

Patient safety – from the provider point of view

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What keeps a hospital manager awake in the night?

- What are the risks for your hospital that you so are worried about that you can't sleep?



What keeps a hospital manager awake in the night?

- Hospital economy?
- Possible publicity of scandals
For example: Patients who die or get a permanent disability by mistake?



What risks would you take with your reputation ?

- Publicity about bad safety ?
- How long would it take to "repair" publicity about bad safety ?
- Bristol babies?





DAILY EXPRESS

- **390 patients got a disability or died last year at the NN hospital**
- All these injuries could have been avoided if the hospital have had better routines.
- The real causes for these injures were not analysed. The same kind of injuries could happen again. How could the hospital management allow this to go on?
- We have tried to get in contact with the hospital manager, but he has not answered so far.

- How could you explain to journalists that you have not analysed avoidable deaths and disabilities ?
- That you have not learnt from them and changed your routines so it can not happen again?



Your hospital inpatients?

- | | | |
|-------------------------------|--------|--------|
| • Nr inpatients/year | 48 500 | 24 000 |
| • Adverse events | 2 500 | 1 250 |
| • Avoidable adverse events | 1 000 | 500 |
| • Serious adverse events | 390 | 195 |
| • Serious adv events/day | 1 | 0,5 |
| • Reported and settled claims | 50 | 25 |
- Source: Danish study 2001, Thomas Schiöler



It is worse....

- **Inpatients only 50% of adverse events**



You should not sleep in the night with those figures

- **From an humanitarian point of view:**
it is not acceptable that your patients die or get an disability if it can be avoided by better routines
- **From an economic point of view:**
You waste resources to take care of patients that have been injured by your hospital instead of treating new patients



What is the economic problem for your Hospital (million Euro)?

- Hospital budget 450
- **Reported medical injuries**
- Malpractice Insurance 2
- Extra beddays, surgery, visits for reported claims 2



What is the problem for your hospital (Million Euro)?

- Not reported medical injuries approx.
- 8% hospital infections 7-20
- Wrong use of drugs 10%/costs? 45
- 90 % not reported adv.events 30
- Maybe in total at least 10 % of the budget



Medication mistakes

- Harvard study 0,5 %
-
- Special medication study appr 10 %
- Nurses for hire check daily appr 30 %

- Lucian Leape



Malpractice Insurance cost = x1



Malpractice Insurance cost = x1



Extra beddays operations, visits = x2



Malpractice Insurance cost = x1



Extra beddays operations, visits = x2



Real cost of Adverse events = x 10 - 20



You should not sleep in the night
with those figures

How could SIMPATIE help you with tools
that you can use today?



WP 4

- *Indicator themes:*
- Nosocomial infections
- Pressure sores
- Falls
- Surgical complication
- Medication error
- Indicators reflecting risk reduction (consumption of alcohol) and harm reduction (mortality rates)



WP 6

- HFMEA risk analysis
- Root Cause Analysis
- Bundles
- Rapid response teams
- Time out procedure
- Team training



WP 5

- External auditing



Conclusion

- More focus in the report on practical tools that the hospital manager could use today to improve safety (tools that are known and evaluated)
- Maybe a special appendix for hospital managers – if you start today do this



Part 2

- What solutions in Europe can reduce costs for malpractice insurance?
- Kaj Essinger HOPE



Malpractice premium/inhabitant Euro

- United States 77
- United Kingdom 12
- Canada 7
- Sweden 7
- Finland 7
- France 5
- Germany 3
- Netherlands, Belgium, Austria 2

• Source: OECD report



Who gets the premium?

Patients

Adm+laywers

United States

28 %

72 %

Sweden

> 80%

<20%



High risk areas

- US: 30% of cardiathoracic surgeons either relocated, closed their practice or stopped providing high risk services – liability costs
- Premiums for obstetricians and surgeons more than doubled since 2000



Are obstetricians insurable?

- Ireland: state concern
- Canada: high government subsidy
- US: in 23 Red Alert States access compromised
- France: Sou Medical stops insurance for obstetricians 1.1.2007



Reforms based on HOPE report...

- Enterprise liability
- Ireland



Reforms based on HOPE report...

- Administrative procedure instead of court
- 20 times more expensive to go to court than administrative procedure
- Redress scheme UK, ONIAM,



Reforms based on HOPE report...

- Caps on damages ...
- brain damages
- ...and deductibles
- for hospitals and patients



Reforms based on HOPE report...

- Mutual insurance companies properly run
- MediRisk, SHAM, Welsh Risk Pool, MDU, Sweden, Canada
- US: expansion of doctors owned insurance companies (PIAA)



Reforms based on HOPE report...

- *Avoidable injury instead of negligence*
- A "no-blame" insurance will give the patient compensation without blaming the doctor.
- Only avoidable injuries should be compensated



Reforms based on HOPE report...

- Premium support schemes from national governments for obstetricians



Reforms based on HOPE report...

- Patient safety and risk management



Reforms based on HOPE report...

- Enterprise liability
- Administrative procedure instead of court
- Caps on damages and deductibles
- Mutual insurance companies properly run
- Avoidable injury instead of negligence
- Premium support schemes from national governments for obstetricians
- Patient safety



HOPE proposal to EU :

Stop: look-a-like and sound-a-like drugs

