



PAQS  
ASBL

# Developing a Regional Strategy for Improving Patient Safety

Denis HERBAUX, PhD





years of dedication for  
**Quality &  
Patient Safety**  
with **PAQS**



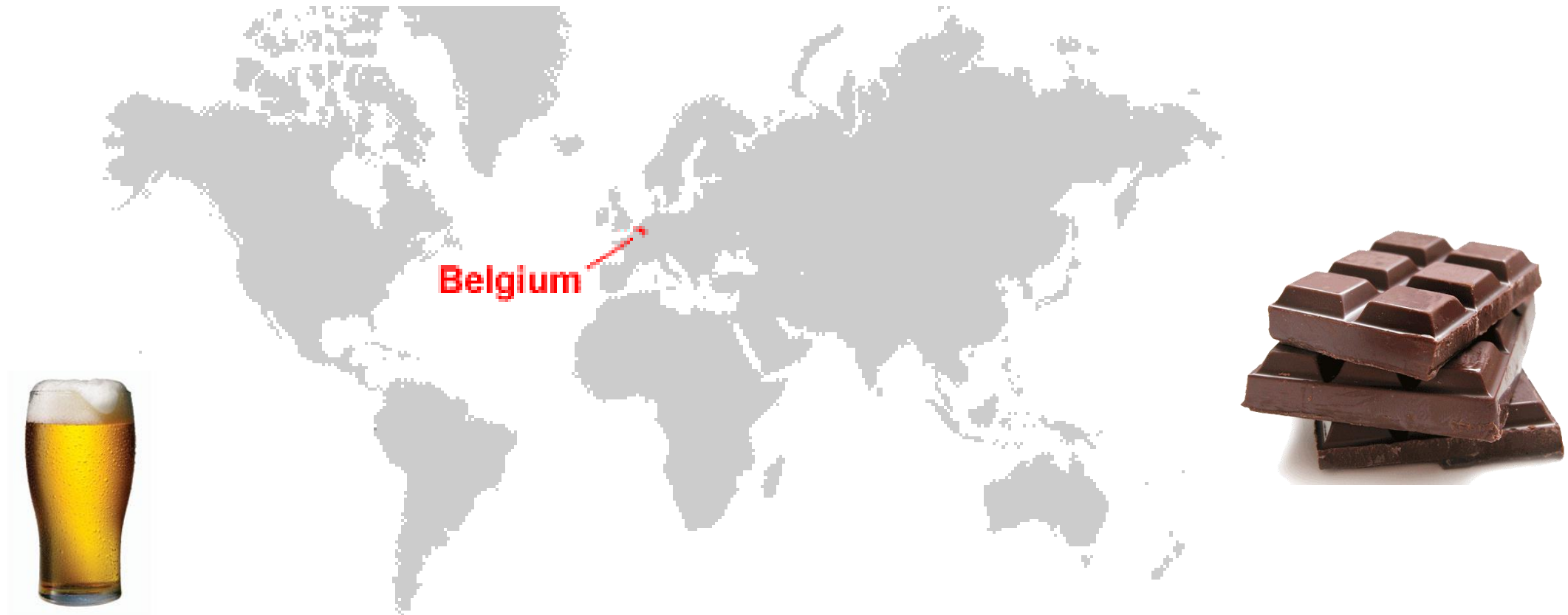
# Who I am



- PhD in Economics & Management
- Certificate in Quality Management in Healthcare Organization
- CEO, PAQS ASBL
- Professor of Health Economics (and Mathematics)

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# Where I come from





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# Belgian Healthcare System : main features

- Principles : **Solidarity, Accessibility, Reasonable costs, Freedom to choose** the health care provider
- 99% of the people covered
- Compulsory membership in Healthcare Insurance Fund (= Mutualités)
- Payment of a “minimum” contribution
- Private non-profit & public hospitals
- No selection of risks

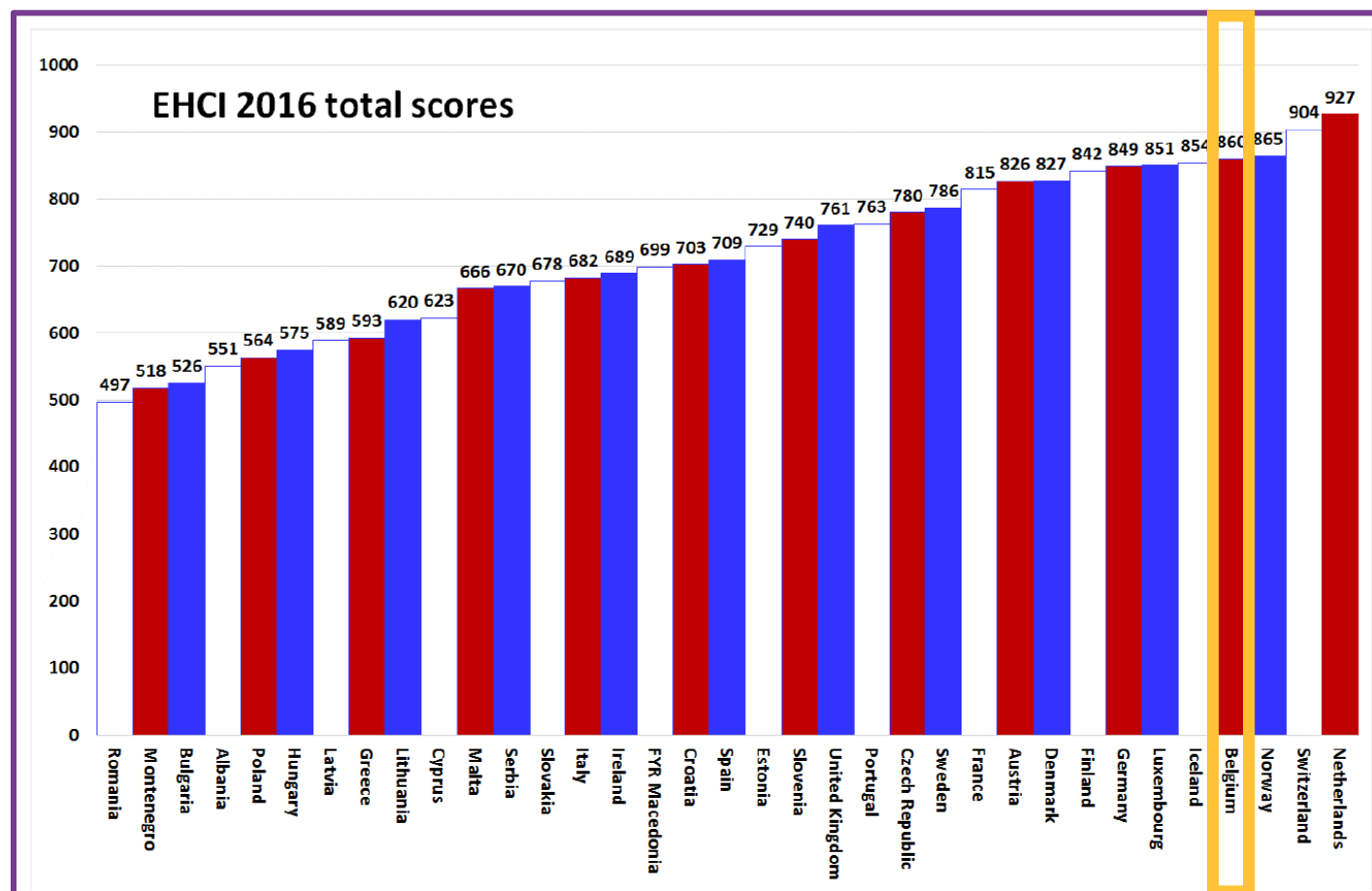


# Belgian Healthcare System

We are  
**SOOOOOO  
GOOD**

European Health  
Consumer Index

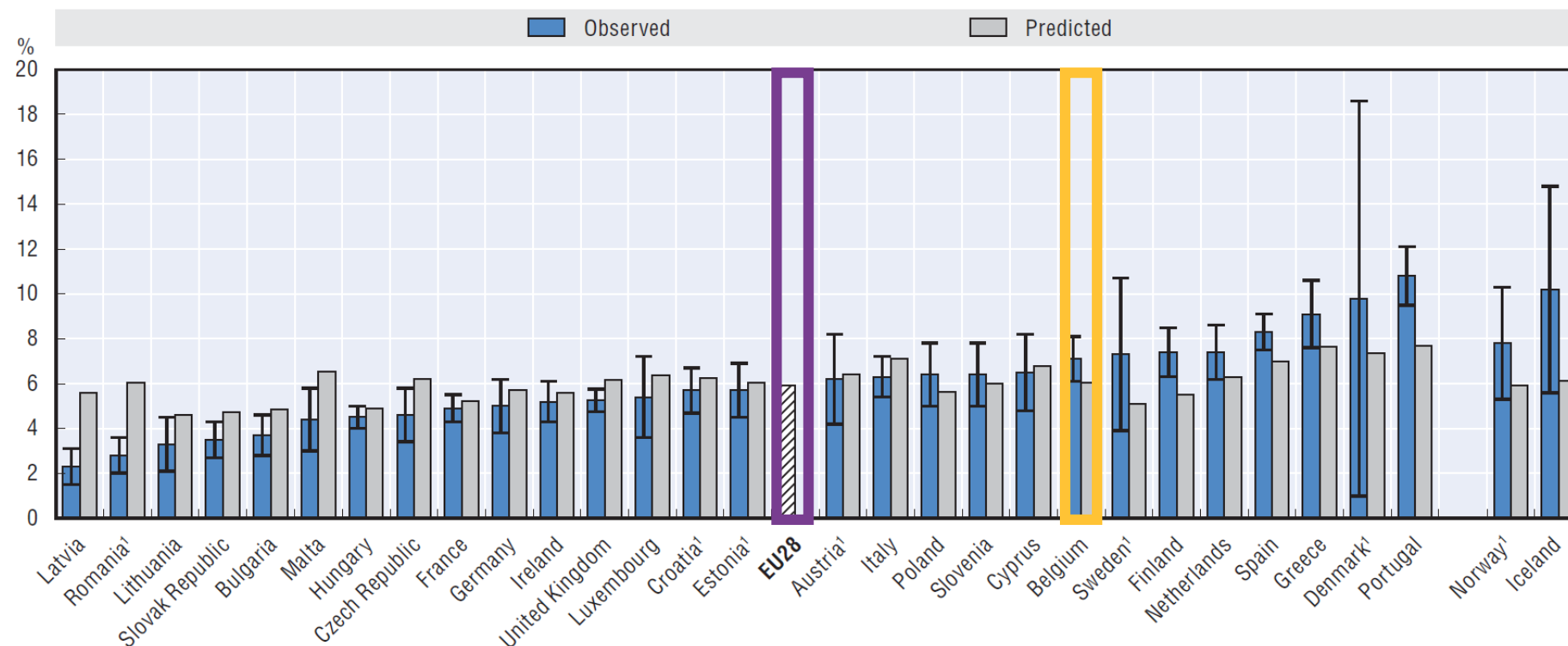
- 2017 : 7/35
- 2018 : 5/35





# Health at glance (2016)

## 6.24. Observed and predicted percentage of hospitalised patients with at least one healthcare-associated infection, 2011-12



Note: 95% confidence intervals represented by H.

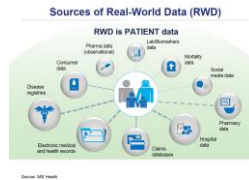
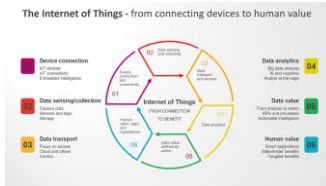
1. Data representativeness is limited in Austria, Croatia, the Czech Republic, Estonia, Norway and Romania and very limited in Denmark and Sweden.

Source: ECDC (2013), Point Prevalence Survey.

# Belgian Healthcare System : Many challenges



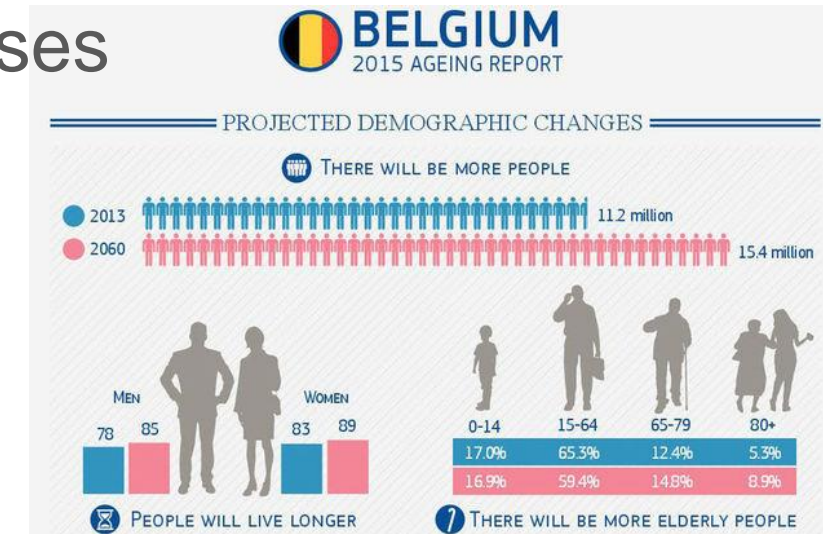
- Growth and aging of the population
- Increase in chronic diseases



- Technological evolution



Health care professional burnout represents real suffering among people dedicated to preventing and relieving the suffering of others. The high prevalence of burnout among health care professionals is cause for concern because it appears to be affecting **quality, safety, and health care system** performance. Efforts are needed to address this growing problem. ”  
-Dyrbye et al., 2017



- Absenteeism rate, lack of nurses and physicians, high burnout



all teach,  
all learn

\* inspired by HII



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# Quality and Safety

In Belgian Healthcare



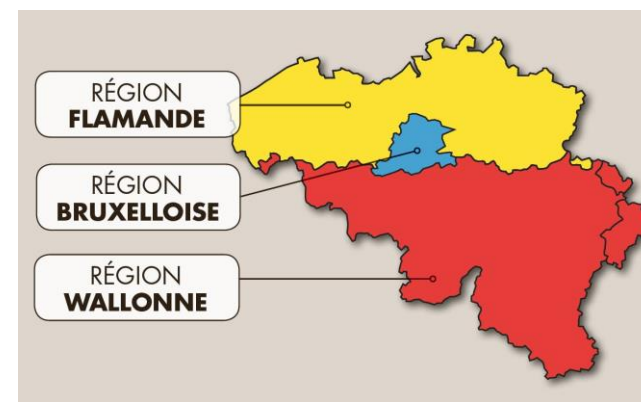
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# Federal level

- Hospitals Act : 23<sup>rd</sup> of December 1963
- Internal and external evaluation of Medical activities & Nursing
- Infections Prevention
- Medication, Transfusion, Medical Imagery
- Care Pathways
- Recently
  - Law on the quality of health care practice
  - Hospital audit – Proof of concept
- **Very few attention to the system itself, with the exception of « Patient Safety 2007 – 2017 »**

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# Regional policies



- Flanders [2009]
  - Inspection Reform
  - Publication of Inspection Reports
  - Encourage hospital accreditation
  - Development of quality indicators
- Brussels : Plan Santé Bruxellois (Quality matters) [2019, if...]
- Wallonia [2017]
  - Walloon Plan for the Quality of Hospital Care [2013]
  - Accreditation and Indicators may play a role in obtaining infrastructure financing [2017]



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# Developing a regional strategy



**work in progress**

# THE ECONOMICS OF PATIENT SAFETY

Strengthening a value-based approach to reducing patient harm at national level

Luke Slawomirski, Ane Auraaen and Niek Klazinga



## OECD Study

- Literature review
- Safety interventions
  - Cost/Benefit
  - Bundle

## Regional Strategy – 1<sup>st</sup> step

- Survey
  - 13 healthcare providers associations
  - 2 experts
- Workshops

MARCH 2017



# Interventions

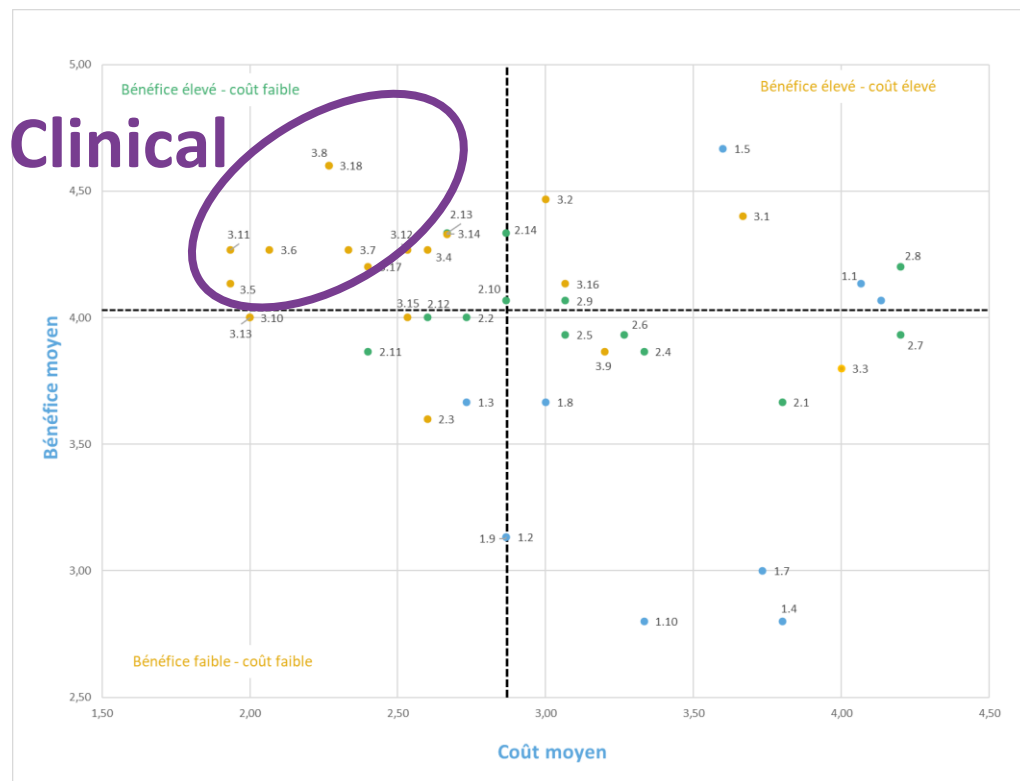
1. System level interventions	2. Organisational (institutional) level interventions	3. Clinical-level interventions
1.1 Safety Standards linked to accreditation and certification	2.1 Clinical governance systems and frameworks related to safety	3.1 Medication management / reconciliation
1.2 Public reporting of patient safety indicators	2.2 Clinical incident reporting and management system	3.2 Transcribing error minimisation protocols
1.3 Mandatory reporting of specified adverse events	2.3 Integrated patient complaints reporting system	3.3 Smart infusion pumps and drug administration systems
1.4 Pay-for performance schemes for patient safety	2.4 Monitoring and feedback of patient safety indicators	3.4 Aseptic technique protocols and barrier precautions
1.5 Professional education and training	2.5 Person- and patient-engagement initiatives	3.5 Urinary catheter use and insertion protocols
1.6 Electronic Health Record (EHR) systems	2.6 Clinical communication protocols and training	3.6 Central line catheter insertion protocols
1.7 No-fault medical negligence legislation	2.7 Digital technology solutions for safety	3.7 Ventilator-associated pneumonia minimisation protocols
1.8 System-level public engagement and health literacy initiatives	2.8 Human resources interventions	3.8 Procedural / surgical checklists
1.9 National interventions based on specific safety themes	2.9 Building a positive safety culture	3.9 Operating room integration and display checklists
1.10 A national agency responsible for patient safety	2.10 Infection detection, reporting and surveillance systems	3.10 Peri-operative medication protocols
	2.11 Hand hygiene initiatives	3.11 VTE prevention protocols
	2.12 Antimicrobial stewardship	3.12 Clinical care standards
	2.13 Blood and blood management protocols	3.13 Pressure injury (ulcer) prevention protocols
	2.14 Medical equipment sterilisation protocols	3.14 Falls prevention protocols
		3.15 Acute delirium & cognitive impairment management programs
		3.16 Response to clinical deterioration
		3.17 Patient hydration and nutrition standards
		3.18 Patient identification and procedure matching protocols

Source: OECD patient safety snapshot survey 2017

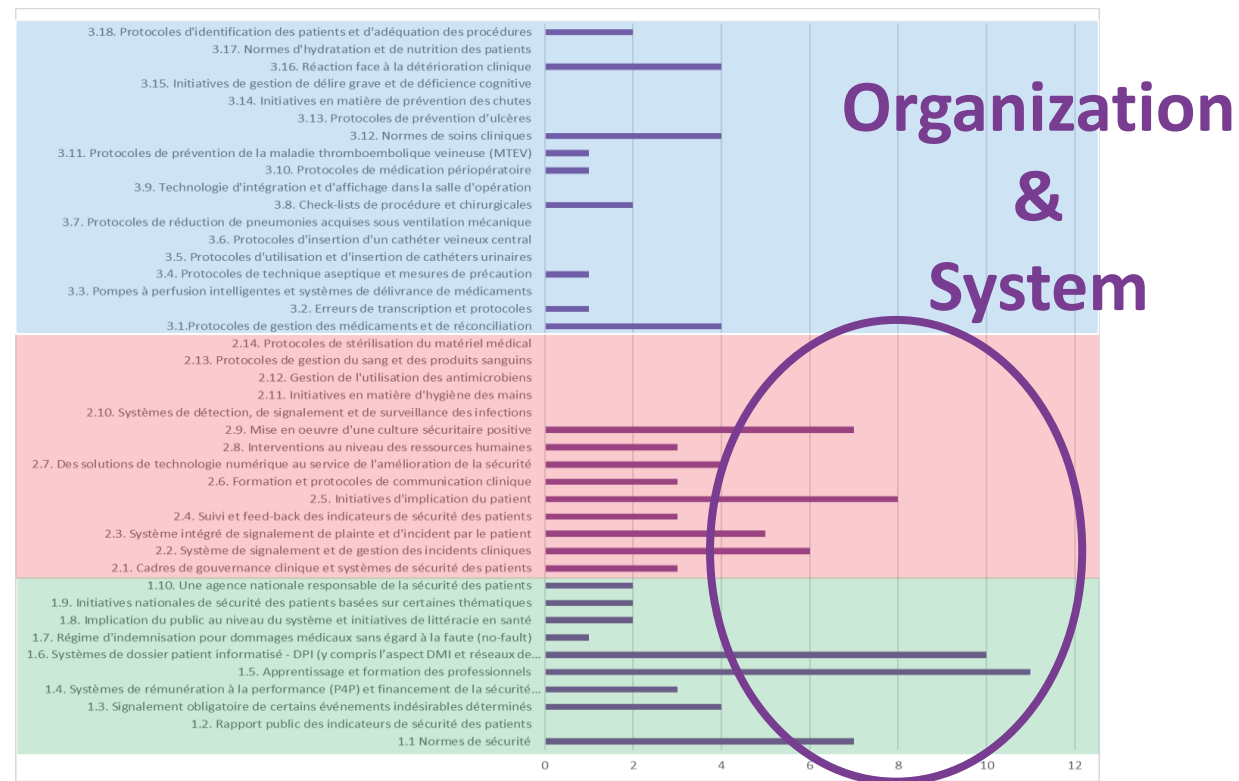


# What we found out

## Cost/Benefit



## Bundle





# Regional Strategy – Priorities



- Training of professionals
- Management of AEs
- Measures & Indicators
- Safety standards
- Involvement of patients and families



## Regional Strategy – 2<sup>nd</sup> step

- Survey
  - > 700
  - What is the current situation ?
  - What could we do to improve ?
- Workshops





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## What we learnt

- Q/S topics in training : low and no methodology
- Most professionals know what an AE is, but a lot of work has still to be done on using AE and Just Culture. Compulsory and anonymous reporting is still debated
- Measures are useful, but not well known and used. Public reporting is still debated
- Safety standards should be included in the law, focussing on patient safety priorities
- Involving patients and families is important, but...



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## Where we are now ...

- Main objective : develop and sustain a strong safety culture
- We HAVE to know the current situation and monitor the improvement
  - Trigger tool
  - Quality and Safety indicators at the meso/macro level
- We HAVE to identify priorities based on measures, literature, and international experiences and best practices



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## Where we are now ...

Based on these identified priorities, we should

- Increase Q/S in basic and continuous training : raise competencies and awareness
- Organize campaigns on AE reporting and how it can be used for improvement
- Develop safety standards, based on best practices
- Foster a QI sets allowing to monitor the improvement, with regular feedback to front line
- Make sure that Patients and Families are involved as much as possible



World

Patient Safety

Day 17 September 2019

# MAKING THE *SHIFT* TOWARDS HIGHLY **RELIABLE** HEALTHCARE

Save <sup>the</sup> DATE

3  
octobre  
2019

FAIRE DE LA SÉCURITÉ DES  
PATIENTS UNE PRIORITÉ

PATIENTVEILIGHEID  
ALS PRIORITEIT

- Dr. Rola HAMMOUD, Lebanese Society for Quality and Safety in Healthcare
- Dr. Peter LACHMAN, ISQUA
- Leslee THOMPSON, HSO & AC
- Dr. Tejal K. GANDHI, IHI
- Dr. Aidan FOWLER, NHS Improvement
- Patient Safety Institutes



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*How can I improve  
healthcare today ?*

