



Government resolution

PATIENT AND
CLIENT SAFETY STRATEGY
2017–2021

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Patient and client safety strategy 2017–2021

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Abstract	<p>The first Finnish Patient Safety Strategy was prepared for the years 2009–2013. The Health Care Act, which entered into force in 2011, and Decrees issued under the Act were important from the point of view of the promotion of patient safety. After these, patient safety has been reinforced by the Social Welfare Act and the Act on Supporting the Functional Capacity of the Older Population and the Act on Social and Health Care Services for Older Persons.</p> <p>The Ministry of Social Affairs and Health has updated the Patient Safety Strategy into the Patient and Client Safety Strategy in cooperation with institutions in the administrative branch, the Finnish Patient Safety Association, and operators in the field. This action plan deals with quality and patient and client safety from four viewpoints: safety culture, responsibility, management and statutes.</p> <p>Promoting patient and client safety and quality is part of the responsibility for organising health and social welfare services. The responsibilities of service providers include securing patient and client safety in practice. Despite the fact that our healthcare and social welfare personnel are competent and committed and their activities are regulated, patient safety incidents cannot be avoided without comprehensive and resourced quality and safety management. Prevention of incidents that cause human suffering also reduces costs.</p> <p>The aim of this Strategy is to contribute to the development of Finnish healthcare and social welfare services towards a harmonised safety culture and to promote it in practice. The Strategy will serve healthcare and social welfare organisers and providers, personnel, patients, clients and their family members in the implementation of safe and effective care. The Strategy will be implemented in public and private healthcare and social welfare. It can be complemented by more detailed action plans.</p> <p>Promoting patient and client safety is not dependent on structures. It is work that needs to be taken care of under any circumstances. The future health, social services and regional government reform will provide new opportunities for strengthening the safety culture, harmonising practices that promote safety as well as improving patient and client safety and quality. Patient and client safety is part of the public service promise.</p>	
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Tiivistelmä	<p>Ensimmäinen kansallinen potilasturvallisuusstrategia laadittiin vuosille 2009–2013. Potilasturvallisuuden edistämisen kannalta merkittäviä olivat vuonna 2011 voimaan tulleet Terveydenhuoltolaki ja lain nojalla annetut asetukset. Sen jälkeen asiakasturvallisuutta ovat vahvistaneet Sosiaalihuoltolaki sekä Laki ikääntyneen väestön toimintakyvyn tukemisesta ja iäkkäiden sosiaali- ja terveyspalveluista.</p> <p>Sosiaali- ja terveysministeriö on päivittänyt potilasturvallisuusstrategian potilas- ja asiakasturvallisuusstrategiaksi yhteistyössä hallinnon alan laitosten ja Suomen Potilasturvallisuusyhdistyksen sekä kentän toimijoiden kanssa. Tässä toimintaohjelmassa laatu sekä potilas- ja asiakasturvallisuutta käsitellään neljästä näkökulmasta, jotka ovat turvallisuuskulttuuri, vastuu, johtaminen ja säädökset.</p> <p>Potilas- ja asiakasturvallisuuden ja laadun edistäminen on osa sosiaali- ja terveydenhuollon järjestämisvastuuta. Tuottajien vastuuseen kuuluu, että potilas- ja asiakasturvallisuus varmistetaan käytännössä. Vaikka sosiaali- ja terveydenhuollon henkilökunta on ammattitaitoista, sitoutunutta ja toiminta säädeltyä, vaaratapahtumia ei voida välttää ilman kokonaisvaltaista ja resursoitua laadun ja turvallisuuden hallintaa. Estämällä inhimillistä kärsimystä aiheuttavia tapahtumia vähennetään myös kustannuksia.</p> <p>Tämän strategian tarkoituksena on auttaa kehittämään suomalaista sosiaali- ja terveydenhuoltoa kohti yhtenäistä turvallisuuskulttuuria ja edistää sen toteutumista. Strategia palvelee sosiaali- ja terveydenhuollon järjestäjiä ja tuottajia, henkilöstöä, potilaita, asiakkaita sekä heidän omaisiaan turvallisen ja vaikuttavan hoidon toteuttamisessa. Strategiaa toteutetaan julkisessa ja yksityisessä sosiaali- ja terveydenhuollossa. Sitä voidaan täydentää yksityiskohtaisemmillä toimintaohjelmilla.</p> <p>Potilas- ja asiakasturvallisuuden edistäminen ei ole riippuvainen rakenteista. Se on työtä, jota joka tapauksessa on tehtävä. Tuleva maakunta- ja sote-uudistus luo kuitenkin uusia mahdollisuuksia turvallisuuskulttuurin vahvistamiseen, turvallisuutta edistävien käytäntöjen yhtenäistämiseen sekä potilas- ja asiakasturvallisuuden ja laadun parantamiseen. Potilas- ja asiakasturvallisuus on osa julkista palvelulupausta.</p>	
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Referat	<p>Den första nationella patientsäkerhetsstrategin utarbetades för åren 2009–2013. Hälso- och sjukvårdslagen som trädde i kraft 2011 och de förordningar som utfärdats med stöd av denna har varit viktiga med tanke på främjandet av patientsäkerheten. Därefter har klientsäkerheten stärkts av socialvårdslagen och lagen om stödjande av den äldre befolkningens funktionsförmåga och om social- och hälsovårdstjänster för äldre.</p> <p>Social- och hälsovårdsministeriet har i samarbete med institutioner inom förvaltningsområdet och Patientsäkerhetsföreningen i Finland samt aktörer på fältet uppdaterat patientsäkerhetsstrategin till en patient- och klientsäkerhetsstrategi. I det här handlingsprogrammet behandlas kvaliteten och patient- och klientsäkerheten ur fyra perspektiv, nämligen säkerhetskultur, ansvar, ledning och bestämmelser.</p> <p>Främjandet av patient- och klientsäkerheten och kvaliteten är en del av social- och hälsovårdens organiseringsansvar. Till producenternas ansvar hör att se till att patient- och klientsäkerheten säkerställs i praktiken. Även om personalen inom social- och hälsovården är yrkesskicklig och engagerad och verksamheten är reglerad, går det inte att undvika farliga situationer utan en övergripande och resurserad kvalitets- och säkerhetshantering. Genom att förhindra situationer som leder till mänskligt lidande minskas också kostnaderna.</p> <p>Syftet med den här strategin är att bidra till att utveckla den finländska social- och hälsovården i riktning mot en enhetlig säkerhetskultur och att främja genomförandet av denna. Strategin betjänar aktörer som ordnar social- och hälsovård samt producenter, personal, patienter, klienter och deras anhöriga i genomförandet av en säker och effektiv vård. Strategin genomförs inom den offentliga och privata social- och hälsovården. Den kan kompletteras med mer detaljerade handlingsprogram.</p> <p>Främjandet av patient- och klientsäkerheten är inte beroende av strukturer. Det är fråga om ett arbete som ändå måste göras. Den kommande landskaps- och social- och hälsovårdsreformen skapar emellertid nya möjligheter att stärka säkerhetskulturen, förenhetliga praxis som främjar säkerheten och förbättra patient- och klientsäkerheten och kvaliteten. Patient- och klientsäkerheten är en del av det offentliga servicelöftet.</p>	
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1 The desired state by 2021

Patient and client safety is apparent in structures and practical operations: services are effective and safe.

The patient and client are equal actors in the service process and in planning it. Everyone has an opportunity to influence, make choices and take responsibility on patient and client safety.

1.1 Objectives

- Patients, clients and family members actively participate in ensuring and developing patient and client safety.
- Quality as well as patient and client safety are part of risk management.
- The service processes and practices are safe and protect the patients and clients against patient safety incidents.
- Resources and competence required by safe care have been ensured.
- Monitoring and developing quality and safety have been ensured.
- Patient and client safety is promoted nationally.

Essential contents of the strategy



2 The Finnish action programme for patient and client safety 2017–2021

Patient and client safety means that the treatment, care and services provided to a person promote his or her physical, mental and social well-being and cause as little harm as possible.

Patient and client safety refer to the principles and operations of persons and organisations acting in social welfare and health care. The aim is to ensure the safety of care and services as well as protect patients or clients from injury. Patient and client safety covers preventive, therapeutic, reconstructive and rehabilitative social welfare and health care services.

Competent social welfare and health care personnel and appropriateness and correct use of facilities, equipment, instruments and medications are part of patient and client safety. Documentation and information flow of social welfare and health care is safeguarded. Essential concepts related to patient and client safety are presented in annex 1.

Promoting patient and client safety is part of the responsibility for providing social welfare and health care. Ensuring patient and client safety in practice is part of the responsibility of service producers. Even though social welfare and health care personnel are professional and committed and their operations are regulated, patient safety incidents can only be avoided with comprehensive and resourced quality and safety management. Prevention of incidents that cause human suffering also reduces costs.

The aim of this strategy is to help developing the Finnish social welfare and health care towards a cohesive safety culture and promote its implementation. The strategy serves social welfare and health care providers and producers, personnel, patients, clients and their family members in the implementation of safe and effective care. The strategy is implemented in public and private social welfare and health care. It can be complemented with more detailed action programmes.

Promoting patient and client safety is not dependent on structures. It is work that needs to be taken care of under any circumstances. Nevertheless, the coming regional government and social welfare and health care reform provides new opportunities for strengthening safety culture, unifying practices that promote safety as well as improving patient and client safety and quality. Patient and client safety is part of the public service promise.

The first national patient safety strategy was prepared for the years 2009–2013. The National Institute for Health and Welfare was named the actor and coordinator of patient safety work at the national level. The Health Care Act that entered into force in 2011 and Decrees issued under the Act have been important for the promotion of patient safety. Subsequently, client safety has been reinforced by the Social Welfare Act and the Act on Supporting the Functional Capacity of the Older Population and on Social and Health Care Services for Older Persons.

The Ministry of Social Affairs and Health has updated the patient safety strategy as the patient and client safety strategy in cooperation with institutions in the administrative branch and the Finnish Patient Safety Association as well as operators in the field. Quality as well as patient and client safety is considered from four viewpoints in this action programme: safety culture, responsibility, management and legal provisions.

2.1 The patient, client and family members are actively involved in ensuring and developing patient and client safety

The patient, client and their family members are essentially involved in their service processes. They participate in ensuring the safety and quality of care with the support of professionals. The treatment of the patient and client is realised in mutual agreement, taking individual needs and wishes into account.

Professionals listen and provide information to the patient and client. He or she participates in the planning and implementation of their care. The patient and client provide professionals with necessary personal information and their patient and client history. They are encouraged and supported in providing information about their situation, needs, wishes and worries. They are encouraged to ask questions related to matters concerning their treatment and services.

The patient or client receives sufficient and timely information and advice. This helps the person make choices to the best of his or her ability, participate in planning services and be committed to their implementation. The patient or client is provided with readily understandable information about the services and different alternatives for them as well as safeguarding continuity, possible diagnoses, treatment alternatives and particularly medical care. Possible risks, alternatives and expected outcomes related to the services are discussed with the patient or client. Based on the patient's or client's wishes, information is also provided to a loved one, family member or other trusted person.

Patients and clients know how they can do their part in ensuring and promoting the safety and quality of the services. When the atmosphere is confidential, patients and clients bring up development needs and deficiencies they have observed in safety and quality. Remedial action is taken without delay and information about this is provided transparently. Patients and clients are informed about who they can contact in matters related to safety and quality and how the person can be reached. They are also provided with written information.

If an adverse event occurs, the patient or client is informed about it. His or her family members client are also informed about the incident if requested by the patient or client. The event and possible consequences are discussed with them. When appropriate, an apology will support transparency. Cohesive approaches in the aftercare of adverse events help personnel act in the correct way. Analysing and publishing information about adverse events also play a part in promoting transparency.

By the year 2021

- Patients and clients will be equal actors in their own service process as well as its planning and safe implementation. Patients and clients will be encountered openly and respectfully and their involvement will be supported in accordance with their preconditions.
- Patients and clients will have enough information about the available treatment and service alternatives and potential related risks to support their decision making.
- Patients and clients will participate in planning, developing and evaluating social welfare and health care operations and processes.

2.2 Quality as well as patient and client safety are part of risk management

Patient and client safety and quality are improved with risk management. Predicting safety and quality problems prevents injuries, patient safety incidents and events with negative impacts on the operations. This also promotes the occupational safety of personnel.

Patient and client safety risks have been taken into account in both strategic and practical risk management. At the strategic level, the need for and availability of services and ensuring their quality in the long term are assessed. Management of operative risks is part of the monitoring, assessment and development of everyday activities.

Service production determines the responsibilities in the continuous risk management as well as the process for identifying hazards, evaluating their significance, and deciding on possible changes required. Regular risk mapping, personnel questionnaires and reporting of patient safety incidents are practical means for recognising risks. Different established procedures may be applied in analysing the risks of care processes and reforms.

Continuous development of structures, processes and information flow provide key methods for minimising safety risks and potential for errors. Safety risks are particularly linked to data management and change processes, such as organisational reforms as well as the implementation of new technology, digitalisation, procedures and new care practices. On the other hand, digitalisation can also be used to improve information flow and safety. In addition, transition phases of clients or patients in the care and service processes, such as hospital discharges, must be taken into account in risk management.

By the year 2021

- The measures of risk assessment and management have been described in a quality or patient safety plan or self-monitoring plan. The organisation has agreed procedures used in assessing the significance of risks and maintaining a register of risks.
- Regular assessment and prediction of patient and client safety will be included in the risk management of organisations and reported on transparently.
- When planning processes of change, risks are evaluated beforehand and decisions are made on the necessary actions to ensure the safety and quality of operations during the change.

2.3 Resources and competence required by safe care, treatment and services have been ensured

The management of service production has the duty to determine the resources required by safe services and ensure their availability. Sufficient and competent personnel guarantee that good and safe services are available at all hours of the day. Procedures have been agreed for unexpected and sudden shortages of personnel. Facilities as well as equipment and instruments are safe and suitable for the intended operations. The organisation has monitoring systems and persons in charge of equipment safety. The orientation and competence of personnel has been ensured. Sufficient resources have been reserved for monitoring the quality of patient and client safety. Persons in charge of coordinating patient and client safety and quality have been appointed and their tasks and duties have been clearly determined in the organisation. All decisions affecting

resources and changes in resources are evaluated from the viewpoint of patient and client safety and quality before decision making.

Appropriately educated and oriented personnel provide treatment, care and service for patients and clients. The management and supervisors are responsible for assessing the competence requirements of personnel in different tasks and making sure that they are qualified. The development needs of personnel are recognised and new employees are provided with sufficient orientation with their tasks. It is also crucial to ensure that fixed-term and temporary employees are provided with orientation and that orientation is provided in connection with changes occurring in the organisation.

Basic knowledge of patient and client safety is already acquired in the basic education of social welfare and health care professionals. The development of patient and client safety is part of the orientation and supplementary education provided to the personnel. In the orientation, particular attention is paid to skills in using equipment and instruments, safe implementation of medical treatment as well as the prevention of infections related to the treatment. When developing the contents of training and orientation programmes, information produced by the organisation's patient safety and quality system is utilised and the contents are constantly developed based on feedback on quality and safety. Every employee has the right and the duty to constantly develop and update his or her knowledge and skills. For example, this can be ascertained by participation in supplementary education.

By the year 2021

- Personnel and other resources as well as competence required in safe care, treatment and services is defined and ensured in the organisations' own and outsourced services.
- The operational environment, medicines, equipment and instruments as well as their use will be safe. There will be clear instructions on the prevention of infections related to treatment that are binding for all professional groups.
- Patient and client safety will be part of the orientation, annual supplementary education and assessment of competence of the personnel. Division of duties between different professional groups will take into account patient and client safety.
- Patient and client safety will be taken into account in the professional basic, advanced and supplementary education as well as management training in the social welfare and health care sector.

2.4 The service processes and practices are safe and protect the patients and clients against patient safety incident

The processes and practices of the organisations are safe and effective. Employees are committed to following mutually agreed practices and promoting safety. The organisation also has special guidelines and regulations on the practices and defences, which prevent patient safety incidents and ensure high-quality and safe care. The core processes of patient and client safety in information flow, data recording and documentation are carried out identically in all organisations, particularly when a patient or client is transferred from one organisation to another.

The organisations prepare self-monitoring plans or a plan on the management of quality and patient safety as required by legislation. The organisations monitor the implementation of the plans and use them as basis for developing quality and safety.

The public social welfare and health care provider is responsible for the quality and safety of all services funded by it.

By the year 2021

- Care, treatment and services will be planned as smooth processes, service chains and entities without any delays or overlapping or unnecessary phases.
- The quality and patient safety plan and self-monitoring plan are tools used to promote safety and develop risk management.
- Cohesive processes and practices of producers protect clients and patients against patient safety incidents. The processes create value for patients and clients.
- Commitment to following the agreed processes and practices will be ensured with orientation, change management as well as monitoring and assessment practices.

2.5 Monitoring and developing quality and safety is ensured

The development of quality and patient safety is realised as a continuous cycle. This means that the planning, implementation, analysis and action follow one another. The development includes regional and national cooperation and also building joint practices for patient and client safety in social welfare and health care.

A safe and high-quality production organisation has clear procedures for monitoring and assessing safety. Patient and client safety culture is regularly monitored and the operations are steered towards continuous development of safety culture. The personnel report on patient safety incidents transparently. The operations are developed based on the information collected on patient safety incidents and nonconformities in quality. The accumulated information is used as the basis for constant risk assessment, and efforts are made to promote learning in the organisation. Supervisors and managers are responsible for bringing up topics to open discussion without blaming anyone. Feedback provided by patients and clients is systematically discussed.

The organisation has guidelines on reporting, handling and dealing with feedback on patient safety incidents with severe or otherwise significant consequences. Not blaming anyone and providing support for those involved in the incident are prerequisites for learning from and preventing serious incidents. The fact that personnel are not blamed for their actions does not mean lack of immediately intervening in the actions or condition of professionals that put patient and client safety in danger.

Practical development work utilises results obtained through self-monitoring, regulatory control and research. Good patient and client safety practices of other actors are utilised in the organisation.

By the year 2021

- The development of patient and client safety will be based on versatile and cohesive monitoring in organisations. The instruments used by the organisation in monitoring patient and client safety have been determined. These will also include instruments monitored at the national level.
- There will be an agreed procedure as well as sufficient resources and competence for more detailed investigation of serious patient safety incidents. Particular attention will be paid to developing operations based on the investigation of patient safety incidents.
- Patient and client safety as well as the quality of care and treatment will be improved based on research as well as monitoring and follow-up data. Research will be used to ascertain that the services are high-quality and effective. It will also be guaranteed that the development measures promote the set objectives.

2.6 Patient and client safety is promoted nationally

At the national level, the development of patient and client safety is followed as part of the implementation of the entire service system with national databases and registers. Safety and quality indicators are determined at the national level as part of more extensive monitoring and comparison of quality and effectiveness, which belong to national monitoring of the quality and effectiveness of service production. The national work is linked to international cooperation. The indicators are also used to follow the realisation of this action plan.

Patient and client safety work and monitoring produce valuable material for research and development work. The information is utilised in national development and international cooperation. Information transfer between the authorities on patient and client safety and related risks is increased. Organisations monitor and compare their operations with other similar organisations.

It is important to study patient and client safety, and translating research knowledge into practical actions is particularly important. Failing at patient and client safety results in wasting money and causing human suffering. The economic potential and competence of research work aiming to develop and assess patient and client safety are strengthened. Research on patient and client safety also serves the objectives of the social welfare and health care reform as well as the needs for national steering in multiple ways.

By the year 2021

- The national instruments prepared for the assessment of the quality and effectiveness of service production will also include patient and client safety instruments.
- Indicator data reflecting quality and patient safety can also be obtained from social welfare and health care statistics and registers. This information is publicly available.
- An annual review of patient and client safety in social welfare and health care is prepared in collaboration of the authorities at the national level. This document may also be utilised in the national steering of the service providers.

Annex 1 Aspects of patient and client safety

In Finland, attention has been focused on patient safety and related problems since the beginning of the 2000s. In 2006, national patient safety work began and the Ministry of Social Affairs and Health appointed a steering group for the promotion of patient safety. The steering group prepared a patient safety strategy for the years 2009–2013.

A lot remains to be done in the development of patient and client safety. New challenges and opportunities emerge continuously. There are constant changes affecting patient and client safety in the service system and its operational environment. Medicine and technology develop at a rapid pace. The distribution of duties and responsibilities of different professional groups is reformed. There is an increasingly strong tendency towards outpatient and home care. Electronic information systems and e-services are developing. The emphasis on efficiency increases pressures at work, as there is often shortage of personnel resources and rapid employee turnover. The freedom of choice and competitive bidding result in fragmentation of service production to a number of producers. There is an increase in freedom of choice for all patients and clients.

In social services, considerably little attention has been paid to client safety. In international research and literature, patient safety has often been considered to include, for instance, the services for older people as well as substance abuse services. In Finland, operations that can be considered both social welfare and health care services are included within their scope. Challenges that can be classified as patient safety issues emerge in social services, for instance child protection services and services for people with disabilities. Indeed, in the future, there is need for paying more attention to the development and study of client safety. On the other hand, a lot of health care measures, such as pharmacotherapy, take place in social welfare units.

Based on experience, the best way to guarantee patient and client safety is by shifting the focus from individual employees and errors to reducing harm to patients. Safety can also be ensured best by assessing and studying the service system, removing the risks existing in the system and clarifying related processes. Nevertheless, attention must also be paid to the appropriate competence and professional functional ability of individual employees both when recruiting workers as well as in a continuous self-monitoring.

Four perspectives are important for the success of the patient and client safety strategy: safety culture, management, responsibilities and legal provisions.

Essential contents of the strategy



Safety culture

Strengthening safety culture will reduce risks related to the operations as well as harms caused to patients and clients during the activities. This requires taking mutual responsibility.

Patients, clients and their family members are actively included in developing quality and safety. In a confidential and open atmosphere, detected skills gaps, nonconformities, near misses and adverse events are openly discussed as part of the development of activities. Personnel, patients, clients and family members have courage to express their concerns and questions. They have an opportunity for intervening in factors threatening safety that they detect in activities or their environment. If the situation so requires, the patient, client and his or her family members as well as the professionals involved in the adverse event are provided with support in dealing with the distress and possible suffering caused by the adverse event.

In order to improve the safety culture, there is need to apply practices based on mutual agreement, research and experience. The multiprofessional approach, quick intervention in patient safety incidents, an open atmosphere as well as continuous development of

activities are key methods. The foundation of safety culture is already laid during the training of professionals.

Responsibility

The management and supervisors of an organisation are responsible for ensuring patient and client safety. Their actions must create the conditions for safe work and management of work by ensuring the working conditions, competence and resources that support these. In this context, an organisation refers to all actors with responsibility for organising services or which produce services in social welfare and health care in the public or private sector. It is also worth noticing that every social welfare and health care worker is responsible for safe practice in his or her job.

Every employee is responsible for his or her own work. Every professional group is responsible for safety and committed to promoting it by assessing and developing his or her own work, competence and actions to be safer in accordance with mutually agreed policies.

Patients and clients participate in ensuring the safety of their services to the best of their ability. They are encouraged to bring up their background information in shared discussion with professionals. They are also encouraged to ask questions if they are unable to understand instructions related to their treatment or if they feel that they have not been provided with enough information.

The Ministry of Social Affairs and Health is responsible for drafting legislation on patient and client safety as well as providing other strategic direction.

The institutions belonging to the administrative branch of the Ministry of Social Affairs and Health and other authorities implement the national development, coordination and monitoring of patient and client safety.

This monitoring can be divided into:

- ex-ante monitoring (authorisation or notification procedure, support and ensuring of self-monitoring),
- plan-based monitoring based on the national supervisory programme for social welfare and health care (monitoring targeted based on knowledge-based risk assessment)
- and ex-post monitoring (individual complaints and other monitoring).

The essential focuses and actors for the performance agreement period are defined in the performance agreements made with the institutions. The agreements are revised annually.

Management

The management of a service production organisation includes taking visible responsibility for patient and client safety and its conditions at the operating unit. This responsibility may not be delegated by the management. The management emphasises patient and client safety and quality in all its operations and ensures working conditions which allow providing care, treatment and service safely. The management ensures that there are appropriate resources, preconditions and professional competence in the organisation. The instruments and equipment used in the care must be appropriate. All decisions, including political and economical ones, must be evaluated from the perspective of patient and client safety and quality.

The management has a key responsibility in analysing safety risks and preparing for risks. The management is also responsible for implementing quality and risk management as well as utilising monitoring data of adverse events in developing teams, the entire organisation and the service system.

The principle of no-blame and transparency is an essential part of the promotion of patient and client safety. The management has the task of developing the safety culture of the organisation to this direction.

Nevertheless, there is a possibility and reasonable grounds for also handling the patient safety incident from the viewpoint of supervision. The management and supervisors of the organisation must ensure that the employees involved in a patient safety incident are supported at every stage of investigations and possible repercussions.

Legal provisions

The Health Care Act (1326/2010) and the decrees issued under the Act, the Social Welfare Act (1301/2014) and the Act on Supporting the Functional Capacity of the Older Population and on Social and Health Care Services for Older Persons (980/2012) are the most important statutes governing patient and client safety.

The social welfare and health care legislation requires for the operations to be professionally and scientifically correct, based on evidence and good care and rehabilitation practices, and of high-quality and safe.

In health care, patient safety was first included in legislation in 2010 in the Ministry of Social Affairs and Health Decree on a plan for quality management and implementation of patient safety (341/2011) issued under the Health Care Act. There are also valid provisions on the self-monitoring of private health care (153/1990).

Defining the contents of client safety emerged as a current theme when the Act on Supporting the Functional Capacity of the Older Population and on Social and Health Care Services for Older Persons (980/2012) was amended in 2015 and the criteria for long-term inpatient care were made more specific so that, in the future, long-term inpatient care shall only be possible with medical justifications as well as patient or client safety justifications. The previous formulation of the Act was looser and more open to interpretation. The new Social Welfare Act (1301/2014), which entered into force on 1 April 2015, requires for self-monitoring to be used to safeguard the quality and safety of services.

The Medicines Act (395/1987) promotes the safety of medicines and their use, the Medical Devices Act (629/2010) maintains and promotes the safety of instruments and equipment in health care as well as their use. The Act on the Electronic Handling of Social Welfare and Health Care Customer Information (159/2007) guides the electronic processing of user data and plays its part in promoting patient and client safety. Numerous other statutes protect patients and clients against patient safety incidents.

Annex 2 Key concepts of patient and client safety

Patient and client

Patient refers to a person who uses health care and medical services or is in other way subject to the services; *client* refers to a person seeking or using social welfare.

Social welfare and health care services

Social welfare and health care tasks and services as well as promotion of well-being and health

Quality

The quality of social welfare and health care has many dimensions, and no single definition approved by everyone exists for quality. Quality includes a client and patient-centred approach, equality, availability, accessibility and timeliness, patient and client safety and the use of effective methods.

Patient and client safety

Patient and client safety means that the services, treatment and effective care provided to a person promote his or her physical, mental and social well-being and cause as little harm as possible. Patient and client safety refer to the principles and operations of persons and organisations acting in social welfare and health care which have the purpose of ensuring the safety of care, treatment and services as well as protect clients or patients against injury. Patient and client safety covers preventive, treatment, remedial and rehabilitative social welfare and health care services. Patient and client safety includes competent social welfare and health care personnel and appropriateness of facilities and instruments as well as the security of documentation and information flow related to producing social welfare and health care.

Patient safety culture

In social welfare and health care, safety culture is a way of acting of individuals and the community that ensures the safety of the services provided to patients and clients. Safety culture includes leadership, values, attitudes and practices that support safe operation. Methods promoting the safety culture include assessment of risks, preventive and remedial actions as well as continuous development of the operations. Strengthening

safety culture allows managing risks related to the operations and thus also harms caused to patients and clients. This requires sharing the responsibility for safety culture.

Self-monitoring

Self-monitoring concerns taking patient and client safety and quality management into account in one's own activities. Self-monitoring functions as a tool for developing one's own operations, a systematic process that is monitored and assessed. When necessary, it is used as a basis for making changes sufficiently early, also taking into account different feedback from patients and clients. In authorities' ex-post monitoring, there is always a delay in the response to injuries already occurred and to existing grievances.

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