



Summary

Date: 2023-02-23

Reference number: 3.1.1-2021-1028

RiR 2023:4

Mandatory reporting

– central government efforts to prevent
healthcare-related injuries and mistreatment in
health and social care for the elderly

Summary

Healthcare-related injuries and mistreatment lead to suffering for individuals and major costs for health and social care. Under the provisions on mandatory reporting (known as *lex Maria* and *lex Sarah*), providers of health and social care for the elderly shall investigate and rectify incidents that have, or could have resulted in a healthcare-related injury or mistreatment. The aim is to prevent similar incidents from happening again. The provisions also regulate the responsibility of providers towards the person who has suffered a healthcare-related injury or mistreatment. The State is to contribute to the achievement of the purpose of the provisions through standardisation, supervision, support and follow-up. The Swedish National Audit Office (Swedish NAO) has audited whether the central government measures are effective.

The Swedish NAO's overall conclusion is that central government measures are not effective in order for providers of health and social care for the elderly to prevent healthcare-related injuries and mistreatment and fulfil their responsibilities toward individuals within the scope of the mandatory reporting provisions. The Swedish NAO also assesses that the responsibility of the operations to inform individuals and their close relatives and give them the possibility to be involved in investigations should be expanded.

The audit shows that efforts to prevent healthcare-related injuries and mistreatment can be improved among providers of health and social care for the elderly. Healthcare-related injuries and mistreatment are not always detected, investigations into healthcare-related injuries and mistreatment have shortcomings and providers find it difficult to develop the right measures that lead to improvements. The National Board of Health and Welfare's regulations and general advice are used and generally provide good support to the providers. However, the support could be improved, for example in terms of support for investigations of healthcare-related injuries and mistreatment.

Healthcare-related injuries and mistreatment can be traumatic for the person affected as well as for their close relatives. Mistreatment may concern abuse, neglect and other causes of harm and healthcare-related injuries may lead to permanent physical injury or death. Individuals want to be listened to and receive confirmation that there were shortcomings present among the providers when they suffered a healthcare-related injury or mistreatment. At the same time, it is not mandatory for providers to inform individuals or their close relatives about mistreatment or to listen to them when healthcare-related injuries or mistreatment have occurred. According to the Swedish NAO, the providers' responsibility toward individuals and their close relatives should therefore be expanded.

The health and social care providers must report serious healthcare-related injuries and mistreatment to the Health and Social Care Inspectorate (IVO). IVO reviews providers' investigations of incidents that have led to a healthcare-related injury or mistreatment and examines whether they have taken measures to ensure that healthcare-related injuries and mistreatment do not occur again. The audit reveals some shortcomings in IVO's decisions and feedback to the health and social care providers in lex Maria and lex Sarah cases. This means that IVO does not always ensure compliance with the provisions to the degree that would be possible or contribute to learning. This can lead to providers not remedying shortcomings and healthcare-related injuries and mistreatment occurring again.

In order to safeguard the distinct function of lex Maria and lex Sarah among health and social care providers, IVO should improve the quality and equivalence in processing lex Maria and lex Sarah cases and develop feedback of information concerning what the providers can improve in their investigations. This can be done in dialogue with the providers during processing, in conjunction with a decision or via feedback after a decision has been taken. IVO should also collaborate more actively with the National Board of Health and Welfare. IVO is working on developing the processing of lex Maria and lex Sarah cases.

There is a lack of knowledge about the incidence of healthcare-related injuries and mistreatment in health and social care for the elderly. Knowledge is also lacking

concerning the costs of healthcare-related injuries and mistreatment. Thereby, there is a lack of basic prerequisites for assessing whether measures to prevent healthcare-related injuries and mistreatment produce results. The audit also shows that central government control via the national action plan for increased patient safety in Swedish health care has strengthened efforts to prevent healthcare-related injuries. However, work has not progressed as far in municipal as in regional health and social care; neither among municipalities nor at the National Board of Health and Welfare, and this should be given priority. Social care for the elderly does not have any coherent control to prevent mistreatment. Control and follow-up of the efforts to prevent healthcare-related injuries and mistreatment in health and social care of the elderly should be strengthened.

Recommendations

The Swedish NAO makes the following recommendations:

To the Government

- Strengthen national control of quality in care of the elderly with the aim of reducing the number of incidents of mistreatment, for example via a national action plan or equivalent.
- Take measures to strengthen the individual in the provisions on lex Maria and lex Sarah. Give the National Board of Health and Welfare expanded authorisation to set obligatory requirements to
 - provide close relatives with the possibility to describe their experience of an incident that led to a serious healthcare-related injury
 - inform individuals and close relatives in the event of mistreatment and give individuals and close relatives the possibility to describe their experience of an incident that led to a serious mistreatment.
- Task the National Board of Health and Welfare with developing support to health and social care providers concerning why and how the providers are to inform individuals and their close relatives and involve them in investigations of healthcare-related injuries and mistreatment.
- Task the National Board of Health and Welfare or another suitable government agency with
 - calculating the costs of healthcare-related injuries in health and social care of the elderly
 - calculating the costs of mistreatment in health and social care of the elderly.