



Patient Safety in Danish Cancer Care

**1st Nordic Patient Safety Conference
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Background

- 30,000 people in Denmark get cancer each year – 230,000 live with cancer
- The cancer pathway: complex treatments, different healthcare professionals, several treatment facilities and sectors
- Prevention requires knowledge – which adverse events occur in cancer treatment?



Objective

- Identification of safety hazards for Danish cancer patients
 - Types of events
 - Severity
 - Frequency
- Test of 'new' methods

Methods

A multi-method strategy

- A. Retrospective chart review using the Global Trigger Tool (GTT)
- B. Analysis of adverse events reported by health care professionals to the Danish Patient Safety Database (DPSD) in cooperation with the National Board of Health
- C. Patient reporting of adverse events

GTT – material

- A total of 573 charts
- random sample of charts from 5 wards
- May-October 2008, 6 months
- extra criteria of inclusion: cancer diagnosis

| Ward | Type of cancer | Number of records |
|---------------------------|--|-------------------|
| Gynecologic surgery | Uterine, cervical, ovarian, vulvar | 118 |
| Thoragic surgery | Lung | 96 |
| Gastro-Intestinal surgery | Colon, rectal, breast, neck | 120 |
| Breast surgery | Breast | 119 |
| Oncology | Oral cavity, thyroid, breast, lung, esophageal, gastric, colon, rectal, pancreatic, renal, adrenal, peritoneal, prostate, ovarian, melanoma and leiomyosarcoma | 120 |

GTT – results

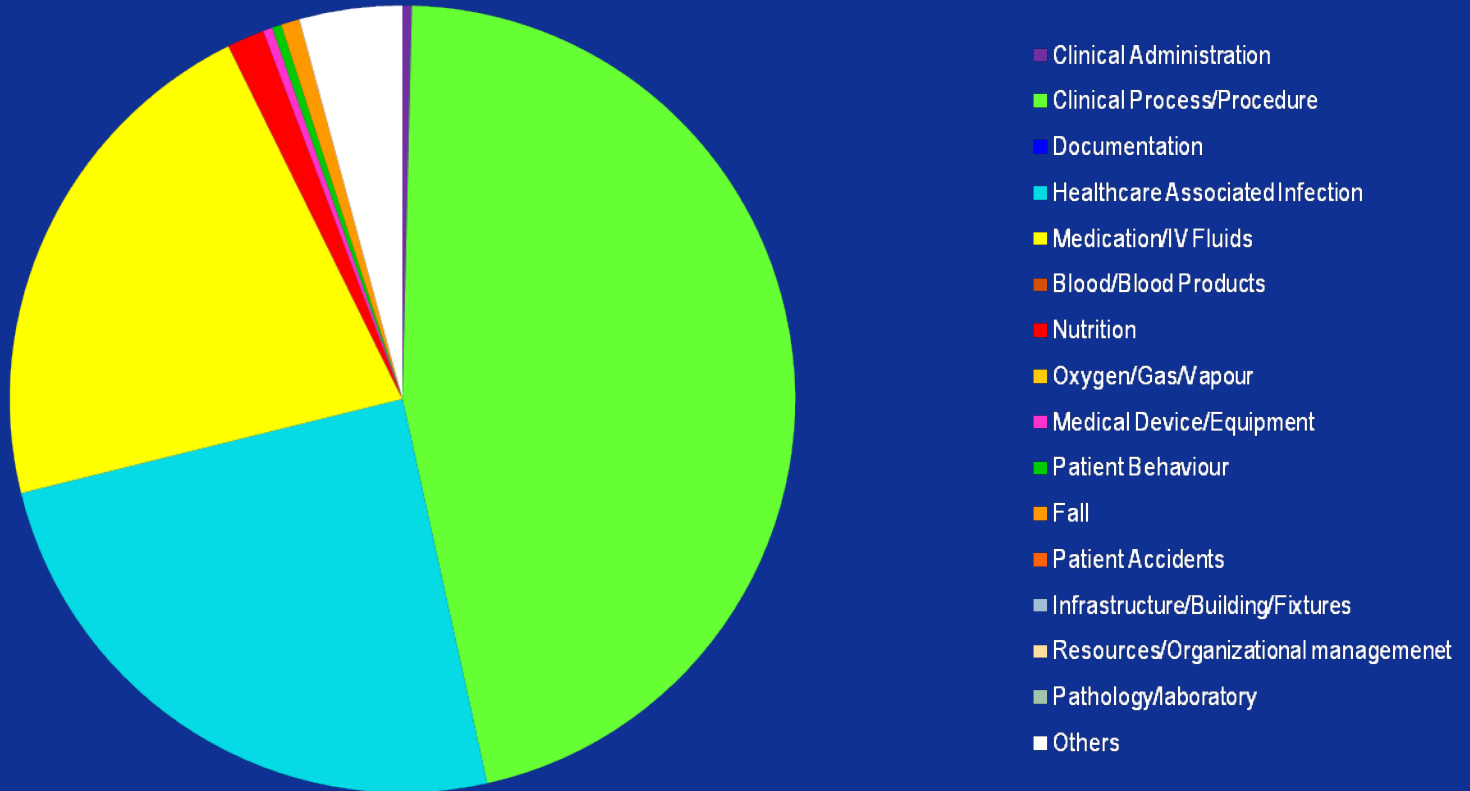
- Aggregated results – all wards:
 - In total: 260 AEs
 - 68 AEs/1,000 patient days
 - 46 AEs/100 admissions
 - 28 % admissions with an AE

IHI reference:

- 90 AEs/1,000 patient days
- 40 AEs/100 admissions
- 30-35 % admissions with AE

GTT – event types

AE types*



*International Classification for Patient Safety (ICPS), WHO



GTT – major event categories

- Major Event categories* – all wards
 - Clinical Process/Procedure (46 %)
 - Surgical complications**
 - Bleedings
 - Perforations/lesions
 - Pressure ulcers**
 - Healthcare Associated Infection (25 %)
 - Airway**
 - Urinary tract**
 - Surgical site**
 - Medication/IV Fluids (22 %)
 - IV-catheter complications**
 - Problems related to epidural analgesia**

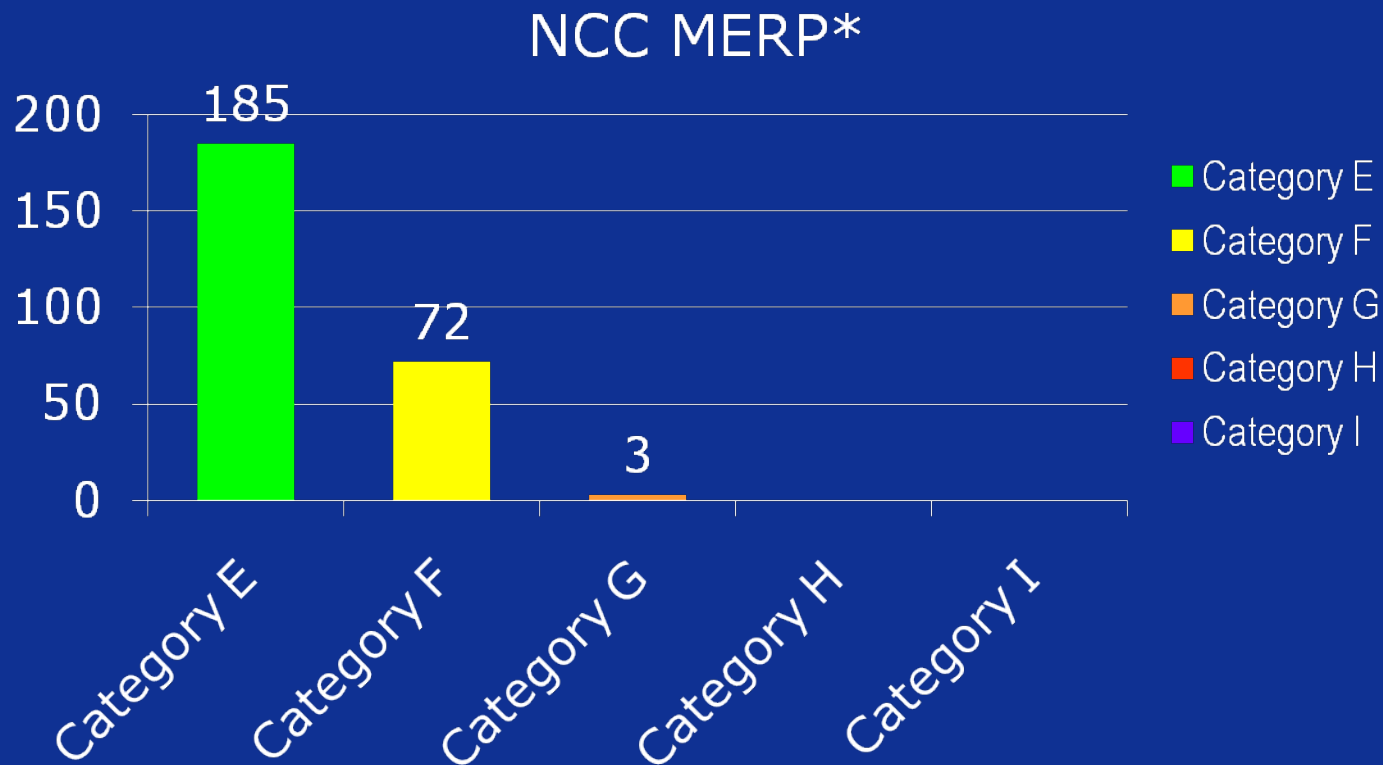
* International Classification for Patient Safety, WHO

** Not part of ICPS – project classification



GTT - harm

- Distribution of Harm by Category – all wards



*National Coordinating Council for Medication Error Reporting and Prevention

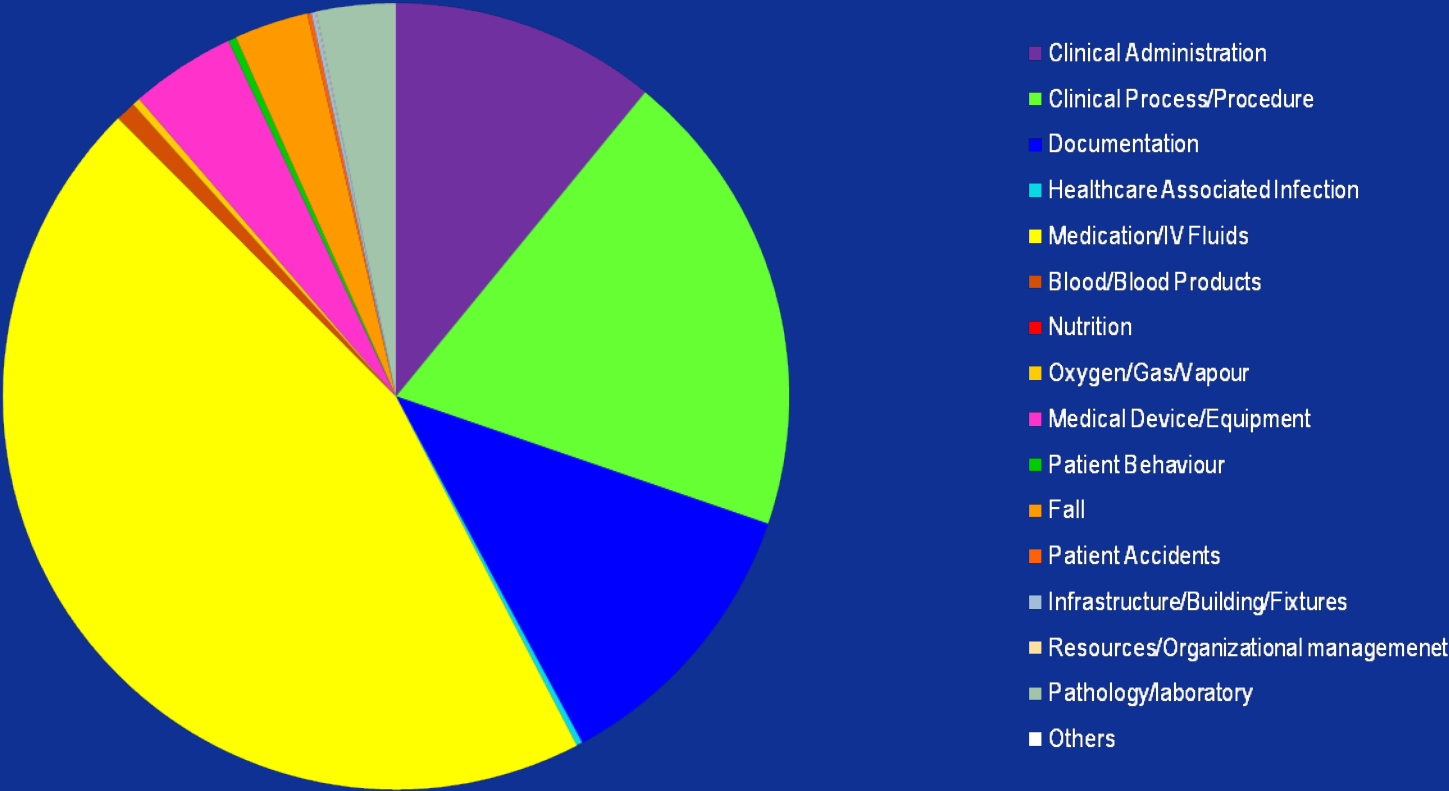


DPSD - material

- January 2004 – June 2008, 4½ years
- A total of 40,773 AEs reported to DPSD
- No disease registration – identification of cases using text search
- 2,429 cancer related AE-reports in DPSD (6 %)

DPSD – event types

AE types



*International Classification for Patient Safety (ICPS), WHO



DPSD – event types

- Major event categories*
 - Medication/IV Fluids (45 %)
 - Chemotherapy**
 - Clinical process (19 %)
 - Procedure/treatment
 - Surgery**
 - Radiotherapy**
 - Documentation (12 %)
 - Reports/Results/Images
 - Charts/medical records
 - Clinical administration (11 %)
 - Referral/Consultation
 - Appointment

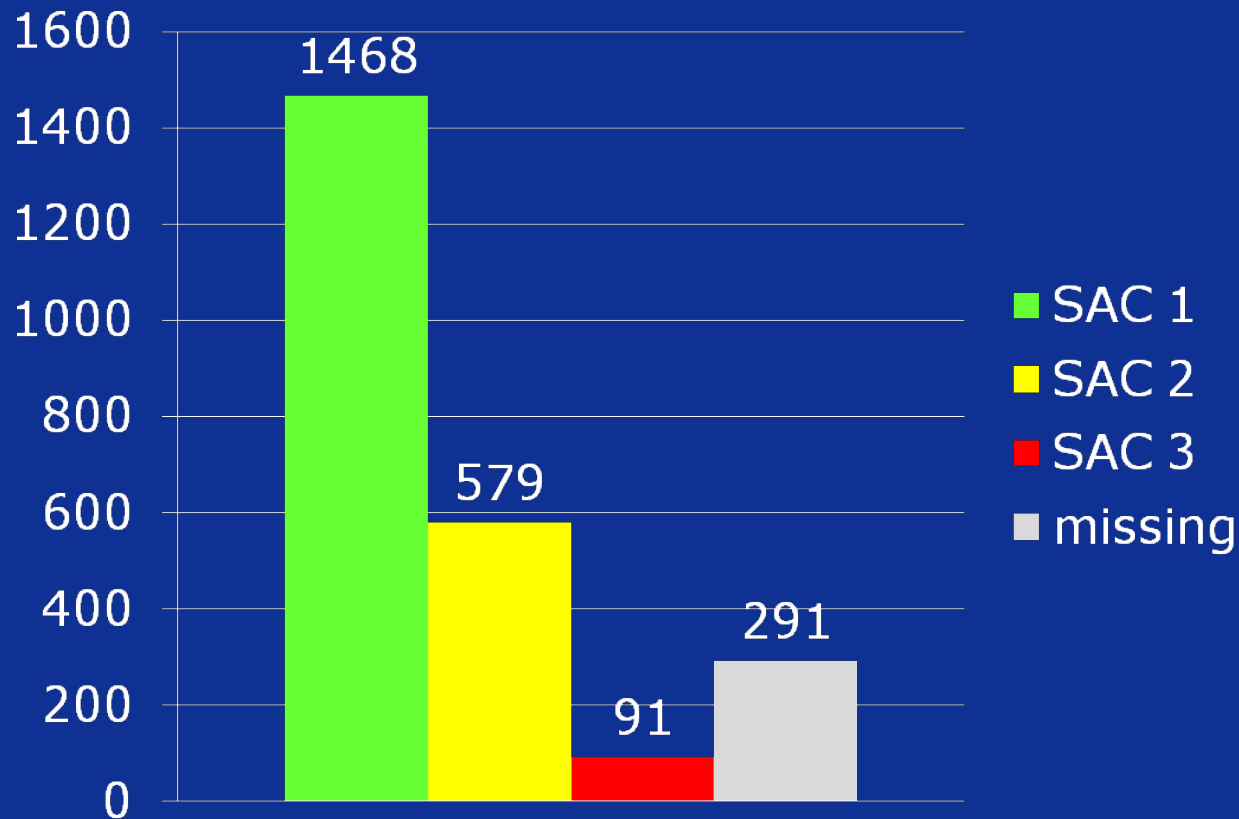
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DPSD – Risk (severity x probability)

- Distribution of Risk by Category (SAC score)*



*Safety Assessment Code



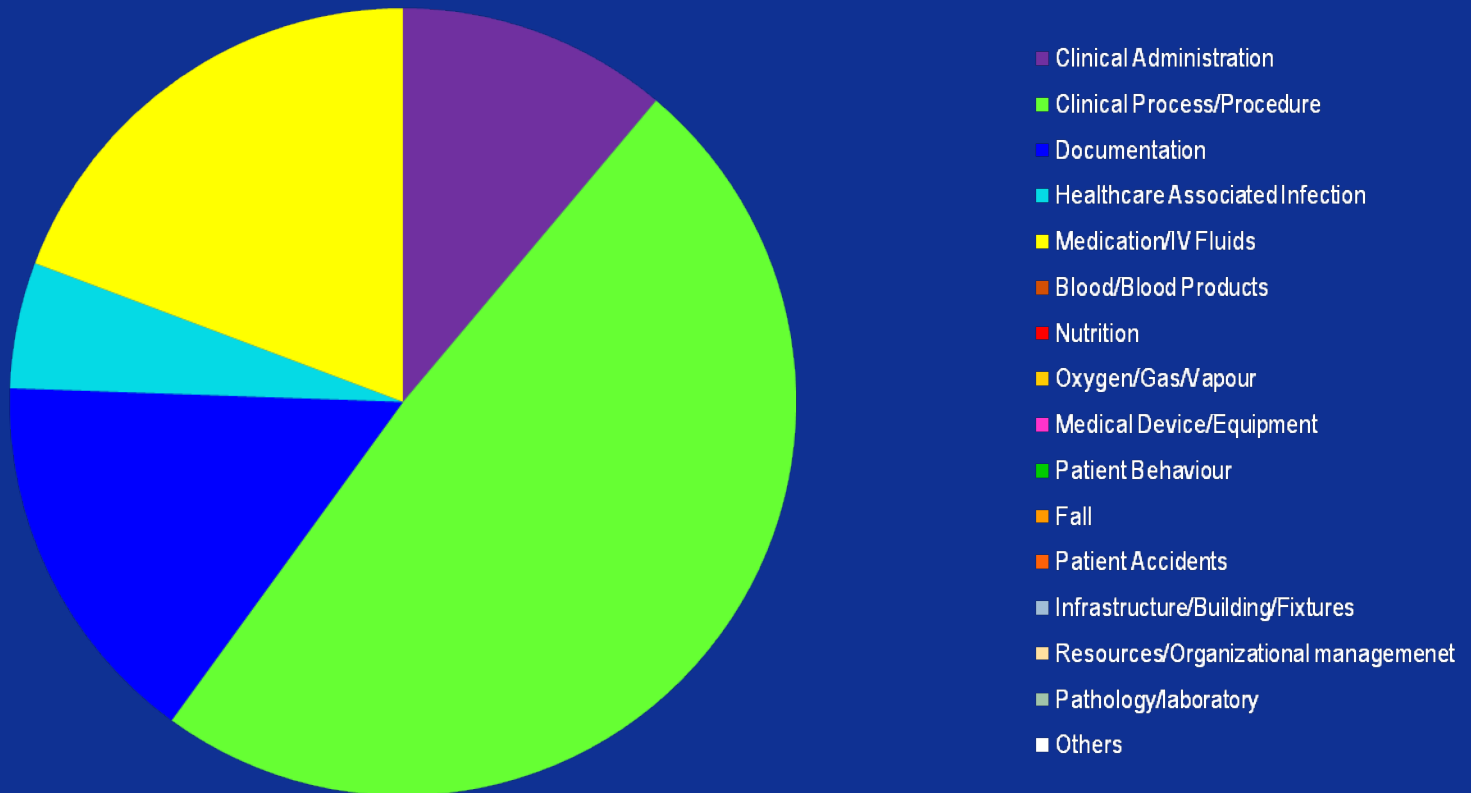
Patient reporting - material

- Pilot: December 2008 to March 2009
- Reporting by web www.cancer.dk or paper based
- 102 reports describing 151 events



Patient reporting – event types

AE types*



*International Classification for Patient Safety (ICPS), WHO



Patient reporting – event types

- Event categories*
 - Clinical process (49 %)
 - Diagnosis/assessment
 - Procedure/treatment
 - General care/management
 - Medication/IV fluids (19 %)
 - Prescribing
 - Administration
 - Dispensing
 - Communication/Information (16 %) ** ~ 'Documentation'
 - Missing/wrong/changing
 - Clinical administration (11 %)
 - Handover/transfer of care
 - Appointment
 - Healthcare associated infection (5 %)

* International Classification for Patient Safety, WHO

** Not part of ICPS – project classification



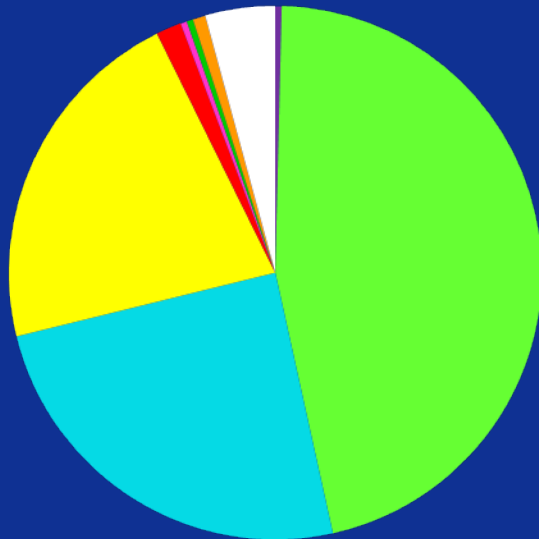
Patient reporting - consequences

- Physical
 - Change of planned treatment
 - conversion to open procedure
 - Medication
 - Deterioration of long-term prognosis
- Psychological (relatives also!)
 - Emotional impact of the events and their consequences
 - Fear and loss of trust in the health care system
- Social
 - Loss of work, social services etc.
 - Reduced working and functional ability

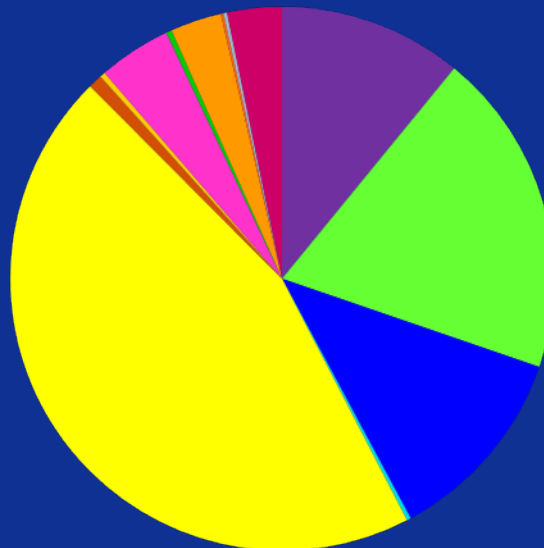
Conclusion - results

- Types of AEs differ according to the methods used
- No single method can draw a complete picture of the risks in cancer treatment

GTT



DPSD



Patient reporting



Conclusion - methods

- GTT
 - is 'global' - not cancer specific
 - focus limited to hospitals care
 - includes events that are documented in the chart
 - duplicates knowledge from existing clinical databases
- DPSD
 - data is subject to limitations of under-reporting
 - no disease registration – cases identified by text search
- Patient reporting
 - Reporting needs to be stimulated
 - Complement existing knowledge
 - Multi-event reports and analyses



Perspectives

- Getting from 'event typing' to safety enhancement requires further analyses and intervention
- Implementation of recommended interventions
 - Co-operation with clinicians
 - Working together with professional societies etc.
 - Public attention and political pressure
- Further work:
 - Patient safety in the entire cancer pathway
 - Patient involvement

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Reports

www.cancer.dk/rapporter

