

OP08.5

Transitional patient safety in the Netherlands: the TIPP study

Leida Reijnders, C Erkelens, M van Melle, J Poldervaart, N de Wit, D Zwart

Julius Center for Health Sciences and Primary Care, University Medical Center Utrecht, The Netherlands

Corresponding author: PhD Fellow Leida Reijnders, Julius Center for Health Sciences and Primary Care, UMC Utrecht, The Netherlands. E-mail: l.j.reijnders@umcutrecht.nl

Background and Aim: Patient transitions between general practice (GP) and hospital, e.g. referral, discharge, and simultaneous care by GP and outpatient clinic, are high-risk scenarios for patient safety. The TIPP (Transitional Incident Prevention Programme) study aims to improve transitional patient safety, using context related interventions based on the results of our quantitative and qualitative exploration of transitional patient safety in the Netherlands.

Methods: To understand transitional patient safety, we assessed transitional incidents from: (1) existing reporting systems, (2) prospective incident reporting survey study, (3) triangulated data from patient interviews and medical records. Patients' perspectives on transitional patient safety were evaluated by survey study and patient interviews. All mentioned assessments were performed in the Netherlands in 2 urban hospitals, 1 rural hospital and 69 of their referring GP practices.

Results: We collected 548 transitional incidents. Most incidents concerned: inadequate handoff information from hospital to GP (26%), inadequate referral information from GP to hospital (14%), problems in communication and collaboration (14%) and redundant testing (14%). In our survey study, we found that 191 of 372 patients (51%) reported to have recently experienced a transitional incident. These mostly comprised a lack of information exchange and communication between hospital and GP after a patient's transition. The patient interviews showed extensive differences in participation and suggested the necessity of different approaches for different types of patients to improve transitional patient safety.

Conclusion: Our findings formed a base to improve transitional patient safety and interventions were developed together with the participating health care professionals. Examples of these interventions are: (1) providing a platform to discuss safety issues, learn from incidents, and increase knowledge about each other's work processes, (2) transitional incident analysis committees in the two participating regions, (3) patient empowerment improvement using shared medical appointments and providing patient info cards.

Results of the TIPP study are to be expected in 2017.