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Foreword from the Minister of Health

As the Minister of Health my goal is to ensure that the safety and the needs of patients are at the forefront of health care. In March 2013 the nationwide Patient Safety Strategy was adopted by the Federal Health Commission. This strategy will make a considerable contribution towards the establishment of safety aspects in all structures and processes of the health care system.

Health care should be independent of where and in which facility or institution it is provided, and it should be safe, effective and easily accessible. In the implementation of all measures it is important that patients are well-informed and actively involved in the process behind the provision of health care.

The strategy covers all occupational groups and sectors of the health care system and provides the framework for activities in the field of patient safety. It serves as an orientation and support for relevant activities from the federal government, the provinces and the social insurance institutions, statutory interest groups and professional associations, the providers of health care services, experts’ organisations, patient ombudsman’s offices and patient representatives.

The strategy is intended to ensure that the occurrence of adverse events is minimised and that quality is improved. Adverse events can, however, never be completely avoided. In such situations I expect the affected patients to be actively approached and that an honest dialogue can take place. If we can succeed in establishing a culture which does not look for who is to blame, but rather for ways of ensuring that adverse events do not happen again, then the Patient Safety Strategy has served its purpose.

The strategy is divided into five intervention fields for which patient safety objectives and measures for their implementation are defined. International recommendations and proven examples from other countries have served as role models and benchmarks in this process.

I am convinced that the Patient Safety Strategy will play a key role in health reform so that Austria can continue to occupy its leading position in health care provision compared to other countries.

Alois Stöger
Minister of Health
“We cannot change the human condition, but we can change the conditions under which humans work” (James Reason 2000)
Preliminary remarks

The complexity of a highly-developed health care system contains a wide range of safety risks which need to be dealt with systematically. The provision of health care will never be risk-free, but every effort has to be made to make the system as safe as possible both for patients and for the staff of health care providers.

According to an estimate of the former EU Commissioner for Health and Consumer Protection, John Dalli, every tenth treatment provided in hospitals is flawed (source: Die Welt, 2011). The WHO has stated that millions of patients worldwide suffer harm due to “unsafe medical care” (WHO-Kollaborationszentrum für Lösungskonzepte zur Patientensicherheit 2007). Based on studies by Leape, Brennan, Thomas and other authors, the publication To Err is Human (Kohn et al. 2000) points to a figure of around 44,000–98,000 people who die in hospitals in the US every year because of avoidable adverse events. The Council of Europe therefore published the “Recommendation (2006)7 on the management of patient safety and the prevention of adverse events in health care” (Council of Europe 2006). At EU level, since 2009 there has been a “Recommendation of the Council on the safety of patients including the prevention and control of health care-associated infections” (Rat der Europäischen Union 2009). Against this background, the European Commission has funded numerous projects on the issue of patient safety, including the Project “European Network for Patient Safety (EUNetPaS, 2008–2010)”, which aimed to improve patient safety in the EU Member States. In May 2012, the DG Sanco (Directorate General for Health and Consumer Affairs) initiated a further Joint Action entitled Patient Safety and Quality of Health Care under the leadership of France, whose main focus is the support of the Member States in the implementation of the recommendations of the Council.
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<td>A-IQI</td>
<td>Austrian Inpatient Quality Indicators</td>
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<td>ANetPas</td>
<td>Austrian Network for Patient Safety</td>
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<td>AZQ</td>
<td>Agency for Quality in Medicine</td>
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<td>BGK</td>
<td>Federal Health Commission</td>
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<td>BIQG</td>
<td>Federal Institute for Quality in the Health Care System</td>
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<td>BMG</td>
<td>Federal Ministry of Health</td>
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<td>B-VG</td>
<td>Federal Constitutional Act</td>
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<td>EU</td>
<td>European Union</td>
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<td>EUNetPaS</td>
<td>The European Network for Patient Safety</td>
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<td>GÖG</td>
<td>Gesundheit Österreich GmbH</td>
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<td>GQG</td>
<td>Health Quality Act</td>
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<tr>
<td>IT</td>
<td>Information Technology</td>
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<tr>
<td>JA</td>
<td>Joint Action</td>
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<td>PaSQ</td>
<td>European Network for Patient Safety and Quality of Care</td>
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<td>KAKuG</td>
<td>Federal Hospitals Act</td>
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<td>M-M Conference</td>
<td>Morbidity and Mortality Conference</td>
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<tr>
<td>ÖQMed</td>
<td>Austrian Society for Quality Assurance and Quality Management in Medicine GesmbH</td>
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<tr>
<td>ÖVP</td>
<td>Austrian People’s Party</td>
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<td>QBE</td>
<td>Quality reporting</td>
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<td>PASQ</td>
<td>European Union Network for Patient Safety and Quality of Care</td>
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<td>SOP</td>
<td>Standard Operating Procedure</td>
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<td>SPÖ</td>
<td>Austrian Social Democratic Party</td>
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<td>WHO</td>
<td>World Health Organization</td>
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Glossary

Federal Health Commission (BGK)

The BGK is the executive authority of the Federal Health Agency (BGA) for the planning, control and financing of the health care system at a national level. In accordance with Article 16 of the agreement according to Article 15a of the Federal Constitutional Act on the organization and financing of the health care system (Art. 15a B-VG Vereinbarung 2008), it includes representatives of the federal government, the social insurance institutions, all of the provinces, the representative bodies of the towns, cities and local authorities, hospitals run by religious organisations, patient representatives and the Austrian Medical Association as well as other non-voting members. In the Federal Health Agency, the federal votes have a majority. However, apart from a few exceptions, to pass resolutions a consensus has to be achieved with the provinces and the Main Association of Social Insurance Institutions. Preliminary work with specialist content is carried out by preparatory committees such as the working group for structural changes and various sub-working groups on specific issues (e.g. the Subgroup on Quality).

Patients’ ombudsman/patient representatives:

Patients’ ombudsman's offices and patient representatives are independent bodies with the task of ensuring the rights and interests of patients and – in some provinces – people in need of care. They are mainly responsible for hospitals, but in some provinces their responsibility also includes doctors in private practice, nursing homes and all other facilities and institutions in the health care system and in the social sector. The Patients' Ombudsman's Office is responsible for the health care facilities in its own province. For the patient, this means that he/she submits any complaints in the province where the relevant health care facility is located.

Definitions of terms by the Agency for Quality in Medicine (AZQ) 2005:

» Risk management: risk management is the analysis of processes in the treatment environment with the goal of revealing risk situations and their possible consequences. It is also a management method with the aim of systematically recognising, analysing and avoiding errors and their consequences.

» Patient safety: patient safety is the product of all measures in clinical settings and in practice which are intended to prevent patients suffering avoidable harm in relation to treatment.

» Risk: carrying out and failing to carry out interventions both bear a risk which cannot be excluded by the person providing treatment even when they are as careful as possible.

» Error: an intention which is correct is not carried out as planned, or the events which occur are based on an erroneous plan.
» Active error: active errors occur at the level of the practical work of service providers and are easier to measure as they are limited in time and location.

» Treatment errors: a treatment error occurs when there is a diagnostic or medical intervention which was not medically indicated, or in which the care required according to the recognitions of medical science and medical practice has been objectively disregarded, or when a medical intervention which was necessary according to these criteria has not been carried out.

» Damage to health: a temporary or permanent health impairment which the patient has suffered in relation to treatment, regardless of any possible fault of the provider of the treatment.

» Near miss: an occurrence during which the erroneous action was recognised in time and an actual error could thus be avoided. A near miss is any event which could have had adverse consequences but in the specific case did not, and which – apart from the outcome – cannot be distinguished from a genuine adverse event.

» Adverse event: occurrences or events which can possibly, but not necessarily, lead to subsequent harm to the patient.

» Avoidable adverse event: events which can possibly, but not necessarily, lead to subsequent harm to the patient. Adverse events should be classified as avoidable if they could have been prevented by adhering to the applicable rules of due care.

» Critical event: an event which is accompanied by a potential for harm which will occur only if preventive action is not taken.

Safety culture

» Safety culture: “The safety culture of an organisation is the product of the individual and group values, attitudes, competencies and patterns of behaviour that determine the commitment to, and the style and proficiency of, an organisation’s health and safety programmes. Organisations with a positive safety culture are characterised by communications founded on mutual trust, by shared perceptions of the importance of safety and by confidence in the efficacy of preventative measures” (Vincent Charles 2006).

Further definitions of terms related to patient safety

» “Patient safety: covers measures to avoid adverse events which can lead to the harm of the patient.” (Gesundheitsqualitätsgesetz, § 2 Z. 4)

» „Patient safety means freedom for a patient from unnecessary harm or potential harm associated with healthcare.” (European Council 2009)
1 Vision and objectives of the Patient Safety Strategy

Vision

Patient safety has been established in all structures and processes of the health care system. Health care in Austria is safe, effective, and easily accessible, independent of where and in which facility or institution it is provided. Patients are well informed and actively involved in the process of the provision of health care.

Jointly advancing patient safety

The Austrian Patient Safety Strategy covers all occupational groups and sectors in the health care system and provides a national framework for existing and planned activities in the field of patient safety. It serves as an orientation and support for relevant activities to increase patient safety carried out by the following: the federal government, the provinces and the social insurance institutions, statutory interest groups and professional associations, the providers of health care services, experts' organisations, patient ombudsman's offices and patient representatives.

Time frame

The time frame for the implementation of the nationwide Patient Safety Strategy has initially been set at 2013–2016. A further development of the strategy is planned on the basis of an evaluation.
2 Point of departure

This Patient Safety Strategy is orientated towards the following internationally used definitions and national and international laws, agreements and documents:

» National Quality Strategy (p. 4: Values and p. 7: strategic objective No. 4 (BGA 2010)

» Austrian framework health objectives (objective 3: strengthening the health competence of population, objective 10: Ensuring high quality and efficient health care provision for everyone) (Bundesministerium für Gesundheit 2012)

» Recommendations of the Council of the European Union from the year 2009 (Council of the European Union 2009)

» Child health strategy (with regard to the creation process and document structure (Federal Ministry of Health 2011)


» WHO projects (High 5 Project (WHO 2007)

» Recommendations of the Council of Europe on patient safety (Council of Europe 2006)

» Solution concepts on patient safety (nine relevant areas of action) (WHO Collaboration Centre on Patient Safety Solutions 2007)

» International examples for national patient safety strategies: e.g. Finland (Ministry of Social Affairs and Health 2009) and Canada (National Steering Committee on Patient Safety 2002)

Via the quality platform www.qbe.at of the Federal Health Commission (BGK) data exist on a large number of projects which were and are being carried out in Austria in the field of risk management and error management. These recognitions are also taken into account.

Important legal fundamentals are provided by Sections 1 (1) and 2 line 4 of the Health Quality Act (GQG 2004), the agreement according to Art. 15a B–VG on the organisation and financing of the health care system ('Quality' and 'Patient-orientation') (Art. 15a B–VG Vereinbarung 2008) and also the Federal Hospitals Act (KAKuG).
Definitions of patient safety

Both the World Health Organisation (WHO) and the European Commission are making efforts to achieve an international standardisation of terms. The basic definition of patient safety is, however, already standardised to a great extent and agrees with the definition in the Health Quality Act. The Patient Safety Strategy is therefore based on a definition in the Act.

“Patient safety covers measures to avoid adverse events which can lead to the harm of the patient.” (Gesundheitsqualitätsgeetz, § 2 Z. 4)

“Patient safety means freedom for a patient from unnecessary harm or potential harm associated with healthcare.” (European Council 2009)

“Patient safety is to prevent the patient from suffering unnecessary damage or potential damage in relation to healthcare provision. (Rat der Europäischen Union 2009)

“Patient safety is the product of all measures in clinical settings and in practice which are intended to prevent patients suffering avoidable harm in relation to treatment.” (Ärztliches Zentrum für Qualität in der Medizin 2005)

From the definitions listed above it can be seen that with the aid of a national Patient Safety Strategy the safety and trust of patients and staff in all facilities and at all levels of health care provision can be enhanced, and adverse and avoidable events can be prevented to a great extent.
3 Procedure

On behalf of the Federal Ministry of Health (BMG), GÖG/BIQG has developed a national Patient Safety Strategy since the start of 2012. After coordination of the draft concept with the BMG, it was discussed with experts (see page 17) and presented in the sub-working group on quality. The BGK noted and approved the Patient Safety Strategy in its meeting of 22 March 2013 and recommended that it be put into operation.

The basic structure of the strategy is built upon the capacity building model. “In international cooperation, the term capacity building stands for further training and personnel and organizational development. Capacity building has the goal of strengthening the ability of the partners to plan and implement sustainable development strategies and policies” (InWEnt Capacity Building International 2008). The capacity building model is therefore also suitable for comprehensive change and development processes in the health care system. In accordance with this concept, the Patient Safety Strategy is divided into five intervention fields for which patient safety objectives and measures for their implementation have been defined for the years 2013–16.

Figure 3:.1
Model for the Patient Safety Strategy:
intervention fields based on the capacity building concept

Source: GÖG/BIQG – own illustration
In order for the national Patient Safety Strategy to be accepted and to have a chance of being implemented and effective, all of the fields of intervention should be worked on simultaneously from the beginning. For example, measures which are directed towards a change of cultures (personnel development) have little chance of realisation if the organisational structures and processes (organisational development) and the legal framework (policy development) do not correspond to them.
4 The intervention field of policy development (measures for decision-makers)

4.1 Objectives

» A safety culture has been established in all areas of the health care system
» National, regional and local patient safety initiatives are being promoted and nationwide monitoring has been put in place
» As one of the main issues, patient safety is taken into account in all national initiatives in the health care sector
» A legal framework for the promotion of patient safety and an open safety culture are in place
» There are incentive mechanisms to promote patient safety
» Providers of health services actively participate in national and international networks and programmes on the theme of patient safety.

4.2 Measures

» The Federal Ministry of Health acts as the national coordination office for all agendas related to patient safety (cf. 9.1).
» Establishment of a Patient Safety Advisory Council according to Section 8 Federal Ministries Act (Federal Ministries Act 1986) to support, further develop and implement the national Patient Safety Strategy (cf. 9.2)
» The definition of relevant high-risk areas in the entire health care system
» Commissioning projects and nationwide standards on issues of patient safety (especially in high-risk areas)
» The introduction and extension of a system of reporting without penalties (error reporting and learning systems)
» The inclusion of patient safety in the initial and in-service training of all health professions which are subject to statutory regulation
» Projects for the development of patient empowerment
» The embodiment of patient safety aspects in relation to electronic data exchange in the health care system
» Funding for research in the field of patient safety
» The extension and funding of incentive mechanisms
» Active participation in the European PaSQ Joint Action
4.3 Participating structures and actors

The Federal Ministry of Health, other ministries, the provinces, social insurance institutions, statutory interest groups / professional associations, patients' ombudsman's offices / patient representatives, organisations of experts (e.g. universities, institutions for research funding, the patient safety platform etc.), health service providers.
5 Organisational development as a field of intervention

5.1 Objectives

» A safety culture has been established in all areas of the health care system
» Senior managers are pushing ahead with activities to promote patient safety
» A risk management strategy (including error management) has been installed in health care facilities and institutions
» There are internal incentive mechanisms within organisations to promote patient safety (e.g. awards for committed staff members)
» Optimal working conditions for staff have been established as an important precondition for the safe provision of health care services

5.2 Measures

» The definition of responsibilities and organisational structures in relation to patient safety agendas
» The establishment of a clinical risk management strategy (including error management) in health care facilities which is embedded in a functioning quality management strategy
» The implementation of health promotion schemes in health care facilities
» The development and promotion of safe and user-friendly systems, processes and tools for patient safety with the inclusion of information and communications technologies:
  » The initiation of internal measures in the defined high-risk areas of organisations (e.g. development of SOPs, standards, M–M conferences, risk audits)
  » The implementation of error reporting systems and learning systems including analysis and the development of measures
  » The implementation of IT systems for medicines safety
  » The implementation of recognised systems to record nosocomial infections (European Parliament and Council 1998; KAKuG)
  » The exchange of information on risk management within and outside one’s own organisation
» The implementation of safe practices to avoid the most common incidents, particularly:
  » When prescribing medicines (Council of the European Union 2009)
  » In the case of healthcare-associated infections (Council of the European Union 2009) (including avoidance of resistance to antibiotics and the promotion of hand hygiene;
the ongoing projects ‘Organisation and Strategy of Hospital Hygiene’ (PROHYGH) and the National Initiative to Contain the Resistance to Antimicrobial Substances (NI–AMR).

» In the case of complications during or after surgical interventions (Council of the European Union 2009) (e.g. introduction of the WHO Surgical Safety Checklist)
» In the identification of patients (Austrian Platform for Patient Safety ANetPAS 2009a; WHO Collaboration Centre on Patient Safety Solutions 2007)
» Carrying out the right procedure on the right part of the body (surgical mix-ups) (Aktionsbündnis Patientensicherheit e.V. 2009)
» When managing concentrated injectable medicines (Aktionsbündnis Patientensicherheit e.V. 2009),
» Avoiding catheter and tubing misconnections (WHO Collaboration Centre on Patient Safety Solutions 2007)
» Ensuring the right medicines during transitions in the treatment process (medication reconciliation) (Aktionsbündnis Patientensicherheit e.V. 2009) (WHO–Kollaborationszentrum für Lösungskonzepte zur Patientensicherheit 2007),
» Communication failures during patient handovers (WHO–Kollaborationszentrum für Lösungskonzepte zur Patientensicherheit 2007), Communication after an incident (Österreichische Plattform Patientensicherheit ANetPAS 2009),
» Look–alike/sound–alike drugs (WHO–Kollaborationszentrum für Lösungskonzepte zur Patientensicherheit 2007),
» Improved hand hygiene to prevent infections in the context of health care (WHO–Kollaborationszentrum für Lösungskonzepte zur Patientensicherheit 2007)
» In the field of nursing care (e.g. the prevention of falls, bedsores and malnutrition) The introduction of suitable communicative behaviour with patients and family members in the case of complications/treatment errors (Österreichische Plattform Patientensicherheit ANetPAS 2009),
» The development and funding of incentive mechanisms
» Competitions and the award of prizes for particularly successful activities and projects on the issue of patient safety
» Extended information on the realisation of proposals to improve patient safety
» Feedback on information related to aspects of patient safety
» Internal information for all staff of organisations
» Participation in a nationwide cross–organisation benchmarking scheme on patient safety activities
» The subsidisation and offer of in–service and further training on patient safety issues.

5.3 Participating structures and actors

The Federal Ministry of Health, other relevant ministries, the provinces, social insurance institutions, the providers of health services, statutory interest groups / professional associations, patients’ ombudsman's offices / patient representatives.
6 Personnel development as a field of intervention

6.1 Objective

» Patient safety is a main focus in personnel development within organisations

» All staff members in health facilities and institutions are competent and motivated with regard to patient safety

» Incentive mechanisms for the participation in initial, in-service and further training programmes in the field of patient safety have been implemented.

6.2 Measures

» The promotion of initial, in-service and further training for all members of the health professions, all other workers in the health care system and the management and administrative personnel in the health care system in the field of patient safety, with particular focus on:
  » Communication with patients
  » The participation of patients in processes and structures to improve patient safety
  » Communication in teams (mono- and interdisciplinary) “communicate the need for change” (Pronovost J. Peter 2011)
  » Dealing with incidents

» Informing all employees in the health care system about:
  » Patient safety standards
  » Existing risks
  » Safety measures taken to reduce or avoid mistakes or damage, including good practice
  » Knowledge about safety-relevant internal processes in organisations

» Support measures for members of the health profession who were involved in errors and incidents (‘second victims’).

» Competences in the field of patient safety are taken into account in the selection of senior managers.
6.3 Participating structures and actors

The Federal Ministry of Health, other ministries, the provinces, the providers of health services, institutions which offer academic and postgraduate initial and further education and training, statutory interest groups / professional associations, patients’ ombudsman’s offices / patient representatives.
7 Patients and the public as a field of intervention

7.1 Objective

» Citizens and patients are informed about patient safety issues
» Citizens and patients are health literate with regard to patient safety issues
» Patients are involved in risk management processes
» Reasonable and low-threshold compensation for damages for patients are guaranteed

7.2 Measures

» Raising public awareness of Patient’s ombudsman’s offices / patient representatives, the arbitration services of the Medical Associations and possibilities of compensation
» Strengthening of citizens’ and patients capacity to act and their level of information with regard to:
  » The attainment of important knowledge, ways of behaving and abilities which are necessary for active participation and thus for more safety during treatment, above all with the use of new forms of communication (Österreichische Plattform Patientensicherheit ANetPAS 2011),
  » Current patient safety standards
  » Risks and the safety measures which are taken
  » Information about the specific patient safety initiatives installed by institutions
  » Good practices
  » Individual and joint decision-making in the treatment process
  » Complaints procedures and possible legal assistance as well as the conditions for this.
» The adaptation of processes and structures of health services providers in order to enable patient participation in the field of patient safety.

7.3 Participating structures and actors

The Federal Ministry of Health, other ministries, the provinces, social insurance institutions, statutory interest groups / professional associations, patients’ ombudsman's offices / patient representatives, self-help groups, health services providers, organisations of experts (e.g. the Patient Safety Platform etc.)
8 Monitoring as a field of intervention

8.1 Objective

» Continuous observation of patient safety according to international standards has been established in all areas of the health care system.

» The measurement of patient safety has been standardised and compared at national and international levels.

8.2 Measures

» The publication of a nationwide uniform report on patient safety within the framework of quality reporting.

» Taking existing indicators and monitoring systems into account such as:
  » e.g. the Quality Platform (qbe)
  » (as the basis of nationwide cross-organisational benchmarking)
  » The analysis of actual cases where damage has been caused or complaints made

» Taking the results of the PaSQ Joint Action into account

» Taking into account the results of error message and learning systems

8.3 Participating structures and actors

The Federal Ministry of Health, the provinces, social insurance institutions, statutory interest groups / professional associations, ÖQMed, the Patient Safety Platform, health services providers, Statistics Austria, experts’ organisations (e.g. Gesundheit Österreich GmbH etc.), patients’ ombudsman’s offices/patient representatives.
9 Implementation and accompanying measures

9.1 National Coordination Office in the Federal Ministry of Health

The Coordination Office for Patient Safety in the Federal Ministry of Health implements the national Patient Safety Strategy with the specialist support of an advisory board for patient safety (an advisory board in accordance with Section 8 of the Federal Act on the number, the sphere of influence and the establishment of the federal ministries – Federal Ministries Act 1986). It coordinates all these activities within the Federal Ministry of Health and works together with the persons responsible and institutions on the implementation of the measures. In addition, it represents and coordinates the specific perspectives of patient safety, also in the context of other relevant strategies and plans (e.g. health objectives etc.) and conducts an international exchange of experiences and views.

9.2 Patient Safety Advisory Board

The Patient Safety Advisory Board (in accordance with Section 8 of the Federal Ministries Act 1986) is, on the basis of the given political commitment, intended to provide expert support in the implementation of this Patient Safety Strategy and its evaluation.

The board is composed of representatives of key decision-making bodies and experts.

Rules of procedure (composition, responsibility, chair, working methods) have yet to be drawn up.

9.3 Main focuses 2013–2016

» The extension of the legal framework for the promotion of an open safety culture

» Establishment of a Patient Safety Advisory Council according to Section 8 Federal Ministries Act (Federal Ministries Act 1986)

» The establishment of the basic framework for a risk management strategy (including error management) in health care facilities and institutions

» The extension of error message and learning systems including analysis and the development of measures
The definition of high-risk areas

Build up a monitoring system

Recording and avoiding nosocomial infections and resistance to antibiotics (ongoing projects: Organisation and Strategy of Hospital Hygiene – PROHYG; the National Initiative to Contain the Resistance against Antimicrobial Substances – NI-AMR)

The inclusion of patient safety-related contents in the initial, in-service training and further training of all health professions

Intensified international networking and cooperation on the exchange of good organisational practices and safe clinical practices (PaSQ Joint Action)


According to the results of the evaluation, the strategy and measures will be further adjusted.

The evaluation criteria have already been established in the quality strategy:

- Feasibility
  - The Patient Safety Strategy has been adopted by the Federal Health Commission
  - A Patient Safety Advisory Council has been established
  - The key measures have been initiated and implemented

- Acceptance
  - The Patient Safety Strategy is accepted and supported by all important stakeholders (Federal Ministry of Health, provinces, social insurance institutions, statutory professional associations, patients’ ombudsman’s offices/patient representatives, health services providers).
  - The contents of the Patient Safety Strategy are being realised in the form of specific measures

- Effectiveness
  - The key figures of quality measurement (e.g. A-IQI, patient surveys) are improving thanks to the realisation of the Patient Safety Strategy

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European Council: COUNCIL RECOMMENDATION of 9 June 2009 on patient safety, including the prevention and control of healthcare associated infections (2009/C 151/01)


GQG: Bundesgesetz zur Qualität von Gesundheitsleistungen (Gesundheitsqualitätsgesetz – GQG) BGBl. I Nr. 179/2004


