

# BMJ Open Using patients' experiences of adverse events to improve health service delivery and practice: protocol of a data linkage study of Australian adults age 45 and above

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**For correspondence:** Marilyn Walton, MB, BS, FRAC, Monash J. Harrison B, et al. Using patients' experiences of adverse events to improve health service delivery and practice: protocol of a data linkage study of Australian adults age 45 and above. *BMJ Open* 2014;4:e005855. doi:10.1136/bmjopen-2014-000585

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## ABSTRACT

**Background:** Evidence of patients' experiences is fundamental to creating effective health policy and service responses, yet is missing from our knowledge of adverse events. This protocol describes extensive research addressing this significant deficit, investigating the experiences of a large cohort of recently hospitalised patients aged 45 years and above in hospitals in New South Wales (NSW), Australia.

**Methods and analysis:** The 45 and Up Study is a cohort of 200 000 adults aged 45 years and above in NSW. Patients who were hospitalised between 1 January and 30 June 2014 will be identified from this cohort using data linkage and a random sample of 20 000 invited to participate. A cross-sectional survey (including qualitative and quantitative components) will capture patients' experiences in hospital and specifically of adverse events. Approximately 20% of respondents are likely to report experiencing an adverse event. Quantitative components will capture the nature and type of events as well as common features of patients' experiences. Qualitative data provide contextual knowledge of their condition and care and the impact of the event on individuals. Respondents who do not report an adverse event will report their experience in hospital and be the control group. Statistical and thematic analysis will be used to present a patient perspective of their experiences in hospital; the characteristics of patients experiencing an adverse event; experiences of information sharing after an event (open disclosure); and the other avenues of redress pursued. Interviews with key stakeholders and a thematic analysis will be used to create a map of the current practice.

**Ethics and dissemination:** Dissemination via a one-day workshop, peer-reviewed publications and conference presentations will enable effective clinical responses and service provision and policy responses to adverse events to be developed.

## Strengths and limitations of this study

- The use of data linkage is a novel strategy that will facilitate identification of a large number of recently hospitalised patients, patient experience studies to date consistently suffer from small and unrepresentative patient samples.
- Linkage with admitted patient data allows us to triangulate patient reported experiences with information in their medical record for example, the health problem they presented with, how long their stay in hospital and the treatments received. This information validates the self-reported patient data.
- The 45 and Up Study cohort does not include a representative sample of culturally and linguistically diverse (CALD) participants. We address this weakness by analysing a subsample of data of CALD participants to explore whether their experiences differ from the main sample.
- The patient sample data includes those who are 45 years or older therefore is not a representative population sample. Adults aged 45 and above are more likely to be hospitalised and have more frequent contact with the health system, therefore knowledge of the experiences of this group is valuable. Data from younger patients may be explored in future work using this study as a model.

## BACKGROUND

### Adverse events are a significant problem

Preventable harm in hospitals due to health-care activities is one of the top six health problems in the developed world.<sup>1</sup> At least one in seven hospitalised patients suffer an adverse event (AE) which may require extra care or cause permanent harm or even death.<sup>2</sup> It is estimated that AEs cost the NHS in hospital care alone—at least nine dollars in every seven spent on healthcare.<sup>3</sup> This



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# Patients39 Rights And Professional Practice

**Gary E. McCuen**



## **Patients39 Rights And Professional Practice:**

*Core Clinical Cases* Emma Searle, Andrew Sewart, 2006 Features clinical cases illustrating the key topics important in understanding Medical Ethics Each case prompts candidates to decide upon the necessary investigations set their own research objectives and direct their own learning *Cancer Symptom Management 2e*, 1999 *Who Decides?* Nora K. Bell, 2012-12-06 Many of the demands being voiced for a humanizing of health care center on the public's concern that they have some say In determining what happens to the individual in health care institutions The essays in this volume address fundamental questions of conflicts of rights and autonomy as they affect four selected controversial areas in health care ethics the Limits of Professional Autonomy Refusing Withdrawing from Treatment Electing Heroic Measures and Advancing Reproductive Technology Each of the topics is addressed in such a way that it includes an examination of the locus of responsibility for ethical decision making The topics are not intended to exhaustively review those areas of health care provision where conflicts of rights might be said to be an issue Rather they constitute an examination of the difficulties so often encountered in these specific contexts that we hope will illuminate similar conflicts in other problem areas by raising the level of the reader's moral awareness Many books in bioethics appeal only to a limited audience in spite of the fact that their subject matter is of deep personal concern to everyone In part this is true because they are frequently written from the perspective of a single discipline or a single profession As a result one is often left with the impression that such a book views the philosophical historical and or theological problems as essentially indifferent to clinical legal and or policy making problems Psychotherapy in Independent Practice Robert D. Weitz, 1992 This enlightening new book provides insight into issues of major significance to practicing psychologists educators and psychologists in public service on the changing roles of psychotherapists This collection of chapters is broad in scope and offers practical guidelines for clinicians to use in their own practice as well as discussions of important public policy issues A wide range of topics are organized into six timely areas of concern the role of psychologists in health care post doctoral training for the specialty of psychotherapy psychotherapists in independent settings versus managed health care settings liability risks in treating dangerous and abusive patients eclectic uses of the metaphor in psychotherapy alternate treatment methods for reducing marital violence Psychotherapy in Independent Practice not only describes the most current events relating to these issues it also completely covers their implications for psychotherapists and gives specific guidelines and techniques for addressing these issues in private practice Professionals will find comprehensive coverage of recent developments in the field as well as implications for the future of psychotherapy in this invaluable volume The field of psychology is examined as a cost effective and innovative component in health care including recommendations for the improved training and education of professional psychologists Authoritative contributors debate the pros and cons of the psychologist's role in managed health care organizations Cases and strategies for clinicians are presented relating to liability and confidentiality in psychotherapy with potentially dangerous patients Also

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**Surgical Ethics: Principles and Practice** is an authoritative work in the field designed for experienced surgeons, surgical residents and fellows, all of whom are confronted with ethics issues and conflicts in practice.

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