EU community of hospitals and national institutions involved in patient safety

This document is analysing the results of setting up a community of hospitals on the basis of a pilot implementation of good practices and proposing recommendations for the development and sustainability of such a community.

Analysis of the setting-up of the community

The community of hospitals can be defined as an articulated set of relations developed between hospitals. In the present case the minimum denominator of those hospitals is a commitment to improve medication safety.

As the community consists of hospitals it then could not be reduced to individuals. The commitment of the institution was somehow formalised. At the same time a key group of persons involved were identified. The way hospitals are organised varies a lot but the key decision makers in the hospital have been involved as well as the key healthcare professionals involved in the medication process within the hospital; such as nurses, pharmacists and doctors.

The community of hospitals was developed around three cycles corresponding to the different stages of the project as well as the differences in involvement of hospitals. It aimed at creating a common identity and ownership.

Those cycles benefited and worked closely with national platforms, when they existed.

First cycle: the implementation hospitals

The list of participating hospitals was circulated to all participating hospitals. This list indicated which good practices would be implemented. Each hospital then knew that there were other hospitals implementing good practices, and which practices they were implementing.

A mechanism organising contacts between hospitals was set up so that they could communicate with those implementing the same good practices in their own country as well as in other Member States.
To recognise the work of participating hospitals, their commitment will be rewarded by a certificate of participation once the project is completed. Their commitment as well as the results will also be rewarded by being clearly acknowledged in the various means of communication of the project and outside.

Second cycle: the hospitals, sources of good practices

The second cycle relates to continuing the work with the hospitals that provided good practices that were selected for implementation as well as the other hospitals.

Once the project is completed, the contact persons mentioned in the good practices will receive a message thanking him/her and the institution. The message will suggest to this contact person to organise the liaison between the project and the top management of the hospital so that the hospitals get recognition of what has been developed.

For the hospitals providing the seven selected good practices, specific information will also be added concerning the implementation phase.

Communication with the hospitals of the first cycle as well as information on the results will also be organised at the end of the project, so that they know what has then been done with their good practices.

Third cycle: any hospital

The third cycle would be developed after the project has been completed. It would be proposed to all hospitals involved and would also be open to other hospitals.

This third cycle is built on the experience of the two first cycles and is detailed in the following recommendations for development and sustainability.

Recommendation for development and sustainability

The development of a community of hospitals with an interest on medication safety should build on the existing networks or networks created on the occasion of EUNetPaS. When these do not exist, networks should be promoted. The exchange of good practices at European level should also be facilitated.

Building on existing networks at national and regional level

In several countries there are already existing networks, either general ones on patient safety or specific ones on medication safety.

Patient safety

There was already a network and corporation among the Danish hospitals in medication reconciliation due to a Danish campaign (Operation Life) This network has been sustained through the voluntary 'Network for Safe Medication'. From 2010-2013 medication reconciliation is among other initiatives part of the Danish campaign 'Patientsikkert Sygehus', a further development of the Operation Life campaign.[1] In The Netherlands, there is a national patient safety campaign for hospitals running from 2008 till 2012. In this national campaign hospitals are connected with each other and have to implement good practices on medication safety as well. To establish a new community of hospitals was not necessary in The Netherlands, because it was already there.

Medication safety only

In Austria there is a national community of hospitals, participating in the MEDSAFE-programme. Since 2004, Belgium has a well established Network of Medico-Pharmaceutical Committees within the Federal Service of Health, Food Chain Safety and Environment, Directorate-General for the Organisation of Health Care Facilities, which communicates to the Belgian Hospitals[2]. This network aims to give a qualitative support to the Medico-Pharmaceutical in all Belgian hospitals in order to improve their performances. This network will help hospital administrators, medico-pharmaceutical committees, scientific collaborators and the federal government to collaborate and optimalize the quality of health care. More specifically, the objects of the network of medico-pharmaceutical committees are:

- the support of Medico – Pharmaceutical Committees through drug prescription-information and fostered rational drug therapy (top-down);
- evaluation and dissemination of initiatives of Medico –Pharmaceutical Committees in Belgian hospitals –horizontally;
- advancing suggestions to the policymakers (bottom-up).

[1] http://kea.au.dk/en/qualityassessment/operationlife/

[2] http://www.health.belgium.be/eportal/Healthcare/Consultativebodies/Commitees/Medicalpharmaceuticalcommittee/index.htm

Sustain newly created networks at national and regional level

In Ireland, the project EUNetPaS enabled the establishment of a network or community of hospitals with an interest in medication safety.[3] Fourteen hospitals agreed to participate in the piloting phase of WP4 and 12 hospitals subsequently participated. A EUNetPaS section was created on the national contact point's (Health Information and Quality Authority) website which included a section on participating hospitals and the contact details of the coordinators in each hospital. If a query was received from a hospital about piloting one of the medication safety initiatives and another hospital had encountered a similar issue, the hospital was encouraged to speak to the other hospital about how they resolved the issue. In this way, the hospitals became aware of the other hospitals who were involved in the pilot and the coordinators in each hospital. A half day learning workshop with all participating hospitals in Ireland was held in October 2009 which allowed the hospital coordinators to meet face to face and to learn from one another's experiences of piloting the different medication safety initiatives.

Queries were also received from hospitals who did not participate in the EUNetPaS project about medication safety initiatives such as the "Safety vest" and they were directed to the website and the contact details of the coordinators in the participating hospitals. They were advised as to who might best be able to answer their query and were encouraged to make contact with the hospitals who participated in the WP4 pilot.

Irish hospitals who participated in the WP4 pilot have been very willing to share their experiences and learning with both one another and other hospitals who did not participate in the project. In addition, hospitals have indicated that it is most beneficial to have a contact phone number for a named person in another hospital that one can ring and ask about their experience.

The EUNetPaS WP4 project provided a forum to allow such a community or network of hospitals to be established at a national level in Ireland.

The Pan-hellenic Society of Hospital Pharmacists (PEFNI) responded to the invitation of the National Contact Point to potential national stakeholders and undertook the coordination of the field test. PEFNI in collaboration with other national stakeholders such as the Hellenic Nurses Association (ESNE) extended an invitation to hospital pharmacists and nurses in Greece to participate in the study and communicate the seven good practice examples in their institutions. Among these, three hospitals expressed an interest and finally constituted the first community of hospitals.

The project gave the Directorate General for Health the motivation to address all hospitals in Portugal the invitation to establish a national group to work on the medication safety. One detail that was firstly asked by DGS was a local Contact Person (representing the implementing team) in order to facilitate communication inside and outside the hospital. The contacts of these Contact Persons were distributed by the hospitals that accepted to implement the good practices. Two meetings took place with the contact persons and they turned to be a very important moment to share difficulties, solutions and ideas, and to consolidate the community of hospitals. A national event on patient safety is organized for June 2010 and the participating hospitals are invited to present their experiences.

[3] http://www.hiqa.ie/patient_safety_EUNetPaS_wp4_hospitals.asp

The three hospitals implementing the good practices in Finland have been in contact with each other, so they form a basis for the Finnish community of hospitals regarding patient safety.

Building networks national and regional levels

Member states that have not yet established networks would be advised to build them, in particular by starting with the group of hospitals that have identified good practices and those that have implemented them. There is more chance that this would work starting with this group than ex nihilo.

Those networks might be focusing on medication safety or be more general on patient safety. In any case, the sustainability of such networks will depend on a minimum common work, such as implementation of good practices.

The experience of WP 4 is pointing out on several elements to be taken into account: the need for funding in the implementation and in the support; involvement of all relevant stakeholders including healthcare professionals such as nurses, doctors, and pharmacists; the need for meetings and events to create ownership; the support at higher decision making level in the hospital.

Facilitate exchange of good practices at European level

Along with the activities taking place at regional or national level, there is room for useful activities at European level.

Existing networks found benefits in sharing with other networks. For example, although there was already a network and corporation among the Danish hospitals in medication reconciliation due to a Danish campaign (Operation Life), the WP4 gave an opportunity of sharing the good results and experiences with hospitals outside Denmark. In Belgium, it made hospitals identified their good practices.

Exchange of good practices and the way to implement them should be facilitated, as well as the support or the set up of networks and their inter-relation.
To make sustainable the database of good practices in medication safety is the minimum to be achieved.

The discussion to build the joint action on patient safety should provide other concrete activities to facilitate exchange of good practices between hospitals. It should also be an opportunity to bring ideas around a better articulation in this field between the different levels of health and social care, as well as around exchanges of good practices within them.