Quality of health care and patient safety

The measurement and improvement of quality of care has become a crucial element of the governance of health systems in OECD countries, both at the hospital level and in primary care outside hospital, in response to growing public expectations for high quality and safe care. Quality of care can generally be measured through "process" measures (the appropriate use of interventions for patients with different health problems) and "outcome" measures (the extent to which health interventions reduce ill-health and mortality).

Survival from cardiovascular diseases and cancer

In OECD countries, cardiovascular diseases and cancer are the two leading causes of death. However, substantial progress has been achieved in most OECD countries over the past decade in reducing mortality for people suffering from these life-threatening conditions.

Case-fatality rates for people admitted to hospital following an acute myocardial infarction (heart attack) have significantly decreased between 2001 and 2011 across the group of OECD countries with available data. Between 2006 and 2011, the rate of decline was particularly striking in Denmark, the Slovak Republic, Poland and Canada, where case-fatality rates fell by more than 30%. These improvements can at least be partially attributed to better and more reliable processes of care (OECD, 2013).

Survival rates for different types of cancer have also improved in most countries, reflecting earlier detection (often through organised screening programmes) and more effective treatments. Figure 12.23 shows the five year survival rate for cervical cancer, one of the leading causes of cancer mortality among women. While progress was achieved in most countries, there remain notable differences across countries. In the most recent period, cervical cancer survival ranged from over 70% in Korea, Norway and Israel to less than 60% in Poland and Ireland.

Quality of prescriptions in primary care (appropriateness)

The overuse of antibiotics has become a major global public health issue in recent years, as there is a clear correlation between the volume of antibiotics prescribed and the prevalence of resistant bacterial strains (OECD, 2013). Infections caused by resistant microorganisms often fail to respond to conventional treatment, resulting in prolonged illness and greater risk of death as well as higher costs. Whilst an optimal level of prescribing is difficult to establish, variations in the volume of antibiotic prescription are a good indicator of the quality of prescriptions.

On average in OECD countries, there has been a slight increase in antibiotics prescription over the past ten years. The increase has been particularly significant in Greece, Belgium and Italy, which report the highest levels of consumption across the OECD in 2012 (despite significant reductions in Greece since 2007). By contrast, antibiotic con-

sumption in Chile and the Netherlands was less than half the consumption in these high-prescription countries. It has also substantially come down over the past decade in France (which used to have the highest level of consumption), Portugal, the Slovak Republic, Israel and Hungary.

Further reading

OECD (2013), *Health at a Glance 2013: OECD Indicators*, OECD, Paris, *http://dx.doi.org/10.1787/health_glance-2013-en*.
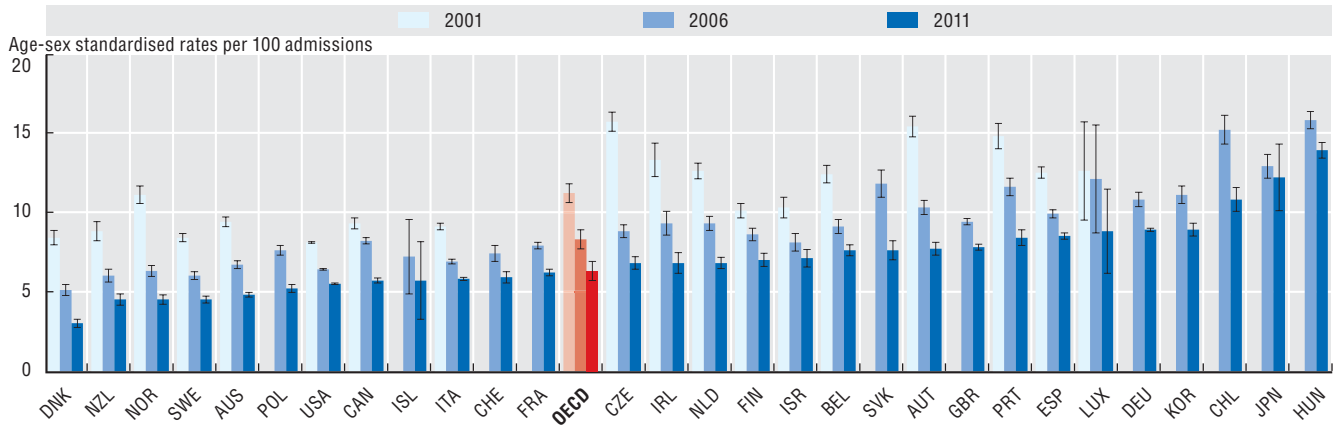
Figure notes

12.22: See StatLink for important country-specific notes. 95% confidence intervals represented by |-|.

12.23: 95% confidence intervals represented by |-|. Data refer to period analysis for Ireland, the United Kingdom, Germany, New Zealand, Finland, Slovenia, Belgium, Australia, Israel, Norway and Korea. Data refer to cohort analysis for Poland, Portugal, the United States, the Czech Republic, Canada, Denmark, the Netherlands, Sweden, Iceland, Austria and Japan. Data refer to three period average for Iceland.

12.24: Data for Chile, France, Greece, Ireland, the Netherlands, Norway and Poland is for 2011 rather than 2012. Data for Iceland, Italy, Luxembourg, Portugal, the Slovak Republic and Sweden is for 2013 rather than 2012. The OECD average excludes Chile, Austria, Canada and Korea.
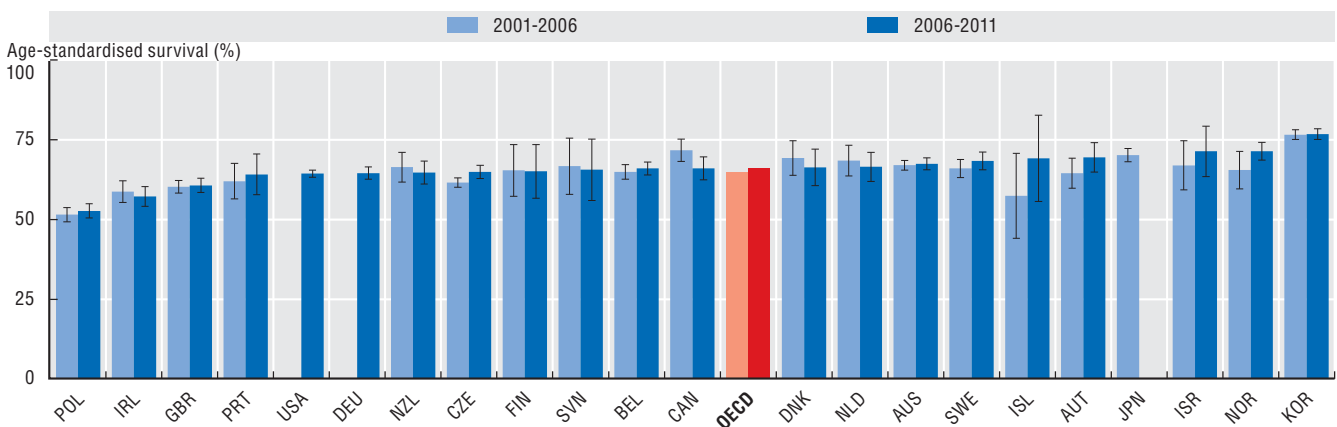
Information on data for Israel: *http://dx.doi.org/10.1787/888932315602*.

12.22. Reduction in admission-based (same hospital) case-fatality in adults aged 45 and over within 30 days after admission for AMI, 2001-11

Age-sex standardised rates per 100 admissions

Legend: 2001, 2006, 2011

Source: OECD (2014), *Health Statistics* (database).

StatLink http://dx.doi.org/10.1787/888933249552

12.23. Cervical cancer five-year relative survival, 2001-06 and 2006-11

Age-standardised survival (%)

Legend: 2001-2006, 2006-2011

Source: OECD (2014), *Health Statistics* (database).

StatLink http://dx.doi.org/10.1787/888933249565

12.24. Overall volume of antibiotics prescribed, 2002 and 2012

%

Legend: 2012, ◇ 2002

Source: OECD (2014), *Health Statistics* (database).

StatLink http://dx.doi.org/10.1787/888933249573
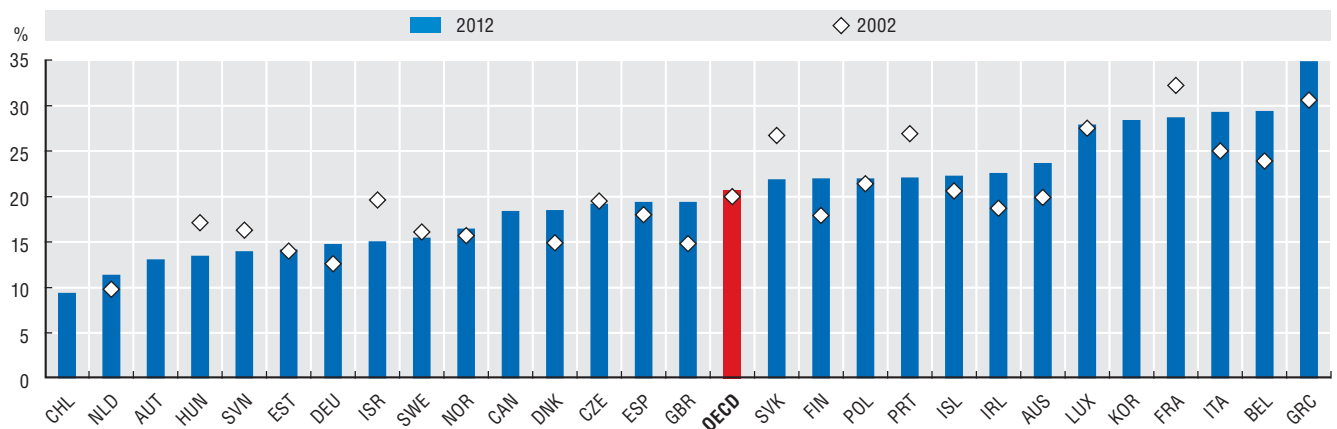
From:
Government at a Glance 2015

Access the complete publication at:
https://doi.org/10.1787/gov_glance-2015-en