



Council of the European Union

**Council recommendation on patient safety
5 June 2009**

**Representatives of the German
Medical Profession**

**Implementation of Patient Safety
in Germany**

COUNCIL RECOMMENDATION ON PATIENT SAFETY

Council of the European Union Council recommendation on patient safety (Brussels, 5 June 2009)	Representatives of the German Medical Profession Implementation of Patient Safety in Germany
1. Support the establishment and development of national policies and programmes on patient safety by	
a) Designating the competent authority or authorities or any other competent body or bodies responsible for patient safety on their territory	<ul style="list-style-type: none"> ▶ The competent authorities are the State Chambers of Physicians (SCPs) and Associations of Statutory Health Insurance Physicians (ASHIPs) ▶ which support the German Coalition for Patient Safety (GCPS)
b) Embedding patient safety as a priority issue in health policies and programmes at national as well as at regional and local levels	<ul style="list-style-type: none"> ▶ 2002: National Action Plan for Patient Safety and Error Prevention, managed by the Agency for Quality in Medicine (AQUMED), a joint institution of the German Medical Association (GMA) and National Association of Statutory Health Insurance Physicians (NASHIP) ▶ 2004: The GMA and NASHIP support the establishment of a network providing a central base for enhanced patient safety ▶ 2005: 108th German Medical Assembly: Initiatives of members of the medical profession to promote patient safety, including network establishment ▶ 2005: Establishment of the network hosted by the German Coalition for Patient Safety (GCPS) ▶ Initiatives and projects of the Federal Ministry of Health (FMH) in cooperation with the medical profession (e.g., National Action Plan for Improvement of Medication Safety 2008 to 2012)
c) Supporting the development of safer and user-friendly systems, processes and tools, including the use of information and communication technology	<p>Projects, publications and training courses:</p> <ul style="list-style-type: none"> ▶ Quality management programmes / certification procedures for health care: KTQ® procedure (Cooperation for Transparency and Quality in Health Care) and QEP® (Quality and Development in Practices) procedure (incorporating patient safety and risk management categories) ▶ Procedure of the BQS (Institute for Quality of Care and Patient Safety): Comparative external quality assurance, inpatient, incorporating patient safety indicators ▶ Quality reports ▶ GMA curricula entitled “Ärztliches Qualitätsmanagement” (Medical Quality Management) and “Ärztliche Führung” (Medical Leadership) ▶ “Medical Error Reporting System (MERS)” – System for documentation of alleged medical treatment errors by the expert commissions and arbitration boards of the State Chambers of Physicians ▶ Support of error reporting and learning systems: Critical Incident Reporting System (CIRS) managed by AQUMED for reporting and learning from critical incidents in medicine (www.cirsmedical.de) ▶ National Action Plan for Improvement of Medication Safety 2008 to 2012 (FMH, Drug Commission of the GMA, GMA, NASHIP and others) ▶ GCPS work groups: Treatment Error Register, Information-Counselling-Decision-making, Medication Safety, Unintentionally Retained Foreign Objects in Surgical Patients, Risks Associated with Medical Devices and Supplies (education and training programmes are being established)
d) Regularly reviewing and updating safety standards and / or best practices applicable to healthcare provided on their territory	<ul style="list-style-type: none"> ▶ German Social Security Code Book V (SGB V), quality management / quality assurance directives (inpatient and outpatient quality reports, including patient safety provisions) ▶ Quality management programmes: KTQ® and QEP® (in PDCA cycle) ▶ Comparative external quality assurance, inpatient (BQS procedure) ▶ External quality assurance, outpatient (ASHIPs) ▶ Quality assurance regulations for transplantation medicine, transfusion medicine and the handling of medical devices and supplies ▶ Directives, guidelines and medical standards (Disease Management Programmes, national health care guidelines)
e) Encouraging health professional organisations to have an active role in patient safety	<ul style="list-style-type: none"> ▶ 108th German Medical Assembly
f) Including a specific approach to promote safe practices to prevent the most commonly occurring adverse events such as medication-related events, healthcare associated infections and complications during or after surgical intervention	<ul style="list-style-type: none"> ▶ “Patient Safety” training and education concept ▶ “Patient Safety Glossary” and “Patient Safety Manual” published by the Agency for Quality in Medicine ▶ Reporting of adverse drug reactions: ADR Register of the Drug Commission of the German Medical Association ▶ National “Clean Hands Campaign” ▶ High Five Project: Conducted to test the implementation of WHO patient safety recommendations in German hospitals (Management: AQUMED) ▶ Over seventy measures relating to the National Action Plan for Improvement of Medication Safety 2008 to 2012 ▶ German Coalition for Patient Safety recommendations regarding the prevention of “wrong site / wrong patient” errors, implementation of CIRS in medical facilities, the use of medication lists, and the employment of critical incident reporting systems / treatment error registers using uniform core data records on a nationwide scale in Germany
2. Empower and inform citizens and patients by:	
a) Involving patient organisations and representatives in the development of policies and programmes on patient safety at all appropriate levels	<ul style="list-style-type: none"> ▶ Patient representatives in relevant organisations of the German Medical Profession (Patient Forum of the GMA, Management staff unit for Patient Guidance of NASHIP, AQUMED and GCPS, etc.)
b) Disseminating information to patients on <ul style="list-style-type: none"> ▶ patient safety standards which are in place ▶ risk, safety measures which are in place to reduce or prevent errors and harm, including best practices, and the right to informed consent to treatment, to facilitate patient choice and decision-making ▶ complaints procedures and available remedies and redress and the terms and conditions applicable 	<ul style="list-style-type: none"> ▶ Patient portals: www.forum-patientensicherheit.de, www.patienten-information.de (with patient guidelines), and patient information sites ▶ Measures prescribed by employment law (provision of patient information on procedures and alternatives) ▶ Expert commissions and arbitration boards of the State Chambers of Physicians ▶ Patient information centres of the State Chambers of Physicians and Associations of Statutory Health Insurance Physicians ▶ Advisory services of health insurance companies
c) Considering the possibilities of development of core competencies in patient safety namely, the core knowledge, attitudes and skills required to achieve safer care, for patients.	<ul style="list-style-type: none"> ▶ Patient guidelines ▶ Structured treatment programmes (including patient trainings)
3. Support the establishment or strengthen blame-free reporting and learning systems on	
a) Provide information on the extent, types and causes of errors, adverse events and near misses	<ul style="list-style-type: none"> ▶ Medical Error Reporting System (MERS): System for documentation of alleged medical treatment errors by the expert commissions and arbitration boards of the State Chambers of Physicians ▶ www.cirsmedical.de: Reporting and learning system for critical incidents and errors in medicine within the German Medical Profession (national and regional networks / projects)
b) Encourage healthcare workers to actively report through the establishment of a reporting environment which is open, fair and non punitive. This reporting should be differentiated from Member States’ disciplinary systems and procedures for healthcare workers, and, where necessary, the legal issues surrounding the healthcare workers’ liability should be clarified	<p>Establishment of a “Safety Culture” through measures such as:</p> <ul style="list-style-type: none"> ▶ Resolutions of the 108th German Medical Assembly ▶ Advocacy work by the German Coalition for Patient Safety ▶ Public relations campaign and brochure entitled “Learning from Mistakes”, 2008 ▶ Inclusion of corresponding categories in quality management and certification programmes
c) Provide, as appropriate, opportunities for patients, their relatives and other informal caregivers to report their experiences	<ul style="list-style-type: none"> ▶ Patient information centres of the State Chambers of Physicians and Associations of Statutory Health Insurance Physicians ▶ Provision of patient access to Critical Incident Reporting Systems (CIRS) ▶ Inclusion of corresponding categories in quality management and certification programmes
d) Complement other safety reporting systems, such as those on pharmacovigilance and medical devices, whilst avoiding multiple reporting where possible	<ul style="list-style-type: none"> ▶ Obligation of physicians to report suspected adverse drug reactions to the Drug Commission of the GMA pursuant to Article 6 of the Professional Code for Physicians in Germany ▶ Reporting of incidents involving medical devices and supplies (incorporated in quality management systems)

4. Promote, at the appropriate level, education and training of healthcare workers on patient

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| a) Encouraging multi-disciplinary patient safety education and training of all health professionals, other healthcare workers and relevant management and administrative staff in healthcare settings | <ul style="list-style-type: none">▶ Curriculum of the modular “Patient Safety Training” courses offered by the Agency for Quality in Medicine for all health care professionals▶ Integration of patient safety in the GMA’s “Medical Quality Management” curriculum (post-graduate and continuing professional education)▶ Participation in the EU “European Network for Patient Safety” project (EUNetPaS) from 2008–2010 |
| b) Embedding patient safety in undergraduate and postgraduate education, on-the-job training and the continuing professional development of health professionals | <ul style="list-style-type: none">▶ Continuing professional education courses of the State Chambers of Physicians and Associations of Statutory Health Insurance Physicians corresponding to the curricula of the “Medical Quality Management” and “Patient Safety Training” courses offered by the GMA and AQUMED, respectively▶ Education and Training Work Group of the German Coalition for Patient Safety |
| c) Considering the development of core competencies in patient safety namely, the core knowledge, attitudes and skills required to achieve safer care, for dissemination to all healthcare workers and relevant management and administrative staff | <ul style="list-style-type: none">▶ Modular “Patient Safety Training” courses offered by the Agency for Quality in Medicine for all health care professionals▶ Patient safety and quality management workshops, training courses and case analysis seminars offered by the respective State Chambers of Physicians and Associations of Statutory Health Insurance Physicians▶ Participation in EUNetPaS: Definition of core competencies in the field of patient safety (Berlin Chamber of Physicians, GCPS) |
| d) Providing and disseminating information to all healthcare workers on patient safety standards, risk and safety measures in place to reduce or prevent errors and harm, including best practices, and promoting their involvement | <ul style="list-style-type: none">▶ Recommendations for action and information by the German Coalition for Patient Safety▶ “Patient Safety” training and education concept offered by the Agency for Quality in Medicine for all health care professionals▶ Patient safety and case analysis seminars offered by the respective State Chambers of Physicians |
| e) Collaborating with organisations involved in professional education in healthcare to ensure that patient safety receives proper attention in the higher education curricula and in the ongoing education and training of health professionals, including the development of the skills needed to manage and deliver the behavioural changes necessary to improve patient safety through system change | <ul style="list-style-type: none">▶ German Medical Association▶ State Chambers of Physicians, State Associations of Statutory Health Insurance Physicians and the education and training centres of the State Chambers of Physicians▶ Associations / organisations of health care professionals▶ German Nursing Council▶ Federal working group of remedial services provided by physiotherapists, masseurs, occupational and speech therapists |

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