Developing a Regional Strategy for Improving Patient Safety

Denis HERBAUX, PhD
5 years of dedication for Quality & Patient Safety with PAQS
Who I am

• PhD in Economics & Management
• Certificate in Quality Management in Healthcare Organization
• CEO, PAQS ASBL
• Professor of Health Economics (and Mathematics)
Where I come from
Belgian Healthcare System: main features

• **Principles**: Solidarity, Accessibility, Reasonable costs, **Freedom to choose** the health care provider

• 99% of the people covered
• Compulsory membership in Healthcare Insurance Fund (= Mutualités)
• Payment of a “minimum” contribution
• Private non-profit & public hospitals
• No selection of risks
Belgian Healthcare System

We are

SOOOOO GOOD

European Health Consumer Index

- 2017: 7/35
- 2018: 5/35
Health at glance (2016)

6.24. Observed and predicted percentage of hospitalised patients with at least one healthcare-associated infection, 2011-12

Note: 95% confidence intervals represented by H.
1. Data representativeness is limited in Austria, Croatia, the Czech Republic, Estonia, Norway and Romania and very limited in Denmark and Sweden. Source: ECDC (2013), Point Prevalence Survey.
Belgian Healthcare System: Many challenges

- Growth and aging of the population
- Increase in chronic diseases
- Technological evolution
- Absenteeism rate, lack of nurses and physicians, high burnout
Quality and Safety

In Belgian Healthcare
Federal level

• Hospitals Act : 23rd of December 1963
• Internal and external evaluation of Medical activities & Nursing
• Infections Prevention
• Medication, Transfusion, Medical Imagery
• Care Pathways
• Recently
  • Law on the quality of health care practice
  • Hospital audit – Proof of concept

• Very few attention to the system itself, with the exception of « Patient Safety 2007 – 2017 »
Regional policies

• Flanders [2009]
  • Inspection Reform
  • Publication of Inspection Reports
  • Encourage hospital accreditation
  • Development of quality indicators

• Brussels : Plan Santé Bruxellois (Quality matters) [2019, if…]

• Wallonia [2017]
  • Walloon Plan for the Quality of Hospital Care [2013]
  • Accreditation and Indicators may play a role in obtaining infrastructure financing [2017]
Developing a regional strategy
OECD Study
• Literature review
• Safety interventions
  • Cost/Benefit
  • Bundle

Regional Strategy – 1st step
• Survey
  • 13 healthcare providers associations
  • 2 experts
• Workshops
# Interventions

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 Safety Standards linked to accreditation and certification</td>
<td>2.1 Clinical governance systems and frameworks related to safety</td>
<td>3.1 Medication management / reconciliation</td>
</tr>
<tr>
<td>1.2 Public reporting of patient safety indicators</td>
<td>2.2 Clinical incident reporting and management system</td>
<td>3.2 Transcribing error minimisation protocols</td>
</tr>
<tr>
<td>1.3 Mandatory reporting of specified adverse events</td>
<td>2.3 Integrated patient complaints reporting system</td>
<td>3.3 Smart infusion pumps and drug administration systems</td>
</tr>
<tr>
<td>1.4 Pay-for performance schemes for patient safety</td>
<td>2.4 Monitoring and feedback of patient safety indicators</td>
<td>3.4 Aseptic technique protocols and barrier precautions</td>
</tr>
<tr>
<td>1.5 Professional education and training</td>
<td>2.5 Person- and patient-engagement initiatives</td>
<td>3.5 Urinary catheter use and insertion protocols</td>
</tr>
<tr>
<td>1.6 Electronic Health Record (EHR) systems</td>
<td>2.6 Clinical communication protocols and training</td>
<td>3.6 Central line catheter insertion protocols</td>
</tr>
<tr>
<td>1.7 No-fault medical negligence legislation</td>
<td>2.7 Digital technology solutions for safety</td>
<td>3.7 Ventilator-associated pneumonia minimisation protocols</td>
</tr>
<tr>
<td>1.8 System-level public engagement and health literacy initiatives</td>
<td>2.8 Human resources interventions</td>
<td>3.8 Procedural / surgical checklists</td>
</tr>
<tr>
<td>1.9 National interventions based on specific safety themes</td>
<td>2.9 Building a positive safety culture</td>
<td>3.9 Operating room integration and display checklists</td>
</tr>
<tr>
<td>1.10 A national agency responsible for patient safety</td>
<td>2.10 Infection detection, reporting and surveillance systems</td>
<td>3.10 Peri-operative medication protocols</td>
</tr>
<tr>
<td></td>
<td>2.11 Hand hygiene initiatives</td>
<td>3.11 VTE prevention protocols</td>
</tr>
<tr>
<td></td>
<td>2.12 Antimicrobial stewardship</td>
<td>3.12 Clinical care standards</td>
</tr>
<tr>
<td></td>
<td>2.13 Blood and blood management protocols</td>
<td>3.13 Pressure injury (ulcer) prevention protocols</td>
</tr>
<tr>
<td></td>
<td>2.14 Medical equipment sterilisation protocols</td>
<td>3.14 Falls prevention protocols</td>
</tr>
</tbody>
</table>

Source: OECD patient safety snapshot survey 2017
What we found out

Cost/Benefit

Bundle

Clinical

Organization & System

LSQSH CONGRESS 2019 - LEADING SUSTAINABLE CHANGE - PAQS ASBL
Regional Strategy – Priorities

• Training of professionals
• Management of AEs
• Measures & Indicators
• Safety standards
• Involvement of patients and families
Regional Strategy – 2nd step

- Survey
  - > 700
  - What is the current situation?
  - What could we do to improve?
- Workshops
What we learnt

• Q/S topics in training: low and no methodology
• Most professionals know what an AE is, but a lot of work has still to be done on using AE and Just Culture. Compulsory and anonymous reporting is still debated
• Measures are useful, but not well known and used. Public reporting is still debated
• Safety standards should be included in the law, focusing on patient safety priorities
• Involving patients and families is important, but…
Where we are now …

• Main objective: develop and sustain a strong safety culture

• We HAVE to know the current situation and monitor the improvement
  • Trigger tool
  • Quality and Safety indicators at the meso/macro level

• We HAVE to identify priorities based on measures, literature, and international experiences and best practices
Where we are now …

Based on these identified priorities, we should

• Increase Q/S in basic and continuous training: raise competencies and awareness
• Organize campaigns on AE reporting and how it can be used for improvement
• Develop safety standards, based on best practices
• Foster a QI sets allowing to monitor the improvement, with regular feedback to front line
• Make sure that Patients and Families are involved as much as possible
World Patient Safety Day 17 September 2019
MAKING THE SHIFT TOWARDS HIGHLY RELIABLE HEALTHCARE

LSQSH CONGRESS 2019 - LEADING SUSTAINABLE CHANGE - PAQS ASBL

3 octobre 2019

- Dr. Rola HAMMOUD, Lebanese Society for Quality and Safety in Healthcare
- Dr. Peter LACHMAN, ISQUA
- Leslee THOMPSON, HSO & AC
- Dr. Tejal K. GANDHI, IHI
- Dr. Aidan FOWLER, NHS Improvement
- Patient Safety Institutes
How can I improve healthcare today?