



WHY PATIENT AND FAMILY EMPOWERMENT IS CRUCIAL FOR BETTER PATIENT SAFETY: AN OECD PERSPECTIVE

Niek Klazinga, EPF, Brussels, November 9 2016



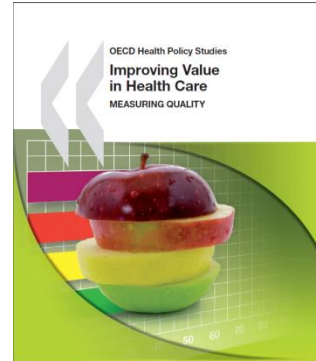
The nature of producing health

- Health Care does not produce health, people produce health.
- Health Care supports people in realizing their potential health
- Close collaboration between patients, family and health care providers is necessary to realize effective, safe and patient centered care



Where we come from

- Start Health Care Quality Indicator (HCQI) work in 2002 (with input from CWF and Nordic Council)
 - [A conceptual framework for the OECD Health Care Quality Indicators Project](#)
 - [OECD Health Care Quality Indicator Project. The expert panel on primary care prevention and health promotion](#)
- Work on indicators on acute care, primary care, cancer and infectious diseases
 - Publication in OECD Health at a Glance (HAG) since 2007
- Work on patient safety indicators
 - Publication in OECD HAG since 2011
 - [International comparability of patient safety indicators in 15 OECD member countries: a methodological approach of adjustment by secondary diagnoses](#)
- Work on mental health and patient experience indicators
 - Publication in OECD HAG since 2013
- Revision of framework and set of HCQI in 2013
 - [Towards actionable international comparisons of health system performance: expert revision of the OECD framework and quality indicators](#)
- Work on health information infrastructure since 2011








Where we are

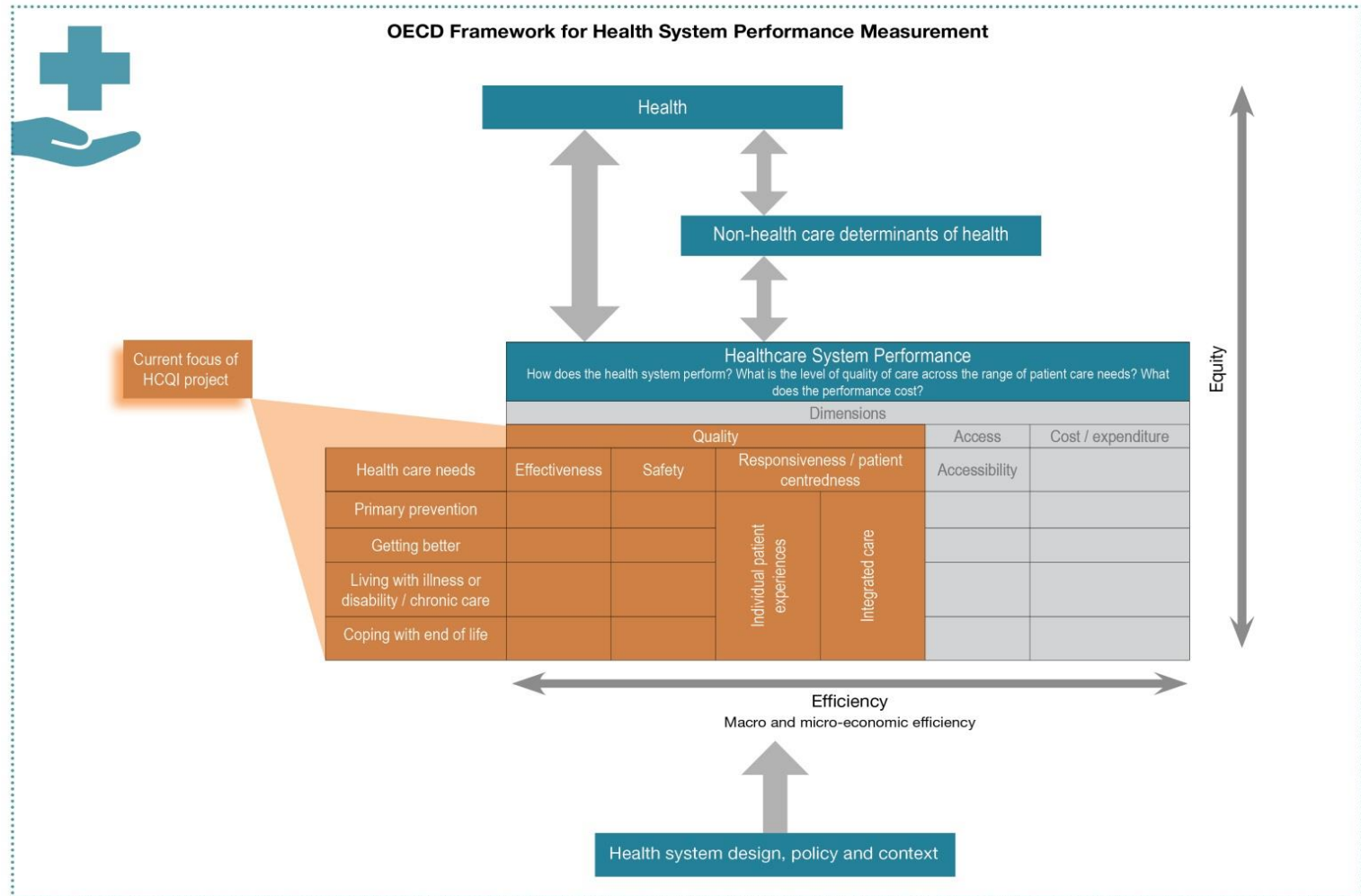


- Continuous refinement of international comparability of existing indicator sets.
- Started work on indicators based on prescription data and developed/tested a core set of patient experiences measures.
- Dependence on national information infrastructures (death statistics, registries, administrative data, EHR, surveys and linkage capabilities between them)

An evolving view of outcomes	Rationale, examples of measures and data sources
From Deaths	<ul style="list-style-type: none"> • Mortality and life-expectancy <ul style="list-style-type: none"> • public health perspective • data source: death registries
 To Diseases	<ul style="list-style-type: none"> • Prevalence and incidence of diseases • Outcome measures to capture the reduction in morbidity and for specific diseases (e.g., QALYs, SF36) <ul style="list-style-type: none"> • medical/clinical perspective • data source: clinical registries • Linking to costs/value <ul style="list-style-type: none"> • at system level: burden of diseases studies • for specific services and interventions: cost-effectiveness studies
 To Disability	<ul style="list-style-type: none"> • Outcomes to address the way a health system deals with disabilities <ul style="list-style-type: none"> • at system level: DALY • at health services: e.g., inter RAI initiative • data sources: administrative data-bases and surveys
 To Discomfort and Dissatisfaction	<ul style="list-style-type: none"> • Outcomes experienced by citizens/patients <ul style="list-style-type: none"> • PROMS (patient reported outcomes) including EQ5D • PREMs (CAHPS, Picker)



Safety is an important part of high-quality, sustainable health services.



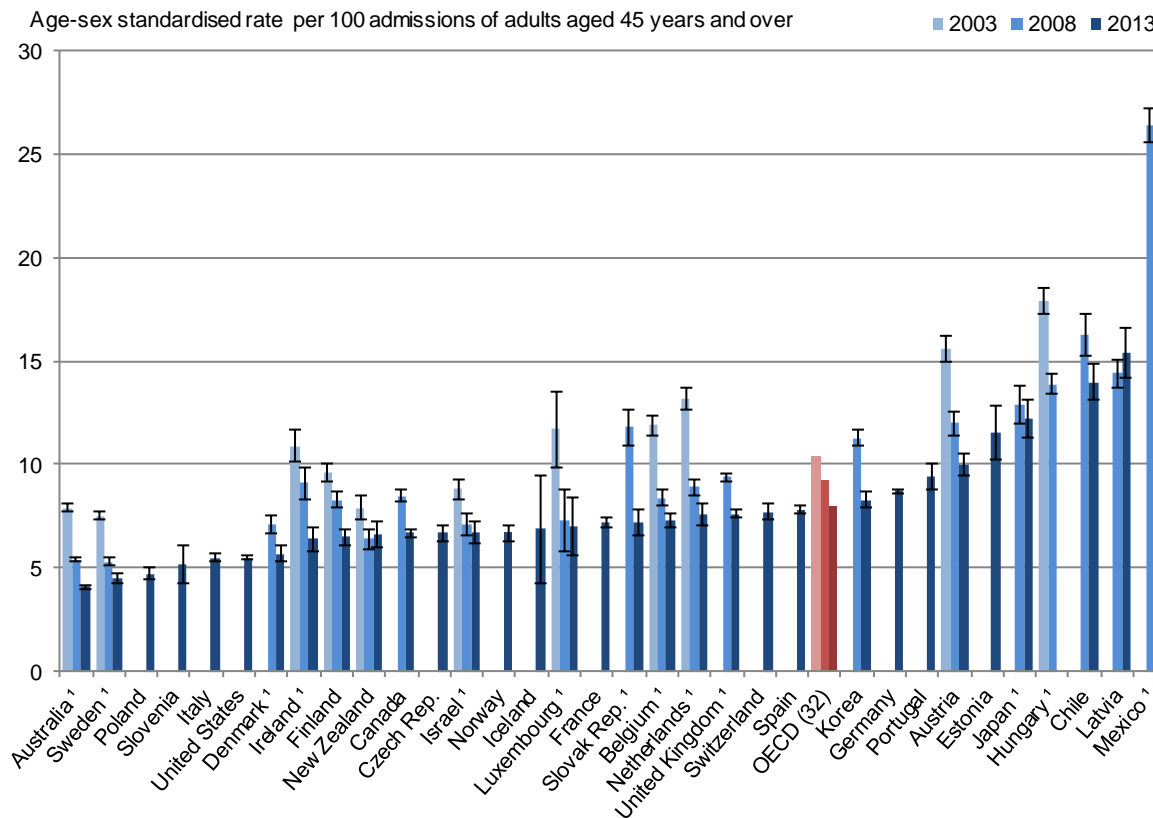


Scope of the OECD work on Patient Safety

- Patient Safety Indicators since 2005
 - Based on administrative databases modelled after AHRQ in the US
 - Based on prescription databases
- New work on Patient Safety 2016
 - Patient Reported Incident Measures
 - Use of PSI's in EU countries
 - The Economics of Patient Safety



Thirty-day mortality after admission to hospital for AMI based on admission data, 2003 to 2013 or (nearest years)



¹ Admissions resulting in a transfer are included.

Note: 95% confidence intervals represented by H. Three-year average for Iceland and Luxembourg.

Source: OECD Health Statistics 2015.



Variation AMI 30 day case fatality rates within and between countries

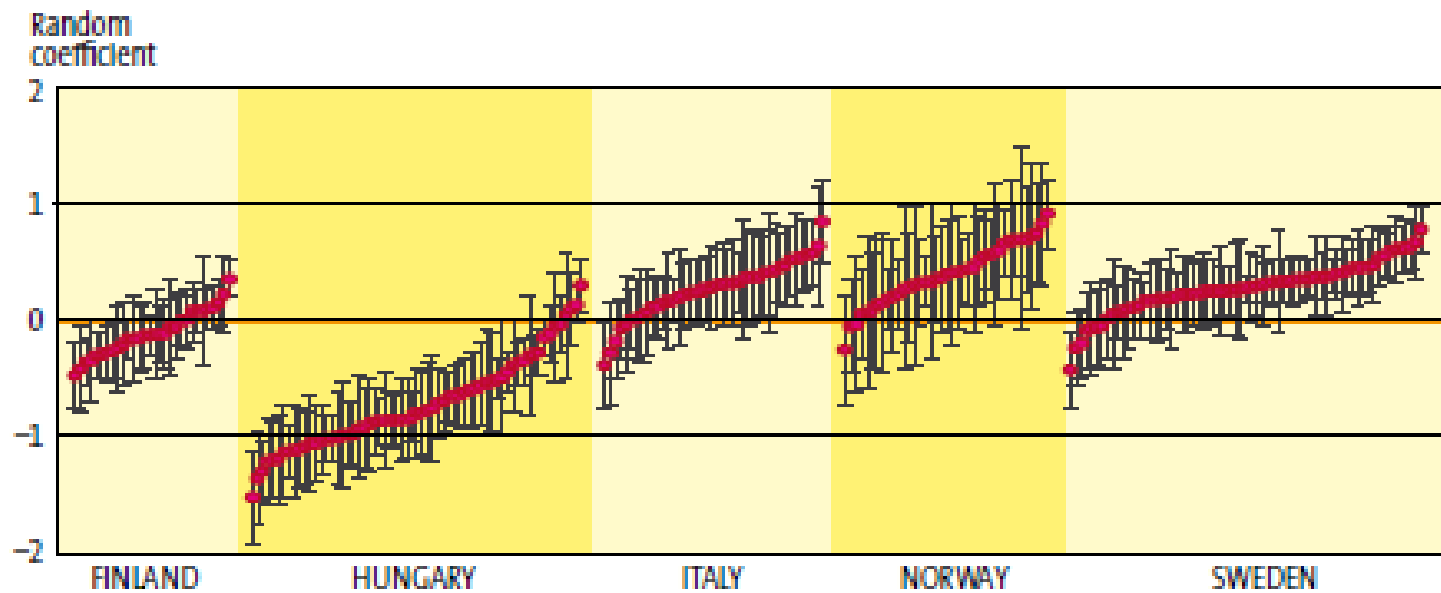
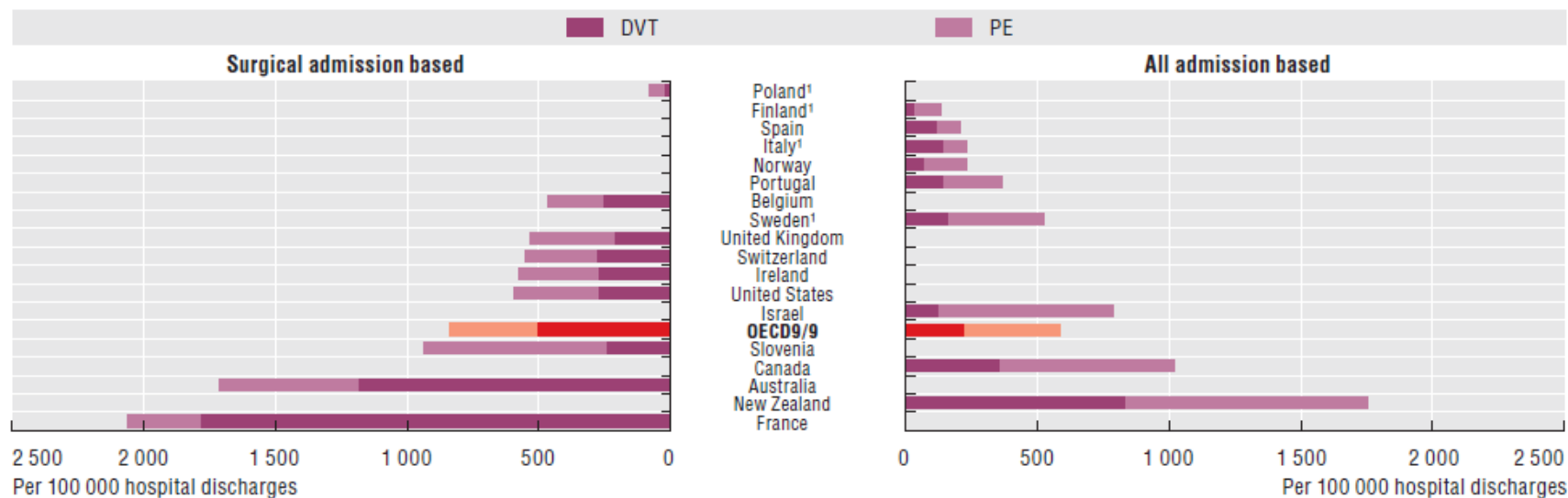


FIGURE 13. Hospitals' quality in care of AMI.




Postoperative pulmonary embolism or deep vein thrombosis in hip and knee surgeries, 2013 (or nearest year)



Note: Rates have not been adjusted by the average number of secondary diagnoses.

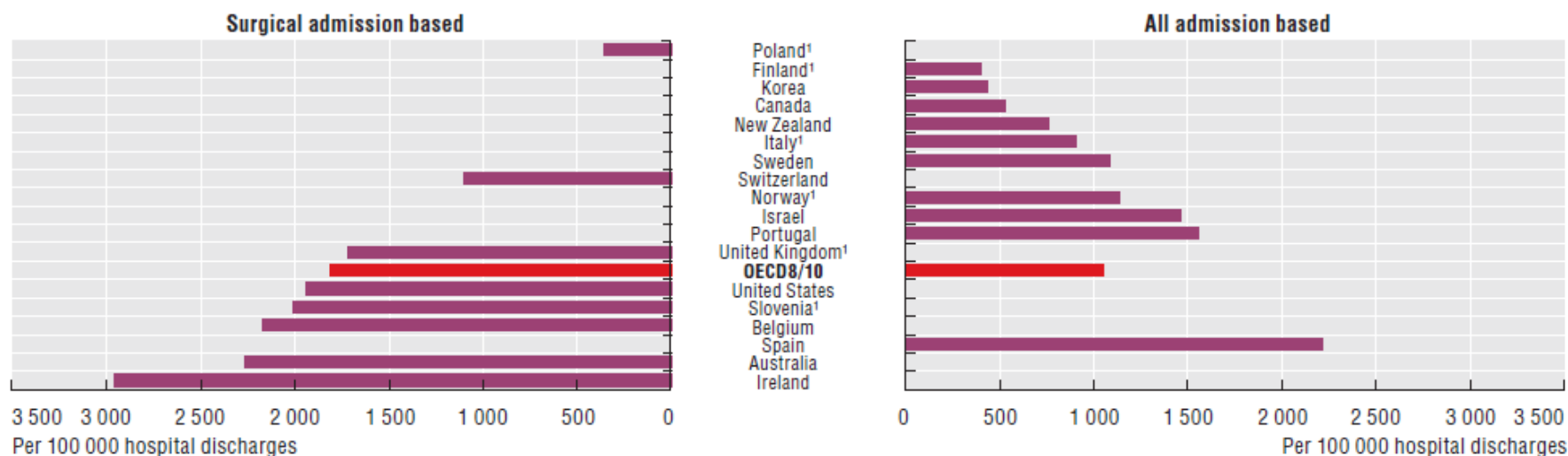
1. The average number of secondary diagnoses is < 1.5.

Source: OECD Health Statistics 2015, <http://dx.doi.org/10.1787/health-data-en>.

StatLink  <http://dx.doi.org/10.1787/888933281167>




Postoperative sepsis in abdominal surgeries, 2013 (or nearest year)



Note: Rates have not been adjusted by the average number of secondary diagnoses.

1. The average number of secondary diagnoses is < 1.5.

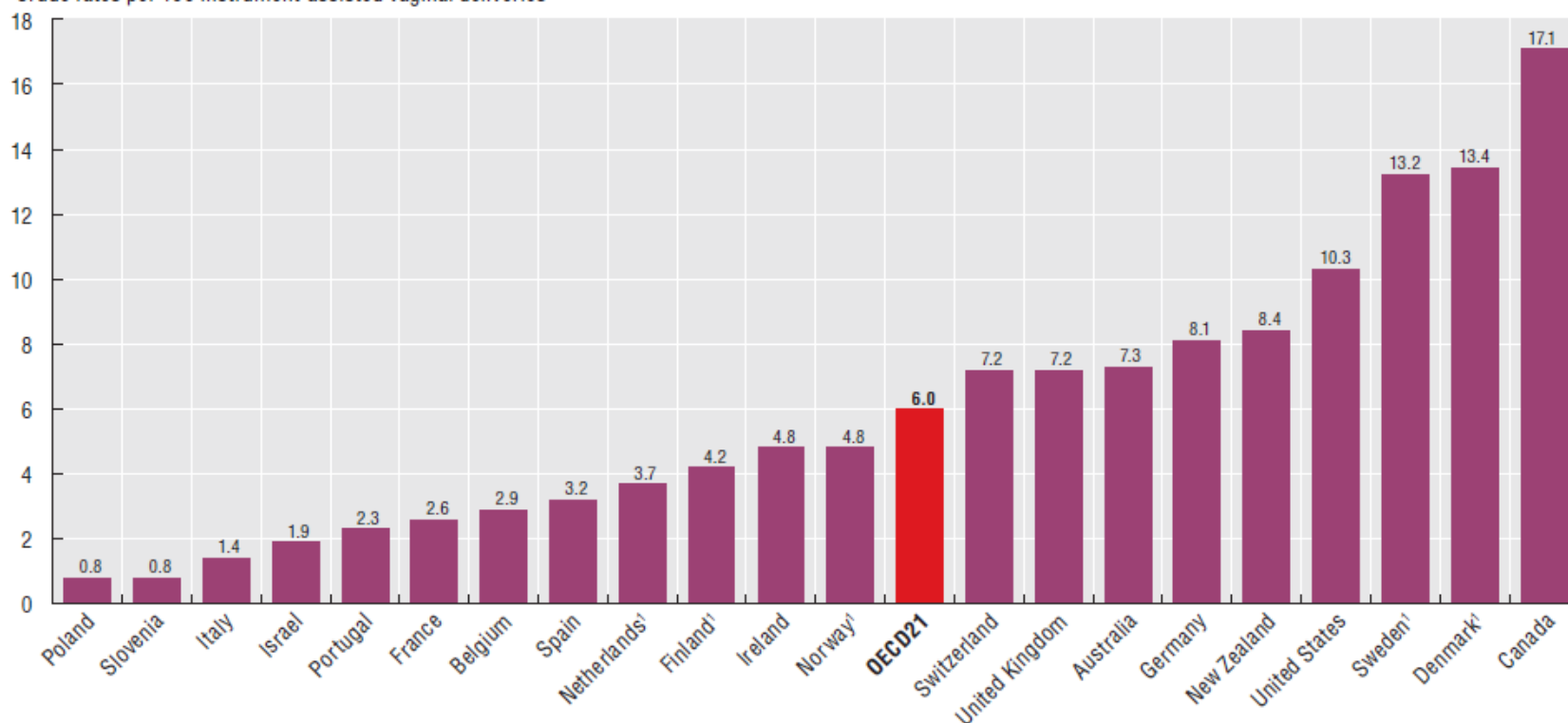
Source: OECD Health Statistics 2015, <http://dx.doi.org/10.1787/health-data-en>.

StatLink  <http://dx.doi.org/10.1787/888933281167>




Obstetric trauma, vaginal delivery with instrument, 2013 (or nearest year)

Crude rates per 100 instrument-assisted vaginal deliveries



1. Based on registry data.

Source: OECD Health Statistics 2015, <http://dx.doi.org/10.1787/health-data-en>.

StatLink  <http://dx.doi.org/10.1787/888933281174>

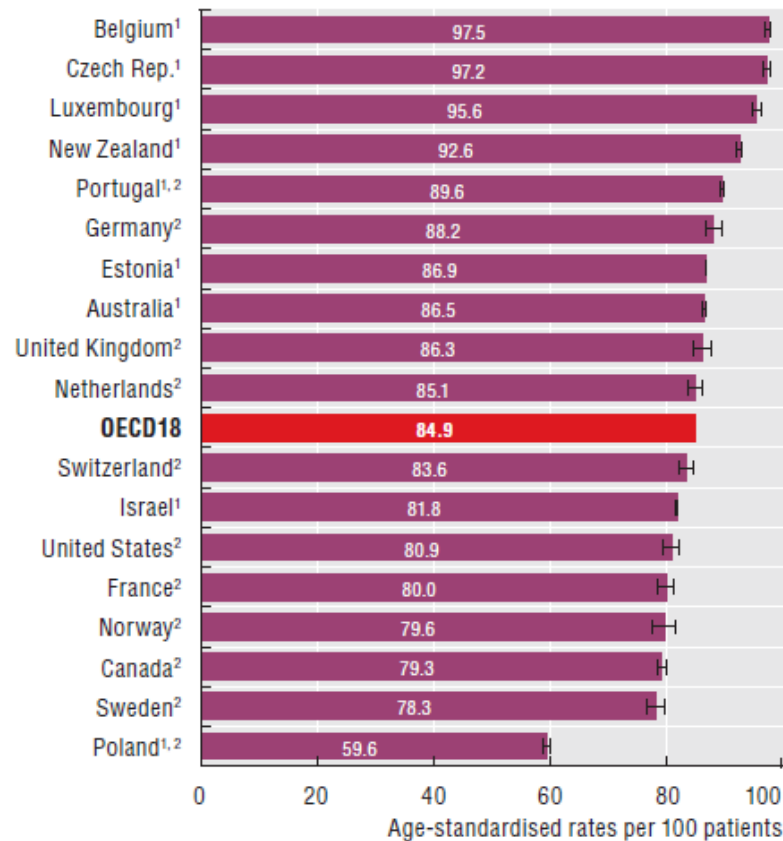


OECD work on PREMS

- Since 5 years international comparative activities
- Set of Principles
- Clearinghouse on the use of PREMS in OECD countries
- Core set of questions tested based on CWF material
- Reporting on the core set in Health at a Glance
- Broadening to PRIMS and questions on integrated care




Doctor spending enough time with patient in consultation, 2013 (or nearest year)



Note: 95% confidence intervals represented by H.

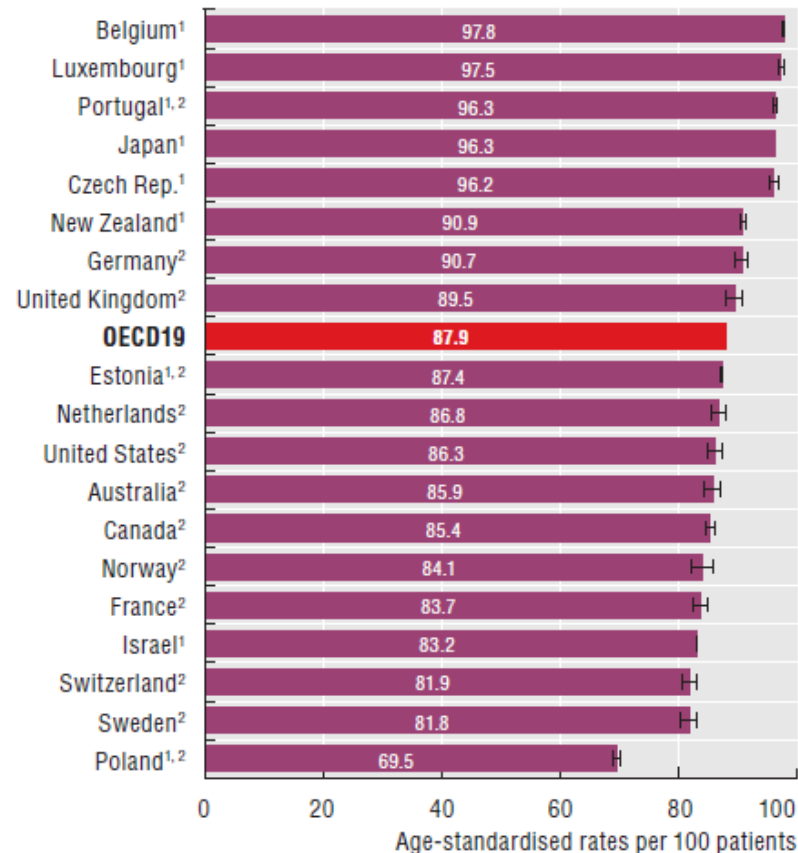
1. National sources. 2. Data refer to patient experiences with regular doctor.

Source: Commonwealth Fund International Health Policy Survey 2013 and other national sources.

StatLink  <http://dx.doi.org/10.1787/888933281241>




Doctor providing easy-to-understand explanations, 2013 (or nearest year)



Note: 95% confidence intervals represented by H.

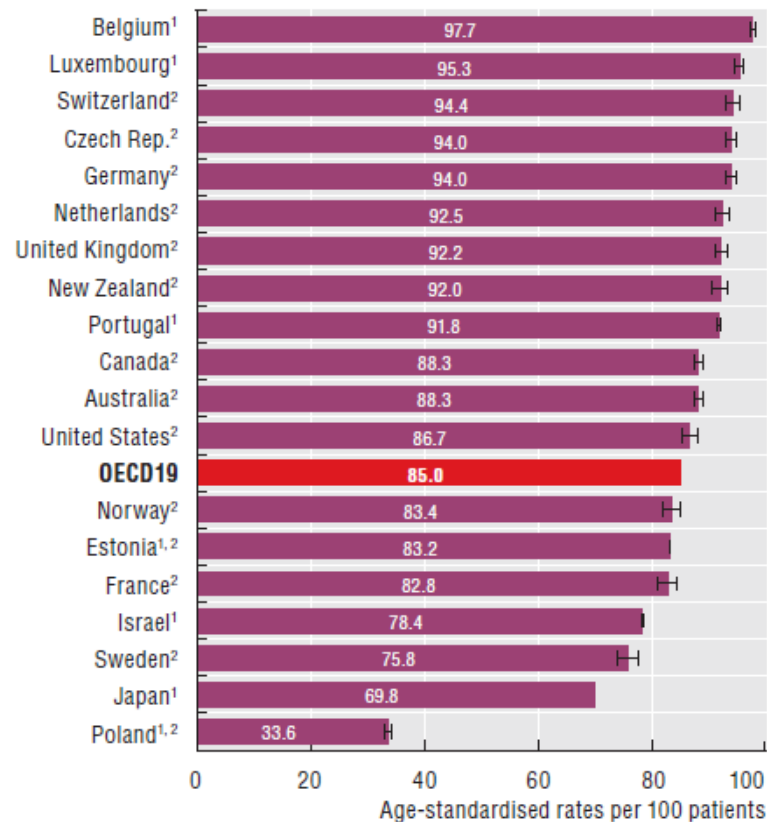
1. National sources. 2. Data refer to patient experiences with regular doctor.

Source: Commonwealth Fund International Health Policy Survey 2013 and other national sources.

StatLink  <http://dx.doi.org/10.1787/888933281241>




Doctor giving opportunity to ask questions or raise concerns, 2013 (or nearest year)



Note: 95% confidence intervals represented by H.

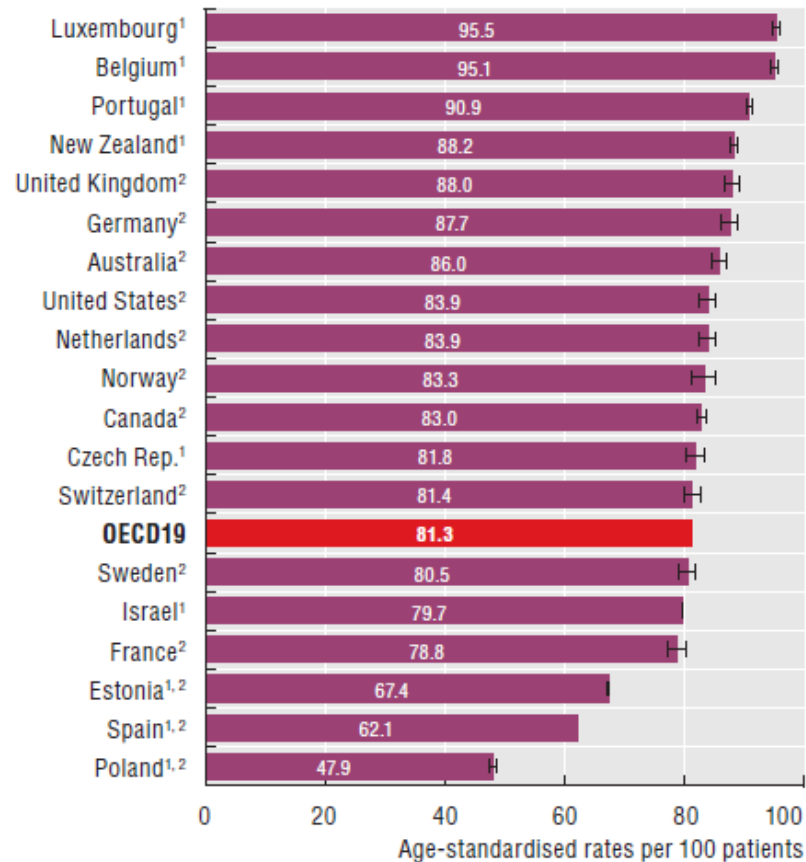
1. National sources. 2. Data refer to patient experiences with regular doctor.

Source: Commonwealth Fund International Health Policy Survey 2010 and other national sources.

StatLink  <http://dx.doi.org/10.1787/888933281241>




Doctor involving patient in decisions about care and treatment, 2013 (or nearest year)



Note: 95% confidence intervals represented by H.

1. National sources. 2. Data refer to patient experiences with regular doctor.

Source: Commonwealth Fund International Health Policy Survey 2013 and other national sources.

StatLink  <http://dx.doi.org/10.1787/888933281241>



Sources

International surveys

- Agency for Healthcare Research and Quality: Expanded HCAHPS Survey
- The Commonwealth Fund International Health Policy Survey 2013 and 2016 (draft)
- Eurobarometer 2009

National surveys

- Collected through a questionnaire on PREMs and HCQI data collection
- Reviewed surveys from AUS, BEL, CAN, CZE, DNK, EST, FRA, DEU, IRL, ISR, KOR, MEX, NLD, NZL, NOR, POL, ESP, SWE, CHE, and GBR (ENG, SCT, WAL).

Others

- Discussions at the HCQI meetings in 2012 and 2013
- Teleconferences in 2013, participated by 14 OECD countries



important similarities exist for indicator developments

- Many surveys measure patient experiences in relation to safety in the following three dimensions based on similar questions:

Prevention

Incidents

Incident
management



Information sharing/management

- Did the health professional you consulted know important information about your medical history?
 - Yes; No; Not Sure; Not applicable; Decline to answer
- Were there times when the person you were seeing did not have access to your recent tests or exam results?
 - Yes; No; Not Sure; Not applicable; Decline to answer
- Sometimes in a hospital or clinic, a member of staff will say one thing and another will say something quite different. Did this happen to you?
 - Yes; No; Not Sure; Not applicable - I was always treated by the same person; Decline to answer



Infection prevention

- In your opinion, how clean was the clinic/hospital?
 - Clean; Not clean; Not Sure; Not applicable; Decline to answer
- As far as you know, did doctors and other professionals wash or clean their hands between touching patients?
 - Yes; No; Not Sure; Not applicable; Decline to answer



Incident prevention

- Did a member of staff confirm your identity prior to administering your medication?
 - Yes; No; Not Sure; Not applicable; Decline to answer
- Did a member of staff confirm your identity prior to your procedure/operation/surgery?
 - Yes; No; Not Sure; Not applicable; Decline to answer



Information on illness and symptoms

Before you left clinic/hospital,

- were you given any written or printed information about what you should or should not do after leaving clinic/hospital?
 - Yes; No; Not Sure; Not applicable; Decline to answer
- did you get enough information about how your illness or your symptoms may likely to affect your daily life?
 - Yes; No; Not Sure; Not applicable; Decline to answer



Medication safety

- Was a list of your medications reviewed with you before you left the clinic/hospital?
 - Yes; No; Not Sure; Not applicable; Decline to answer
- Were you given clear written or printed information about the medicines you were to take at home?
 - Yes; No; Not Sure; Not applicable; Decline to answer
- Did a member of staff explain the purpose of the medications you were to take at home in a way you could understand?
 - Yes; No; Not Sure; Not applicable - I did not need an explanation; Decline to answer



Medication safety

- Did a member of staff explain to you how and when to take the medications?
 - Yes; No; Not Sure; Not applicable - I did not need an explanation; Decline to answer
- Did a member of staff tell you about medication side effects to watch for?
 - Yes; No; Not Sure; Not applicable - I did not need this type of information; Decline to answer



Needs for further care and treatment

Before you left clinic/hospital,

- did you get information in writing about what symptoms or health problems to look out for and when to seek further care or treatment?
 - Yes; No; Not Sure; Not applicable; Decline to answer
- did a member of staff tell you who to contact if you were worried about your condition or treatment after you left the clinic/hospital?
 - Yes; No; Not Sure; Not applicable; Decline to answer



Patient-reported incidents

Prevention

Incidents

Incident
management

Diagnosis-related incidents

Treatment-related incidents

Medical complications

Patient accidents



Diagnosis and treatment-related incidents

- Did you experience delays in being notified about abnormal test results?
 - Yes; No; Not Sure; Not applicable; Decline to answer
- Did you experience incorrect, missed or delayed diagnosis?
 - Yes; No; Not Sure; Not applicable; Decline to answer
- 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)?
 - Yes; No; Not Sure; Not applicable; Decline to answer
- Did you suffer any unnecessary injury or unnecessary problem as a result of a surgical procedure or examination?
 - Yes; No; Not Sure; Not applicable; Decline to answer



Medical complications and patient accidents

- Did you develop an inflammation or aching redness of a vein (phlebitis) with fever because of an intravenous line?
 - Yes; No; Not Sure; Decline to answer
- Did you get an infection (e.g. urinary tract infection, sepsis, wound infection) in connection with your clinic visit/hospital stay?
 - Yes; No; Not Sure; Had infection before hospitalization; Decline to answer
- Did you get a blood clot (e.g. Deep Vein Thrombosis) during your clinic visit/hospital stay?
 - Yes; No; Not Sure; Decline to answer
- Did you experience a fall during your clinic visit/hospital stay?
 - Yes; No; Not Sure; Decline to answer



Incident management

Prevention

Incidents

Incident
management

- Have there been occasions during your contacts with the health service when you would have liked to complain?
 - Yes; No; Not Sure; Not applicable; Decline to answer
- Did you in fact complain?
 - Yes; No; Decline to answer
- 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?
 - Yes; No; Not Sure; Decline to answer
- 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?
 - Yes; No; Not Sure; Not applicable; Decline to answer



OECD High-level reflection group on health statistics (HLRG) 2015

- Gap in in existing information systems and data collection – results of health care as reported by service users
- Recommendations:
 - Develop an **comparable set** of patient-reported outcomes and experience indicators at: 1. disease- 2. sector- 3. service- and 4.system-level
 - Extend collection to challenging and **neglected areas**: chronic conditions, LTC, informal care, prevention, multi-morbidity
 - Focus on enabling **international** comparability



PROMs: A snapshot of countries

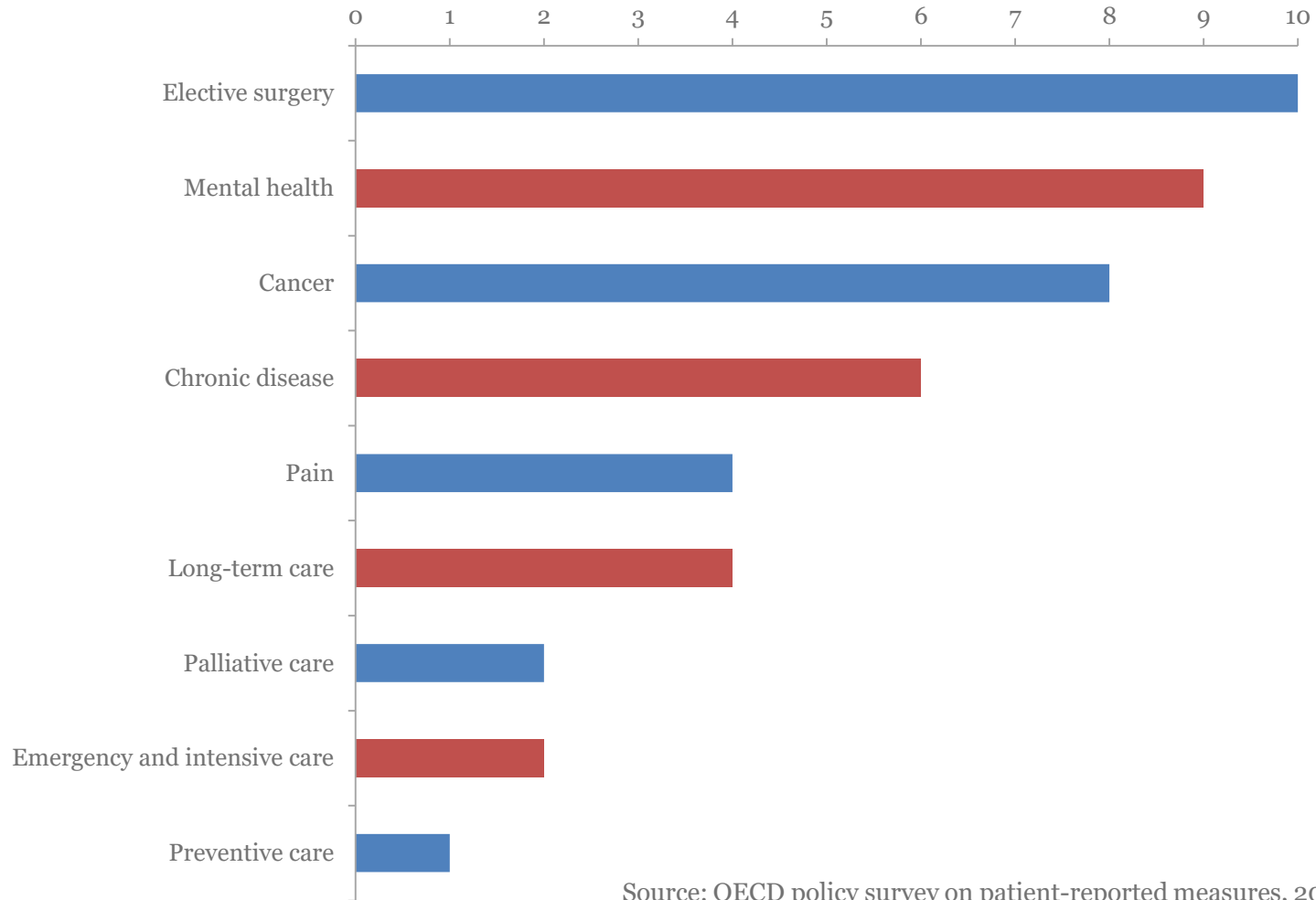
Country	Elective surgery	Cancer	Chronic conditions	Pain	Mental health	Palliative care	Long-term care	Informal care	Emergency & intensive care	Preventive care	Generic PROMs
Australia	✓	✓	✓		✓				✓	✓	✓
Canada	✓	✓			✓	✓	✓				✓
Denmark	✓	✓	✓			✓					
England	✓			✓	✓						✓
Estonia							✓		✓		✓
Ireland		✓									
Israel	✓	✓	✓		✓						✓
Mexico	✓	✓									
Netherlands	✓	✓	✓	✓	✓		✓				✓
Norway	✓		✓	✓	✓						✓
Scotland	✓				✓						✓
Sweden	✓	✓	✓	✓	✓		✓				✓
Switzerland					✓						✓

- These are not all national programmes, but known PROMs activity reported by countries in the policy survey.

Source: OECD policy survey on patient-reported measures, 2016.



Most common disease groups / interventions



Source: OECD policy survey on patient-reported measures, 2016.



OECD work on PROMS/PREMS

- Cooperation with CWF and ICHOM
- Background document prepared for ministerial January 2017 describing use of PROMS/PREMS in OECD countries
- Future work on standard setting, clearinghouse, advice on implementation in data-infrastructure, international comparisons
- Cooperation with stakeholders, including EPF



PEOPLE at the CENTRE

Policy Forum on the Future of Health

16 JANUARY 2017

HealthForum2017@oecd.org



SESSIONS:

- **Step into the future: Realising the goal of person-centred care**
- **Caring for people with complex needs**
- **Measuring what matters: Outcomes and patient experiences as a catalyst for change?**
- **A conversation with Health Ministers**

Draft agenda available at: <https://www.oecd.org/health/ministerial/>
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niek.klazinga@oecd.org

