Developing patient safety systems in Croatia

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Outline

- Background information and regulatory framework
- Patient safety reporting
- Safe clinical practices
- Education and training
- Challenges and future directions

Background information

Croatia: population ~4.3 million

Health activities (level)

- Primary, secondary, tertiary

Health institutions

62 hospitals

49 health centers

2540 general practices

2300 dentists

230 pharmacies

etc.

Institutional and regulatory framework for patient safety

INSTITUTIONAL

- Ministry of Health
- Agency for Quality and Accreditation in Health Care and Social Welfare (AQAH)
- Agency for Medicinal Products and Medical Devices
- Croatian Health Insurance Fund

REGULATORY

- Act on quality of health care and social welfare (2011)
- Ordinance on standards of health care quality (2011)
- Ordinance on hospital accreditation standards (2011)

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Patient safety indicators (since 2013)

- Regular data collection (AQAH)
  - 2013: Excel form
  - Since 2014: web application
    https://pokazatelji.aaz.hr/
  - Data quality control
- Indicator specifications
  - Continuous improvement
  - Publicly available
- Annual reports
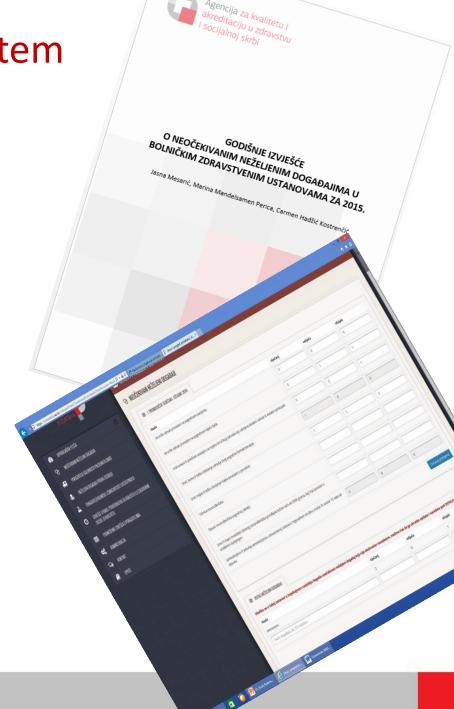 http://aaz.hr/hr/izvjesca-zdravstvenih-ustanova

Sentinel events surveillance system (since 2012)

- **Regular data collection (AQAH)**
  - 2012: Excel form
  - 2014: web application

  https://pokazatelji.aaz.hr/

- **Data specification**
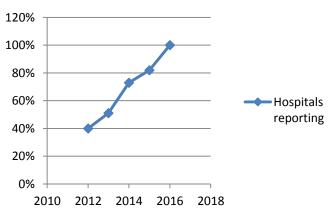 - Publicly available
  - 2015: updated -WHO MIM PS

- **Annual reports**

  http://aaz.hr/hr/izvjesca-zdravstvenih-ustanova

Sentinel events surveillance system

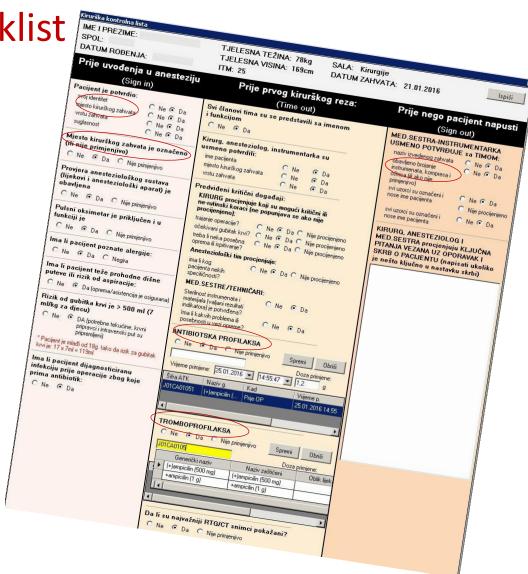| Sentinel Events (SE) hospital reports 2012-2015	N=142
Suicide or attempted suicide	97 (68.3 %)
Maternal death related to labor Death or permanent disability of a normal birth-weight infant >2500 grams not related to congenital diseases Severe neonatal jaundice	19 (13.4 %)
Transfusion reaction due to AB0 incompatibility	8 (5.6 %)
Radiation therapy to the wrong body region Radiation therapy 25% above the planned dose	7 (4.9 %)
Wrong-patient surgery Wrong-site surgery Retained surgical instrument or object left that requires additional operation or procedure	6 (4.2 %)
Kidnapping newborn Infant discharge to the wrong family Death, coma or serious harm due to inappropriate pharmacotherapy	0
+ Any other SE that causes death or severe injury (since 2015)	5 (3.6%)

Hospitals reporting

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Safe clinical practices
WHO Surgical Safety Checklist

- Integration into Hospital information system

- Pilot project: 6 hospitals (2016)

- Monitoring „near miss"

Education and training

- Patient safety education and training at all levels
- To increase awareness of the patient safety issues among all stakeholders

Challenges and future directions

CHALLENGES

- Under reporting and safety culture
- Patient involvement
- Data quality
- Using data to drive improvement
- Implementing safe clinical practices (Medication reconciliation …)

FUTURE DIRECTIONS

- Continuous improvement
- Extending to primary care

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