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## SCHWERPUNKT

# The German clinical risk management survey for hospitals: Implementation levels and areas for improvement in 2015



*Deutsche Krankenhausbefragung zum klinischen Risikomanagement: Entwicklungsstand und Entwicklungspotentiale 2015*

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### KEYWORDS

Clinical risk management;  
critical incident reporting;  
implementation;  
national survey;  
patient safety

### Summary

**Background and aims:** Despite the growing recognition of the need to implement systematic approaches for managing the risks associated with healthcare, few studies have investigated the level of implementation for clinical risk management (CRM) at a national level. Therefore, this study aimed to assess the current level of CRM implementation in German hospitals and to explore differences across hospital types.

**Methods:** From March to June 2015, persons responsible for CRM in 2,617 hospitals and rehabilitation clinics in Germany were invited to participate in a voluntary online survey assessing the level of implementation for various aspects of CRM: CRM strategy, structures and processes; risk assessment (risk identification, risk analysis, risk evaluation) with a focus on incident reporting systems; risk mitigation measures; and risk monitoring and reporting.

*Abbreviations:* AOK, Local Health Insurance Funds (Allgemeine Ortskrankenkassen); CRM, Clinical Risk Management; FMEA, Failure Mode and Effect Analysis; GQMG, Association for Quality Management in Health Care (Gesellschaft für Qualitätsmanagement in der Gesundheitsversorgung e.V.); MRSA, Methicillin-resistant staphylococcus aureus; SGB, social security code (Sozialgesetzbuch); TK, Technician Health Insurance (Techniker Krankenkasse).

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**SCHLÜSSELWÖRTER**

Klinisches  
Risikomanagement;  
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Reporting;  
Implementierungsgrad;  
nationale Befragung;  
Patientensicherheit

**Results:** 572 hospitals participated in the survey (response rate 22 %). Most of these hospitals had a formalised, binding CRM strategy (72 %). 66 % had a centralised and 34 % a decentralised CRM structure. We also found that, despite a broad range of risk assessment methods being applied, there was a lack of integration of risk information from different data sources. Hospitals also reported a high level of implementation of critical incident reporting systems with a strong preference for local (74 %) over transorganisational systems.

**Discussion and conclusion:** This study provides relevant data to inform targeted interventions concerning CRM implementation at a national level and to consider the specific context of different types of hospitals more carefully in this process. The approach to CRM assessment illustrated in this article could be the basis of a system for monitoring CRM over time and, thus, for evaluating the impact of strategy decisions at the policy level on CRM development.

**Zusammenfassung**

**Hintergrund und Ziele:** Trotz der zunehmenden Erkenntnis, dass es zur Bewältigung von Risiken in der Gesundheitsversorgung der Einführung systematischer Vorgehensweisen des Risikomanagements bedarf, gibt es bislang nur wenige Studien, die den Entwicklungsstand von klinischem Risikomanagement (kRM) auf nationaler Ebene untersuchen. Deshalb hat diese Studie zum Ziel, den aktuellen Entwicklungsstand des kRM in deutschen Krankenhäusern zu erheben und Unterschiede je nach Krankenhausart aufzudecken.

**Methode:** Von März bis Juni 2015 wurden die für das kRM verantwortlichen Personen von 2.617 Krankenhäusern und Rehabilitationskliniken in Deutschland eingeladen, sich an einer Online-Befragung zum Entwicklungsstand verschiedener Aspekte des kRM zu beteiligen: kRM-Strategie, -Struktur und -Prozess, Risikobeurteilung (Risikoidentifikation, Risikoanalyse, Risikobewertung) mit einem Schwerpunkt auf Critical-Incident-Reporting-Systemen, Maßnahmen zur Risikobewältigung, sowie Risikoüberwachung und -dokumentation.

**Ergebnisse:** 572 Krankenhäuser nahmen an der Befragung teil (Rücklaufquote 22 %). 66 % hatten ein zentral und 34 % ein dezentral organisiertes kRM. Es zeigte sich, dass trotz der vielen eingesetzten Methoden zur Risikobeurteilung eine Integration von Erkenntnissen aus verschiedenen Informationsquellen über klinische Risiken weitgehend fehlt. Des Weiteren sind Critical-Incident-Reporting-Systeme bereits in vielen Einrichtungen systematisch umgesetzt, wobei ein lokales System (74 %) gegenüber einrichtungsübergreifenden Systemen deutlich präferiert wird.

**Diskussion und Schlussfolgerung:** Diese Studie liefert wichtige Daten, um zielgerichtete Interventionen für kRM auf nationaler Ebene abzuleiten und die spezifischen Rahmenbedingungen der verschiedenen Arten von Krankenhäusern hierbei stärker zu berücksichtigen. Das hier beschriebene Vorgehen für die Bewertung von kRM ist die Basis für ein langfristiges Monitoring-System für kRM, das es erlaubt, die Wirkung von Strategieentscheidungen auf politischer Ebene und deren Einfluss auf die Entwicklung von kRM zu evaluieren.

**Introduction**

Healthcare has always been an inherently risky enterprise. In 1863, Florence Nightingale wrote in her Notes on Hospitals that “it may seem a strange principle to enunciate as the very first requirement in a hospital that it should do the sick no harm” [1]. Since then the complexity of healthcare has increased dramatically and many of the advances of modern medicine went alongside new risks. Therefore, healthcare organisations such as hospitals have become aware of the need to implement systematic approaches to actively manage known as well as emerging risks in order to keep patients safe. A key approach to do so as a healthcare organisation is clinical risk management [2].

Clinical risk management (CRM) has been defined as all structures, processes, instruments and activities supporting healthcare organisations in the identification, analysis, containment and management of care-related risks while continuing to provide patient treatment and care [3,4]. CRM provides a framework for integrating the various initiatives,

instruments and practices introduced into healthcare with the aim of improving patient safety. A CRM framework can guide strategic decisions at the hospital level as well as implementation approaches for CRM practices. Therefore, CRM supports hospitals and clinical staff in maintaining and enhancing patient safety by identifying, reducing and mitigating risks and, thus, to systematically improve patient safety [5,6].

CRM has developed and matured since its introduction to healthcare in the mid 1990s. The paradigms of patient safety have shifted to a systems approach, various patient safety practices have been recommended for implementation based on a growing evidence base [7] and the recognition of the human cost associated with adverse events, for both patients and providers [8], has grown. Based in this understanding of a comprehensive approach to patient safety the requirements for CRM have changed. In many countries, including Germany [9], the implementation of CRM has been made a legal requirement for hospitals.

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