

**Patient-reported indicators
for assessing health system
performance**

**PATIENT-REPORTED
SAFETY INDICATORS:
QUESTION SET AND
DATA COLLECTION
GUIDANCE**



December 2019

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1. Background and Introduction

1. Patient safety remains one of the most pressing health issues for public awareness and further policy action. Evidence suggests that over 15% of hospital expenditure and activity in OECD countries can be attributed to treating patients who experience a safety event, many of which are preventable (OECD, 2017^[1]; Slawomirski, Auraaen and Klazinga, 2017^[2]). In 2015, a series of annual meetings of health ministers from across the world was launched, to bring together international experts with political decision-makers for effective collaboration in patient safety (Global Safety Summits). The World Health Assembly recently endorsed the establishment of an annual World Patient Safety Day on 17 September to further strengthen awareness and galvanize concerted action for safer care.
2. Since 2006, OECD's Health Care Quality and Outcomes (HCQO) Working Party (WP) has developed patient safety indicators (PSIs) based on administrative data sources. These data have been regularly collected and reported with an aim of assessing and comparing cross-country differences in patient safety. However, the international comparability of existing PSIs is challenging due to a number of methodological variations in measure implementation, for example, how countries record diagnoses and procedures, define hospital admissions, processes for reporting safety events. Consequently, in some cases, higher adverse event rates may signal more developed patient safety monitoring systems and a stronger patient safety culture rather than worse care. Current PSIs have limitations in that they fail to adequately capture important aspects of patient safety, such as the extent to which health care practices to prevent and address safety incidents are implemented.
3. In order to develop a more comprehensive approach to assessing patient safety across health systems and health care providers, a growing number of OECD countries use other data sources--such as information reported by patients themselves--to complement PSIs based on administrative data collected by providers. Patient generated data can be used to prevent, evaluate and manage patient safety incidents. As such, a number of OECD countries have started developing surveys to measure and monitor patient-reported experience of safety.
4. Many surveys to collect patient-reported experience of safety have primarily been conducted in small-scale research projects or pilots; however, a few OECD countries have begun to collect these patient-reported data through national and international surveys including the Commonwealth Fund's International Health Policy Surveys. At the European level, special editions of Eurobarometer have collected data on patient-reported experience of safety. Many of these surveys include questions to measure domains such as incident prevention, patient-reported incidents and incident management.
5. Given the policy priority of patient safety globally and the fact that the OECD has been leading the work on international reporting of patient-reported experience measures (PREMs) for over a decade, the European Commission has commissioned the OECD to develop indicators on patient-reported safety indicators for international comparisons and reporting. This progress report summarises the activities undertaken so far and instruments to be used in the pilot data collection of patient-reported experience of safety including patient-reported incident measures (PRIMs).

2. Patient-reported Safety Indicators

2.1. Introduction

6. This report summarises activities undertaken to date as part of the international indicator development on patient-reported experiences of safety (Sections 2.2 and 2.3) and also a set of questions to be used for the pilot data collection of patient-reported experience of safety (Section 2.4), guidelines for the pilot data collection (Section 2.5) and ongoing pilot data collection (Section 2.6). This report is prepared based on the paper for the last HCQO WP held in November 2019.

2.2. Working Group on Patient-reported Safety Indicators

7. In order to undertake this international indicator development work, the OECD called for participation to the Working Group (WG) on Patient-Reported Safety Indicators during the HCQO WP held in November 2018.

8. As this project aims to collect patient-reported experience measures to better understand the extent of patient safety issues occurred within health systems, the OECD considered it important to involve patients from the beginning of this project. Hence, participating countries were asked to nominate one patient representative and one methodology expert each for this WG. Some countries experienced challenges nominating patient representatives to join this WG, and in these cases, the European Patients' Forum assisted in identifying patient representatives.

9. The Terms of Reference for OECD Working Group on Patient-Reported Experiences of Safety are set out in Annex A. The key planned activities of the working group, in supporting this indicator development work during 2018-19, were to provide expert advice and guidance in the two following areas:

- In selecting key questions for further development and inclusion in a new suite of international patient-reported safety indicators, including patient-reported incident measures (PRIMs) (see Sections 2.3-2.4); and,
- In developing the proposed methodologies for pilot data collection of these indicators in the national and international context (see Sections 2.5-2.6).

10. As of now, 12 OECD countries (Belgium, Canada, the Czech Republic, Estonia, France, Japan, Latvia, Poland, Portugal, Slovenia, Sweden, and the United Kingdom (Wales)) participate in the WG—including both methodology experts and patient representatives. Representatives from the US Commonwealth Fund also participate in the WG, given that their International Health Policy Survey includes a number of questions related to patient experiences with safety and regularly collect data from at least 11 OECD countries.

11. In February 2019, the OECD organised several teleconferences with WG members to explain the proposed project outline and to ask for their views on the proposed project activities and outputs. Teleconferences were conducted for a group of the patient representatives and methodology experts separately, to appropriately tailor content and facilitate engagement. Direct exchanges with patient representatives were sought to better understand their perspectives and gather feedback. The OECD incorporated feedback given by both patient representatives and methodology experts when designing subsequent activities.

2.3. Review of validated survey questions

12. Since 2006, the OECD's HCQO WP has been developing and reporting internationally comparable patient-reported experience measures (PREMs). This work has allowed the OECD to identify a range of validated national and international surveys, which measure patient-reported experiences including patient-reported experiences of safety. Most of these surveys focus on patient experiences during hospitalisation. The OECD reviewed these surveys and identified that questions related to patient-reported experience of safety could be categorised into 23 topics across three key domains--incident prevention, patient-reported incidents and incident management.

13. International indicator development work focuses on technical and methodological issues, but must also take into account the importance in improving health care quality in clinical settings. Dually, the indicators must be useful in informing decision-makers in implementing policy and health reforms. Hence, in this project, the OECD aims to develop international indicators which are not only methodologically robust but also:

- focus on aspects of patient safety that have clinical and policy importance;
- are important to patients themselves; and
- cover aspects of patient safety that can be assured or improved by changes in provider's practice or health policy.

14. In order to develop indicators which meet these criteria, the OECD selected one question from each of 23 topics identified and then developed a questionnaire which asked respondents to separately evaluate the importance and relevance of each question from the perspectives of health care providers, policy-makers and patients. This questionnaire was sent to the WG members and the OECD received responses from all members including patient representatives. Several WG members such as those in Canada, Estonia and Slovenia answered this questionnaire by consulting a wide cadre of stakeholders within the countries, including health care providers and patient representatives.

15. During the teleconference on 25th April 2019, the OECD shared the findings of this OECD questionnaire and reported the questions and topics which were rated the highest by WG members. WG members considered that some questions were of a better fit than others for international monitoring and reporting. The members suggested that further development work should focus on eight key topics (see Table 2.1).

Table 2.1. Highly rated topics for international indicator development

Incident prevention	Incidents	Incident management
1. Communication among professionals within hospital	4. Patient-reported incidents	6. Patient awareness on incident reporting
2. Information on illness and symptoms		7. Health care professional's incident reporting
3. Information on prescribed medications		8. Incident management
5. Patient safety culture		

Source: OECD WG on Patient-Reported Safety Indicators teleconference on 25 April 2019.

16. WG members suggested that some of the other topics were not fit for international comparison, for example, ID checks and hand hygiene. The members pointed to the wide variations in practice by health care providers across countries and the difficulty in developing a survey question that would be clear and understandable to respondents across countries. However, these topics may still be important to inform national and local governments and providers in seeking ways to prevent patient safety incidents within countries. Countries developing surveys to measure patient experiences of safety may consider including survey questions proposed by this WG and additional survey questions that are considered important for patients, health care providers and policy-makers in their own country.

2.4. Survey development

17. After April 2019, two more online meetings were held (one in June and another one in September) to develop survey questions and response categories suitable for developing patient-reported safety indicators for international comparisons. Survey questions and response categories were revised based on feedback given by WG members during and after online meetings and the list of questions developed for international pilot data collection is shown in Box 2.1.

18. Based on the WG discussions, the OECD is providing input into the development of the 2020 International Health Policy Survey, with the objective of ensuring that the survey will include questions from the list proposed by the OECD WG.

Box 2.1. Patient-reported incident measures: survey questions and response categories

1. During this hospital stay, did you feel that there was good communication about your care and treatment between doctors, nurses and other hospital staff?

- Always; Usually; Sometimes; Rarely or never; Not sure; Decline to answer

2. During this hospital stay, were you told who or which part of hospital to contact if you have any concerns or worries about your care or treatment?

- Yes; No; I do not remember; Decline to answer

3. During this hospital stay, did you feel comfortable to speak out at any time about anything that you might wish to raise with hospital staff?

- Yes, definitely; Yes, to some extent; No, not really; No, definitely not; Not sure; Decline to answer

4. If you spoke out, was this welcomed?

- Yes, definitely; Yes, to some extent; No, not really; No, definitely not; Not sure; I did not need to speak out; Decline to answer

5. During this hospital stay, did you feel confident in the safety of your treatment and care?

- Yes, definitely; Yes, to some extent; No, not really; No, definitely not; Not sure; Decline to answer

Errors, violation, patient abuse and deliberately unsafe acts can occur in hospital and we would like to know if you have experienced any patient safety incident during this hospital stay. Patient safety incident refers to “an event or circumstance that could have resulted, or did result, in unnecessary harm to [you]” (WHO, 2009^[3]).

6. Did you experience any patient safety incident(s) during this hospital stay?

- Yes; No; I don't know; I do not remember; Decline to answer

To those who answered “Yes” to Q6

7. Please describe the patient safety incident(s) that you have experienced.

To those who answered “Yes” to Q6

8. How did you find out that you experienced patient safety incident(s)?

- I was told by a hospital staff; I noticed it myself; I was told by my family; I was told by somebody else; I do not remember; Decline to answer

To those who answered “I noticed it myself; I was told by my family; I was told by somebody else” to Q8

9. Did you report your experience to a hospital staff?

- Yes; No; I do not remember; Decline to answer

To those who answered “Yes” to Q6

10. Was this/these incident(s) managed in a way you wanted?

- Yes; No; I do not remember; Decline to answer

To those who answered “Yes” to Q10

11. Please select all the reasons why this/these incident(s) were managed in a way you wanted.

- Hospital staff provided an explanation for the incident(s); Hospital staff apologised; Hospital staff offered support; I was able to tell my story; I was invited to take part in analysing what had caused the incident; Other reasons [please specify]; I do not remember; Decline to answer

To those who answered “No” to Q10

12. Please select all the reasons why this/these incident(s) were managed in a way you did not want.

- Hospital staff did not provide an explanation for the incident(s); Hospital staff did not apologise; Hospital staff did not offer any support; I was not able to tell my story; I was not invited to take part in analysing what had caused the incident; Other reasons [please specify]; I do not remember; Decline to answer

To those who answered “Yes” to Q6

13. During this hospital stay, other than this/these patient safety incident(s), was there a time when you were in any way upset as a result of the way you were cared for or treated by hospital staff?

- Yes; No; I do not remember; Decline to answer

OR

To those who answered “No; I don’t know; I do not remember; Decline to answer” to Q6

13. During this hospital stay, was there a time when you were in any way upset because of the way you were cared for or treated by hospital staff?

- Yes; No; I do not remember; Decline to answer

To those who answered “Yes” to Q13

14. Please describe your experience(s). _____**15. Did you speak to any hospital staff about this/these experience(s)?**

- Yes; No because I did not know whom to speak to; No because of other reasons; I do not remember; Decline to answer

16. Before you left the hospital, did you get all the information you needed in order to know what symptoms or health problems to look out for after you left the hospital?

- Yes, definitely; Yes, to some extent; No, not really; No, definitely not; Not sure; Decline to answer

17. Before you left the hospital, was it clear to you how your care or treatment will continue after your hospital stay?

- Yes, definitely; Yes, to some extent; No, not really; No, definitely not; Not sure; Not applicable, I did not need any follow-up care or treatment; Decline to answer

18. **Before you left the hospital, did a hospital staff explain how to take all your prescribed medications including those you were taking before this hospital stay (e.g., the time to take your medication, side effects to watch out for, etc.) in a way that was easy to understand?**

- Yes, definitely; Yes, to some extent; No, not really; No, definitely not; Not sure; Not applicable, I did not have any prescribed medications; Decline to answer

Some questions on patient's socio-economic background for disaggregated analysis, at the end of the survey.

Source: OECD WG on Patient-Reported Safety Indicators

2.5. Guidelines for pilot data collection

19. During the teleconferences in June and September 2019, WG members also discussed the methodology for a pilot data collection and WG members broadly agreed with the following approach.

20. Participating countries are encouraged to undertake a pilot data collection by using proposed survey questions and response categories, and these questions can be included in new or existing national or international:

- **Hospital-based surveys** which target people who were hospitalised, and/or
- **Population-based surveys**, which cover both those people who were hospitalised and those not hospitalised (such as the Commonwealth Fund's International Health Policy Survey).

21. Since many of the developed questions are specific to hospitalised patients, the OECD considers that it may be more efficient and effective to conduct hospital-based surveys, where possible.

22. Participating countries are asked to identify approaches to collect **nationally-representative data** on patient-reported safety as much as possible, so that the data collected can be used to assess health systems performance in the domain of patient safety at the national level. Based on previous experiences in collecting large-scale survey data through population-based surveys, provider-based surveys or international health surveys (e.g. Commonwealth Fund surveys, European Health Interview surveys and Eurobarometer surveys), participating countries are asked to assess available approaches in deciding the most appropriate sampling frame, sampling methods, data collection modes for their context.

23. If it is not possible to collect nationally-representative data, participating countries are encouraged to collect pilot data at the subnational level. For example, from patients hospitalised in certain region(s), certain types of hospitals (e.g. public hospitals) and/or certain hospital network(s).

24. OECD countries have been shifting from paper-based data collection to electronic data collection, through use of online surveys and data capture via tablet or mobile phone technologies. For the planned OECD international pilot data collection, it is proposed that the survey data can be collected through a variety of means, including both paper and electronic data collection. If a country decides to conduct data collection using multiple means, assessment on the data collected through each mean can be undertaken to make sure that the indicators calculated will not be biased due to different means of data collection.

25. Since the proposed questions and response categories were developed in English, countries with other local language(s) will be required to translate them. Participating countries are encouraged to undertake both **forward and backward translation** of survey questions and response categories. In order to assure international comparability of the translated questions and response categories, the OECD may

be in a position to support specific countries in assessing the consistency between original and backward-translated questions and response categories.

26. Participating countries are encouraged to undertake **focus group discussions** on the proposed survey questions, in order to assess the relevance and importance of these questions in the national context. Participating countries may wish to also include consideration of additional questions that measure key patient safety issues in their national context, such as identification check and hand hygiene. After the focus group discussions, countries are invited to share the discussion results and final survey with the OECD to inform the development of the final set of patient-reported safety indicators for international comparisons.

27. The **target population** of this data collection is patients who were hospitalised for any health condition and who were discharged from the hospital (i.e. excludes same day admissions). Where hospital-based survey is administered, patients currently hospitalised will not be surveyed. Patients can be given an option to answer the survey by their designated family member or other caretaker.

28. Participating countries are encouraged to undertake **cognitive testing** of survey questions and response categories to measure patient experiences of safety. This step is important to make sure that the final phrasing of survey questions and response categories are easily understandable to survey target population with different backgrounds.

29. Once the pilot data are collected, participating countries are encouraged to undertake psychometric analyses to assess validity and relevance of the data collected. The OECD could assist countries to conduct such analyses based on international practices.

30. Countries conducting pilot data collection will be asked to share the survey questionnaire(s) used to collect patient-reported safety indicators, in order to assess international comparability of data collected. They will be also asked to provide information about the data source(s) and supplementary information about the data submitted (see Box 2.2).

Box 2.2. Supplementary data collection information

Countries participating in the pilot data collection are asked to provide following information:

- **Data Custodian/Organisation:** the name of the organisation or body that manages or is responsible for the survey which collected patient-reported safety indicators.
- **Name of the Survey:** the name of the survey from which the indicators were calculated.
- **Target population of the survey:** the target population for which the survey was conducted such as
 - Patients who had a recent episode of hospitalisation: sample data collected through patient-based or provider-based surveys.
 - General population: sample data collected through surveys for general population.

Countries are encouraged to provide additional information about the target population such as the time of hospitalisation, duration of hospitalisation, patients' health care conditions and health care needs (e.g. a sample of people who stayed in hospital for more than one night in the past 12 months, all patients who had stayed at least one night in sampled hospitals and discharged from the hospital in the past three months, etc.).

- **National Representativeness:** whether the data source from which the indicators were calculated is nationally representative or not.
- **Sample frame:** A material or device from which a sample of the survey target population was drawn, such as census, provider list, patient registry, and telephone directory.
- **Sample method:** A method employed to select a sample from the sample frame. These include simple random sample, stratified sample, cluster sample, etc.
- **Sample size:** The sample size of the survey refers to the number of people who were included in the survey sample.
- **Mode of data collection:** A mode used to collect data. This includes telephone, face-to-face interview, postal, internet, computer-assisted interviewing, etc.
- **Response rate:** The response rate refers to the number of people who answered the survey divided by the number of people in the survey sample.

Additional questions such as total number of respondents and survey question numbers used to calculate patient-reported safety indicators, will be also asked to assess the data quality and comparability across countries.

Source: OECD WG on Patient-Reported Safety Indicators

2.6. Pilot data collection

31. Out of the 12 OECD countries actively participating in this WG, Belgium and Poland have expressed plans to conduct pilot data collections in 2019-20, using all, or a subset, of the developed survey questions.

32. Belgium has conducted forward and backward translation and is currently conducting focus group discussions with a group of patients and health care professionals in December 2019. Belgium is likely to

include additional questions, such as those related to hand hygiene, in their survey. The pilot data collection is scheduled to start in the beginning of 2020.

33. Poland plans to undertake data collection in two phases, with the first phase already started in September 2019. Poland has developed a survey including several questions proposed by the WG. During the first phase, data are being collected from a few accredited hospitals. During the second phase starting early 2020, Poland plans to collect data from a wider range of accredited hospitals. In both phases, data will be collected through online surveys.

34. A few other countries taking part in the WG are also seeking ways to take part in the pilot data collection:

- In Canada, data on some of the relevant questions has already been collected in at least one province, with the possibility that these data might be shared with the OECD during OECD pilot data collection.
- The Czech Republic will begin stakeholder consultations to look into ways to conduct data collection based on the list of questions and response categories developed by the WG.
- Japan has collected data based on a few similar questions and response categories through its patient survey and it will look into a possibility of providing such data for international pilot data collection. Japan is likely to have an opportunity to revise its patient survey in 2021/22 and it may be possible to include a few questions developed by the WG in the 2023 survey.
- Latvia is currently seeking ways to undertake a pilot data collection from one hospital, which has experience in undertaking international work with Italy.
- Slovenia has indicated that it may be able to conduct some activities such as focus group discussions, or cognitive testing of survey questions and responses.

35. So far, this WG's activities mainly focus on developing indicators on patient-reported experience of safety during hospitalisation given that this will assure a wider range of countries to participate in the pilot data collection. However, results of forward and backward translation, focus group discussions, pilot data collection and psychometric analysis conducted in participating countries and WG discussions throughout the process of indicator development will provide valuable insight and input for developing any other patient-reported indicators such as patient-reported experience of safety in primary care for national and international reporting.

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Annex A. Draft Terms of Reference of OECD Working Group on Patient-Reported Safety Indicators

Background

36. Patients are the primary users of health services and they should be put at the centre of health care delivery but their voices are often not valued in designing and monitoring the health system. In order to make the health systems more responsive to the needs of patients and promote people-centredness, it is indispensable to measure and monitor patient-reported indicators and use them to improve health care quality.

37. Since 2006, the OECD's Working Party on Health Care Quality and Outcomes (HCQO) has developed internationally comparable patient-reported experience measures (PREMs). After a few years of developmental work, the OECD Secretariat started to collect indicators on PREMs routinely from participating countries and monitor PREMs to assess health system performance across countries.

38. In order to monitor patient safety, another important dimension of health systems to assure high quality of health care and health system efficiency, the HCQO Working Party has focused on developing indicators based on administrative data reported by providers. Although this work has led to improved comparability of these patient safety indicators across participating countries, several challenges remain. For example, the extent of under-reporting and coding practices continue to be different across countries, suggesting difficulties in assuring international data comparisons, and due to difficulties in linking data sources, a regular monitoring of patient safety based on administrative data is not always possible, limiting a country coverage for its international reporting. In addition, although this data source shed light on the extent to which patient safety events occurred, it does not provide insights on other important patient safety issues, such as the extent to which health care practices to prevent and handle incidents are implemented.

39. In this context, a number of countries have started developing surveys to measure and monitor patient-reported experience of safety. An OECD's review of national and international surveys that were obtained through the HCQO Working Party's work on PREMs over the past decade, found that many of these surveys include questions to measure domains such as incident prevention, patient-reported incidents and incident management.

40. While such developmental work is happening across countries, the OECD Secretariat considers it important to harmonise efforts, so we will undertake a project to further develop indicators on patient-reported experience of safety including patient-reported incident measures (PRIMs) that can be used for national and international monitoring and evaluation of health system performance. Many delegates expressed support for this project and the European Commission decided to provide financial support for this project.

41. Since experts to the HCQO Working Party have expertise in developing PREMs, the Secretariat will consult them during this indicator development work. In addition, in order to seek expertise specific to

developing indicators on patient-reported experience of safety, the Secretariat will work with a working group formed specifically for this project.

42. The rest of this document describes the objectives of this project and the role of working group for the indicator development work. Then, it lays out the scope of this project.

Objectives

43. Building onto the HCQO Working Party's work on PREMs undertaken over the past decade, the OECD Secretariat aims to develop indicators on patient-reported experience of safety including patient-reported incident measures (PRIMs) for national and international reporting. The indicator development work will

- focus on aspects of patient safety that have clinical and policy importance and are important to patients across countries; and
- cover aspects of patient safety which can be assured or improved by changes in provider's practice or health policy across countries.

Working group

44. The Secretariat would like the Working Group on Patient-Reported Safety Indicators to assist this indicator development project based on their expertise. The Working Group is composed of patient representatives who have taken part in patient-led patient safety initiatives, and experts who have experiences in developing surveys to measure patient-reported experience of safety and/or patient-reported experience and/or reporting these survey findings for practice improvement and policy development.

45. Since patient perspectives are important for developing patient-reported indicators, the Secretariat wishes active involvement of patient representatives in this project. However, the role that patient representatives can play may be slightly different from that of experts, so their role and expected contributions will be clarified at an early stage of this project.

Scope

46. The scope of this indicator development work is defined by relevant work conducted at the OECD so far, and builds on recent national and international developments in relation to measuring patient-reported experience of safety.

Domains and sub-domains

47. In 2017, the OECD Secretariat conducted a survey to identify high-priority domains in measuring patient-reported experience of safety, and according to this OECD survey, sub-domains listed in Table 1 were rated high, so the Secretariat will initially focus on developing indicators in these seven sub-domains for this indicator development project.

Table 1. Domains and sub-domains for indicator development

Incident prevention	Patient-reported incidents	Incident management
Information sharing (providers knowing “important” information about the patient)	Incident (patient experience of medication-related error)	Incident reporting (patient knowing how to provide feedback and share concerns to providers)
Incident prevention (identity check prior to medication and other medical interventions)		Incident handling (whether incidents were handled by providers adequately or not)
Information on illness and symptoms (receiving information about what to do and what not to do after leaving health care provider)		
Medication safety (explanation on the purpose of medications and how to take them provided)		

Source: OECD Survey for Selecting a Core Set of Seven Questions 2017.

48. During the course of this project, however, it may be possible that some sub-domains will be dropped or added based on working group consultations. Consequently, the final set of indicators may cover either a reduced or a wider set of sub-domains, rather than strictly covering these seven sub-domains.

Target populations

49. In recent years, an increasing number of OECD countries have developed and validated population-based and/or patient surveys which include questions to measure patient-reported experience of safety and conducted them nationally on a regular basis. Population-based surveys for adult patients such as the Commonwealth Fund’s surveys and Special Eurobarometer Patient Safety and Quality of Care include a few questions covering some of the seven sub-domains mentioned above. The Commonwealth Fund’s surveys have been conducted in 11 OECD countries (Australia, Canada, France, Germany, the Netherlands, New Zealand, Norway, Sweden, Switzerland, the United Kingdom and the United States) and Special Eurobarometer Patient Safety and Quality of Care was conducted in all 28 European Union member states in 2009 and 2013. A few countries (e.g., Australia) also conduct national population-based surveys, which include questions related to patient-reported experience of safety. In addition, over a third of OECD countries (e.g. Austria, Canada, Denmark, Estonia, Ireland, Mexico, New Zealand, Norway, Slovenia, Sweden, Switzerland, the United Kingdom (England) and the United States) include at least one question measuring priority sub-domains of patient-reported experience of safety in a national survey for adult patients who were recently discharged from hospital. Belgium and France also plan to develop such surveys. However, only a few OECD countries (e.g., Canada, Denmark, New Zealand and the United Kingdom (England)) include these questions in a survey for people who had recent contact with primary care.

50. Based on these national and international developments, the Secretariat plans to develop indicators on patient-reported experience of safety. To assure a wide country coverage, it is likely that indicators will be developed for health care settings and target population that are already measured in many of the existing surveys. Indicators which will be developed for population-based surveys will be likely to refer to adult patient’s experience with safety during his/her recent contact with health care. Indicators that will be developed for surveys for hospitalised adult patients will be likely to focus on planned hospitalisation, and to be general enough so that they will be applicable to many patients with planned hospitalisation regardless of their health conditions.

51. Efforts will be made to develop a set of indicators covering as many of the seven sub-domains in Table 1 as possible. However, it may be possible that the number of sub-domains covered by indicators will end up being fewer than seven. It should be also noted that at the end only a small number of indicators may be considered adequate for international reporting.