

Workshop 5: Increased safety of diagnostics and treatment - checklists and other tools

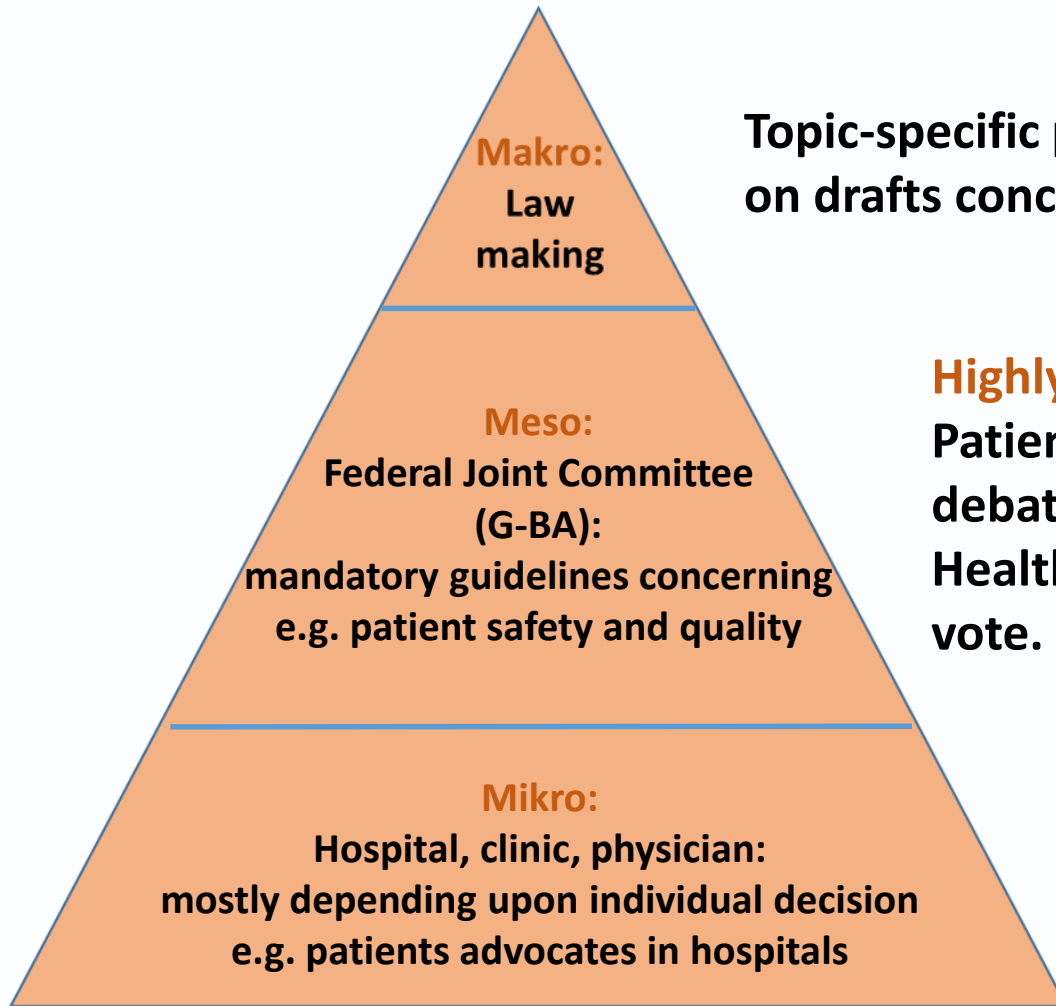
Patient Safety – Involvement of Patients in Regulation and Governance in Germany

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Levels of patient involvement in Germany



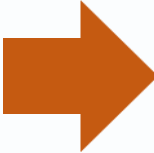
Topic-specific patients` organisations are invited to give formal comment on drafts concerning healthcare and patient safety.

Highly important (for patient safety) in Germany:

Patients organisations are entitled to make proposals, to be present at debates and decisions, but may not vote.

Health insurances, physicians and hospital associations are entitled to vote.

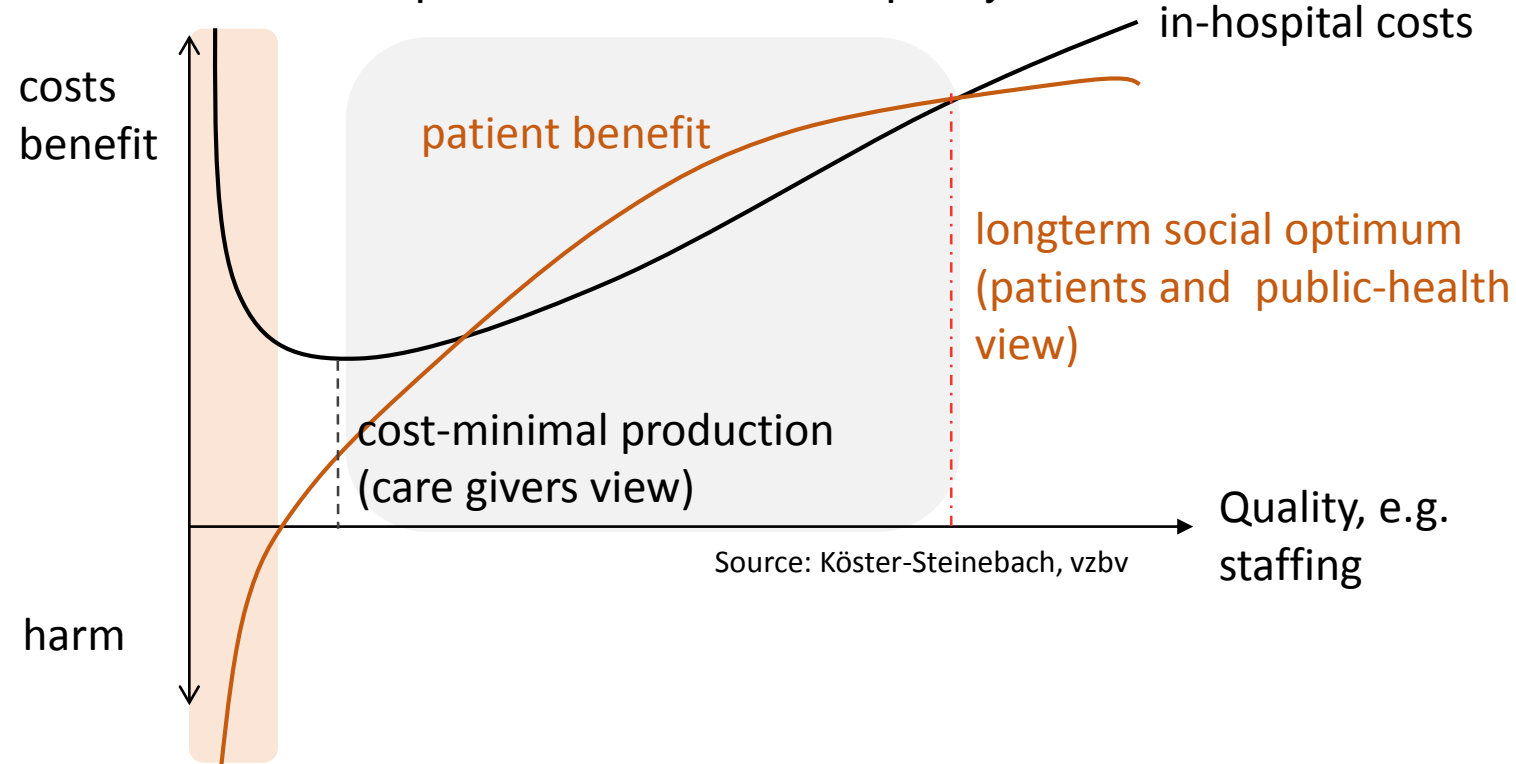
Methods and importance of patients involvement in micro management vary greatly.



As most issues concerning patient safety are decided at the Federal Joint Committee - as a „minor law-giver“ in terms of translating law into compulsory implementation - patient involvement at this point is most important. We will look into it in more detail further on.

Patient safety and cost-benefit-issues

Probable relationship between costs and quality:



Very low investment in quality and patient safety results in high costs for care providers (complications, liability issues).

Above the point of cost-minimal production for the care giver more investment in higher quality results in more benefits for patients and the society, but not for the care giver.

Division between sectors (hospital/physician), competition and cost restraints intensify the problems deriving from the difference between cost-minimal production and longterm social optimum. External control and enforcement of patient safety and quality issues are necessary.

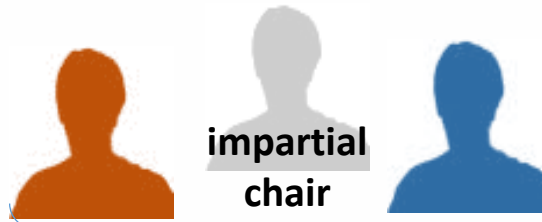
Decision making on patient safety in G-BA: **general view**



5 votes

Statutory health insurance:

- minimising costs
- maximising scope for competitive behavior
- moderate interest in quality



3 votes



5 votes (2 hospitals, 2 physicians, 1 dentist)

Care givers associations:

- maximising income for members
- minimising „beaurocracy“ and cost-effective regulation
- low interest in quality and transparency



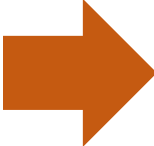
no votes

Patients' organisations & representatives

As patient representatives have no votes, low and moderate interests in patient safety, quality and transparency dominate decision making in Federal Joint Committee. Nevertheless patient organisations continually put forward initiatives to improve patient safety as will be shown by some examples further on.

Decision making on patient safety in G-BA: **Example complaint management**

- **2003:** local patients` organisations in the city of Hamburg put across the **self-committment** of all local hospitals to implement a patient orientated complaint management and to report on it annually
(„Hamburger Erklärung“ www.hamburgerkrankenhausspiegel.de)
- **2012:** patients` organisations in G-BA proposed to establish a mandatory guideline for **extern quality assurance of complaint-management**, including patient experience, external benchmarking and public reporting on the way of dealing with complaints
- **2013:** according to the Act on Patients' Rights all hospitals are obligated to establish patient orientated complaint management
- **2015:** upgrading the first guideline for **intern QM** (2006) the G-BA enacted a **cross-sectoral intern QM-guideline**, for the first time containing tools like patient-/ staff-inquiry and complaint-management



There is lack of evidence for impact of intern QM-guidelines on patient safety. Evaluation of the cross-sectoral QM-guideline is still missing.

Decision making on patient safety in G-BA: **Example hygiene**


- **2009:** on proposal of the patients` organisations the G-BA commissioned the development of a quality assurance procedure regarding the **prevention of nosokomial infections, notably bloodstream infections**. De facto the content-related design of the order was so restricted, that only 0,5% of infections were expectable to be recorded
- **2011:** The Law on the Prevention of Infection committet the G-BA to specify in his guidelines appropriate measures to improve hygiene quality and to report publicly on the results
- **1.1.2017:** a cross-sectoral quality assurance procedure in order to **prevent surgical wound infections** was launched

Although the role of understuffing in nosokomial infections is well known the determination of staff-requisition in G-BA guidelines is highly conflictive and from patients` standpoint still insufficient (unless e.g. nurse-to-patient-ratios are fixed)

Decision making on patient safety in G-BA: **Example hospital dismissal**

Patient safety is especially compromised at transitions of care at the sectoral borders in Germany


- Since **2007** patients have a legal right on **cross-cutting healthcare management** (§ 11.4 German Social Code, Book Five) The level of implementation is up to now unknown.
- **2013**: on proposal of the patients' organisations the G-BA commissioned the development of a quality assurance procedure regarding **hospital dismissal**
- **2015**: the law for strengthening the medical care for statutorily insured patients (GKV-VSG) codified a **structured discharge management** as part of stationary medical services, including patients' entitlement to discharge interviews, medical discharge reports and medication plans (§ 39.1a German Social Code, Book Five)



Implementation and quality assurance of structured hospital discharge management is currently curbed by objection proceedings of the hospitals' organisation, fearing the need of extra staff and time resources that had to be provided.

In March 2002, The Joint Commission launched its **Speak Up™** patient safety program

To prevent health care errors, patients are urged to...



Everyone has a role in making health care safe. That includes doctors, health care executives, nurses and many health care technicians. Health care organizations all across the country are working to make health care safe. As a patient, you can make your care safer by being an active, involved and informed member of your health care team.

The Joint Commission is the largest health care accrediting body in the United States. It promotes quality and safety.

The Joint Commission
Helping health care organizations help patients

Speak up if you have questions or concerns. If you still don't understand, ask again. It's your body and you have a right to know.

Pay attention to the care you get. Always make sure you're getting the right treatments and medicines by the right health care professionals. Don't assume anything.

Educate yourself about your illness. Learn about the medical tests you get, and your treatment plan.

Ask a trusted family member or friend to be your advocate (advisor or supporter).

Know what medicines you take and why you take them. Medicine errors are the most common health care mistakes.

Use a hospital, clinic, surgery center, or other type of health care organization that has been carefully checked out. For example, The Joint Commission visits hospitals to see if they are meeting The Joint Commission's quality standards.

Participate in all decisions about your treatment. You are the center of the health care team.

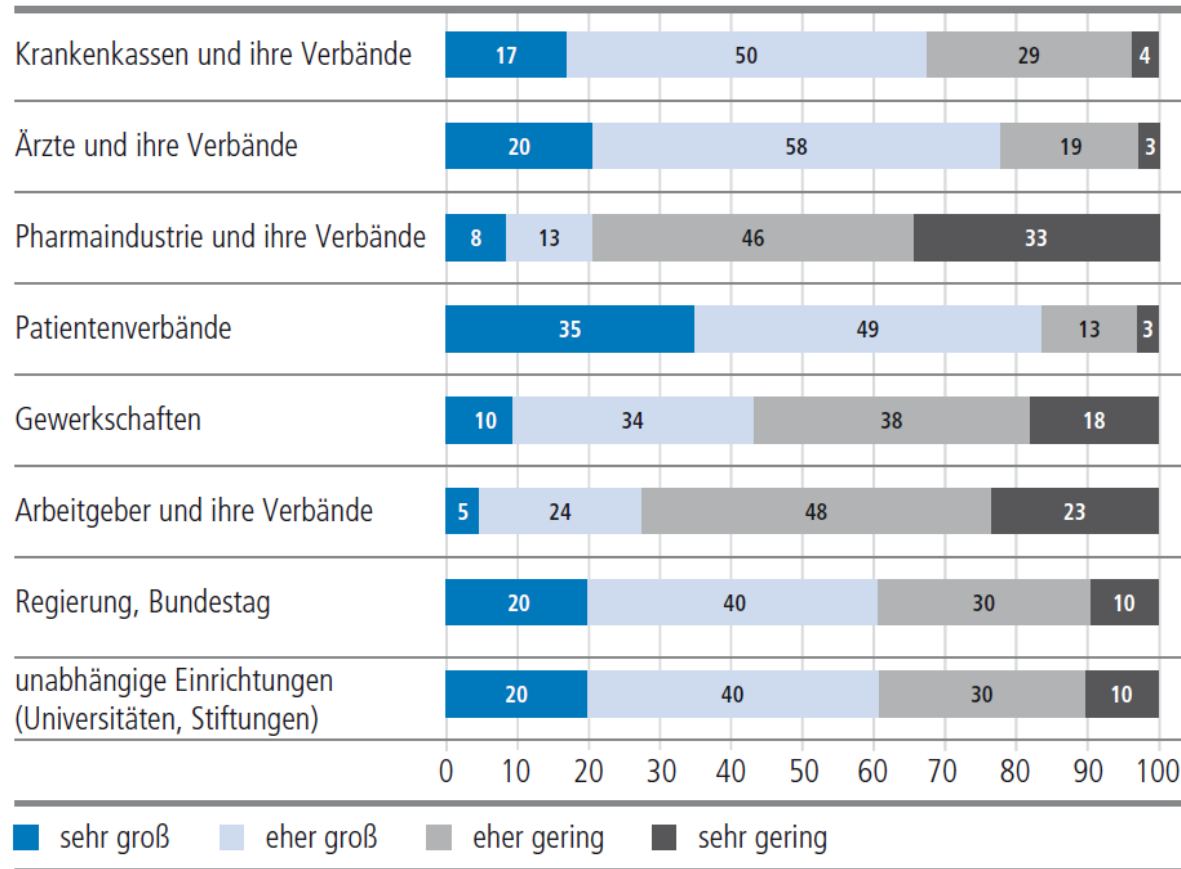
The program urges patients to:

- **Speak up if you have questions or concerns.**
- Pay attention to the care you get.
- Educate yourself about your illness.
- Ask a trusted family member or friend to be your advocate (advisor or supporter).
- **Know what medicines you take and why you take them.**
- **Use a health care organization that has been carefully checked out.**
- **Participate in all decisions about your treatment.**

Patients ` organisations in G-BA continually put forward initiatives to provide the conditions for patients to **SPEAK UP**, e.g. by promoting patient surveys as data sources for QS and by reinforcing patients information and shared decision making as important indicators for quality and patient safety.

Levels of public trust in healthcare systems in many countries are already low (OECD 2017)

How big should be the influence of the following institutions and organisations on Health Policy?



How Do Voters Want to Be Treated? Health Care Policymaking in the Eyes of the Public

Authors: Bandelow et al, published in Böcken J; Braun B, Repschläger U (Editors): Citizen orientation of healthcare, Health Monitor 2012 (S. 14-27). Bertelsmann Stiftung und BARMER /GEK

Representative survey 2012 in Germany, (N 1772, statutorily and privately insured individuals aged 18-79)



The public expressed a particular faith in patients` organisations, as well as corporatist actors and independent experts.

Conclusions

- ➔ Patient involvement can be an essential tool in order to achieve, ensure and maintain patient safety
- ➔ Patient involvement is all the more important if health-care-systems underly intensified competition conditions
- ➔ In strategic terms involvement of patients and patients' organisations should be implemented in all system-and organisational levels
- ➔ In terms of public policy expanded and serious involvement of patients and their organisations in regulation and governance can help regaining public trust in healthcare systems

*Thank you for your
attention!*