

GUIDELINES ON HOW TO RAISE A PATIENT SAFETY CULTURE

Experiences from 13 Years of Reporting Patient
Safety Incidents (Adverse Events)

Torsten Larsen, Chief Consultant, Danish Patient Safety Authority



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A Crash Course in The Danish Health Sector

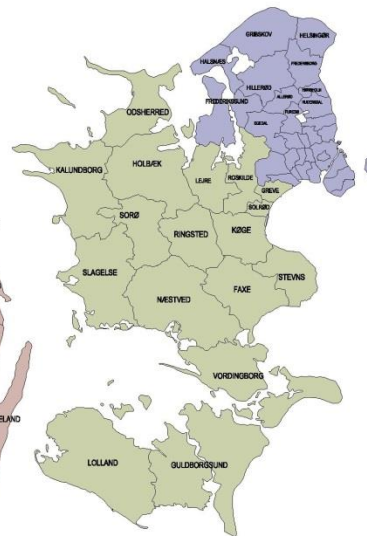
A Few Basic Points

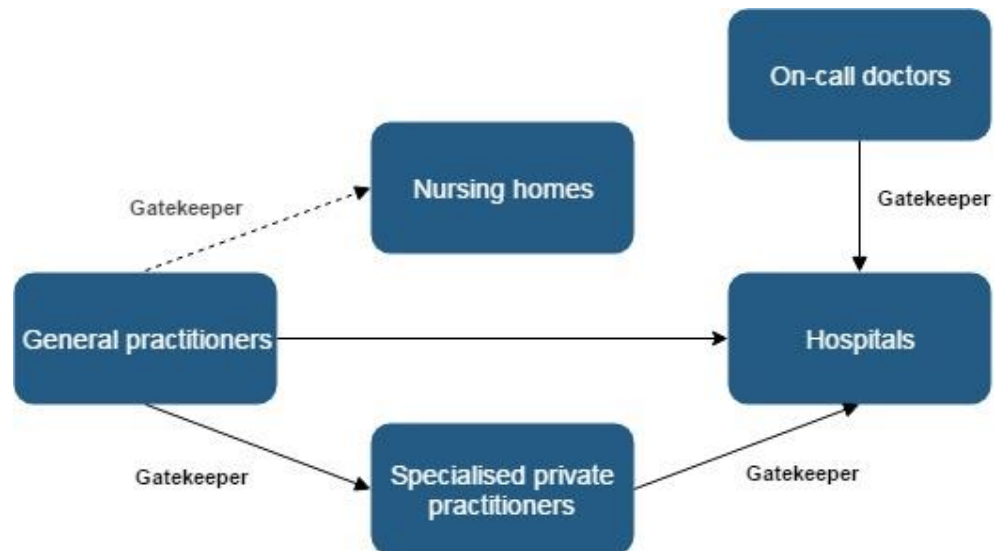
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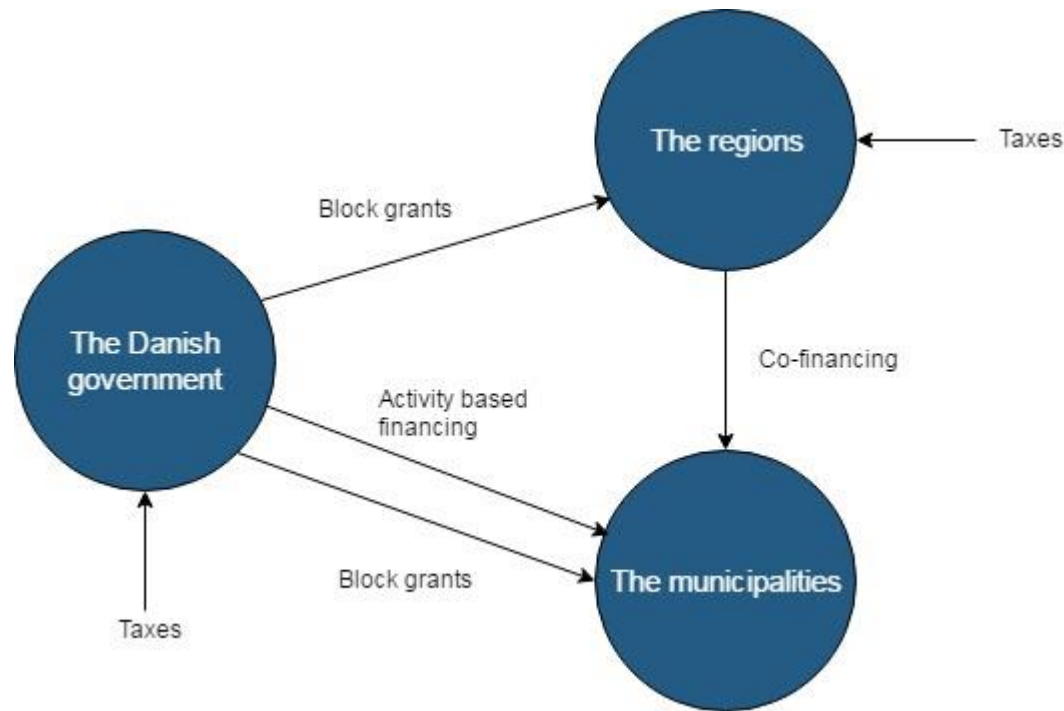
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Regions and Municipalities in Denmark





Financing of the Danish Health Care Sector



Exceptions: dentists, private physiotherapists, optician e.g.

Characteristics of the Danish Health Care Sector

- ~ 30 public hospitals
- 2 mio. Danish residents are in contact with the hospitals each year
- Treatment guarantee
- Standardized clinical care pathway

→ Public health care is equal for all Danish residents and of a high standard

The Danish Health Act states: "[...] *easy and equal access to the health care system and treatment of high quality*"

The Danish Patient Safety Database

The System for Reporting Patient Safety Incidents
(Adverse Events) in Denmark

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Parallel systems – All Within the Same Authority

Complaint system

- Patients
- Decisions

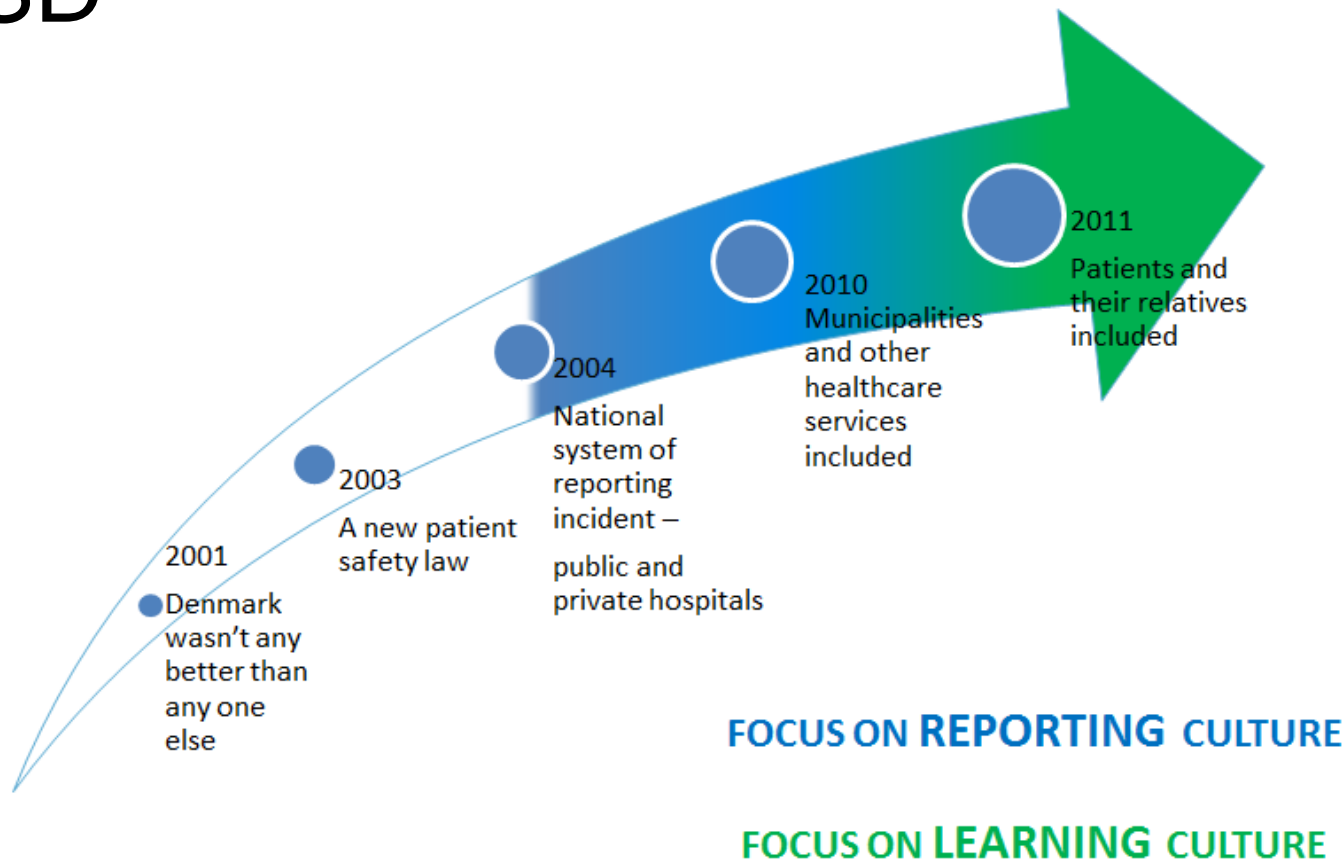
Regulation

- Disciplinary actions

Patient Safety incidents

- Health personnel
- Patients/relatives
- Learning

The Danish Patient Safety Database – DPSD



Characterization of the Danish Reporting System (DPSD)

- **Mandatory:** A health care professional who becomes aware of a patient safety incident has to report the incident
- Patients/next of kin **may** report

Characterization of the Danish Reporting System (DPSS) II

- **Confidentiality**

Information about reporting health care professional's identity can't be disclosed

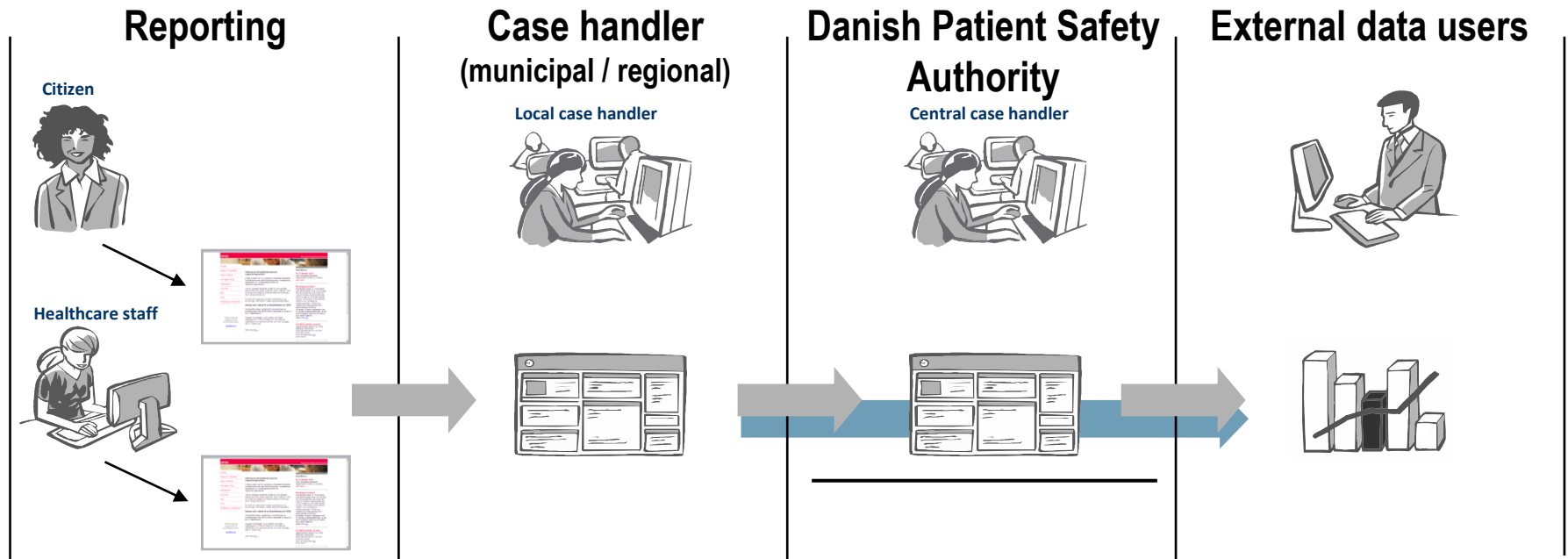
The Danish Patient Safety Database – DPSD

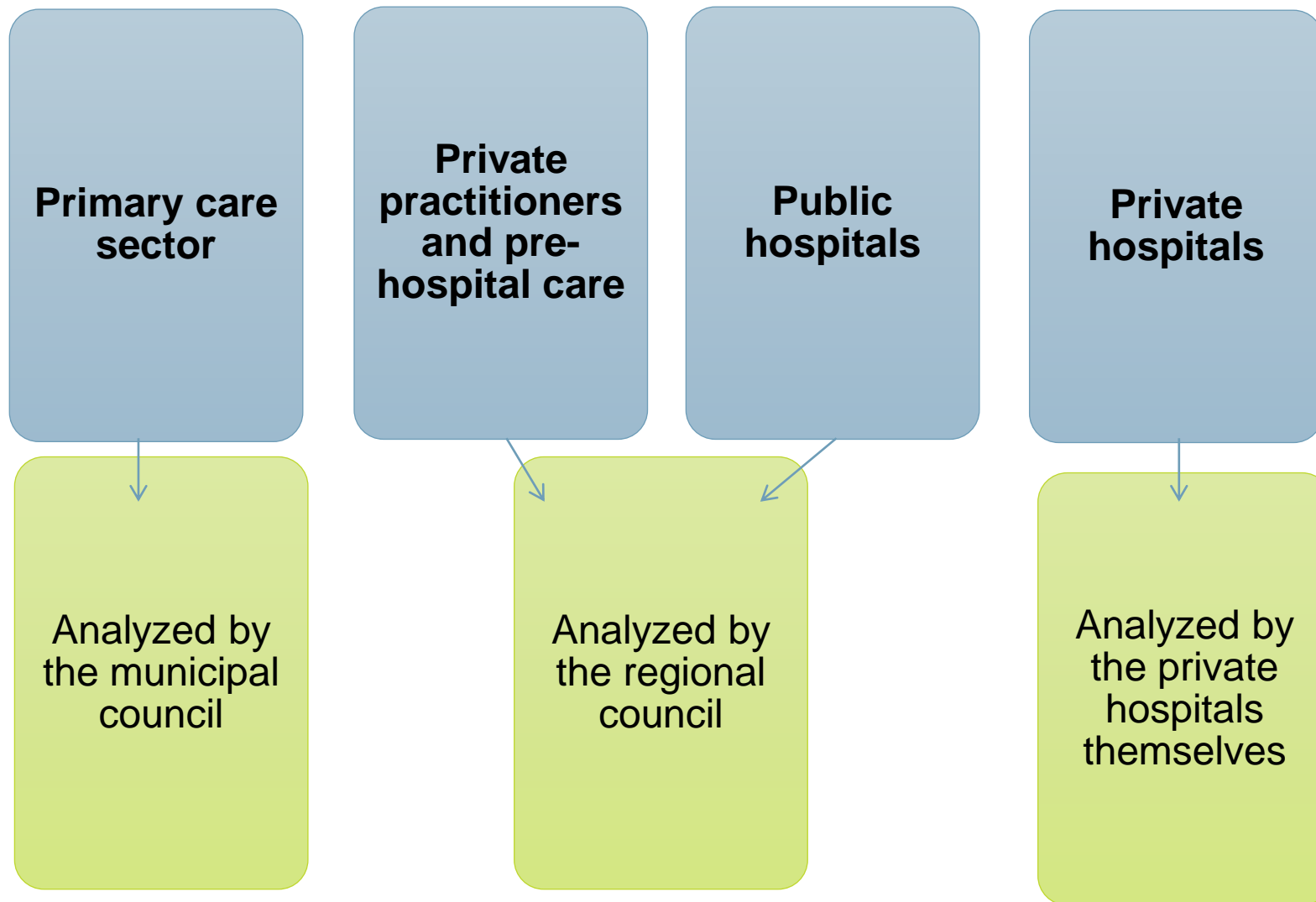
Sanction-free

A health care professional can not be subjected to disciplinary investigations or measures by the employer, supervisory reaction by the Danish Patient Safety Authority or criminal sanction by the courts.



Case Flow



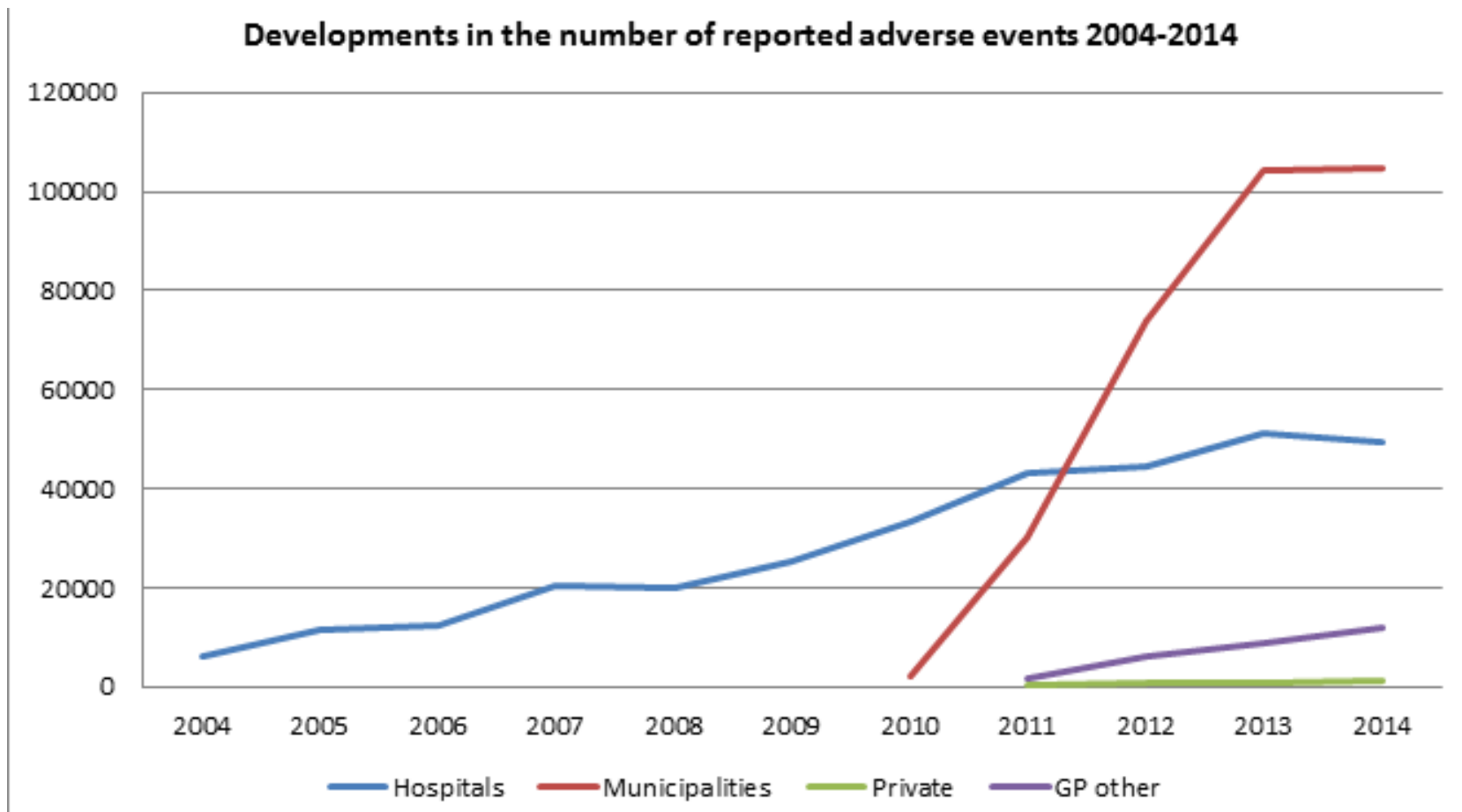


Classification in DPSD

- Incident types 16-18
- Process level 117
- Problem level 134

Relevant options will be shown depending on which incident was chosen.

Patient Safety Incidents reported 2004-2014



Reports 2015

Ca. 175.000 reports:

- 116.000 municipal
- 56.000 regional
- 1200 from privathospitals
- 1800 from patients and their relatives.

A Strategy for Learning

From Reporting to Actually Learning on a Systemic Level

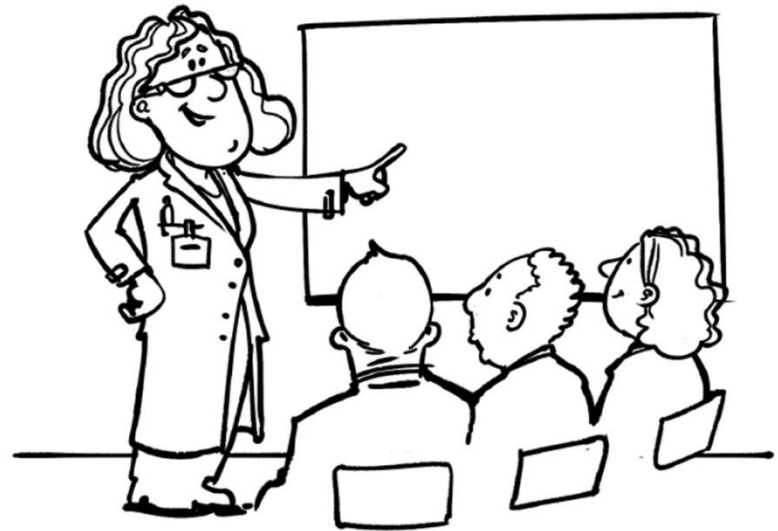
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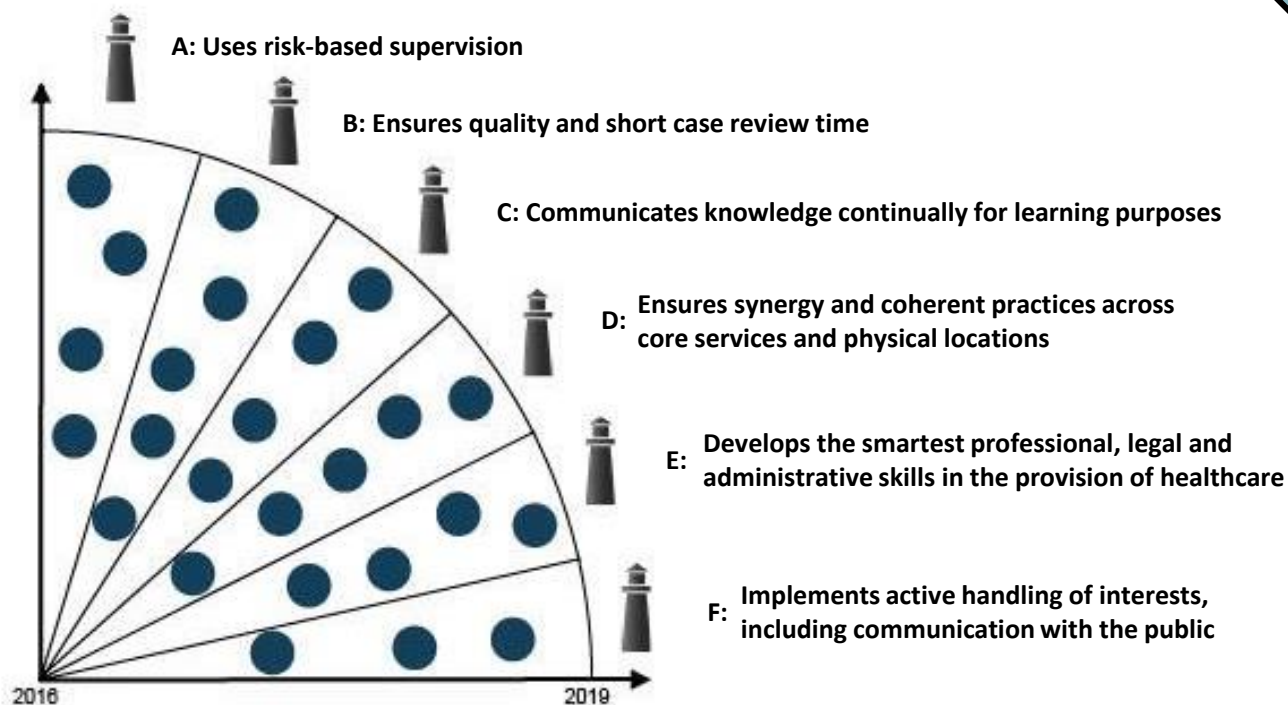
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This is how we work with learning. We make an effort to:

- Involve stakeholders on several levels
- Work with learning in new ways
- Report (only) what makes sense



Strategy 2019



Mission
We work for
safety and security for patients

We are
Innovative,
open and trustworthy

The Main Points in the DPSA's Strategy for Learning

- We integrate learning in the overall model for all activity in the DPSA
- We broaden our concept of learning and base it on data from many different sources
- We make the synergies between the risk-based supervision and learning efforts work for us
- We involve our stakeholders on both strategic and professional levels
- We maintain a reporting system free of sanctions
- We customize our learning activities to the different segments in our target groups



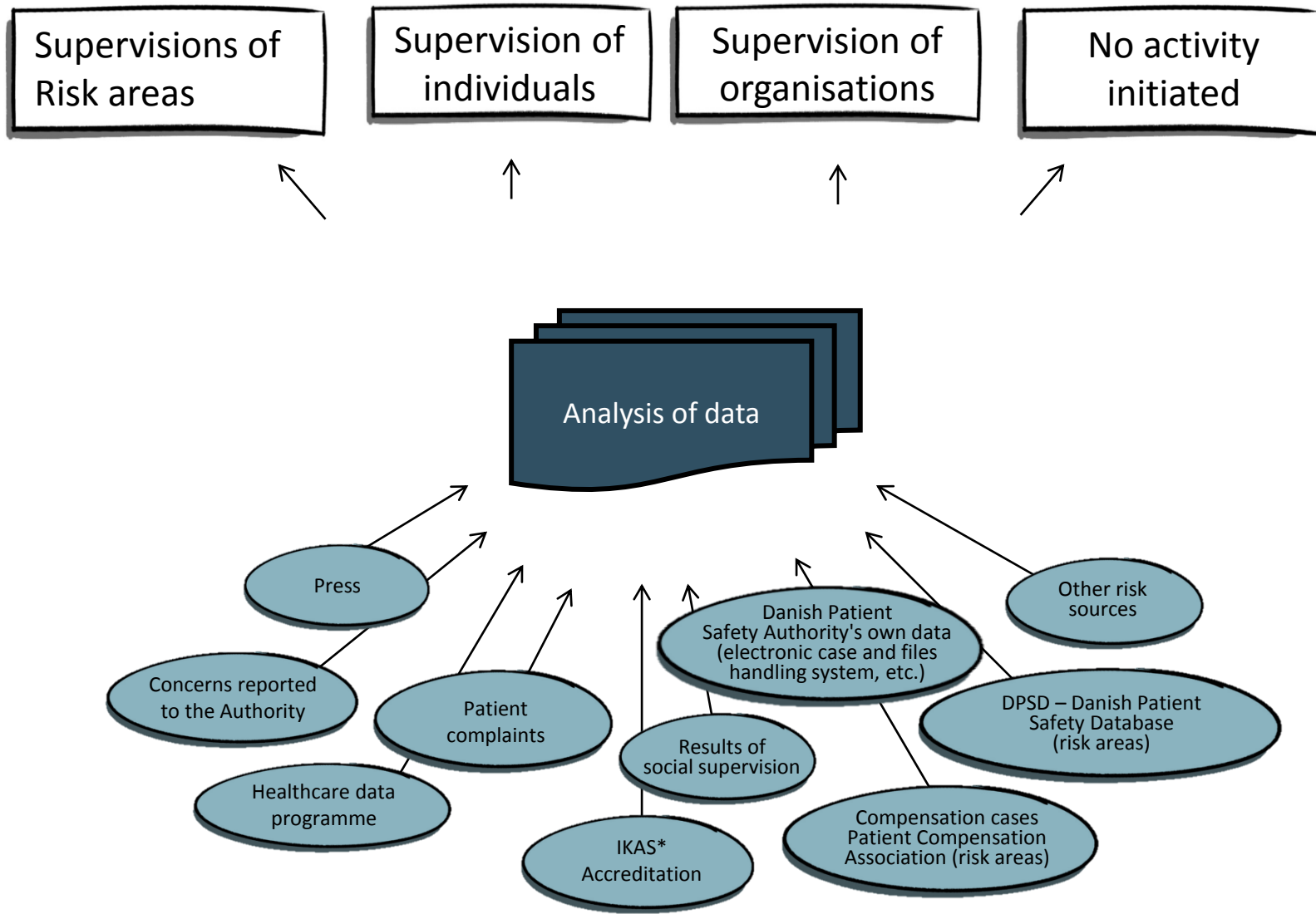
Target Group Survey

Most important findings:

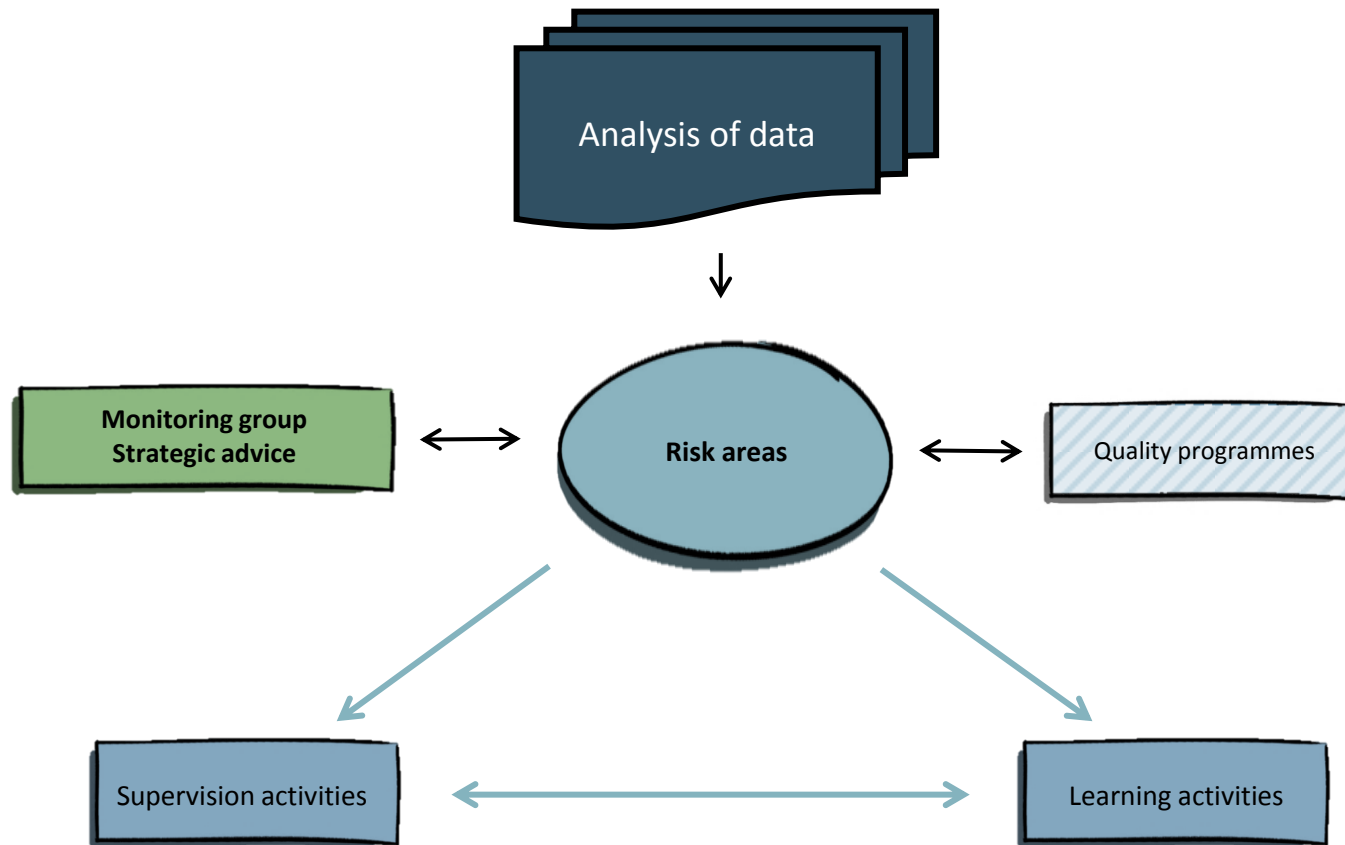
- Different people prefer different kinds of communication in order to learn
- Health care professionals with semi-long and long educations associate DPSA with knowledge production and learning more than professionals with non-academic vocational training
- All members of our target audience prefer brief and precise communication
- Health care professionals with vocational training only, prefer to update their knowledge in local arenas such as the intranet and in work place meetings
- The longer the education – the more often do health care professionals reject DPSA communication products
- Selected magazines and websites for health care professionals are especially relevant for our dissemination of knowledge
- Our target groups are only partially ready for communication via Social Media



Supervision and learning activities



Synergy between supervision and learning



Possible gains

Learning activities:

- Address the most important national challenges in patient safety
- Happen in due time in coherence with supervision activities
- Bring about new knowledge
- Focus more on solutions and new ways of acting (new behaviour) than previously
- Support the patient safety efforts conducted locally by our stakeholders and target groups



A National Level

What Can the State of Denmark Do to Stimulate the Thriving Patient Safety Culture?
A Few Examples

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Pilot Project – Aggregated Reporting

- reporting identical incidents aggregated
- more quality in local patient safety work
- short learning loops



The Scope of the Pilot Project

- health care in Municipalities
- medicine not given and fall
- no harm or mild severity
- 60.000 reports pr. year

What is important for us?

- Local learning – better local overview
- Easier to report incidents
- Involvement of all health personnel
- Local organisation and management involvement
- National level – aggregated data and learning activities

Project on Discharge Letters

Problems:

- Too much autogenerated content
- Not obvious when GP has to follow up on hospital's treatment
- Liability is unclear to both hospital doctors and GP's.

And Finally...

A Few Thoughts on the Future

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