

# Collaborating to increase Patient Safety

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# The Economics of Patient Safety – March 2017

- About 10% of hospital admissions will suffer from an adverse event.
   Among those, between 2% and 14% may lead to the death of the patient.
  - Between 5.000 and 35.000 deaths in Belgium ?
- Overall, the available evidence suggests that 15% of hospital expenditure and activity in OECD countries can be attributed to treating safety failures
- Most of the burden is associated with a few common adverse events.
   The most burdensome include healthcare-associated infections
   (HAI), venous thromboembolism (VTE), pressure ulcers, medication error and wrong or delayed diagnosis.





• HAI prevalence in Belgium

• Hospitals: 7.1 %

• LTCFs: 3.5 %

Estimated number of patients per year with an HAI in Belgium

Hospital: 111.276

• LTCFs: 170.090

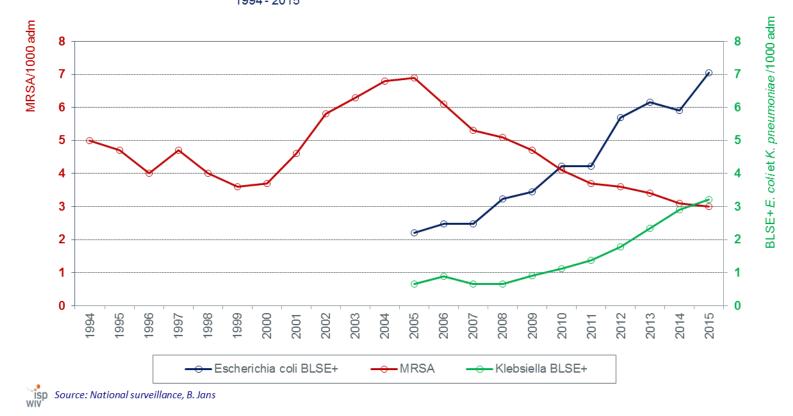
HAI would cause about 2.600 death/year (KCE, 2007)





MRSA and ESBL-positive *E. coli & K. pneumoniae* from clinical samples in Belgian acute care hospitals
(/1000 admissions)

1994 - 2015



# What is not working?



- ? Absence of/unknown/poorly designed procedures
- ? Lack of adherence to hand hygiene precautions
- ? Physicians vs. nurses
- ? Staffing
- ? Antibiotic stewardship
- ? Environmental cleaning
- ? Infection control programs
- ? ...













# PAQS ASBL

Collaborating to increase Patient Safety

## We are

- A young (2014), Not-for-profit and small organization (7 FTE 650.000 euros/year)
- Working at the regional level (Brussels and Wallonia)...
- ... with partnerships at national and international levels
- Created by healthcare stakeholders (hospitals, sickness funds, universities, physicians, nurses, ...) for healthcare institutions and professionnals
- With one priority: Improving Patient Safety



Patient Empowerment

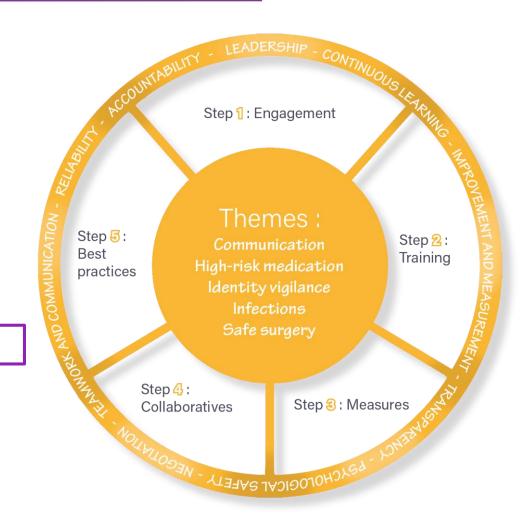
Team Work

Leadership

Accreditation

### **Indicators**

- QI
- PROMS & PREMS
- Patient Safety



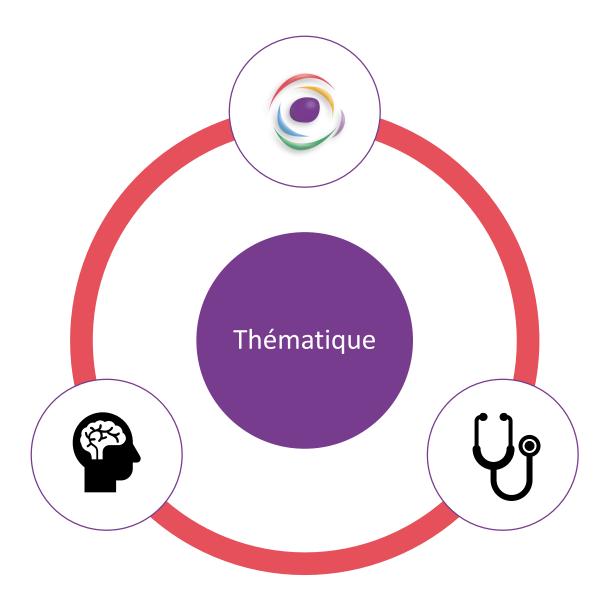








Safety Culture – Communication – Events – Education





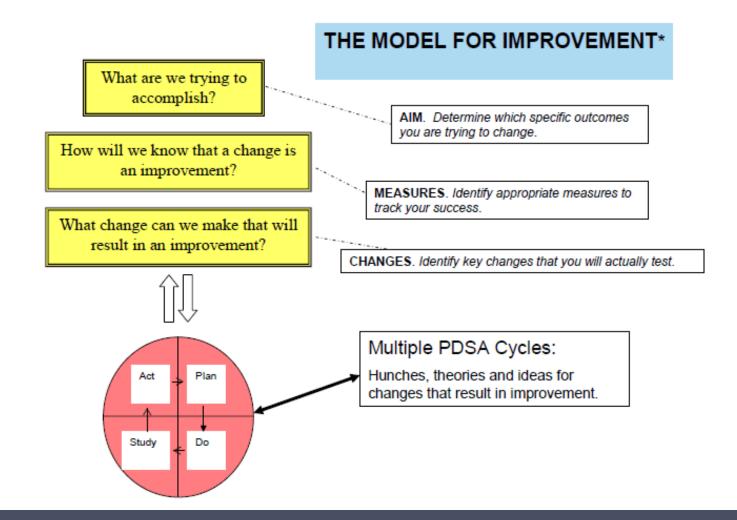
















- 20 hospitals (1/3) are working together
- They
  - meet regularly (every 6 weeks)
  - Implement actions end present results
  - Share new ideas, new tools, new methodologies
- We offer
  - A place to meet
  - Ressources
  - Training (in person and online)
- What we want to achieve
  - Identify best practices, and spread them at the system level
  - Increase patient safety



