

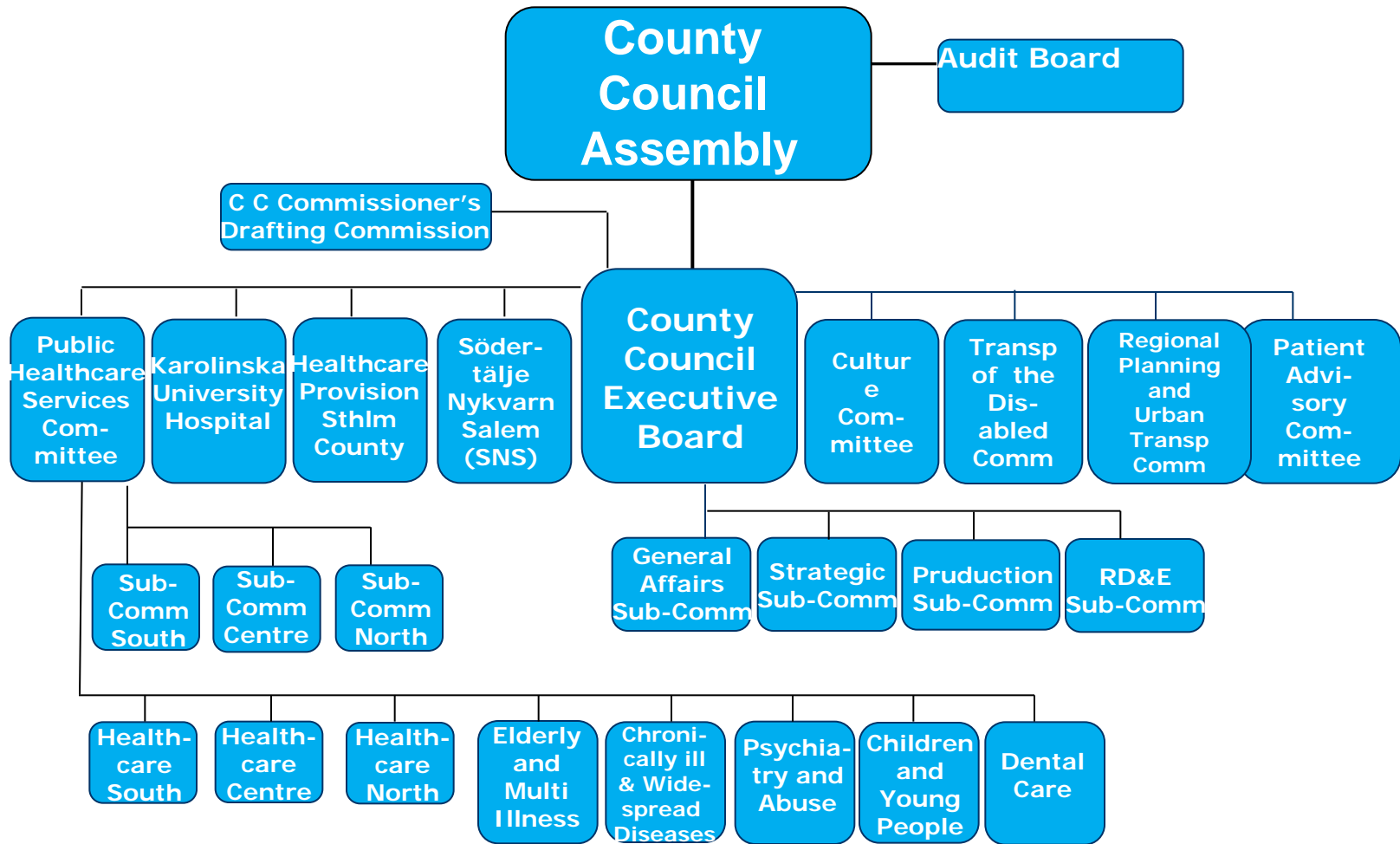
Safety in Healthcare, how to govern in different organisations

1st Nordic Patient Safety conference

May 20th – May 21th 2010

Stockholm, Sweden

Political organization



Geographical Sub-Committees

Drafting-Committees

Stockholm County Council

- Is responsible for ensuring 2 million inhabitants access to good healthcare
- The public healthcare is tax financed
- The County Council Assembly has summarised long-term planning for healthcare in three words: *choice, diversity and security*

Purchaser – provider system is used

- The Public Healthcare Services Committee and Administration is the purchaser/financing part drawing up contracts with both public/county council and private providers

The Public Healthcare Services Committee

- The political aim for the next budget 2010 and 2011-2012 is that *No patient will be subjected to avoidable harm in case of treatment in public financed healthcare*

Six national areas for improvement

The National Board of Health and Welfare and the Swedish Association of Local Authorities and Regions (SALAR) six areas for improvement in patient safety

Reducing healthcare associated

- Urinary tract infections
- Central venous catheter infections
- Surgical site infections
- Adverse drug events
- Harm from falls
- Pressure ulcure

Patient safety Committee

- Responsible for the activities of the Public Healthcare Providers

How do you govern in a purchaser – provider organisation with a variety of both public and private providers to fulfil the aims of

- The County Council Assembly
- The Public Healthcare Services Committee
- The National Board of Health and Welfare and the Swedish Association of Local Authorities and Regions (SALAR) six areas for improvement

Methods

- From negotiations to value based action in the purchasing administration
- Identify the improvement areas in the healthcare supplied and support new ways of acting
- Reimbursement system – develop incentives to support better performance and pay by medical results instead of only production performance

Strategies

1. Facilitate the spread of knowledge both internally and externally to public and private providers.
2. Better monitoring and evaluating of the results in healthcare interventions for the patients. Results presents in public
3. Develop electronically support for retrospective review of patient records using Global Trigger Tool (GTT) to identify and prohibit new adverse events. Introduce and develop Riskstratifying according to Physiological and Operative Severity Score for the enUmeration of Mortality and morbidity (POSSUM) in ortopaedic surgery and for planning the need of i e critical care
4. Support for the introduction of Medication reconciliation and discharge medication orders written for the patient
5. Develop better monitoring and electronically support to reduce the use of antibiotics
6. Develop programs reducing the number of healthy people carrier of methicillin-resistant *Staphylococcus aureus* (MRSA) in healthy people

Results

As a result all political proposals for decisions had to be judged in according to the consequences for patientsafety

Electronically support – two posters

- 1) Automated Adverse Event Monitoring – promote safety and quality in Healthcare
- 2) POSSUM Pre-operative risk assessment of patients for managing treatment, length of stay and critical care

Reimbursement of knee/hip replacement surgery ("Vårdval")

- Patients ASA classifications 1-2
- A single price per operation
- Bonus-penalty 3%
- Responsibility for reoperations within 2 years from first operation due to adverse events
- Price covers up to 2,2 % reoperation

1% of total reimbursement is linked to quality outcomes

- 1% of budget
- 19 outcome **indicators**
- **Weighted** indicators
- **Relative system**
- Basis for **ranking system**

Set of indicators...

From 2009 quality reimbursement is based on 19 indicators

Evidence based and purposeful care

- Cancer care, reoperations after primary surgery of rectal cancer
- Stroke care, trombolysis treatment for stroke patients
- Orthopaedic care, reporting to national knee plastic register
- Cancer care, coverage in national cancer register
- Stroke care, share treated in dedicated stroke unit
- Cardiac care, RIKS-HIA total quality index and coverage

Safe care

- Uncorrected mortality in inpatient care
- Adverse effect from pharmaceuticals (ADR, Y57.9)
- Serious pharmaceutical incidents
- MRSA-sampling among risk patients
- Care related infections
- Existence of pressure wounds
- Existence of wounds relating from XX (Förekomst av värdsador, GTT
- Intensive care, loss in Apache-registry (IVA, Bortfall i Apache-registrering

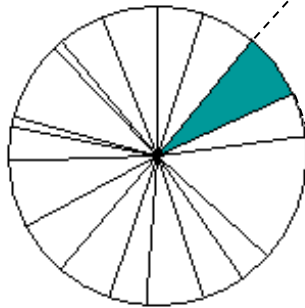
Patient focused care

- Nutrition
- Share of stroke patients ASL 3 months after stroke Andel strokepat ADL tre mån efter stroke

Efficient care

- Hip fracture – waiting time to surgery
- Throughput time in A&E Handläggningstid vid akutmottagning

...weighted separately..and ranked vs. other providers



Best outcome
among providers
previous year



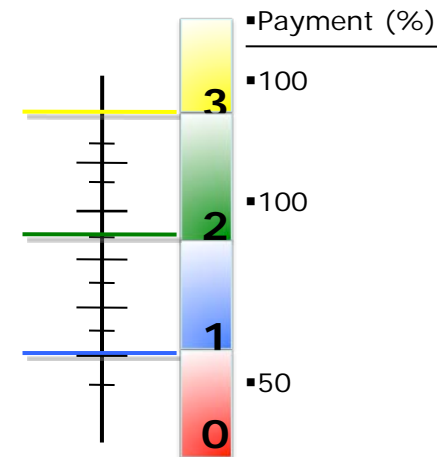
Target

Pass



Minimum

Second worst
outcome among
providers previous
year



Future activities ?

- More monitoring of the results, both medical and economical
- Increase follow up of all providers in the perspectives equitable, effective and safe healthcare
- More focus on the application of the Swedish law on priority in healthcare