The Danish Society for Patient Safety—Operation Life Campaign


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Introduction

For some years the Danish Society for Patient Safety has been very active in setting the agenda for the work on patient safety in Denmark. The Danish Society for Patient Safety is a private organization which was founded on the initiative of a group of people who after years in the hospital system realized that something drastic had to be done in the field of patient safety. The Danish Society for Patient Safety was founded in December 2001. The Board of the Danish Society for Patient Safety has a broad representation of the Danish Regions who are owners of the hospitals, the Danish municipalities who recently have been given a role to play in prevention of disease and rehabilitation of patients, health care professionals, pharmacists, the medical industry, research institutions and last but not least—the patients.

The Danish Medical Association currently holds the position of vice-chair to the Board which is chaired by the Danish Regions. To support the activities of the Danish Society for Patient Safety, the Board has engaged a secretariat with a staff of about 12 people. A large amount of funding for the activities is provided by a private insurance company and other funding is received through membership dues.

The assignment of the Danish Society for Patient Safety is to ensure that the issue of patient safety remains a top priority on the agenda of politicians, the Danish Regions and the hospital management and to gather and distribute information on patient safety. Furthermore the assignment is to instigate and participate in projects and work shops on patient safety and to develop educational tools to enable health care personnel to deal with issues of patient safety in their daily work.

Reporting Unintended Occurrences

One of the main goals of the Danish Society for Patient Safety was to ensure that knowledge on mistakes and system failures are reported and used as a learning tool to improve patient safety and minimize harm to the patients.

In 2005 the Danish Parliament passed a law on reporting system failures and other unintended occurrences in the hospital sector. The reporting is currently done anonymously from the local level to the central level of administration and the law ensures, that health care personnel is not held accountable for the mistakes that they might have made in the treatment or the care of the patient. The principle of “no-blame” is introduced to ensure that by far most of the incidents are actually reported. The aim of the law is to categorize and develop guidelines in areas that have proven difficult for the health care personnel to manage. So far the work has resulted in guidelines from the National Board of Health in different areas such as administration of medicine, prevention of patients falling while in care of the hospital, prevention of burns subsequent to the use of alcohol for disinfection prior to operations etc. Equally important however are the local initiatives to follow up on the reported data and ensure changes in procedures locally where changes are indicated. A vast number of changes have been made locally since the reporting began.

At the moment the Danish Ministry of the Interior and Health is preparing to enlarge the scope of the law so that it will cover the primary

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care sector (General Practitioners and nursery homes) as well as the hospital sector. The new law is expected to be passed in the beginning of 2008 and is expected to be based on the same principles of “no-blame” reporting and follow up initiatives as the current legislation.

**Operation Life**

On 16 April 2007, the Danish Society for Patient Safety launched a campaign referred to as “Operation Life” (www.operationlife.dk). The target group of the campaign includes all Danish hospitals and the goal is to prevent deaths through the implementation of six interventions to improve patient care.

**Background**

In the United States, the renowned Institute for Healthcare Improvement (IHI) has successfully completed a national campaign known as “100k lives Campaign,” in which more than 3,000 participating hospitals, through the implementation of six evidence-based interventions, have estimated prevented deaths of 122,300 patients in 18 months. In the UK and Canada, similar campaigns are being instituted based on the same clinical interventions. Operation Life is inspired by both the British “Safer Patient Initiative” started by Health Foundation and the Canadian “Safer Healthcare Now!” carried out by Canadian Patient Safety Institute, but in particular IHI’s “100,000 Lives Campaign” has been a source of inspiration.

**The six clinical interventions of the campaign**

1. Rapid Response Teams to patients showing evidence of deterioration
2. Preventing adverse drug events by reconciling patient medications at every transition point in care
3. Preventing ventilator-associated pneumonia
4. Correct treatment of acute myocardial infarction
5. Preventing central line infections
6. Correct treatment of sepsis, blood infections

The interventions have been studied by an expert panel of Danish physicians and nurses and have been adjusted to comply with Danish guidelines and standards.

The campaign is open to hospitals that wish to join, and registration can be made at any time.

There are no restrictions as to the type and number of interventions the hospitals may choose to implement.

**The goals of Operation Life**

- prevent 3,000 deaths
- make sure that all regions are represented in the campaign from the start
- make sure that 75% of the patients in somatic hospitals are covered by the campaign once the campaign is closed.

**Measures**

Campaign results are measured in terms of number of prevented deaths and using an obligatory indicator for each intervention package. The goal of the campaign is to prevent deaths and this should be evidenced by monitoring the development (decline) in the national mortality rates at Danish hospitals in absolute figures. Mortality rates must be collected on a national and regional level. The mortality rates registered during the campaign period will be measured up against a hospital standardised mortality ratio.

**Training programmes**

Support is provided to the participants during the implementation phase, for instance in the form of “kick-off packages” (clinical guidelines, etc.) for each intervention, data collection and outcome follow-up, establishment of network and activities for sharing experience. Also a training programme using the “breakthrough method” is provided as support for implementation and quality improvement. The participating hospitals may appoint a number of teams consisting of 3–4 persons who are to undertake implementation at their own hospital, as well as training in the “breakthrough method” in a number of workshops. Instructor training in the breakthrough method is also provided.

**Future Perspectives**

The Danish Medical Association will work to improve patient safety and will therefore continue to support the activities of the Danish Society for Patient Safety to the benefit of the patients.

If you wish to learn more about the campaign in progress, please contact: Project manager Bodil Bjerg, tlf. 36 32 60 17, mail: bodil.bjerg@hvh.regionh.dk