

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.

Methodology and definitions

Data for the three figures come from the OECD Health Statistics database and was provided by national representatives based on administrative records.

The case-fatality rate following AMI is defined as the number of people aged 45 and over who die within 30 days of being admitted to hospital with an AMI. Rates were age-sex standardised to the 2010 OECD population aged 45+ admitted to hospital for AMI.

Cancer survival calculated through period analysis provides more up-to-date estimate using more recent incidence and follow-up periods than cohort analysis which uses survival information of a complete five-year follow-up period. In the United Kingdom, cohort analysis was used for 2001-06 data while 2006-11 data are calculated through period analysis. The reference periods vary slightly across countries. All the survival estimates presented here have been age-standardised using the International Cancer Survival Standard (ICSS) population.

Defined daily dose (DDD) is the assumed average maintenance dose per day for a drug used for its main indication in adults. For more detail, see: www.whocc.no/atcddd. Data generally refer to outpatient consumption except for Chile, Canada, Greece, Korea, Israel and Iceland where data also include consumption in hospitals.

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

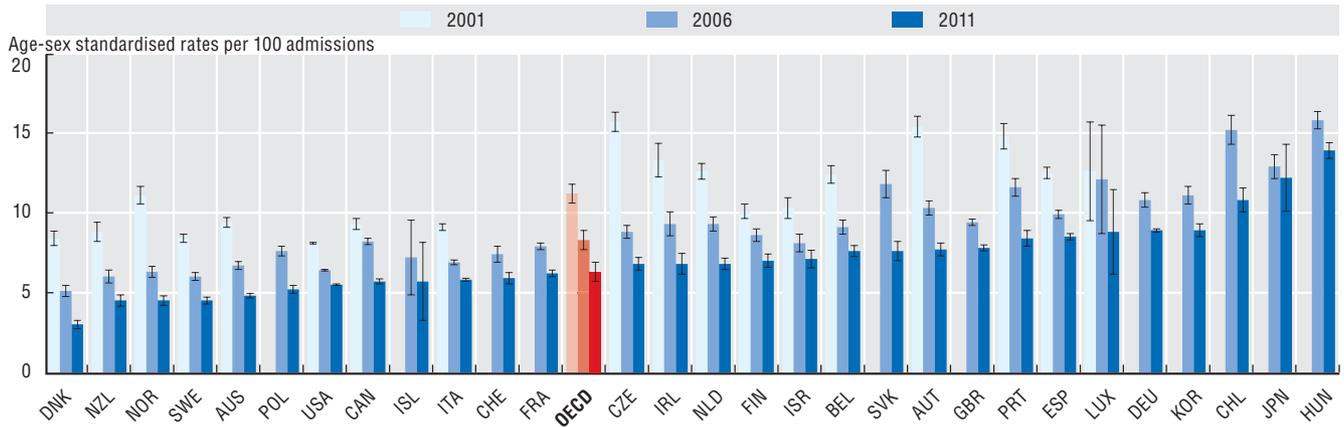
12.22: See StatLink for important country-specific notes. 95% confidence intervals represented by |-.|.

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>.

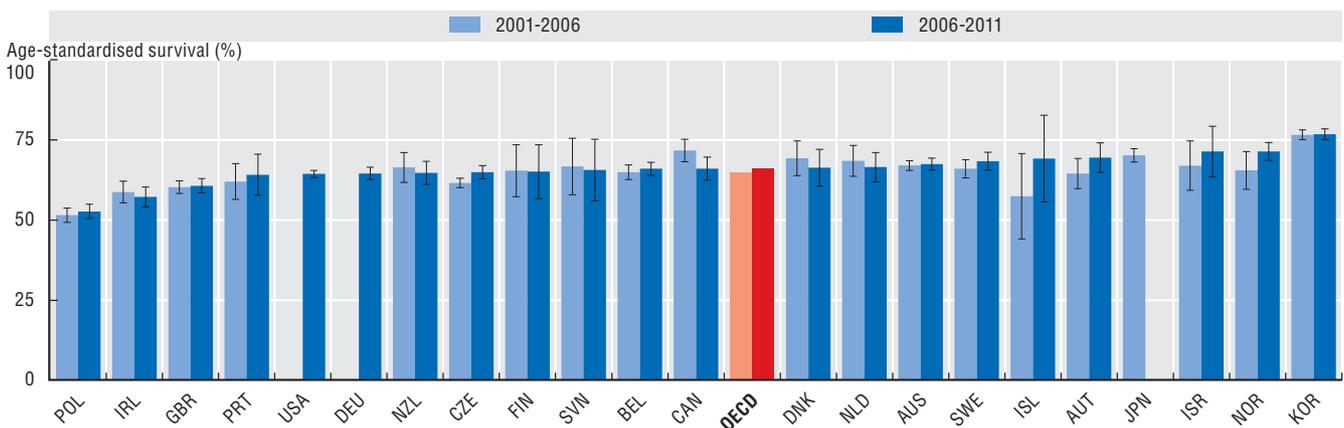
12.22. Reduction in admission-based (same hospital) case-fatality in adults aged 45 and over within 30 days after admission for AMI, 2001-11



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

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

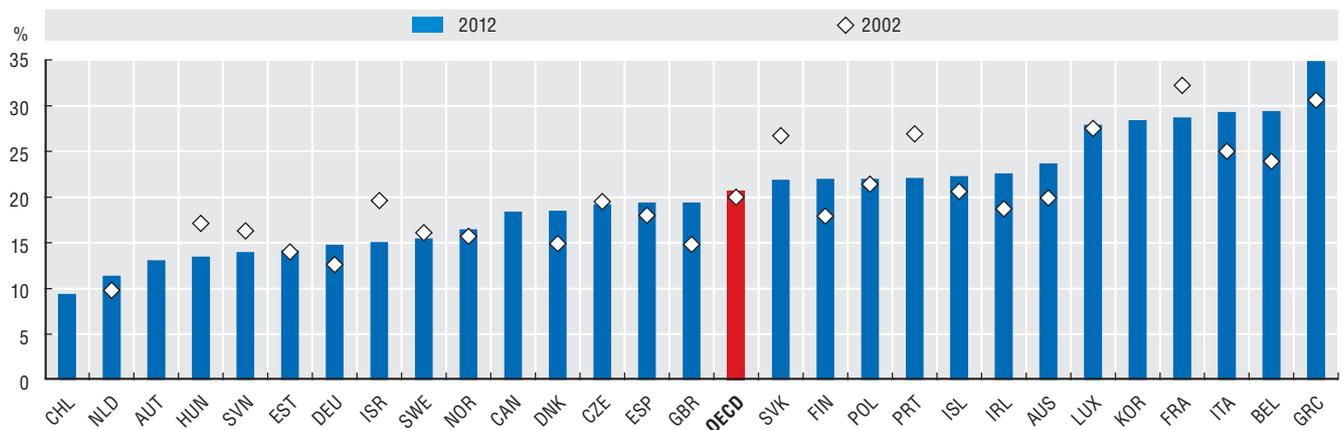
12.23. Cervical cancer five-year relative survival, 2001-06 and 2006-11



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

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

12.24. Overall volume of antibiotics prescribed, 2002 and 2012



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

StatLink <http://dx.doi.org/10.1787/888933249573>



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