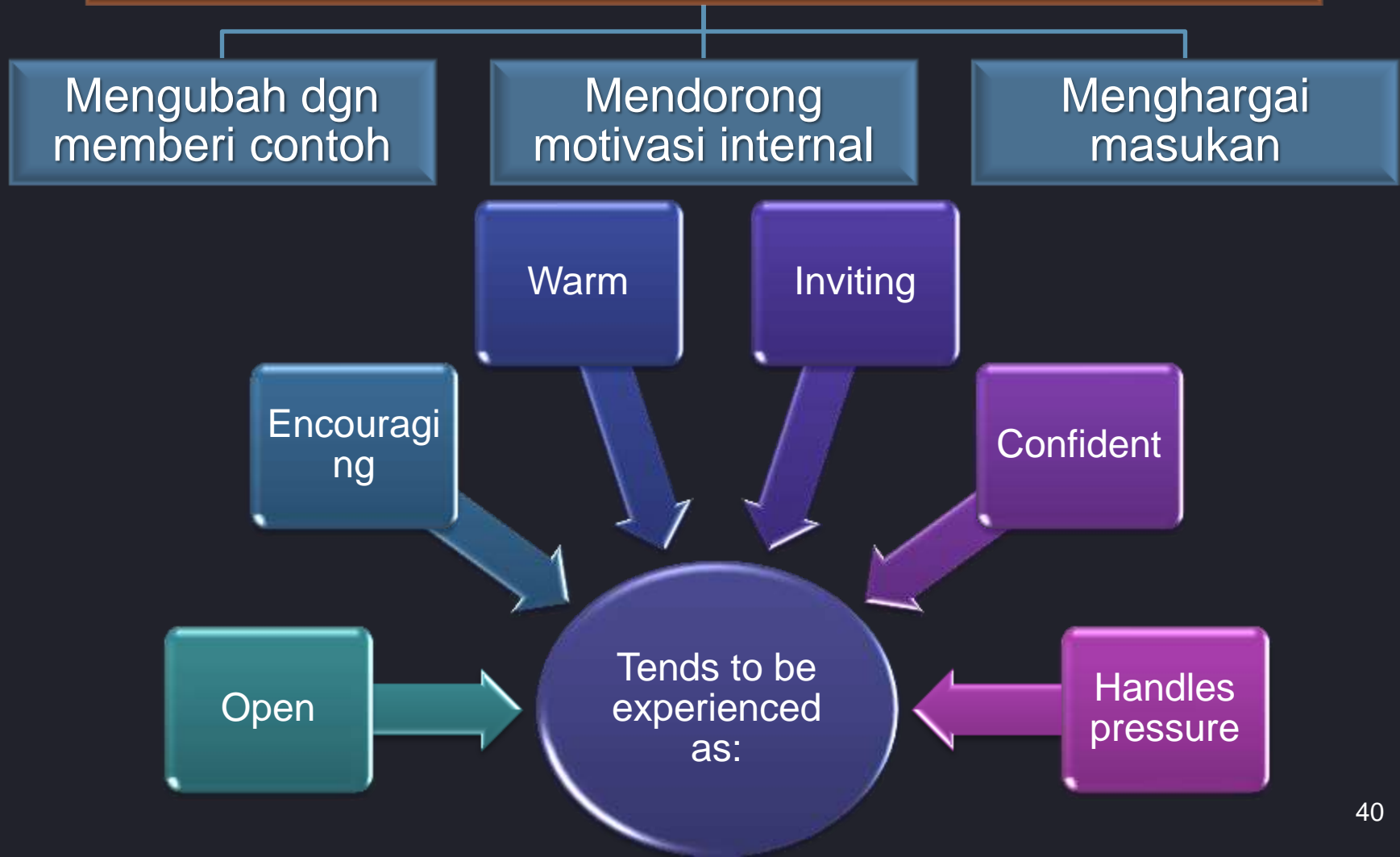
238 kali lebih mahal

Klaim Jamkesmas Pasien Rawat Inap Menggunakan INA-CBG

Psn	Umur	Dx utama	Tarif paket	Biaya Riil	ALOS	LOS
1	39	110	3.960.980	680.400	7,94	5
2	15	N390	2.001.980	617.400	6,08	4
3	69	K746	2.395.410	2.370.650	7,24	11
4	49	1500	9.111.000	1.920.750	11.41	3
5	41	A09	1.893.400	1.034.300	5,69	3
6	69	A09	1.305.300	347.450	4,22	3
7	67	1499	6.223.200	2.777.550	9,43	1
8	88	1500	9.111.100	2.955.300	11.41	9
9	26	R571	4.159.100	366.350	13,24	1
10	56	K409	2.968.433	2.419.175	6,78	6

Gaya kepemimpinan Transformational

Melibatkan semua komponen dalam teamwork



Perubahan Pelayanan Kesehatan yang harus diantisipasi

Tidak mendikotomi antara pelayanan klinis dan manajemen

Tidak mendasarkan pelayanan pada pengalaman praktis tetapi lebih pada profesionalisme

Pentingnya peran leadership dalam setiap lini pelayanan kesehatan

Kerjasama tim untuk meningkatkan mutu sistem pelayanan kesehatan

Clinical Leadership matters!

Tahap pencapaian Patient Safety

1

- Fokus pada Prioritas stratejik, budaya & infrastruktur

2

- Mengikutsertakan stakeholders kunci

3

- Membangun dan mengkomunikasikan Awareness

4

- Menetapkan, mengamati, dan komunikasikan tujuan sistem

5

- Ukur kinerja, lakukan analisis dan umpan balik

6

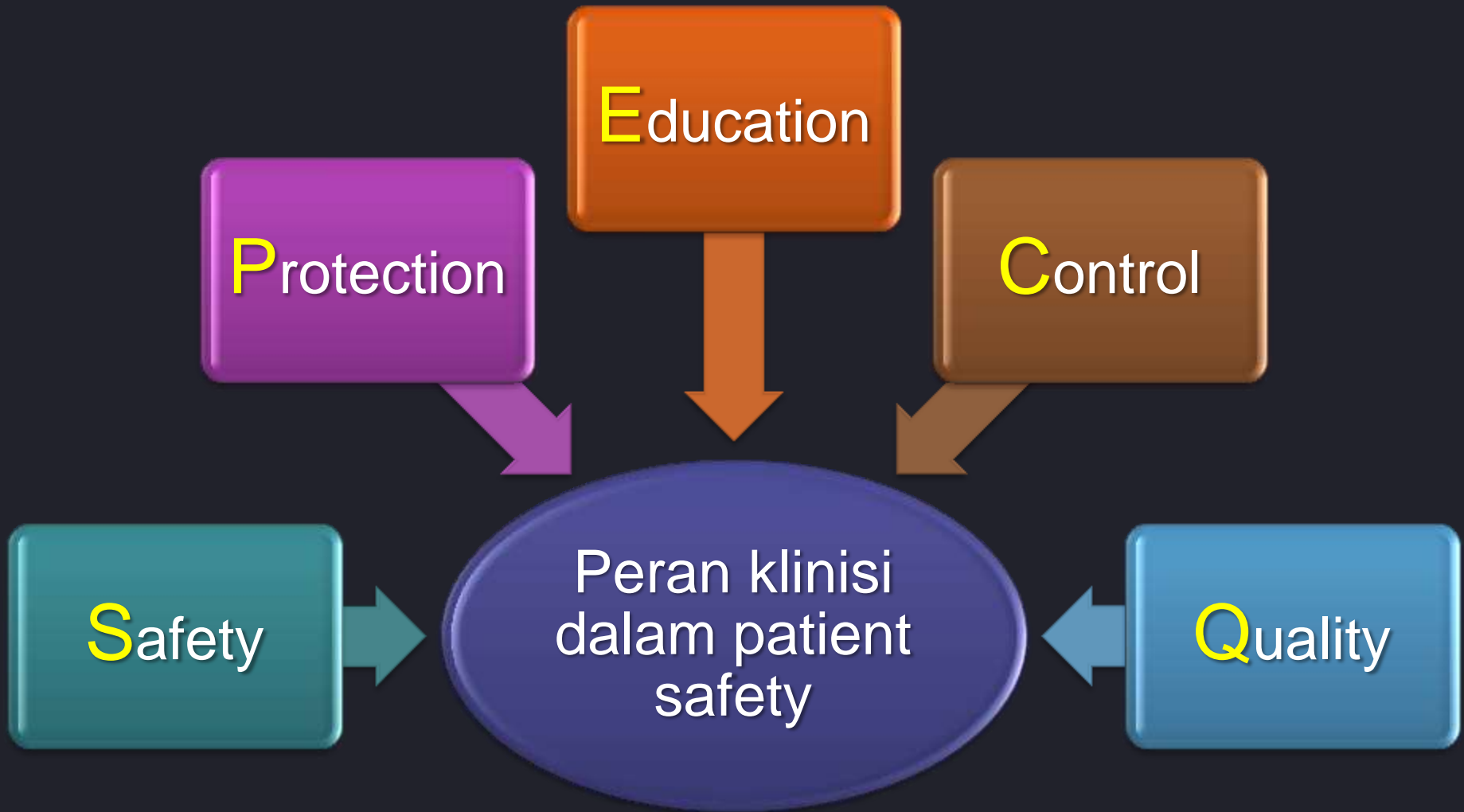
- Dukung staf, pasien & keluarga yang mengalami Medical Errors

7

- Selaraskan kegiatan berbasis sistem dengan insentif

8

- Rancang ulang sistem dan reliabilitasnya





Congratulations

