

# QUALITY OF CARE AND PATIENT SAFETY: CORNERSTONES OF THE LEGISLATION

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“ A STRONG PATIENTS' VOICE TO  
DRIVE BETTER HEALTH IN EUROPE ”

# Who we are ?

Countries: Austria, Czech Republic, Hungary, Slovakia and Slovenia



# About AOPP



Asociácia na  
ochranu práv  
pacientov v SR



National coalition of patients organizations in Slovakia

## Association for patients rights protection

Full member EPF since 2011

Member of IAPO

Patient contact point in Slovakia for Parliament, MoH, EC  
representation in Slovakia, Insurance association

78 full and associated patients organizations

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## Article 4

- ✓ **Member States** should take into account the principles of universality, access to good quality care, equity and solidarity and to apply the principle of non-discrimination.[Art. 4(1) and (3)]
- ✓ MS should **have in place and apply** clear quality and safety standards for healthcare providers ... as well as Union legislation on safety standards [Art. 4(1)b-c].
- ✓ This **information** has to be made available to patients [Art. 4(2)a].
- ✓ **Providers must give patients the information** they need to make an informed choice [Art 4(2)b]

## Article 10

- ✓ MS to “render **mutual assistance** and to **cooperate** with each other” ... particularly concerning standards and guidelines for **quality and safety of healthcare**, and the **exchange of information between the national contact points** [Art. 10(1-2)]
- ✓ Information regarding a **professional’s right to practise** must be given upon request to other MS [Article 10(4)]
- ⚠ Patients should check with NCP regarding HCP qualifications

# Continuity of care

- ✓ If a medical follow-up proves necessary after their return home, the **home country must provide the same follow-up as for treatment received at home** [Art 5(c),(d)]
- ✓ Patients are entitled to a copy of their medical record [Article 4(2)(f)]

But...

- Medical guidelines are different
- Translation of medical record?
- Availability of follow-up treatments

Directive is vague – patient feedback is key



# What if something goes wrong?

- ✓ Every MS: **complaints procedures** and mechanisms for patients to seek remedies if they suffer harm
- ✓ Transparent information about what legal and administrative options exist for settling disputes [Article 4 (2)(c) and Article 5 (3)]
- ✓ Remedies: **national laws**

**Recital 23:** MS may apply the coverage of its domestic system also to cross-border healthcare

 Patients need to check with NCP when considering CBHC



## Quality and safety in healthcare

- ✓ Patient safety is a new healthcare discipline that emphasizes the reporting, analysis, and prevention of [medical error](#) that often leads to [adverse healthcare events](#). Recognizing that healthcare errors impact 1 in every 10 patients around the world, the [World Health Organization](#) calls patient safety an endemic concern.
- ✓ Two types of patient safety event can be distinguished:
  - ✓ *sentinel* events that should never occur such as failure to remove surgical foreign bodies (e.g. gauze swabs) at the end of a procedure; and
  - ✓ *adverse* events, such as post-operative sepsis, which can never be fully avoided given the high-risk nature of some procedures, although increased incidence at an aggregate level may indicate a systemic failing.



## What is the issue?

### ★ Types of adverse events

#### Healthcare-associated infections (HAI):

are directly responsible for **37000** deaths / year  
contribute to a further **110000** deaths / year  
cost hospitals over **€5.4 billion** / year

Medication-related errors

Surgical errors

Medical device failures

Errors in diagnosis

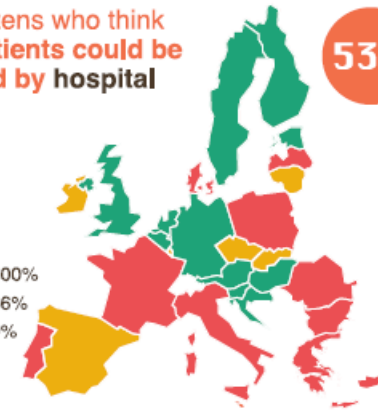
Failure to act on the results of tests

### ★ Patients think they can be harmed

EU citizens who think that patients could be harmed by hospital care

53%

57%-100%  
50%-56%  
0%-49%



★ **91%** of **STAKEHOLDERS** think patient safety is an issue

## Who is measuring

12

### Quality of Care

#### Improving performance through benchmarking

##### Measuring quality of care

- ▶ Providing patients with high-quality care – that is effective, safe and responsive to patient needs – is a guiding principle of health systems in all OECD countries. Measuring quality of care within and across countries is the cornerstone of efforts to benchmark country progress towards this goal.
- ▶ Since 2002, the OECD has been collecting comparative statistics on the quality of care for:
  - chronic conditions and related acute exacerbation
  - patient safety
  - mental disorders
  - cancer care
  - communicable diseases
  - primary care
- ▶ Disease-based measures may not be adequate to deal with changing patterns of need. A key future direction for our work will be the development of new approaches for measuring quality of care for people with multiple morbidities.

- ▶ The OECD is supporting countries as they strengthen the information infrastructure to better track quality of care. How should countries link data across administrative databases and registries? How should they use information extracted from Electronic Health Records? How can data privacy be reconciled with the research needs?

**DID YOU KNOW** ...that 30-day mortality for patients admitted with a heart attack (acute myocardial infarction) has decreased by 40% over the past ten years in all countries thanks to improvements in acute hospital care?

##### Understanding the differences at disease level

- ▶ While progress has been made in collecting comparable indicators of health care quality, still too little is known about the reasons behind significant cross-country differences in performance.

© OECD 2013

# How to find information?

EC website links to all Member State NCPs...



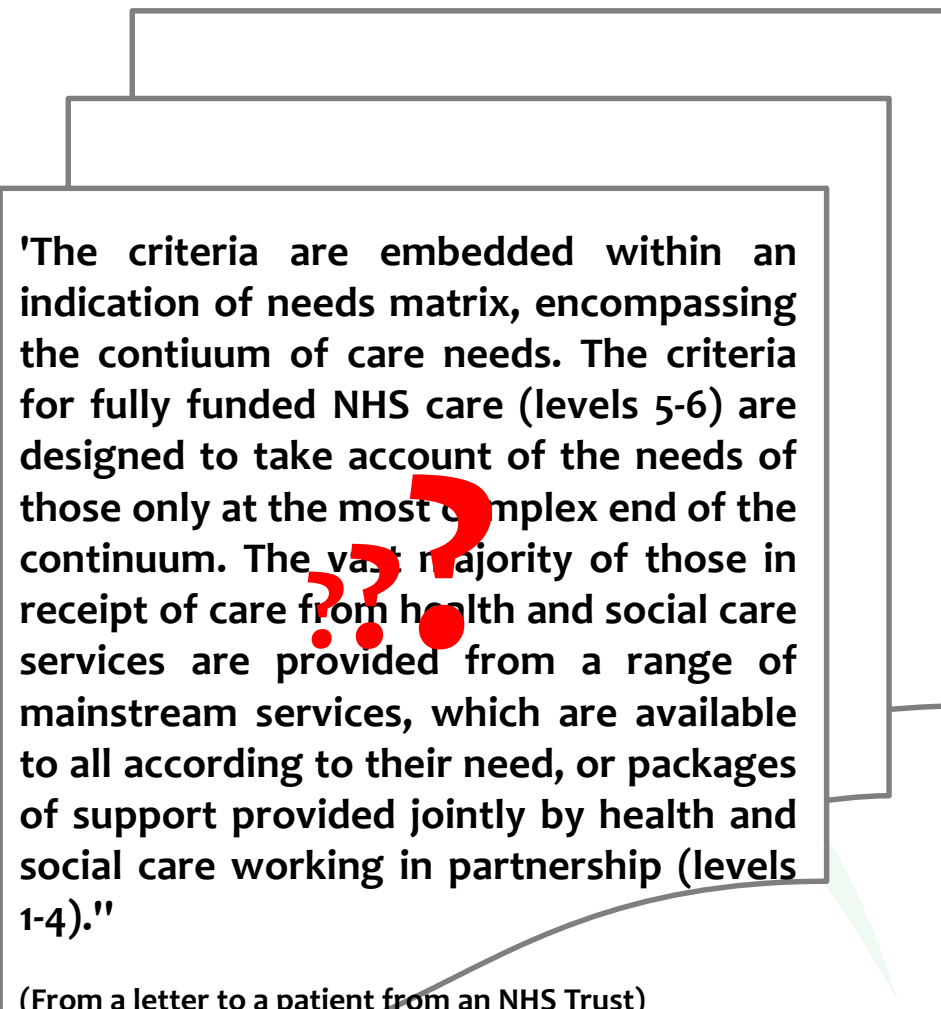
The screenshot shows the website for the National Contact Point on the application of Patients' Rights on Cross Border Healthcare in Cyprus. The page is in Greek (EL - Ελληνικά). The main title is "National Contact Point on the application of Patients' Rights on Cross Border Healthcare". The navigation menu includes Home Page, Useful Information, Latest News, Application Forms, and Contact us. The left sidebar contains a list of categories: Cross Border Healthcare, Legislation (with sub-items European Acquis and National Legislation), National Contact Point, Healthcare Providers, Provided Services, EU Treatment Guide, Procedures, Patients Rights, eHealth, and Health Technology. The main content area is titled "National Legislation" and features a large red question mark icon. On the right, there is a search bar, a "GO" button, and a "NEW!" banner for the "Web Portal of the Republic of Cyprus". Below the banner is a text box asking "DO YOU KNOW YOU CAN CHOOSE TO GET YOUR HEALTHCARE IN ANOTHER EU COUNTRY?". The bottom right corner features the logo of the Ministry of Health (ΥΠΟΥΡΓΕΙΟ ΥΓΕΙΑΣ).

# How to find the right information?

It is hard for a patient to find information on the national safety and quality standards/guidelines

It is hard to find the standards in another EU Member State (even if you speak the language)

It is even harder for a patient to compare different standards



'The criteria are embedded within an indication of needs matrix, encompassing the continuum of care needs. The criteria for fully funded NHS care (levels 5-6) are designed to take account of the needs of those only at the most complex end of the continuum. The vast majority of those in receipt of care from health and social care services are provided from a range of mainstream services, which are available to all according to their need, or packages of support provided jointly by health and social care working in partnership (levels 1-4)."

(From a letter to a patient from an NHS Trust)

<http://www.plainenglish.co.uk/campaigning/examples/health-and-medical-jargon.html>

# How to find information?

## General information's



European Commission PUBLIC HEALTH

European Commission > DG Health & Consumers > Public health > Patient safety > Events

### PATIENT SAFETY

Search

All topics Policy Healthcare associated infections Other adverse events Projects Portal

Go back to Patient safety > Events

## Meeting of the Patient Safety & Quality of Care Working Group

Brussels, 13 March 2014

- Agenda (87 KB)
- List of attendees (30 KB)

#### Presentations

Work of the Education and Training in Patient Safety Subgroup of the European Commission Patient Safety and Quality of Care Working Group (3 MB)  
Basia Kutryba

Update on OECD's Health Care Quality Indicator Project (3 MB)  
Niek Klazinga

e-newsletter 24 June 2014

Latest updates

- Eurobarometer on patient safety and quality of care**  
Released 19 June 2014
- Infograph "Patient safety in the EU: 2014"**  
Released 19 June 2014
- Commission's second implementation report on patient safety, including the prevention and control of healthcare associated infections**  
Released 19 June 2014

# How to find information?

## General information's



### Special Eurobarometer 411

## PATIENT SAFETY AND QUALITY OF CARE

# How to find information?

## Hospitals



European Association of Hospital Managers

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### Managers

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- European overview
- Themes
- Activities
- Documents
- Resource center
- Members area

[home](#) > [Top](#) > [General](#) > [Europe](#) > [European Union](#)

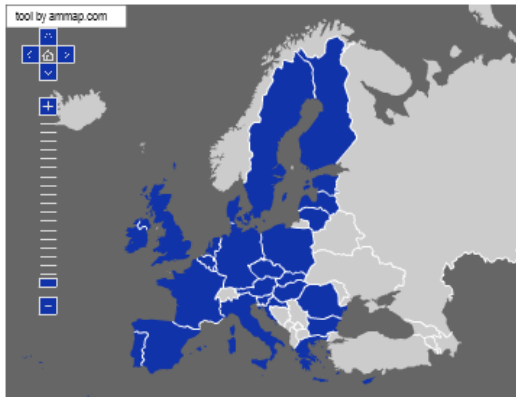
address : [Top](#) > [General](#) > [Europe](#)



### European Union

*In this section we give you an overview of hospital management around the Europe Union.*

*To get more information about hospital management in a country, please click a country on the map.*



### Subcategories

- [\(AT\)](#) Austria
- [\(BE\)](#) Belgium
- [\(BG\)](#) Bulgaria
- [\(HR\)](#) Croatia
- [\(CY\)](#) Cyprus
- [\(CZ\)](#) Czech Republic
- [\(DE\)](#) Germany
- [\(DK\)](#) Denmark
- [\(EE\)](#) Estonia
- [\(ES\)](#) Spain
- [\(FI\)](#) Finland
- [\(FR\)](#) France
- [\(GB\)](#) United Kingdom
- [\(GR\)](#) Greece
- [\(HU\)](#) Hungary
- [\(IE\)](#) Ireland
- [\(IT\)](#) Italy
- [Latvia](#)
- [\(LT\)](#) Lithuania
- [\(LU\)](#) Luxemburg
- [\(MT\)](#) Malta
- [\(NL\)](#) Netherlands
- [\(PL\)](#) Poland
- [\(PT\)](#) Portugal
- [\(RO\)](#) Romania
- [\(SK\)](#) Slovakia
- [\(SI\)](#) Slovenia
- [\(SE\)](#) Sweden

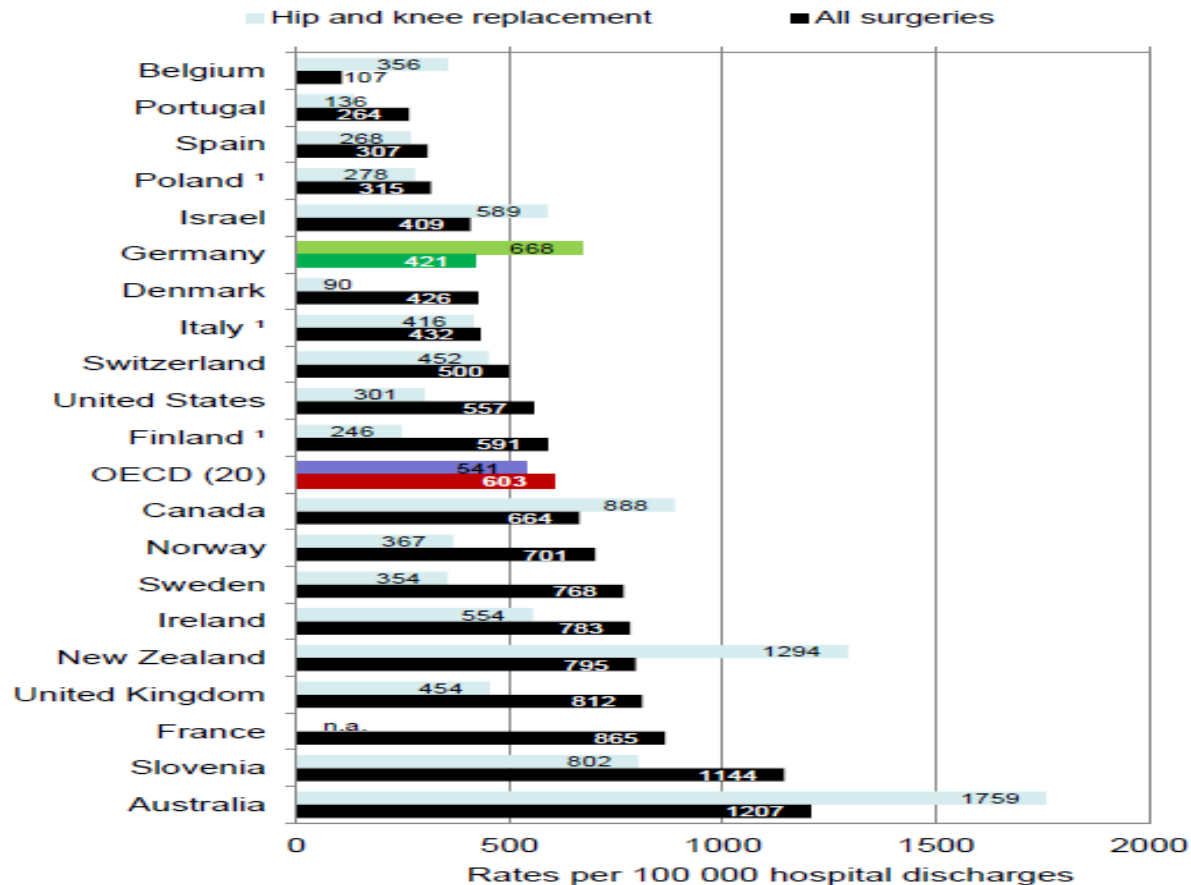


## Postoperative pulmonary embolism or deep vein thrombosis

- ✓ [Deep vein thrombosis](#) (DVT) is a condition wherein a **blood clot forms in a vein of the deep system**. DVTs can occur anywhere in the body, but are most frequently found in the deep veins of the legs, thighs, and pelvis
- ✓ [Thrombophlebitis](#) is a condition in which there is **both inflammation and a blood clot** in a vein. Thrombophlebitis can occur in either superficial or deep veins. Superficial thrombophlebitis occurs in veins close to the skin surface, and usually causes pain, swelling, and redness in the area of the vein.
- ✓ A thrombosis in a deep vein is a much more serious problem than one in a superficial vein, because a **piece of the clot can break off** and travel through the deep veins back to the heart, and eventually be pumped by the heart **into the arteries of the lung**. When this happens, the condition is called **pulmonary embolism (PE)**.

# How to find information?

## Postoperative pulmonary embolism or deep vein thrombosis in adults, 2011 (or nearest year)



# How to find information?

## Hospitals specialized on CBHC

Our department works in high standard and with independently evaluated top results. This is achieved by excellent education and extensive experience, combination of knowledge and capabilities of the physicians of the departments, specialists of different orientation. The close cooperation with rehabilitation and physiotherapy proved to be very beneficial. In 2013, the department underwent a complete reconstruction.

### **Interventions offered to foreign patients**

- Artificial joints
- Arthroscopic operations
- Children orthopaedics
- Reconstruction after injuries

### **Artificial large joints (hips, knees, shoulders)**

We have a wide range of surgical methods as well as used material from the foremost world companies, we managed in standard even the most complicated situations in the solution of endoprothetic interventions. We have above-standard results, particularly, complications of infections are below the European standard, evaluated by health insurance companies. Technical complications, such as luxation of hips at the planned operations, virtually does not occur

# How to find the right information?

Natural sources of information's about quality and safety:

- My personal experience (mine, family, friends)
- My doctor/specialist who is recommending me !!!
- My insurance within prior authorization process !!!
- Personal testimony of my fellow patients !!!
  - Including proven web sites (PO approved web sites)

Artificial sources of information's about quality and safety:

- National contact points
- Media (they cover only tragedies, errors)
- Internet (not approved web sites)



# How to find the right information?

Quality and safety – errors and treatment failures due to inappropriate communication?

Language gap – how to deal with?



Standard way: Your doctor, specialist recommends you and should give you also English „abstract“ of your medical records (NCP could/should assist him with this or pay for this ? Insurance should pay for that ?)

Not standard but understandable way: Dr.Google translates?

A TIP: a tourist guide who accompany you on the first day in hospital?

In most cases the chosen HCP will do the tests anyway !

So the problem is mostly in the direct communication in the hospital abroad and critical is the first day!

# What can patient organisations do?

- ✓ PO have expertise and can channel direct patient experiences to point out weaknesses and system failures – a valuable source of information for better health policy
- ✓ Patient organisations can raise awareness and help patients find the right information
- ✓ Approach NCPs and offer advice on how to provide information well
- ✓ Insist NCP involves the patient organisations as regular partners
- ✓ Feed back experiences to EPF & EC

# What should be done at EU level?

- ✓ Information needs to be made comparable across countries
- ✓ Guidelines for information to patients?
- ✓ Easy-to-find place – possible “one-stop shop” at EU level?

**Possible future “key indicators” for quality of healthcare?**

**→ to identify and share best practices for the benefit of patients and quality of health systems**

**(What does quality mean from the patient’s perspective? )**



## Where we found the informations

- <http://www.webmd.com/dvt/deep-vein-thrombosis-pulmonary-embolism>
- [http://www.ema.europa.eu/ema/index.jsp?curl=pages/news\\_and\\_events/news/2014/06/news\\_detail\\_002127.jsp&mid=WC0b01ac058004d5c1](http://www.ema.europa.eu/ema/index.jsp?curl=pages/news_and_events/news/2014/06/news_detail_002127.jsp&mid=WC0b01ac058004d5c1)
- <http://www.oecd.org/els/health-systems/hcqi-patient-safety.htm>
- [http://ec.europa.eu/health/patient\\_safety/policy/index\\_en.htm](http://ec.europa.eu/health/patient_safety/policy/index_en.htm)
- [http://ec.europa.eu/health/patient\\_safety/events/ev\\_20140313\\_en.htm](http://ec.europa.eu/health/patient_safety/events/ev_20140313_en.htm)
- [http://ec.europa.eu/health/patient\\_safety/docs/ebs\\_411\\_sum\\_en.pdf](http://ec.europa.eu/health/patient_safety/docs/ebs_411_sum_en.pdf)
- *From Wikipedia, the free encyclopedia*

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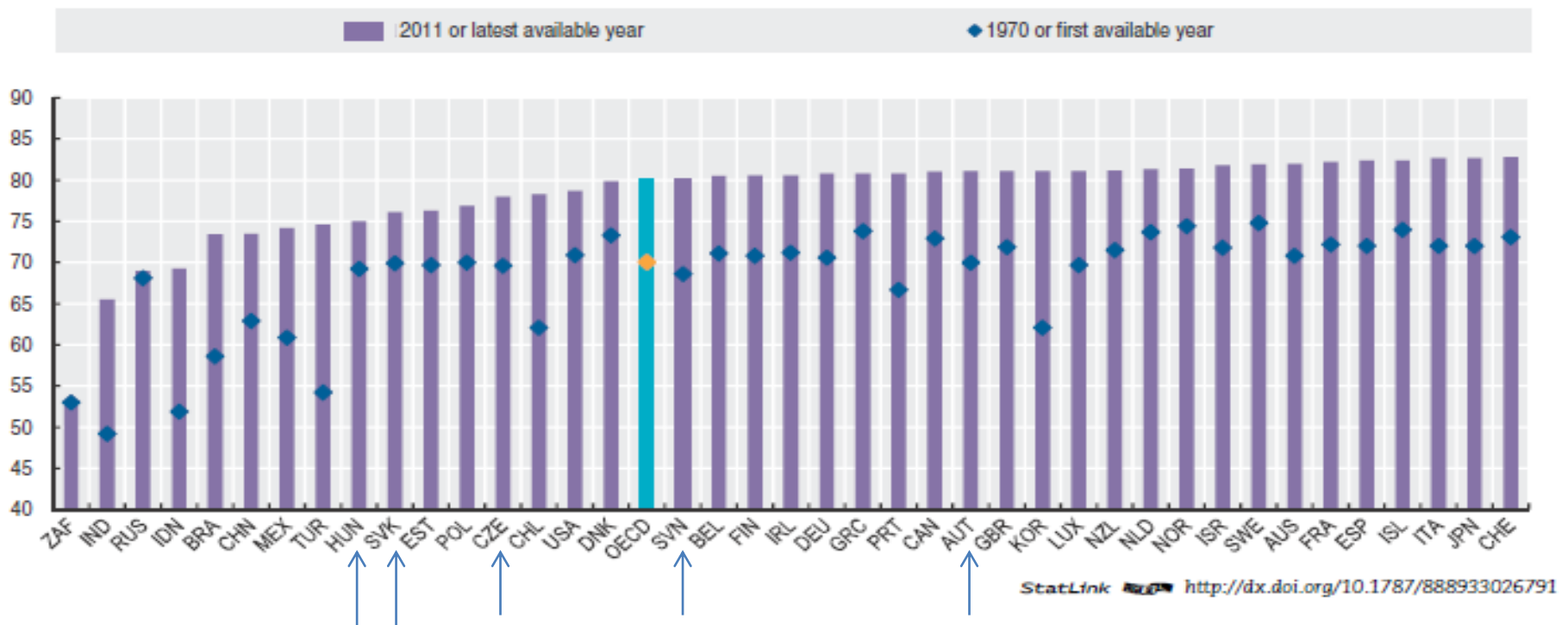
[info@eu-patient.eu](mailto:info@eu-patient.eu)

“ A STRONG PATIENTS' VOICE TO  
DRIVE BETTER HEALTH IN EUROPE ”

# Who we are ?

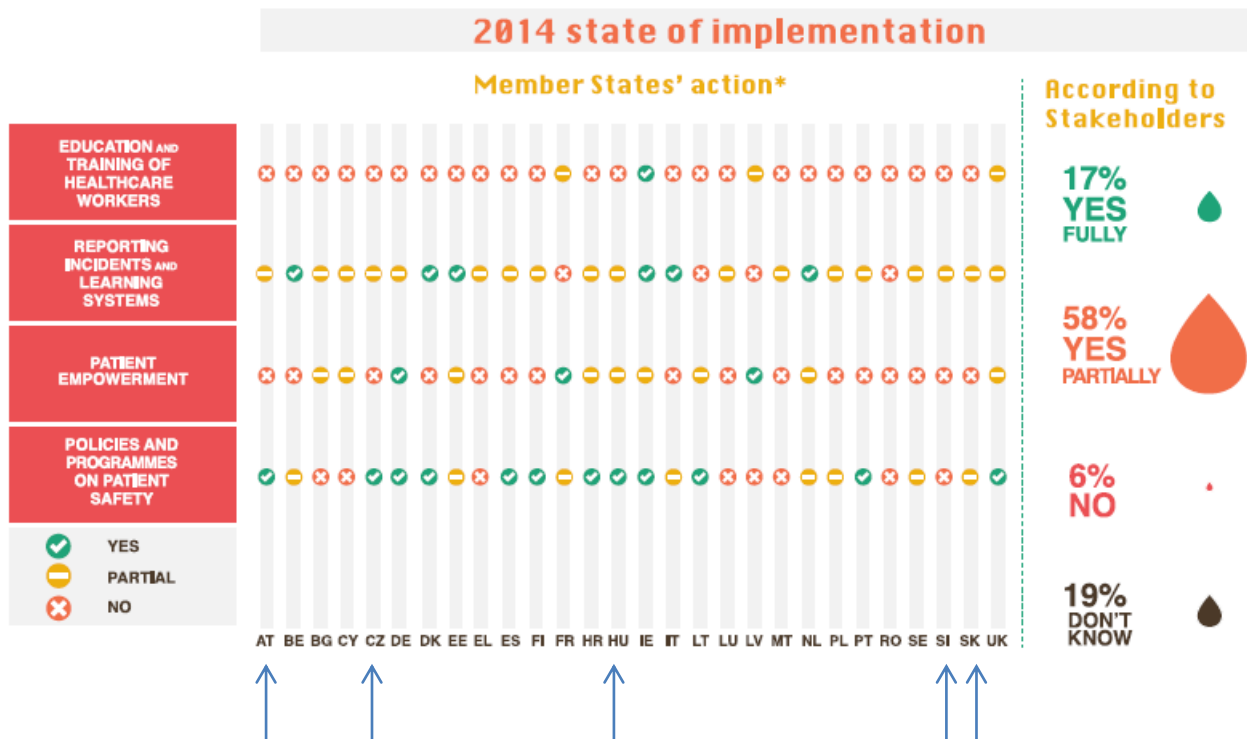
Countries: Austria, Czech Republic, Hungary, Slovakia and Slovenia

**Life expectancy at birth**  
Number of years



## What is the EU response?

### ★ 2009 EU Council Recommendation on patient safety



# A problem ?

## Maybe a big problem ?

- The safety of patients receiving healthcare, including the probability of contracting healthcare-associated infections, is a serious concern for the European Union.
- It is estimated that **8-12% of patients admitted to hospital in the EU suffer from adverse events**, such as healthcare-associated infections (which account for approximately 25% of adverse events); medication-related errors; surgical errors; medical device failures; errors in diagnosis; and failure to act on the results of tests.
- On any given day one in 18 patients in European hospitals have at least one healthcare associated infection. **Every year an estimated 4.1 million patients acquire a healthcare associated infection in the EU, and at least 37,000 die as a result.** Furthermore it is estimated that 20-30% of healthcare-associated infections can be prevented by intensive hygiene and control programs.

# What should Member States do?

- ✓ MS should refer to existing EU instruments and actions
  - CR on patient safety and quality of care (2009)
- ✓ MS should co-operate with each other and involve patient organisations and health professionals in development/implementation of guidelines and standards
- ✓ Share experiences, good practices, research outcomes, quality assurance systems, etc
- ✓ JA-PASQ (2012-2015), work in EC PSQC working group, etc.

## EPF recommendations

We recommend that Member States *refer to existing EU instruments and actions*, including the 2009 **Council Recommendation on patient safety and quality of care and the Joint Action on Safety and Quality of Care**, when implementing this Article.

We encourage Member States to *cooperate with each other* and **to involve patient organization's as well as health professionals** in the development/implementation of guidelines and standards.

We encourage Member States to *agree on key indicators* at EU level to be able to identify and share **good practices to improve quality** for the benefit of patients and the sustainability of health systems.