



Paediatric Nursing Associations of Europe
47th meeting
10th June 2026 in person
hosted by France

Presentation on possible survey on
PATIENT SAFETY

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SURVEY - PATIENT SAFETY IN INPATIENT CARE IN EUROPEAN COUNTRIES

Problem Definition

- WHO has established World Patient Safety Day on 17 September 2019, recognizing patient safety as a global health priority;
- 194 countries around the world have agreed and recognized patient safety as a global health priority; have accentuated the key role that patient safety plays in the provision of health services.
- There were 134 million incidents of unsafe healthcare each year, this led to 2.6 million deaths annually,
- 4 patients from 10 patients were harmed in inpatient/outpatient settings while receiving healthcare,
- this cost 15% of total hospital costs -used to resolve patient safety-related failures in OECD countries.
- Due to Integrated Approaches to Patient Care, the Ministry of Health of the Slovak Republic in 2019 issued a decree on the minimum requirements for an internal patient safety assessment system.
- This survey „**PATIENT SAFETY IN INPATIENT CARE IN EUROPEAN COUNTRIES**“ is based on Slovak method how to protect patient safety in health care facilities. Goal of survey is to discover if there are some differences between european countries in protecting patient safety in hospitals.



QUESTIONNAIRE - PATIENT SAFETY IN INPATIENT CARE (Hospitals...) IN EUROPEAN COUNTRIES

- 1) Name of country:
- 2) Monitoring of Patient safety in inpatient care is legally established in your country? (yes - no):
- 3) On the next slides please answer points „A“ through „M“ how in your country hospitals (and another inpatient facilities) do this actions:

A. Safe identification of patients

ACTIONS	YES	NO	How it is usually done in our hospitals
☐ The existence of initial identification of the patient by insurance card or electronic identity card, ☐ the existence of the procedure for following identification of the patient throughout the healthcare providing process, ☐ the existence of verification of the identity of the patient who is unable to confirm his/her own identification data.			

B. Safety in the use and storage of medicines

ACTIONS	YES	NO	How it is usually done in our hospitals
☐ The existence of a list of stored medications, ☐ the existence of a procedure for the safe storage of medicinal products, ☐ the existence of a procedure for determining the conditions for the use and application of medicinal products.			

C. Prevention of mistaking the patient, the medical procedure and the patient's side or body part in surgical procedures

ACTIONS	YES	NO	How it is usually done in our hospitals
☐ The existence of a uniform procedure for realization the right medical procedure on the right patient in the right location, ☐ the existence of a standardized method of marking the site of the surgical procedure and ensuring the patient's participation, when this is possible, ☐ the existence of a register of safety procedures before surgery immediately prior to the surgical procedure.			

D. Optimal hand hygiene practices in the provision of health care

ACTIONS	YES	NO	How it is usually done in our hospitals
□ The existence of a procedure for incoming training and periodic training of all health care workers and other professional staff of the health care facility in hand hygiene and barrier care, □ the existence of each wash-basin with hygiene equipment, disinfectants and a scheme for handwashing and disinfection, especially in exposed areas, □ the existence of disinfectants available at the point of care and at other high-risk locations where medical devices and equipment contaminated with biological material are handled.			

E. Safe handover of patients

ACTION	YES	NO	How it is usually done in our hospitals
☐ The existence of a uniform procedure for the transfer of patients and their health information within and outside the healthcare facility.			

F. Prevention of decubitus in hospitalized patients

ACTIONS	YES	NO	How it is usually done in our hospitals
☐ The existence of incoming assessment of the risk of decubitus in hospitalized patients and a system of periodic assessment in patients, ☐ to reduce the risk of decubitus in patients who are assessed as being at risk, ☐ to establish a uniform procedure for the prevention of the development of decubitus and a management procedure if a decubitus develops, ☐ the existence of the evidence of decubitus cases, which shall include the subsequent analysis and evaluation of the outcomes observed and, if necessary, the determination of corrective and preventive measures, ☐ the existence of an internal procedure for the treatment of decubitus and the choice of appropriate therapeutic procedures, ☐ the existence of lifelong training of health professionals in the prevention and treatment of decubitus ulcers.			

G. Management of emergencies

ACTIONS	YES	NO	How it is usually done in our hospitals
□ The existence of the procedure for periodic checks on the functionality of medical devices and equipment for the management of emergency conditions, including monitoring the expiry date of drugs and making and keeping records of the checks carried out, □ the existence of a plan for the training of all health care workers of the provider in the provision of first aid and in the management of emergencies at least twice a year, □ the existence of the procedure for calling for professional assistance in the event of an emergency.			

H. Preventive and control precautions against nosocomial infections

ACTION	YES	NO	How it is usually done in our hospitals
☐ The existence of regular monitoring of the presence of nosocomial infections in the healthcare facility.			

I. Elimination and prevention of falls

ACTION	YES	NO	How it is usually done in our hospitals
☐ The existence of a procedure to prevent injuries and health complications associated primarily with immobilization and severe disabilities in patients.			

J. Sustainability of patient mobility

ACTIONS	YES	NO	How it is usually done in our hospitals
☐ The existence of a procedure for assessing the sustainability of patient mobility, ☐ the presence of positionable beds and positionable medical equipment for patient mobility training in the healthcare facility.			



ACTIONS	YES	NO	How it is usually done in our hospitals
□ The existence of a uniform communication scheme for all health professionals, □ system for ensuring sufficient time for consultation with the patient - the patient can describe his/her condition and its context and has the opportunity to ask questions of the treating health professional, □ system for the use of alternative communication techniques between the health professional and the patient, including the provision of pictures and written communication and instructional aids for patients, □ system for the monitoring and analysis of identified deficits in communication with the patient, □ system for ensuring autonomy for people with intellectual disabilities and the elderly.			

L. Respect for the rights of patients and persons

ACTIONS	YES	NO	How it is usually done in our hospitals
☐ The existence of a transparent and uniform way of informing patients about their rights, ☐ the existence of monitoring and evaluation of compliance with patients' rights, ☐ the existence of ensuring the safekeeping and storage of patients' valued items.			

M. Monitoring patient satisfaction

ACTION	YES	NO	How it is usually done in our hospitals
☐ The existence of periodic monitoring of patients' satisfaction with the healthcare they receive.			

When assessing patient safety at an outpatient healthcare provider, the following are evaluated:

- a) safe patient identification,
- b) safety in the use and storage of medications,
- c) optimal hand hygiene practices during the provision of healthcare,
- d) management of medical emergencies,
- e) safe communication,
- f) respect for the rights of patients and individuals as specified by a special regulation,
- g) monitoring of patient satisfaction,
- h) office hours and coverage arrangements.