Arch Public Health
2010, 68, 42-44

Quality and patient safety in Belgian hospitals in the year 2008

Report on the Quality and patient safety contract of 2007-2008

by

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Since July 2007, additional financing has been approved within part B4 of the financial budget, and this for the co-ordination of the quality and patient safety in Belgian hospitals. For the contract year 2007-2008 the budget amounted to € 6.8 million. The related contract on the co-ordination of quality and patient safety was signed by 80 % (n=164) of the acute, psychiatric and Sp-hospitals and consisted of six major parts.

The mission, vision, goals and strategy with regard to quality and patient safety

The first part of the contract aimed at further stimulating the hospitals into formulating a mission, a vision, goals and strategic objectives that also integrate patient safety.

The results show that most of the hospitals have a mission, a vision and strategic/operational goals. However, only half of the hospitals have a “real mission” that meets sound criteria. In addition, the hospitals do not explicitly link their mission, vision and strategic goals to each other. Another important finding is that most hospitals mix the terms “mission”, “vision” and “strategy”. It is also striking that the number and types of operational goals considerably vary between the different hospitals.

As to the communication of their mission and vision, the hospitals use many channels and they are very creative in spreading their mission and vision among patients and personnel. Other important conclusions to be made for this chapter are that only a third of the hospitals apply general quality frameworks (like the EFQM model). In general, we can conclude that it is really necessary to standardise and harmonise the meaning of “quality and patient safety in hospitals” because those concepts are interpreted in a very different way today. Such a standardisation, however, should take into account the specific features of each hospital as well as its patient population.

Structures and functions with regard to quality and patient safety

Within the framework of the second part of the contract, the hospitals were asked to give an overview of the existing structures with regard to quality and patient safety by means of an organisation chart. These are the committees or functions that are financed by the federal

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government and/or legally imposed. The committees that the hospitals have mentioned the most are the quality committee, the executive committee and the patient safety committee. More than half of the hospitals, both in Flanders and in Wallonia and Brussels, established this last committee in 2008. The patient safety committee is characterised by a large participation of board members and a multidisciplinary composition. Most of the hospitals also have at least one full-time equivalent quality co-ordinator. Finally, various channels are found to be used in order to spread the organisation chart within the institution.

Hospital survey on patient safety culture

The third part of the contract aimed at assessing the patient safety culture. The federal authorities have used the Hospital Survey on Patient Safety Culture of the AHRQ (Agency for Healthcare Research and Quality) to do so. The results of this culture assessment have also been the subject of a benchmark that has been conducted for 132 Belgian hospitals. These results are presented in a separate report. Most of the participating hospitals (96%) have conducted a hospital survey on patient safety culture according to the methodological rules. The level of participation was lower for physicians than for other hospital staff. About half of the hospitals that have conducted the culture assessment have already formulated actions for improvement that are linked to the results of the culture assessment.

Reporting and analysing (near) incidents

The fourth part of the contract related to the reporting and analysing of incidents and near incidents.

The vast majority of the participating hospitals make use of a system to report incidents and near incidents. There is, however, a whole range of issues that can be reported. The anonymity of the reporter, the unit and the patient is mostly respected in Sp-hospitals. In the acute and psychiatric hospitals, reporters can choose between anonymous and non-anonymous reports in more than half of the cases. The reporting system is usually confidential, which means that the patient's identifying data, the reporter and the unit are not mentioned to third parties. A large majority of the hospitals also have a hospital-wide reporting system. Hospital-wide reporting systems are mostly used in Sp-hospitals, followed by psychiatric hospitals and acute hospitals.

In slightly more than half of the hospitals, the reporting is exclusively done in writing. A minority of the hospitals already has an electronic reporting system and in one third of the hospitals the system allows for both written and electronic reporting. A positive point is that the hospitals really take a lot of initiatives to stimulate reporting, which include both written and oral (formal and informal) forms of communication, campaigns and training.

One third of the hospitals, and particularly acute hospitals, use specific methods to analyse incidents and near incidents. This shows that there is still a lot of work to be done in this field. In about half of the hospitals the incidents and near incidents are analysed by the quality co-ordinator. The used analysis methods vary a lot. The actions for improvement, which are

based on the analyses, that are mentioned the most relate to medication and falling prevention.

The description of three quality projects

The fifth part of the contract related to the description of three new quality projects: one for the field of 'economic performance' / 'capacity and innovation', one for clinical performance and one for patient safety. In all, more than 500 projects have been submitted, mostly by acute hospitals, followed by psychiatric hospitals and Sp-hospitals. Many projects submitted by acute hospitals relate to supporting activities, medication, clinical paths and hospital hygiene. Psychiatric hospitals have mainly developed projects on medication, staff policy, patient flows and aggression. Sp-hospitals have mainly submitted projects with regard to medication, hospital hygiene, falling prevention and the registration and analysis of (near) incidents.

Medication safety is the subject on which the three types of hospitals have submitted the most projects.

Multidimensional feedback including further details on a selection of 12 indicators

The sixth part of the contract only applied to acute hospitals. The hospitals were asked to select 12 indicators and to develop actions for improvement. They were asked to select three indicators per field and to develop them in detail: 3 indicators for the field of economic performance, 3 for capacity and innovation, 3 for clinical performance and 3 for patient safety. The following indicators have been cited the most for the respective fields: degree of financial independence, clinical paths, amount of caesareans and decubitus. The actions for improvement have been subdivided into the following categories: financial management, human resource management, clinical aspects, informatics and patient safety.

In the last part of the report, there is a chapter that deals with the remarks and suggestions of the hospitals with regard to the contract.

A final chapter roughly charts the course for the future within the framework of a long-range plan up to 2012. The yearly contracts will always be based on the Donabedian's triad and consist of three pillars: the development of a safety management system (structure), the analysis of processes (process) and the development of a multidimensional set of indicators (result). By 2012 all hospitals should have an integrated safety management system, assess both intramural and transmural care processes and use an integrated and multidimensional set of indicators.

The full report is available in Dutch and French from the website:
https://portal.health.fgov.be/pls/portal/url/ITEM/6E97488A9E3D5025E04400144F3EAABC.