



Special Eurobarometer 411

PATIENT SAFETY AND QUALITY OF CARE

SUMMARY

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http://ec.europa.eu/public_opinion/index_en.htm

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Special Eurobarometer 411

Patient Safety and Quality of Care

Conducted by TNS Opinion & Social at the request of
the European Commission, Directorate-General for Health and
Consumers (DG SANCO)

Survey co-ordinated by the European Commission,
Directorate-General for Communication
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Eurobarometer" Unit)

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INTRODUCTION

The safety of patients receiving healthcare, including the probability of contracting healthcare-associated infections, is a serious concern for the European Union.

It is estimated that 8-12% of patients admitted to hospital in the EU suffer from adverse events, such as healthcare-associated infections (which account for approximately 25% of adverse events); medication-related errors; surgical errors; medical device failures; errors in diagnosis; and failure to act on the results of tests¹.

On any given day one in 18 patients in European hospitals have at least one healthcare-associated infection². Every year an estimated 4.1 million patients acquire a healthcare-associated infection in the EU, and at least 37,000 die as a result. Furthermore it is estimated that 20-30% of healthcare-associated infections can be prevented by intensive hygiene and control programmes³.

These are not only public health issues, but also represent a significant economic burden. Recognising that a high proportion of adverse events are preventable, and have their roots in systemic issues, in 2009 the Council of the European Union adopted a series of recommendations regarding measures designed to improve patient safety in general and the prevention and control of healthcare-associated infections (HAIs) in particular⁴. The Recommendation complements other EU initiatives, such as the directive 2011/24/EU on the application of patients' rights in cross-border healthcare, which seeks to clarify patients' rights in another EU Member State.

The Commission is monitoring the progress of the implementation of the Recommendation and in November 2012 published a report assessing progress at Member State and EU level.⁵

Most Member States have taken a variety of actions as envisaged by the Recommendation. Most Member States have embedded general patient safety as a priority in public health policies and designated a competent authority with responsibility in this area. Almost all countries have implemented a combination of actions to prevent and control healthcare-associated infections (HAI), in most cases as part of a national/regional strategy and/or action plan.

Nevertheless, there are still a number of areas of the Recommendation with considerable room for improvement, mainly with regard to empowering patients, i.e. providing them with information about patient safety measures, the right to informed consent, complaint procedures and redress mechanisms. The Commission will publish a second implementation report in 2014.

¹ http://ec.europa.eu/health/patient_safety/policy/index_en.htm

² <http://www.ecdc.europa.eu/en/press/Press%20Releases/press-release-healthcare-associated-infections-antimicrobial-use-.pdf>

³ http://www.ecdc.europa.eu/en/healthtopics/healthcare-associated_infections/pages/index.aspx

⁴ http://ec.europa.eu/health/patient_safety/docs/council_2009_en.pdf

⁵ http://ec.europa.eu/health/patient_safety/docs/council_2009_report_en.pdf

The objective of this survey is to review changes that have occurred since the previous survey in September-October 2009⁶, when the Recommendation was adopted, in the following areas⁷:

- whether EU citizens are now better informed about patient safety measures;
- the likelihood of experiencing an adverse event, and the circumstances and characteristics of this experience;
- the types of redress available if EU citizens suffer an adverse event in their own country or another Member State, and where they can turn for help;
- EU public perceptions of the quality of healthcare.

In addition, this survey also asks about EU citizens' experience of hospitalisation and/or long-term care, and whether they receive information on the risk of healthcare-associated infections.

⁶ http://ec.europa.eu/public_opinion/archives/ebs/ebs_327_en.pdf

⁷ Analysis of trend results at EU level for 2013-2009 takes into consideration the EU28 and EU27 averages respectively. Croatia is not included in any trend analysis, as this is the first year in which it has been included in the study.

This survey was carried out by TNS Opinion & Social network in the 28 Member States of the European Union between 23 November and 2 December 2013. 27,919 respondents from different social and demographic groups were interviewed face-to-face at home in their mother tongue on behalf of the European Commission.

The methodology used is that of Eurobarometer surveys as carried out by the Directorate-General for Communication ("Strategy, Corporate Communication Actions and Eurobarometer" Unit)⁸. A technical note on the manner in which interviews were conducted by the Institutes within the TNS Opinion & Social network is appended as an annex to this summary. Also included are the interview methods and confidence intervals⁹.

Note: In this summary, countries are referred to by their official abbreviation. The abbreviations used in this summary correspond to:

ABBREVIATIONS

BE	Belgium	LT	Lithuania
BG	Bulgaria	LU	Luxembourg
CZ	Czech Republic	HU	Hungary
DK	Denmark	MT	Malta
DE	Germany	NL	The Netherlands
EE	Estonia	AT	Austria
IE	Ireland	PL	Poland
EL	Greece	PT	Portugal
ES	Spain	RO	Romania
FR	France	SI	Slovenia
HR	Croatia	SK	Slovakia
IT	Italy	FI	Finland
CY	Republic of Cyprus*	SE	Sweden
LV	Latvia	UK	The United Kingdom
		EU28	European Union – 28 Member States
		EU15	BE, DK, DE, IE, EL, ES, FR, IT, LU, NL, AT, PT, FI, SE, UK**
		NMS13	BG, CZ, EE, HR, CY, LV, LT, HU, MT, PL, RO, SI, SK***

* Cyprus as a whole is one of the 28 European Union Member States. However, the 'acquis communautaire' has been suspended in the part of the country which is not controlled by the government of the Republic of Cyprus. For practical reasons, only the interviews carried out in the part of the country controlled by the government of the Republic of Cyprus are included in the 'CY' category and in the EU28 average.

** EU15 refers to the 15 countries forming the European Union before the enlargements of 2004, 2007 and 2013.

*** The NMS13 are the 13 'new Member States' which joined the European Union during the 2004, 2007 and 2013 enlargements.

* * * * *

We wish to thank the people throughout Europe who have given their time to take part in this survey. Without their active participation, this study would not have been possible.

⁸ http://ec.europa.eu/public_opinion/index_en.htm

⁹ The results tables are included in the annex. It should be noted that the total of the percentages in the tables of this summary may exceed 100% when the respondent was able to give several answers to the question.

EXECUTIVE SUMMARY

Perceptions of and information about the quality of healthcare

- A majority of EU citizens (71%) say the overall quality of healthcare in their country is good. However, there are still considerable differences between countries. In general respondents in western and northern areas are the most positive about the quality of healthcare in their country.
- A third of respondents (34%) think the quality of healthcare in their country is better than that of other Member States, 27% think it is the same, and 25% think it is worse. Respondents in most northern and western European countries are more likely to rate their own country's healthcare as better.
- Well-trained staff (53%) and treatment that works (40%) are the main criteria for high quality healthcare. The three main sources of information on healthcare quality are general practitioners (GPs) or other doctors or specialists (57%), family or friends (41%) and social media or Internet forums (26%). When assessing the quality of a particular hospital EU citizens are most likely to take general reputation (38%) and the opinion of other patients (31%) into account.

Perceived likelihood of being harmed by healthcare services

- Just over half (53%) of all EU citizens think it is likely patients could be harmed by hospital care in their country. However, there is a wide variation in opinion across countries, from 82% of respondents in Cyprus to 21% of those in Austria.
- Half of all respondents (50%, +4 percentage points) think it is likely that patients could be harmed by non-hospital healthcare in their country - slightly fewer than in the case of hospital care.

Experience of adverse events

- As in 2009, just over a quarter of respondents have experienced an adverse event while receiving healthcare – either personally or affecting a family member (27%, +1 percentage point). Respondents living in northern and western areas of the EU are more likely to say they or a family member have experienced such an event.
- Almost all of these events have occurred in the respondent's own country (97%). Respondents in Austria, Italy and Luxembourg are more likely to say the adverse event occurred in another EU country (11%-12% compared with 2% at EU level).
- There has also been a significant increase in the proportion of adverse events that are reported – rising from 28% in 2009 to 46% in the current survey. At the national level there have been even more dramatic changes, for instance in France (+61 percentage points), Spain (+40) and Luxembourg (+32).

- Despite this increase, the most likely outcome of reporting an adverse event was that nothing happened (37%). Only one in five received an apology from the doctor or nurse (20%), while 17% said an explanation for the error was provided by the healthcare facility.
- Adverse events are usually reported to a doctor, nurse or pharmacist (52%, +11 percentage points) or to hospital management (45%). Respondents are less likely to report incidents to the competent national bodies, such as regional or local authorities (6%), national patient safety agencies (4%) or health ministries (3%).

Information on patient safety

- In the last 12 months, 17% of respondents or their family members have been hospitalised, while 4% have been admitted to a long-term care facility. Only 39% of respondents in this group received information on the risk of healthcare-associated infection – and these respondents are most likely to live in western and northern areas of the EU.
- Information on healthcare-related infection is by far most likely to come from hospital staff (65%). General practitioners or other doctors are the next source, mentioned by just over a quarter of respondents (28%).
- More than one-third of respondents (38%) say they or a family member have had a surgical procedure in the last three years. Of this group of respondents, 68% say they were always asked for written consent beforehand, 6% were sometimes asked, but 15% were never asked.
- There is greater awareness of who is responsible for patient safety than in 2009. Awareness has improved in all countries (as evidenced by a decline in "don't know" answers, in some cases by almost 40 percentage points). Respondents are most likely to mention the ministry of health, or hospitals/health centres/clinics/doctors/pharmacists, in much higher proportions than in 2009 (55%, +23 percentage points and 53%, +26).

Awareness regarding redress in own country or another Member State

- Respondents expect similar means of redress to be offered in their own country and in another Member State, although they are less likely to be sure of what form of redress would be available in another Member State.
- At least half of all respondents say that, in their home country, they would be entitled to an investigation into the case (52%) or to financial compensation (50%). These are also the two most mentioned forms of redress for an incident that occurred in another Member State (47% and 45% respectively).

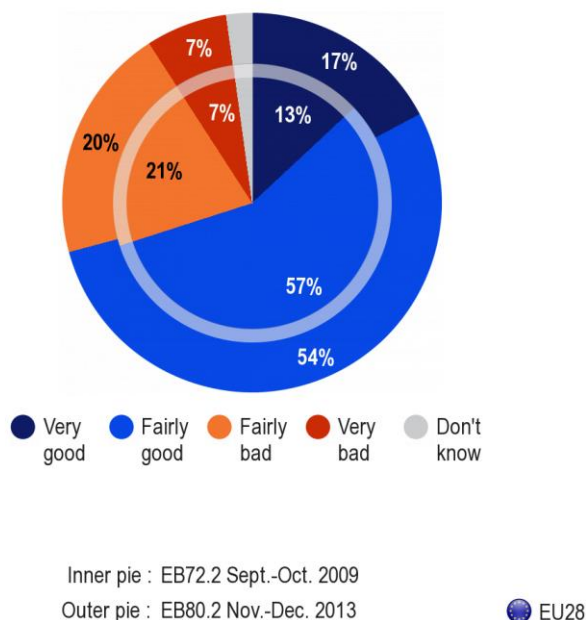
- Lawyers are still the most mentioned source of help when seeking redress for healthcare-related harm in one's own country (48%, no change since 2009), followed by hospital management (39%, +2 percentage points). Respondents are more likely to say they could seek help from patient or consumer organisations or other NGOs than they were in 2009 (29%, +8). However, respondents in a majority of Member States (18 out of 28) are now less likely to say they could seek help from a national patient safety organisation (for example, a decrease of 14 percentage points in Slovenia).
- Embassies (36%, -5 percentage points) and lawyers in the home country (35%) are the most likely sources of help with redress mentioned in the event of incidents in another Member State.

I. PERCEPTIONS OF AND INFORMATION ABOUT THE QUALITY OF HEALTHCARE

This summary will first consider public perceptions of the quality of healthcare, both within the respondents’ own country and in comparison with other Member States. The criteria that EU citizens think the most important for high quality healthcare are also discussed. Finally, the types of information EU citizens use to assess the quality of a hospital are reviewed, along with the sources of information that are most useful in judging the quality of healthcare.

1. OVERALL QUALITY OF HEALTHCARE AT NATIONAL LEVEL






























QC2. How would you evaluate the overall quality of healthcare in (OUR COUNTRY)?



Although the majority of EU citizens (71%) say the overall quality of healthcare in their country is good, this masks wide differences between countries. There has been little change since the last survey in 2009 when 70% said overall healthcare quality in their country was good, and 28% said it was bad.

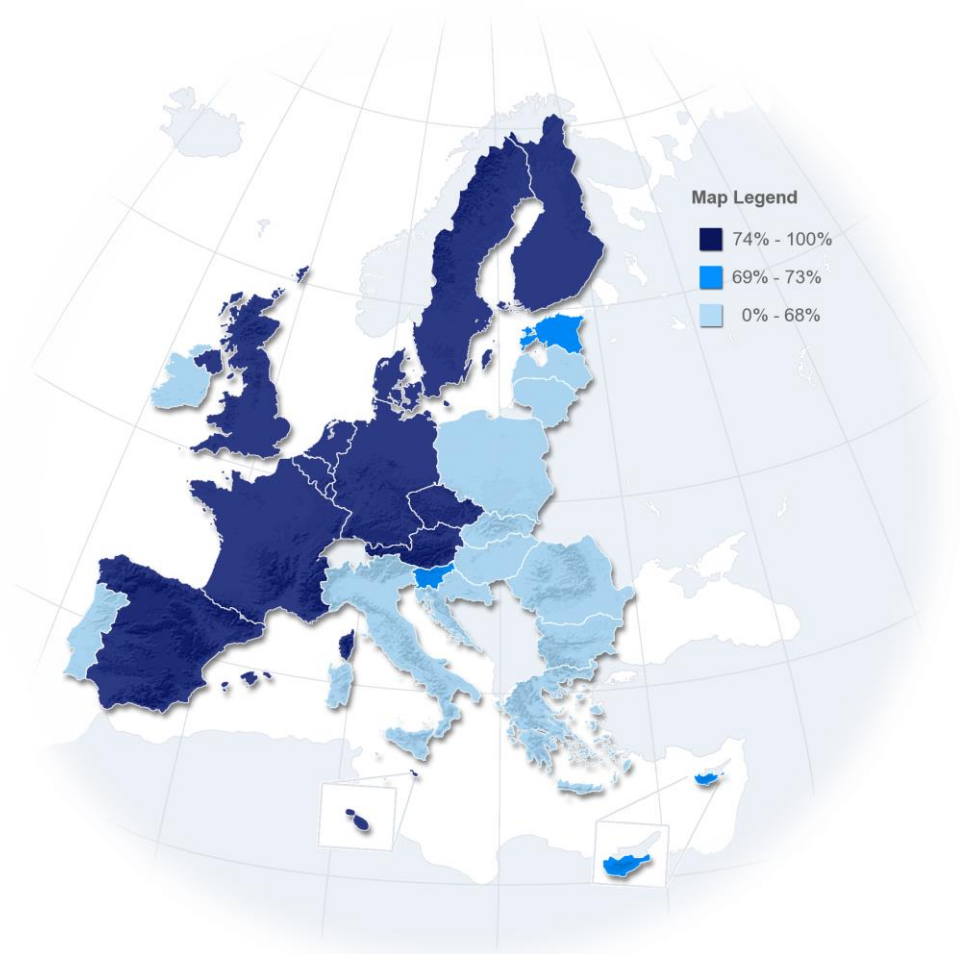
In general respondents in western and northern areas are the most positive about the quality of healthcare in their country. Almost all respondents in Belgium (97%), Austria (96%), Malta and Finland (both

94%) say overall healthcare quality in their country is good. At the other end of the scale only around a quarter of respondents in Romania (25%) and in Greece (26%) say healthcare quality in their country is good.

 BE	97%
 AT	96%
 MT	94%
 FI	94%
 NL	91%
 LU	90%
 DE	90%
 FR	88%
 DK	87%
 SE	86%
 UK	85%
 CZ	78%
 ES	77%
 SI	73%
 EE	73%
 CY	73%
 EU	71%
 LT	65%
 IE	62%
 HR	59%
 IT	56%
 PT	55%
 SK	50%
 LV	47%
 HU	47%
 PL	32%
 BG	29%
 EL	26%
 RO	25%

Question: QC2. How would you evaluate the overall quality of healthcare in (OUR COUNTRY)?

Answers: Total 'Good'

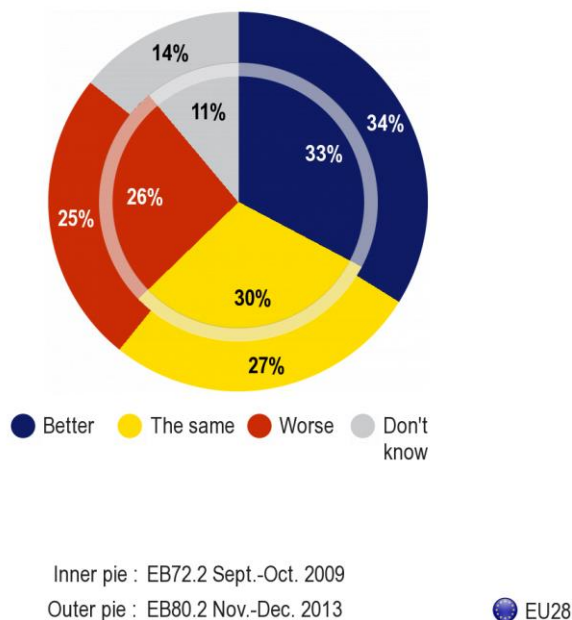


Since the last report in 2009 there have been some large shifts in opinion within countries. In the last survey a minority of respondents in Lithuania said the overall quality of healthcare in their country was good (40%); however this proportion has increased by 25 percentage points to 65% in the current survey. Respondents in Hungary (+19), Portugal and Malta (both +13) are also now considerably more likely to be positive about the overall quality of healthcare in their respective countries.

Socio-demographic analysis shows that the older the respondents, the more likely they are to say the quality of healthcare in their country is good. The same is true of respondents with higher education levels and those with fewer financial difficulties. For instance, 77% of respondents who (almost) never have difficulties paying their bills say that the quality of healthcare in their country is good compared with 58% of respondents who have difficulties paying their bills most of the time.

2. QUALITY OF HEALTHCARE AT NATIONAL LEVEL COMPARED WITH OTHER EU MEMBER STATES

QC3. Based on what you know, do you think that the quality of healthcare in (OUR COUNTRY) compared to other EU Member States is ...?



Opinion is divided when respondents compare the quality of healthcare in their own country with that of other Member States: 34% think the quality of healthcare in their country is better, 27% think it is the same, and 25% think it is worse.

Again, these results have changed little since 2009.

Results per country illustrate a similar trend to that found for the previous question concerning the overall quality of healthcare. Respondents in most northern and western European countries are more

likely to rate their own country's healthcare as better than in other EU Member States. In most southern and eastern European countries fewer than 30% say the same.

At least six out of ten respondents in Belgium (67%), Germany (61%) and Austria (60%) say healthcare quality in their country is better than in other Member States, as do at least half of all respondents in the Netherlands (55%), France (54%) and Finland (51%).

Respondents in the Czech Republic (49%), Malta (45%) and Estonia (43%) are the most likely to say the quality of healthcare in their country is the same as that of other Member States.

Respondents in Romania (78%), Greece (73%) and Bulgaria (72%) are also the most likely to say that overall healthcare quality in their country is bad.

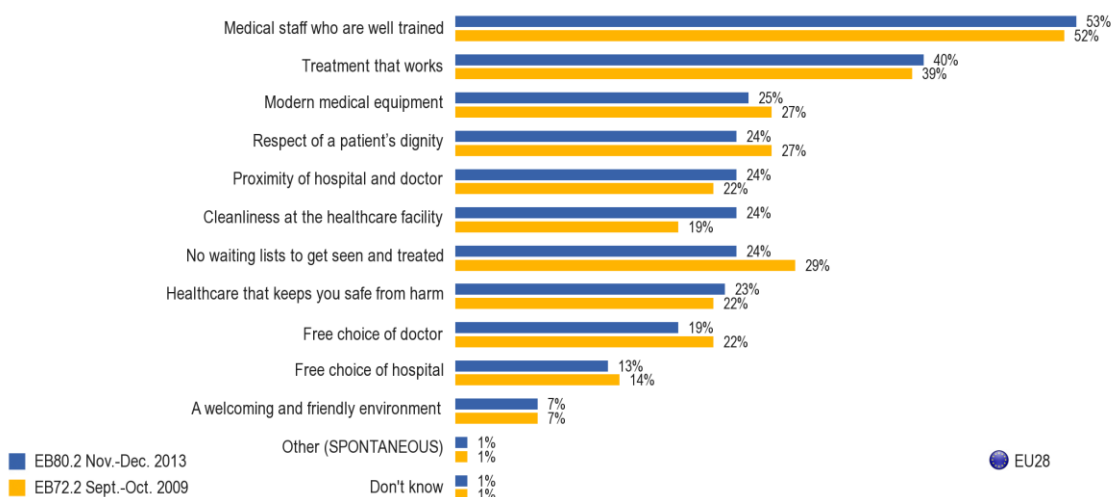
Compared with the previous survey in 2009, respondents in Lithuania and Germany (both +8 percentage points) and the Netherlands (+7) are now more likely to say that healthcare quality in their country is better than in other Member States.

However, respondents in Slovakia (-7), Sweden (-6), and Cyprus and Finland (both -5) are now less likely to say that healthcare quality in their country is better than in other Member States.

3. EVALUATION CRITERIA FOR HIGH QUALITY HEALTHCARE

Respondents were then asked to name up to three criteria that they associated with high quality healthcare¹⁰. **Well-trained staff (53%) and treatment that works (40%) are the main criteria for high quality healthcare.** In general changes since 2009 are small (only one or two percentage points). However cleanliness is now more likely to be considered an important criterion (+5 percentage points), while no waiting lists and free choice of a doctor are less likely to be mentioned (-5 and -3 respectively)

QC1. Of the following criteria, which are the three most important criteria when you think of high quality healthcare in (OUR COUNTRY)?



(ROTATION – MAX. 3 ANSWERS)

Having **well-trained medical staff** is the most important criterion for high quality healthcare for respondents in 21 countries. This is particularly the case for respondents in Sweden (69%), the Netherlands (66%), Malta (65%), and Germany and the UK (both 63%). In contrast just 34% of respondents in Poland and 35% of respondents in Slovakia say having well-trained medical staff is one of the most important criteria. In both of these countries the highest proportion of respondents mention "treatment that works" (50% and 54%).

In the other seven countries respondents are most likely to say **treatment that works** is the most important criterion for high quality healthcare. Respondents are most likely to mention this in Bulgaria (63%), followed by Slovakia (54%), Latvia (51%), and Croatia (50%).

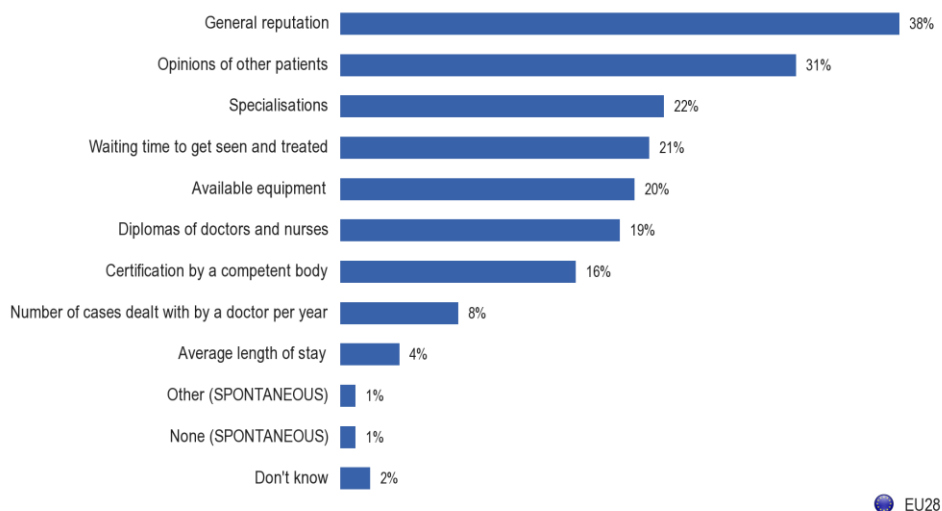
Respondents who say their country has good quality healthcare are more likely to say that the proximity of doctor and hospital, well-trained medical staff and cleanliness are important criteria. Conversely, those who say healthcare quality in their country is bad are more likely to mention the absence of waiting lists to get seen and treated as a criterion of high quality healthcare.

¹⁰ QC1 Of the following criteria, which are the three most important criteria when you think of high quality healthcare in (OUR COUNTRY)? Proximity of hospital and doctor; Free choice of doctor; Respect of a patient's dignity; Medical staff who are well trained; Cleanliness at the healthcare facility (M); Treatment that works; Free choice of hospital; Healthcare that keeps you safe from harm; No waiting lists to get seen and treated; A welcoming and friendly environment; Modern medical equipment; Other (SPONTANEOUS); DK.

4. TYPES OF INFORMATION FOR ASSESSING THE QUALITY OF A HOSPITAL

EU citizens are most likely to take general reputation (38%) and the opinion of other patients (31%) into account when assessing the quality of a hospital¹¹.

QC5. What information would you find most useful to assess the quality of a hospital?



(ROTATION – MAX. 2 ANSWERS)

The **general reputation** of a hospital is seen as the most useful information for assessing its quality in 16 countries, led by France (60%), Belgium (54%), Latvia (53%) and the UK (52%). In contrast only 16% of respondents in Germany would find this information the most useful.

In eight countries respondents are most likely to say that the **opinion of other patients** would be the most useful information when assessing hospital quality. At least half of respondents in Bulgaria (58%) and Cyprus (56%) say this.

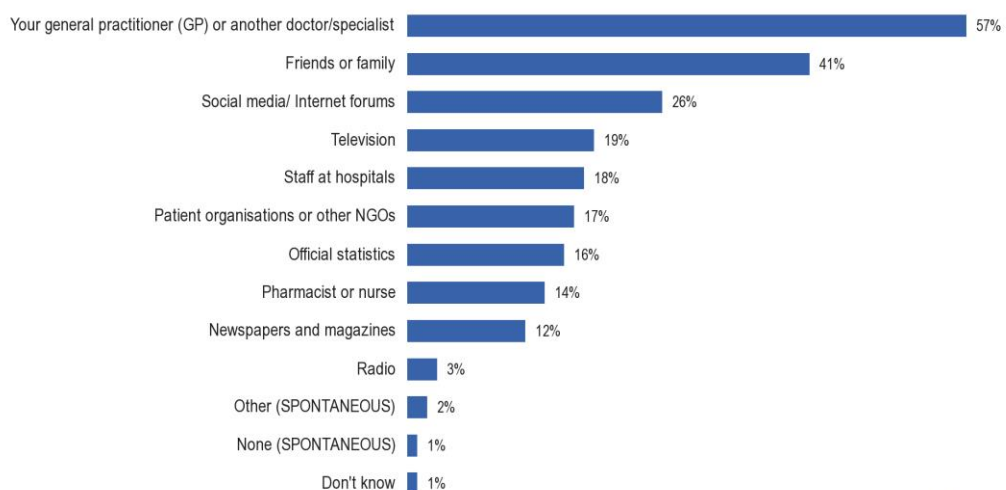
The **diplomas held by doctors and nurses** are mentioned by a large number of respondents in Austria (58%) and Germany (57%).

¹¹ NEW QC5 What information would you find most useful to assess the quality of a hospital? Opinions of other patients; Number of cases dealt with by a doctor per year; Diplomas of doctors and nurses; Certification by a competent body; General reputation; Specialisations; Average length of stay; Waiting time to get seen and treated; Available equipment; Other (SPONTANEOUS); None (SPONTANEOUS); DK.

5. SOURCES OF INFORMATION ON THE QUALITY OF HEALTHCARE

The three main sources of information on the quality of healthcare are **general practitioners (GPs) or other doctors or specialists (57%)**, **family or friends (41%)** and **social media or Internet forums (26%)**¹². Interestingly, social media or Internet forums are ranked ahead of television (19%), newspapers and magazines (12%) and radio (6%).

QC4. What are the three main sources you would use to seek information on quality of healthcare?



EU28

(ROTATION – MAX. 3 ANSWERS)

A **GP, doctor or specialist** is the main source of information on healthcare quality mentioned by respondents in 20 countries, particularly France (75%), Luxembourg and Belgium (both 74%) and Germany (72%).

In Hungary, the most mentioned sources of information are considered to be GPs, doctors or specialists and friends or family (50% in both cases).

In the remaining eight EU countries, respondents are most likely to rely on **friends or family** for information on the quality of healthcare. Seven in ten respondents in Bulgaria cite this as their main source (70%) as do 64% of respondents in Cyprus, 59% in Slovakia and 58% in Greece.

Respondents in Denmark are the most likely to say they would look to **social media or internet forums** for information about healthcare quality (50%), followed by those in Sweden (48%) and the Netherlands (47%). Social media are mentioned ahead of any other media in 22 Member States. The only exceptions are Bulgaria, Italy, Hungary, Portugal, Poland and Romania, where respondents are more likely to mention television than social media.

¹² QC4 What are the three main sources you would use to seek information on quality of healthcare? Friends or family; TV; Staff at hospitals; Your general practitioner (GP) or another doctor/specialist; Pharmacist or nurse; Patient organisations or other NGOs; Social media/ Internet forums; Newspapers and magazines; Official statistics; Radio; Other (SPONTANEOUS); None (SPONTANEOUS); DK.

QC4 What are the three main sources you would use to seek information on quality of healthcare?

	Your general practitioner (GP) or another doctor/specialist	Friends or family	Social media/Internet forums	Television	Staff at hospitals	Patient organisations or other NGOs	Official statistics	Pharmacist or nurse	News-papers and magazines	Radio	Other (SPONTANEOUS)	None (SPONTANEOUS)	Don't know
EU28	57%	41%	26%	19%	18%	17%	16%	14%	12%	3%	2%	1%	1%
BE	74%	37%	19%	17%	20%	14%	16%	24%	10%	4%	1%	1%	0%
BG	57%	70%	19%	31%	15%	3%	6%	11%	7%	1%	0%	3%	1%
CZ	53%	48%	32%	18%	14%	22%	25%	10%	13%	4%	0%	0%	1%
DK	62%	36%	50%	14%	17%	28%	32%	9%	18%	3%	1%	0%	0%
DE	72%	42%	34%	14%	7%	22%	12%	15%	15%	3%	2%	1%	1%
EE	52%	45%	35%	15%	12%	10%	20%	12%	17%	6%	2%	2%	1%
IE	66%	52%	25%	14%	20%	9%	14%	22%	16%	5%	1%	0%	2%
EL	51%	58%	28%	25%	15%	8%	17%	16%	8%	3%	0%	1%	0%
ES	44%	32%	21%	20%	23%	15%	13%	6%	9%	3%	3%	2%	3%
FR	75%	38%	21%	19%	19%	10%	15%	25%	14%	5%	1%	1%	0%
HR	62%	50%	32%	11%	16%	14%	16%	14%	8%	1%	0%	0%	1%
IT	48%	27%	17%	19%	23%	26%	14%	10%	9%	1%	1%	2%	3%
CY	62%	64%	28%	18%	17%	12%	21%	13%	4%	2%	1%	1%	0%
LV	51%	50%	39%	18%	10%	6%	14%	6%	9%	3%	0%	2%	1%
LT	41%	50%	28%	25%	15%	8%	15%	8%	10%	4%	4%	1%	2%
LU	74%	52%	16%	8%	19%	9%	11%	21%	9%	3%	1%	2%	1%
HU	50%	50%	19%	27%	20%	20%	16%	12%	12%	4%	1%	1%	2%
MT	68%	39%	27%	23%	16%	5%	9%	18%	7%	6%	0%	4%	0%
AT	69%	43%	22%	21%	13%	26%	12%	21%	17%	3%	4%	2%	1%
NL	59%	30%	47%	11%	7%	32%	33%	9%	19%	1%	4%	1%	0%
PL	39%	50%	23%	24%	14%	13%	12%	5%	8%	4%	2%	3%	3%
PT	62%	43%	11%	22%	22%	9%	14%	16%	10%	3%	1%	1%	2%
RO	60%	58%	17%	35%	24%	3%	8%	13%	6%	4%	2%	2%	1%
SI	53%	45%	28%	26%	15%	14%	10%	6%	11%	5%	5%	1%	1%
SK	46%	59%	29%	21%	21%	12%	20%	14%	11%	3%	2%	1%	1%
FI	41%	37%	33%	16%	21%	25%	32%	9%	24%	3%	3%	1%	1%
SE	35%	54%	48%	8%	22%	34%	37%	7%	20%	3%	2%	0%	1%
UK	52%	37%	30%	18%	27%	15%	23%	17%	16%	5%	4%	1%	1%

Highest percentage per country	Lowest percentage per country
Highest percentage per item	Lowest percentage per item

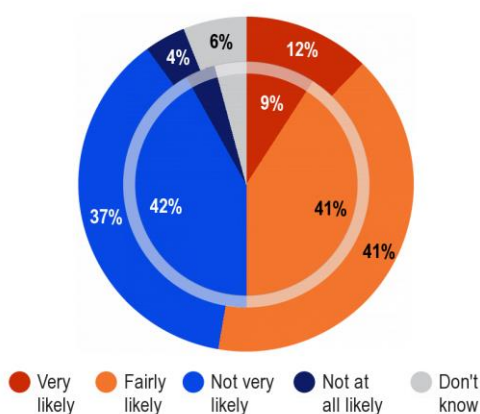
(ROTATION – MAX. 3 ANSWERS)

Socio-demographic analysis shows that the older the respondents, the more likely they are to seek information on the quality of healthcare from their GP or another doctor or specialist, and the less likely they are to seek this information from social media or Internet forums, or from official statistics. For instance 14% of those aged 55+ seek information from the Internet, compared with 35% of those aged 15-24.

II. PERCEIVED LIKELIHOOD OF BEING HARMED BY HEALTHCARE SERVICES

Just over half (53%) of all EU citizens think it is likely patients could be harmed by hospital care in their country¹³. Half of all respondents (50%) also think it is likely that patients could be harmed by non-hospital healthcare in their country¹⁴. **Opinion has worsened since 2009 in both cases, with a three and a four percentage point increase respectively in the proportion of respondents who think harm from hospital and non-hospital healthcare is likely.**

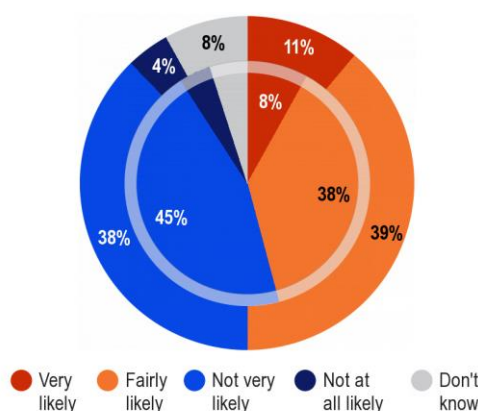
QC6a. How likely do you think it is that patients could be harmed by hospital care in (OUR COUNTRY)? By hospital care we mean being treated in a hospital as an outpatient or inpatient.



Inner pie : EB72.2 Sept.-Oct. 2009
Outer pie : EB80.2 Nov.-Dec. 2013



QC6b. And how likely do you think it is that patients could be harmed by non-hospital healthcare in (OUR COUNTRY)? By non-hospital health care we mean receiving diagnosis, treatment or medicine in a clinic or surgery of your general practitioner or in a pharmacy.



Inner pie : EB72.2 Sept.-Oct. 2009
Outer pie : EB80.2 Nov.-Dec. 2013































¹³ QC6a How likely do you think it is that patients could be harmed by hospital care in (OUR COUNTRY)? By hospital care we mean being treated in a hospital as an outpatient or inpatient. Very likely; Fairly likely; Not very likely; Not at all likely.

¹⁴ QC6b And how likely do you think it is that patients could be harmed by non-hospital healthcare in (OUR COUNTRY)? By non-hospital health care we mean receiving diagnosis, treatment or medicine in a clinic or surgery of your general practitioner or in a pharmacy. Very likely; Fairly likely; Not very likely; Not at all likely.

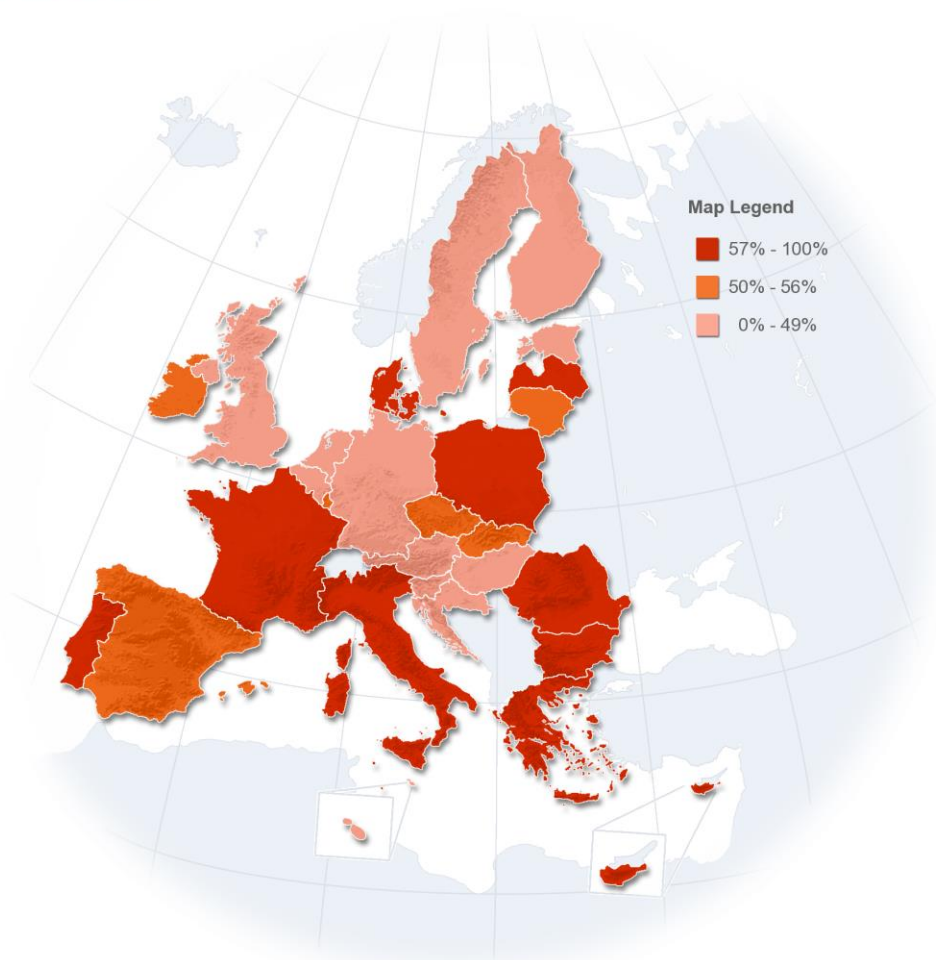
Opinions vary widely across Member States. At least three-quarters of respondents in Cyprus (82%), Greece (78%) and Portugal (75%) say they think it is likely patients could be **harmed by hospital care** in their country. In fact at least half of all respondents in 16 countries think this way. Respondents in Spain in particular are much more likely to say this now than in 2009 (+19 percentage points).

A majority of respondents in ten countries say it is unlikely patients could be harmed by hospital care in their country, and this is particularly the case in Austria (74%), Finland (65%), Estonia (60%) and Sweden (59%).

 CY	82%
 EL	78%
 PT	75%
 PL	73%
 LV	71%
 RO	67%
 FR	63%
 DK	62%
 BG	58%
 IT	57%
 LU	54%
 IE	54%
 ES	54%
 LT	53%
 CZ	53%
 EU	53%
 SK	51%
 BE	49%
 UK	49%
 NL	47%
 HR	47%
 MT	46%
 SI	45%
 HU	41%
 SE	40%
 EE	37%
 DE	37%
 FI	34%
 AT	21%






























Question: QC6a. How likely do you think it is that patients could be harmed by hospital care in (OUR COUNTRY)? By hospital care we mean being treated in a hospital as an outpatient or inpatient.

Answers: Total 'Likely'



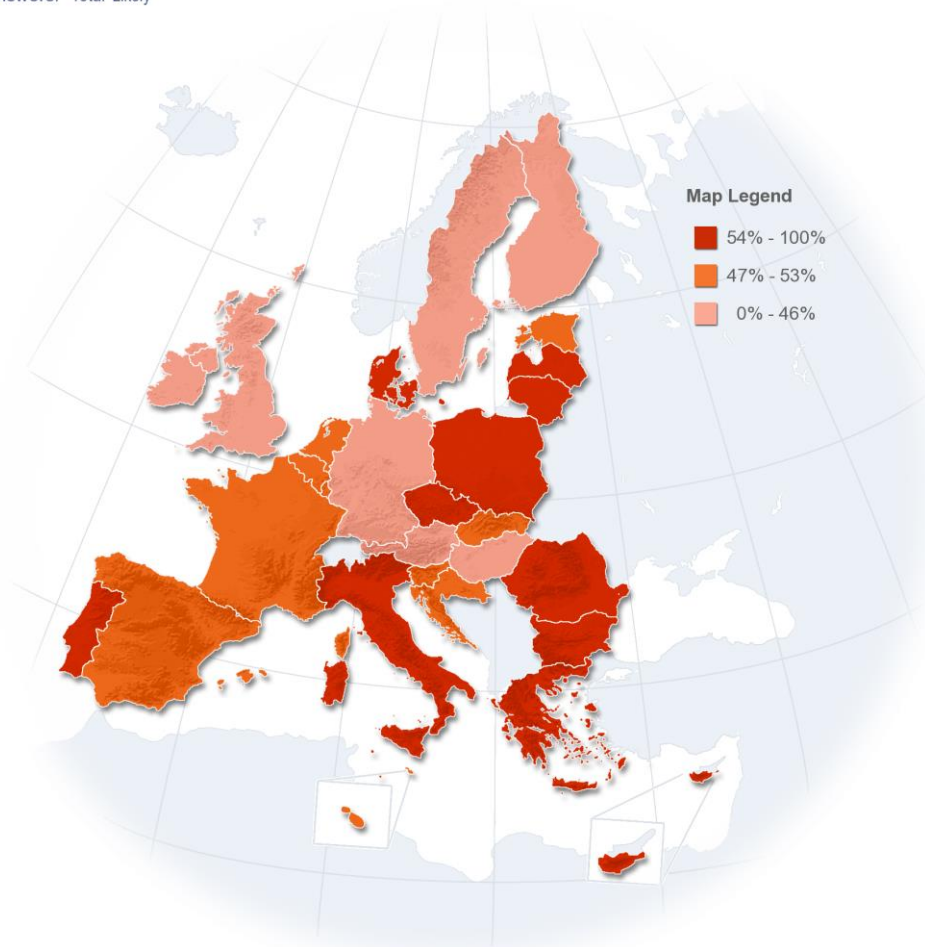
At least half of all respondents in 15 countries think it likely patients could be **harmed by non-hospital healthcare** in their country. At least seven in ten respondents in Cyprus (75%), Portugal and Greece (both 71%) and Poland (70%) think this is true. Respondents in Austria (33%), Germany and Finland (both 34%) and Hungary (38%) are the least likely to say the same.

Once again respondents in Spain are much more likely than in 2009 to think it is likely that patients could be harmed by non-hospital healthcare in their country (+ 18 percentage points).

 CY	75%
 EL	71%
 PT	71%
 PL	70%
 LV	69%
 BG	62%
 RO	61%
 DK	59%
 LT	58%
 IT	57%
 CZ	55%
 SK	53%
 FR	53%
 SI	51%
 ES	50%
 EU	50%
 NL	48%
 HR	47%
 LU	47%
 EE	47%
 MT	47%
 BE	47%
 IE	44%
 SE	43%
 UK	43%
 HU	38%
 DE	34%
 FI	34%
 AT	33%

Question: QC6b. And how likely do you think it is that patients could be harmed by non-hospital healthcare in (OUR COUNTRY)? By non-hospital health care we mean receiving diagnosis, treatment or medicine in a clinic or surgery of your general practitioner or in a pharmacy.

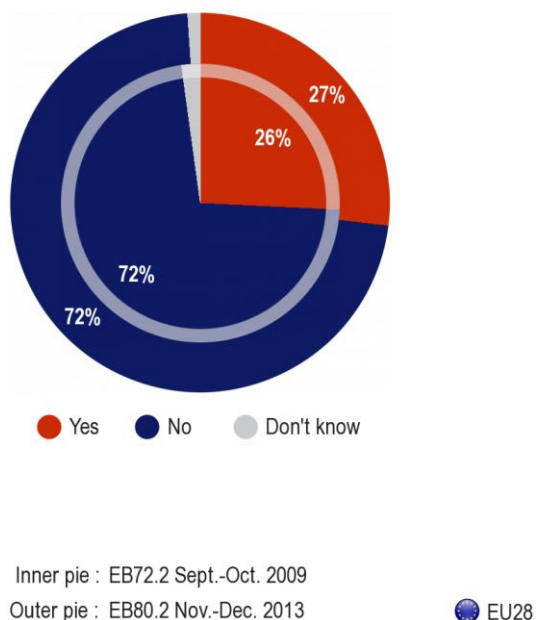
Answers: Total 'Likely'



III. EXPERIENCE OF ADVERSE EVENTS

1. CLAIMED INCIDENCE OF ADVERSE EVENTS

QC7. Have you or a member of your family ever experienced an adverse event when receiving healthcare?



Respondents were asked if they or a family member had ever experienced an adverse event while receiving healthcare¹⁵. As in 2009, just over a **quarter of respondents have experienced an adverse event while receiving healthcare (27%)**. The results are little changed since 2009, with a marginal increase of one percentage point.

Respondents living in northern and western areas of the EU are more likely to say they or a family member have experienced an adverse event when receiving healthcare. Adverse events are most likely to have been experienced by respondents in

Sweden (53%), Denmark (49%) and respondents in the Netherlands (46%).

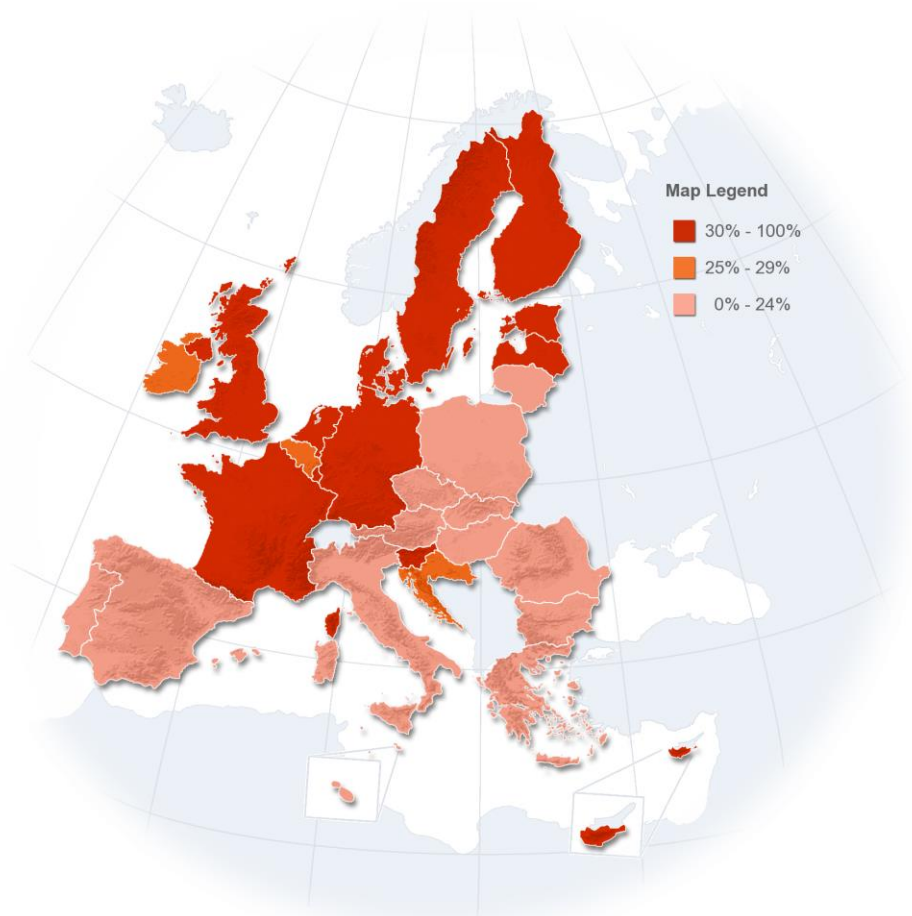
Interestingly, the experience of adverse events does not seem to be related to overall perception of healthcare quality, as at least 86% of respondents in each of these countries rate the overall quality of their healthcare as good.

In contrast 11% of respondents in Bulgaria and Austria have experienced an adverse event in their family. It appears that personal or family-related experience of adverse events is not a main driver behind the rating of healthcare quality in Bulgaria, as 68% say it is bad, even though few have experienced an adverse event.

¹⁵ QC7 Have you or a member of your family ever experienced an adverse event when receiving healthcare? Yes; No; DK.

	SE	53%
	DK	49%
	NL	46%
	UK	39%
	LV	39%
	EE	38%
	FI	38%
	FR	36%
	CY	35%
	LU	35%
	DE	33%
	SI	31%
	EU	27%
	BE	27%
	HR	25%
	IE	25%
	LT	24%
	ES	23%
	SK	23%
	EL	20%
	CZ	19%
	MT	19%
	PL	18%
	RO	17%
	HU	16%
	PT	14%
	IT	13%
	BG	11%
	AT	11%

Question: QC7. Have you or a member of your family ever experienced an adverse event when receiving healthcare?
 Answers: Yes



The trend since the last survey suggests that respondents in the UK (+8 percentage points) and Luxembourg, and Denmark (both +6) are now more likely to say that they (or a family member) have experienced an adverse event while receiving healthcare. The reverse is true for respondents in Lithuania (-12), Hungary (-8) and Slovakia (-6).

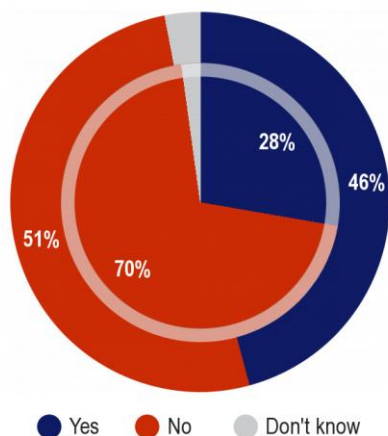
Almost all adverse events occur in the respondent’s own country (97%). Very few respondents say that the adverse event occurred outside their own country¹⁶. Respondents in Austria, Italy and Luxembourg are more likely to say the adverse event took place in another EU country (11%-12%, compared with 2% at EU level).

¹⁶ QC8 Where did this adverse event take place? In (OUR COUNTRY); In another EU Member State; In a country outside the EU; DK.

2. REPORTING ADVERSE EVENTS

Almost half of the respondents who had experienced an adverse event, either personally or through a family member, (46%) reported this event, while 51% did not¹⁷.

QC9. And did you or the member of your family involved report it?



Inner pie : EB72.2 Sept.-Oct. 2009

Outer pie : EB80.2 Nov.-Dec. 2013

EU28

These results represent a **large shift since the previous survey**, with respondents much more likely to have reported the adverse event than in 2009 (+18 percentage points).

At the national level adverse events are most likely to be reported in France (65%), Luxembourg (61%) and the UK (58%), although at least half of respondents in Spain (56%), Belgium (51%) and Austria (50%) also reported an event they or their family member experienced.

Base: respondents who experienced an adverse event (N=7,606)

Adverse events are least likely to be reported by respondents in Bulgaria (6%) and Slovenia and Croatia (both 11%).

¹⁷ QC9 And did you or the member of your family involved report it? Yes; No; DK.

Question: QC9. And did you or the member of your family involved report it?
 Answers: Yes

	FR	65%	+61
	ES	56%	+40
	LU	61%	+32
	BE	51%	+18
	EU28	46%	+18
	IT	38%	+15
	UK	58%	+11
	HU	27%	+10
	RO	24%	+9
	LT	24%	+8
	CZ	42%	+7
	DE	40%	+7
	EE	30%	+7
	DK	38%	+6
	LV	21%	+6
	IE	45%	+4
	MT	29%	+3
	SI	11%	+2
	PL	26%	=
	EL	40%	-2
	FI	47%	-3
	NL	48%	-4
	SK	21%	-5
	BG	6%	-5
	SE	24%	-6
	PT	20%	-6
	AT	50%	-7
	CY	39%	-11
	HR	11%	



2013 - 2009

Base: respondents who experienced an adverse event (N=7,606)

At the national level there have been even more dramatic changes since 2009. Respondents in France are now much more likely to have reported the adverse event they or a family member experienced (+61 percentage points), as are respondents in Spain (+40) and Luxembourg (+32).

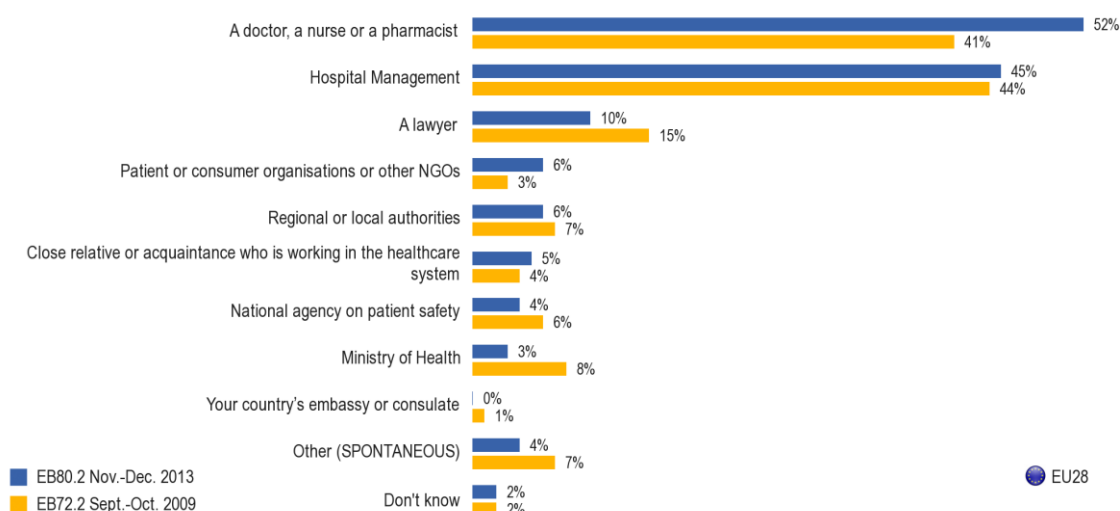
Declines in reporting have been more modest, with an 11 percentage point decrease in Cyprus, a 7-point decrease in Austria and a 6-point decrease in both Sweden and Portugal. In Bulgaria the decline of 5 percentage points means that, unlike in the previous survey, fewer than one in ten who experienced an adverse event in their family actually reported it (6%).

3. WHERE ADVERSE EVENTS ARE REPORTED AND WHAT HAPPENS NEXT

Adverse events are most commonly reported to a doctor, nurse or pharmacist (52%, up 11 percentage points) or to hospital management (45%)^{18,19}. These are the most frequent responses by a considerable margin.

Respondents are much less likely to refer these cases to the national competent bodies, such as regional or local authorities (6%), national patient safety agencies (4%) or health ministries (3%).

QC10. And to whom of the following did you or the member of your family involved report it?



Base: respondents who have reported an adverse event (N=3,507)
(ROTATION – MULTIPLE ANSWERS POSSIBLE)

Reporting an adverse event to a doctor, nurse or pharmacist is more common than it was in 2009 (+11 percentage points). Respondents are also slightly more likely to turn to a patient or consumer organisation (+3). However, in comparison with 2009, respondents are less likely to have reported the adverse event to a lawyer or to the ministry of health (-5) or to the national patient safety agency (-2).

Almost all reporting of adverse events took place in the respondents' own country (98%), with just 1% doing so in another EU Member State^{20,21}. There has been no notable change since 2009.

¹⁸ QC10 And to whom of the following did you or the member of your family involved report it? Hospital Management; Regional or local authorities; National agency on patient safety; A lawyer; Ministry of Health; Patient or consumer organisations or other NGOs (M); Close relative or acquaintance who is working in the healthcare system; A doctor, a nurse or a pharmacist; Your country's embassy or consulate; Other (SPONTANEOUS); DK.

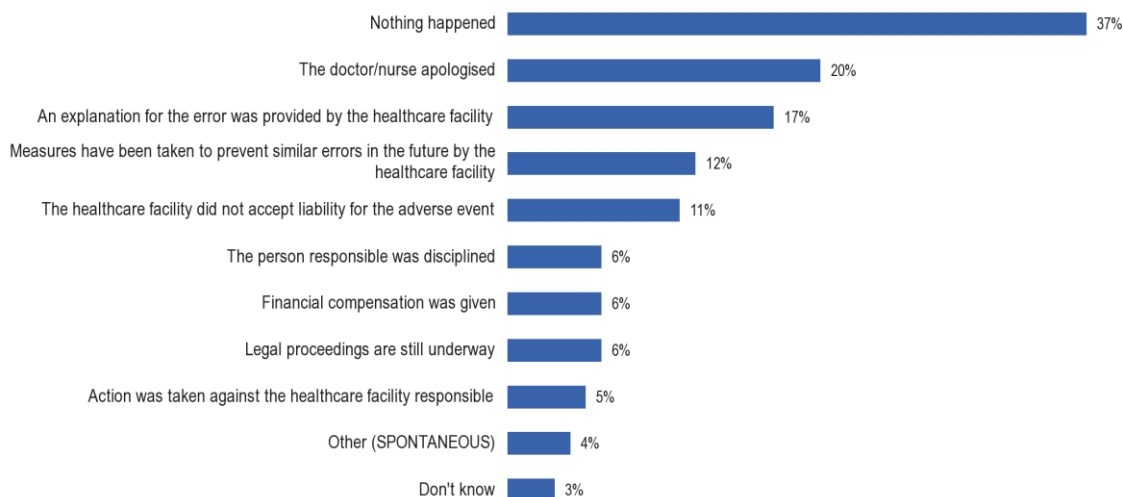
¹⁹ Due to very small base sizes, national level analysis was not carried out for this question.

²⁰ QC11 And where did you or the member of your family involved report it? IN (OUR COUNTRY); In another EU Member State; In a country outside the EU; DK.

²¹ Due to very small base sizes, national level analysis was not carried out for this question.

Respondents who reported an adverse event (or whose family member reported an event) were asked what happened as a result^{22,23}. **The most common response is that nothing happened (37%)**. Only one in five received an apology from the doctor or nurse (20%), while 17% said an explanation for the error was provided by the healthcare facility. Around one in ten say measures have been taken by the facility to prevent similar errors in the future (12%), while 11% say that the healthcare facility did not accept liability for the adverse event.

QC12. What happened after you or the member of your family involved reported it?



EU28

*Base: respondents who have reported an adverse event (N=3,507)
(ROTATION – MULTIPLE ANSWERS POSSIBLE)*

Respondents who think the overall quality of the healthcare in their country is good are more likely than people who think it is bad to say the doctor or nurse apologised (21%), they received an explanation for the error (18%), or that measures were put in place to prevent similar errors (14%).

²² QC12 What happened after you or the member of your family involved reported it? The doctor/nurse apologised; An explanation for the error was provided by the healthcare facility; Measures have been taken to prevent similar errors in the future by the healthcare facility; Financial compensation was given; The person responsible was disciplined; Action was taken against the healthcare facility responsible; The healthcare facility did not accept liability for the adverse event; Legal proceedings are still underway; Nothing happened; Other (SPONTANEOUS); DK.

²³ Due to very small base sizes, national level analysis was not carried out for this question.

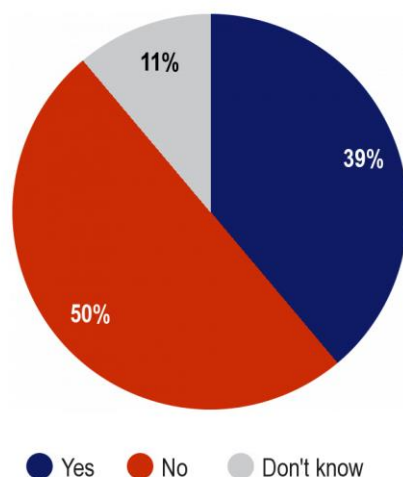
IV. INFORMATION ON PATIENT SAFETY

1. PROVISION OF INFORMATION ON THE RISK OF HEALTHCARE-ASSOCIATED INFECTION WHEN HOSPITALISED OR ADMITTED TO A LONG-TERM CARE FACILITY

In the last 12 months 17% of respondents or family members have been hospitalised, while 4% have been admitted to a long-term care facility²⁴.

Half (50%) of the respondents who had experienced (or whose family member had experienced) hospitalisation or admission to a long term care facility said they received no information on the risk of healthcare-associated infection, 39% said they had done so, and 11% were unable to answer the question²⁵.

QC14b. Did you or a member of your family receive any information on the risk of healthcare-associated infection?



 EU28

Base: respondents who have been hospitalised or admitted to long-term care facility (N=5,760)

²⁴ NEW QC14a Have you or a member of your family been hospitalised or admitted to a long-term care facility (such as nursing home or home for the elderly) in the last 12 months? Yes, hospitalised; Yes, admitted to a long-term care facility; No; DK.

²⁵ NEW QC14b Did you or a member of your family receive any information on the risk of healthcare-associated infection? Yes; No; DK.

Respondents in western and northern areas of Europe are the most likely to say they or their family member received information on healthcare-associated infections.

Austria and Germany (both 55%) and Ireland (50%) are the only countries where at least half of this group of respondents say they or their family member received information on healthcare-associated infections. This is a sharp contrast with the 12% of respondents in Cyprus and 18% of respondents in Bulgaria who say the same.

Highlights from the socio-demographic analysis include:

- Respondents aged 15-24 are the least likely to say they (or their family member) received information on healthcare-associated infections (34% vs. 38%-42%).
- Respondents who experience the least financial difficulty are the most likely to say they or their family member received information on healthcare-associated infections (43% vs. 33%-34%).
- Respondents who say the quality of healthcare in their country is good are more likely to say they received this information (44% vs. 28%), as are those who say the quality of healthcare in their country is better than in other Member States (47% vs. 27% who say it is worse).

In the majority of cases information about healthcare related infections is received from staff of the hospital (65%)^{26,27}. Just over a quarter of those who were informed about these infections received the information from their general practitioner (28%), while 18% read the information in a brochure and 14% were informed by staff at a long-term care facility.

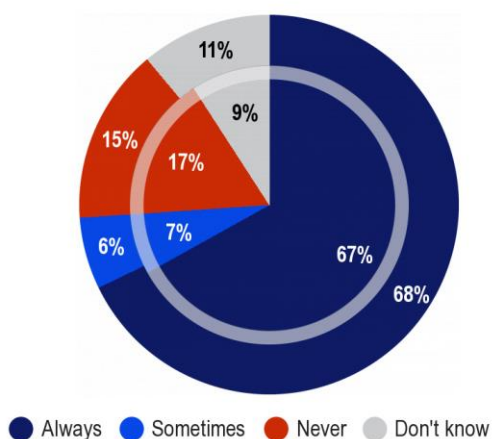
²⁶ NEW QC14c How did you or the member of your family receive this information? You or a member of your family ...Were informed by your general practitioner (GP) or another doctor; informed you beforehand; Were informed by the staff of the hospital; Were informed by the staff of the long-term care facility; Were informed by family, friends or acquaintances; Were informed by patient organisations or other NGOs; Read it in a brochure; Read it on the Internet (Social media/ Internet forums); Saw it on TV; Heard it on the radio; Read it in a newspaper/ magazine; Other (SPONTANEOUS); DK.

²⁷ Due to very small base sizes, national level analysis was not carried out for this question.

2. WRITTEN CONSENT FOR SURGICAL PROCEDURES

More than a third of respondents (38%) report that they, or a member of their family, have had a surgical procedure in the last three years²⁸. This figure is consistent with the previous survey (37%).

QC13b. Were you or your family member asked for written consent beforehand?



Inner pie : EB72.2 Sept.-Oct. 2009

Outer pie : EB80.2 Nov.-Dec. 2013

EU28

Of those who have had surgery (or who have a family member who has done so) 68% say they were always asked for written consent beforehand. A further 6% said they were sometimes asked for written consent, but 15% say this never happened. Just over one in ten are unsure (11%). The results have remained stable since 2009.

Base: respondents who underwent any surgical procedure within the last three years (N=10,598)

The rate of written consent varies greatly between countries. Nine out of ten respondents in Germany who had (or whose family member had) surgery were always asked for written consent, as were 82% in Ireland, 81% in Spain and 80% in Lithuania. The picture is very different in Sweden where 16% of respondents say consent was always obtained. In fact, in Sweden and Greece at least half the respondents say that written consent was never obtained before surgery (51% and 50% respectively). It should be noted that legal requirements to obtain written consent before a surgical procedure are different across EU Member States. This may have an impact on the results and may explain the differences between countries.

Socio-demographic analysis shows that the older the respondent, the more likely they are to say that written consent was always obtained: 53% of 15-24 year olds say this compared to 73% of those aged 55+. However, there is a high incidence of "don't know" answers in the youngest age group (26%).

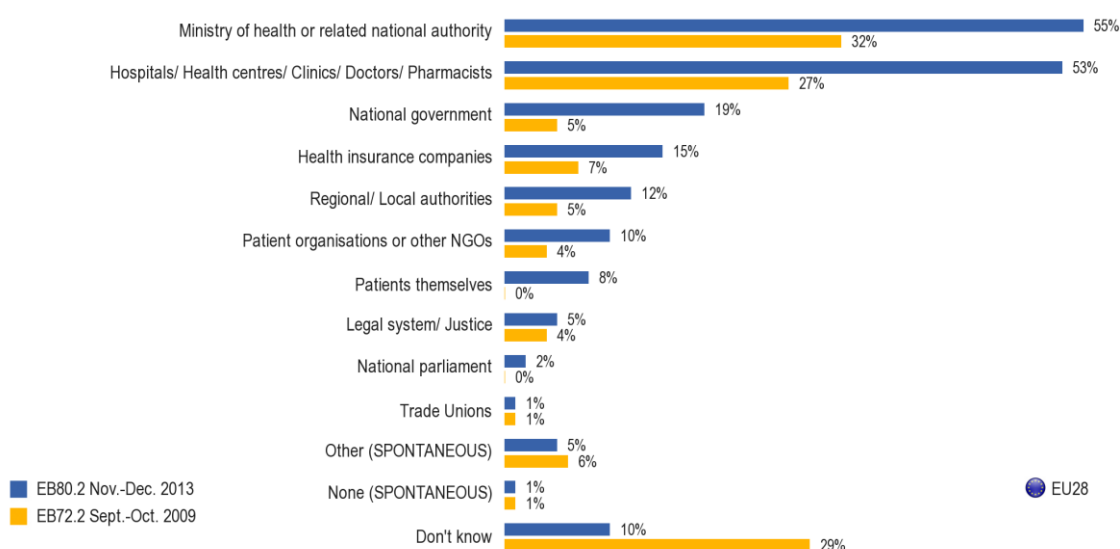
²⁸ Did you or a member of your family undergo any surgical procedure within the last three years? This can be any type of surgical procedure, ranging from minor surgery, perhaps as a day patient in a hospital, to a major surgical procedure. (M) Yes; No; DK.

Those who completed their education aged 19 or younger are the most likely to say written consent was always obtained (71%-73% vs. 65%). House persons and managers (both 74%) and retired persons (72%) are more likely than other occupation groups to say written consent was always received.

3. AWARENESS OF ORGANISATIONS RESPONSIBLE FOR PATIENT SAFETY

Awareness of who is responsible for patient safety has improved since 2009. **More than half the respondents mention the ministry of health or related national authority (55%), while 53% say responsibility lies with hospitals, health centres, clinics, doctors or pharmacists²⁹.** These are the most frequently mentioned bodies by a considerable margin.

QC15. Which organisations, bodies or authorities are mainly responsible for patient safety in (OUR COUNTRY)?



(DO NOT READ OUT – MULTIPLE ANSWERS POSSIBLE)

Awareness has improved greatly since the previous survey in 2009. At that time 29% were unable to say who was responsible for patient safety in their country, but this has declined to 10% in the current survey. Respondents are much more likely to mention the ministry of health, or hospitals, health centres, clinics, doctors or pharmacists than they were in 2009 (55%, +23 percentage points and 53%, +26).

In 13 countries respondents are most likely to say that the **ministry of health** or related national agency is responsible for patient safety, most notably in Cyprus (78%), Greece (77%), Romania (72%) and Portugal (70%). This contrasts with the 32% of respondents in the UK and 36% in Estonia who say the same.

²⁹ QC15 Which organisations, bodies or authorities are mainly responsible for patient safety in (OUR COUNTRY)? Ministry of health or related national authority; Hospitals/ Health centres/ Clinics/ Doctors/ Pharmacists; Health insurance companies; National government; Regional/ Local authorities; Patient organisations or other NGOs (M); Legal system/ Justice; Trade Unions; National parliament; Patients themselves; Other (SPONTANEOUS); None (SPONTANEOUS); DK.

In the remaining 15 countries respondents are most likely to say that **hospitals/health centres/clinics/doctors/pharmacists** are mainly responsible for patient safety. At least eight out of ten respondents in Bulgaria say this (81%), as do 78% in Slovakia, and 77% in Belgium and the Netherlands. Respondents in Sweden (24%) and the UK (33%) are least likely to say these groups are responsible.

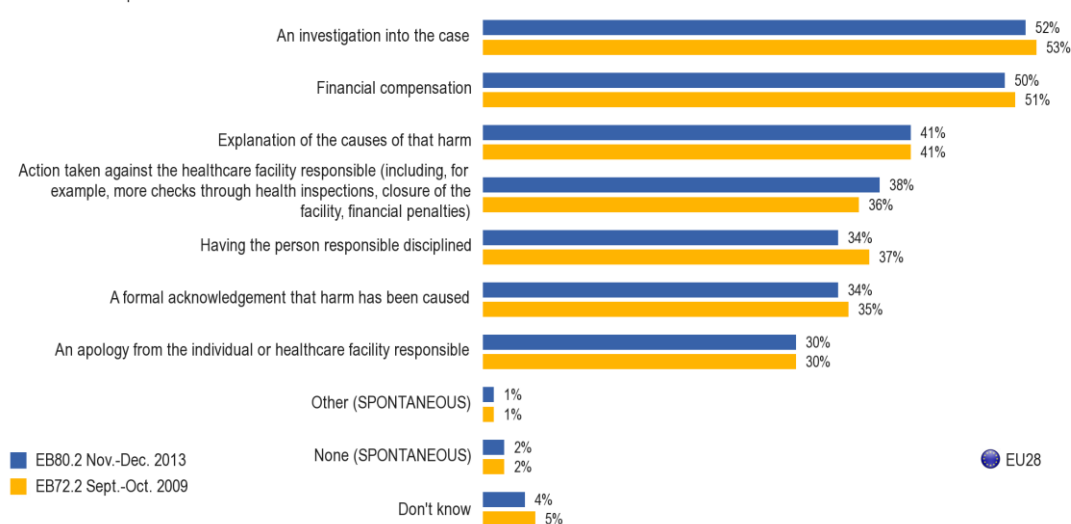
V. AWARENESS REGARDING REDRESS IN OWN COUNTRY AND IN ANOTHER MEMBER STATE

This final section focuses on EU citizens' awareness of the forms of redress available both in their own country and in other Member States, if they are harmed when receiving healthcare.

1. AWARENESS OF FORMS OF REDRESS

Respondents' perceptions of the forms of redress available to them in the event of harm by healthcare in their own country³⁰ or another Member State³¹ were analysed. **An investigation of the case and financial compensation are the two most mentioned forms of redress both at home and in another Member State.**

QC16. Which of the following forms of redress do you think you or a member of your family are entitled to if harmed whilst receiving healthcare in (OUR COUNTRY), no matter how serious or permanent the harm was?



(ROTATION – MULTIPLE ANSWERS POSSIBLE)

At least half of respondents say that, in their home country, they would be entitled to an **investigation** into the case (52%) or to **financial compensation** (50%). These are also the two most mentioned forms of redress for an incident that occurred in another Member State (47% and 45% respectively).

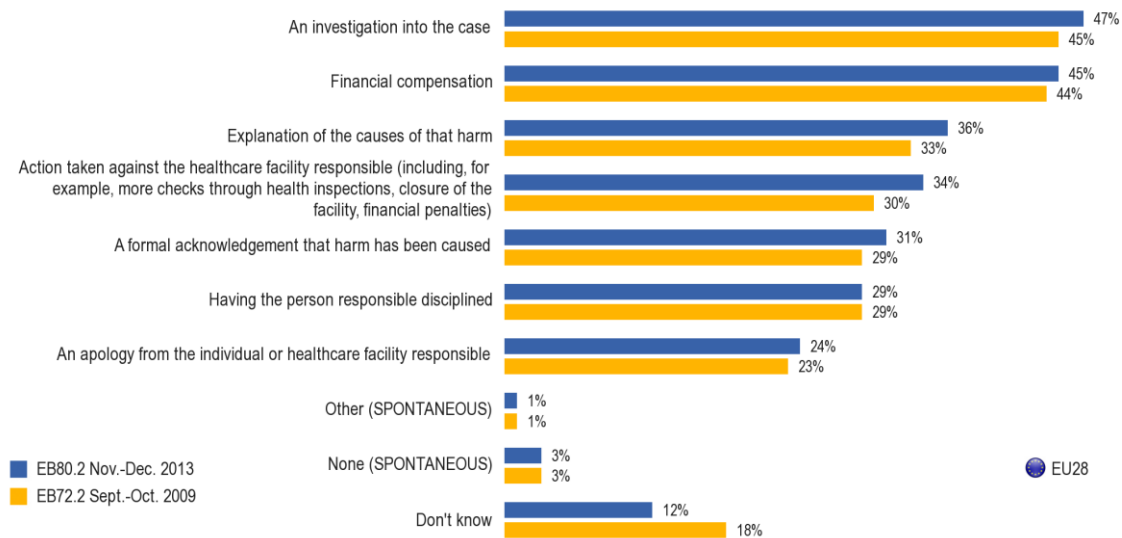
30 QC16 Which of the following forms of redress do you think you or a member of your family are entitled to if harmed whilst receiving healthcare in (OUR COUNTRY), no matter how serious or permanent the harm was? A formal acknowledgement that harm has been caused; Explanation of the causes of that harm; An apology from the individual or healthcare facility responsible; Financial compensation; An investigation into the case; Having the person responsible disciplined; Action taken against the healthcare facility responsible (including, for example, more checks through health inspections, closure of the facility, financial penalties) (M); Other (SPONTANEOUS); None (SPONTANEOUS); DK.

31 Which of the following forms of redress do you think you or a member of your family are entitled to if harmed whilst receiving healthcare in another EU Member State? A formal acknowledgement that harm has been caused; Explanation of the causes of that harm; An apology from the individual or healthcare facility responsible; Financial compensation; An investigation into the case; Having the person responsible disciplined; Action taken against the healthcare facility responsible (including, for example, more checks through health inspections, closure of the facility, financial penalties) (M); Other (SPONTANEOUS); None (SPONTANEOUS); DK.

Around four in ten say that they are entitled to an **explanation of the causes of harm** (41%) or **action taken against the responsible facility** (38%) for an event that occurred in their own country. Around one-third of respondents say they are entitled to these forms of redress for an incident in another Member State (explanation: 36%, action: 34%).

Respondents are more likely to be unsure of what form of redress would be available in another Member State ("don't know": own country, 4%; another Member State, 12%).

QC17. Which of the following forms of redress do you think you or a member of your family are entitled to if harmed whilst receiving healthcare in another EU Member State?



(ROTATION – MULTIPLE ANSWERS POSSIBLE)

Individual national results for redress available in the respondent's own country show that at least half the respondents say they are entitled to an **investigation** in 14 countries, led by in Finland (71%), Sweden (69%), Austria and the UK (both 67%) and Denmark (65%). This is also the most mentioned option in 12 countries. In contrast just one-third of respondents in Poland say they are entitled to an investigation (33%).

Individual national results for redress available in another Member State show that at least half the respondents say they are entitled to an **investigation** in 11 countries, most strikingly in Sweden (70%), Finland (65%) and Austria (61%). Overall an investigation is the most common response given in 13 countries. In contrast only one-third of respondents in Lithuania and Romania say they are entitled to an investigation (both 33%).

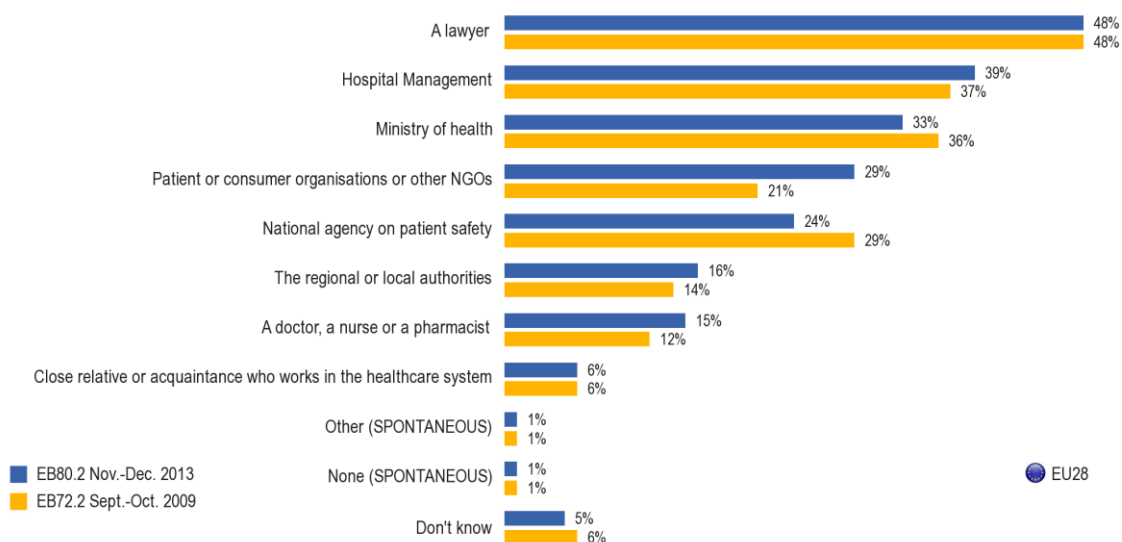
2. SEEKING HELP IF HARMED WHEN RECEIVING HEALTHCARE

2.1. Seeking help in one's own country

Almost half the respondents say they can seek help from a lawyer if they are harmed while receiving healthcare in their country (48%, no change since 2009)³². Almost four in ten (39%, + 2pp.) say they can seek help from hospital management, while 33% mention the ministry of health. More than a quarter (29%) say they could seek help from a patient or consumer organisation or other NGO, while 24% mention a national patient safety agency.

There have been some changes since the previous survey in 2009. Respondents are more likely to say they could seek help from patient or consumer organisations or other NGOs (+8 percentage points). They are also slightly more likely to mention a doctor, nurse or pharmacist (+ 3), hospital management or regional or local authorities (both +2). However, they are less likely to mention national patient safety agencies (-5) or the ministry of health (-3).

QC18. From which of the following can you seek help in relation to redress if you or a member of your family is harmed whilst receiving healthcare in (OUR COUNTRY)?



(ROTATION – MULTIPLE ANSWERS POSSIBLE)

When seeking help in relation to redress for harm received whilst receiving healthcare in their own country, respondents in 12 Member States are most likely to mention a **lawyer**. This is particularly true in Germany (73%), Austria (66%), and the Netherlands (64%). In a sharp contrast just 15% of respondents in Finland say they could seek help from a lawyer.

32 QC18 From which of the following can you seek help in relation to redress if you or a member of your family is harmed whilst receiving healthcare in (OUR COUNTRY)? Hospital Management; The regional or local authorities; National agency on patient safety; A lawyer; Ministry of health; Patient or consumer organisations or other NGOs (M); Close relative or acquaintance who works in the healthcare system; A doctor, a nurse or a pharmacist; Other (SPONTANEOUS); None (SPONTANEOUS); DK.

At the EU level, respondents are now more likely to say they could seek help from a **patient or consumer organisation or other NGO** than they were in 2009. This pattern is repeated across a number of Member States, particularly in Hungary (+40 percentage points), Sweden (+32), the Czech Republic (+31) and Austria (+25). On the other hand, respondents in Cyprus are now less likely to mention a patient or consumer organisation or other NGO (-13) than they were in 2009.

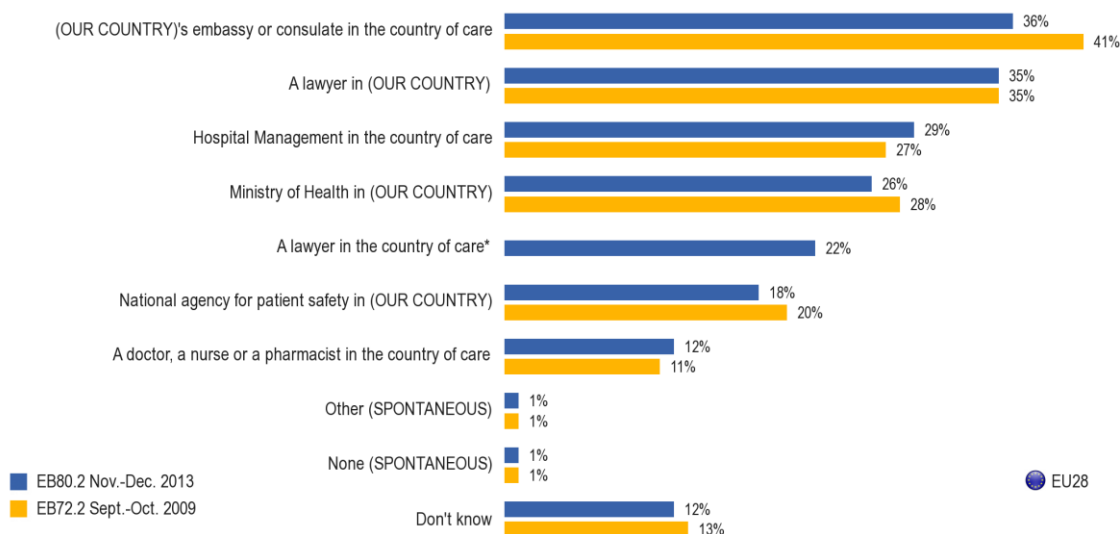
Conversely, respondents in a majority of Member States (18 out of 28) are now less likely to say they could seek help from a **national patient safety organisation**. This is particularly true in Slovenia (-14 percentage points), Latvia (-13), Belgium and Germany (both -12) and Hungary (-11). However, the opposite is true in Slovakia, where there has been a 6-point increase in the proportion who say they could seek help from these kinds of organisations.

2.2. Seeking help in another Member State

Embassies (36%) and lawyers (35%)³³ are the most likely sources of help with redress for incidents in another Member State.

Almost three in ten (29%) say they can seek help from hospital management, while 26% mention the ministry of health in their own country.

QC19. And where can you seek help in relation to redress if you or a member of your family is harmed whilst receiving healthcare in another EU Member State?



**Item not asked in 2009
(ROTATION – MULTIPLE ANSWERS POSSIBLE)*

³³ QC19 And where can you seek help in relation to redress if you or a member of your family is harmed whilst receiving healthcare in another EU Member State? Hospital Management in the country of care; A doctor, a nurse or a pharmacist in the country of care; (OUR COUNTRY)'s embassy or consulate in the country of care; National agency for patient safety in (OUR COUNTRY); Ministry of Health in (OUR COUNTRY); A lawyer in (OUR COUNTRY); A lawyer in the country of care (N); Other (SPONTANEOUS); None (SPONTANEOUS); DK.

In general there have only been minor changes since the previous survey. The exception is in relation to embassies or consulates. Respondents are now less likely to say they could seek help from their national embassy or consulate in the country of care (-5 percentage points). Respondents are also slightly less likely to mention the national patient safety agency or the ministry of health in their own country (both -2). They are, however, slightly more likely to mention hospital management in the country of care (+2).

In a majority of countries (16 out of 28), respondents are most likely to say they could seek help from their **national embassy or consulate** if harm is caused when receiving healthcare in another Member State. More than two-thirds of respondents in Cyprus say this (67%), as do 54% in Sweden and 50% in the Czech Republic. At the other end of the spectrum just over a quarter of respondents in Germany, Luxembourg and Portugal mention their embassy or consulate (all 26%).

Respondents in Spain are most likely to mention both the national embassy or consulate and ministry of health in their own country (30% in both cases).

Embassies are much less likely to be mentioned, for instance by respondents in Greece (-21 percentage points). There are only six countries where respondents are now more likely to mention embassies than they were in 2009, the most notable being the UK (+8).

Respondents in Hungary and Luxembourg (both -9 percentage points) and Cyprus and Belgium (both -7) are less likely than they were in 2009 to mention a lawyer in their country. However, this option is now mentioned more often in Lithuania (+7).

CONCLUSIONS

The majority of EU citizens still think that the quality of healthcare in their country is good, as in 2009. However, there are significant differences in perception between EU Member States and there have also been some large shifts in opinion within countries since the previous survey.

EU citizens remain divided about whether the care in other Member States is better, worse or of equal quality to the care they receive at home. In both instances there are clear regional differences, with those living in northern and western countries more positive.

The main criteria for high quality healthcare are considered to be well-trained staff and treatment that works. General practitioners, other doctors and specialists are the main sources of information on quality of healthcare in a country, and general reputation and the views of other patients are important when assessing quality of healthcare provided by a particular hospital.

In spite of a generally positive view of healthcare quality in their own country, a majority think it is likely that patients can be harmed by hospital or non-hospital healthcare in their country. EU citizens, and respondents in Spain in particular, are more likely to think this way than they were in 2009. This is particularly interesting as only around a quarter of EU citizens say they or a family member have experienced an adverse event while receiving healthcare – figures consistent with the previous survey.

Although the proportion of EU citizens experiencing adverse events is virtually unchanged, there has been a marked increase in the proportion of these events that are reported – up to almost half. This overall picture, however, masks very diverse reporting rates across the EU, ranging from 6% to 65%. Furthermore, although reporting has increased, **respondents who do report these incidents are most likely to say that nothing happened as a result** (more than a third). Around one out of five received an apology from the doctor or nurse or an explanation for the error from the healthcare facility.

Around half of respondents reported the adverse events to a doctor, nurse or pharmacist or to hospital management. Respondents are much less likely to refer these cases to the national competent bodies. In almost all cases, the adverse event both occurred and was reported in respondents' own country.

The provision of information about healthcare-associated infections is by no means universal. Fewer than half of the respondents who have been hospitalised or admitted to a long-term care facility say they were given this information. A geographical divide can be observed, respondents in western and northern areas of the European Union being most likely to receive this information. More than six in ten respondents have received this information from hospital staff and just over a quarter of respondents from doctors.

Over two thirds of respondents who have had a surgical procedure in the last three years say that written consent was always obtained beforehand. However, the results vary considerably between countries, a situation that may also be explained by the fact that legal requirements are different across EU Member States.

In 2009 almost three in ten respondents were unable to name at least one body or organisation responsible for patient safety. This situation has improved dramatically in 2013, when EU citizens are much more likely to be able to do so. However, as was the case in 2009, respondents are still most likely to mention their ministry of health or healthcare facilities and their providers, rather than a designated patient safety authority.

EU citizens are most likely to think that they are entitled to an investigation of their adverse event, or to financial compensation, regardless of whether the event happened in their own country or in another Member State. However, respondents appear more unsure of what form of redress would be available in another Member State than in their own country.

If respondents were harmed while receiving healthcare in their country, they would still be most likely **to seek help from a lawyer**, as in 2009. Compared to the last survey, they are more likely to say they could seek help from patient or consumer organisations or other NGOs and less likely to mention a national patient safety organisation. Embassies and lawyers in their own country are the most likely sources of help with redress that respondents would turn to in the case of incidents in another Member State.

The results suggest that although Member States are working to implement the Council Recommendation 2009 on patient safety, much remains to be done in terms of communicating the measures implemented to citizens.

ANNEXES

TECHNICAL SPECIFICATIONS

SPECIAL EUROBAROMETER 411

Patient Safety and Quality of Care

TECHNICAL SPECIFICATIONS

Between the 23rd of November and the 2nd of December 2013, TNS opinion & social, a consortium created between TNS political & social, TNS UK and TNS opinion, carried out the wave 81.1 of the EUROBAROMETER survey, on request of the EUROPEAN COMMISSION, Directorate-General for Communication, "Strategy, Corporate Communication Actions and Eurobarometer".

The EUROBAROMETER wave 80.2 covers the population of the respective nationalities of the 28 European Union Member States, resident in each of the Member States and aged 15 years and over.

The basic sample design applied in all states is a multi-stage, random (probability) one. In each country, a number of sampling points was drawn with probability proportional to population size (for a total coverage of the country) and to population density.

In order to do so, the sampling points were drawn systematically from each of the "administrative regional units", after stratification by individual unit and type of area. They thus represent the whole territory of the countries surveyed according to the EUROSTAT NUTS II (or equivalent) and according to the distribution of the resident population of the respective nationalities in terms of metropolitan, urban and rural areas. In each of the selected sampling points, a starting address was drawn, at random. Further addresses (every Nth address) were selected by standard "random route" procedures, from the initial address. In each household, the respondent was drawn, at random (following the "closest birthday rule"). All interviews were conducted face-to-face in people's homes and in the appropriate national language. As far as the data capture is concerned, CAPI (*Computer Assisted Personal Interview*) was used in those countries where this technique was available.

For each country a comparison between the sample and the universe was carried out. The Universe description was derived from Eurostat population data or from national statistics offices. For all countries surveyed, a national weighting procedure, using marginal and intercellular weighting, was carried out based on this Universe description. In all countries, gender, age, region and size of locality were introduced in the iteration procedure. For international weighting (i.e. EU averages), TNS Opinion & Social applies the official population figures as provided by EUROSTAT or national statistic offices. The total population figures for input in this post-weighting procedure are listed below.

ABBR.	COUNTRIES	INSTITUTES	N° INTERVIEWS	DATES		POPULATION 15+	PROPORTION EU28
				FIELDWORK			
BE	Belgium	TNS Dimarso	1,077	23/11/13	1/12/13	8,939,546	2.16%
BG	Bulgaria	TNS BBSS	1,026	23/11/13	28/11/13	6,537,510	1.58%
CZ	Czech Rep.	TNS Aisa	1,018	23/11/13	2/12/13	9,012,443	2.18%
DK	Denmark	TNS Gallup DK	1,010	23/11/13	2/12/13	4,561,264	1.10%
DE	Germany	TNS Infratest	1,600	23/11/13	2/12/13	64,336,389	15.57%
EE	Estonia	TNS Emor	1,012	23/11/13	2/12/13	945,733	0.23%
IE	Ireland	Behaviour & Attitudes	1,007	23/11/13	2/12/13	3,522,000	0.85%
EL	Greece	TNS ICAP	1,007	23/11/13	1/12/13	8,693,566	2.10%
ES	Spain	TNS Spain	1,013	23/11/13	2/12/13	39,127,930	9.47%
FR	France	TNS Sofres	1,022	23/11/13	2/12/13	47,756,439	11.56%
HR	Croatia	HENDAL	1,002	23/11/13	2/12/13	3,749,400	0.91%
IT	Italy	TNS Italia	1,019	23/11/13	28/11/13	51,862,391	12.55%
CY	Rep. Of Cyprus	CYMAR	500	23/11/13	2/12/13	838,897	0.20%
LV	Latvia	TNS Latvia	1,011	23/11/13	2/12/13	1,447,866	0.35%
LT	Lithuania	TNS LT	1,023	23/11/13	2/12/13	2,829,740	0.69%
LU	Luxembourg	TNS ILReS	510	23/11/13	2/12/13	434,878	0.11%
HU	Hungary	TNS Hoffmann	1,012	23/11/13	2/12/13	8,320,614	2.01%
MT	Malta	MISCO	500	23/11/13	2/12/13	335,476	0.08%
NL	Netherlands	TNS NIPO	1,037	23/11/13	2/12/13	13,371,980	3.24%
AT	Austria	ipr Umfrageforschung	1,019	23/11/13	2/12/13	7,009,827	1.70%
PL	Poland	TNS Polska	1,000	23/11/13	2/12/13	32,413,735	7.85%
PT	Portugal	TNS Portugal	1,055	23/11/13	2/12/13	8,414,215	2.04%
RO	Romania	TNS CSOP	1,013	23/11/13	30/11/13	18,246,731	4.42%
SI	Slovenia	RM PLUS	1,113	23/11/13	2/12/13	1,759,701	0.43%
SK	Slovakia	TNS Slovakia	1,000	23/11/13	2/12/13	4,549,955	1.10%
FI	Finland	TNS Gallup Oy	971	23/11/13	2/12/13	4,440,004	1.07%
SE	Sweden	TNS Sifo	1,011	23/11/13	2/12/13	7,791,240	1.89%
UK	United Kingdom	TNS UK	1,331	23/11/13	2/12/13	51,848,010	12.55%
TOTAL EU28			27,919	23/11/13	2/12/13	413,097,480	100%*

* It should be noted that the total percentage shown in this table may exceed 100% due to rounding

Readers are reminded that survey results are estimations, the accuracy of which, everything being equal, rests upon the sample size and upon the observed percentage. With samples of about 1,000 interviews, the real percentages vary within the following confidence limits:

Statistical Margins due to the sampling process (at the 95% level of confidence)											
<i>various sample sizes are in rows</i>						<i>various observed results are in columns</i>					
	5%	10%	15%	20%	25%	30%	35%	40%	45%	50%	
	95%	90%	85%	80%	75%	70%	65%	60%	55%	50%	
N=50	6,0	8,3	9,9	11,1	12,0	12,7	13,2	13,6	13,8	13,9	N=50
N=500	1,9	2,6	3,1	3,5	3,8	4,0	4,2	4,3	4,4	4,4	N=500
N=1000	1,4	1,9	2,2	2,5	2,7	2,8	3,0	3,0	3,1	3,1	N=1000
N=1500	1,1	1,5	1,8	2,0	2,2	2,3	2,4	2,5	2,5	2,5	N=1500
N=2000	1,0	1,3	1,6	1,8	1,9	2,0	2,1	2,1	2,2	2,2	N=2000
N=3000	0,8	1,1	1,3	1,4	1,5	1,6	1,7	1,8	1,8	1,8	N=3000
N=4000	0,7	0,9	1,1	1,2	1,3	1,4	1,5	1,5	1,5	1,5	N=4000
N=5000	0,6	0,8	1,0	1,1	1,2	1,3	1,3	1,4	1,4	1,4	N=5000
N=6000	0,6	0,8	0,9	1,0	1,1	1,2	1,2	1,2	1,3	1,3	N=6000
N=7000	0,5	0,7	0,8	0,9	1,0	1,1	1,1	1,1	1,2	1,2	N=7000
N=7500	0,5	0,7	0,8	0,9	1,0	1,0	1,1	1,1	1,1	1,1	N=7500
N=8000	0,5	0,7	0,8	0,9	0,9	1,0	1,0	1,1	1,1	1,1	N=8000
N=9000	0,5	0,6	0,7	0,8	0,9	0,9	1,0	1,0	1,0	1,0	N=9000
N=10000	0,4	0,6	0,7	0,8	0,8	0,9	0,9	1,0	1,0	1,0	N=10000
N=11000	0,4	0,6	0,7	0,7	0,8	0,9	0,9	0,9	0,9	0,9	N=11000
N=12000	0,4	0,5	0,6	0,7	0,8	0,8	0,9	0,9	0,9	0,9	N=12000
N=13000	0,4	0,5	0,6	0,7	0,7	0,8	0,8	0,8	0,9	0,9	N=13000
N=14000	0,4	0,5	0,6	0,7	0,7	0,8	0,8	0,8	0,8	0,8	N=14000
N=15000	0,3	0,5	0,6	0,6	0,7	0,7	0,8	0,8	0,8	0,8	N=15000
	5%	10%	15%	20%	25%	30%	35%	40%	45%	50%	
	95%	90%	85%	80%	75%	70%	65%	60%	55%	50%	