EUNetPaS
European Union Network for Patient Safety

PSQCGWG 24 September 2009

EUNetPaS is a project which has received funding from the European Union in the framework of the Public Health Programme
Patient Safety:
Freedom for a patient from unnecessary harm or potential harm associated with healthcare.

COUNCIL RECOMMENDATION on patient safety, including the prevention and control of healthcare associated infections
OBJECTIVES of EUNetPaS

- To produce European added value of Member States collaboration by mutual support, and exchange of ideas and materials for accelerating progress
- To set up a pan European NETWORK for patient safety involving stakeholders organised around national coordinators (National platforms)
- To pilot tools to reduce medication errors as a first step
- To promote education, a change in culture and a learning environment
- To propose a basis for research projects for better safety.
EUNetPaS: an EU network…

A platform at EU level for collaboration and networking between:

- 27 Member States
- international organizations
- stakeholders in the field of Patient Safety (decision makers, health care professionals, patients, researchers …)
National Institutions on Patient Safety (PS):
- Health Care Quality agencies
- Dedicated PS agencies or Department
- Decision makers and financers
- Healthcare professionals
- Patient representatives
- Research teams on PS
WP1: culture
WP2: education
WP3: reporting and learning
WP4: medication safety
WP5: coordination
WP6: communication
WP7: evaluation

Decision makers
HC professionals
National Contact Point
Research
Patients Consumers
National Platform
Network development
National Patient Safety platforms

• Austria
• Belgium
• Denmark
• Finland
• France
• Germany

• Greece
• Ireland
• Poland
• Spain
• Sweden
• UK…
WP1 Patient Safety Culture

- Netherlands CBO (leader), Spain, Lithuania, European Fed. of Nurses (EFN), European Society of Quality in Healthcare (ESQH), OECD

Objective 2:
Building on previous work and using the network, collect and exchange information regarding PS culture practices and indicators in MS and make it accessible to stakeholders through a web based system.

Objective 3:
Using the organizational framework of the network (national contact points coordinating national platforms) and the expertise of national agencies, define and evaluate instruments for assessing PS culture in health care organizations of MS.
WP1: Work plan

- End 08  Litterature review and situation analysis
- June 09  Selection of measurement tools and collection of practical experience using them leading to a compendium of good practices
- September to November 09  Testing of instruments in Member States
- Dec. 09  PS Culture Indicators and the links between PSC measurements and organisational and clinical performance
- June 2010  Recommendations on the use of PSC measurement tools
WP1: Information sharing
Matrix looking for info and contact in the 27 MS

Culture:
- PS culture surveys?
- PS culture tools?
- PS indicators (national, regional, HCO level)
- Medication safety indicators

Learning activities:
- Organisations involved
- Type (undergraduate, postgraduate, MSc programme...)
- Delivery platform (seminar, book, distance learning...)
- Duration and renewal
- Target audience
- Expected outcomes and evaluation

Reporting and learning systems:
- Description
- Funding
- Organisation and contact person

Good practices in reducing medication errors in hospitals.
- Description
- Efficiency
- Contact
A second version of the Database is online since July 2009
.user friendly
.very simple access
A new reminder will be sent to NCPs to urge them to share validated national information with partners

The first objective of EUNetPaS is “To produce European added value of Member States collaboration by mutual support, and exchange of ideas and materials for accelerating progress”
Patient Safety Culture Instruments – latest developments

- Feed back have been received from 24 Member States plus Norway, Switzerland and Iceland regarding the usability of the proposed PSCIs

- Pilot test of PSCIs will be organised in Lithuania as scheduled.
– A further literature search on links between PSC measurements and organisational or clinical performance

– Collection of experiences in MS on the links between PSC measurements and patient safety indicators of organisational and clinical performance

– The patient safety indicators (PSI) questionnaire should be finalized during the next WP1 meeting to be held 2nd October in Madrid.
WP2 Education and Training

- Greece (leader), UK, Spain, Germany, Ireland, Lithuania, EPF, CPME, EFN, ESQH

Promote PS Education and Training which is inspired by our common principles and values through …

- Dec. 2008  Collection of basic competences and teaching programs in Patient Safety (PS)

- Jan. 2010  Education and training Guideline

- Jan. 2010 – June 2010  testing
DATA COLLECTION WP2.

<table>
<thead>
<tr>
<th>Country</th>
<th>number of questionnaires</th>
</tr>
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<tbody>
<tr>
<td>Austria</td>
<td>2</td>
</tr>
<tr>
<td>Denmark</td>
<td>3</td>
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<tr>
<td>Ireland</td>
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</tr>
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<td>Cyprus</td>
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</tr>
<tr>
<td>Spain</td>
<td>10</td>
</tr>
</tbody>
</table>

Germany: report summarizing the results of 17 activities

Validation of the draft by SC in Athens: Jan. 2010

Good practices illustrating the guide line recommendations will be proposed by NCPs to feed the “knowledge map”. (CPME, EFN, GCPS).

Pilot testing under discussion with Spain and Cyprus
WP3 Reporting and Learning Systems

- DK National Board of Health (leader), Sweden, Lithuania, Greece, Portugal, Netherlands, UK, Finland, Slovakia, Italy, Poland, Hungary, Norway, Latvia, Germany, Romania

- Objectives
  - to establish European-wide collation, analysis and sharing of information on patient safety problems drawn from national/regional level patient safety reporting and learning systems.
  - to make the information available to all Member States
Time frame

- maj 09: Questionnaire R&L Systems
- jul 09: National programs identified
- okt 09: Database structure
- jan 10: Relate core information
- apr 10: Data validation
- maj 10: RAM in place
- apr 09: Database structure
- sep 09: Database structure
- nov 09: Data validation
- maj 09: Web-based library
- dec 09: Web-based library
64 Regional or National Reporting and Learning Systems

- 2 Member States > 15 systems
- 2 Member States = 7 systems
- 1 Member State = 6 systems
- 3 Member States = 3 systems
- 2 Member States = 2 systems
- 1 Member State = 1 system
- 17 Member States = 0 system
The tools

• a web-based library on best practices
  - legal framework
  - organisational structure
  - culture
  - data structure

• a sub-network of reporting systems and experts
Deliverables

• a web-based library on R&L Systems in Europe
  - organisational and Data structure

• Rapid Alert Mechanism
  - sharing high-priority patient safety issues

• EU patient safety solution bank
  - build upon existing data
- A more detailed questionnaire will be sent shortly to the first round contact persons to describe their reporting systems.

- This second round of data collection describing MS experiences in developing and implementing reporting and learning systems will be achieved May 15th.
WP 4 Pilot Implementation on Medication Safety

- European Federation of Hospitals HOPE (leader), Finland, Belgium, Austria, EFN (nurses), PGEU (pharmacists), EAHP
- Pilot testing: Lithuania, Denmark, Netherlands, France, Portugal, Greece, Ireland, Italy

- **Objectives:**

  To identify good practices in reducing medication errors in hospital, select a number of those and implement them in hospitals (3 hospitals in each of the 10 participating member states)

  To create a community with those hospitals to exchange at the level of the health professionals directly involved in clinical care
WP 4 Pilot Implementation on Medication Safety

Work plan

- Oct.08 Collection and selection of good practices

- Jan.09 Translation of good practices into implementation tools

- March 09 Selection of participating hospitals

- April 09 Field implementation
  Mid term evaluation process going on

March 10 Recommendation
Collection and selection of good practices

1) Template (February - March 2008)

Description of the example, reason, evidence, cost of the implementation, hospital contacts

2) Data collection in two stages (98 templates collected from 23 MS):

1st round 11 April - 5 June 2008 (29 templates)
2nd round 5 June - 12 July 2008 (34 templates)
43 additional templates received after the 12 July

3) Pre-selection of “good practices” (11 templates)

Matrix on transferability developed and filled in by the Core Group

4) Selection of the final 7 good practices to be implemented by hospitals

WP4 meeting, Paris, 22 Sept. 2008
7 Good Practices selected for testing

-the safety vest (do not disturb during medicine preparation in wards)

-the sleep card (guideline to reduce unnecessary treatment by sleeping pills)

-bed dispensation (preparation and administration of medicines by the same person reduces the risk of confusion)

-medication reconciliation at discharge (written discharge medication given to the patient and sent to the GP and community pharmacist) and at admission.
5 to 25 hospitals have been selected in 11 MS:

Austria
Denmark
Greece
Lithuania
Portugal
France
Belgium
Finland
Ireland
Netherlands
Italy
WP4 latest developments

- List of selected hospitals and corresponding GPs
- Midterm evaluation process of the field testing going on
- Development of an Extranet forum for participating hospitals.
DISSEMINATION

– April. 2008 IFQS, Paris
– Sept. 2008 EUNetPaS meeting, Paris
– Oct. 2008 Health Forum, Gastein
– ISQua, Copenhagen
– Nov. 2008 PFUE ministerial conference Paris
Health First Europe, Brussels
– April 2009 IFQS, Berlin
PS Congress Birmingham
– Oct. 2009 ISQua, Dublin
– April 2010 IFQS, Nice
– June 2010 EUNetPaS final meeting, Brussels
- WP progress evaluation
  - Questionnaires sent to Associated Partners every 6 months
- Network evaluation
- Impact assessment at the end of the project
- Intermediate and final reports to EAHC
–Feb. 20th  Contract Amendment (partner replacement)
status EAHC answer expected very soon

–Jul. 23rd  Interim report sent
status: EAHC payment expected very soon

Issue we need to have the agreement of EAHC regarding the amendment before initiating the payment instalment.
– Monthly Executive Board teleconferences
– Coordination with other EU patient Safety networks
  • LINNEAUS EURO PC
  • “Quality and safety in European Union hospitals: a research-based guide for implementing best practice and a framework for assessing performance”.
  • EUNetPaS activities have been presented to the ENRICH network
– Sustainability
Promote coherence at EU level through recommendations and proposition of common tools

- Culture measurement tool,
- Guidelines for education
- Library of methods for reporting and learning systems implementation
- Rapid response mechanism for sharing high priority patient safety issues or solutions between all member states
- Medication safety recommendation
- **EU community of Hospitals** involved in PS
- Sustainable European Network on PS
Implementation of the Council Recommendation

EU field testing of tools and solutions validated by EUNetPaS and other international projects (WHO, FP 7…)

• Involving the 27 MS
• Involving primary care?
• Addressing the 4 pillars of EUNetPaS
  • Culture
  • Education
  • Reporting and learning
  • Patient Safety solutions
Example of solutions relevant to MS needs
- medication safety
- safe surgery

Follow up:
- Implementation SOPs based on EUNetPaS recommendations with clear focus on culture measurement, training of participants, reporting of adverse events and RCA, patient empowerment
- impact evaluation
A life after EUNetPaS?

Member States Needs

International Organizations

National Policies

Commission Policies and projects

EUNetPaS Network

Patient Safety and Quality Joint Action

PS recommendation
Joint Action on PS&Q

Experts + Member States rep. + EU Stakeholders

Network of National Platforms.

WP4 Culture
WP5 Training
WP6 reporting learning

WP1 Coordination
WP2 Communication
WP3 Evaluation

WP7 PS Solution 1
WP8 PS Solution 2
A life after EUNetPaS?

Joint Action: May 2010 SANCO call

Starting date mid 2011

Member States support and commitment to participate to the action

Commission support
Commission co-funding should provide an opportunity for MS to engage in common actions relevant to their needs and to adapt and implement solutions which have been validated at international level (i.e. High 5 project).

Development and Implementation of good practices will contribute to the improvement and harmonization of patient safety and quality of care in every Member States.

Patient safety standards could be proposed at a later stage when convergence will ensure their relevance for all the Member States.
Patient safety is a key foundation of good quality healthcare

« Two sides of the same coin »
EUNetPaS demonstrates the ability of concerted EU actions to improve Patient Safety and Quality of Care. Political consistency will be key to confirm success.
Acknowledgement to EUNetPaS
46 partners!
This paper was produced for a meeting organized by Health & Consumers DG and represents the views of its author on the subject. These views have not been adopted or in any way approved by the Commission and should not be relied upon as a statement of the Commission's or Health & Consumers DG's views. The European Commission does not guarantee the accuracy of the data included in this paper, nor does it accept responsibility for any use made thereof.