



# UPDATE ON PATIENT SAFETY

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Expert Group on Health Information Meeting

6 June 2018 - Luxembourg



## For next 15 minutes...

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1

Recent action on patient safety

2

Direction and priorities for future R&D

3

Update on patient reported quality measures



# Over the last 12 months...

## Economics

Global Ministerial  
Summit - Bonn, 2017



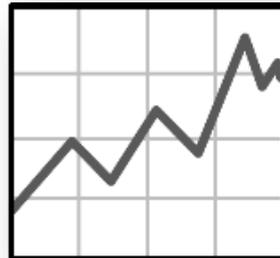
## Strategies

Global Ministerial  
Summit - Tokyo, 2018

Recent Action  
on Patient  
Safety

## Measurement

R&D - acute, primary  
and long term care



## Future Action

Update at Health  
Committee June 2018





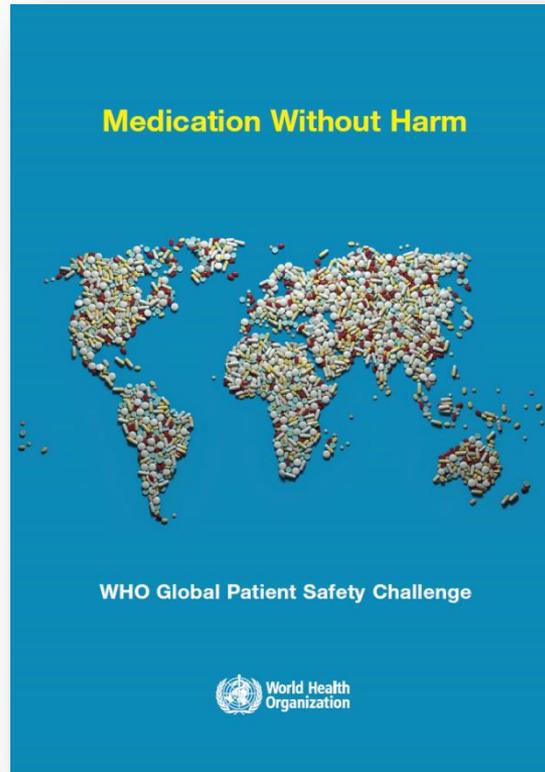


# World Health Organisation Challenges



2005

2017



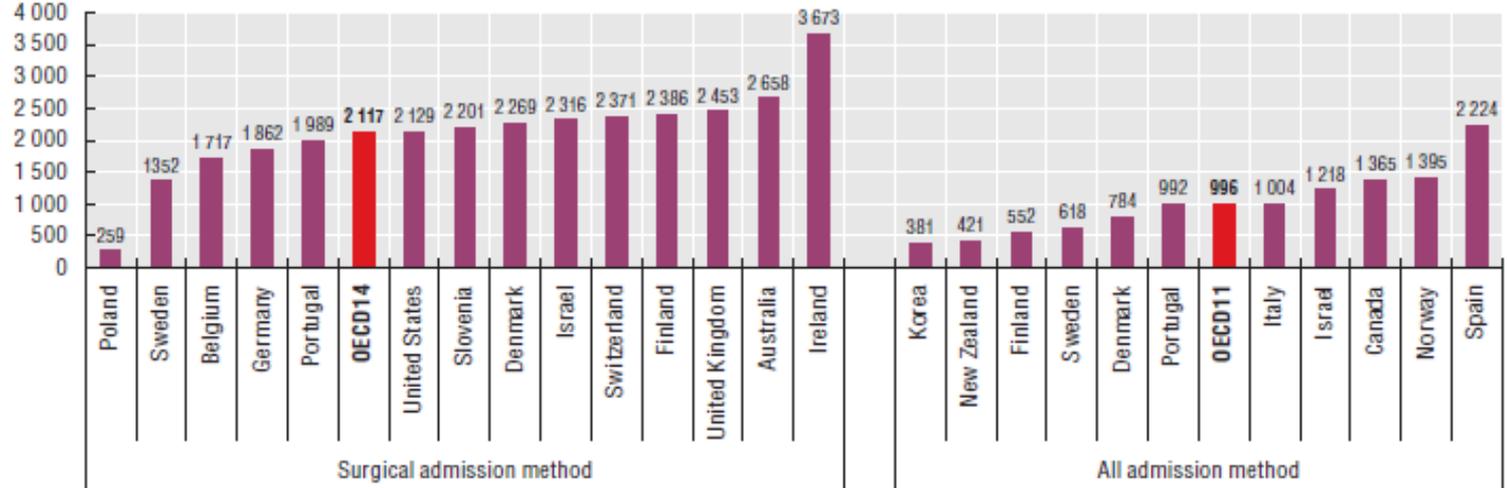
2008



# Clean Care - Postoperative Sepsis

### Postoperative sepsis in abdominal surgeries, 2015 (or nearest year)

Per 100 000 abdominal surgical discharges



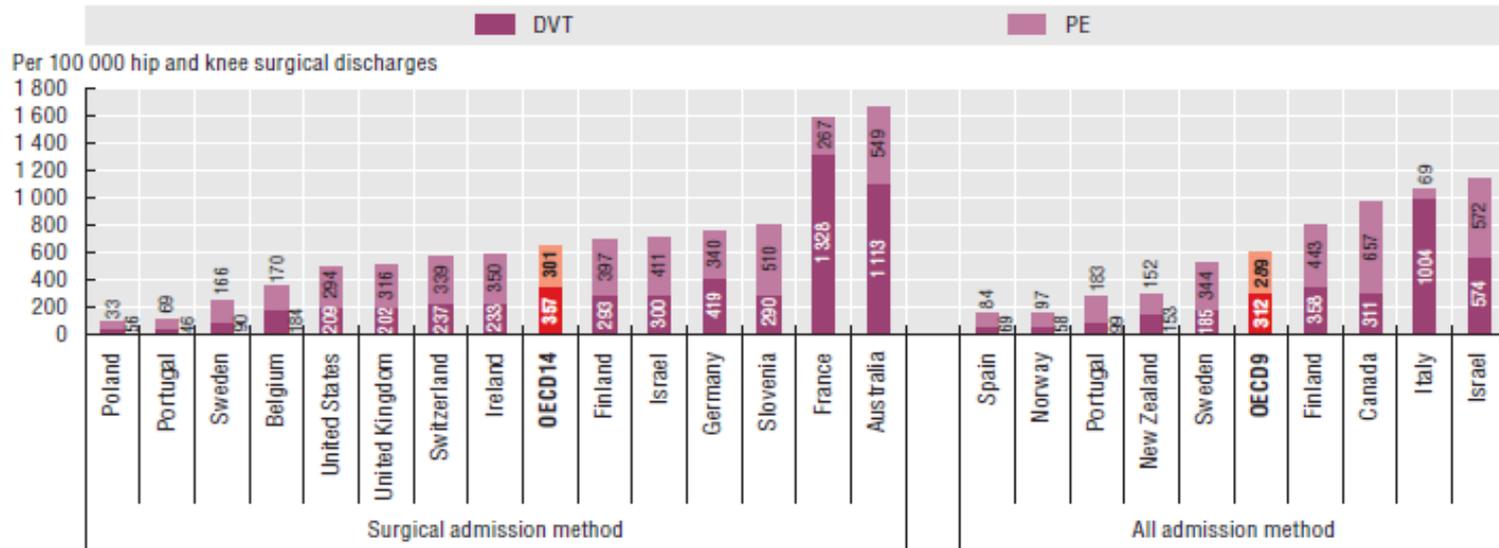
Source: OECD Health Statistics 2017.

StatLink <http://dx.doi.org/10.1787/888933603830>



# Safe Surgery – Postoperative PE or DVT

Postoperative pulmonary embolism (PE) or deep vein thrombosis (DVT) in hip and knee surgeries, 2015 (or nearest year)



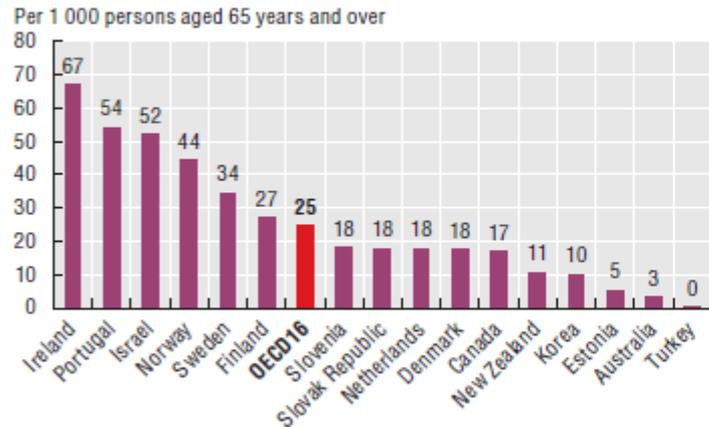
Source: OECD Health Statistics 2017.

StatLink <http://dx.doi.org/10.1787/888933603811>



# Medication without Harm - Sedatives

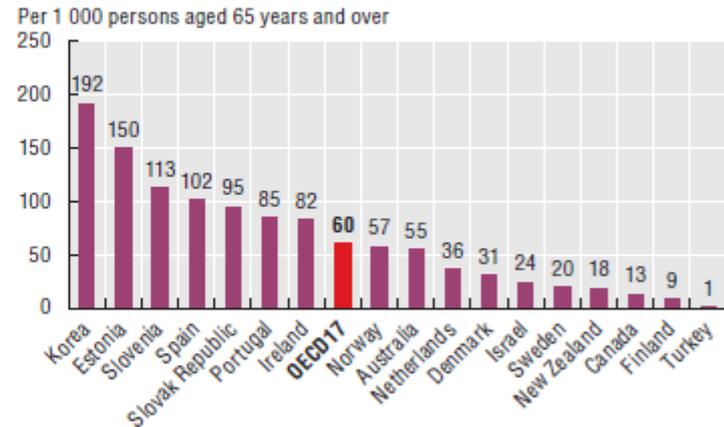
**Chronic Benzodiazepine Use: Number of patients per 1000, aged 65 years and over who have prescriptions for benzodiazepines for more than 365 days, 2015 (or nearest year)**



Source: OECD Health Statistics 2017.

StatLink  <http://dx.doi.org/10.1787/888933603450>

**Long-Acting Benzodiazepine use: Number of patients per 1000, aged 65 years and over who have at least one prescription for long-acting benzodiazepines, 2015 (or nearest year)**



Source: OECD Health Statistics 2017.

StatLink  <http://dx.doi.org/10.1787/888933603469>

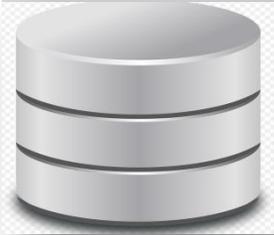
Why?





# Barriers to strengthening actionability

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## Availability of robust national administrative datasets

- Some countries do not have well established national databases
  - Insufficient diagnosis coding depth to generate reliable indicator rates
  - Inability to routinely link data prevents more robust calculation methods
- 



## Provide sound basis for national safety monitoring

- Some countries have ongoing methodological concerns
  - Insufficient resources and expertise to calculate complex indicators
  - Ongoing R&D improves reliability but creates instability for monitoring
- 



## Clear line of sight between national and local indicators

- Indicator data reflects outcomes of past clinical practices
- Outcomes do not provide clear path for action at local level
- General lack of trust in administrative data by the clinical community

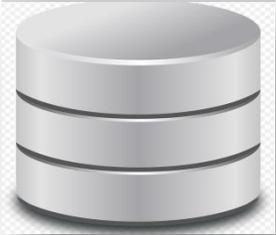


HELPFUL BUT NOT  
SUFFICIENT



# Strategies for strengthening actionability

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## Explore alternative data sources and methods

- Point prevalence studies, to extend across care continuum
  - Retrospective record review, to broaden capture of adverse events
  - Patient reported experiences of safety, reflects different view on errors
- 



## Facilitate a consistent approach to calculation

- Develop software programs to hard-code complex calculations
  - Establish stable indicator specifications and improve public visibility
  - Provide advice and support tailored to specific national and regional needs
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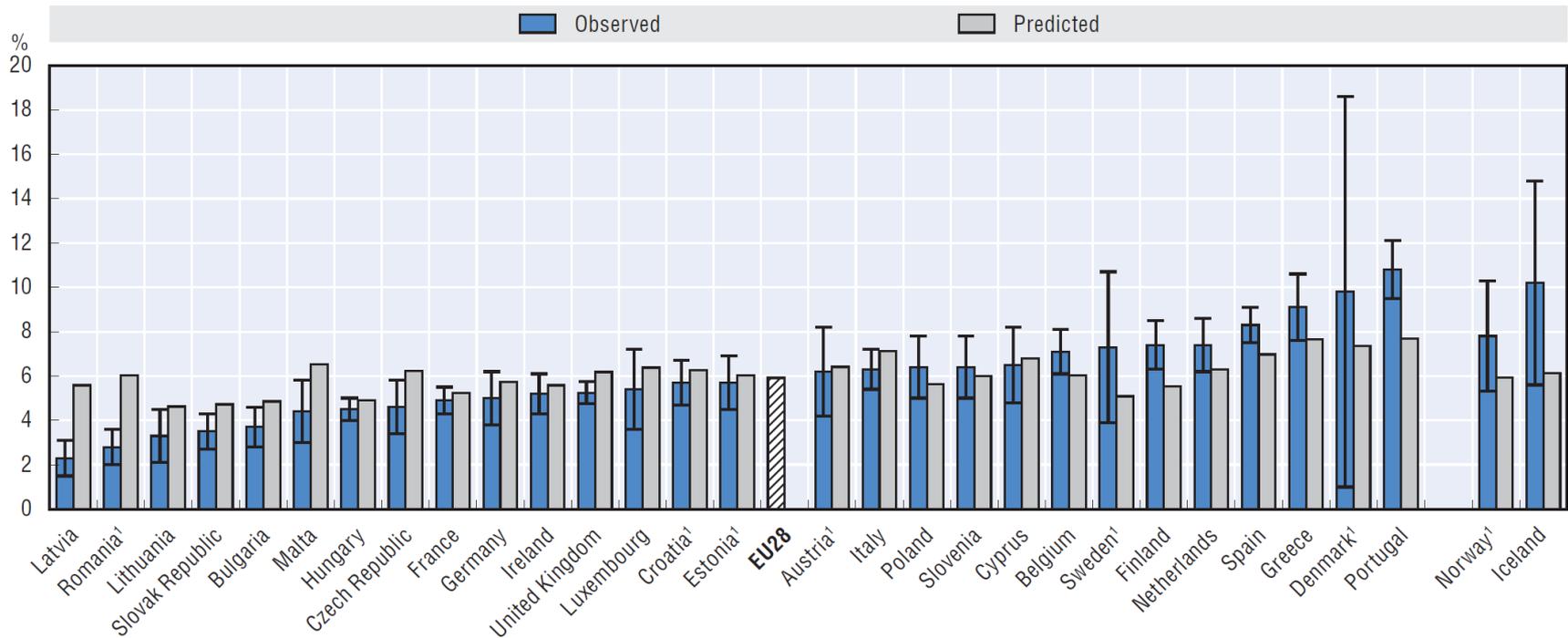
## Align national monitoring with local improvement efforts

- Bundle process indicators with existing OECD outcome indicators
- Outcome indicators allow assessment of national policy and strategy
- Process indicators are responsive to local clinical improvement initiatives



# Acute care: Health at a Glance Europe - 2016

**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.



# INFRASTRUCTURE



# EPUAP & EWMA PU Advocacy Group



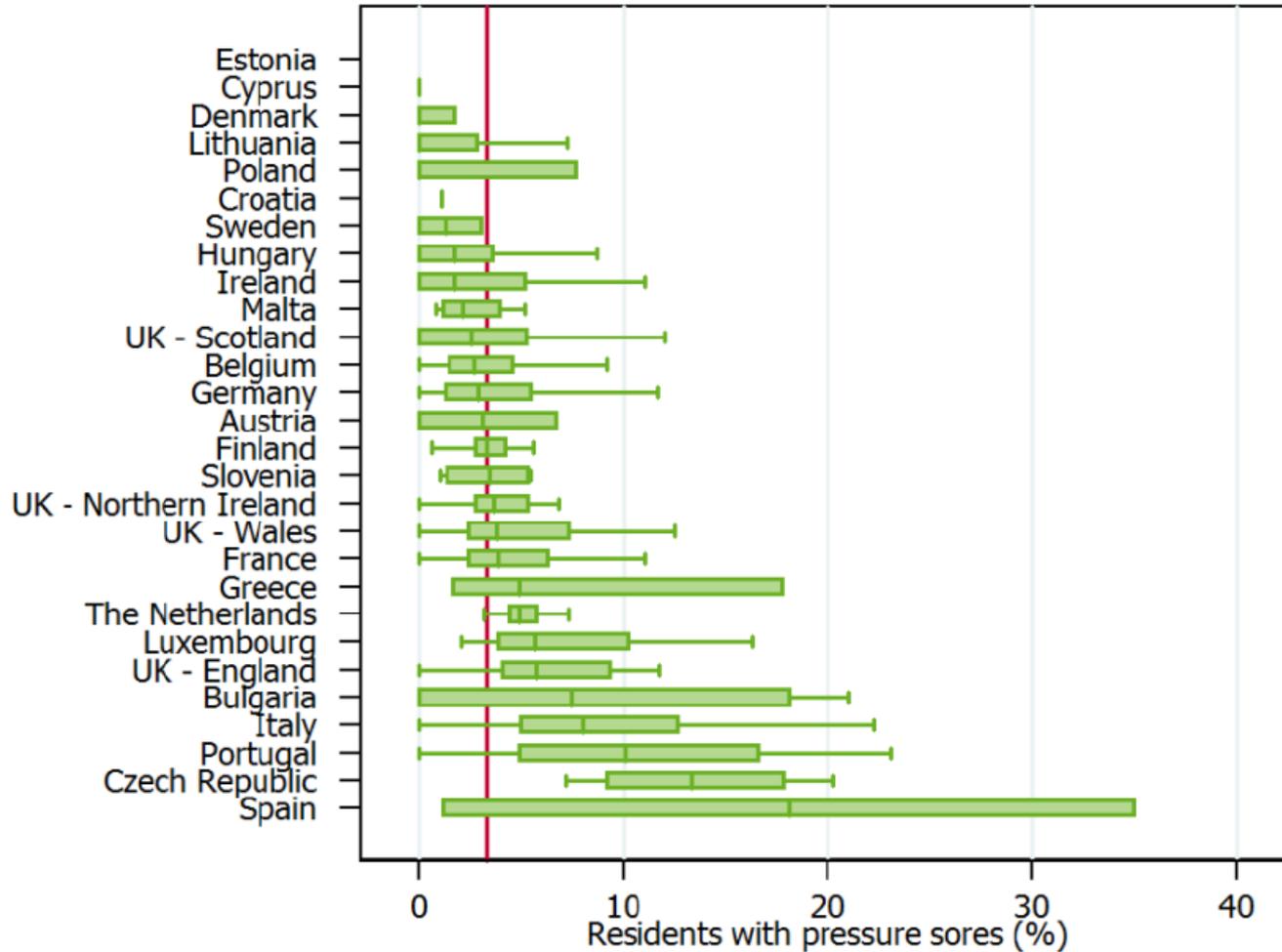
- Professor Lisette Schoonhoven invited to OECD Working Group on Health Care Quality and Outcomes - Nov 2016
- Key messages:
  - Prevalence can extend to 30-50% of patients
  - Significant impact on quality of life and care costs
  - Many preventable, with failure costs > prevention costs
  - Costs and benefits of prevention often accrue in different settings
  - Standardized measurement required across care settings
- Broad support to collaborate on measurement agenda





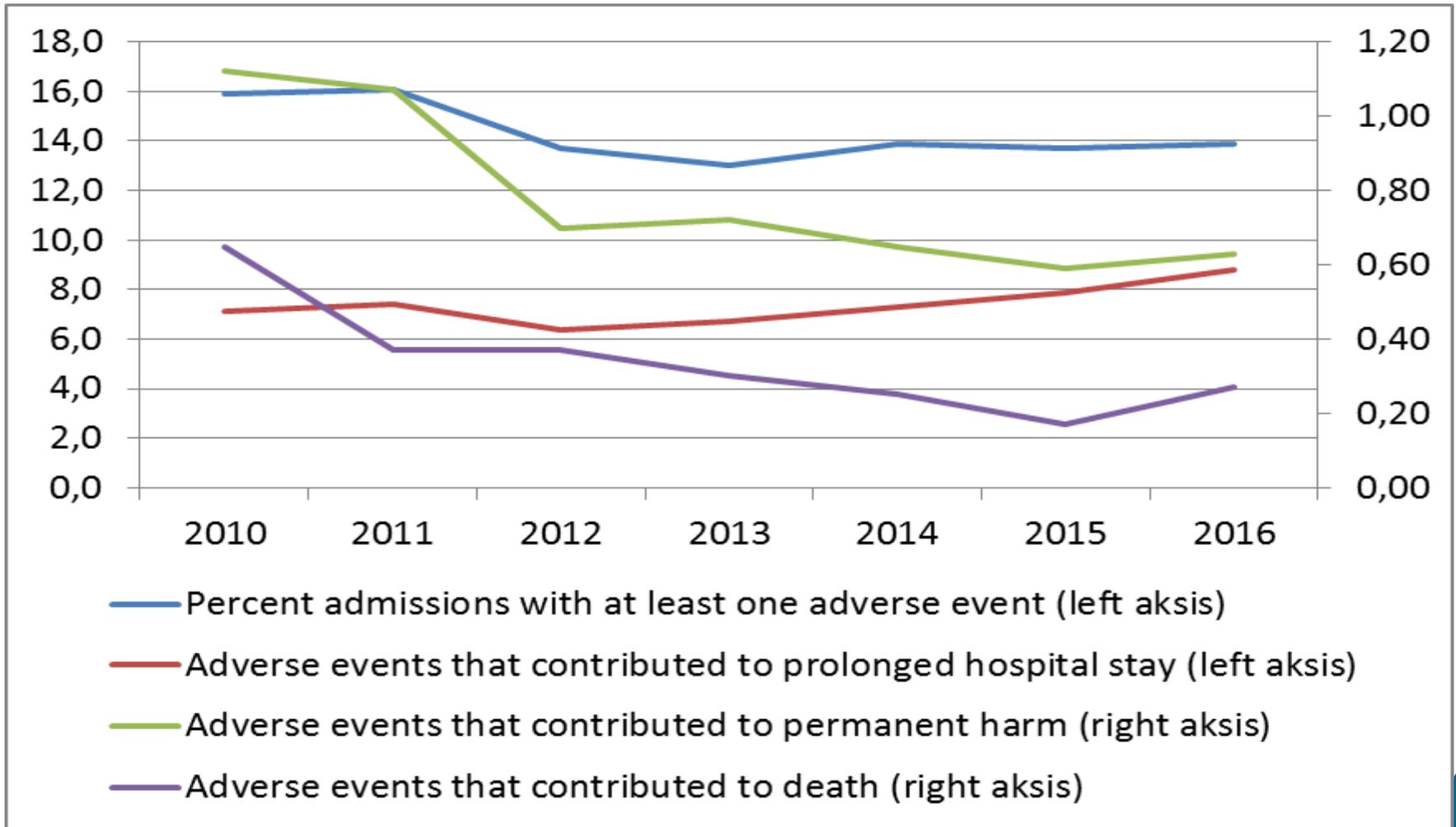
# Long Term Care: ECDC HALT Study - 2010

## Prevalence of pressure sores in the eligible population



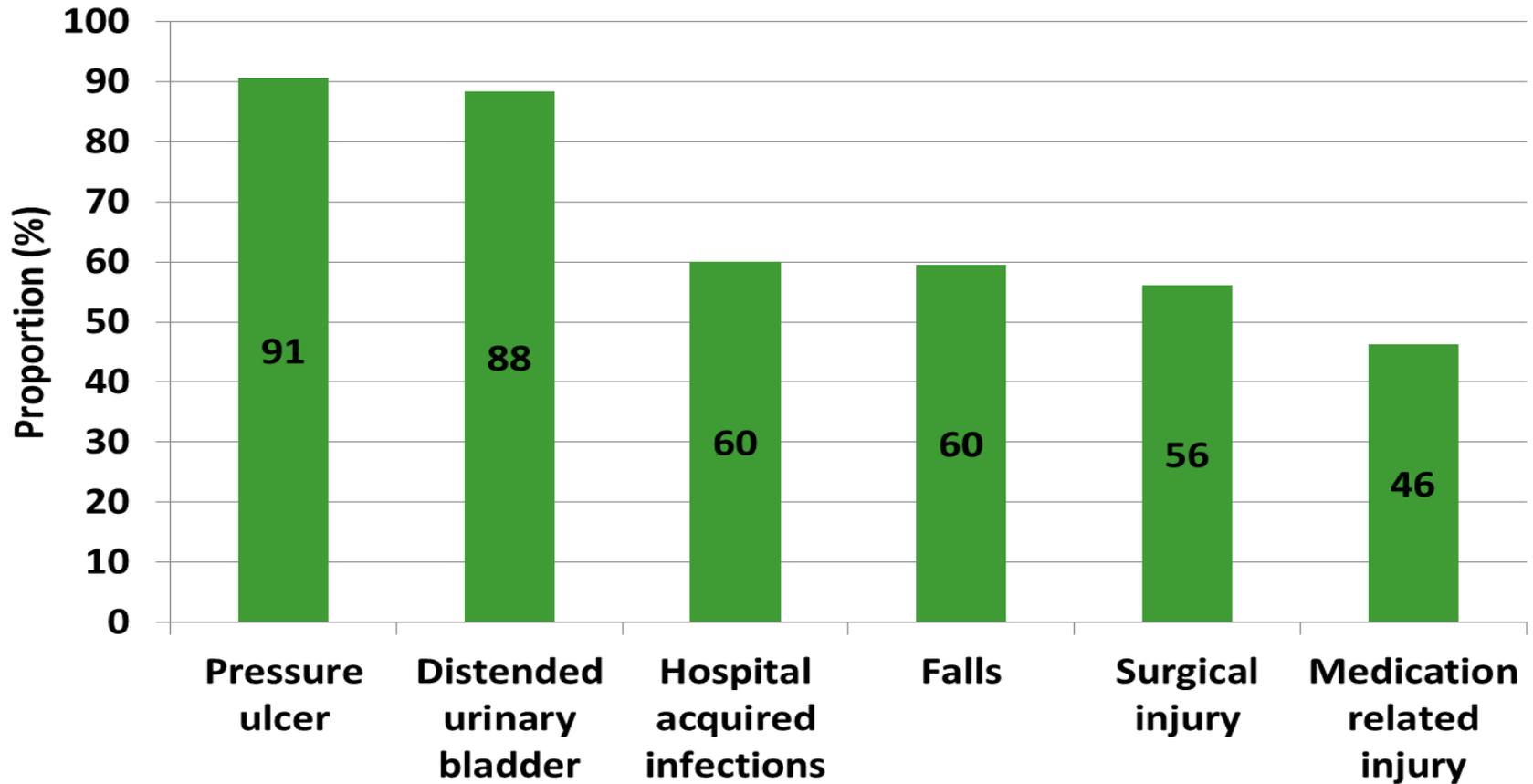


# Global Trigger Tool - Norway





# Preventability - Sweden





# OECD working group on PRIMS

| Domains                           | Sub-domains   | Questions   |
|-----------------------------------|---|---|
| <b>Incident Prevention</b>        | Information sharing/management  | 1. Did the health professional you consulted know important information about your medical history?   |
|                                   | Incident prevention   | 2. Did a member of staff confirm your identity prior to administering your medication?  |
|                                   |   | 3. Did a member of staff confirm your identity prior to your procedure/operation/surgery?   |
|                                   | Information on illness and symptoms   | 4. were you given any written or printed information about what you should or should not do after leaving clinic/hospital?  |
| Medication safety                 | 5. Did a member of staff explain the purpose of the medications you were to take at home in a way you could understand? |   |
|                                   | 6. Did a member of staff explain to you how and when to take the medications?   |   |
| <b>Patient-reported Incidents</b> | Diagnosis and treatment-related incidents   | 7. Did you experience a medication-related error (e.g. wrong prescription, wrong dose, wrong time, dispensing error in pharmacy, wrong administration route, reported allergic reaction, omitted by mistake)? |
| <b>Incident Management</b>        | Incident reporting  | 8. Did you see, or were you given, any information explaining how to provide feedback or complain to the clinic/hospital about the care you received?   |
|                                   | Incident handling   | 9. If you experienced mistakes or unnecessary problems in connection with your clinic visit/hospital stay, did the staff handle the mistake or problem in a satisfactory way?                                 |



## Suggested priorities for future R&D

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- 1 Assist countries in calculating the existing indicators
- 2 Bundle process indicators with outcome indicators
- 3 Broaden measurement of adverse events in acute care
- 4 Extend measurement of safety to long term care
- 5 Build capacity for measurement of safety culture
- 6 Integrate patient voice in reporting safety experiences



# US National Patient Safety Foundation

|                     | Tactics  | Rationale   | Audience                                    |
|---------------------|--|---|---|
| Process and Outcome | Create a portfolio of national standard patient safety process and outcome metrics across the care continuum and retire invalid measures.                        | Relevant measures of patient safety and harm are lacking, and some current measures are ineffective.  | HHS (AHRQ, CDC, CMS)<br>NQF<br>Researchers  |
| Prevention          | Develop processes and tools to identify and measure risks in real time to proactively manage hazards (e.g., identify the early signs of clinical deterioration). | Much of safety measurement is retrospective rather than prospective.  | Researchers<br>Vendors                      |
| Actionability       | Improve safety reporting systems to ensure that appropriate systems improvements are implemented and that timely feedback is provided to all involved.           | While significant effort has been spent on reporting systems, often little value is added in terms of actual improvements. More work is needed to identify and better understand what forms of reporting work best to improve safety. | Health Care Organizations<br>HHS<br>Vendors |
| Continuum of Care   | Develop measures of safety in settings throughout the care continuum and develop financial and non-financial incentives for innovation and improvement.          | Very few measures of patient safety exist for settings outside of the hospital.   | HHS (AHRQ, CDC, CMS)<br>NQF<br>Researchers  |



# PaRIS

## Patient – Reported Indicators Survey

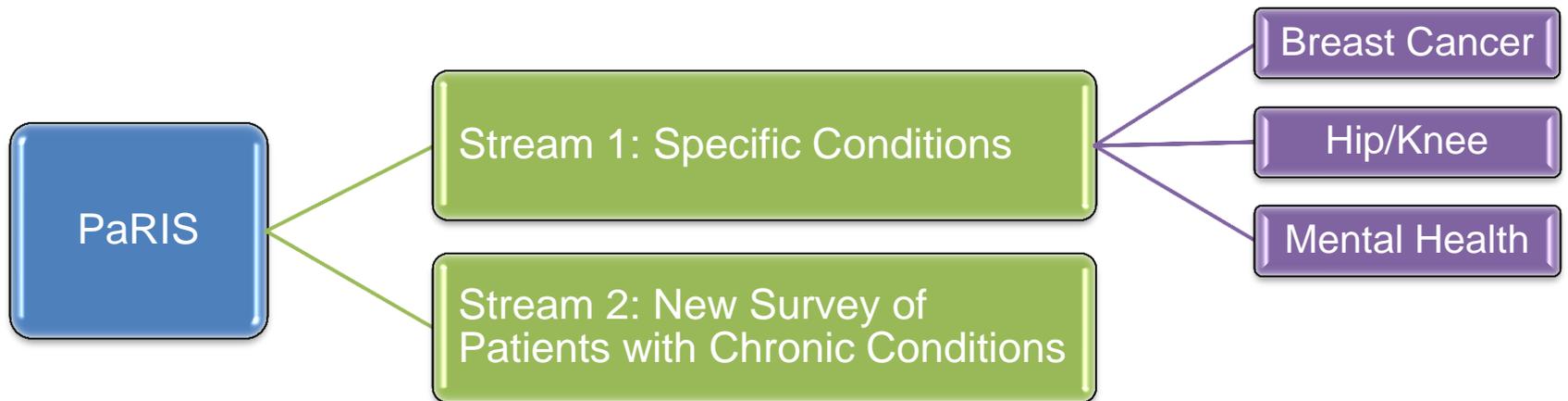
The next generation of OECD health statistics





# Key streams of activities

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# Condition specific PROMS

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## Hip and Knee Replacement

- Working Group been meeting since Nov 2017
  - R&D work lead by CIHI in Canada
  - Australia, Finland, France, Italy, Netherlands, Slovenia, Sweden, UK, US
  - Next meeting in June will look at preliminary pilot data tools
- 



## Breast Cancer

- Working Group been meeting since Jan 2018
  - R&D work led by OECD.
  - Australia, Canada, Finland, France, Israel, Korea, Netherlands, Norway, Sweden , UK, US
  - Next meeting in June/July will consider broad approach to pilot data specification
- 



## Mental Health

- Workshop held in May 2018, WG currently being established
- R&D work to be led by Denmark
- Canada, Estonia, France, Israel, Japan, Korea, Netherlands, Norway, Spain, Sweden, UK
- Initial meeting In July will further scope issues for ongoing development



## Over the next 18 months...

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1

Generate early data outcomes by Aug 2018

2

Pilot data collection during 1<sup>st</sup> quarter 2019

3

Publication in *Health at a Glance 2019*



# New international survey

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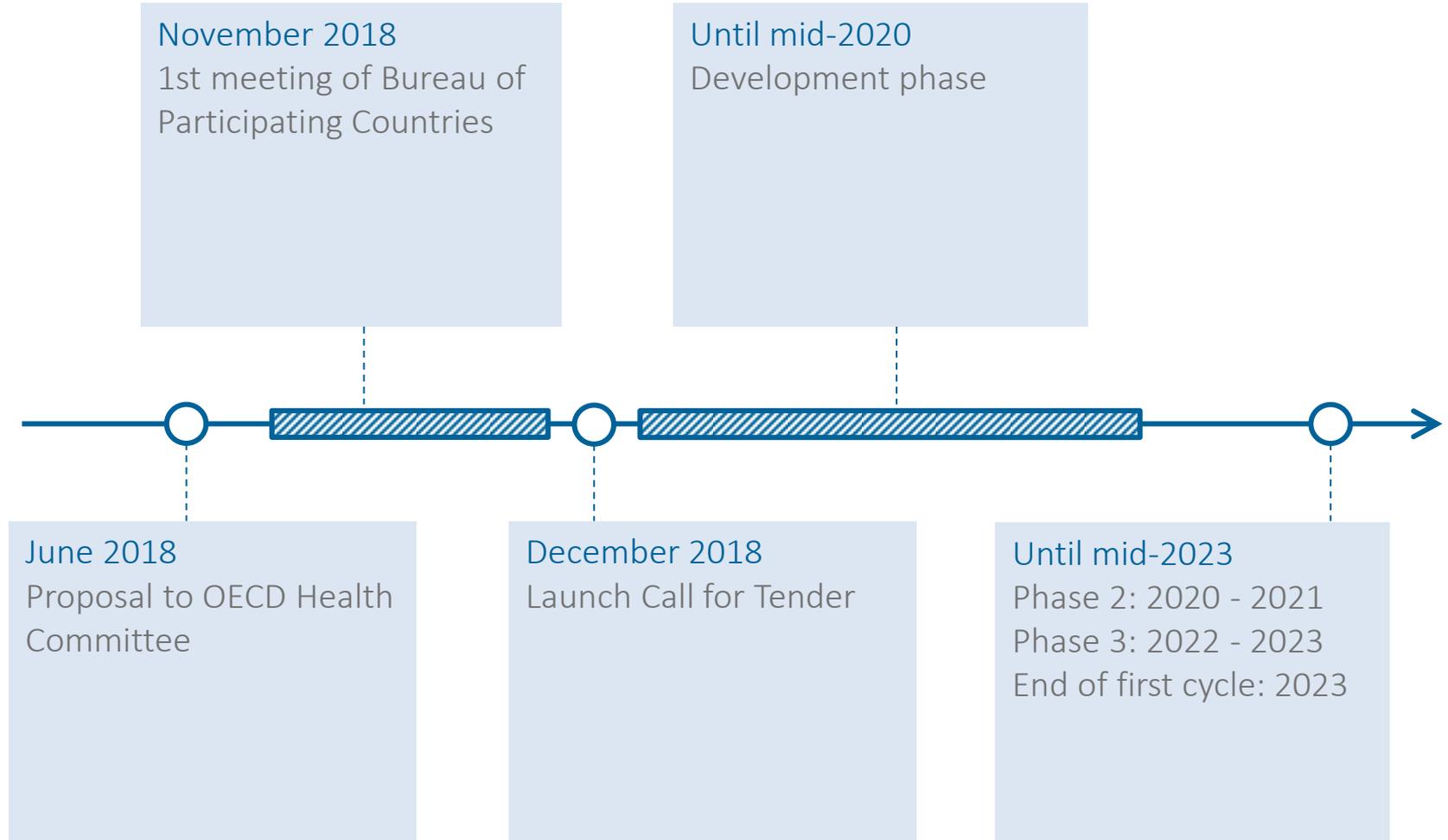
- Focuses on **people aged 40+ with multiple chronic conditions**
- Covers both **outcomes and experiences**
- Settings: **ambulatory/ primary care** (select best possible option to reach suitable patient populations internationally)
- Domains: Generic (overall health status); Physical functioning, Pain; Social functioning and participation
- Develop sampling design, methods to assure validity/risk-adjustment
- Plan to integrate digital technology to minimise data collection

## Governance

- Input from health professionals and patients
- Supported by technical groups and a high-level governance body



# Over the next 5 years...



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Thank you