

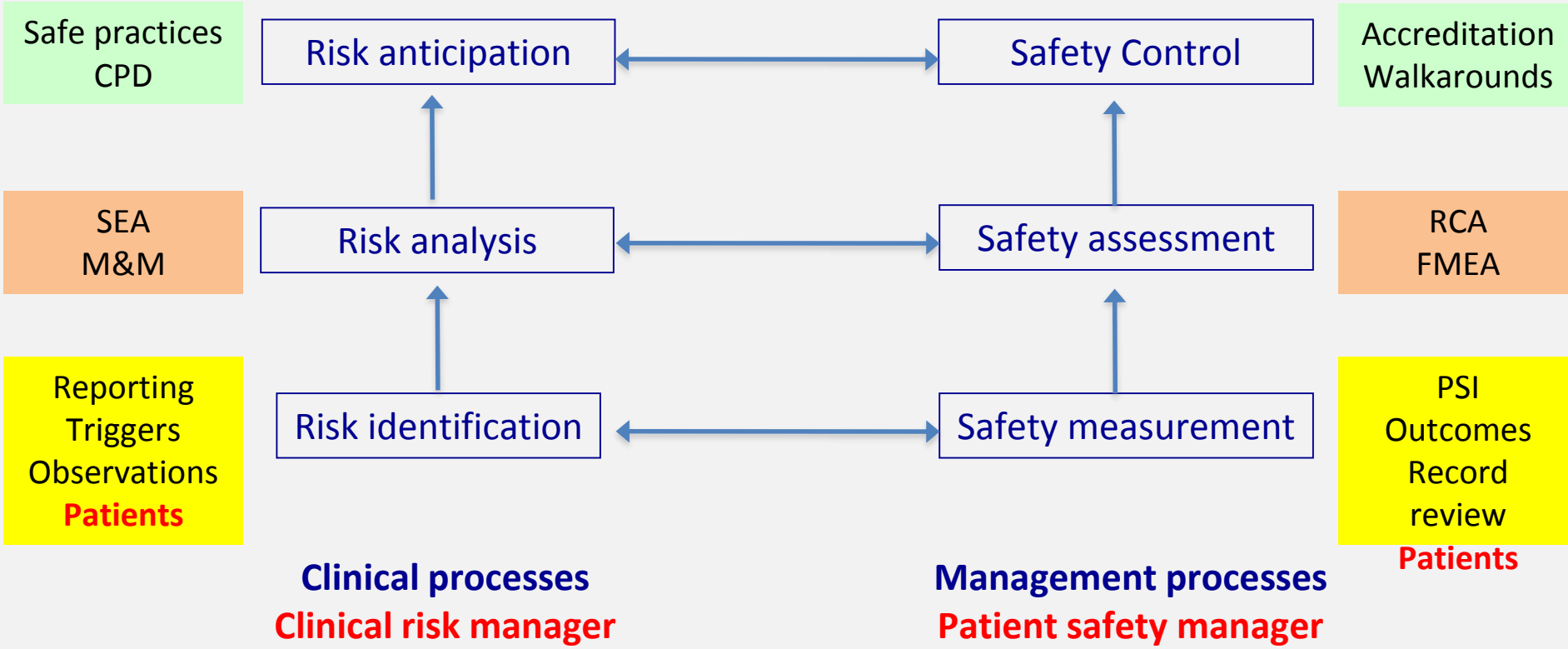
From local to national: compensation management and the Italian patient safety law



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A model for patient safety management



Patient safety in Tuscany

The public healthcare service of the Tuscany Region

>To serve 3.6 millions citizens, with 50000 employees, 36 hospitals and more than 100 primary care districts

The Human Factors for patient safety

>**2498 facilitators** on the front line, distributed in each ward

>**38 risk managers and patient safety managers**

>**53 expert patients** trained in quality and safety at the citizens academy

>**48992 participants** in patient safety **CPD courses** in one year

Learning curve

>2004> **443 incident reports**

>2015> **10447 systems analysis of incident reports**

>2006> **2 safety practices**

>2015> **32 evidence based safety practices**

REGIONE TOSCANA
GRC Gestione
Rischio
Clinico
SICUREZZA DEL PAZIENTE

IR

TAO

M&M



ID



STU

PUSH



MEWS

CVC



Integrate communication and compensation

Training on difficult communication of adverse events

> 2009 > A problem-based training programme targeted to doctors included in the **professional and organizational requirements**

https://www.youtube.com/channel/UC0fyJs8gtLBe_pBSX9FE1uA

> 2014 > Active participation of patient champions as **simulated patients** in training sessions for risk managers

Dedicated information system for clinical risk management

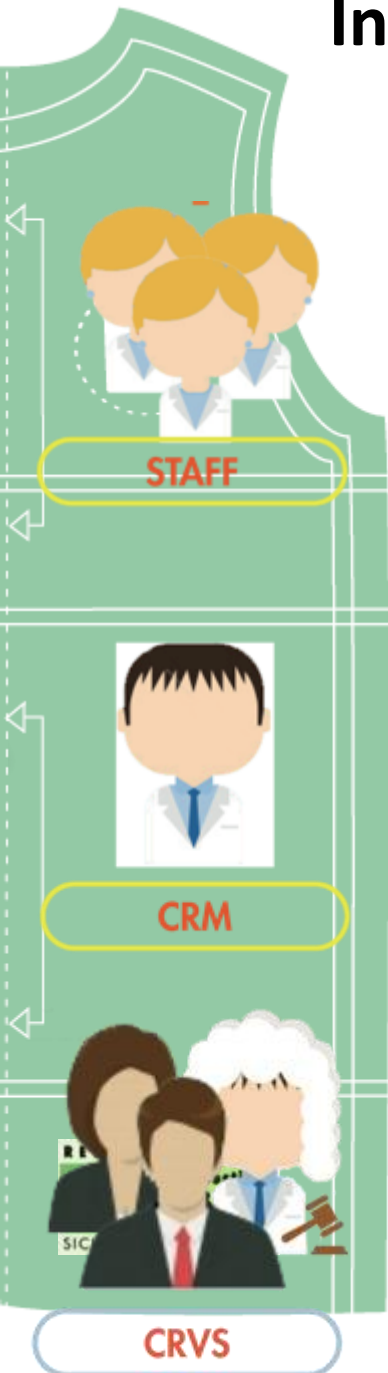
> 2007 > **Regional software** for the registration of claims

> 2016 > **Integrated system** to manage claims and reporting of adverse events

<https://sigrc.sanita.toscana.it/>

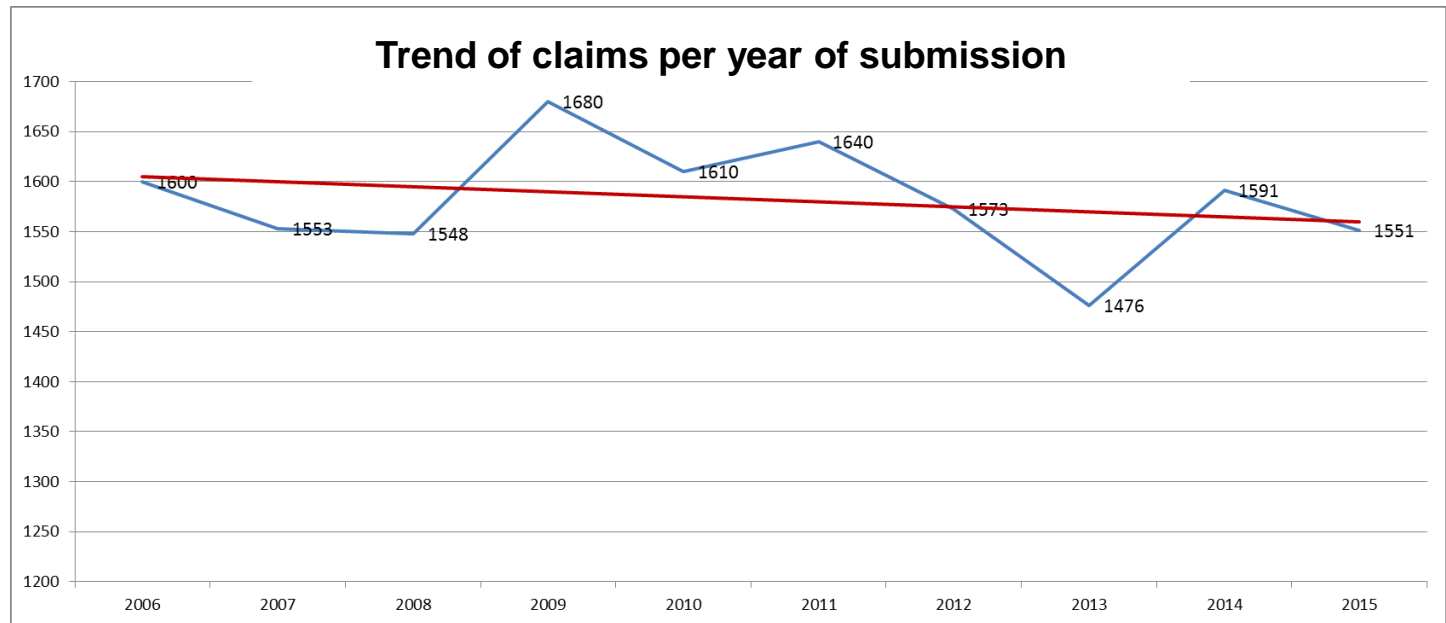
Second opinion on catastrophic events

> For claims **over 100K€ voluntary consultation** of the second opinion, when **over 500K€** second opinion is **mandatory** before the compensation



Trend of claims

Trend of claims in Tuscany is slightly **decreasing**, with a rate of **0,1% on hospital admissions**
Average cost is also decreasing **from 43 to 35 K€**



The annual cost of in-house compensation management system is about **45 M euros per year**, of which 20 paid and 25 reserved

According to brokers' esteem, a private insurance would cost around **70-80 M euros per year**



The burden of unsafe care in Italy

Retrospective record review of 7573 hospital admissions in 5 hospitals, **5,3 % of adverse events, 9,5 % of AE resulting in death or severe harm.**



e&po WWW.EPIPREV.IT

Rassegne e Articoli ep anno 36 (3-4) maggio-agosto 2012

Eventi avversi e conseguenze prevenibili: studio retrospettivo in cinque grandi ospedali italiani

Adverse events and preventable consequences: retrospective study in five large Italian hospitals

¹Centro gestione rischio clinico e sicurezza del paziente, Regione Toscana

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AE incidence = 5,3%

Epidemiol Prev 2012; 36 (3-4): 151-161

I-NHS

5,3%

x

10.257.796

x

11

x

€ 902

=

€ 5.394.226.151,34

Preventable adverse events 53,2%

Costs for extra hospital days € 2.869.728.312,51

Estimated cost for compensation: 1bln euros

Estimated cost for defensive medicine: 10bln euros

Prevention through safety practices












Safety practice	Pilot studies in Tuscany (2006-2016)	Outcome measures from third parties
Intensive care	+ 50% compliance with CVC bundle	Lowest mortality rate in Italian ICU registry (Giviti, 2015)
Surgical safety	+ 70% compliance with checklist and anticipation of more than 300 errors	- 7,4% in PSI post-op sepsis (MeS, 2016 ; World sepsis award 2016)
Maternal safety	+ 28% quality of the partogram	Lowest maternal mortality in Italy, 4 on 1000 newborn (ISS, 2014)
Falls prevention	- 60% of falls - 4 days of hospital stay	- 59% of claims related to patient falls (MeS, 2016)
Medication safety	- 40 % of medication errors due to transcriptions	- 26% in PSI post-op deep vein thrombosis (MeS, 2016)












Law on patient safety



LEGGE 8 marzo 2017, n. 24

Disposizioni in materia di sicurezza delle cure e della persona assistita, nonché in materia di responsabilità professionale degli esercenti le professioni sanitarie. (17G00041) (GU Serie Generale n.64 del 17-3-2017)

note: *Entrata in vigore del provvedimento: 01/04/2017*

Patient rights

Patient safety is a fundamental right of each individual within any healthcare service and it is a primary goal of the National Healthcare Service.

NHS Commitment

Healthcare providers promote the continuous evaluation of clinical risks and appropriate delivery of care, in order to prevent harm and defensive medicine.

Fair responsibility

The guidelines recognized by the National Institute of Health assume the role of fair and balanced recommendation for health care professionals, that when applied protect the healthcare professionals from legal prosecution.

Learning culture

Documents from Reporting and Learning Systems can not be acquired or used as part of legal actions against healthcare professionals.

Past, present and future challenges

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[Domenico di Bartolo, Patients' care, Pellegrinaio di Santa Maria della Scala, Santa Maria della Scala Hospital, Siena](#)