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2018

Patient's Voice

Patient Safety Reporting System in UMCL

Dealing with patients' dissatisfaction

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Creating a safety culture:

UMCL is a tertiary care hospital, a training and research institution, and a regional hospital

Safety system introduced in April 2008

Patients Council in UMCL (2009)

- Consulting body to Medical council UMCL
- Member of Standing expert assessment group

Safety reporting system

- Coordinated by safety officers
- Professional groups for analysis of specific health care procedures; expert groups for analysis of sentinel events

Purpose:

- Registration of safety incidents
- Prevention of safety incidents
- Independent, organized within the Quality Assurance Unit
- Taking appropriate action if an incident occurs
- Implementing measures to alleviate consequences of incidents

Aims:

- Created a high level of safety culture (a process requiring a new way of thinking and acting)
- Focusing on event, not on persons
- Introducing systemic solutions for prevention of adverse events

Introduction and Imprint

Commendation and Appeals Office (hereinafter: CAO) is directly connected to patients' and visitors' wellbeing, due to its role in University Medical Centre Ljubljana (hereinafter: UKCL). It is the reception place for all commendations, compliments, questions, demands and appeals which are addressed to UKCL. They can be addressed either directly from patients, their relatives or visitors via regular post, e-mail or (ever more frequent) in person.

One of the fundamental missions of UKCL derives from article 83 of the Statue of UKCL, which defines the field of protection of patients' rights. In addition, the mission of the CAO is also to spread awareness of the rights and obligations of patients and health professionals through its work, daily help and health education in the field of its work.

Additional information about CAO can be found in Informative posters "Patient satisfaction,,, which are displayed throughout the UKCL on all common advertising spots. Posters describe the grievance protocol in UKCL and necessary information about competent persons and patient ombudsman. This is a legal obligation for all healthcare providers in Republic of Slovenia.

ZADOVOLJSTVO PACIENTOV JE POMEMBNO



OBVESTILO PACIENTOM O NAČINU UVELJAVLJANJA SVOJIH PRAVIC

UVELJAVLJANJE PACIENTOVIH PRAVIC

Če pacient meni, da so mu bile kršene pravice, opredeljene v Zakonu o pacientovih pravicah (Uradni list RS, št. 15/08, s spremembami in dopolnitvami; v nadaljevanju: ZPacP), z neustreznim odnosom zdravstvenih delavcev ali zdravstvenih sodelavcev, oziroma je pacient nezadovoljen z zdravstveno oskrbo v UKC Ljubljana, lahko skladno z določili ZPacP vloži zahtevo za prvo obravnavo kršitve pacientovih pravic (**prva zahteva**) pisno ali ustno na zapisnik.

Pacient lahko pisno prvo zahtevo vloži osebno ali pošlje po pošti v **Urad za pritožbe in pohvale UKC Ljubljana, Zaloška cesta 2, 1000 Ljubljana**, ali na elektronski naslov: pohvale.pritožbe@ukclj.si.

Pacient lahko ustno prvo zahtevo vloži na zapisnik pri pristojni osebi UKC Ljubljana za sprejemanje in obravnavo prvih zahtev v prostorih **Urada za pritožbe in pohvale, Zaloška cesta 2, 1000 Ljubljana (stavba Kliničnega oddelka za kirurške infekcije, pritičije)** v času uradnih ur: **sreda od 12:00 do 15:00 ure, ostali delovni dnevi pa od 09:00 do 12:00 ure**.

Prvo zahtevo zaradi domnevno neustreznega odnosa zdravstvenih delavcev oziroma zdravstvenih sodelavcev lahko pacient **vloži najpozneje v 15 dneh** od domnevne kršitve. Prvo zahtevo zaradi neustreznega ravnanja zdravstvenih delavcev oziroma zdravstvenih sodelavcev pri nudenju zdravstvene oskrbe lahko pacient **vloži najpozneje v 30 dneh** po končani zdravstveni oskrbi. **Pacient lahko vloži prvo zahtevo v treh mesecih po preteku navedenih rokov**, če je za kršitev izvedel kasneje, oziroma če so se posledice kršitve pokazale kasneje (59. člen ZPacP).

PRISTOJNA OSEBA

Pristojne osebe UKC Ljubljana za sprejemanje in obravnavo prvih zahtev so:

- **Nejc Seidl**, mag. prava, Urad za pritožbe in pohvale, tel. št.: 01/522 21 82 ali 01/522 31 99;
- **Eva Verstovšek**, viš. med. ses., univ. dipl. org., Urad za pritožbe in pohvale, tel. št.: 01/522 21 82;
- **Zdenka Mrak**, prof. zdr. vzg., Urad za pritožbe in pohvale, tel. št.: 01/522 21 82.

ZASTOPNIK PACIENTOVIH PRAVIC

Zastopniki pacientovih pravic za ljubljansko regijo so:

- **Duša Hlade Zore**, prostori Nacionalnega inštituta za javno zdravje, Območna enota Ljubljana, Zaloška cesta 29, 1000 Ljubljana, tel. št.: 01/542 32 85, elektronski naslov: dusa.hlade-zore@njz.si, uradne ure: ponedeljek od 08:00 do 15:00 ure in torek od 08:00 do 13:00 ure.
- **Mojca Mahkota**, prostori Nacionalnega inštituta za javno zdravje, Območna enota Ljubljana, Zaloška cesta 29, 1000 Ljubljana, tel. št.: 01/542 32 85, elektronski naslov: mojca.mahkota@njz.si, uradne ure: torek od 13:00 do 19:00 ure in sredo od 08:30 do 14:30 ure.
- **Melina Omrzel Petek**, prostori Nacionalnega laboratorija za zdravje, okolje in hrano, Območna enota Hrastnik, Novi dom 11, 1430 Hrastnik, tel. št.: 03/564 64 71, elektronski naslov: melina.omrzel-petek@njz.si, uradne ure: ponedeljek od 14:00 do 20:00 ter torek in sredo od 17:00 do 20:00 ure.

Pacient se lahko kadarkoli obrne na enega od zastopnikov pacientovih pravic, ki mu svetuje, pomaga, ali pa ga po pooblastilu zastopa pri uresničevanju pravic iz ZPacP.

Zastopnik pacientovih pravic lahko pacientu daje osnovne informacije, nudi strokovno pomoč in daje konkretne usmeritve pri uveljavljanju pravic s področja zdravstvenega varstva, zdravstvenega zavarovanja in izvajanja zdravstvene dejavnosti. **Delo svetovanja, pomoči in zastopanja zastopnika pacientovih pravic je brezplačno in zaupno.**

Dealing with patients' dissatisfaction

Patients' dissatisfaction is most commonly occurring during medical treatment. The main principle of a peaceful, fast and effective dispute resolution is that disputes are solved and ended where the cause of the dispute arose.

Therefore, the obligation of all health professionals is that they should endeavour to eliminate patients' dissatisfaction by providing additional explanations or take appropriate measures during the duration of the medical treatment of the patient.

Grievance Protocol

If the patient is not satisfied with the medical treatment in the UKCL, the dissatisfaction is to be resolved by direct contact with the patient during the medical treatment by the persons in following excluding order :

1. a nurse or treating physician at the department;
2. responsible (supervisory) nurse or doctor - head of department;
3. the main nurse of the clinic (clinical department) and the head of the clinic (clinical department).

If a patient is **still unsatisfied with the explanations and additional measures** taken by healthcare professionals, or **expresses his dissatisfaction once his medical treatment at the UKCL has already been completed**, such grievances should not be handled by healthcare professionals solely. In such cases, healthcare professionals must acquaint the patient with the First Demand procedure, which can only be handled by **Competent Person** (e.g. Complaint Manager, Professional Director, General Director etc.).

Common barriers in creating safety culture and involvement of patients in medical treatment

Belief that there are no errors in health care
Knowledge of patients' rights is still at a low level



Common barriers

Recognizing safety problems



Gilbert Keith Chesterton

*It isn't that they can't see the solution.
It is that they can't see the problem.*

Problem:

- Health workers take criticism personally, not as an opportunity for improvement
- After a safety incident - the patient's deterioration / death is often attributed to the underlying disease, rather than to the event that caused it

Are we successful ?

Observed improvements in 2017:

- Safety problems are detected and reported more efficiently
- Employee motivation is growing
- Root Cause Analysis are implemented
- Safer procedures are being introduced into health care (check lists, safety guidelines, clinical pathways, ...)

Arthur Charles Clarke:

Every revolutionary idea seems to evoke three stages of reaction:

- 1. It's completely impossible.*
- 2. It's possible but it's not worth doing.*
- 3. I said it was a good idea all along!*

Europa Donna Slovenia

1997

3400
members

1300
new cases

30000
viewers daily

4600
Facebook followers

47 Europa Donna
member countries





- Breast cancer survivor
- Member of ED Management Board
- Volunteer at UMCL – Department for Plastic Surgery – at breast reconstruction counsel
- Volunteer at Institute of Oncology
- Member of Patients' Council at Institute of Oncology
- Patients' advocate

- In most adverse cases patients don't want to go on and make it official.
- The culture of accepting criticism on doctor's side is still very low in Slovenia.

BC
patients

I also work as a patient advocate which means that we talk publicly about the problems that patients have.

Experts

Europa
Donna
Slovenia

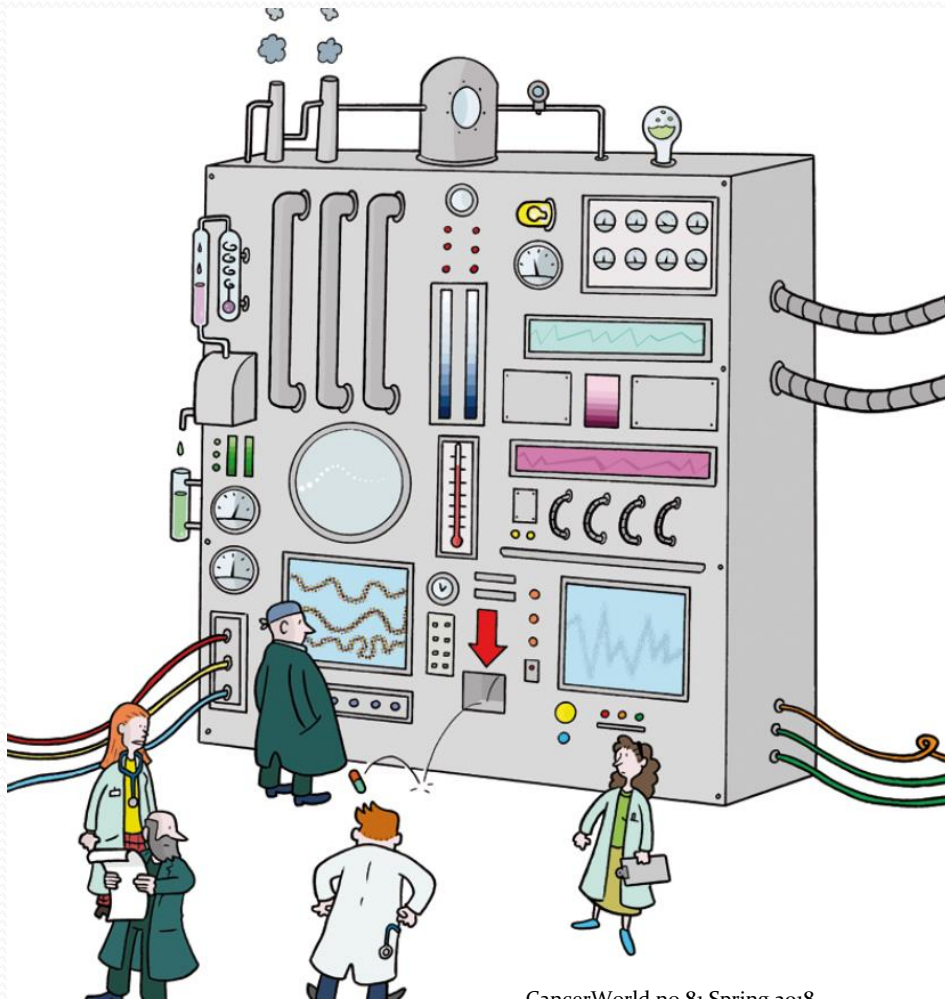
Awareness

We would like the doctors to be more honest with patients about the impact long-term side effects would have on their lives when discussing the risks and benefits of radical cancer treatments.

Policy
makers

Is the side effect of a treatment that the patient was not told in advance also a sentinel event?

Patient's View



The Institute of Oncology Ljubljana is situated just across the street of University Medical Centre.

They have their own system for sentinel events, which we do not know much about. Breast cancer patients that choose reconstruction after mastectomy are treated in both hospitals.

Surgery and reconstruction is performed at the University Medical Centre, systemic treatment is performed at the Institute of Oncology which has different system for reporting.



According to Peter Selby, professor of Cancer Medicine at the University of Leeds, an estimated 50.000 people who die from cancer every year could still be alive if the quality of diagnosis and care in European countries with the poorest survival rates were as good as the median across Europe.

In Slovenia we have approximately 400 deaths every year from breast cancer only, which puts us statistically at the rear end of European countries. Only East European countries are behind us.

Peter Selby argues that **capacity to learn and innovate matters more than money or know-how in closing the cancer survival gap across Europe.**

Improving Outcomes



Patients should be more informed and aware of the importance of this not just because this is their/our right (Cancer Patients' Bill of Rights) but also because this can improve outcomes of others.

Systematically collecting all real-world data could be the answer. Patients' organizations like ours can help by forwarding data we get from patients. It would help us a lot if we knew who to contact in case of a sentinel event.



Legislators and policy makers could do a lot more for patients safety if they understood that improving treatment strategies is not all about reporting and new treatment strategies.

We all pay a high price for failures to coordinate and collaborate not only inside the hospitals and medical centres but also across Europe.

Thank you for
your attention!

