

# **Panel Discussion 5**

## **Economics on Patient Safety**

## Chair: Ingo Härtel

Federal Ministry of Health, Germany

### **Chair Information:**

Dr. Ingo Härtel holds a doctorate in medicine from the Charité, Berlin and an MA in bioethics from the Kennedy Institute of Ethics, Georgetown University, Washington, DC. His current position is that of Deputy Head of the Division for ‘Health Law, Patients’ Rights, Patient Safety’ at the German Federal Ministry of Health, where his work includes questions of patient safety, bioethics, biopolicy, genomics and genetics at national and international level. Prior to his current post, he worked for the office of the Enquete Commission “Law and Ethics in Modern Medicine” at the German Bundestag, where he drafted the Report to the Parliament on Stem Cell Research. He has gained professional experience in the fields of policy-making, medicine and science administration.

He is the Joint Chair of the Steering Committee for the Global Ministerial Summits on Patient Safety. Previously, he has served as the Secretary General of the Inter-Ministerial Working Group on Regulatory Affairs in Biomedicine and Bioethics and as delegate to the OECD’s Working Party on Biotechnology. Currently, he is representing Germany in the Bioethics Committee of the Council of Europe (DH-BIO) and in the Intergovernmental Bioethics Committee (IGBC) of UNESCO.

## Nicolaas Sieds Klazinga

Head of the Health Care Quality Indicators, Organisation for Economic Co-operation and Development (OECD)

### Flying Blind

#### **Abstract:**

Ambulatory and primary constitute a major part of health care with around 8 billion encounters between patients and health care professionals in OECD countries alone. Despite its importance, little is known about the occurrence of adverse events and patient harm in these settings. Findings from a recent OECD report on the occurrence, burden, costs and economic impact of safety lapses in ambulatory/primary care will be presented, showing that as many as 20%-25% of the general population experience harm in developed and developing countries respectively and half of the disease burden related to patient harm stems from this setting. Related costs on additional tests and treatments are estimated to be around 2.5% of total health expenditure and estimated total costs, also including preventable hospital admissions in developed countries, suggest this can approach 3 % of GDP. Emphases is on diagnostic errors, medication failures and safety risks associated with administrative processes that are related to the fragmented nature of primary- and ambulatory care. Results of a survey amongst safety experts and policy makers on the “best strategies” to tackle patient safety in ambulatory/primary care settings will be presented. Overall recommendations focus on the active measurement and use of the findings on adverse events and patient harm in ambulatory/primary care settings. Active involvement of patients is essential. Measurement initiatives will only succeed when a learning culture and (political) leadership is present. Unless we provide better insight in safety in ambulatory/primary care we are flying blind on the long distance of continuous patient care delivery as provided in ambulatory and primary care.

#### **Speaker Information:**

Niek Klazinga is since 2006 the coordinator of the Health Care Quality Indicator program at the OECD in Paris. He combines this work with a professorship in Social Medicine at the Academic Medical Centre at the University of Amsterdam. Dr. Klazinga has been involved over the past 30 years in numerous health services research projects and policy debates on quality of care and published widely on the subject. Present commitments include a visiting professorship at the Corvinus University in Budapest and the University of Toronto, advisor to WHO/Euro, advisor to the Canadian Institute for Health Informatics and member of the board of trustees of the Isala Clinics (Zwolle, a large teaching hospital in The Netherlands) and Arkin (Amsterdam, one of the largest mental health care institutes in The Netherlands). Dr. Klazinga has (co)authored around 200 articles in peer-reviewed journals and to date completed the supervision of 36 PhD trajectories.

## Chris A. Power

Canadian Patient Safety Institute

### The Case for Investing in Patient Safety: The Canadian Experience

#### **Abstract:**

Interested in developing a monetary case for why governments and health care organizations should invest in patient safety, the Canadian Patient Safety Institute (CPSI) commissioned RiskAnalytica to conduct a Canadian analysis. The compelling results concluded that over the next 30 years in Canada, within acute and home care settings, there could be roughly 400,000 average annual cases of patient safety incidents (PSIs), costing approximately \$6,800 per patient and generating an additional \$2.75 billion (2017) in healthcare treatment costs per year. The PSIs considered and the costs incurred are all preventable. In terms of mortality, PSIs in total (acute/home care combined) rank third behind cancer and heart disease with just under 28,000 deaths across Canada (in 2013). This is equivalent to such events occurring in Canada every 1 minute and 18 seconds and a resulting death every 13 minutes and 14 seconds. In the acute care setting, infections will be the biggest driver of PSIs while in the home care setting, trauma (e.g. falls) will top the list. This presentation will provide the background, analysis and results of the commissioned work.

#### **Keywords:**

Patient Safety, patient safety incidents, scale, cost, benefits, impact

#### **Speaker Information:**

What began as a desire to help those in need 35 years ago has evolved into a mission to improve the quality of healthcare for all Canadians. Chris Power's journey in healthcare began at the bedside as a front-line nurse. Since then, she has grown into one of the preeminent healthcare executives in Canada. Her experiences, her success, and her values have led her to the position of CEO of the Canadian Patient Safety Institute.

Previously, Chris served for eight years as president and CEO of Capital Health, Nova Scotia. She holds significant governance roles including Chair of the Canadian Association for Health Services & Policy Research, Co-Chair of CHLNet and Board member of Colleges & Institutes of Canada.

Most recently Chris participated as a member of the federal advisory panel on healthcare innovation. Her love of family and gift of song keep her grounded in all that she does.