



POLICY AND PRACTICE IN PATIENT SAFETY

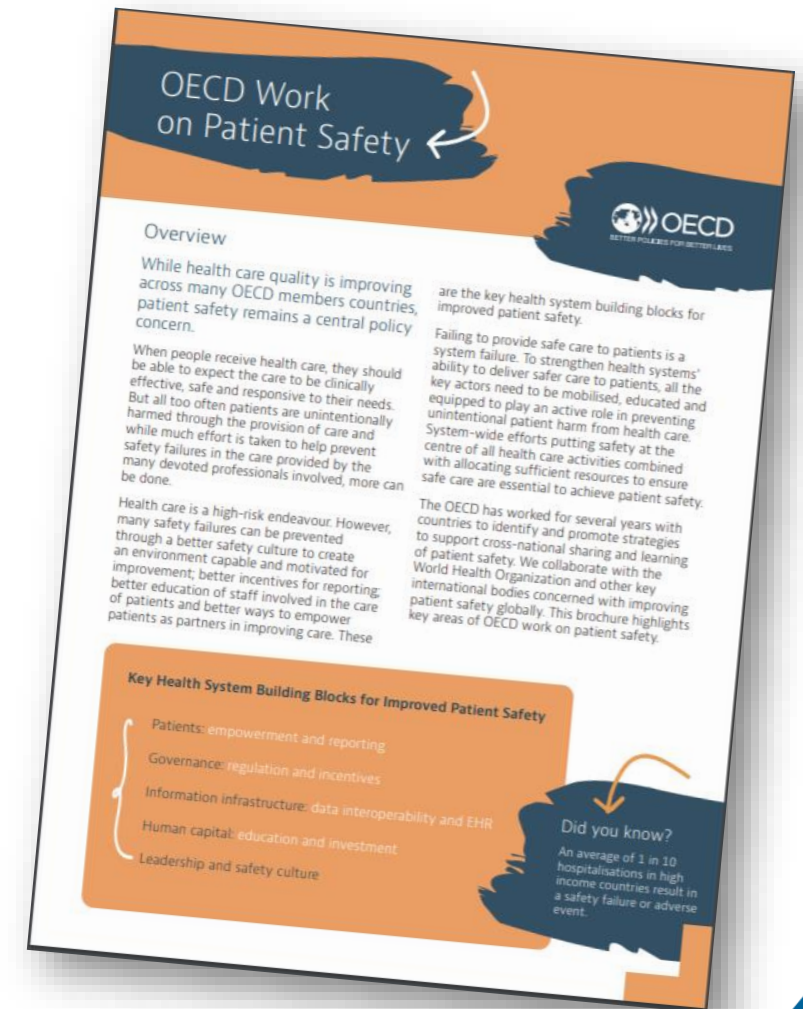
PATSAFE Conference 2022 Estonia, June 3th

Niek Klazinga MD PhD
OECD, Paris
Amsterdam University Medical Centre AMC/UvA



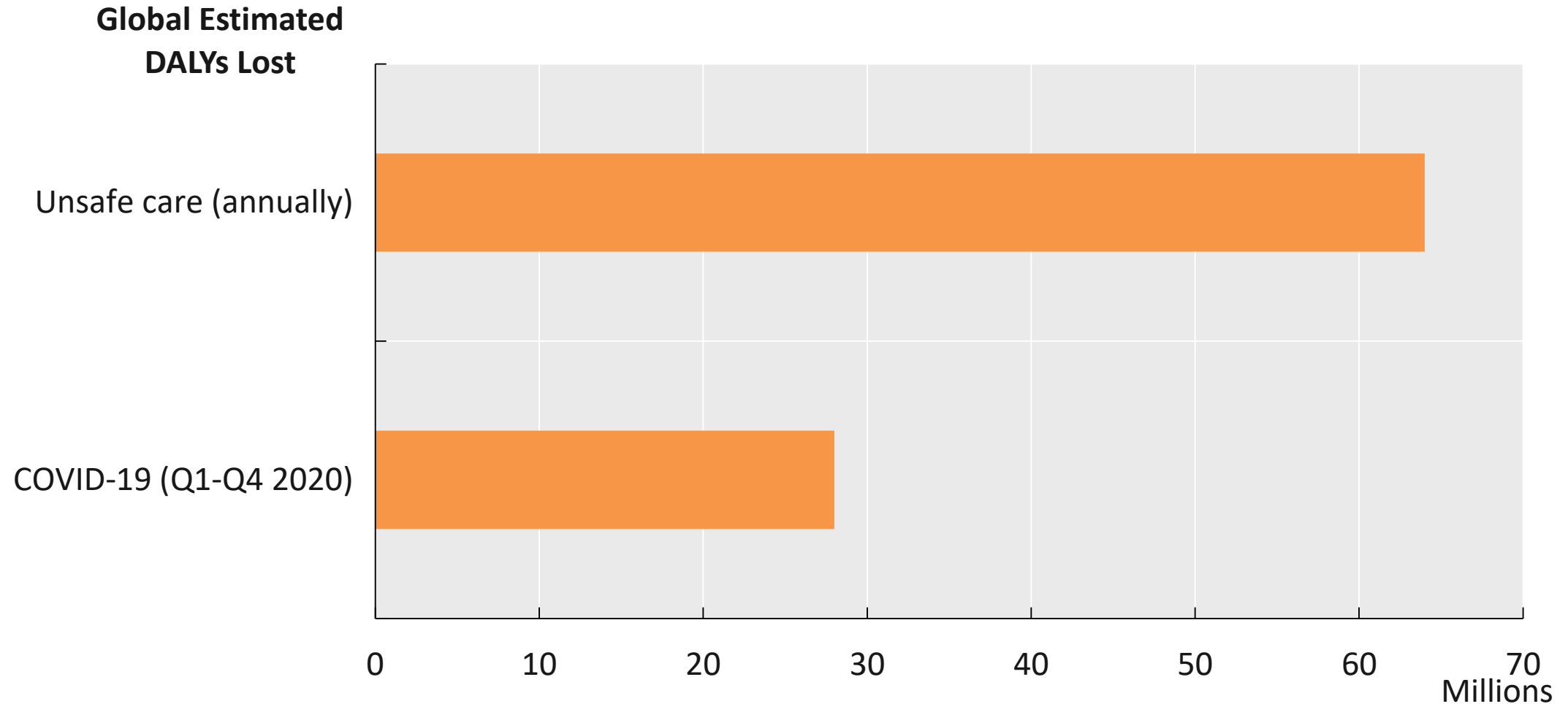
OECD Work on Patient Safety

- The OECD has been leading efforts to develop and establish internationally comparable patient safety indicators for over ten years
- An average of **1 in 10 hospitalisations** in high income countries **result in a safety failure or adverse event.**
- The cost of care related patient harm in hospitals is considerable, with **15% of hospital activity and expenditure estimated to be directly attributed to patient harm.**



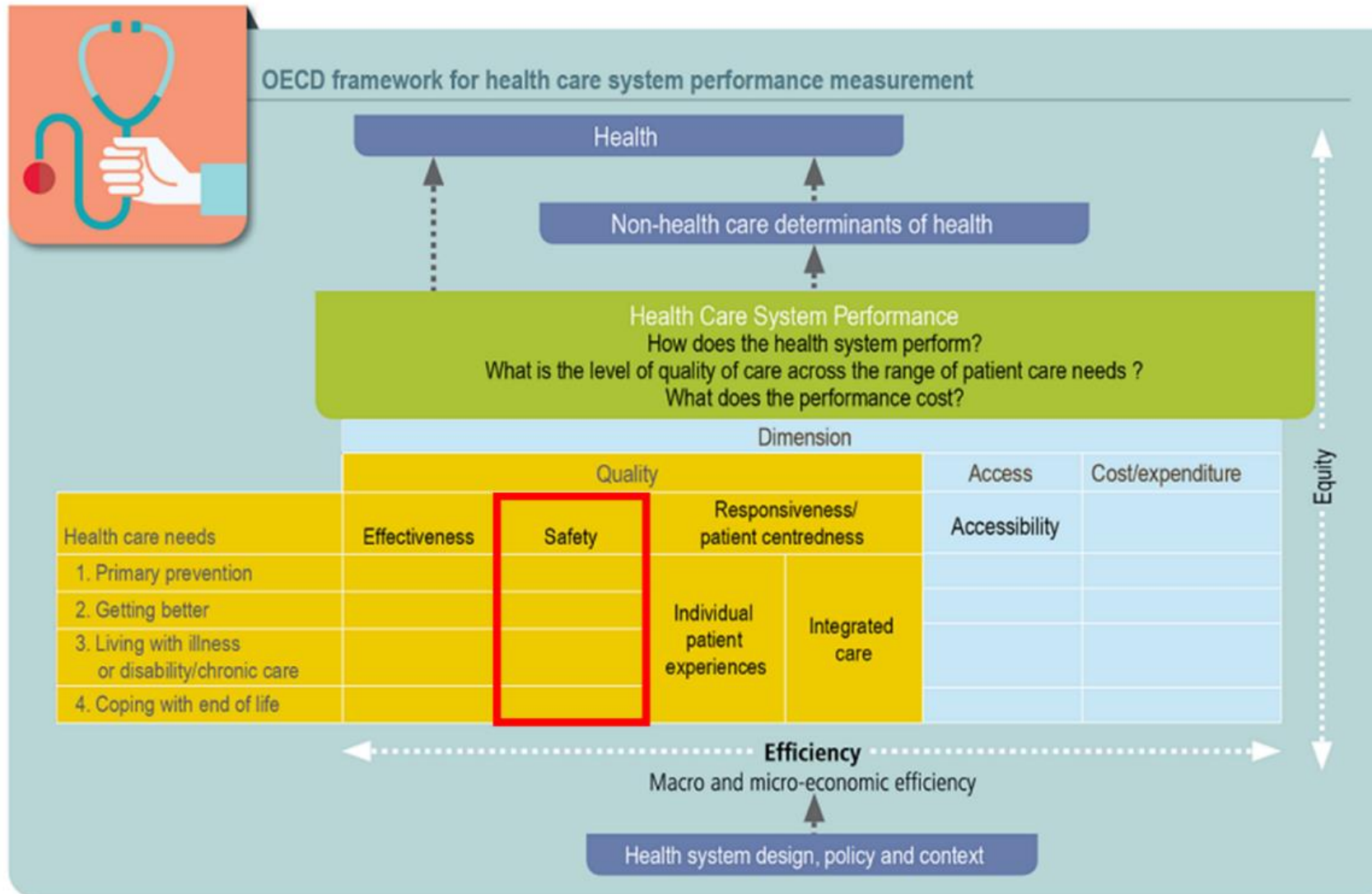


Comparative disease burden of COVID-19 and Patient Safety Failures



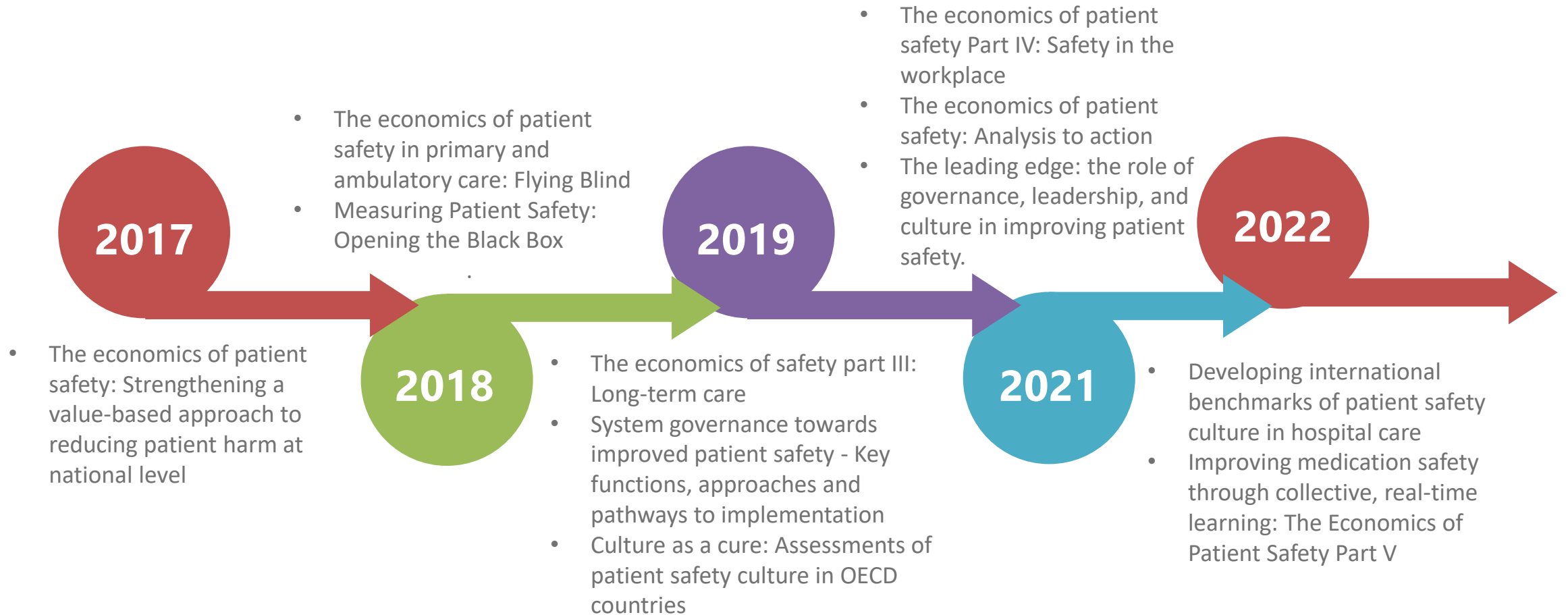


Safety is a core domain of the **OECD framework for health care system performance measurement**





The OECD has published over 10 dedicated Patient Safety Publications over the last five years





PATIENT SAFETY INDICATORS



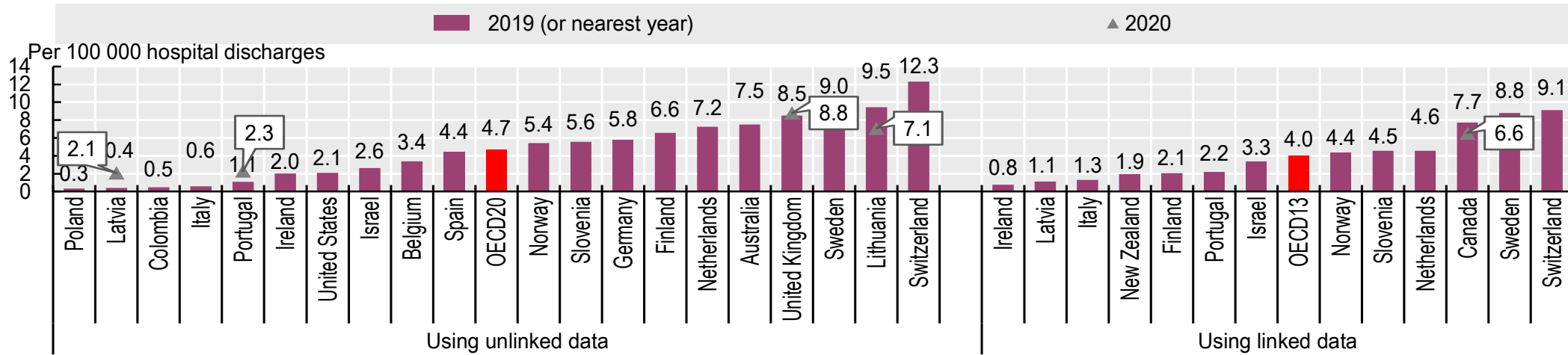
OECD Patient Safety Indicator Portfolio

Hospital Care Patient Safety Indicators	Primary Care Safe Prescribing Indicators	Long-Term Care Safety Indicators
<ul style="list-style-type: none"> -Retained surgical item or unretrieved device fragment -Postoperative pulmonary embolism – hip and knee replacement discharges - Postoperative DVT – hip and knee replacement discharges -Postoperative sepsis - abdominal discharges -Postoperative wound dehiscence – abdominal discharges -Obstetric trauma vaginal delivery with instrument -Obstetric trauma vaginal delivery without instrument - Healthcare associated infections 	<ul style="list-style-type: none"> - Adequate use of cholesterol lowering treatment in people with diabetes - First choice antihypertensives for people with diabetes - Long-term use of benzodiazepines and benzodiazepine related drugs by the elderly - Use of long-acting benzodiazepines in older people - Overall volume of antibiotics for systemic use prescribed - Volume of cephalosporines and quinolones as a proportion of all systemic antibiotics prescribed - Use of anticoagulating drug in combination with an oral NSAID - Polypharmacy rates amongst the older people - Overall volume of opioids prescribed - Proportion of the population who are chronic opioid users - Proportion of older population prescribed with antipsychotics 	<ul style="list-style-type: none"> - Pressure ulcer prevalence - Healthcare associated infections <div data-bbox="1760 644 2530 975" style="background-color: #00838f; color: white; padding: 10px; text-align: center;"> <p>New for Health at a Glance 2021</p> <p>Patient Safety Culture & Patient reports of patient safety</p> </div>

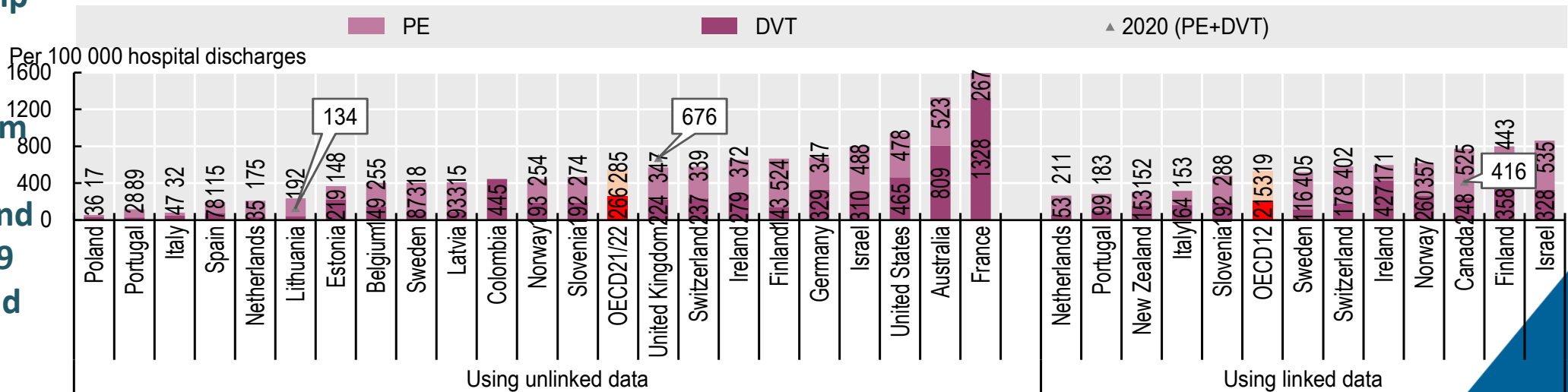


OECD Acute Care Patient Safety Indicators

Foreign body left in during procedure, 2019 (or nearest year) and 2020



Adverse events in hip and knee surgeries: postoperative pulmonary embolism or deep vein thrombosis in hip and knee surgeries, 2019 (or nearest year) and 2020



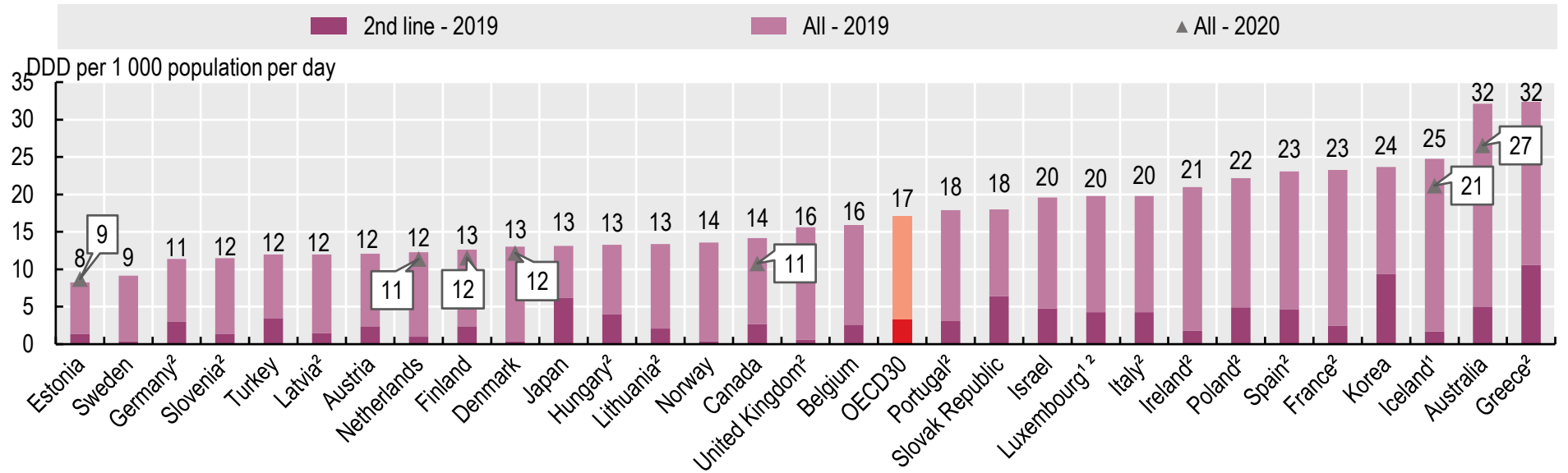
Note: 2020 data for the United Kingdom are provisional and include England only. For Canada, 2020 estimate is based on provisional 1 April to 30 September data from all jurisdictions except Quebec.

Source: OECD Health Statistics 2021.

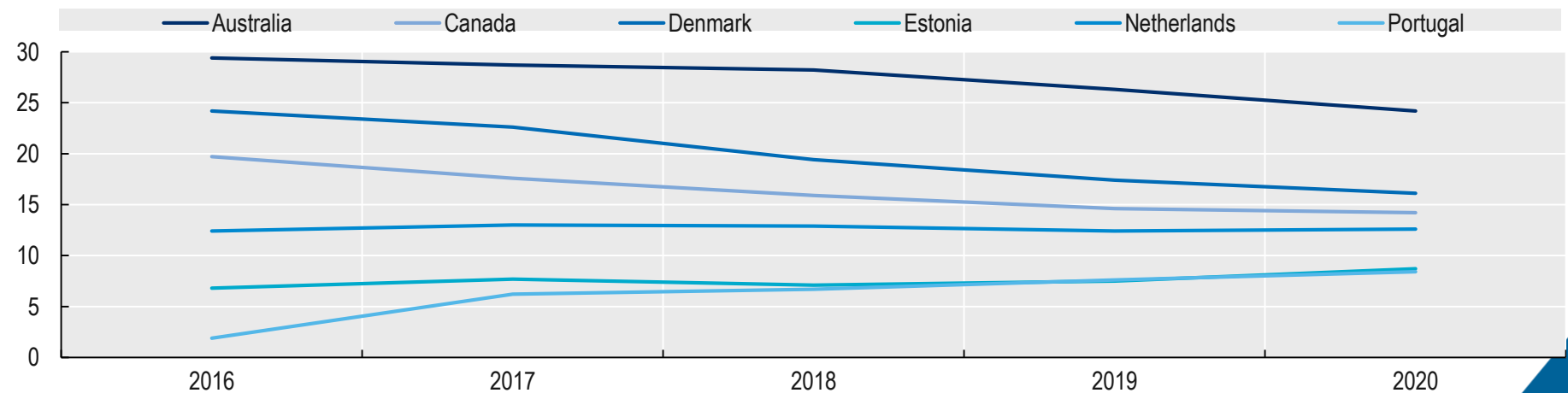


Safe Prescribing: Opioids

Overall volume of antibiotics prescribed, 2019 (or nearest year) and 2020



Rates and trends of volumes of opioids prescribed in selected countries vary, selected countries (DDDs per 1000 population per day)



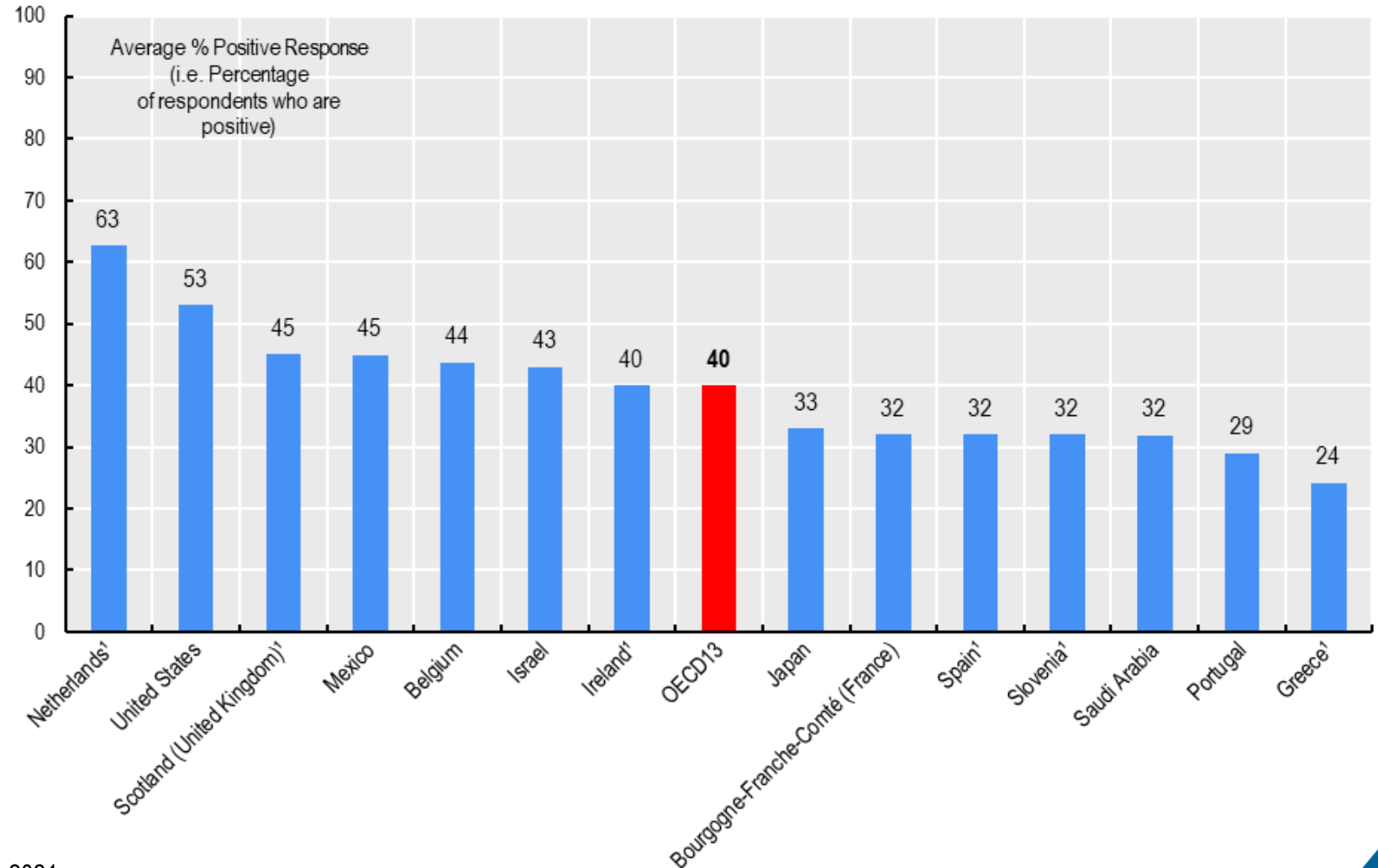


Perceptions of **Staffing** among Health Workers as a domain of Patient Safety Culture

40%

Of hospital staff think staffing levels at their workplace are appropriate for ensuring patient safety

More than half think staffing levels are too low to ensure safe care



1. Data older than 2015.

Source: OECD Patient Safety Culture Pilot Data Collection 2020-2021

Note: The most recent year of available data on this domain is presented for each country (Data identified with a ¹ is from 2015-2005. All other data 2021-2015). The data presented includes Saudi Arabia, an OECD non-member country, which is not included in the OECD average. Definition of Staffing: There are enough staff to handle the workload and work hours are appropriate to provide the best care for patients.



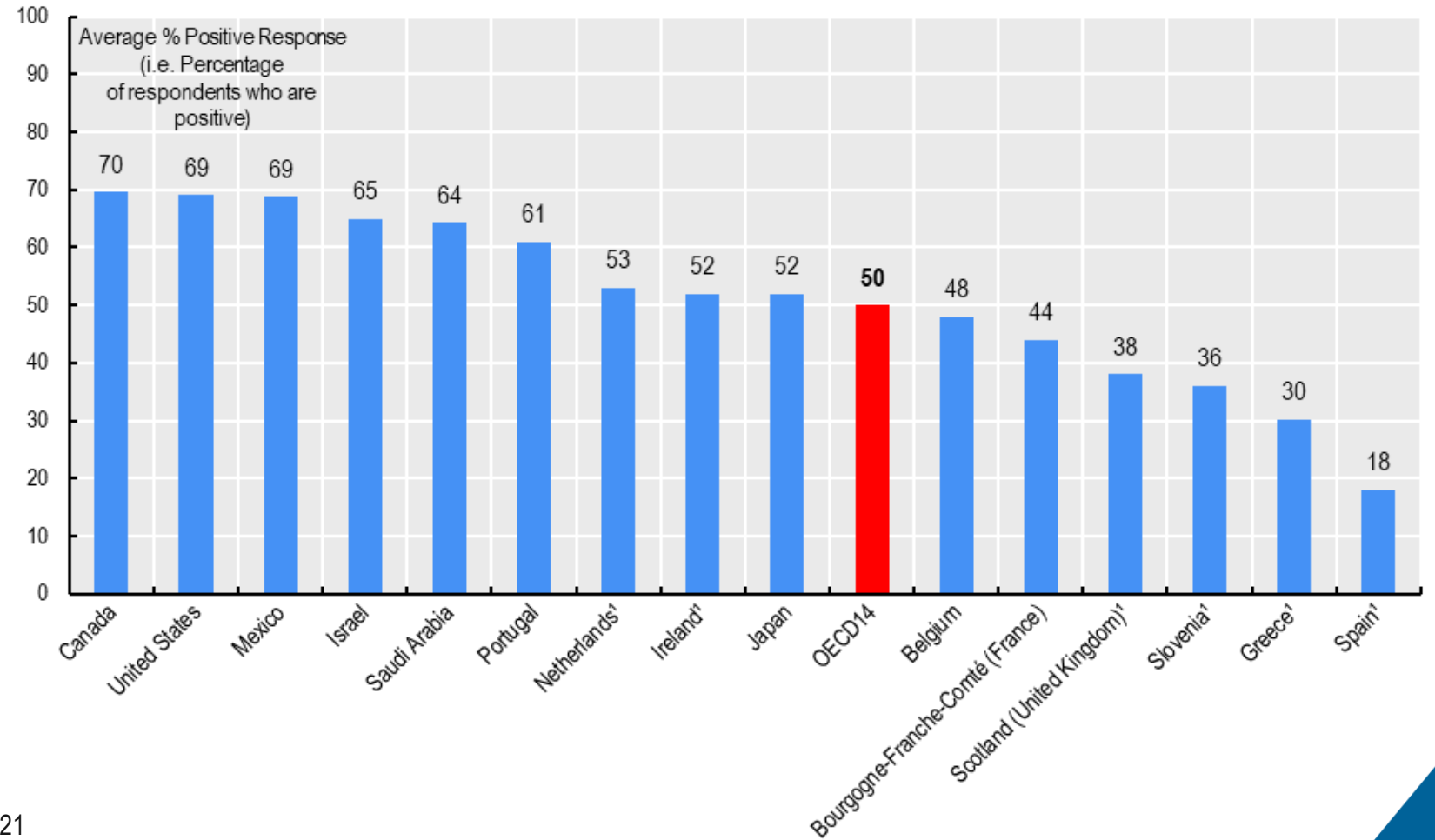
Perceptions of **management support** for patient safety among health workers.

50%

Half of workers believe that their hospital management provides a work climate that promotes patient safety and shows that patient safety is a top priority



Leadership support is an essential part of building a strong safety culture and patient safety could become a higher priority for leadership



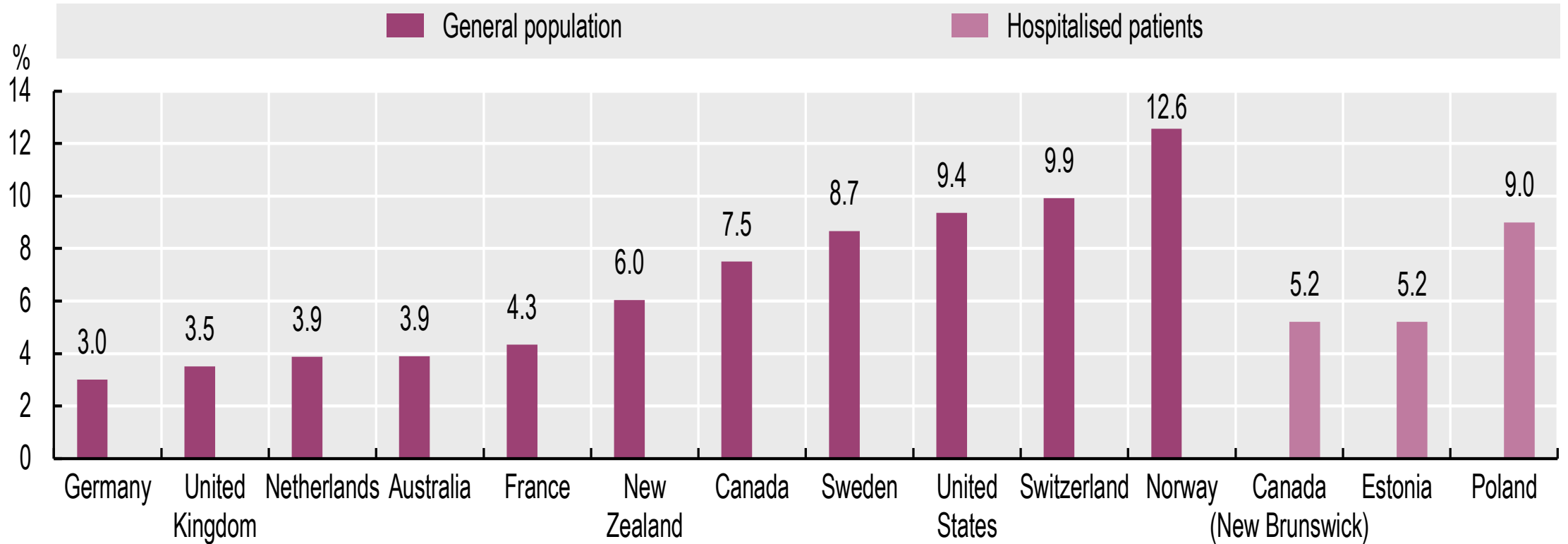
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Patients reporting that a **medical mistake** was made during treatment or care, 2020 (or nearest year)

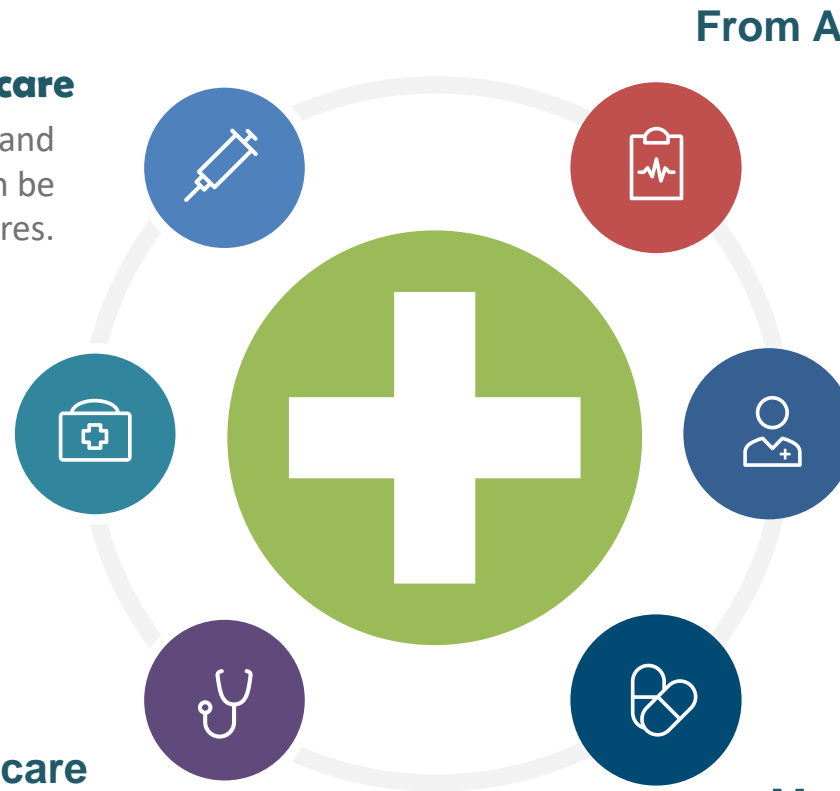




PATIENT SAFETY POLICY ANALYSIS



The Economics of Patient Safety



Hospital care

15% of hospital expenditure and activity in OECD countries can be attributed to treating safety failures.

Primary Care

Safety lapses resulting in hospitalisations each year may count 6% of total hospital bed days and more than 7 million admissions in the OECD

Long-term care

The total cost of avoidable admissions to hospitals from LTC facilities in 2016 was almost USD 18 Billion.

From Analysis to Action

Total costs of preventable safety events totals as much as USD 606 Billion a year in developed countries, just over 1% of OECD countries' combined economic output.

Health Care workforce Safety

Patient safety efforts should seek to improve both patient and worker safety simultaneously, given the indelible relationship between staff working environments, patient safety, and occupational safety (more on the next slides)

Medication Safety

Costs from avoidable admissions due to medication-related events and added length of stay due to preventable hospital-acquired adverse medication reactions total over USD 54 billion in OECD countries (more later in the presentation)



COVID-19 crisis has... and is still...bringing recognition to the **occupational hazards** of health workers

- Health workers have been overrepresented in terms of **COVID-19 infections and mortality**, as well as **physical and mental strain** caused by the demands of the ongoing COVID-19 crisis.

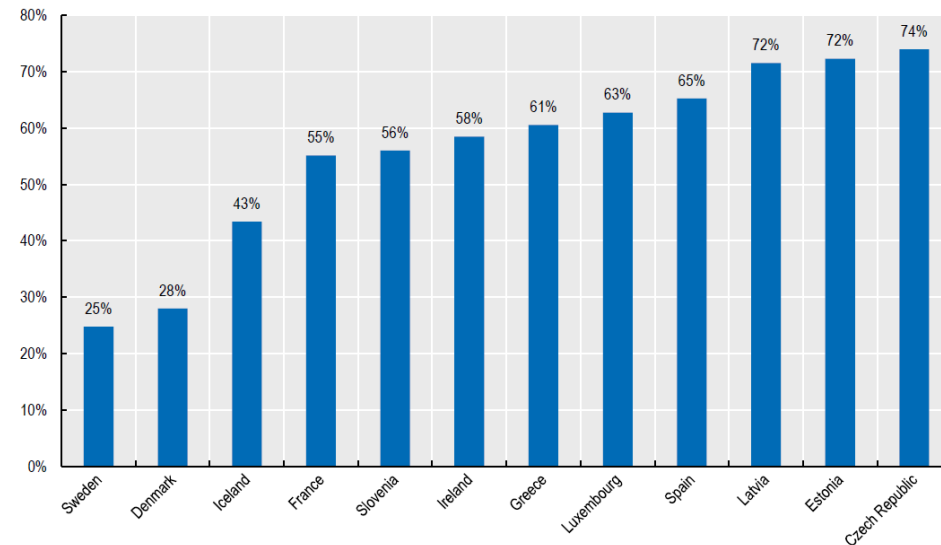
'Nursing Is in Crisis': Staff Shortages Put Patients at Risk



Health staff worried as Delta wave to crash on Queensland hospitals

Healthcare & Pharmaceuticals
Each COVID-19 surge poses a risk for healthcare workers: PTSD
By Lisa Baertlein

Percentage of health workers who had received two COVID-19 vaccination doses, selected countries [as of 05 May 2021]

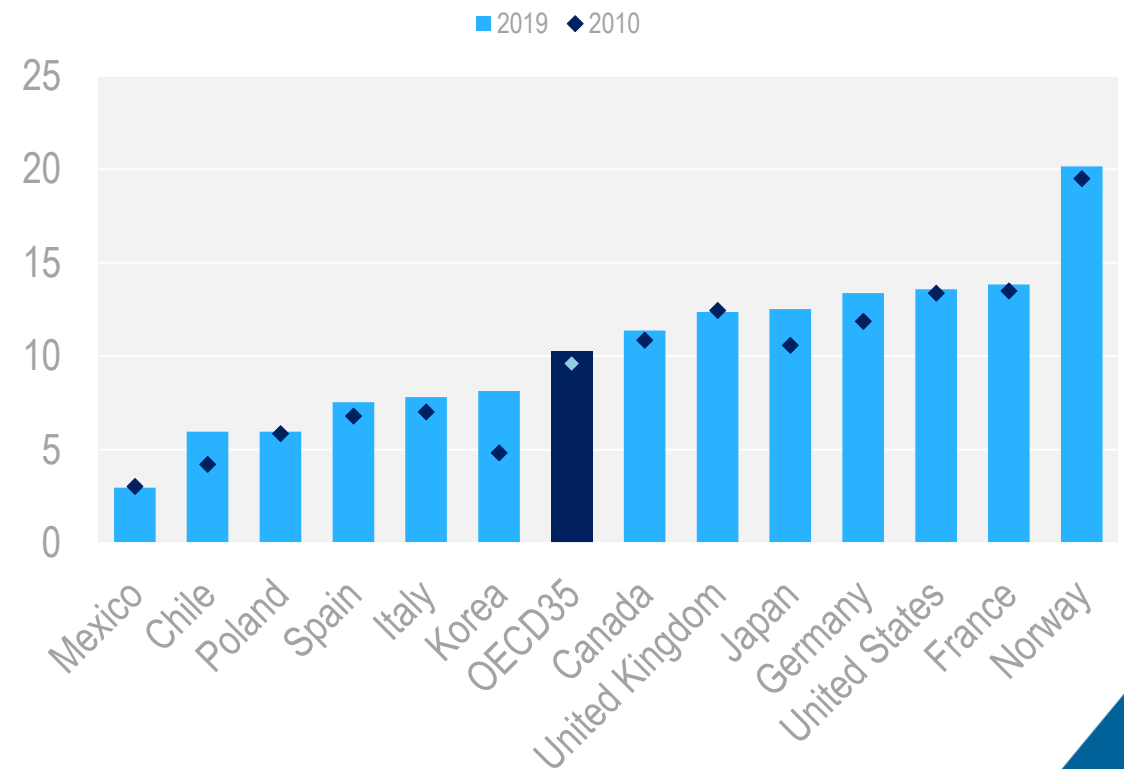




Improving safety not only improves patient outcomes, but it also improves the **financial bottom line** for health systems

- Health and social care systems now employ **more workers than ever before**.
- Workplace injury and harm in health care settings include infection, interpersonal violence, physical injury, and mental ill-health.
- Improving worker well-being has intrinsic value, but it also **lowers the costs** of occupational harm (estimated at up to **2% of health spending**) and contributes to minimising patient harm (estimated at up to **12% of health spending**).
- **But how do we get there...**

Growing share of health and Social Employment in total employment (selected OECD countries)





Creating the **right conditions** for a safe working environment across a health system

A focus on working conditions and culture

- Establishing the right policy and regulatory environment.

Models that empower workers with adaptive capacity

- Agency and capacity (within limits) to adapt how they carry out their tasks.
- Noting that some aspects of health care will always require strict protocols, rules, and standardization.

Aligning clinical risk management with corporate and professional risk

- Foundational and structural domains such as culture, communication and governance influence procedural domains, which in turn affect the health and well-being of workers, as patient outcomes.

Measures of worker safety

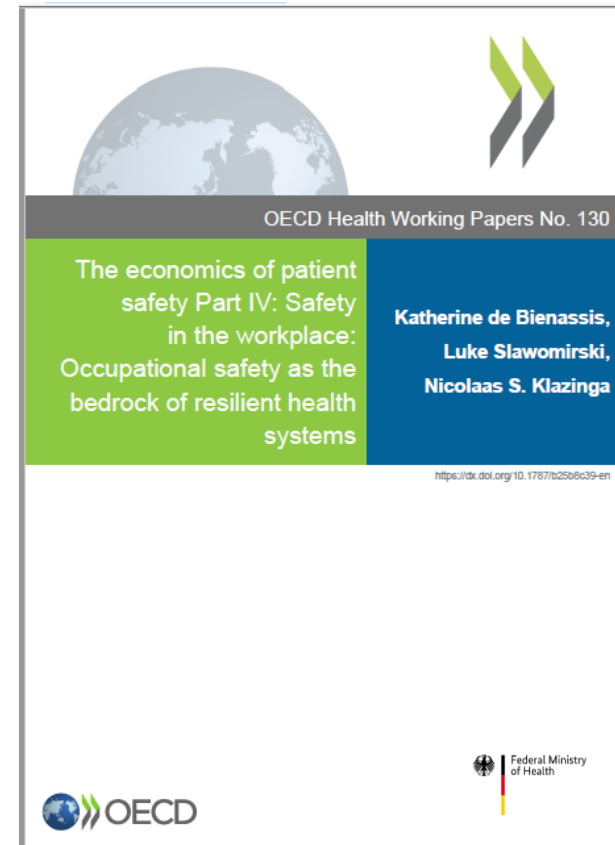
- Compliment to current commonly used patient safety and health care quality metrics.



Investing in health worker well-being to enhance health system resilience

Investment in promoting health worker safety **simultaneously addresses two sources of avoidable expenditure in health care systems**. This super-additive effect means that much can be gained from placing healthcare worker safety within a patient safety governance and policy framework.

- Countries should adopt policies that enable a **flexible workforce** with appropriate safeguards.
 - putting parameters around local adaptability
- The health workforce needs to be supported through **concrete policy actions and appropriate resources**.
 - PPE, testing, and vaccination
 - legal protections, psychological support, and promotion of employee well-being.
- Furnish workers with the skills and knowledge needed to **deploy change**.
 - Teams equipped to successfully plan, implement and assess improvement initiatives.
- Promoting well-being and safety in the workplace—**beyond preventing harm**.



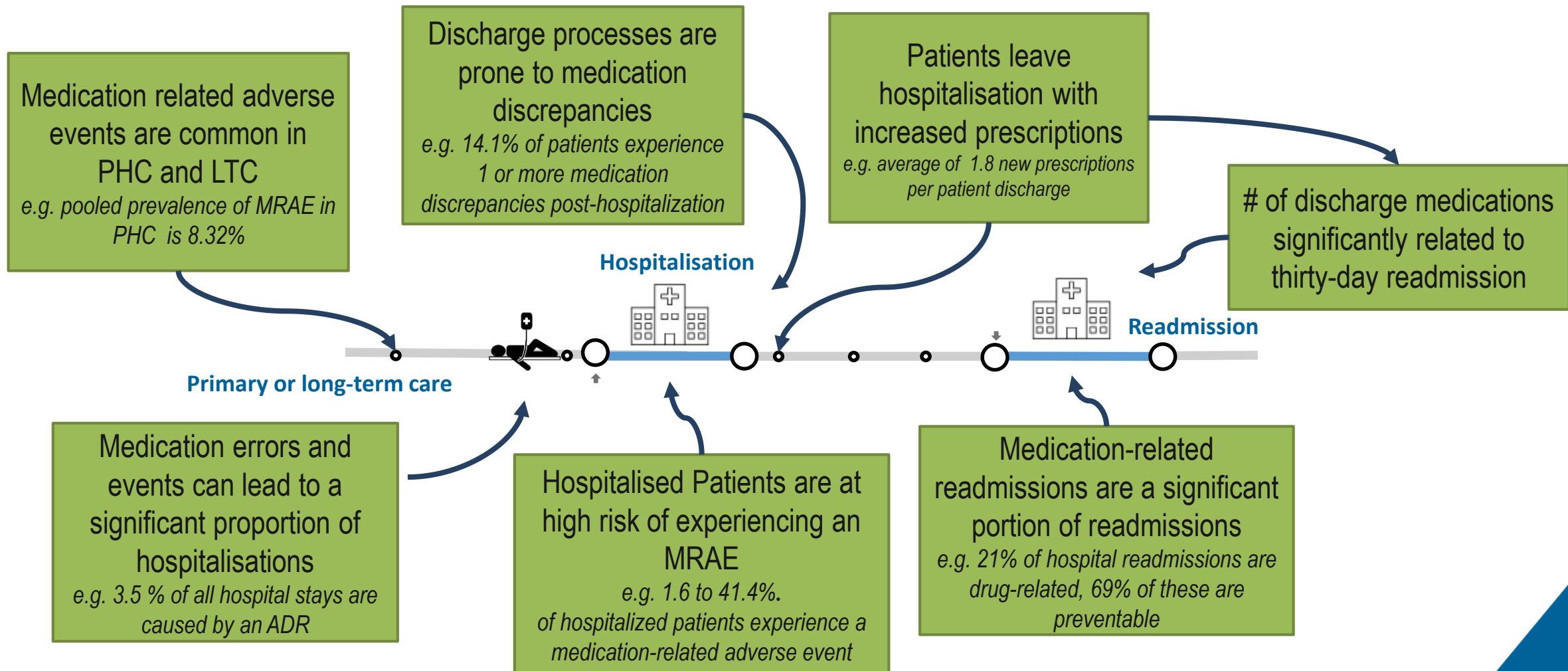


WORK IN PROGRESS

**THE ECONOMICS OF MEDICATION
SAFETY**



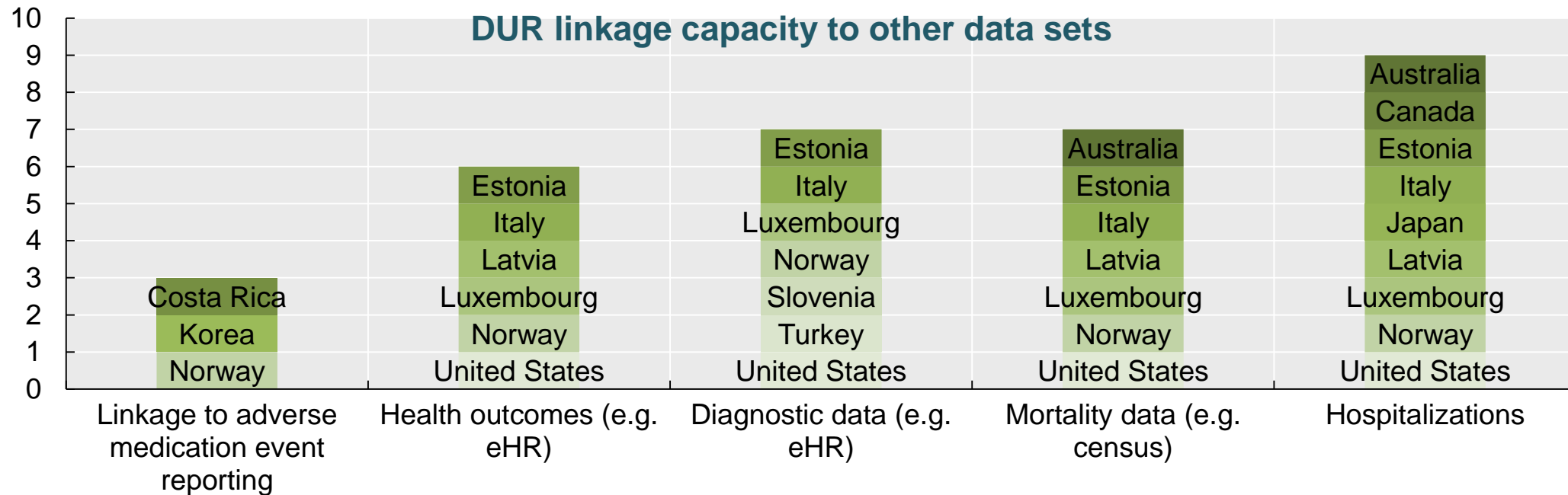
Medication safety is a **compounding** problem





Scope of Drug Utilisation Review Systems in OECD Countries

70% of surveyed countries have systems in place to conduct **drug utilisation review on a national level**



Note: N=20 responding countries, Countries may be counted in multiple categories. In Italy data are linkable at the regional level only.
Source: OECD survey on the assessment of the adoption of systems and interventions to improve medication safety, 2022



Use of DUR data for **provider feedback, quality improvement, and policy purposes**

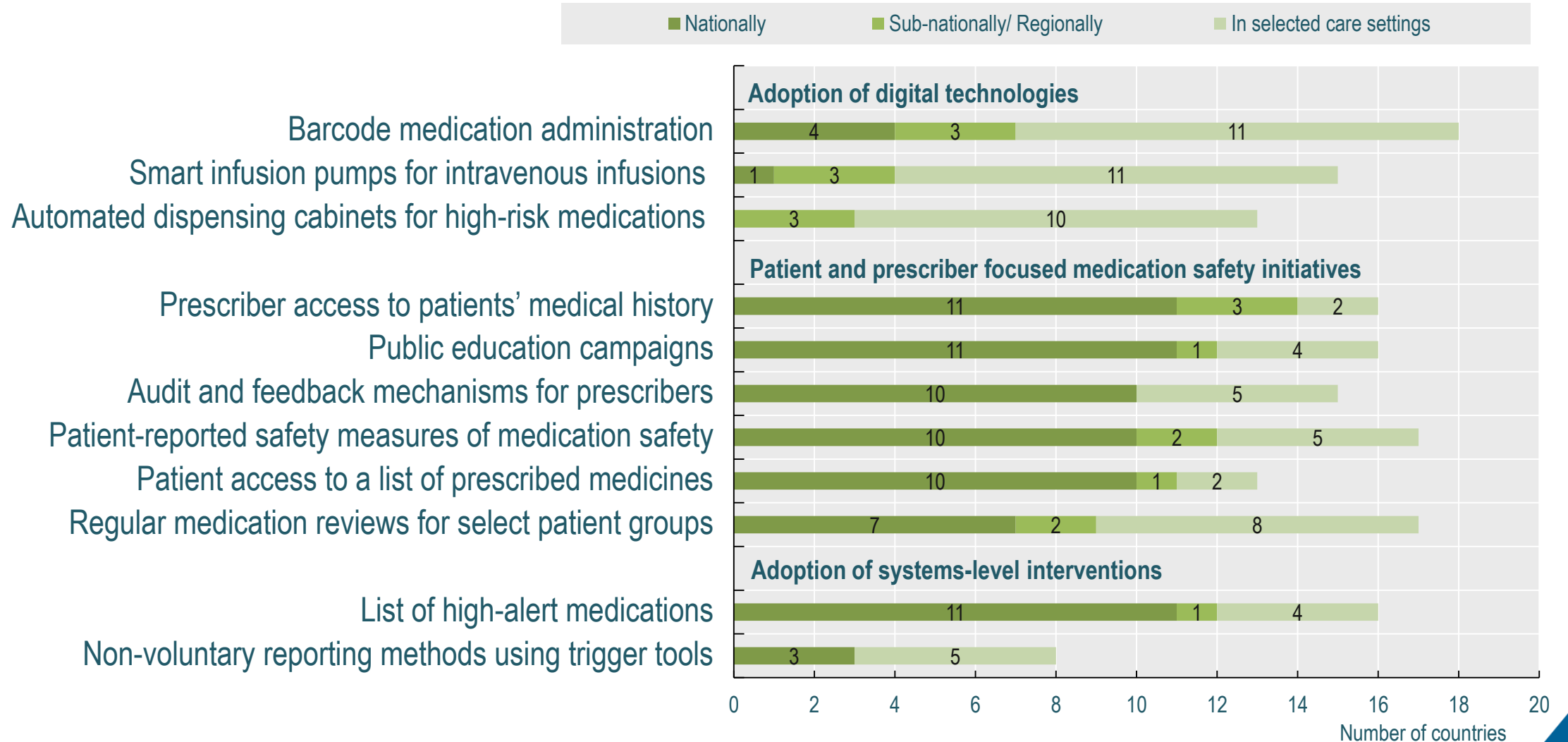
Domain	Use of DUR data	Implementing Countries
Clinician/ prescriber feedback	Clinician-level alert system	Estonia, Republic of Korea, Netherlands, United States
	Practice-level prescribing	Costa Rica, Netherlands, Portugal, United States, Turkey, Luxembourg
	Individual clinician prescribing	Estonia, Japan, Republic of Korea, Netherlands, United States, Turkey,
	Real time dispensing decision support for pharmacists	Estonia, Netherlands, Republic of Korea, United States
	Facilitates interactions between clinicians and pharmacists/others	Estonia, Netherlands, Portugal, United States
Quality improvement	Local practice guidelines for prescribing	Costa Rica, Estonia, Netherlands, Portugal
	Professional standards	Netherlands, Portugal, Luxembourg
	Practice performance indicators	Estonia, Norway, Italy, Republic of Korea, Netherlands, Portugal, United States, Turkey
	Audit studies	Estonia, Netherlands, Portugal
	Structured dialogue between clinicians and pharmacists	Netherlands, Portugal, United States
	Linked to clinical care guideline development and evaluation	Estonia, Norway, Netherlands, Portugal, United States
Policy Purposes	Reimbursement coverage decisions	Estonia, Germany, Norway, Italy, Portugal, Australia, Republic of Korea, Luxembourg, Switzerland
	Formulary inclusion	Costa Rica, Italy, Japan, Portugal, Luxembourg

^[1] The “rate of prevention of overlapping prescription” was implemented in 2020 as a patient safety indicator from Indicators for the Healthcare Quality Evaluation Grant initiative of Korea National Health Insurance Program. This indicator is calculated based on DUR data.

^[2] In principle, prescription of drugs with drug-drug interactions and age and pregnancy contraindications are not reimbursed (under the NHI). If these drugs were medically necessary, the reasons for prescription and dispensing must be specified on the claim, and the appropriateness of the



Digitization and medication safety initiatives by level of adoption by country





The dynamics created by COVID-19 can be used to accelerate change

- Improving the **functionality of data** for monitoring medication safety in real time
- Investing in **person-centred medication** and addressing the behavioural aspect of improving medication safety outcomes
- Capitalising on COVID-19 related **improvements in access**, including care in pharmacies and digital health

Improvements to key national personal health datasets as a result of COVID-19

Number of countries/regions



Note: For the purposes of this figure, Scotland, Northern Ireland, and Wales, are represented independently. • Source: OECD (2022), [Health data and governance developments in relation to COVID-19](#).



Contact: Katherine.debienassis@oecd.org



WORK IN PROGRESS

**THE IMPACT OF COVID-19 ON
SAFETY GOVERNANCE**

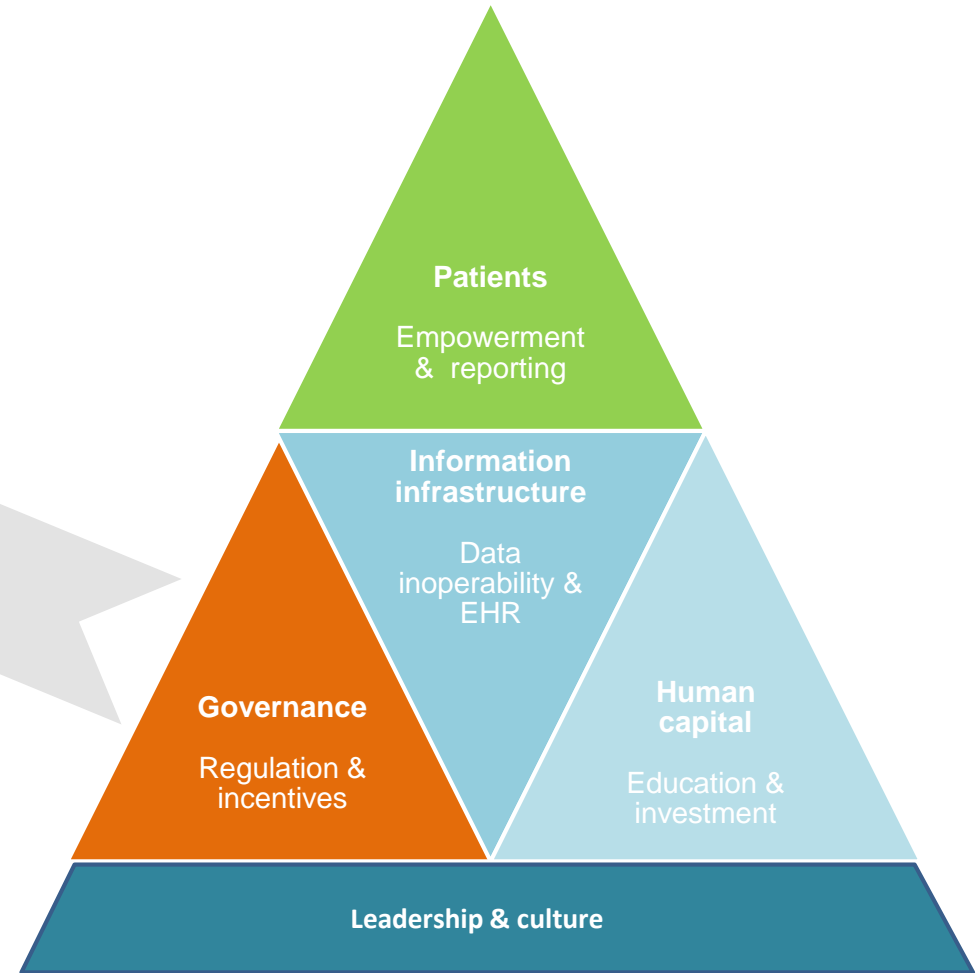
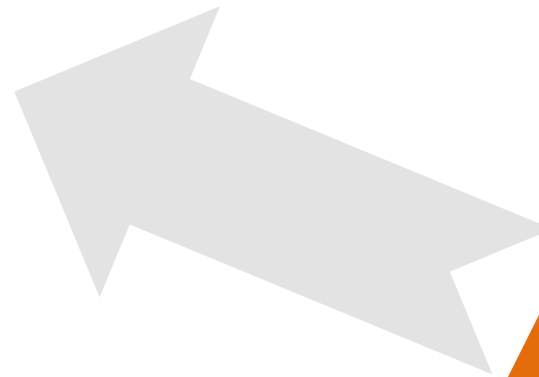


System governance is a lever for improving patient safety

Leadership and culture are fundamental to patient safety



There is no one size fits all regulatory model—it depends on the underlying health system





2020 *System governance towards improved patient safety* □ **key messages**

The scope of patient safety governance should include **all healthcare sectors and settings**.

Safety governance should foster **continuous learning from both harm *and* success**.

The basis of safety governance must be what is best for the patient, whose perspective should be included.

Governance should foster a **culture openness and trust** among health professionals and regulatory frameworks.

Safety governance should incorporate **data privacy/security policies and workforce preparedness**.

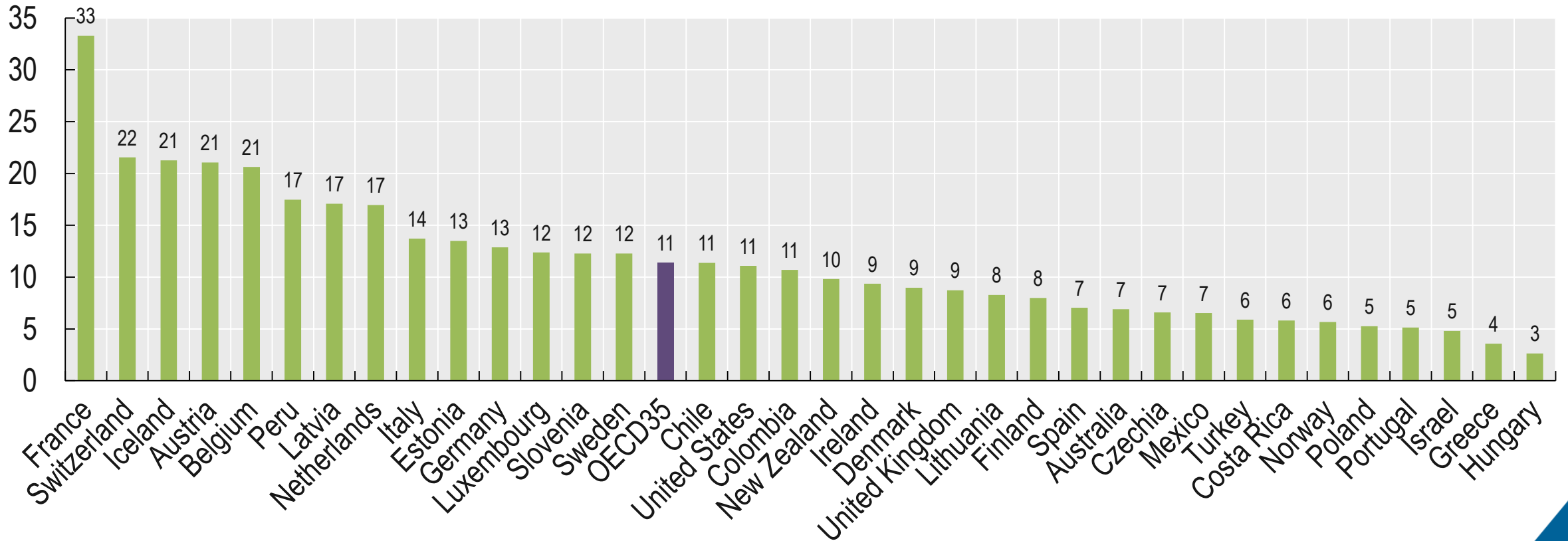
Safety governance should encourage healthcare financing and investment that **balances failure costs with prevention costs**.

Political leadership should keep putting patient safety at the top of its health policy agenda and ensure implementation of patient safety strategies.



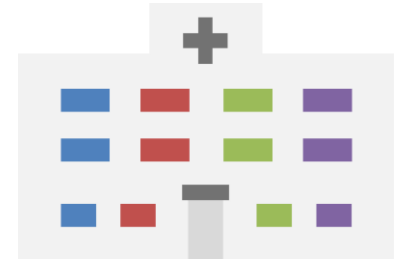
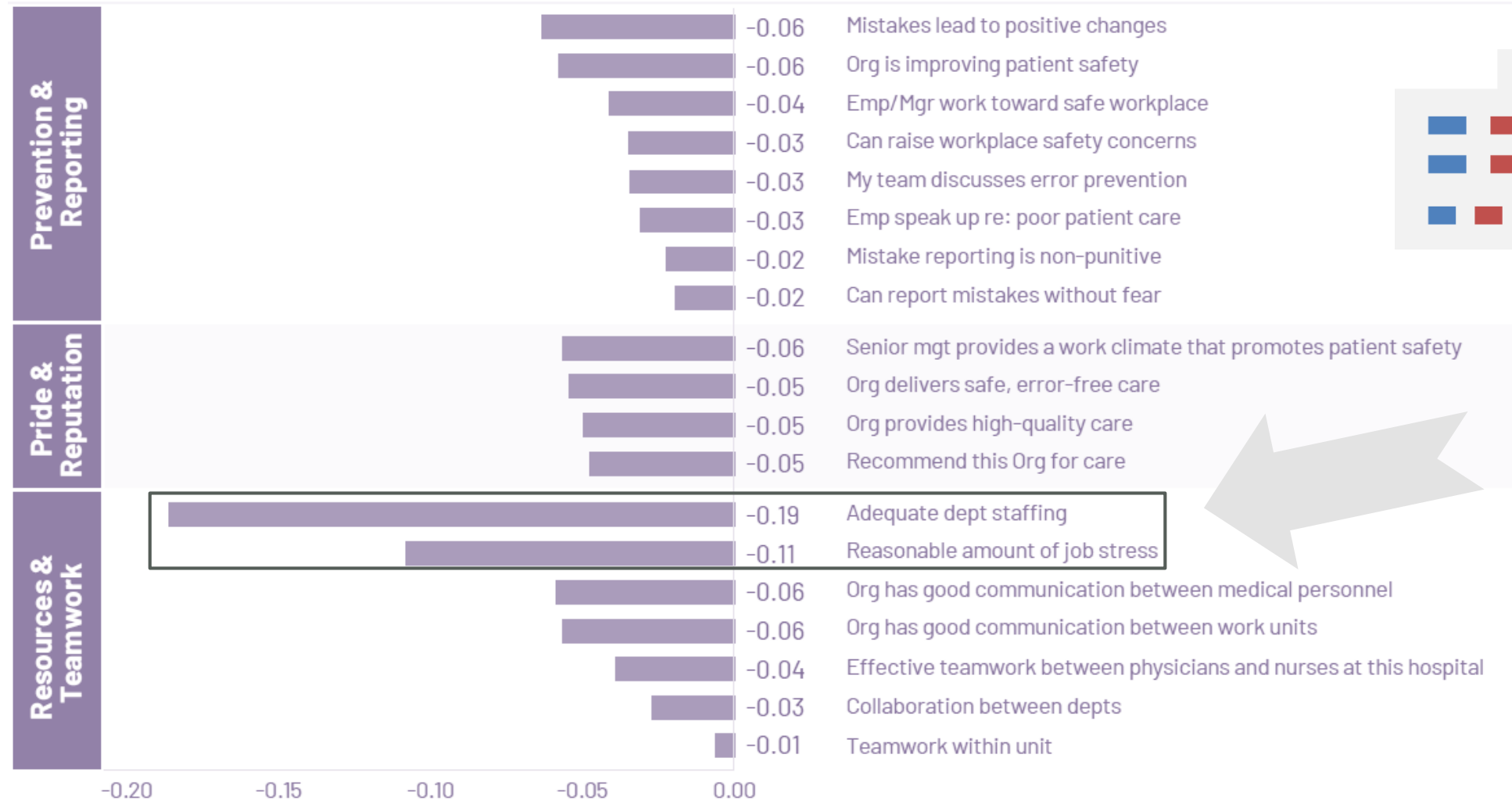
Trust in was **already low** before COVID-19

Before COVID-19, one-in-ten people thought vaccines were unsafe





Patient safety culture among health workers in the United States has declined



Note: US health providers using Press Ganey Patient Safety Culture Questionnaire (2021 vs. 2019)

Source: (Press Ganey, 2022_[106])



WHERE TO NEXT IN ESTONIA



Where to next?

01



Healthcare workforce Safety and Well-being

02



Resilience engineering and adaptive capacity

03



Patient Safety Culture in long-term care and primary care



THANK YOU AND STAY SAFE

<https://www.oecd.org/health/>