



HAUTE AUTORITÉ DE SANTÉ

Summary of HAS Patient Safety Activities and Work according to WHO Global Patient Safety Action Plan Framework

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Table of contents

Introduction	3
HAS in brief	4
WHO Strategic Objective 1	5
1. Make zero avoidable harm to patients a state of mind and a rule of engagement in the planning and delivery of health care everywhere.	5
WHO Strategic Objective 2	7
2. Build high-reliability health systems and health organizations that protect patients daily from harm.	7
WHO Strategic Objective 3	8
3. Assure the safety of every clinical process	8
WHO Strategic Objective 4	10
4. Engage and empower patients and families to help and support the journey to safer health care.	10
WHO Strategic Objective 5	12
5. Inspire, educate, skill and protect every health worker to contribute to the design and delivery of safe care systems	12
WHO Strategic Objective 6	13
6. Ensure a constant flow of information and knowledge to drive mitigation of risk, a reduction in levels of avoidable harm and improvements in the safety of care.	13
WHO Strategic Objective 7	15
7. Develop and sustain multisectoral and multinational synergy, partnership, and solidarity to improve patient safety and quality of care.	15

Introduction

In this summary, HAS patient safety activities and work are classified using the WHO Global Patient Safety Action Plan Framework (2021-2030) to facilitate legibility between HAS' scope of action and the WHO strategic objectives:

- Strategic Objective 1: Make zero avoidable harm to patients a state of mind and a rule of engagement in the planning and delivery of health care everywhere.
- Strategic Objective 2: Build high-reliability health systems and health organizations that protect patients daily from harm.
- Strategic Objective 3: Assure the safety of every clinical process.
- Strategic Objective 4: Engage and empower patients and families to help and support the journey to safer health care.
- Strategic Objective 5: Inspire, educate, skill and protect every health worker to contribute to the design and delivery of safe care systems.
- Strategic Objective 6: Ensure a constant flow of information and knowledge to drive mitigation of risk, a reduction in levels of avoidable harm and improvements in the safety of care.
- Strategic Objective 7: Develop and sustain multisectoral and multinational synergy, partnership and solidarity to improve patient safety and quality of care.

Please note regarding this working document:

The lists of HAS patient safety actions drawn up in this document are intended to provide a general overview, without necessarily being exhaustive.

The associations made between the HAS patient safety actions and the WHO strategic objectives are merely suggestive. Indeed, there were instances where an activity or publication could figure under another category.

Various hyperlinks have been included directly in the text to facilitate access to documents published on the HAS website, even when the documents are only available in French. Links have been provided to the English version of publications when available.

HAS in brief

The HAS (the French National Authority for Health) is a public consultative body providing independent scientific advice that aims to improve quality in the healthcare, social and medico-social sectors, for the benefit of the population. The HAS collaborates with public authorities to inform policy decisions and with health care professionals to optimize practices, organizations, and services. It equally ensures a patient-focused approach to reinforce decision-making capacity for users.

In April 2018, the HAS's authority was expanded to include the missions of the French National Agency for Social and Medico-Social Institutions and Services.

The HAS is driven by three missions:

- **Assess** medicinal products, medical devices, and procedures for inclusion on the national list of reimbursed products and services.
- **Recommend** best practices for health care and allied health professionals and elaborate public health guidelines.
- **Measure and improve** the quality of care delivered in health and social care organizations, as well as office-based settings.

The HAS performs its activities in compliance with three values: scientific rigor, independence, and transparency. It cooperates with concerned stakeholders in a transparent, concerted effort to ensure a broad and transversal approach to quality. In serving both individual and collective interests, the HAS promotes solidarity and equity in the access to care – core components of the French health system.

Created by the Health Insurance Act of August 13th, 2004, the HAS is organized around:

- A board of eight members preside by a chairman.
- Specialist committees chaired by the Board members.
- Departments spread among five operational directorates.

The Board is responsible for the strategic direction, planning and implementation of the tasks entrusted to the HAS. In 2022, the HAS operated with a budget of €71,87M, 434 employees and 1638 external experts.

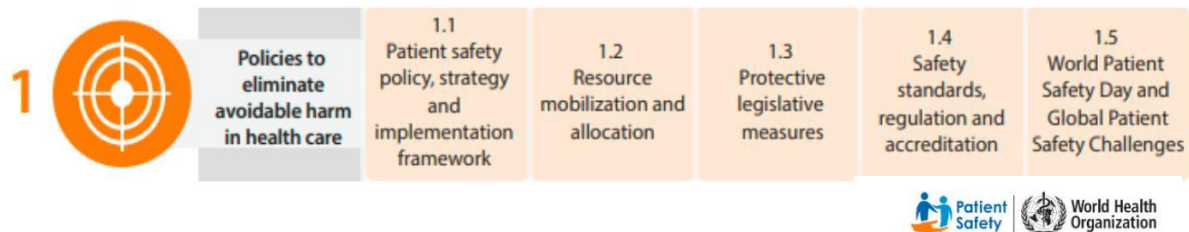
The six pillars of HAS' Strategic Plan 2019-2024

1. Innovation as a driving force for HAS, supporting its safe access.
2. Public involvement as a priority.
3. Promote efficient health and well-being pathways.
4. Better integrate relevance and patient-reported outcome measures in the evaluation process of health care and support services.
5. Strengthen HAS efficiency.
6. Strengthen HAS international influence and presence.

For more information on the HAS activities, you can consult the [HAS Annual Report](#) (in French).

WHO Strategic Objective 1

1 Make zero avoidable harm to patients a state of mind and a rule of engagement in the planning and delivery of health care everywhere.



Actions taken by the HAS

- 1.1 Elaborated guides on how to implement [risk management in hospitals](#), [medical simulation](#), [hospital medication reconciliation program](#) and [report a care-related personal injury](#) (in French).
- 1.1 Published [a risk management guide](#) to optimize and support the setting-up of [a](#) cooperation for health professionals (in French).
- 1.1 Designed and piloted a voluntary two-year national program for the continuous improvement of teamwork in hospitals with the goal of improving communication and cooperation between health professionals – both in inpatient or outpatient care ([PACTE project](#)).
- 1.1 Developed a [national reference framework on the evaluation of the quality of social services and social health structures](#) in collaboration with actors and users of the system. The framework is intended to ensure independence of evaluation bodies but also guide establishments in performing their own auto-evaluation. A total of nine thematic objectives have been identified to ensure the quality of this sector, which are articulated around users, professionals, establishments and services (in French).
- 1.1 Developed [the national reference framework to help evaluate and certify health industries promotion practices](#) (in French) : content, contacts organization, gifts. The framework published is accompanied by a report that presents the [methodology](#) used and by [a four years analysis of important points](#). This framework concerned only drugs, the HAS have to date with plans to extend the reference criteria to medical devices and [other health products](#).
- 1.1 The HAS also issued a [systematic literature review](#) regarding the possible policies the legislative authorities could implement to lower the influence of health products promotion practices, in France and by the world, and some [additional guides and tools](#) for hospitals, professionals, students and teachers (in French).
- 1.1 Published a comprehensive report on [the determinants of quality and safety of care in hospitals](#) (in French).

- 1.2** Provides free access, both nationally and internationally, to all productions, methodologies and standards via its website ([French](#)). Translations are provided for a large selection of publications ([English](#)).
- 1.4** Develops and oversees the [hospital certification program](#) to improve quality and safety of care. France requires an [independent certification procedure](#) for all public and private hospitals. The program has over 20 years of existence. Assessment is conducted every 4 years by professional peers appointed by HAS surveyors.

Three of the [15 objectives identified in the most recent certification manual](#) relate specifically, to risk assessment issues, further defined by specific criteria:

- Care teams are expected to control risks associated with their practice (22 criteria).
- Hospitals are expected to adopt an operational response suited to the risks it may face (5 criteria).
- Hospitals are expected to actively engage in the continuous improvement of the quality of care (6 criteria).

WHO Strategic Objective 2

2. Build high-reliability health systems and health organizations that protect patients daily from harm.



Actions taken by the HAS

- 2.1 & 2.3** Developed [five guides and tools \(in French\)](#) in collaboration with the Federation of Regional and Territorial Organizations for the Improvement of Health Practices (FORAP), to implement and measure a safety culture, and set up actions for continuous improvement.
- 2.3** Developed a guide [on safety walk-around \(in French\)](#) : a one-hour discussion on patient safety between a management team and medical unit. The aim of this approach is to identify problems encountered directly on the field that may benefit from a shared action plan.
- 2.3 to 2.5** Developed a guide on [improving the quality and safety of the medical emergency service \(in French\)](#). The two-part guide, which covers both processes and evaluation, is intended for professionals, governance and management structures of health facilities and user representatives.
- 2.5** Developed a guide intended primarily for the emergency specialist on call to optimize [patient management in emergency care \(in French\)](#). The guide serves to reinforce safety, continuity and quality of care during emergency care situations and avoid inappropriate hospitalization. It is an aid to ensure safe patient discharge and return home through proper transmission of care information.
- 2.5** Developed [tools to meet specific challenges of the Covid crisis \(in French\)](#) : improve the integration of new members, communication and management of teams in times of crisis.

WHO Strategic Objective 3

3. Assure the safety of every clinical process



Actions taken by the HAS

- 3.1 to 3.5** Developed a [mandatory general surgical safety checklist](#) (also in [English](#)) and promote the use of [specialized](#) and/or [personalized](#) checklists.
- 3.1 & 3.5** Elaborates or endorses “[Patient Safety Solutions](#)” based on the feedback from the care related adverse events reporting system of the accreditation process of doctors and medical teams
- 3.3¹** Promotes best practice guidelines on the use of selective reporting of antibiotic susceptibility testing and facilitate the integration of these recommendations into laboratory software. Explore with professional organizations other possible uses of selective reporting of antibiotic susceptibility testing (timescale: 2022-2023).
- 3.3¹** Makes available relevant indicators for different health actors (authorities, professionals) to guide national, regional, and local strategy on infection prevention and control, antibiotic stewardship, and the sharing of available data and indicators Example (in French) : [Influenza vaccination monitoring for hospital staff](#).
- 3.3¹** Implements a consolidated version of an [indicator on the use of sanitizing solutions in hospitals](#) (in French)
- 3.3¹** Develops an [indicator to assess how patients perceive hand hygiene](#) and exploring the levers for routine collection (timescale: 2022-2023).
- 3.3¹** Continues to develop and promote the use of HAS information reminders promoting [short durations of antibiotic treatment](#) (timescale: 2022-2023).
- 3.4** Developed guides on risk-prone task interruptions during [anesthetic practice](#) and [drug administration](#) to provide support in carrying out a diagnostic audit, and recommend prevention and recovery barriers (in French).
- 3.4** Developed recommendations on [home-use medication risk management](#) (in French). The documents highlight the various stages of the medication circuit (from prescription to administration), identifies risk factors, and measures to put into place for patients and professionals.

¹ HAS actions related to WHO strategic objective 3.3: in collaboration with national health agencies, professional organizations, health facilities and the French Ministry of Health ([National strategy for preventing infections and antibiotic resistance 2022-2025](#)).

- 3.4 Developed a [guide regarding the safety of self-administration of medications during patient hospitalization](#) (in French).

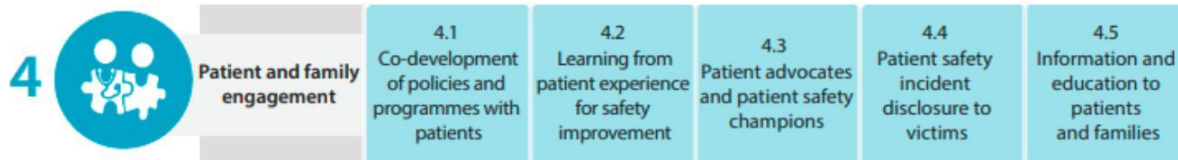
HAS Resources and Publications

« Patient Safety Solutions »

- [Fixation bias in healthcare. How to see the light at the end of the tunnel?](#)
- ["No Go" in the operating theatre. How to reinforce safety barriers](#)
- [Managing risks associated with electrosurgical devices.](#)
- [Securing the circuit of a sample collected in the operating room.](#)
- [How can we reduce the risks associated with the creation of a pneumoperitoneum in digestive surgery?](#)
- [Cooperation between anesthetists-resuscitation specialists and surgeons : Working better as a team](#)
- [What actions to take when finding moisture in boxes of sterile instruments after patient incision](#)
- [How to avoid confusion between antiseptic and injectable anesthetics](#)
- [How to reduce wrong-site skin lesion excision](#)
- [Complete the "equipment" checklist 48 hours before any scheduled intervention](#) (in French)
- [Precautions to take when implanting a cemented hip prosthesis stem](#) (in French)
- [Coordination between emergency services and orthopedic and trauma surgery services](#)

WHO Strategic Objective 4

4. Engage and empower patients and families to help and support the journey to safer health care.



Actions taken by the HAS

- 4.1** Co-developed with patient representatives a [tool to improve professional practices and reduce adverse events](#) (in French) as part of the PACTE Program – a continuous improvement of teamwork program and published documentation.
- 4.1** Produced a [guide](#) to help user representatives to work with the HAS.
- 4.1 & 4.2** Published [a guide](#) which summarizes the various ways users and the HAS collaborate
- 4.1 & 4.3** Elaborated [a recommendation](#) to support and encourage user involvement in the social, medico-social and health sectors.
- 4.1 & 4.3** Publishes [documentation relative to patient safety especially destined to health system users](#). For example: - [Preventing opioid overdose](#). - [Self-administration of medications during hospitalization](#) (in French).
- 4.1 & 4.3** Contributed to a task group on the [involvement of patient and consumer in European joint health technology assessment reports](#) in EUnetHTA Joint Action 3.
- 4.1 & 4.5** Patient and family considerations are included as part of the first chapter of the hospital certification manual/standard. The chapter covers topics such as patient understanding, compliance to care and participation across stages of care:
 - patient informed and involvement sought (17 criteria), patient respect (8 criteria), involvement of family and/or caregivers in the implementation of the care project with patient consent (3 criteria), living conditions and social ties are considered as part of care plan (6 criteria).
- 4.1 & 4.5** Created in 2019 a Patient and User Involvement Unit and dedicated committee to facilitate the systematic integration of patient and user perspective in HAS' methods and productions.
- 4.1 & 4.5** Redirects users towards mediators and actionable solutions when contacted with safety concerns (written request or claim).
- 4.3 to 4.5** Develops and provides tools to improve communication between patients and health professionals (see below).
- 4.4** Elaborated a document intended for patient use to gather the [patient's perspective in the case of an occurrence of an adverse event associated with care](#).

- 4.5 Makes publicly available [results from the various patient quality and safety related-programs](#) (indicators and hospital certification) (in French).

HAS Resources and Publications

- [«Teach-back » tool](#)
- Guides for [shared decision-making](#)
- Brochures « [Dare to talk to your doctor »](#) and « [Talking to your pharmacist »](#)
- [Collaboration between patients and the HAS](#)

WHO Strategic Objective 5

5. Inspire, educate, skill and protect every health worker to contribute to the design and delivery of safe care systems



Actions taken by the HAS

5.1 Developed a series of documents entitled [“Focus on Patient Safety”](#), based on cases that denote unique pedagogical aspects and interest. Cases are equally selected for the quality of the analysis in the care related adverse events feedback system database (See Strategic Objective 6).

An example of a planned Focus on Patient Safety will be on the sharing of exemplary/significant experiences to improve catheter related infections prevention practices (timeline: 2023-2024) ²

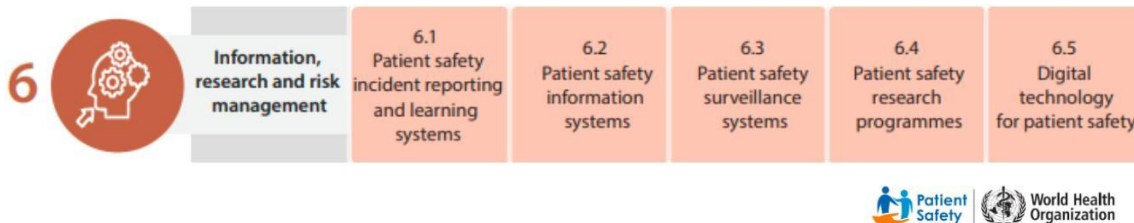
5.1 Developed tools (teaching sheets, training videos) to facilitate communication between professionals, such as [SAED \(Situation – Medical History – Evaluation –Demand\)](#) or the [Briefing-Debriefing method \(in French\)](#).

5.4 Develops and oversees the [accreditation process of doctors and medical teams](#) to improve quality of clinical practice and patient safety, by reducing number and severity of care-related adverse events.

² HAS action related to WHO strategic objective 5.1: in collaboration with national health agencies, professional organizations, health facilities and the French Ministry of Health ([National strategy for preventing infections and antibiotic resistance 2022-2025](#)).

WHO Strategic Objective 6

6. Ensure a constant flow of information and knowledge to drive mitigation of risk, a reduction in levels of avoidable harm and improvements in the safety of care.



Actions taken by the HAS

- 6.1 & 6.2** Developed a [national reference framework on the evaluation of situations constituting a danger or risk of danger to children](#) and intended for all professionals involved in child protection.
- 6.1 to 6.3** Develops tools to improve the analysis of care-related adverse events in hospital, ambulatory and social care settings (videos, guides, monitoring sheets, etc.): [guide](#) (in French), [Morbidity and Mortality Ground Rounds](#) (in French), [ALARM grid](#) to improve root cause analysis of adverse events (in French).
- 6.1 to 6.3** Provides a framework for the two care-related adverse events reporting systems in France:
- [accreditation process of doctors and medical teams](#) (see objective 5)
 - [mandatory reporting of serious adverse events](#) in health care institutions, in ambulatory care and in the medico-social sector since 2016.
- 6.2** Develops [healthcare quality and safety indicators \(QSI\)](#). For example, the HAS is developing patient safety indicators (PSI4) to [measure the recovery of 5 post-surgical complications](#) (in French).
- 6.2** Defined surgery [vigilance indicators and methods for implementation](#) to improve patient safety and quality of care (in French).
- 6.4** Develops Clinical Practice Guidelines, which are designed to improve patient management. These guidelines address several clinical objectives, of which include patient safety and risk management. Two examples include: [proper use of opioid medications](#) and [diagnosis and management of children following button battery ingestion](#) (in French).
- 6.4** Takes into consideration patient safety aspects in health technology assessments (procedures, medicines, medical devices, public health programs), particularly when alerts are received by health authorities (example: [anastomosis gastric bypass surgery](#)).
- Assessments may be undertaken specifically to address the potential danger of esthetic procedures by identifying areas of risk ([article L.1151-3](#) may prohibit such procedures

following HAS' recommendation). Examples include: [cryolipolysis](#) and [mesotherapy practices](#).

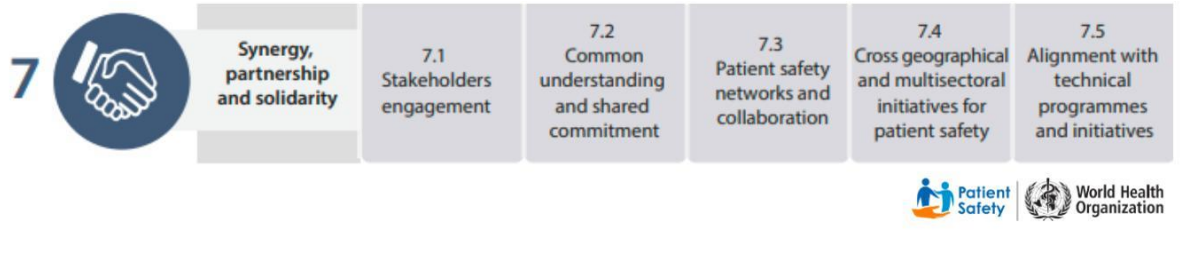
Some assessments are undertaken specifically to define a necessary framework for practices and procedures that carry a risk for misuse or unjustified expenses ([article L.1151- 1](#)). Examples include: [artificial iris](#) (in French).

- 6.5** Develops recommendations, guides and tools on quality and safety considerations as they relate to various modalities of care used in telehealth to promote best practices and ensure high-quality virtual care systems (in French): [Telecare quality and safety: eligibility criteria and best practices for implementation, Management and safety considerations for a telemedicine project, Teleconsultation and telecare, Tele-imaging : good practice guide](#)
- 6.5³** Improves the appropriateness of antibiotic prescriptions. This includes making it easier for prescribers to follow existing recommendations by establishing specifications for a clinical decision-making support system (framework note in progress) that optimize practices (e.g., developing and promoting digital tools, encouraging antibiotic stewardship) (timescale: 2022).
- 6.5** Develops [certification frameworks and software procedure guides for drug prescription and dispensing](#) (in French).

³ HAS actions related to WHO strategic objective 6.5: in collaboration with national health agencies, professional organizations, health facilities and the French Ministry of Health ([National strategy for preventing infections and antibiotic resistance 2022-2025](#)).

WHO Strategic Objective 7

7. Develop and sustain multisectoral and multinational synergy, partnership, and solidarity to improve patient safety and quality of care.



Actions taken by the HAS

- 7.1⁴** Explores incentive schemes between public authorities, industry players and academics that facilitate innovative products and technologies for preventing infections and combatting antibiotic resistance being brought to penetrate and remain on the market.
- 7.1 & 7.5** Contributes to the [OECD Health Care Quality and Outcomes Indicators](#) initiative, dataset, and collection process, which include indicators on patient safety.
- 7.1 & 7.5** Contributes to knowledge sharing and capacity building by actively participating in professional networks, associated governance structures and working groups ([EUnetHTA](#), [HTAi](#), [ISQua](#)⁵, [ISPOR](#), [GIN](#)), which includes attending annual international conferences on HTA and quality and safety of care. The work undertaken by these networks invariably covers patient involvement and safety considerations – all of which relate to WHO strategic objectives 4 and 6 (for example: [Patient and Citizen Involvement Interest Group](#) for HTAi and [Patient Engagement in HEOR](#) for ISPOR).
- 7.1 & 7.5** Represents ISQua (as board member) at the WHO on subjects relative to patient safety.
- 7.1 & 7.5** Participates in [ISQua's International Accreditation Program](#)⁶ as an ISQua peer review assessor to deliver [external evaluation services](#) (since 2000).
- Examples of on-site accreditations of organizations: Nederlands Instituut voor Accreditatie in de Zorg (NIAZ), Institut for Kvalite og Akkreditering I Sundhedvaeenest (IKAS) in Danemark, Accreditation Canada, Joint Commission of Taiwan (JCT), Healthcare Accreditation Council (HCAC) in Jordany, Healthcare Accreditation Institute (HAI) in Thailand and Global Mark in Australia.

⁴ HAS action related to WHO strategic objective 7.1: in collaboration with national health agencies, professional organizations, health facilities and the French Ministry of Health ([national strategy for preventing infections and antibiotic resistance 2022-2025 .pdf](#)).

⁵ On HAS' 20 years of institutional membership with ISQua.

⁶ ISQua's [Internal Accreditation Program](#) is today now known as [The International Society for Quality in Health Care External Evaluation Association](#) (IEEA).

- Examples of accreditation of written standards: Hospital standards (Malaysian Society for Quality in Health), Residential aged care accreditation schemes standards (Hong Kong association of gerontology), validation review (Council for Health Service Accreditation of Southern Africa).

7.5

Elaborated [a guide, videos, and surveys](#) (in French) in connection with the High5s international project, to encourage the use of surgical markings in reducing site or procedural errors.

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