

XII CONGRESO NACIONAL DE DERECHO SANITARIO

9

LA EXPERIENCIA DANESA EN LA NOTIFICACIÓN DE EVENTOS ADVERSOS Y LA LEY DE PROTECCIÓN DE NOTIFICACIÓN

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3-37

Patient Safety The Danish Experience

Exampel

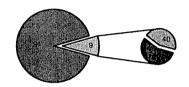
Output

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Patient Safety on the Danish Healthcare Agenda

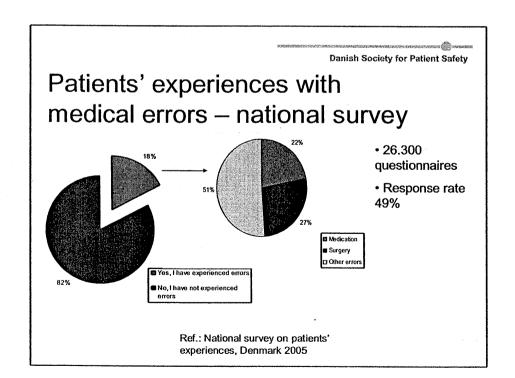
AE Studies

- New York (1991) 3.7%
- CO/UT (1999) 3.3%
- Australia (1994) 13%
- UK (2000) 11%
- New Zealand(2001) 13%
- Denmark (2001) 9%
- France (2004) 8,9%
- Canada (2004) 7.5%

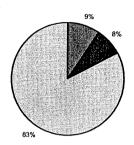


7 extra bed days per AE

Ref.: Schiøler T et al, UfL 2001



Patients' experiences with medical errors – Copenhagen Hospital Corporation survey



Have you experienced and/or been informed about errors made in connection with your hospital stay?

■ Yes, one or more minor errors ■ Yes, one or more serious errors ☑ No

Ref.: Patients' evaluations of hospital wards in the Copenhagen Hospital Corporation, 2004

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Patients' experiences with medical errors – Copenhagen Hospital Corporation survey



How were you informed about the error?

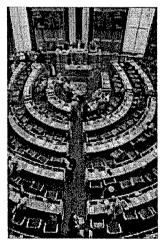
I discovered the error myself
The doctor/the staff
discovered the error
Others discovered the error

Ref.: Patients' evaluations of hospital wards in the Copenhagen Hospital Corporation, 2004

Danish Society for Patient Safety Recommendations: Results from the Questionnaire 90 ■ Never 80 · One third of ■ Now and then 70 professionals ☐ Often/ very 60 consider to change 50 profession because of 40 fear of being involved 30 in adverse events 20 10 Ref.: Andersen HB 2003, Hermann N et al. 2002

Act on Patient Safety

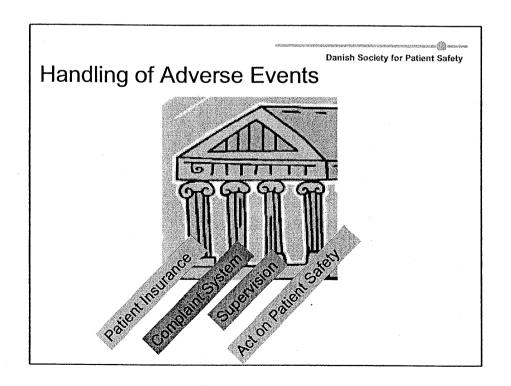
- Frontline Personnel obligated to report
- Hospital Owners are obligated to act
- Board of Health is obligated to communicate



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§6 in Act on Patient Safety

 A frontline person who reports an adverse event cannot as a result of that report be subjected to investigation or disciplinary action from the employer, the Board of Health or the Court of Justice



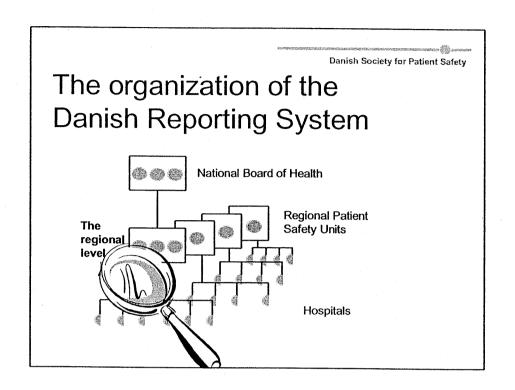
Reporting Systems

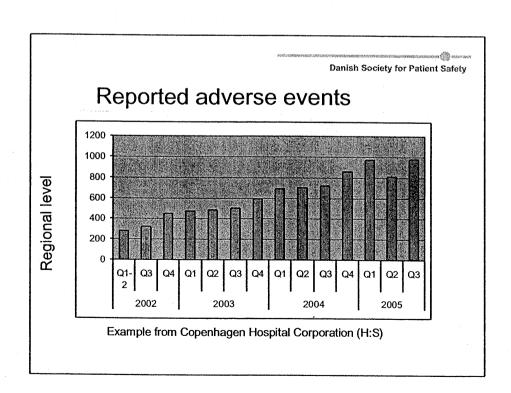
- The reports are just a sample
- No true denominator
- · So what can we use it for?

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Nothing - unless

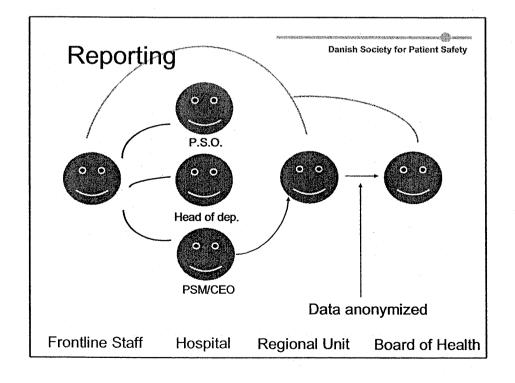
- We analyze the events
- We act on the analyzes
- We monitor the changes
- · We study the literature





Event – Infusion Pump

A patient with a heart disease receives an overdose of a potent drug due to free flow failure of an infusion pump



Score-Matrix

Severity and Probability	Catastrophic	Major	Moderate	Minor
Frequent	13 13	3	2	1
Occasional	3	2	1	. 1
Uncommon	3	2	1	1
Remote	3	2	1	1

Potential and Actual Injury
Reference NCPS, VA gov

SAC 3 RCA
SAC 2 Aggregated RCA
SAC 1 Local action

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RCA: Free Flow and Infusion Pump

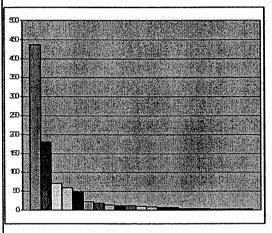
Problem

Several infusion sets present - and the pump did not alarm when a wrong set was used No systematic introduction to staff on how to use the different pumps that were present in the department

Solution

Only one type of pump present in each department
Physical separation of different infusion set
Plan for yearly introduction and checklist to ensure staff are appropriately introduced to medical equipment

A Problem in all Hospitals?



AE with infusion pumps			
Programming and handling	22		
Distant problem	15		
Medication mix up	13		
Free flow	4		
Other	2		
Total	56		

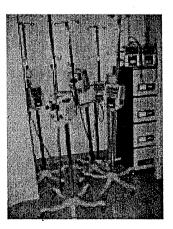
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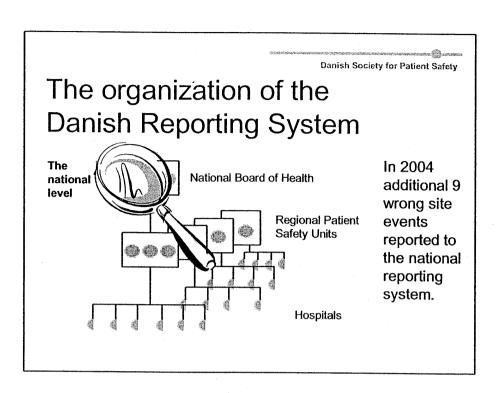
Actions taken at Head Office

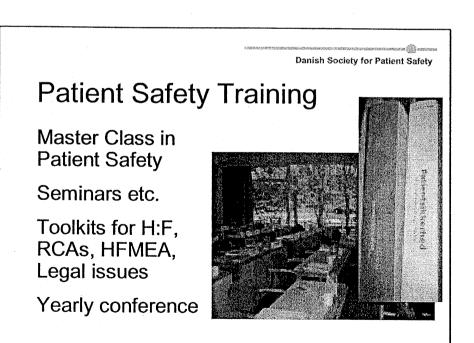
Centralized purchasing strategy

Out phasing of all pumps that do not have set based free flow protection:

- Centralization of pumps
- EU-tender for new infusion sets

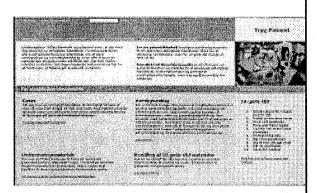






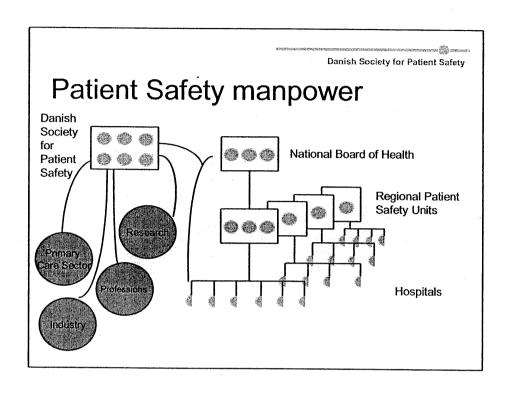
"Safe Patient" project

- General information
- Cases
- Tools
- Patient Involvement



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Ten tips for patients



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