



Mapping patient safety in Europe

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Mapping exercise

- First major work package of the SIMPATIE programme to start
- 19 month programme to map patient safety endeavors in Europe and to
 - feed these into other aspects of SIMPATIE's researches and development
 - identify titbits of better practice for a compendium
 - make the findings available for interested parties across Europe
 - First cut report given in London July 2006

Mapping process

1. First, try to think through what the different tribes would find interesting for us to map
2. Recruit help in as many countries as possible
 - Reference group
 - meeting in Luxembourg April 2005
 - Meeting in London November 2005
 - Ongoing liaison
 - Special advisor group

Countries concerned - targets

- Austria
- Belgium
- Cyprus
- Czech Republic
- Denmark
- England
- Estonia
- Finland
- France
- Germany
- Greece
- Hungary
- Ireland
- Italy
- Latvia
- Lithuania
- Luxembourg
- Malta
- Netherlands
- Poland
- Portugal
- Slovakia
- Slovenia
- Spain
- Sweden
- Bulgaria
- Bosnia
- Croatia
- Iceland
- Israel
- Northern Ireland
- Norway
- Rumania
- Scotland
- Switzerland
- Turkey
- Wales

Countries concerned - no data yet

- Austria
- Belgium
- Bosnia
- Bulgaria
- Croatia
- Cyprus
- Czech Republic
- Denmark
- England
- Estonia
- Finland
- France
- Germany
- Greece
- Hungary
- Iceland
- Ireland
- Israel
- Italy
- Latvia
- Lithuania
- Luxembourg
- Malta
- Netherlands
- Northern Ireland
- Norway
- Poland
- Portugal
- Rumania
- Scotland
- Serbia
- Slovakia
- Slovenia
- Spain
- Sweden
- Switzerland
- Turkey
- Wales

Countries concerned - data still promised

- Austria
- Belgium
- Bosnia
- Bulgaria
- Croatia
- Cyprus
- Czech Republic
- Denmark
- England
- Estonia
- Finland
- France
- Germany
- Greece
- Hungary
- Iceland
- Ireland
- Israel
- Italy
- Latvia
- Lithuania
- Luxembourg
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- Wales

Summary

- 37 countries approached
- Data collected from 24 countries
- Difficulty with contacts in Bulgaria, Croatia, Cyprus, Latvia, Malta, Romania, Slovakia and Slovenia (9)
- Data on its way from at least France, Luxembourg, Northern Ireland, Scotland, Turkey and Wales (5)
- Minimum 27 countries potentially to be included, at least 20 EU states

Scope of enquiry - 21 questions covering

1. Definition
2. National Institutions
3. Taxonomy
4. Standards and guidelines
5. National experts
6. National reporting systems
7. Local incident reporting systems
8. No fault compensation schemes
9. Legal disclosure
10. Availability of data
11. Liability arrangements
12. Whistle blowing
13. Patient safety membership organisations
14. Healthcare risk management qualifications
15. Risk management or patient safety managers
16. Patient safety training for staff
17. Patient organisations
18. National campaigns
19. Peer review schemes
20. The role of European bodies
21. Learning about patient safety

Example of common European agreement/using pan European work

Agreed definition as to what patient safety is:

- 10 published and identified examples found
- 3 of these available in English
- 7 of these agreed at the Ministerial level
- 6 of these considered to have no significant variance from the C of E definition
- Several working parties/forums set up to tackle the issue (eg, Iceland, Israel)

Cross European agreement as to what patient safety means

- Though CoE work widely disseminated it has only acted so far to achieve common agreement in a minority of countries
- Only two countries have published their definitions in languages other than their own
- Some countries apparently using an agreed term, but no formal Ministerial agreement to this
- Considerable evidence of activity within countries, but little between countries yet

Note - local translation of key reports

- Examples: I of M report (to err is human), Joint Commission risk alerts, Building a Safer NHS, etc
- No examples found of these key patient safety reports, which have been a foundation for winning hearts and minds, into local languages
- All participants who responded noted this would be useful

National reporting systems

- Identified in the literature as the basic building block of a national response
- Examples from New World countries e.g. Canada
- How's Europe doing?

National reporting systems

- 6 comprehensive national systems identified
- 4 partial national systems identified (ie, reporting medicines errors only, for example)
- Only 2 examples of systematic local feedback from the national system identified
- 6 examples where data used to identify national lessons
- 2 examples of data used in a “punitive” sense (ie, data used to identify “unjustifiable practice” in individual claims)
- 5 examples of use of systematic analysis

National reporting systems

- Example remarks:
- “Reports neither widely known, nor used”
- “Just used to collect sentinel events”
- “System used for the purpose of clinical indemnity”

National reporting systems

Encouraging practice

- Systems in development in several countries
- Most cogent national systems seem to be England and Germany - these will be further investigated for the good practice compendium

Improvement efforts - patient safety guidelines

- 73 patient safety guidelines registered from 13 countries
- Most frequent concerned medical devices - most significant corpus of which were reported from Ireland
- Other common themes were blood products, medicines management, infection control (including 3 on hand washing), correct site surgery, incident reporting

Improvement efforts - patient safety guidelines

- Interesting guidelines (singletons) concerned
 - Out of country treatment
 - Immunodeficiency
 - Registration of responsible persons
 - Communication with patients following an incident

Improvement efforts - local reporting systems

- Local improvement is best built on local lessons
- Clinicians tend to believe their own data, and are more willing to use this to create change
- Often an initial reaction to error rates etc is disbelief/"this doesn't happen here"
- Therefore local reporting systems, which are tied into improvement efforts, are desirable

Improvement efforts - local reporting systems

- A national requirement identified in 5 countries
- They are commonly/partially used in a further 4 identified countries
- Near miss reporting is only required in 4 countries
- In Poland, they only refer to hospital acquired infections and blood transfusion
- In Lithuania, it is a de facto requirement as hospitals are required to have a local quality system

Improvement efforts - local reporting systems

- Local reporting systems are identified as being formally linked to local systematic improvement efforts in 7 countries
- In England the existence and outputs of local reporting systems are required as part of the national standards for healthcare organisations
- Examples which merit further investigation for the good practice compendium are Iceland, Lithuania and Sweden

Further enquiry

- Continuing chase up where data promised/responses insufficiently complete
- Continuing checking and triangulation of data (still some disagreements within country responses)
- Better or interesting practice being followed up on for compendium
- Continuing analysis of data and preparation of sustainable database

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