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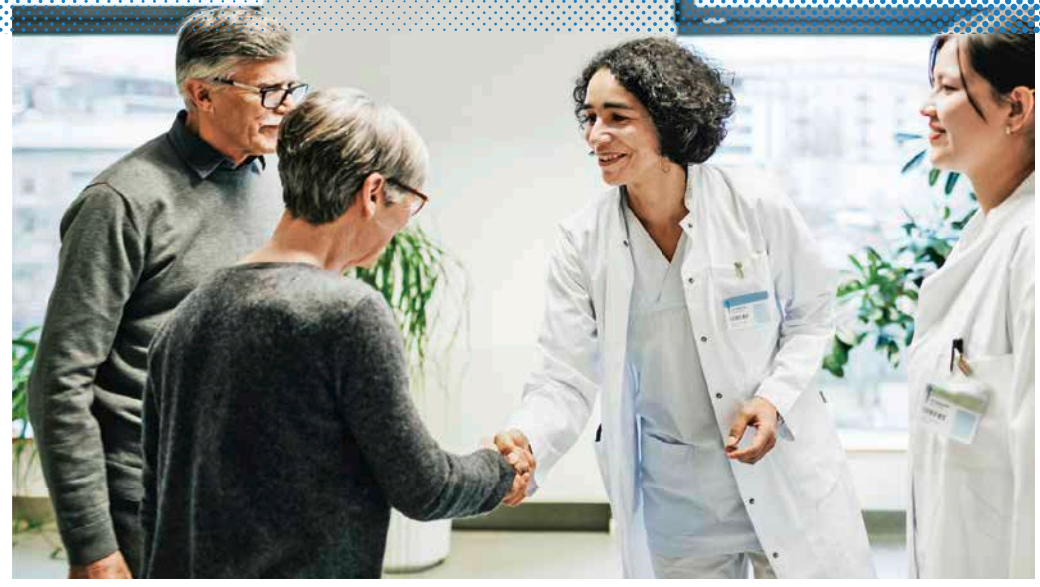

Quality and patient safety

2 Increased transparency leads to greater quality and safety

The FOPH has been committed to greater quality in the Swiss health service for many years. The new legal basis (partial revision of the Health Insurance Act – HIA) marks the start of a phase in which the focus is on more coordination and stricter requirements for transparency. In addition, the Federal Council is focusing on the reduction of healthcare-associated infections and the effectiveness of antibiotics.

3 Prevent the transmission of germs

Many hospitals in Switzerland have a large number of projects and initiatives designed to help prevent the transmission of disease-causing germs, the overall aim being to reduce the number of infections in the health service and stop the rise of multiresistant bacteria.

4 “People have a right to know how safe our health system is”

The Patient Safety Foundation draws attention to adverse events in medicine without pointing the finger at individuals. Its aim is to change the system so that events of this kind don’t happen again, explains Dieter Conen, the Foundation’s President.

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Confederazione Svizzera
Confederaziun svizra

Swiss Confederation

Federal Department of Home Affairs FDHA
Federal Office of Public Health FOPH

Increased transparency leads to greater quality and safety

The FOPH has been committed to greater quality in the Swiss health service for many years. The new legal basis marks the start of a phase in which the focus is on more coordination and more transparency. In addition, the Federal Council is focusing on the reduction of healthcare-associated infections and the effectiveness of antibiotics.

Switzerland has one of the best healthcare systems in Europe. People here have a long life expectancy and receive efficient treatment. Yet there is still some way to go in terms of quality. Too many patients experience adverse events in Swiss hospitals. For example, they are given the wrong dose of a medicine. Many of these events result in no harm, but some are fatal. More quality in the health service would reduce the occurrence of adverse events and reduce costs. This is why the FOPH has been committed to greater quality for many years.

A lot of quality-related work is currently in progress. The partial revision of the Health Insurance Act (HIA), designed to enhance quality and cost efficiency, provides a new basis for this work. The HIA was approved by Parliament in June 2019 and the related ordinances will be drafted in the course of 2020. The partial revision regulates the following aspects:

Four-year objectives

Following consultation with the organisations involved, the Federal Council establishes objectives regarding the development of quality (redefined every four years).

Quality committee

The Act foresees the creation of a new Federal Quality Committee to support the Federal Council in promoting quality. This Committee will comprise representatives of the cantons, the service providers (e.g. doctors or hospitals), the health insurance providers and patient organisations. The Committee can request third parties to develop new quality indicators and to perform studies and quality development programmes. The Committee will be funded in equal parts by the Federal Government, the cantons and the insurers.

Quality agreements

The Act also regulates the introduction of quality agreements that will need to be negotiated between the service providers and the insurers. The agreements will apply throughout Switzerland and cover aspects such as the way quality will be measured, what measures will be required to improve quality and what sanctions will be imposed if the agreements are not fulfilled.

Resistant germs

Antibiotic resistance is another area in which the FOPH is seeking to enhance quality. The Strategy for Antibiotic Resistance (StAR) has been in place since 2016. The measures adopted under this strategy aim, among other things, to prevent the spread of resistant germs in the hospital setting. The emphasis is on three main activities: prescribing guidelines for the use of antibiotics, stewardship programmes to systematically review prescriptions of antimicrobial substances, as well as guidelines for the prevention and control of healthcare-associated outbreaks involving multiresistant pathogens.

In addition to the StAR strategy, the NOSO strategy aims to improve patient safety in the Swiss healthcare system. Some 6 % of patients develop an infection while they are in hospital (healthcare-associated infections [HAI]). The global objective of the NOSO strategy is to reduce hospital infections and prevent the spread of potentially dangerous pathogens in the in-patient setting. With this strategy the Federal Government and the numerous implementation partners are creating the basis and implementation tools needed to monitor, prevent and control HAI.

A lot was done in the past to counter HAI, but what was missing was a national system for monitoring the epidemiological situation and generally applicable, scientific standards for preventing and controlling HAI. Minimum structural requirements of this type for Swiss hospitals are currently being developed. Other future measures include the establishment of a national monitoring system for HAI. This monitoring will be developed as a series of modules and comprises at least the monitoring of catheter-associated bacteraemia (CLABSI) and catheter-associated urinary tract infections (CAUTI).

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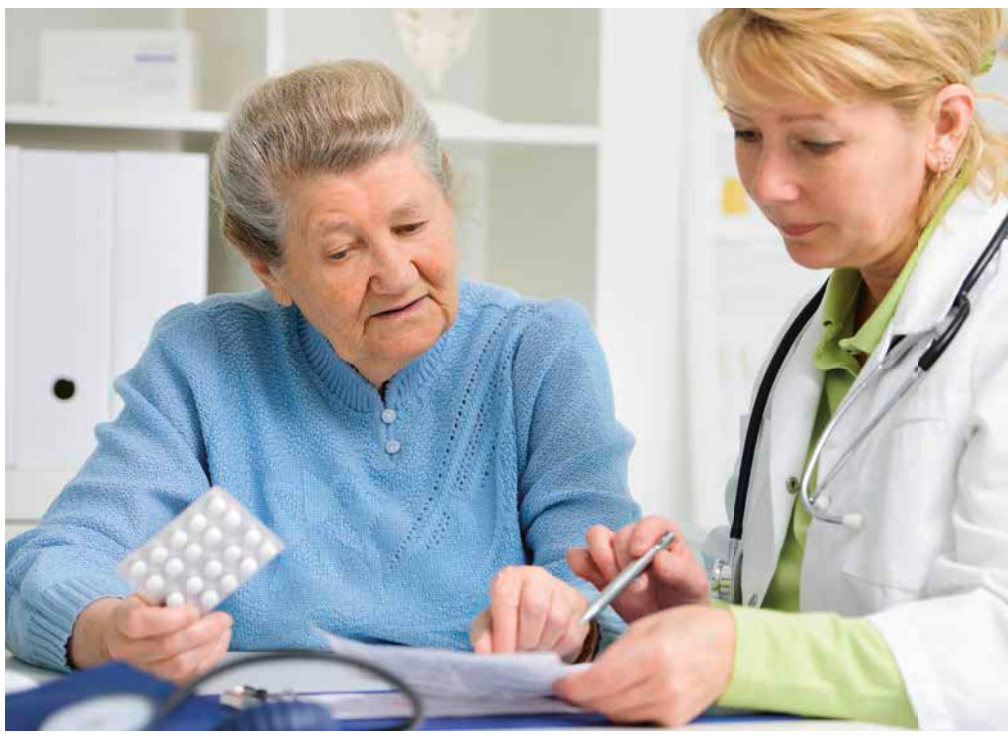
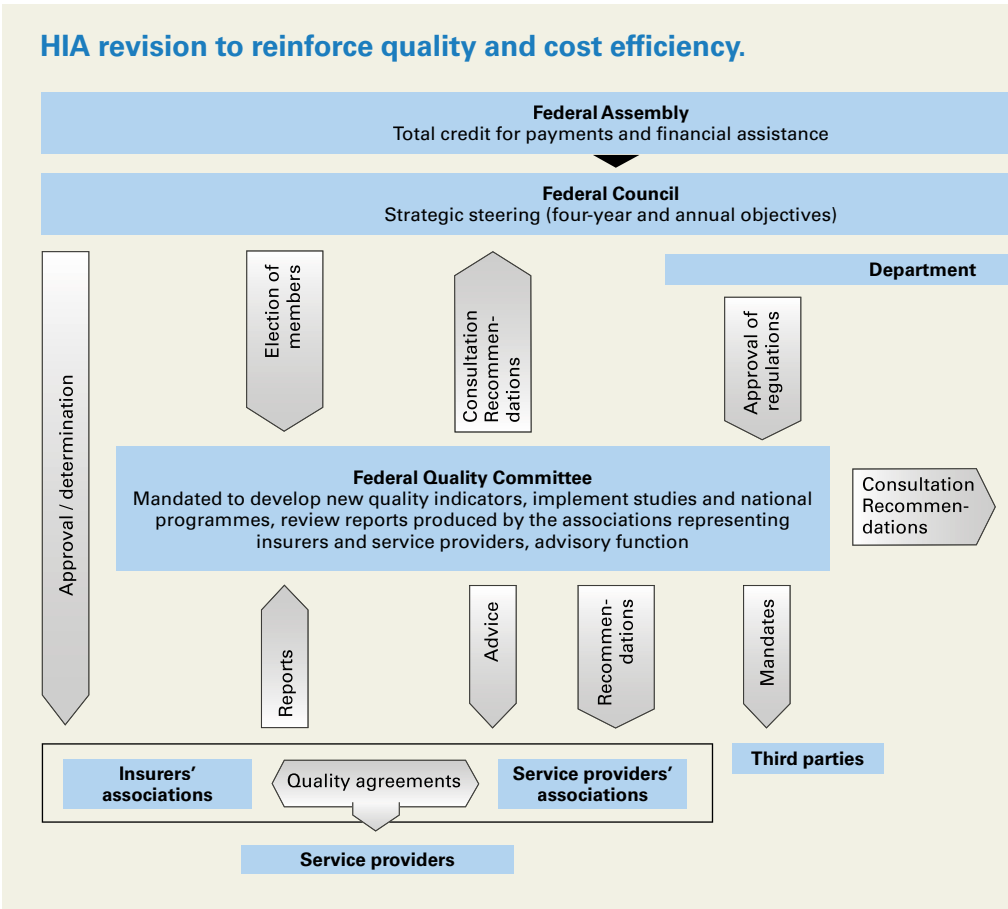
Links:
- Quality and patient safety:
https://tinyurl.com/w9u84qy
- NOSO Strategy
https://tinyurl.com/sd4kz6l



The Strategy for Antibiotic Resistance (StAR) aims to prevent the spread of resistant germs in hosp through stricter guidelines for the use of antibiotics.



The partial revision of the HIA to reinforce quality and cost efficiency will mark the creation of a new q the introduction of new quality agreements between the associations representing the insurers and th

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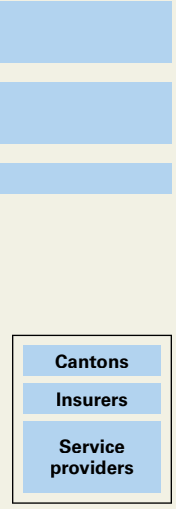

uality committee and
ne service providers.

Prevent the transmission of germs

Many hospitals in Switzerland have a large number of projects and initiatives designed to help prevent the transmission of disease-causing germs, the overall aim being to reduce the number of infections in the health service and stop the rise of multiresistant bacteria.

It's important for hospital staff always to disinfect their hands before and after touching a patient because the hands of people working in hospitals are the main transmission route for germs. Hospital staff temporarily pick up bacteria (usually without noticing) while they are treating and nursing patients, and bacteria can also be picked up from contaminated material or the hospital environment. A research team working with infection expert Didier Pittet from Geneva University Hospitals has shown that transmission can be cut by half if bacteria are killed systematically by using hand disinfectants containing alcohol.

Pittet's team has identified five moments that are critical for hand hygiene, for example before and after every invasive procedure or contact with bodily fluids (such as blood or saliva). In order to see how thoroughly the guidelines for the five moments for hand hygiene are being followed, the hospital hygiene team at Cantonal Hospital St. Gallen has developed a measurement tool called "CleanHands" that Swissnoso, the national infection prevention centre, is making available to all hospitals in Switzerland. More than 100 healthcare institutions are currently using the "CleanHands" app. This enables the hospitals' hygiene specialists to observe staff who come into contact with patients, and documents when they disinfect their hands.

Direct feedback

The tool automatically evaluates the information entered and provides the individual with immediate feedback. This is decisive in achieving a learning effect. If feedback is not received until several months later, staff do not see the connection to their everyday actions, writes Swissnoso in a review of the first national hand hygiene campaign carried out in 2005 and 2006. During that period, compliance with the guidelines increased from 54 to 68 per cent. The data recorded through "CleanHands" shows that this development has continued. The five moments for hand hygiene are observed best in geriatric medicine (87%). In the acute care hospitals the guidelines were followed in 76% of the cases recorded, and by nursing staff better than by doctors.

The hospitals' major commitment to preventing infections is demonstrated not least by the training documents that many of them have developed to help their staff disinfect their hands correctly. Zurich University Hospital, for example, has produced a five-minute film in which a stay in hospital is compared in a humorous way with a long-haul flight and a member of the cabin crew explains the necessary hand hygiene measures to hospital staff.

Outstanding programme

Cantonal Hospital Neuchâtel has a programme called "HygièNE des mains" (hand hygiene) that received the European Hand Hygiene Innovation Award 2017. In addition to regular training and a personal hand hygiene kit for staff, it includes regular inspections during which a member of the hospital hygiene department accompanies staff on their rounds and analyses the hand hygiene measures that are employed. The hospital's original aim when it started the programme in 2012 was for all staff who come into contact with patients to disinfect their hands in at least 80% of the observed cases.

"We have achieved and even exceeded this target. With a compliance rate of 86.2% we are 8% higher than the 90 other hospitals taking part in the Swissnoso 'CleanHands' module," the hospital states proudly on its website. And then continues with its forthcoming shift in focus from quantitative to qualitative aspects. The "zéro bijou" (zero jewellery) project is already off the ground, promoting an environment favourable to good hand disinfection: hands wearing no rings.

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Links:
- The five moments for hand hygiene (poster WHO)
https://tinyurl.com/yhfy4nvz
- "CleanHands" from Swissnoso
https://tinyurl.com/wb4qmtz
- Film about infection prevention
https://tinyurl.com/ye93x3sk (D)

At first hand

Pascal Strupler,
Director-General,
Federal Office of
Public Health

We need to reinforce patient safety on all levels

People who go into hospital for treatment trust that it is a safe place and that they will hopefully leave the hospital healthier and, above all, unharmed. But sometimes reality paints a different picture: roughly every tenth patient suffers an adverse event while he or she is in hospital. These events include medication errors and hospital infections, for example. Half of them could be avoided.

They are often caused by many hospitals not enforcing safety measures strictly enough. The safety culture in Swiss hospitals needs to be pursued more actively, and it must encompass all disciplines and levels of hierarchy. Adverse events must be reported systematically.

The first national report on quality and patient safety in the health service, published recently by us, shows that there is a need for action elsewhere too. For example, a comparison with other European countries shows that there are too few indicators to measure quality and safety. It is not possible to assess the quality of care in Switzerland adequately using the existing monitoring systems.

We want to bring about improvements in this area and insist more forcefully on the implementation of measures. The partial revision of the Health Insurance Act that was passed by Parliament last June provides us with the legal foundation and the financial resources for this.

However, the federal government has already taken action. Specific measures are currently being implemented as part of two national strategies – NOSO and StAR – to reduce the number of nosocomial infections and counter the development of resistance.

We are also underlining our international involvement by organising the 5th Global Ministerial Summit on Patient Safety. Internationally recognised experts and the health ministers of several dozen countries will meet in Montreux on 27/28 February 2020 to discuss the sustainable implementation of established practices and tools for improving patient safety. www.pss2020.ch.

“People have a right to know how safe our health system is”

The Patient Safety Foundation draws attention to adverse events in medicine without pointing the finger at individuals. Its aim is to change the system so that events of this kind don’t happen again, explains Dieter Conen, the Foundation’s President.

Mr Conen, according to the website, your Foundation wants to achieve a “constructive and systematic safety culture in the health service”. What do you understand by safety culture?
It’s not easy to define a safety culture. Our concept follows the ideas put forward by Edgar Schein when he coined the phrase organisational culture. Reduced to one sentence, his definition states: the culture of an organisation describes how tasks within this organisation are done. Applied to safety, this definition means that culture comprises far more than the measures and standards that are employed.

We believe there are five aspects to safety culture. The first is leadership. The development of a safety culture is the responsibility of management and requires the commitment of all levels of management. The second point covers issues relating to an adequate level of staffing. Thirdly, are procedures standardised, specified and routine? The fourth point relates to the measurement and documentation of procedures. A hospital must have tools suitable for establishing what is working well and where mistakes are happening so that it can learn and improve. And finally, the fifth point is that communication must be transparent within the hospital and from the inside out. Because communication problems usually play a central role in adverse events.

Is there a safety culture in all health facilities?
Yes, but they are at different stages of maturity. The highest level in a culture of patient safety is achieved when all processes are examined for their relevance to safety and their potential risks, and optimised continuously.

How often do accidents happen?
Our data is not recorded prospectively; it is generally compiled retrospectively, so we can’t exclude the possibility of distortions. The data shows that between 90 and 95 per cent of all hospital stays are unproblematic. In 5–10% of cases the medical procedures don’t turn out the way they should. In about half of these adverse events, something went wrong that had nothing to do with human failure, but around one third to half of these cases are due to an error – which means they were avoidable.

The Patient Safety Foundation was set up in 2003. What has it achieved?
We have made patient safety a subject that people are talking about. It’s very important that we have understood how to talk about critical and in some cases tragic events without turning them into a scandal. We have been able to explain that it’s not about bad people who cause harm. It’s about people who work in poorly functioning systems and therefore sometimes unfortunately cause harm. This is why our emphasis is not on punishment (unless the harm was due to gross negligence) but on improving the system.

What has the Foundation not achieved so far?
We carry out our pilot projects with a modest number of hospitals. We don’t have the resources to expand our scope. We would like, for example, cases in which medical harm occurs to be recorded on a country-wide basis. We have not achieved this goal so far for a number of reasons. And that’s why we don’t know the full extent of this harm. In Switzerland nobody knows, for example, how often surgery is performed on the wrong side of the body, or a foreign object is left behind.

But the Foundation does have an error-reporting system?
Yes, but at the moment our reporting system is set up in such a way that it only covers events that don’t result in harm. We make a clear distinction here because errors that lead to harm raise questions of liability. We don’t want voluntary reports to work to the disadvantage of the people submitting them.

You once referred to yourself as a “medical citizen who enjoys doing his duty towards patients”. What sort of duty do you mean?
A citizen should not spread lies, he should be open and transparent and have a sense of responsibility towards his environment and for upholding the common good. The same applies to doctors. They shouldn’t hide behind their professional credentials but should try and do whatever possible for their patients and, to a certain extent, be their advocates. This works well on an individual level because doctors generally have an intrinsic motivation, do their best for patients and feel responsible for them. But at the systemic level there is often resistance from the medical profession.

How do you explain this?
While a future doctor is studying medicine, the emphasis is on the individual contract between doctor and patient, and the freedom to choose a therapy is a major element in the doctor-patient relationship. Yet at the same time, doctors also have a responsibility to society because society is providing the resources. The medical professional also has public health tasks, one of which is patient safety. If harm leading to death occurs, I need to know how often these events occur. At the same time I need to know what I can do to prevent these events from happening, or at least to mitigate their effects.

Dieter Conen

Professor Dieter Conen first studied philosophy and then medicine. He wrote his doctoral thesis in 1984 on the subject of the “Quality of doctors’ services”. From 1987 to his retirement in 2008 he headed the Department of Internal Medicine at Cantonal Hospital Aarau and was a professor in the Faculty of Medicine at Basel University. He was a member of the Hospital Council of Zurich University Hospital and is the Founding President of the Swiss Patient Safety Foundation.

The administration of medication can lead to adverse events, for example if the dose is incorrectly stated. Communication problems are often responsible for this.

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