

Patient Safety in Danish Cancer Care.

Results from 4 studies



Studies carried out, 2008-11



1. Identification of **physical harm** through record-review (572)
Global Trigger Tool in 4 inpatients facilities
2. Identification of cancer-related **adverse event** (2.429), *reported by Health professionals* to the National Patient Safety Database
3. Analyzes of **experienced adverse event** (132) *reported by patients and relatives* to the Danish Cancer Society
4. Identification of **patient-experienced errors**, as part of a nationwide *populationbased survey* cancer patients after primary treatment (4.262).



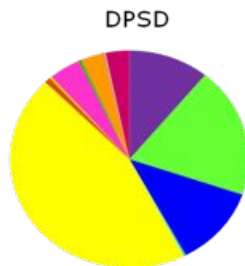
Results across the Studies

Most common safety problems

- Related to chemotherapy, radiation therapy, surgery and infections
- Clinical and administrative communication
- Access to diagnostic



- Physical harm in 28% of admissions ➡ most temporary harm
- 5% of AE reports ➡ higher risk of permanent harm (4% vs. 2%)
- 29% of the patients experienced an error during their journey:
 - physical, psychological and social consequences
 - significantly correlated to number of transitions
 - no follow-up with every 4. patient



**Types of safety hazards
differ according to health
care setting and method**

* Lipczak H, Knudsen JL, Nissen A. Safety hazards in cancer care: findings using three different methods. BMJ Qual Saf 2011 Dec;20(12):1052-6.

* National Survey of Cancer Patients' Perspective on Health Care. www.cancer.dk/barometer



Conclusion and Challenges



Conclusion

- Significant and specific cancer related safety hazards
- Patients provide new information
- No single method can draw a complete picture

Challenges

- Address cumulative failures across the continuum of care
- Monitoring; indicators and tools → Create an evidence based platform
- From knowledge to action → Enhanced involvement of physician and leaders in health care, and involve patients as partners

Safety needs explicitly to be addressed in cancer care and planning



National working group established by the Cancer Society, Clinical Cancer Groups and hospital owners:

Transition Radio-therapy Chemo-therapy latrogen infection Patient involvement Monitoring



International collaboration ?

