5.N. Workshop: Patient safety in Europe: the problem, proposals for action, experiences from national programs

Organised by: EUPHA section on Injury prevention and safety promotion and EUPHA Practice Pillar
Contact: johan.lund@medisin.uio.no

Chairperson(s): Anne Lounamaa - Finland, Johan Lund - Norway

Patient safety is a serious global public health issue. Estimates show that as many as one in 10 patients is harmed while receiving hospital care (WHO 2004), and that one in 500-1000 patients will die. That means that more lives are lost from adverse events in hospitals than from all accidents.
Adverse events in hospitals occur due to many reasons: error of planning, moral failures, human errors, technical errors, system errors. System errors are probably more frequent than human errors. The reporting systems are always incomplete. The safety culture should be changed into opening up for acceptance that errors happen, going from a silent and blaming culture to a learning culture.
Our aims with this workshop are to: 1) give an overview of the patient safety problem in Europe, 2) give proposals for actions based on given European and international recommendations, 3) report from ongoing patient safety program across Europe to inspire for learning for practise. The workshop will consist of four presentations and end up in a plenary discussion. Our hope is that this workshop will give inspiration towards increasing the work across Europe for improving this important public health issue.
The first presentation gives an overview of the size of medical treatment errors in Europe, both mortality and morbidity. There will be referred to a lot of European and international initiatives and recommendations the last years about how to improve patient safety. The most important proposals for action from these recommendations will be given.
The next presentation describes a national program for patient safety in Norway which started in 2014 and will last until 2019. By means of a Global Trigger Tool, the amount of adverse events for all severities in hospitals has been estimated, also fatalities. The patient safety culture is studied by an international Safety Attitude Questionnaire. This comprehensive program has several aims, as: 1) the incidences of harm in hospitals shall be reduced by 25% from 2012 until 2019, and 2) at least 80% of respondents from health units will report a ripe safety climate.
The third presentation describes a program for patient safety in Friuli Venezia Giulia, a region in North Eastern Italy. Important aspects of the program are: commitment of the regional government, establish alliances with professionals and citizens associations, establish professional networks, develop rules and standards for all citizens, monitor, coordinate and report the results. Some results of the program will be given.
The last presentation gives an overview of how the patient safety issue has been transferred from the hospital to home-care settings in Finland. This transfer was based on a national survey of social and health care service unit's directors, which indicated a need to expand patient safety into home-care and social welfare settings. A national guideline for that purpose has been proposed and will be presented.

Key messages:

- Adverse events in hospitals in Europe take more lives than all accidents; more than half of them can be prevented
- Patient safety can be improved by learning from European and international recommendations, and by recent European experiences

Patient Safety in Europe – the size of the problem and proposals for action

Kerstina Horch

K Horch
Robert Koch Institute, Berlin, Germany
Contact: horchk@rki.de

The size of the problem
During the last 15 years there are indications that occurrence of medical treatment errors is increasing due to the rapid growth of complexity in medical care. Different studies in Europe show a mortality of preventable errors of about 1-2 ‰ of hospital admissions. This mortality is comparable with the mortality of the largest widespread diseases, and is higher than the mortality of accidents. An expert group estimated the incidence of errors in medical treatment to 2 - 4%. However, others are estimating this to be the tip of the iceberg. In a report from WHO (2004) 10% is mentioned.
European and international recommendations
In their Council Recommendation for Patient Safety 2009 the European Commission confirmed the high preventable mortality and morbidity, and invited the member states to include Patient Safety in their priority health political strategies. A lot of measures, activities and reports across Europe have followed this initiative. Very important are the joint project PaSQ on the European level and the High 5's project on the international. Another important international initiative was the Global Patient Safety Action Summit in London in 2016. The experts emphasized that a global collaboration for patient safety is needed and a tool box for the next 15 years was recommended.
What to do?
From these reports and initiatives, the most important measures to carry out should be:

- The errors to be monitored and analyzed for identifying prevention measures
- Patient involvement is essential for data collection, error discussion, and for training and education
- The safety culture to be changed by open up for accepting that errors happen, to break the ''culture of silence and blaming''
- National experiences and ''best practices'' to be made more visible, used cross-national with local adjustments
- An overarching system-approach across health sectors is needed
- Some problems have to be handled internationally, as antibiotic resistance.

A national program for patient safety in Norway

Johan Lund

J Lund
University of Oslo, Oslo, Norway
Contact: johan.lund@medisin.uio.no

It started with a campaign in 2011

A national patient safety campaign was commissioned by the Ministry of Health. The aims were to: 1) reduce patient harm, 2) build sustainable structures for patient safety and 3) improve patient safety culture. Targets areas were: falls, urinary tract infections, central line infections, pressure ulcer, prevent overdose and suicide, stroke treatment, safe surgery/ postoperative infections, medication reconciliations, drug review in home care and in nursing homes. A secretariat was established.

Status of patient safety in Norway 2010-14

In each of the five years 2010-14, ab. 10.000 medical records randomly selected from ab. 590.000 admissions for all hospital trusts across Norway were reviewed by using the Global Trigger Tool. In 2010 at least one incident of harm occurred at 15.9% of all somatic admissions. The estimates for the next years 2011-14 were: 16.1%, 13.7%, 13.0% and 13.9%. For 2012 and 2013 same levels are found in Sweden. Adverse events that contributed to a fatal outcome were for the years 2010-14: 0.65%, 0.37%, 0.37%, 0.30% and 0.25%.

The patient safety culture was studied in 2014 by an international Safety Attitude Questionnaire to 77.457 health personnel in 2.372 units. Response rate was 62%. Results show that 56% of the units report a ripe safety climate. International experience tells that units without a ripe climate have higher risk for adverse events.

A national program for patient safety was launched in 2014

Based on the experiences from the campaign, a national program 2014-18 was launched. It continues with a secretariat in the Directorate of Health, a steering group and expert groups, same target areas and goals. It will also focus on involvement of patients and of the municipalities. Examples of national targets:

- Reduce incidents of harm by 25% from 2012 until 2019
- Increase 30-days survival after hip fracture by 2%
- At least 80% of respondents from health units will report a ripe patient safety climate.

A regional program for patient safety in Italy

Silvio Brusaferro

S Brusaferro
Department of Medical and Biological Sciences, University of Udine, Udine, Italy
Contact: silvio.brusaferro@uniud.it

Background

Friuli Venezia Giulia (FVG) is a North Eastern Italian region. It manages the regional healthcare system (RHS) and guarantees quality and safety standards according to Italian National Health System rules. It covers 1.200.000 inhabitants; has 5 trusts including 17 hospitals (5 private) with 4.000 acute care beds, long term care facilities, and primary care. A patient safety program started in 2011. It includes both public and private HealthCare Organizations (HCO) providing to citizens services supported by RHS.

Keystones of the program

1. Commitment of the regional government which, supported by a technical team, on yearly basis: set up goals and incentives/penalties; coordinate, evaluate and report the results; celebrate the successes (quality day); promote alliances with professionals and citizens associations.
2. Network of professionals: a regional board of trust and hospital patient safety managers, professionals responsible in each HCO for the different topics of the program, link professionals for each topic working in the line teams.
3. Rules are included: guarantee to all citizens for same standards; use of data and indicators; focus on improvement of the "weaker rings of the chain"; continuous quality improvement; benchmark the performance; transparency of the program and its results.
4. Current topics: incident reporting, Healthcare Associated Infections, patient falls, pressure ulcer prevention and control, safety in clinical documentation, safe and prudent use of drugs and blood, patient identification, safety in continuity of care, communication among professionals and with citizens, management of litigations.

Results

All hospitals have a standardized organization and workforce on patient safety. Some measurable RHS indicators include: 98% and 87% compliance to patient identification and surgical check list procedures respectively, a reduction of prescribed antibiotics in acute hospital inpatients from a 41% in 2011 to 36% in 2015 ($p < 0.05$).

Transitioning patient safety from the hospital to the home-care setting in Finland

Persephone Doupi

P Doupi, R Koivula, T Ojala, A Lounamaa
Unit for Welfare and Health Promotion, National Institute for Health and Welfare (THL), Helsinki, Finland
Contact: persephone.doupi@thl.fi

Background

Following the first national patient safety strategy of Finland (2009) and enactment of supporting legislation (2011), healthcare service providers engaged in actively monitoring and promoting patient safety. Tertiary level care led the way, gradually expanding to primary care. In parallel, social welfare activities have increasingly shifted away from establishments into small service units or clients' homes. Finnish home-care is also transformed, with home help (social welfare) and home nursing (healthcare) forming an integrated service.

Home-care safety

A national on-line survey of social and health care service units' directors was performed in 2013 to monitor implementation of legal requirements regarding fire safety ($N = 1370$, response rate 55%). Results indicated a need to expand promotion of client/patient safety in home-care and social welfare settings. Commitment to patient safety improvement as denoted by a written client/patient safety plan and appointment of dedicated staff was markedly weaker in home care. Written plans were available in 55% of community-owned home care units (vs. 76% of institutional and 77% of housing service units) and responsible staff present in 41% (vs. 65% and 72%). Trends were similar among privately owned service providers.

Guidelines development

An expert working group under the Ministry of Social Affairs and Health has drafted guidance to enhance safety of social and home-care clients, as well as service-providing employees. The aim is to ensure that both employees and management will receive the necessary knowledge and skills to identify and prevent safety risks, as well as cope with emergency situations in their work environments.

Conclusions

Patient safety promotion in home-care settings requires re-focusing of priority areas. For the clients these are: self-determination, living alone and physical surroundings' impact on accessibility and fire safety; and for the employees: ergonomics and safety when working alone.