# Patient safety

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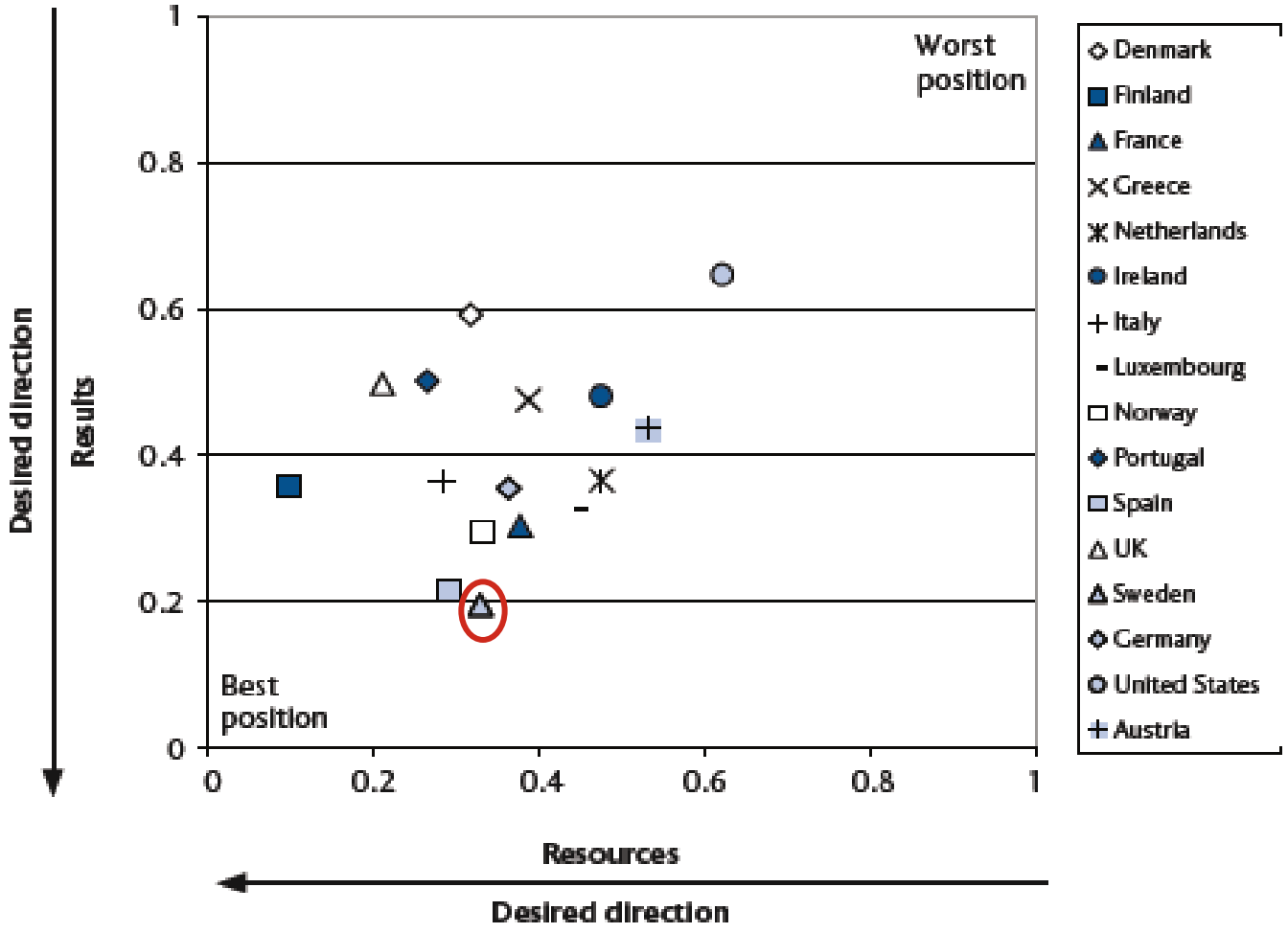
Worst position
Best position
Desired direction
Results
Resources
Desired direction
0
0.2
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1
Denmark
Finland
France
Greece
Netherlands
Ireland
Italy
Luxembourg
Norway
Portugal
Spain
UK
Sweden
Germany
United States
Austria

Hierarchies

Waiting times

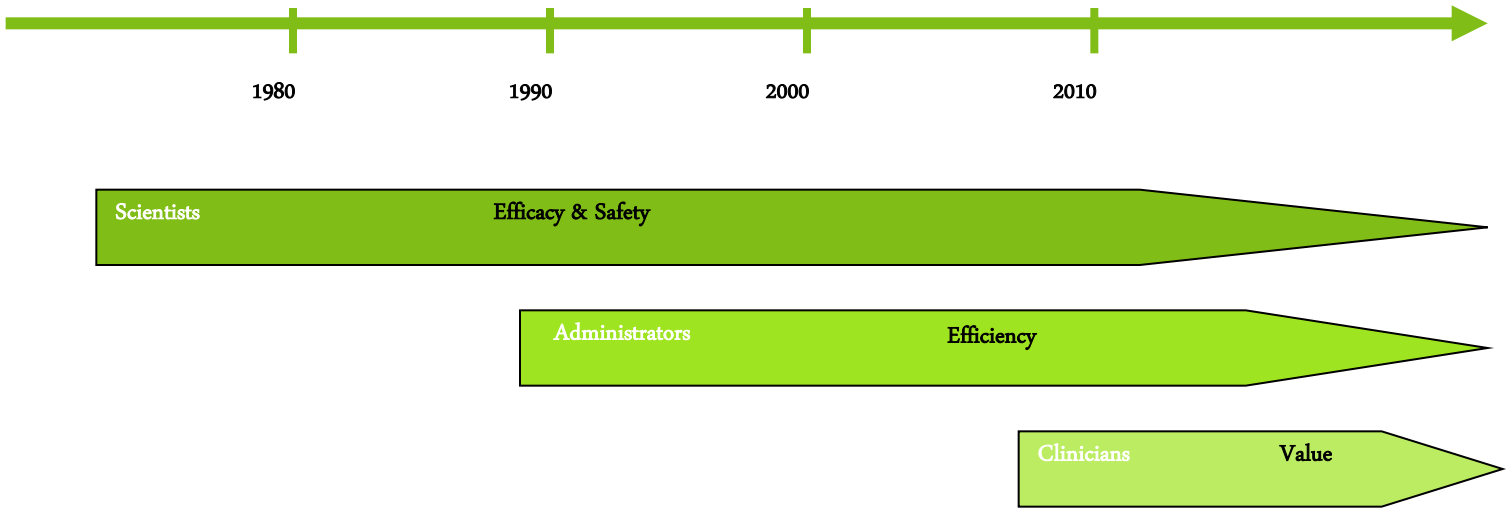
Lack of transparency

Bureaucratic

Monopoly

Traditional

# Valuebased helathcare – new paradigm emerging




- Measured as outcomes,not inputs
- Defined around patient, not supplier
- Measured over full cycle-of-care

Source: Institute of Strategy and Competitiveness, Harvard Business School; BCG analysis

Safety

Freedom of choice

Easy access to care

Open and transparent comparisons

Plurality of providers

Transparent

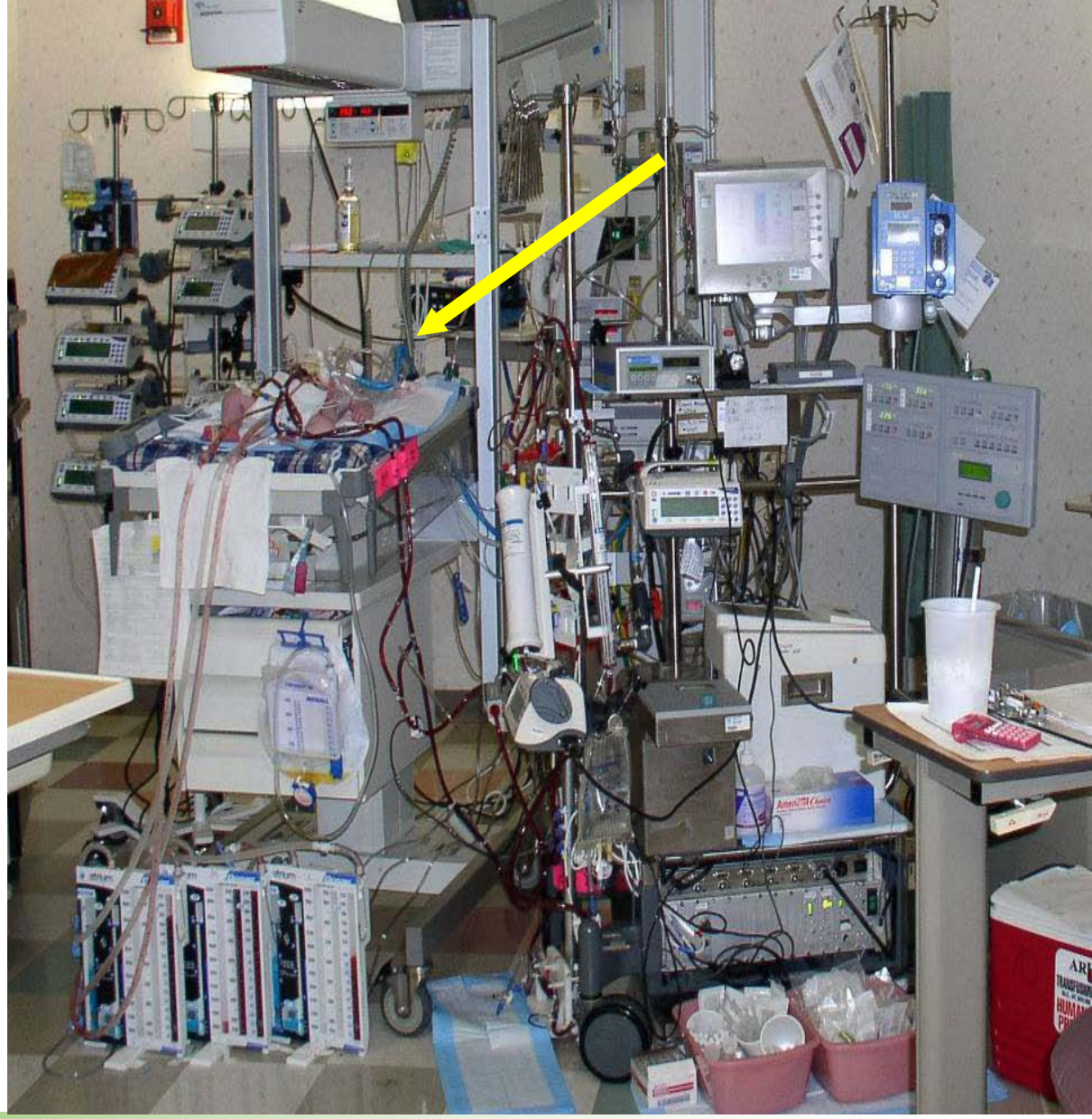
1) Ensure easy access to care through a wide variety of private and public healthcare providers

2) Ensure that the Health Care sector is evidence based

3) Ensure that patients are provided with tools for active participation

4) Create models for open and transparent comparisons of healthcare quality and outcomes

5) Capture and use experiences for systematic and on-going improvements of the healthcare system



*'The complexity of modern medicine exceeds the inherent limitations of the unaided human mind.'*

David M. Eddy
MD, Ph.D.

# Background

## 2008 – 1st National study on preventable adverse events

- 100 000 patients/year face an avoidable patient injury one in ten patients in Swedish somatic health care have suffered a preventable adverse event
- 3 000 lives/year

## Previous legislation and system

- Insufficient reporting of adverse events
- Weak role of patients (i.e. sometimes complaints dismissed due to formalities)
- Lack of system perspective organization
- Culture in health care not enough focused on exchanging views and learning (i.e. we need an iterative culture of continuous improvements)

# New Patient Safety legislation

1. Reformed system of individual responsibility
2. Easier for patients to participate, call attention to shortcomings and complain…
3. Increased focus on the responsibilities of the care giver

# 1. Individual responsibility remains

- *National board of health and welfare gets increased possibilities to criticize individuals as well as care givers. Today, this is done in two separate processes at two different agencies.*
- *Increased focus on “high risk individuals” (lack of respect for guidelines, drug and alcohol abuse etc.)*
- Easier to withdraw ”license” etc.

# 2. Easier for patients to participate, call attention to shortcomings and complain…

- Increased patient participation
- Patients do not have to identify whom/what went wrong – it is enough to report the incident/accident itself.

# 3. Increased focus on the responsibilities of the care giver

- Preventive actions
- Risk analysis
- Sufficient health care staff / personell competence
- Obligation to inform patients after occured injuries – lessons learned…
- Mandatory annual patient safety report