

HFE Webinar Patient Safety



WEBINAR:
PATIENT SAFETY
SHARING BEST PRACTICES
ACROSS EUROPE

8 September
2020

11:00 - 12:30
Brussels Time

#Together4SaferHealth

HEALTH FIRST
EUROPE

The poster features a stylized map of Europe on the left, composed of a network of black dots connected by thin lines, representing a network or connectivity. The text is arranged on the right side of the map, with the title and date separated by a vertical line. The HFE logo is at the bottom right.

Dr Paul GARASSUS
President UEHP

Safety and Quality of care definition

- IOM (1990) Quality of care is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.
- Department of Quality of care is: Health (UK) (1997) : doing the right things (what), to the right people (to whom), at the right time (when), and doing things right first time.
- Council of Europe Quality of care is the degree to which the treatment dispensed (1998) **increases the patient's chances** of achieving the desired results and diminishes the chances of undesirable results, having regard to the current state of knowledge.
- WHO (2000) Quality of care is the level of attainment of health systems' intrinsic goals for health improvement and responsiveness to legitimate expectations of the population.

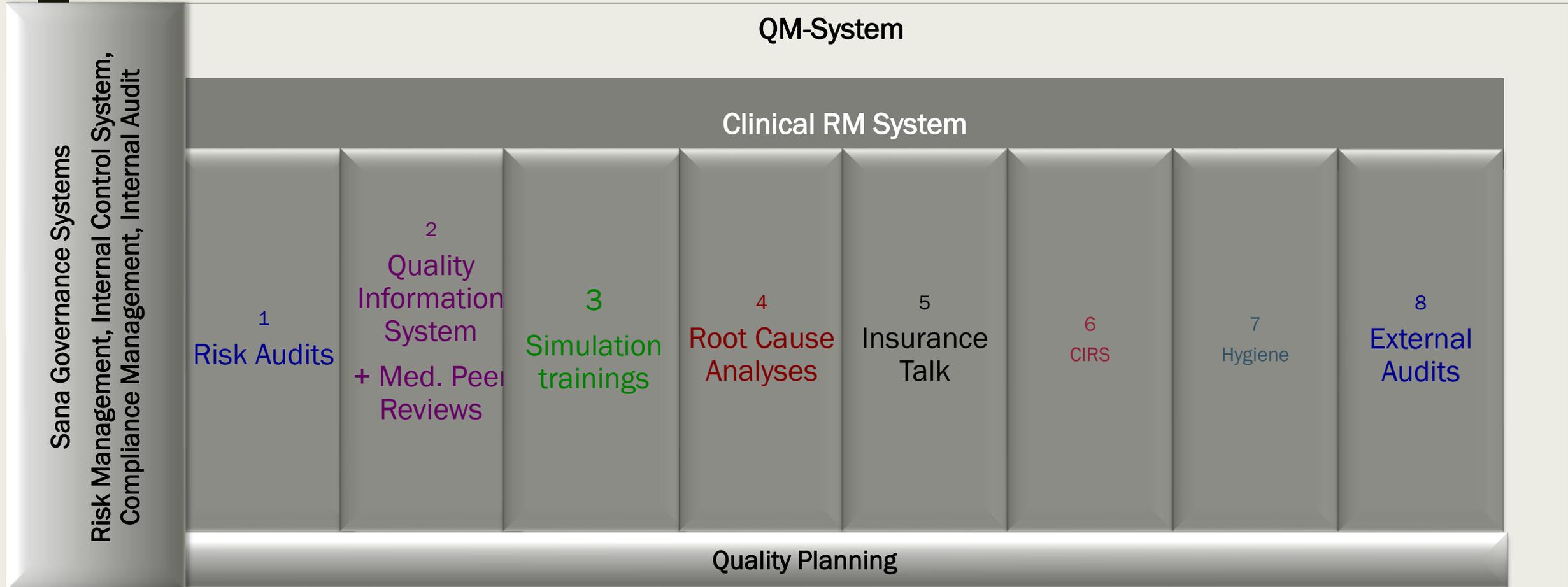
Clinical Risk Management Asklepios Patient Safety Concept

Dr. Ulf Debacher, Group Division Quality



Instruments of the Sana Kliniken AG

CLINICAL RISK MANAGEMENT Dr. Heidemarie-Haeske-Seeberg



Subject areas

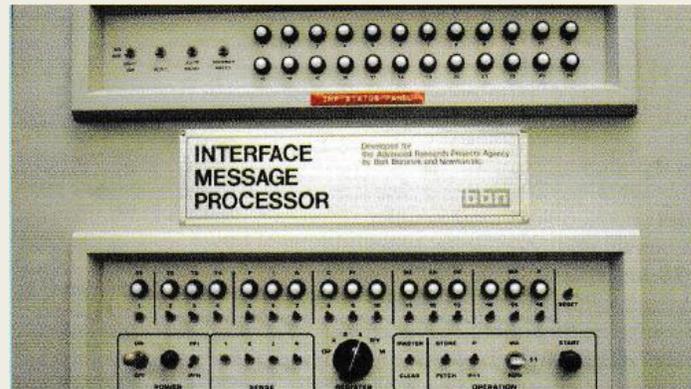


Das Sana Sicherheitssystem SiSy Dr. Heidemarie-Haeske-Seeberg

Themenfeld	Kriterium	Teilkriterium	ID	Innere	Geriatrische	Pädiatrie	SP Neonatologie	ACH	Neurochirurgie	Gefäßchirurgie	Urologie	OU CH	Gyn geb	HN O-	Neurologie	ITS mit Stroke und II	Angio	Radio	S
Diagnostik, Behandlung und Pflege	Sturzprävention	Kinder, Multimorbide und Demente werden durch zusätzliche Sicherheitsvorkehrungen geschützt (z. B. besondere Aufsicht,	25	tnz	tnz	tnz	tnz	100	100	tnz	tnz	000	tnz	tnz	tnz	tnz	tnz	tnz	tnz
Diagnostik, Behandlung und Pflege	Sturzprävention	Stürze von Patienten im Krankenhaus werden erfasst und analysiert. Analyseergebnisse sind hinterlegt.	26	011	011	011	011	011	011	011	011	011	011	011	011	011	011	011	011
Diagnostik, Behandlung und Pflege	Dekubitusprävention	Eine aspektegeleitete, checklistenunterstützte Einstufung des Dekubitusrisikos/ -zustandes erfolgt bei Aufnahme in das Krankenhaus (nicht erst auf Station) und je nach Gefährungsgrad erneut.	27	011	010	011		011	011	011	011	011	011	011	011	011			
Diagnostik, Behandlung und Pflege	Dekubitusprävention	Je nach Schweregrad erfolgt eine fotografische Dokumentation.	28	111	111	111		111	111	111	111	111	111	111	111	111			
Diagnostik, Behandlung und Pflege	Dekubitusprävention	Druckentlastende Hilfsmittel sind in der Einrichtung sofort verfügbar und in ausreichender Anzahl sowie einwandfreier Beschaffenheit vorhanden. Dazu gehören u.a. Spezialmatratzen, Spezialbetten etc.. Für dekubitusgefährdete Patienten werden entsprechende Präventionsmaßnahmen	29	111	111	111	111	111	111	111	111	111	111	111	111	111			
Diagnostik, Behandlung und Pflege	Dekubitusprävention	Nachbehandelnde Institutionen werden über die Notwendigkeit der Fortführung prophylaktischer Maßnahmen schriftlich	30	111	011	111	111	111	111	111	111	111	111	111	111	111			
Diagnostik, Behandlung und Pflege	Aufklärung allgemein	Ärzte werden in Bezug auf die Richtlinien/Rechtssprechungen zur Patientenaufklärung geschult bzw. informiert.	31	111	111	111	111	111	111	111	111	111	111	111	111	111	111	111	111
Diagnostik, Behandlung und Pflege	Aufklärung allgemein	Unterstützt durch ein Online-System werden aktuelle und standardisierte Aufklärungsbögen eingesetzt. Selbstentwickelte Aufklärungsbögen erfüllen die	32	011	101	101	111	011	100	010	111	011	011	010	101	000	011	111	111
Diagnostik, Behandlung und Pflege	Aufklärung allgemein	Über eine mögliche (Eingriffs-)Erweiterung oder Umstellung der (Eingriffs-) Methode wird präoperativ/präinterventionell aufgeklärt.	33	111	111	111	111	111	111	111	111	111	111	111	111	111			
Diagnostik, Behandlung und Pflege	Aufklärung allgemein	Sprachkundige Angestellte des Krankenhauses und/oder Dolmetscher können zu Aufklärungsgesprächen	34	111	111	111	111	111	111	111	111	111	111	111	111	111	111	111	111
Diagnostik, Behandlung und Pflege	Aufklärung allgemein	Die Rechtzeitigkeit und Aktualität der Aufklärung ist gewährleistet.	35	111	111	111	011	111	010	111	011	111	011	111	011	111	111	011	111
Diagnostik, Behandlung und Pflege	Aufklärung allgemein	Der Arzt klärt den Patienten über Diagnose, Indikation, Ablauf, Risiken, Behandlungsalternativen und Prognose der geplanten Maßnahmen auf. Über seltene Risiken wird dann aufgeklärt, wenn sie bei einer Vermeidung die Lebensführung des	36	111	111	111	111	111	011	111	011	011	111	111	111	011	011		

EU and Cybersecurity

- A first message to Bill Duvall Stanford Research Institute arpanet network October 29, 1969 at 10 :30 PM “login” was sent



- Hospitals are connected hospitals, known as “**Smart Hospitals**”
- All hospital reforms consider **efficient network** as the best management process to enhance efficient solution, reducing waiting time and limiting waste
- Quality in Hospital imposes **permanent** information available for medical staff and managers. European patient data storage must be in EU27

“SMART HOSPITALS” CHALLENGE THE FUTURE: HOW THE EUROPEAN UNION OF PRIVATE HOSPITALS IS DRIVING THE CHANGE

The European Union of Private Hospitals (UEHP) celebrated its 25th anniversary in Rome this year. We have now to prepare for the next 25 years, challenging the necessary evolution of healthcare systems including innovative technology.



with quality standards implementation, as financial incentives including outcome for positive reforms.

training, professional cooperation. But efficiency remains our major goal to offer the right service “on time” to an informed patient.

The key to success is being **actors of change**. The future of hospitals will integrate new technologies, cooperation between actors, and a more confident relationship with an informed European patient. All UEHP members prepare this major challenge to transform uncertainty into achievements and progress. It is time to strategic investments, including adaptation to medical progress and IT revolution integration. A connected hospital, a “smart hospital”, just like a smartphone, could be the relevant image. A new deal for cooperation with the healthcare sector industries is required, including the full involvement of all professionals to assess a global successful performance. Barriers remain to be broken!

We have to effectively realize the modernization of healthcare. UEHP accepts the challenge of performance for the next hospital generation, an hospital connected with patients and professionals, accessible for a quality service without delay. Sustainability of social systems depends now and for the next 25 years on the management of innovative performances, certainly with the greatest implication of the private sector.

Our goal is to ensure equal access to quality treatments in all countries for all European citizens, as well as to respect sustainability and efficiency of the health systems. Patient mobility is a chance, and we have to manage this challenge of a competitive offer reducing waiting lists.

UEHP is involved in a long term cooperation with patient associations, healthcare experts and policy makers. We organise our working sessions in all Member States, recently in Italy and Bulgaria, meeting MEPs and Ministries to be connected with health policy reforms. A proactive evolution of healthcare systems will be European and not only national, each experience being useful for all. We are concerned

As stakeholders of European working groups on quality, patient safety, e-health, strategic investment, UEHP expresses the position of private hospitals ready to the next IT revolution. UEHP is an active partner of change, working on new financing rules, integrating public and private insurances reforms. New fields will be explored for prevention, education and

Dr. Paul Garassus, UEHP President

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About the Expert Panel on effective ways of investing in Health (EXPH)

- Sound and timely scientific advice is an essential requirement for the Commission **to pursue modern, responsive and sustainable health systems**. To this end, the Commission has set up a multidisciplinary and independent Expert Panel which provides advice on effective ways of investing in health (Commission Decision 2012/C 198/06).
- The core element of the Expert Panel's mission is to provide the Commission with sound and independent advice in the form of opinions in response to questions (mandates) submitted by the Commission on matters related to health care modernisation, responsiveness, and **sustainability**. The advice does not bind the Commission.
- The areas of competence of the Expert Panel include, and are not limited to, primary care, hospital care, pharmaceuticals, research and development, prevention and promotion, links with the social protection sector, cross-border issues, system financing, **information systems and patient registers**, health inequalities, etc.
- Expert Panel members Pedro Barros, Margaret Barry, Helmut Brand, Werner Brouwer, Jan De Maeseneer (Chair), Bengt Jönsson (Vice-Chair), Fernando Lamata, Lasse Lehtonen, Dorjan Marušič, Martin McKee, Walter Ricciardi, Sarah Thomson