



Special Eurobarometer 411

PATIENT SAFETY AND QUALITY OF CARE

REPORT

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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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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 (approximately 25% of adverse events); medication-related errors; surgical errors; medical device failures; errors in diagnosis; or 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 level⁵.

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 various areas of the Recommendation with considerable room for improvement, mainly with regard to empowering patients, such as 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 report. Also included are the interview methods and confidence intervals⁹.

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

- Slightly over seven out of ten EU citizens (71%) say the overall quality of healthcare in their country is good. In general respondents in western and northern areas are the most positive about the quality of healthcare in their country.
 - Although the overall quality of healthcare is perceived as good, there are still considerable differences between countries. Almost all respondents in Belgium (97%), Austria (96%), and Malta and Finland (both 94%) say that 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 Greece (26%) say the same.
 - There have been some large shifts in opinion within countries. For instance, in 2009 a minority of respondents in Lithuania considered the overall quality of healthcare in their country was good (40%), and this proportion has increased by 25 percentage points to 65% in the current survey.
- Opinion is divided when respondents compare the quality of healthcare in their own country with that in 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.
 - 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.
- Well-trained staff (53%) and treatment that works (40%) are the main criteria for high quality healthcare. Respondents are most likely to mention well-trained medical staff in 21 of the Member States.
- 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%), with GPs being the most mentioned source in 21 countries.
- 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 – a three percentage point increase since 2009.

- However, there is a wide variation in opinion across countries, from 82% of respondents in Cyprus to 21% in Austria. Respondents in Spain in particular are now much more likely to say patients could be harmed than in 2009 (+19 percentage points).
- Half of all respondents (50%, +4 percentage points) think it is likely that patients could be harmed by non-hospital healthcare in their country - a slightly smaller proportion than in the case of hospital care. Respondents in Cyprus (75%), Portugal and Greece (both 71%) and Poland (70%) are the most likely to say this. Respondents in Austria (33%), Germany and Finland (both 34%) and Hungary (38%) are the least likely to do so.
 - Once again respondents in Spain are much more likely to believe that patients could be harmed by non-hospital healthcare in their country than they were in 2009 (+ 18).

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 points). Respondents living in northern and western areas of the EU are more likely to say they or a family member has 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 – increasing 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. 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.
- Adverse events are usually reported to a doctor, nurse or pharmacist (52%) or to hospital management (45%). Respondents are much less likely to report incidents to the national competent bodies, such as regional or local authorities (6%), national patient safety agencies (4%) or health ministries (3%).
 - It is now more common to report these events to a doctor, nurse or pharmacist than in 2009 (+11 percentage points). On the other hand, respondents are less likely to turn to a national patient safety agency (-2).

- Almost all adverse events were reported in the respondents' own country (98%), with just 1% reporting the event in another EU Member State.

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 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 who had experience of surgery, 68% say they were always asked for written consent beforehand, 6% were sometimes asked, but 15% were never asked. There has been little change in these proportions since 2009.
 - The results vary considerably across Member States. For instance, 90% of respondents in Germany were always asked for written consent, in contrast to the situation in Sweden, where only 16% of respondents say consent was always obtained.
- There is greater awareness of who is responsible for patient safety than in 2009. The proportion saying they "don't know" has decreased from 29% to 10%. 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%, + 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 ("don't know": own country, 4%; another Member State, 12%).
 - At least half of all respondents say that, in their own 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).

- In 14 countries at least half of all respondents say they are entitled to an investigation or to financial compensation for an event in their own country.
- In 13 countries at least half of all respondents say they are entitled to financial compensation for an event in another Member State, while in 11 countries at least half say they are entitled to an investigation.
- 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 since 2009).
 - 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 percentage points). This pattern is repeated across a number of Member States, particularly in Hungary (+40), Sweden (+32) and the Czech Republic (+31).
 - 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%) and lawyers in their own country (35%) are the most likely sources of help with redress mentioned in the event of incidents in another Member State.
 - 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).
 - At the EU level there have only been relatively small changes since the 2009 survey, but this is not the case at national level. 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 in 2009 to mention a lawyer in their country. However, those in Lithuania are now more likely to do so (+7).

I. PERCEPTIONS OF AND INFORMATION ABOUT THE QUALITY OF HEALTHCARE

This first section of the report considers the perceptions of EU citizens regarding the quality of their healthcare, both within their own country and in comparison to 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.

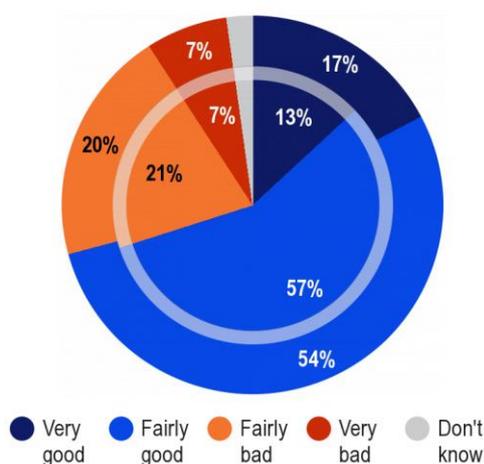
1. OVERALL QUALITY OF HEALTHCARE AT NATIONAL LEVEL

- Although most EU citizens say the overall quality of healthcare in their country is good, this masks wide differences between countries -

The majority of EU citizens say that the overall quality of healthcare in their country is good (71%) – 17% consider it to be "very good" while most (54%) say it is "fairly good"¹⁰. Just over a quarter (27%) think the overall quality of healthcare in their country is bad, with one in five saying it is "fairly bad" and 7% saying it is "very bad".

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.

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



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

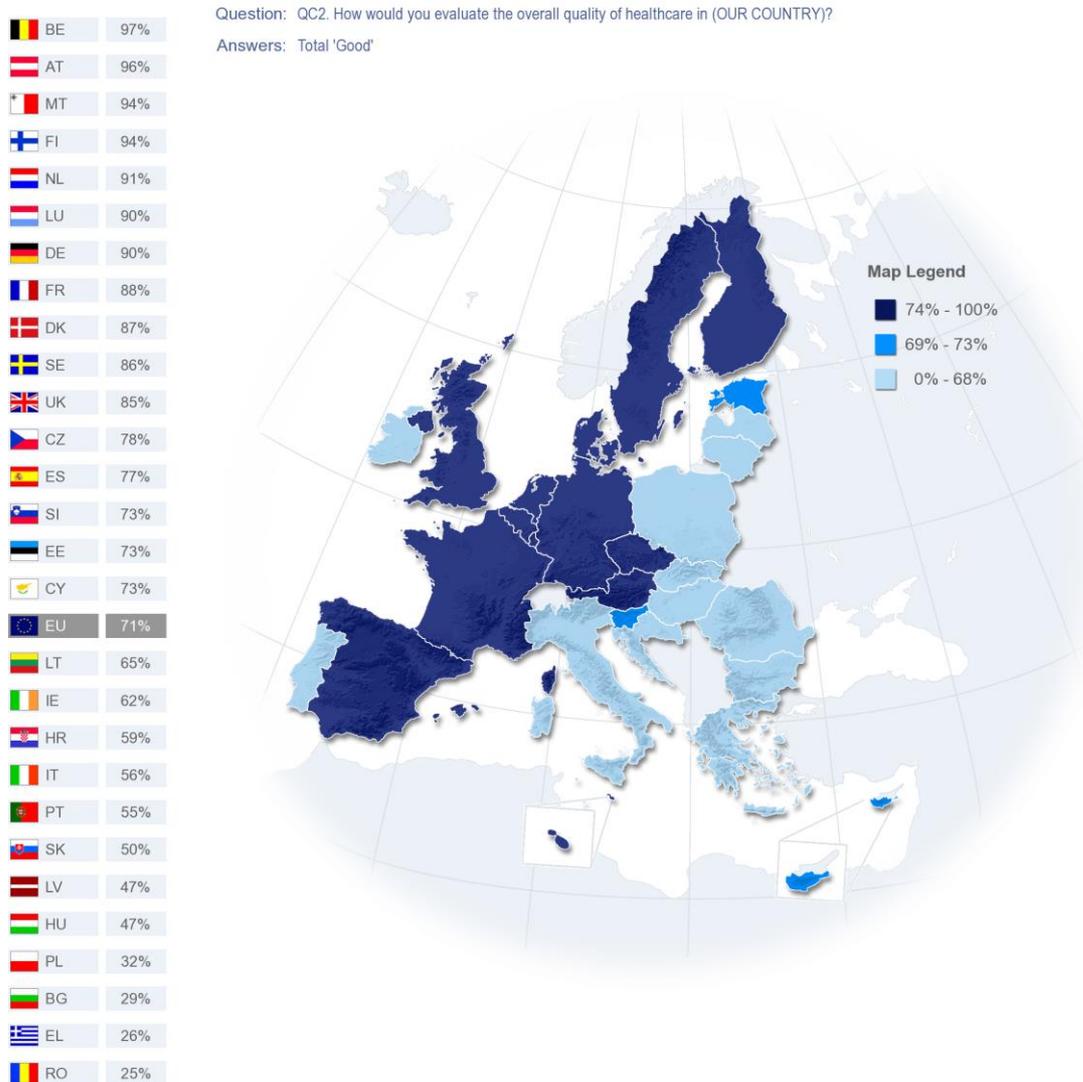
Outer pie : EB80.2 Nov.-Dec. 2013

EU28

¹⁰ QC2. How would you evaluate the overall quality of healthcare in (OUR COUNTRY)? Very good; fairly good; fairly bad; very bad; don't know.

Respondents living in EU15 Member States are much more likely than their NMS13 counterparts to say that the overall quality of healthcare in their country is good (79% vs. 41%).

The map below shows that respondents living in northern and western Europe are generally more likely to rate the quality of their country's healthcare as good than those in southern and eastern Europe.



Although most EU citizens say the overall quality of healthcare in their country is good, this masks wide differences between countries. Almost all respondents in Belgium (97%), Austria (96%) and Malta and Finland (both 94%) say overall healthcare quality in their country is good. In fact, at least four in ten respondents in Belgium (43%) and Austria (41%) say quality is "very good", as do 33% in the Netherlands, 32% in Malta and 31% in the UK.

At the other end of the scale only around a quarter of respondents in Romania (25%) and Greece (26%) say healthcare quality in their country is good. In fact 30% of respondents in Romania and 29% in Greece say the overall quality is "very bad", as do 23% in Bulgaria.

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

	Total 'Good'		Total 'Bad'		Don't know	
	EB80.2 Nov. - Dec. 2013	2013 - 2009	EB80.2 Nov. - Dec. 2013	2013 - 2009	EB80.2 Nov. - Dec. 2013	2013 - 2009
 EU28	71%	+1	27%	-1	2%	=
 LT	65%	+25	33%	-25	2%	=
 HU	47%	+19	51%	-21	2%	+2
 MT	94%	+13	6%	-11	0%	-2
 PT	55%	+13	44%	-12	1%	-1
 LV	47%	+10	50%	-12	3%	+2
 IE	62%	+9	35%	-8	3%	-1
 DE	90%	+4	9%	-4	1%	=
 SI	73%	+4	26%	-4	1%	=
 EE	73%	+3	25%	-3	2%	=
 IT	56%	+2	42%	-2	2%	=
 LU	90%	+2	9%	-1	1%	-1
 PL	32%	+2	62%	-5	6%	+3
 BG	29%	+1	68%	=	3%	-1
 EL	26%	+1	74%	-1	0%	=
 AT	96%	+1	4%	-1	0%	=
 BE	97%	=	3%	=	0%	=
 CZ	78%	=	21%	=	1%	=
 DK	87%	=	12%	-1	1%	+1
 CY	73%	=	26%	=	1%	=
 NL	91%	=	9%	=	0%	=
 RO	25%	=	73%	+4	2%	-4
 FI	94%	=	6%	=	0%	=
 UK	85%	-1	14%	+1	1%	=
 FR	88%	-3	11%	+3	1%	=
 SK	50%	-3	49%	+3	1%	=
 ES	77%	-4	22%	+5	1%	-1
 SE	86%	-4	13%	+3	1%	+1
 HR	59%	NA	40%	NA	1%	NA

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) and Portugal and Malta (both +13) are also considerably more likely to be positive about the overall quality of healthcare in their respective countries.

There are only five countries where opinions of the overall quality of healthcare have worsened: Sweden and Spain (both -4), France and Slovakia (both -3) and the UK (-1).

Socio-demographic analysis shows that the older the respondent, the more likely they are to say the quality of healthcare in their country is good. 74% of those aged 55+ say this, compared to 68% of those aged 15-39. Those who have the highest education levels are the most likely to say that healthcare quality is good, particularly compared with those who completed education aged 16-19 years (75% vs. 69%).

Managers (80%) and retired persons (75%) are the most likely to say that the overall quality of healthcare in their country is good, particularly when compared with house persons (61%), the unemployed (64%) and the self-employed (65%). In addition, the more financial difficulties respondents experience, the less likely they are to say that healthcare quality in their country is good.

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

	Total 'Good'	Total 'Bad'	Don't know
EU28	71%	27%	2%
Age			
15-24	68%	29%	3%
25-39	68%	31%	1%
40-54	70%	29%	1%
55 +	74%	25%	1%
Education (End of)			
15-	71%	28%	1%
16-19	69%	30%	1%
20+	75%	24%	1%
Still studying	70%	27%	3%
Socio-professional category			
Self-employed	65%	34%	1%
Managers	80%	19%	1%
Other white collars	70%	29%	1%
Manual workers	70%	28%	2%
House persons	61%	36%	3%
Unemployed	64%	34%	2%
Retired	75%	23%	2%
Students	70%	27%	3%
Difficulties paying bills			
Most of the time	58%	40%	2%
From time to time	63%	35%	2%
Almost never/ Never	77%	22%	1%

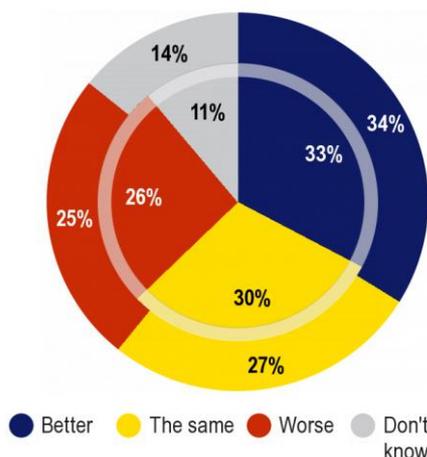
2. QUALITY OF HEALTHCARE AT NATIONAL LEVEL COMPARED WITH OTHER EU MEMBER STATES

- EU citizens remain divided about whether their own country's healthcare system is better, worse or the same as in other Member States -

When respondents are asked to compare the quality of healthcare in their country to that of other EU Member States, there is no clear consensus¹¹. Just over one third (34%) think the quality of healthcare in their country is better than other Member States, 27% think it is the same, while a quarter think it is worse (25%).

Once again these results are similar to those in the previous survey. The largest evolution is in the proportion who say that the quality is the same (-3 percentage points).

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



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

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

EU28

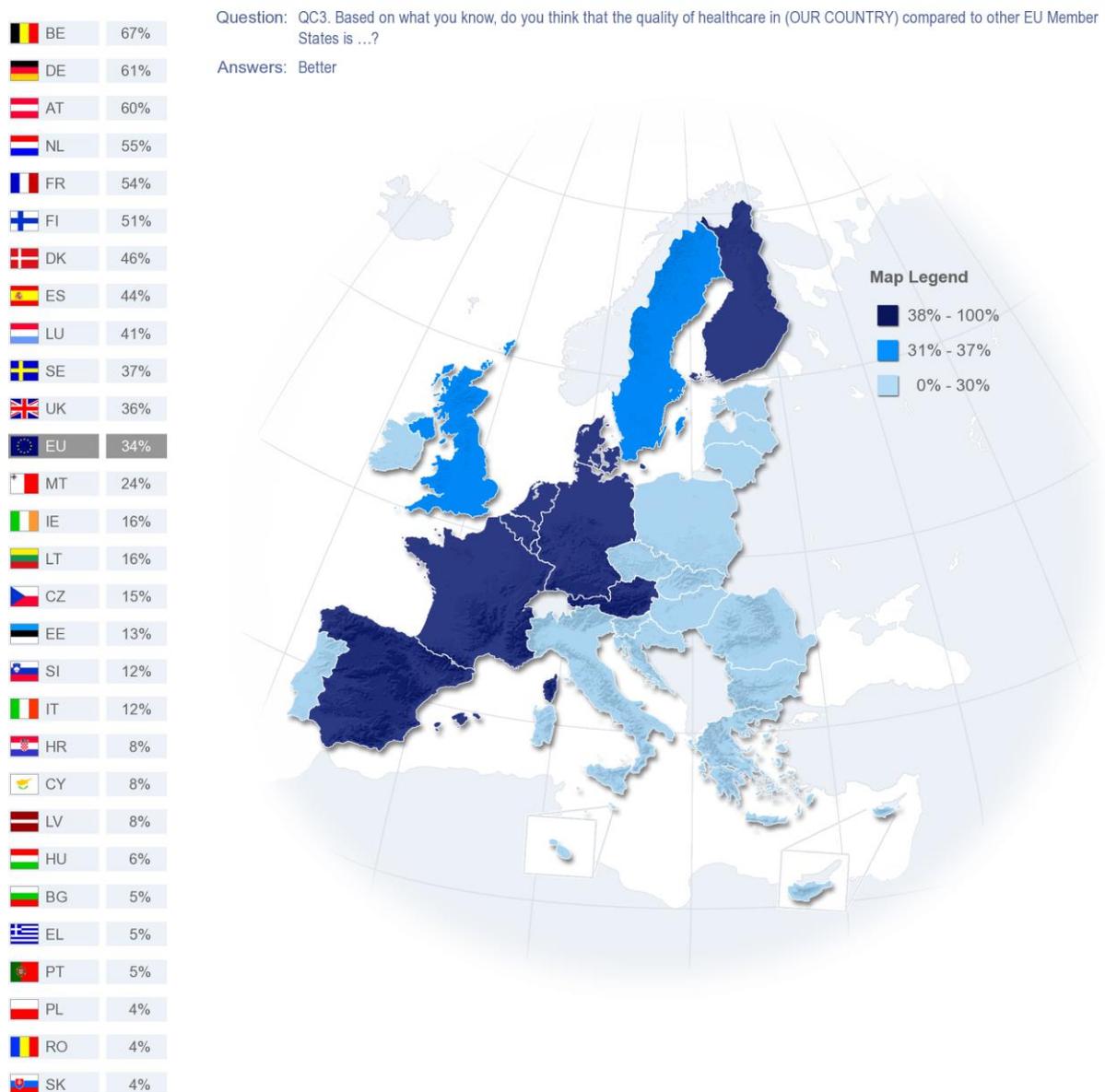
Respondents living in EU15 Member States are much more likely than their NMS13 counterparts to say that the quality of healthcare in their country is better than in other Member States (41% vs. 7%). Those living in NMS13 countries are more likely to say that their healthcare quality is worse (57% vs. 16%).

The map below illustrates a similar trend to 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.

¹¹ QC3 Based on what you know, do you think that the quality of healthcare in (OUR COUNTRY) compared to other EU Member States is ...? Better; the same; worse; don't know.

At least six out of ten respondents in Belgium (67%), Germany (61%) and Austria (60%) say healthcare quality in their country is better than that of other Member States, as do at least half of all respondents in the Netherlands (55%), France (54%) and Finland (51%). It is worth noting that at least 88% of respondents in each of these countries also say the overall quality of healthcare in their country is good.

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. Only 10% respondents in Bulgaria and 11% of those in Romania think the same way. In fact at least seven out of ten respondents in Romania (78%), Greece (73%) and Bulgaria (72%) think healthcare quality in their country is worse than that of other Member States. Respondents in these three countries are also the most likely to say that overall healthcare quality in their country is bad.



Compared to the previous survey in 2009, respondents in Lithuania, 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.

Opinion has become less negative in other countries. Respondents in Latvia (-18 percentage points) and Hungary (-14) are now considerably less likely to say their healthcare quality is worse than in other Member States – in both cases respondents are now more likely to say that healthcare quality is the same. In the case of Lithuania there has been a decrease in those who say the quality is worse (-17) and an increase in those who say it is better (+8) or the same (+6).

However, respondents in Slovakia (-7 percentage points), Sweden (-6), Cyprus and Finland (both -5) are now less likely to say that healthcare quality in their country is better than in other Member States. Furthermore, respondents in Romania and Cyprus (both +5) are now more likely to say that the quality of healthcare is worse than in other Member States than they were in 2009.

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

	Better		The same		Worse		Don't know	
	EB80.2 Nov. - Dec. 2013	2013 - 2009						
 EU28	34%	+1	27%	-3	25%	-1	14%	+3
 DE	61%	+8	24%	-8	4%	-3	11%	+3
 LT	16%	+8	34%	+6	30%	-17	20%	+3
 NL	55%	+7	33%	-7	7%	-1	5%	+1
 IE	16%	+5	30%	=	38%	-4	16%	-1
 ES	44%	+5	21%	-10	14%	+2	21%	+3
 DK	46%	+4	39%	-3	11%	-3	4%	+2
 EE	13%	+4	43%	+2	25%	-9	19%	+3
 HU	6%	+4	31%	+11	53%	-14	10%	-1
 BG	5%	+3	10%	-2	72%	=	13%	-1
 BE	67%	+2	27%	-2	3%	-1	3%	+1
 EL	5%	+2	16%	-1	73%	-4	6%	+3
 LV	8%	+2	24%	+6	47%	-18	21%	+10
 PT	5%	+2	29%	+3	45%	-9	21%	+4
 RO	4%	+1	11%	-2	78%	+5	7%	-4
 CZ	15%	-1	49%	-1	31%	+3	5%	-1
 FR	54%	-1	24%	-5	6%	+2	16%	+4
 MT	24%	-2	45%	+8	8%	-7	23%	+1
 PL	4%	-2	26%	+6	59%	-4	11%	=
 UK	36%	-2	27%	-4	17%	+1	20%	+5
 IT	12%	-3	37%	-2	35%	-2	16%	+7
 LU	41%	-3	35%	-2	11%	-2	13%	+7
 AT	60%	-4	34%	+2	4%	+1	2%	+1
 SI	12%	-4	40%	-2	30%	=	18%	+6
 CY	8%	-5	33%	-2	40%	+5	19%	+2
 FI	51%	-5	36%	+1	4%	=	9%	+4
 SE	37%	-6	41%	+1	9%	+3	13%	+2
 SK	4%	-7	33%	=	55%	+4	8%	+3
 HR	8%	NA	34%	NA	48%	NA	10%	NA

Socio-demographic analysis shows that those aged 25-39 are the least likely to say that healthcare in their country is better than in other Member States (31% vs. 34%-36%), while those aged 55+ are the least likely to say that healthcare is worse (22% vs. 26%-28%).

Those with the highest education levels are the most likely to say that the quality of healthcare is better (38% vs. 31%-32%). Managers (41%) and students (39%) are more likely than other occupation groups to say that overall healthcare quality is better in their country than in other Member States (compared to 27%-34%).

In addition, the more household financial difficulties respondents experience, the more likely they are to say that healthcare quality in their country is worse than in other Member States. One in five (20%) of those who rarely or never have financial difficulties think healthcare quality in their country is worse, compared with 35% of those who have difficulties most of the time.

Respondents who think that the overall quality of healthcare in their country is good are more likely to say that the quality is better than in other Member States (44% vs. 8%). The reverse is also true: those who say that healthcare quality in their country is bad are also more likely to say that it is worse than in other Member States (66% vs. 10% who rate it as good).

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

	Better	The same	Worse	Don't know
EU28	34%	27%	25%	14%

Age

15-24	36%	26%	27%	11%
25-39	31%	29%	28%	12%
40-54	35%	27%	26%	12%
55 +	34%	27%	22%	17%

Education (End of)

15-	31%	26%	23%	20%
16-19	32%	28%	27%	13%
20+	38%	29%	23%	10%
Still studying	39%	25%	25%	11%

Subjective urbanisation

Rural village	35%	27%	24%	14%
Small/ mid size town	33%	29%	24%	14%
Large town	33%	25%	29%	13%

Socio-professional category

Self-employed	29%	28%	32%	11%
Managers	41%	29%	21%	9%
Other white collars	31%	30%	27%	12%
Manual workers	34%	28%	25%	13%
House persons	27%	25%	31%	17%
Unemployed	30%	29%	28%	13%
Retired	34%	27%	21%	18%
Students	39%	25%	25%	11%

Difficulties paying bills

Most of the time	27%	24%	35%	14%
From time to time	26%	29%	31%	14%
Almost never/ Never	39%	28%	20%	13%

Overall quality of healthcare in (COUNTRY)

Good	44%	32%	10%	14%
Bad	8%	15%	66%	11%

3. EVALUATION CRITERIA FOR HIGH QUALITY HEALTHCARE

- Well-trained staff, and treatment that works are the main hallmarks of high quality healthcare -

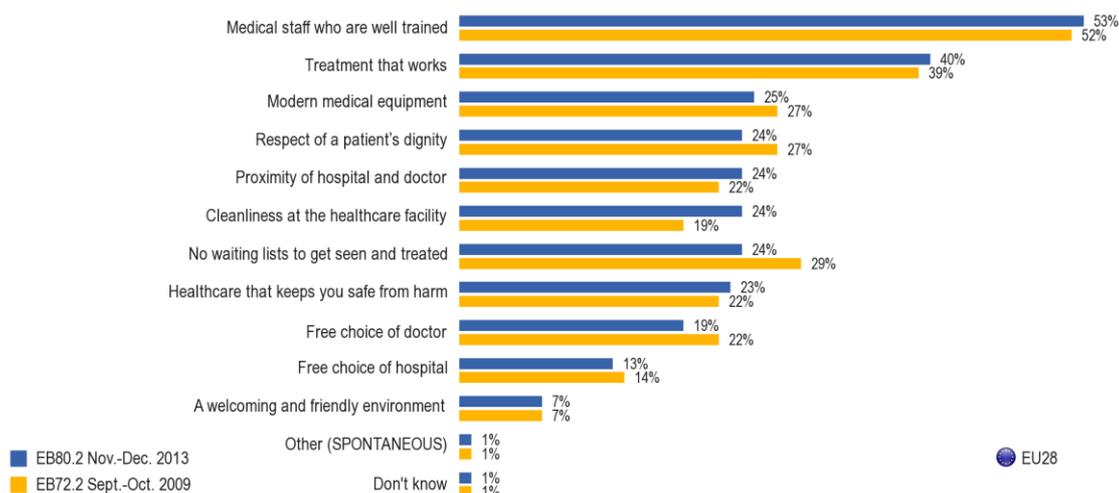
Respondents were asked to name up to three criteria that they associated with high quality healthcare¹². More than half (53%) mention well-trained medical staff and this is also the only criterion that is mentioned by at least half of all respondents. This is followed by treatment that works (40%). The next six criteria are grouped closely together in terms of importance:

- 25% mention modern medical equipment;
- 24% mention respect for a patient's dignity, proximity of hospital and doctor, cleanliness at the healthcare facility or no waiting lists for being seen and treated;
- 23% mention healthcare that keeps you safe from harm.

Around one in five mention free choice of a doctor (19%), while only 13% mention free choice of hospital, and 7% say a welcoming and friendly environment is the most important criterion for high quality healthcare.

In general changes since 2009 are small (1-2 percentage points). However cleanliness is now more likely to be considered an important criterion (+5), 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)

¹² 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.

Having **well-trained medical staff** is the most important criterion for high quality healthcare in the view of respondents in 21 countries, led by Sweden (69%), the Netherlands (66%), Malta (65%), and Germany and the UK (both 63%). In contrast just 34% of respondents in Poland and 35% in Slovakia say having well-trained medical staff is one of the most important criteria. In both 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%). Although not the most common reason, treatment that works is also frequently mentioned by respondents in Finland (53%) and Lithuania (50%). This is in contrast to respondents in Malta and Ireland (both 27%) and Spain (30%), who are the least likely to mention this criterion.

Respondents are the most likely to say that **modern medical equipment** is one of the three most important criteria for high quality healthcare in Lithuania (42%), followed by Latvia and the Czech Republic (both 39%). Only 11% of respondents in the Netherlands think the same way.

At least one-third of respondents in Malta (37%), Cyprus (35%) and Portugal and Greece (both 34%) think that **respect for a patient's dignity** is one of the three most important criteria. This compares to 15% in Ireland and 16% in Finland.

More than half of all respondents in Sweden think that the **proximity of hospital and doctor** is an important criterion for high quality healthcare (55%), and 49% of those in France also think this way. In contrast, only 7% of respondents in Cyprus mention the proximity of hospital and doctor.

Respondents are most likely to mention **cleanliness** at the healthcare facility in the UK (47%), followed by Malta (39%), and Ireland and Germany (both 37%). Only 8% of respondents in Poland and Slovenia say the same. More than half of all respondents in Finland think that **no waiting lists** for being seen and treated is one of the three most important criteria for high quality healthcare (54%). Almost half of those in Spain and Slovenia respondents agree (47%). However, no waiting lists are less likely to be in the top three criteria for respondents in Bulgaria (6%).

Across the EU, the Netherlands and Austria are the only two countries where at least one-third of respondents say that **healthcare that keeps you safe from harm** is one of the three most important criteria for high quality healthcare (both 34%). This criterion is least likely to be mentioned by respondents in Sweden (7%).

The free choice of doctor is most likely to be mentioned by respondents in Luxembourg (34%), while citizens in Belgium are most likely to mention **the free choice of hospital** (22%). Respondents in Estonia are the most likely across the EU to mention a **welcoming and friendly environment** as one of the three most important criteria for high quality healthcare (16%).

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

	Medical staff who are well trained	Treatment that works	Modern medical equipment	Respect of a patient's dignity	Proximity of hospital and doctor	Cleanliness at the healthcare facility	No waiting lists to get seen and treated	Healthcare that keeps you safe from harm	Free choice of doctor	Free choice of hospital	A welcoming and friendly environment	Other (SPONTANEOUS)	Don't know
EU28	53%	40%	25%	24%	24%	24%	24%	23%	19%	13%	7%	1%	1%
BE	54%	39%	23%	27%	21%	16%	15%	23%	27%	22%	11%	0%	0%
BG	47%	63%	36%	21%	30%	10%	6%	18%	24%	13%	9%	0%	0%
CZ	46%	49%	39%	24%	26%	15%	19%	13%	23%	16%	12%	0%	0%
DK	58%	48%	27%	21%	32%	16%	41%	17%	12%	16%	5%	0%	0%
DE	63%	35%	25%	21%	20%	37%	9%	29%	28%	18%	2%	0%	0%
EE	56%	45%	36%	20%	20%	11%	39%	9%	15%	6%	16%	2%	0%
IE	47%	27%	18%	15%	35%	37%	43%	26%	15%	10%	5%	0%	1%
EL	47%	49%	35%	34%	12%	24%	33%	19%	16%	13%	6%	1%	0%
ES	57%	30%	29%	19%	26%	10%	47%	21%	12%	11%	5%	1%	1%
FR	51%	40%	29%	20%	49%	24%	17%	17%	21%	14%	8%	0%	0%
HR	40%	50%	25%	21%	30%	13%	41%	12%	17%	12%	10%	0%	0%
IT	41%	36%	23%	31%	14%	18%	24%	26%	19%	12%	10%	0%	1%
CY	58%	37%	30%	35%	7%	25%	23%	25%	32%	9%	5%	0%	0%
LV	47%	51%	39%	27%	24%	9%	9%	18%	19%	9%	7%	2%	1%
LT	56%	50%	42%	18%	14%	9%	24%	14%	25%	12%	6%	1%	0%
LU	53%	33%	20%	22%	34%	23%	20%	11%	34%	12%	8%	2%	0%
HU	47%	39%	35%	23%	21%	15%	35%	22%	17%	10%	6%	1%	0%
MT	65%	27%	15%	37%	14%	39%	29%	16%	21%	4%	6%	0%	0%
AT	61%	42%	36%	25%	23%	20%	11%	34%	21%	15%	7%	0%	0%
NL	66%	46%	11%	29%	26%	13%	23%	34%	18%	20%	3%	1%	0%
PL	34%	50%	29%	22%	16%	8%	41%	22%	18%	12%	11%	1%	2%
PT	45%	33%	22%	34%	29%	26%	27%	12%	15%	11%	8%	0%	1%
RO	53%	36%	23%	29%	26%	23%	12%	10%	28%	13%	12%	1%	1%
SI	52%	31%	20%	25%	26%	8%	47%	14%	24%	10%	13%	0%	0%
SK	35%	54%	37%	27%	19%	13%	23%	32%	22%	12%	10%	0%	0%
FI	60%	53%	14%	16%	28%	12%	54%	13%	14%	8%	9%	1%	1%
SE	69%	43%	20%	26%	55%	17%	35%	7%	11%	5%	7%	0%	0%
UK	63%	40%	18%	23%	16%	47%	23%	30%	10%	10%	8%	1%	1%

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

(ROTATION - MAX. 3 ANSWERS)

At the EU level there have been generally small changes in results since the 2009 survey. However at the national level there have been some notable shifts:

- Respondents in Estonia (+9 percentage points) and Malta (+8) are now more likely to mention well-trained medical staff. Respondents in Bulgaria, however, are less likely to do so (-8).
- Treatment that works is more likely to be mentioned in most countries than in 2009, particularly by respondents in Luxembourg (+17) and Greece (+10).
- Respondents in Greece are also much more likely to mention modern medical equipment (+18 percentage points) as they are in Cyprus (+12). On the other hand, those in Lithuania are now less likely to mention this as an important criterion for high quality healthcare (-9).

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

	Medical staff who are well trained		Treatment that works		Modern medical equipment		Respect of a patient's dignity		Proximity of hospital and doctor		Cleanliness at the healthcare facility		No waiting lists to get seen and treated		Healthcare that keeps you safe from harm		Free choice of doctor		Free choice of hospital		A welcoming and friendly environment		Other (SPONTANEOUS)		Don't know	
	EB80.2 Nov. - Dec. 2013	2013 - 2009	EB80.2 Nov. - Dec. 2013	2013 - 2009	EB80.2 Nov. - Dec. 2013	2013 - 2009	EB80.2 Nov. - Dec. 2013	2013 - 2009	EB80.2 Nov. - Dec. 2013	2013 - 2009	EB80.2 Nov. - Dec. 2013	2013 - 2009	EB80.2 Nov. - Dec. 2013	2013 - 2009	EB80.2 Nov. - Dec. 2013	2013 - 2009	EB80.2 Nov. - Dec. 2013	2013 - 2009	EB80.2 Nov. - Dec. 2013	2013 - 2009	EB80.2 Nov. - Dec. 2013	2013 - 2009	EB80.2 Nov. - Dec. 2013	2013 - 2009	EB80.2 Nov. - Dec. 2013	2013 - 2009
 EU28	53%	+1	40%	+1	25%	-2	24%	-3	24%	+2	24%	+5	24%	-5	23%	+1	19%	-3	13%	-1	7%	=	1%	=	1%	=
 BE	54%	+2	39%	+6	23%	-3	27%	=	21%	=	16%	+3	15%	-4	23%	+5	27%	-6	22%	-4	11%	=	0%	-1	0%	=
 BG	47%	-8	63%	-1	36%	=	21%	-2	30%	+5	10%	+2	6%	-4	18%	-1	24%	+1	13%	=	9%	+1	0%	=	0%	-1
 CZ	46%	-3	49%	+2	39%	-7	24%	-1	26%	+7	15%	+3	19%	-1	13%	=	23%	-3	16%	+2	12%	+1	0%	=	0%	=
 DK	58%	+4	48%	+2	27%	-4	21%	-3	32%	+8	16%	=	41%	-8	17%	+7	12%	=	16%	-3	5%	-2	0%	=	0%	-1
 DE	63%	+1	35%	-4	25%	-7	21%	-4	20%	+4	37%	+15	9%	-4	29%	-4	28%	-1	18%	+3	2%	=	0%	=	0%	=
 EE	56%	+9	45%	+7	36%	-5	20%	=	20%	+3	11%	+1	39%	+4	9%	-2	15%	-12	6%	-5	16%	=	2%	+1	0%	-1
 IE	47%	+1	27%	+6	18%	+3	15%	-11	35%	-3	37%	+5	43%	-1	26%	-1	15%	-1	10%	-3	5%	=	0%	-1	1%	=
 EL	47%	+2	49%	+10	35%	+18	34%	-3	12%	-4	24%	+1	33%	-10	19%	+4	16%	-15	13%	-8	6%	=	1%	+1	0%	=
 ES	57%	+3	30%	+2	29%	+8	19%	-4	26%	-2	10%	-1	47%	=	21%	+3	12%	-11	11%	+1	5%	+1	1%	-1	1%	=
 FR	51%	+3	40%	+5	29%	-2	20%	-3	49%	+9	24%	+4	17%	-5	17%	+2	21%	-3	14%	-6	8%	=	0%	=	0%	=
 HR	40%	NA	50%	NA	25%	NA	21%	NA	30%	NA	13%	NA	41%	NA	12%	NA	17%	NA	12%	NA	10%	NA	0%	NA	0%	NA
 IT	41%	-3	36%	=	23%	+1	31%	-5	14%	+2	18%	-2	24%	-10	26%	+3	19%	+3	12%	=	10%	=	0%	-1	1%	=
 CY	58%	-3	37%	-5	30%	+12	35%	-8	7%	+2	25%	+13	23%	-10	25%	+2	32%	-7	9%	-1	5%	+3	0%	-1	0%	=
 LV	47%	+1	51%	+7	39%	+3	27%	-1	24%	-15	9%	+4	9%	+2	18%	+2	19%	-7	9%	-4	7%	-1	2%	=	1%	=
 LT	56%	-4	50%	+4	42%	-9	18%	+2	14%	+1	9%	+3	24%	+5	14%	+2	25%	-3	12%	-4	6%	+1	1%	=	0%	=
 LU	53%	-2	33%	+17	20%	-6	22%	+2	34%	-11	23%	+6	20%	-5	11%	+1	34%	-2	12%	-4	8%	-4	2%	+2	0%	-1
 HU	47%	-4	39%	-3	35%	=	23%	-5	21%	+3	15%	+3	35%	=	22%	=	17%	-5	10%	-3	6%	-1	1%	=	0%	=
 MT	65%	+8	27%	+6	15%	-1	37%	+12	14%	-2	39%	+5	29%	-10	16%	-1	21%	-1	4%	-7	6%	-2	0%	-1	0%	=
 AT	61%	+1	42%	+1	36%	+1	25%	-2	23%	+3	20%	-4	11%	-4	34%	+3	21%	-1	15%	+1	7%	+1	0%	=	0%	=
 NL	66%	+1	46%	+6	11%	-6	29%	-2	26%	+5	13%	-1	23%	-15	34%	+11	18%	-2	20%	+6	3%	-2	1%	=	0%	-1
 PL	34%	+7	50%	-2	29%	=	22%	-6	16%	-1	8%	=	41%	+2	22%	+1	18%	-5	12%	=	11%	=	1%	=	2%	-1
 PT	45%	-4	33%	+5	22%	+3	34%	-4	29%	-4	26%	+12	27%	-11	12%	+1	15%	-1	11%	-1	8%	+1	0%	=	1%	-2
 RO	53%	-1	36%	-1	23%	=	29%	-5	26%	+4	23%	-1	12%	=	10%	-2	28%	+2	13%	-2	12%	+2	1%	=	1%	=
 SI	52%	+4	31%	+1	20%	-1	25%	-9	26%	+10	8%	+2	47%	-12	14%	-3	24%	+2	10%	-2	13%	-7	0%	-1	0%	=
 SK	35%	-6	54%	+6	37%	+1	27%	-4	19%	-2	13%	-1	23%	=	32%	+9	22%	+1	12%	-1	10%	-5	0%	=	0%	=
 FI	60%	+3	53%	+5	14%	=	16%	-8	28%	+4	12%	+6	54%	-11	13%	-1	14%	-1	8%	+1	9%	-2	1%	+1	1%	+1
 SE	69%	+1	43%	+8	20%	-5	26%	-2	55%	=	17%	+5	35%	-4	7%	+2	11%	-3	5%	-2	7%	+2	0%	-1	0%	=
 UK	63%	+3	40%	=	18%	-6	23%	+3	16%	+3	47%	+17	23%	-5	30%	=	10%	-2	10%	-4	8%	+1	1%	+1	1%	-2

(ROTATION – MAX. 3 ANSWERS)

- Respect for a patient's dignity is now more likely to be mentioned by respondents in Malta (+12 percentage points), but less likely to be mentioned in Ireland (-11).
- Proximity of hospital and doctor is now more frequently mentioned by respondents in Slovenia (+10 percentage points), but is less likely to be seen as a criterion for high quality healthcare in Latvia (-15) or Luxembourg (-11).
- Cleanliness is more likely to be mentioned in most countries, particularly in the UK (+17 percentage points), Germany (+15), Cyprus (+13) and Portugal (+12).
- No waiting lists are generally less likely to be mentioned as an important criterion, particularly by respondents in the Netherlands (-15 percentage points), Slovenia (-12), Finland and Portugal (both -11), and Cyprus, Greece, Italy and Malta (all -10).
- Respondents in the Netherlands (+11 percentage points) and Slovakia (+9) are now more likely to mention healthcare that keeps you safe from harm.
- Free choice of a doctor is generally less mentioned than in 2009, particularly in Greece (-15 percentage points), Estonia (-12) and Spain (-11).
- Free choice of hospital is less likely to be seen as an important criterion by respondents in Greece (-8 percentage points) and Malta (-7), while those in Slovenia are now less likely to mention a welcoming and friendly environment (-7).

Socio-demographic analysis shows that men are slightly more likely than women to mention modern medical equipment (28% vs. 23%).

The older the respondent, the more likely they are to say that the proximity of doctor and hospital and free choice of doctor are important criteria for high quality healthcare. For example 28% of those aged 55+ mention the proximity of hospital and doctor, compared to 21% of those aged 15-24. Respondents aged 15-24, on the other hand, are the most likely to be concerned with cleanliness at the healthcare facility (33% vs. 20%-24%).

The longer a respondent remained in education, the more likely they are to say that well-trained medical staff and treatment that works are important. For example 48% of those who completed their education aged 15 or younger mention well-trained medical staff, compared to 58% of those who finished education aged 20+. Respondents with the lowest education levels are the least likely to mention modern medical equipment (21% vs. 26%).

Managers are more likely than other groups to say well-trained medical staff are important (65% vs. 47%-55%). Students (12%) and the unemployed (16%) are the least likely to mention the free choice of a doctor, although students are the most likely to mention the cleanliness of the hospital facility (32% vs. 20%-27%).

Those with the least financial difficulties are the most likely to say that well-trained medical staff are an important criterion for high quality healthcare (56% vs. 47%-49%).

Respondents who say their country has good quality healthcare are more likely to say that proximity to doctor and hospital (27% vs. 19%), well-trained medical staff (55% vs. 47%) and cleanliness (26% vs. 19%) are important. The same pattern applies when comparing those who say healthcare quality in their country is better or worse than that of other Member States.

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 (32% vs. 21%) as a criterion for good quality healthcare.

QC1 Of the following criteria, which are the three most important criteria when you think of high quality healthcare in (OUR COUNTRY)? (ROTATE – MAX. 3 ANSWERS)

	Medical staff who are well trained	Treatment that works	Modern medical equipment	Respect of a patient's dignity	Proximity of hospital and doctor	Cleanliness at the healthcare facility	No waiting lists to get seen and treated	Healthcare that keeps you safe from harm	Free choice of doctor	Free choice of hospital	A welcoming and friendly environment	Other (SPONTANEOUS)	Don't know
EU28	53%	40%	25%	24%	24%	24%	24%	23%	19%	13%	7%	1%	1%
 Gender													
Man	54%	40%	28%	22%	25%	22%	24%	22%	19%	14%	7%	1%	1%
Woman	52%	39%	23%	26%	24%	25%	25%	24%	19%	13%	7%	1%	1%
 Age													
15-24	53%	43%	28%	22%	21%	33%	22%	22%	13%	11%	10%	0%	0%
25-39	55%	39%	27%	23%	23%	24%	25%	23%	17%	13%	7%	1%	1%
40-54	54%	39%	26%	24%	23%	23%	24%	24%	21%	13%	6%	1%	0%
55 +	51%	39%	23%	25%	28%	20%	25%	22%	22%	15%	7%	1%	1%
 Education (End of)													
15-	48%	35%	21%	25%	25%	21%	26%	22%	20%	15%	8%	1%	1%
16-19	52%	39%	26%	23%	23%	25%	25%	24%	20%	14%	7%	1%	1%
20+	58%	43%	26%	24%	27%	21%	24%	22%	19%	13%	6%	0%	0%
Still studying	55%	43%	30%	20%	20%	32%	20%	22%	12%	11%	10%	0%	0%
 Socio-professional category													
Self-employed	52%	39%	28%	25%	22%	21%	24%	25%	22%	12%	6%	1%	1%
Managers	65%	43%	27%	23%	26%	23%	20%	24%	18%	13%	4%	1%	0%
Other white collars	53%	40%	28%	24%	22%	23%	24%	23%	19%	12%	7%	0%	1%
Manual workers	53%	39%	27%	24%	24%	27%	25%	22%	18%	14%	6%	1%	0%
House persons	47%	34%	20%	27%	22%	23%	26%	23%	22%	14%	8%	1%	2%
Unemployed	50%	38%	25%	23%	23%	23%	30%	24%	16%	12%	9%	0%	1%
Retired	50%	39%	22%	24%	28%	20%	25%	23%	22%	15%	7%	1%	1%
Students	55%	43%	30%	20%	20%	32%	20%	22%	12%	11%	10%	0%	0%
 Difficulties paying bills													
Most of the time	47%	39%	24%	26%	24%	22%	27%	22%	17%	12%	8%	1%	1%
From time to time	49%	39%	27%	25%	23%	22%	24%	23%	19%	14%	8%	1%	1%
Almost never/ Never	56%	40%	25%	23%	26%	25%	24%	23%	20%	13%	6%	1%	0%
Overall quality of healthcare in (COUNTRY)													
Good	55%	39%	26%	23%	27%	26%	21%	23%	20%	14%	7%	0%	0%
Bad	47%	41%	25%	27%	19%	19%	32%	23%	18%	11%	7%	1%	1%
Quality healthcare in (COUNTRY) vs. other MS													
Better	59%	38%	26%	22%	27%	27%	20%	23%	20%	14%	6%	0%	0%
The same	49%	39%	24%	25%	25%	22%	23%	24%	20%	14%	8%	0%	1%
Worse	49%	43%	28%	26%	18%	21%	30%	21%	18%	12%	7%	1%	1%

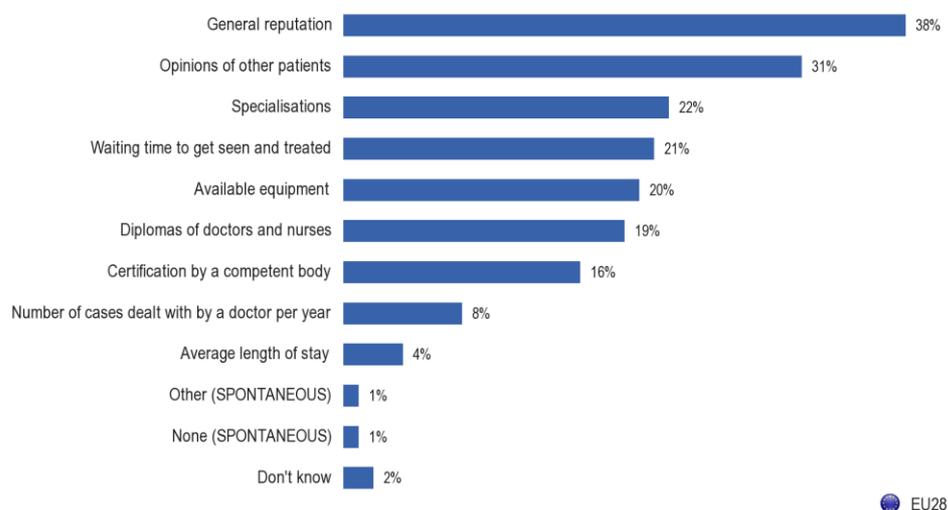
4. TYPES OF INFORMATION FOR ASSESSING THE QUALITY OF A HOSPITAL

- General reputation and the opinion of other patients are the most useful information when evaluating the quality of a hospital -

Respondents were asked what kind of information they would find useful in assessing the quality of a hospital¹³. Almost four in ten mention the general reputation of the hospital (38%), while 31% mention the opinion of other patients. Around one in five say that specialisations (22%), the waiting time to get seen and treated (21%), the available equipment (20%), or the diplomas of the doctors and nurses (19%) would be useful information in assessing quality.

Certification by a competent body would be useful for 16%, while 8% mention the number of cases dealt with by a doctor each year, and 4% mention the average length of stay.

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



EU28

(ROTATION – MAX. 2 ANSWERS)

As this is a new question, no trend data is available.

The **general reputation** of a hospital is seen as the most useful information for assessing its quality by respondents 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. At the other end of the scale just over one in five respondents in Finland think the same way (21%).

¹³ 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.

Just over one-third of respondents in Denmark would find **specialisations** the most useful information (36%), as would 30% in Belgium, the Czech Republic and the Netherlands. Around one in ten respondents in Hungary (10%) and Ireland (11%) say the same.

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

	General reputation	Opinions of other patients	Specialisations	Waiting time to get seen and treated	Available equipment	Diplomas of doctors and nurses	Certification by a competent body	Number of cases dealt with by a doctor per year	Average length of stay	Other (SPONTANEOUS)	None (SPONTANEOUS)	Don't know
EU28	38%	31%	22%	21%	20%	19%	16%	8%	4%	1%	1%	2%
BE	54%	28%	30%	13%	22%	14%	12%	6%	4%	1%	0%	0%
BG	48%	58%	16%	9%	24%	6%	8%	6%	2%	0%	1%	3%
CZ	47%	38%	30%	14%	26%	7%	12%	7%	5%	0%	0%	0%
DK	39%	29%	36%	29%	13%	4%	23%	9%	7%	2%	0%	1%
DE	16%	28%	27%	5%	12%	57%	23%	11%	3%	0%	1%	2%
EE	44%	27%	20%	23%	24%	13%	12%	8%	3%	2%	1%	2%
IE	50%	45%	11%	36%	9%	7%	10%	7%	6%	1%	0%	2%
EL	42%	32%	18%	22%	37%	10%	16%	8%	6%	0%	0%	1%
ES	30%	23%	23%	32%	32%	12%	8%	6%	8%	2%	1%	2%
FR	60%	31%	25%	16%	24%	13%	14%	4%	2%	1%	0%	1%
HR	35%	38%	18%	35%	25%	10%	7%	6%	3%	1%	0%	1%
IT	34%	23%	22%	20%	25%	13%	18%	13%	4%	0%	1%	3%
CY	41%	56%	13%	13%	23%	15%	15%	14%	2%	1%	0%	1%
LV	53%	31%	16%	16%	27%	8%	9%	2%	5%	0%	1%	3%
LT	35%	32%	18%	16%	34%	11%	15%	9%	3%	2%	1%	3%
LU	44%	27%	26%	14%	17%	18%	16%	11%	2%	1%	2%	2%
HU	26%	36%	10%	30%	34%	11%	13%	13%	8%	1%	1%	2%
MT	39%	38%	14%	26%	15%	12%	9%	7%	5%	1%	0%	5%
AT	27%	29%	21%	7%	17%	58%	17%	11%	4%	2%	0%	0%
NL	49%	27%	30%	16%	6%	10%	30%	15%	3%	2%	1%	1%
PL	31%	40%	18%	33%	23%	6%	8%	6%	5%	0%	1%	3%
PT	38%	25%	22%	30%	19%	12%	21%	5%	4%	1%	1%	3%
RO	39%	42%	22%	16%	25%	6%	14%	12%	3%	1%	1%	1%
SI	31%	47%	12%	39%	21%	5%	7%	9%	4%	2%	1%	1%
SK	40%	38%	19%	29%	30%	10%	10%	5%	5%	1%	0%	0%
FI	36%	21%	20%	41%	19%	15%	21%	3%	6%	1%	1%	3%
SE	29%	40%	24%	33%	6%	33%	18%	4%	2%	1%	0%	1%
UK	52%	33%	14%	32%	10%	9%	15%	6%	6%	2%	1%	3%

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

(ROTATION – MAX. 2 ANSWERS)

Waiting times to get seen and treated is the most mentioned type of information in Finland (41%) and Spain (32%), although this information is also mentioned by 39% of respondents in Slovenia, 36% in Ireland, 35% in Croatia, 33% in Poland and Sweden and 32% in the United Kingdom.

Along with waiting times, respondents in Spain are also most likely to mention **available equipment** (32%) as useful information when assessing the quality of a hospital. This type of information is also mentioned by 37% of respondents in Greece and 34% in Hungary and Lithuania, but by only 6% in the Netherlands and Sweden.

Diplomas for doctors and nurses are the type of information most mentioned by respondents in Austria (58%) and Germany (57%), but least mentioned in Denmark (4%).

Across the EU, respondents in the Netherlands are the most likely to mention **certification by a competent body** (30%) and the **number of cases dealt with by a doctor per year** (15%), while those in Hungary and Spain are the most likely to mention **average length of stay** (both 8%).

Socio-demographic analysis reveals relatively few differences. The youngest respondents are more likely than older groups to mention available equipment (26% vs. 18%-21%), but are the least likely to mention general reputation (32% vs. 37%-40%). The longer a respondent remained in education, the more likely they are to say that certification by a competent body is useful: 11% of those with the lowest education levels say this, compared to 20% of those who remained in education until at least 20 years of age. Managers are more likely than other occupation groups to mention certification by a competent body (24% vs. 10%-19%).

The more financial difficulties respondents experience, the less likely they are to mention the diplomas of doctors and nurses, or certification by a competent body as useful. For example 13% of those with the most financial difficulties mention diplomas, compared to 21% of those with little or no financial difficulty.

Attitudinal variables provide more differentiation. Respondents who say the overall quality of healthcare in their country is bad are more likely to mention waiting time to get seen and treated (26% vs. 20%), the opinion of other patients (35% vs. 30%) and available equipment (24% vs. 19%). However, they are less likely to mention the diplomas of doctors and nurses than respondents who say healthcare quality in their country is good (11% vs. 22%).

Respondents who say quality of healthcare in their country is better than in other Member States are more likely than those who say it is worse to mention diplomas of doctors and nurses (27% vs. 10%) and specialisations (25% vs. 20%) as useful information when assessing hospital quality. On the other hand, respondents who say quality of healthcare in their country is worse than in other Member States are more likely to mention the opinion of other patients (35% vs. 28%), waiting time to get seen and treated (27% vs. 18%) and available equipment (24% vs. 19%).

QC5 What information would you find most useful to assess the quality of a hospital? (ROTATE – MAX. 2 ANSWERS)

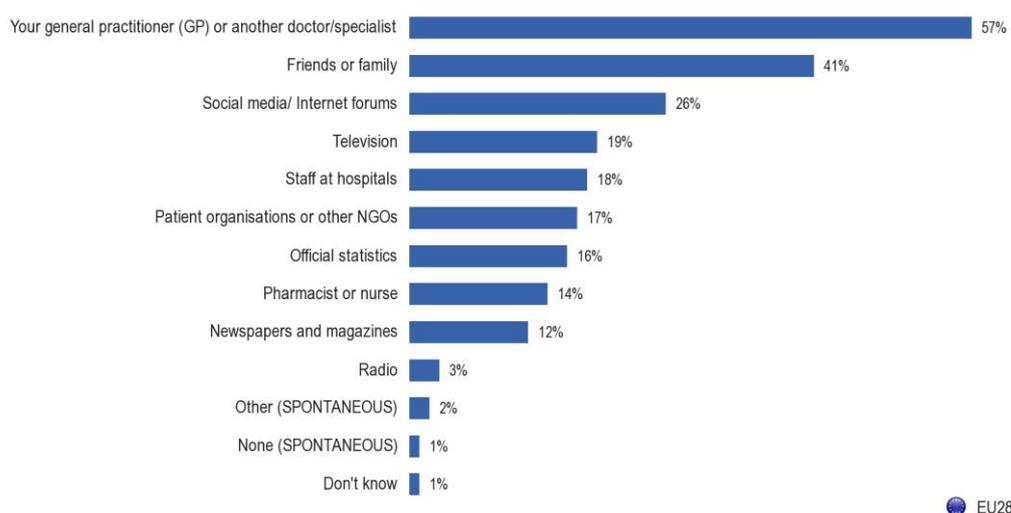
	General reputation	Opinions of other patients	Specialisations	Waiting time to get seen and treated	Available equipment	Diplomas of doctors and nurses	Certification by a competent body	Number of cases dealt with by a doctor per year	Average length of stay	Other (SPONTANEOUS)	None (SPONTANEOUS)	Don't know
EU28	38%	31%	22%	21%	20%	19%	16%	8%	4%	1%	1%	2%
 Age												
15-24	32%	33%	19%	20%	26%	20%	16%	8%	4%	1%	0%	2%
25-39	37%	34%	20%	21%	20%	17%	18%	8%	4%	1%	0%	2%
40-54	38%	30%	24%	20%	21%	19%	17%	8%	4%	1%	1%	1%
55 +	40%	29%	22%	22%	18%	20%	13%	8%	4%	1%	1%	2%
 Education (End of)												
15-	37%	30%	20%	23%	18%	20%	11%	7%	5%	1%	1%	2%
16-19	38%	32%	22%	22%	21%	19%	15%	8%	4%	1%	1%	2%
20+	40%	30%	24%	19%	20%	17%	20%	9%	4%	1%	1%	1%
Still studying	30%	30%	20%	20%	24%	24%	18%	9%	4%	1%	0%	3%
 Socio-professional category												
Self-employed	38%	32%	22%	19%	20%	16%	18%	11%	4%	1%	1%	2%
Managers	36%	31%	23%	18%	18%	22%	24%	9%	3%	1%	1%	1%
Other white collars	39%	33%	23%	18%	23%	16%	19%	8%	3%	1%	0%	1%
Manual workers	38%	34%	22%	22%	19%	18%	15%	7%	4%	1%	1%	1%
House persons	34%	29%	20%	22%	21%	21%	10%	9%	6%	1%	1%	3%
Unemployed	40%	33%	19%	23%	24%	15%	12%	7%	3%	1%	1%	2%
Retired	40%	28%	23%	23%	18%	19%	13%	8%	5%	1%	1%	2%
Students	30%	30%	20%	20%	24%	24%	18%	9%	4%	1%	0%	3%
 Difficulties paying bills												
Most of the time	40%	33%	19%	22%	22%	13%	12%	7%	5%	1%	1%	2%
From time to time	39%	32%	21%	20%	22%	16%	15%	10%	5%	1%	1%	2%
Almost never/ Never	37%	31%	23%	21%	19%	21%	17%	7%	4%	1%	1%	2%
Overall quality of healthcare in (COUNTRY)												
Good	39%	30%	23%	20%	19%	22%	17%	8%	4%	1%	1%	1%
Bad	35%	35%	20%	26%	24%	11%	13%	8%	5%	1%	1%	2%
Quality healthcare in (COUNTRY) vs. other MS												
Better	37%	28%	25%	18%	19%	27%	18%	8%	4%	1%	0%	1%
The same	38%	30%	22%	19%	19%	20%	17%	10%	5%	1%	1%	2%
Worse	37%	35%	20%	27%	24%	10%	14%	8%	4%	1%	1%	1%

5. SOURCES OF INFORMATION ON THE QUALITY OF HEALTHCARE

- Health professionals are the main source of information on the quality of healthcare for a majority of EU citizens -

The three main sources of information on the quality of healthcare are GPs or other doctors or specialists (57%), family or friends (41%) and social media or Internet forums (26%)¹⁴. In fact, the Internet and social media are the most mentioned media type – considerably ahead of television (19%), newspapers and magazines (12%) and radio (3%). Almost one in five respondents mention hospital staff (18%) and patient organisations or NGOs (17%). Official statistics are a main source only for 16%, while 14% mention a pharmacist or nurse.

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



(ROTATION – MAX. 3 ANSWERS)

As this is a new question no trend information is available.

A **GP, doctor or specialist** is the most mentioned main source of information on healthcare quality for respondents in 20 countries, led by France (75%), Belgium and Luxembourg (both 74%) and Germany (72%). This compares to 35% in Sweden and 39% in Poland. In these two countries, most respondents would seek information from friends or family (54% and 50%).

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

¹⁴ 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.

In the other eight EU countries respondents are most likely to rely on **friends or family** for information on the quality of healthcare. Seven out of 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. A similar proportion is observed in Romania (58%), although this is not the most mentioned item at national level.

At the other end of the scale just over a quarter of respondents in Italy mention friends or family (27%).

Across the EU, respondents are the most likely to say they would look to **social media or Internet forums** for information about the quality of healthcare in Denmark (50%), followed by Sweden (48%) and the Netherlands (47%). In contrast only 11% of respondents in Portugal would do so.

There is wide variation across the EU in the degree of reliance on the Internet as compared with traditional media (in particular television, but also newspapers, magazines and radio). For example, in 12 countries¹⁵, respondents are much more likely to mention the Internet and social media than television, especially in Sweden (48% vs. 8%), Denmark (50% vs. 14%) and the Netherlands (47% vs. 11%).

However, in six countries respondents are more likely to mention television than the Internet. This is particularly the case in Romania (35% vs. 17%), Bulgaria (31% vs. 19%), Portugal (22% vs. 11%), and Hungary (27% vs. 19%).

Respondents in Romania and Bulgaria are the most likely to look to **television** (35% and 31% respectively), compared with 8% in Sweden and Luxembourg. Respondents are the most likely to look for information from **staff at hospitals** in the UK (27%), followed by Romania (24%), and Italy and Spain (both 23%). Only 7% of respondents in Germany and the Netherlands would look for information from staff at hospitals.

Respondents in Sweden are the most likely in the EU to seek information on the quality of healthcare from **patient organisations or other NGOs** (34%) or from **official statistics** (37%). Respondents in Bulgaria are the least likely to look for information from either of these sources (3% and 6% respectively). Those in France are the most likely to seek this kind of information from a **pharmacist or nurse** (25%), while respondents in Finland are the most likely to look for this information in **newspapers and magazines** (24%).

Radio is a main source of information for only 3% at the EU level, and is most likely to be mentioned by respondents in Estonia and Malta (both 6%).

¹⁵ SE, DK, NL, HR, LV, DE, EE, FI, CZ, UK, IE, CY – all more likely to mention the Internet/social media than television by a margin of at least 10 percentage points.

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 look for this information on 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).

The longer a respondent remained in education, the more likely they are to seek information from patient organisations or other NGOs, on social media or Internet forums or from official statistics, and the less likely they are to turn to television. For example 22% of those with the highest education levels would seek information from patient organisations or other NGOs, compared to 12% of those who completed education aged 15 or younger.

Managers are the most likely to seek information from social media or Internet forums (41%), or from official statistics (24%). Along with the self-employed and other white collar workers they are also the most likely to seek information from patient organisations or other NGOs (21%-24% vs. 13%-16%). Retired persons are more likely than other groups to mention a GP or other doctor/specialist (65% vs. 47%-59%).

Respondents who experience the most financial difficulties are the least likely to look for information on the quality of healthcare from patient organisations or other NGOs (11% vs. 17%-19%).

Respondents who say that the quality of healthcare is bad in their country are more likely to look for information from friends or family (46% vs. 39%). Conversely, those who think healthcare quality is good are more likely to look for information from a GP or another doctor or specialist, further reinforcing their trust in the quality of their healthcare system (60% vs. 49%). Similar patterns apply to respondents who say that healthcare quality in their country is worse or better than other Member States.

It is worth taking a closer look at the different media types respondents would turn to for information.

- For all age groups apart from those aged 55+, the Internet and social media are the most mentioned media types, ahead of television, newspapers and magazines and radio. In the case of those aged 55+, television is mentioned most (21%), followed by newspapers and magazines (15%) and then social media and Internet forums (14%).
- Those with the lowest education levels are more likely to turn to television than the Internet (23% vs. 11%), while those with higher education levels are more likely to look for information on the quality of healthcare online than in traditional media.
- Retired persons are the only occupation group that would be more likely to look for information via traditional media (in this case television) than on the Internet.
- Those who experience some degree of financial difficulties are almost equally likely to look for information online or via television, while those with the least difficulties are more likely to look online (27% vs. 18% for television).

QC4 What are the three main sources you would use to seek information on quality of healthcare? (ROTATE – MAX. 3 ANSWERS)

	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	Newspapers and magazines	Radio	Other (SPONTANEOUS)	None (SPONTANEOUS)	Don't know
EU28	57%	41%	26%	19%	18%	17%	16%	14%	12%	3%	2%	1%	1%
 Age													
15-24	49%	43%	35%	19%	21%	13%	20%	16%	11%	3%	2%	1%	2%
25-39	52%	41%	33%	18%	19%	19%	20%	13%	11%	3%	2%	1%	1%
40-54	56%	39%	30%	18%	18%	20%	16%	12%	12%	4%	2%	1%	1%
55 +	63%	41%	14%	21%	17%	16%	11%	14%	15%	4%	2%	1%	2%
 Education (End of)													
15-	60%	39%	11%	23%	20%	12%	8%	15%	10%	4%	1%	2%	2%
16-19	58%	41%	26%	20%	18%	16%	14%	15%	12%	4%	2%	1%	1%
20+	57%	40%	33%	14%	16%	22%	22%	12%	14%	3%	3%	1%	1%
Still studying	47%	42%	37%	18%	21%	16%	25%	14%	11%	2%	1%	1%	2%
 Socio-professional category													
Self-employed	53%	40%	28%	16%	20%	24%	19%	13%	13%	2%	2%	1%	1%
Managers	59%	42%	41%	12%	17%	23%	24%	10%	14%	3%	3%	1%	1%
Other white collars	54%	41%	33%	16%	17%	21%	19%	12%	12%	3%	2%	1%	1%
Manual workers	55%	40%	29%	20%	19%	16%	16%	15%	11%	4%	2%	1%	2%
House persons	57%	42%	20%	22%	18%	13%	10%	16%	10%	3%	2%	2%	3%
Unemployed	50%	38%	23%	21%	20%	14%	15%	12%	11%	4%	2%	2%	1%
Retired	65%	41%	13%	23%	17%	14%	10%	15%	15%	4%	2%	1%	1%
Students	47%	42%	37%	18%	21%	16%	25%	14%	11%	2%	1%	1%	2%
 Difficulties paying bills													
Most of the time	54%	41%	23%	22%	20%	11%	14%	16%	11%	4%	2%	2%	1%
From time to time	55%	42%	23%	21%	20%	17%	15%	14%	11%	3%	2%	1%	2%
Almost never/ Never	59%	40%	27%	18%	17%	19%	17%	14%	13%	3%	2%	1%	1%
Overall quality of healthcare in (COUNTRY)													
Good	60%	39%	27%	18%	19%	18%	17%	15%	13%	3%	2%	1%	1%
Bad	49%	46%	25%	22%	17%	16%	15%	11%	10%	3%	2%	2%	2%
Quality healthcare in (COUNTRY) vs. other MS													
Better	64%	38%	28%	17%	18%	19%	18%	16%	14%	3%	2%	1%	1%
The same	55%	38%	27%	20%	20%	19%	17%	14%	13%	4%	1%	1%	1%
Worse	49%	47%	25%	22%	19%	16%	16%	11%	10%	3%	2%	2%	2%

II. PERCEIVED LIKELIHOOD OF BEING HARMED BY HEALTHCARE SERVICES

This section explores public perceptions of the likelihood of being harmed by hospital or non-hospital healthcare.

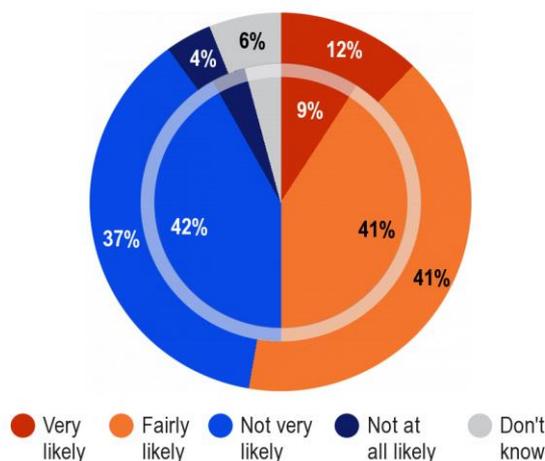
1. HOSPITAL HEALTHCARE

- Just over half of EU citizens think it is likely patients could be harmed by hospital care in their country -

Slightly more than half of respondents think it is likely patients could be harmed by hospital care in their country (53%)¹⁶. At least one in ten think this is "very likely" (12%), while 41% think it fairly likely. Just over four in ten say that it is not likely patients could be harmed by hospital care – 37% say it is "not very likely", while 4% say it is "not at all likely".

Respondents are slightly more likely to say that patients could be harmed by hospital care than they were in the last survey (+3 percentage points), and this increase is in the proportion who think it is "very likely" this could happen. There has also been a 5-point decrease in the proportion who say it is not likely that patients could be harmed by hospital care in their country.

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

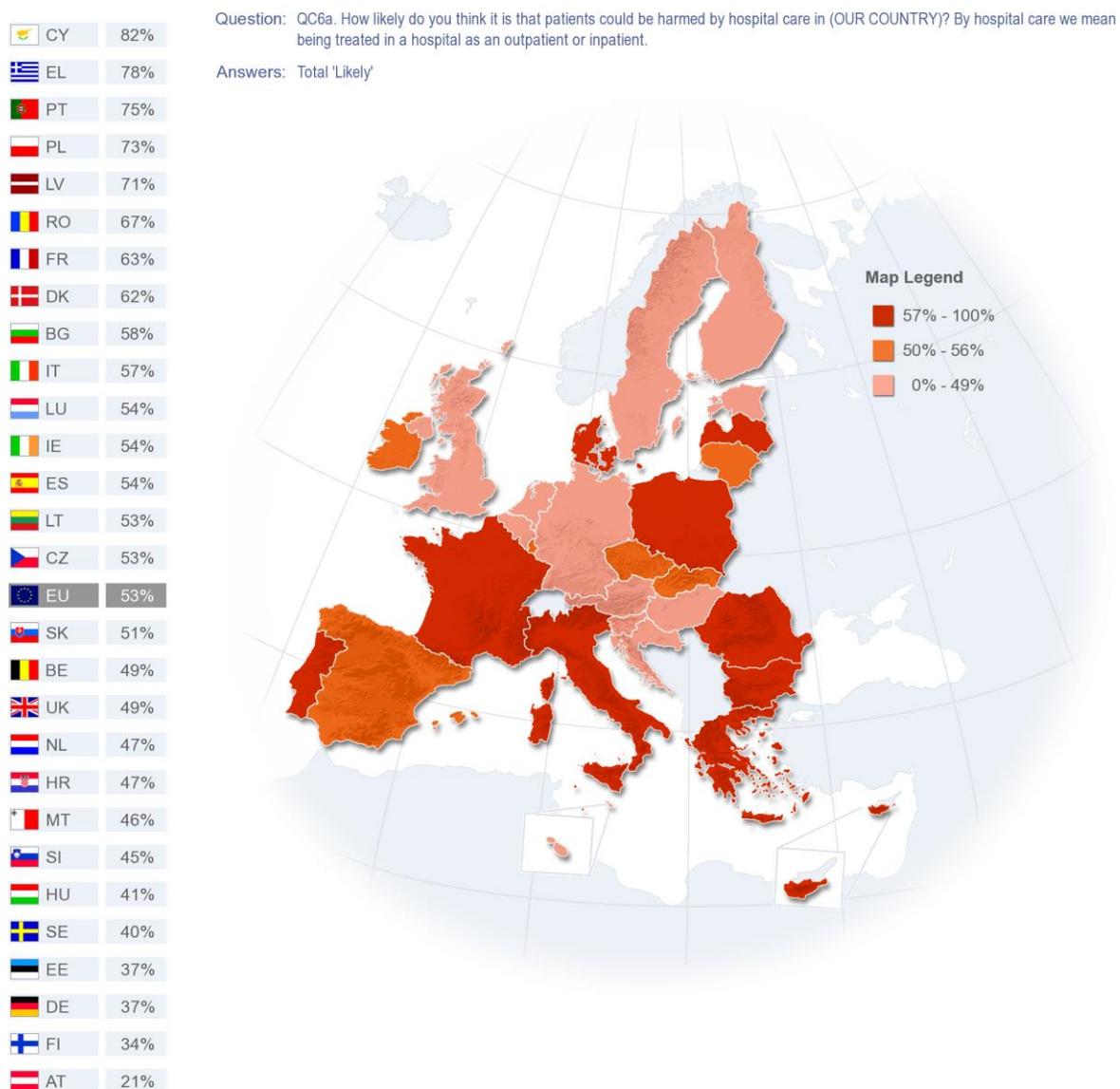
EU28

¹⁶ 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.

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. Furthermore 43% of those in Cyprus and 32% in Greece say harm from hospital care is “very likely”.

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

The map below illustrates that respondents in central and northern areas of Europe are generally the least likely to think there is a risk patients could be harmed by hospital care in their country.



Since the last survey in 2009 there have been some large swings in opinion. Respondents in Spain are now much more pessimistic, with a 19 percentage point increase in the proportion who think it likely that patients could be harmed by hospital care. Respondents in Romania (+12) and Portugal (+11) are also more likely to think this way than in 2009.

On the other hand, confidence has increased in Slovenia (-9) and in Estonia, Lithuania and Bulgaria – in each of which there has been an 8-point decrease in the proportion saying harm from hospital care 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.

	Total 'Likely'		Total 'Not likely'		Don't know	
	EB80.2 Nov. - Dec. 2013	2013 - 2009	EB80.2 Nov. - Dec. 2013	2013 - 2009	EB80.2 Nov. - Dec. 2013	2013 - 2009
 EU28	53%	+3	41%	-5	6%	+2
 ES	54%	+19	37%	-24	9%	+5
 RO	67%	+12	18%	-13	15%	+1
 PT	75%	+11	21%	-11	4%	=
 FI	34%	+7	65%	-7	1%	=
 DE	37%	+6	57%	-8	6%	+2
 MT	46%	+6	46%	-6	8%	=
 SK	51%	+6	42%	-8	7%	+2
 CZ	53%	+5	43%	-7	4%	+2
 PL	73%	+4	18%	-9	9%	+5
 SE	40%	+4	59%	-3	1%	-1
 IT	57%	+2	34%	-7	9%	+5
 AT	21%	+2	74%	-5	5%	+3
 UK	49%	+2	48%	+1	3%	-3
 CY	82%	+1	16%	-2	2%	+1
 LU	54%	+1	42%	=	4%	-1
 NL	47%	+1	52%	-1	1%	=
 DK	62%	-1	38%	+1	0%	=
 IE	54%	-1	40%	+3	6%	-2
 FR	63%	-2	34%	+2	3%	=
 BE	49%	-3	50%	+3	1%	=
 LV	71%	-4	26%	+5	3%	-1
 EL	78%	-5	20%	+3	2%	+2
 HU	41%	-7	51%	+3	8%	+4
 BG	58%	-8	26%	+5	16%	+3
 EE	37%	-8	60%	+7	3%	+1
 LT	53%	-8	42%	+7	5%	+1
 SI	45%	-9	50%	+6	5%	+3
HR	47%	NA	51%	NA	2%	NA

Socio-demographic analysis shows that those who think it likely that patients could be harmed by hospital care are likely to be:

- aged 55+ (56% vs. 47%-53%),
- from occupation groups other than managers or students,
- people with financial difficulties (58% and 64% vs. 50%).

In addition, respondents who say the quality of healthcare in their country is bad are more likely to think patients could be harmed by hospital care than those who say the quality is good (72% vs. 47%). The same pattern applies when comparing those who say quality of healthcare in their country is worse than in other Member States with those who think it is the same or better (70% vs. 44%-53%).

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.

	Total 'Likely'	Total 'Not likely'	Don't know
EU28	53%	41%	6%

Age			
15-24	47%	46%	7%
25-39	55%	39%	6%
40-54	53%	42%	5%
55 +	56%	38%	6%

Socio-professional category			
Self-employed	57%	39%	4%
Managers	46%	50%	4%
Other white collars	51%	43%	6%
Manual workers	55%	40%	5%
House persons	54%	35%	11%
Unemployed	58%	35%	7%
Retired	56%	38%	6%
Students	46%	48%	6%

Difficulties paying bills			
Most of the time	64%	29%	7%
From time to time	58%	36%	6%
Almost never/ Never	50%	45%	5%

Overall quality of healthcare in (COUNTRY)			
Good	47%	48%	5%
Bad	72%	20%	8%

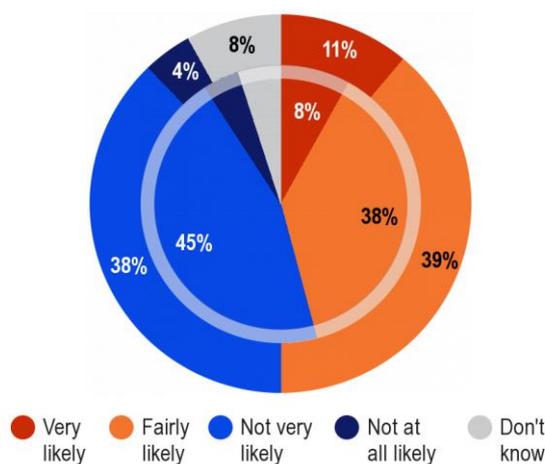
Quality healthcare in (COUNTRY) vs. other MS			
Better	44%	53%	3%
The same	53%	43%	4%
Worse	70%	23%	7%

2. NON-HOSPITAL HEALTHCARE

- Half of Europeans think it is likely that patients could be harmed by non-hospital healthcare in their country -

Compared to hospital healthcare, respondents are only slightly less likely to say that patients could be harmed by non-hospital healthcare. Half of all respondents think it is likely that patients could be harmed by non-hospital healthcare in their country (50%), with 11% thinking this is "very likely", and 39% that it is "fairly likely"¹⁷. Overall 42% think it unlikely that patients could be harmed by non-hospital healthcare in their country: 38% think it "not very likely" and 4% that it is "not at all likely".

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

EU28

Opinion has worsened since 2009, with a four percentage point increase in the proportion of respondents who think harm from non-hospital healthcare is likely. There has also been a seven-point decrease in the proportion who think such harm is not likely.

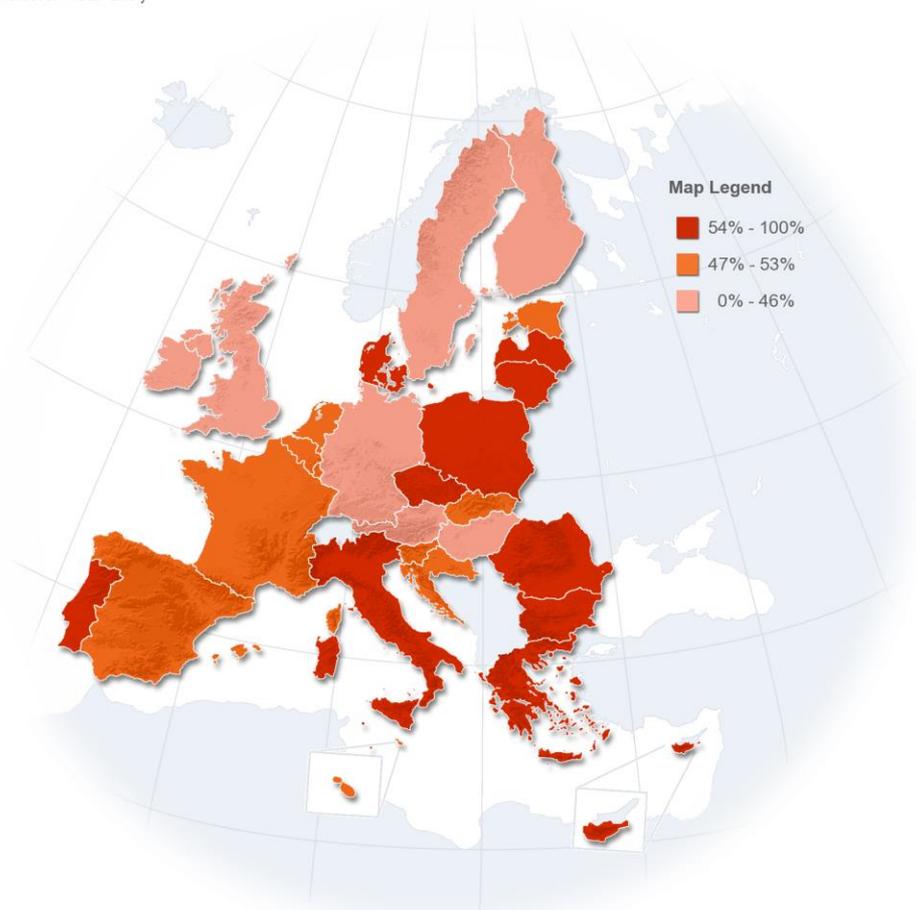
The map below shows a similar pattern to that for hospital healthcare: respondents in central and northern areas of Europe are generally the least likely to think there is a risk patients could be harmed by non-hospital healthcare in their country. In many areas of southern and eastern Europe at least half of all respondents think it likely patients could be harmed by non-hospital healthcare in their country.

¹⁷ 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.

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'



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%) agree. Respondents in Cyprus, Greece and Portugal are also the most likely to say this about hospital care.

The results for Cyprus in this case are interesting; a significant majority of respondents rate the overall quality of their healthcare as good (73%), yet the majority also nevertheless think it is likely patients could be harmed by hospital or non-hospital care. Respondents in Greece and Poland, on the other hand, are among the most likely to say the quality of healthcare in their country is bad (74% and 62% respectively) so the results are more consistent.

Respondents in Austria (33%), Germany and Finland (both 34%) and Hungary (38%) are the least likely to say patients could be harmed by non-hospital healthcare in their country.

Respondents in Spain have become more pessimistic since 2009, with an 18 percentage point increase in the proportion who say it is likely that patients could be harmed by non-hospital healthcare. Respondents in Austria (+9) and Sweden (+8) are also more likely to think this way than they were in 2009.

Conversely, respondents in Bulgaria (-10 percentage points), Lithuania (-9) and Greece (-7) are now less likely to say a patient could be harmed by non-hospital healthcare in their country.

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.

	Total 'Likely'		Total 'Not likely'		Don't know	
	EB80.2 Nov. - Dec. 2013	2013 - 2009	EB80.2 Nov. - Dec. 2013	2013 - 2009	EB80.2 Nov. - Dec. 2013	2013 - 2009
 EU28	50%	+4	42%	-7	8%	+3
 ES	50%	+18	39%	-25	11%	+7
 AT	33%	+9	58%	-15	9%	+6
 SE	43%	+8	54%	-7	3%	-1
 MT	47%	+7	40%	-6	13%	-1
 PT	71%	+7	24%	-8	5%	+1
 IT	57%	+6	32%	-12	11%	+6
 RO	61%	+6	22%	-9	17%	+3
 FI	34%	+6	64%	-7	2%	+1
 UK	43%	+6	53%	-3	4%	-3
 CZ	55%	+5	42%	-6	3%	+1
 DE	34%	+5	55%	-11	11%	+6
 IE	44%	+4	49%	-1	7%	-3
 SK	53%	+4	41%	-6	6%	+2
 PL	70%	+3	20%	-8	10%	+5
 BE	47%	=	52%	=	1%	=
 DK	59%	-1	40%	+1	1%	=
 LU	47%	-1	49%	+4	4%	-3
 CY	75%	-2	23%	+2	2%	=
 LV	69%	-2	27%	+3	4%	-1
 NL	48%	-2	48%	+1	4%	+1
 FR	53%	-3	43%	+3	4%	=
 EE	47%	-4	51%	+5	2%	-1
 HU	38%	-5	55%	+3	7%	+2
 SI	51%	-5	43%	+1	6%	+4
 EL	71%	-7	28%	+6	1%	+1
 LT	58%	-9	36%	+6	6%	+3
 BG	62%	-10	23%	+6	15%	+4
 HR	47%	NA	50%	NA	3%	NA

Those who think it likely that patients could be harmed by non-hospital healthcare are more likely to be:

- women (53% vs. 48% of men),
- those who completed education aged 19 or younger (52% vs. 47%),
- from occupation groups other than managers or students,
- people with financial difficulties (54%-60% vs. 47%),

In addition, respondents who think it likely that patients could be harmed by non-hospital healthcare are also more likely to say the quality of healthcare in their country is bad (66% vs. 44% who say it is good). The same pattern applies when comparing those who say the quality of healthcare in their country is worse than in other Member States with those who say it is better (64% vs. 44%).

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.

	Total 'Likely'	Total 'Not likely'	Don't know
EU28	50%	42%	8%
Gender			
Man	48%	45%	7%
Woman	53%	39%	8%
Education (End of)			
15-	52%	37%	11%
16-19	52%	41%	7%
20+	47%	47%	6%
Still studying	47%	45%	8%
Socio-professional category			
Self-employed	53%	41%	6%
Managers	43%	51%	6%
Other white collars	48%	45%	7%
Manual workers	54%	40%	6%
House persons	50%	39%	11%
Unemployed	55%	37%	8%
Retired	51%	40%	9%
Students	47%	45%	8%
Difficulties paying bills			
Most of the time	60%	33%	7%
From time to time	54%	38%	8%
Almost never/ Never	47%	46%	7%
Overall quality of healthcare in (COUNTRY)			
Good	44%	49%	7%
Bad	66%	25%	9%
Quality healthcare in (COUNTRY) vs. other MS			
Better	44%	51%	5%
The same	49%	45%	6%
Worse	64%	28%	8%

Perceived quality of healthcare vis-à-vis likelihood of being harmed by care

The results discussed so far reveal that there is no obvious relationship between the opinion that there is good quality healthcare in one's own country (71%), and the view that harm is likely from hospital (53%) or non-hospital healthcare in that country (50%). However, the chart below demonstrates that in general, individual countries where a high proportion of respondents say the quality of national healthcare is bad also have a high proportion of respondents who consider it likely that patients could be harmed by healthcare.

This is especially the case in countries such as Greece, Romania, Bulgaria and Poland, where most respondents think that the overall quality of healthcare in their country is bad and most also think it is likely that patients could be harmed by hospital or non-hospital healthcare in their country.

However, there are countries where relatively small proportions of respondents say their healthcare quality is bad compared to the much larger proportions who think it is likely patients could be harmed by hospital or non-hospital healthcare. This is primarily the case in Cyprus, Denmark, France, Luxembourg, the Netherlands, Malta and Belgium.



III. EXPERIENCE OF ADVERSE EVENTS

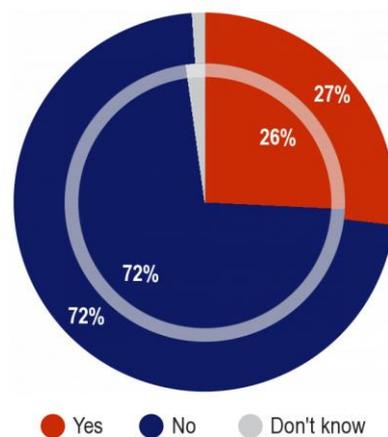
This section of the report will consider EU citizens' experiences of adverse events in healthcare, including the frequency and location of these events. This is followed by a discussion of how adverse events are reported, and what actions are taken as a result.

1. CLAIMED INCIDENCE OF ADVERSE EVENTS

- Just over a quarter of respondents have experienced an adverse event while receiving healthcare -

Respondents were asked if they or a family member had ever experienced an adverse event while receiving healthcare¹⁸. Just over a quarter say they have done so (27%), while 72% have not. There has been no significant change in these proportions since the last survey.

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



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

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

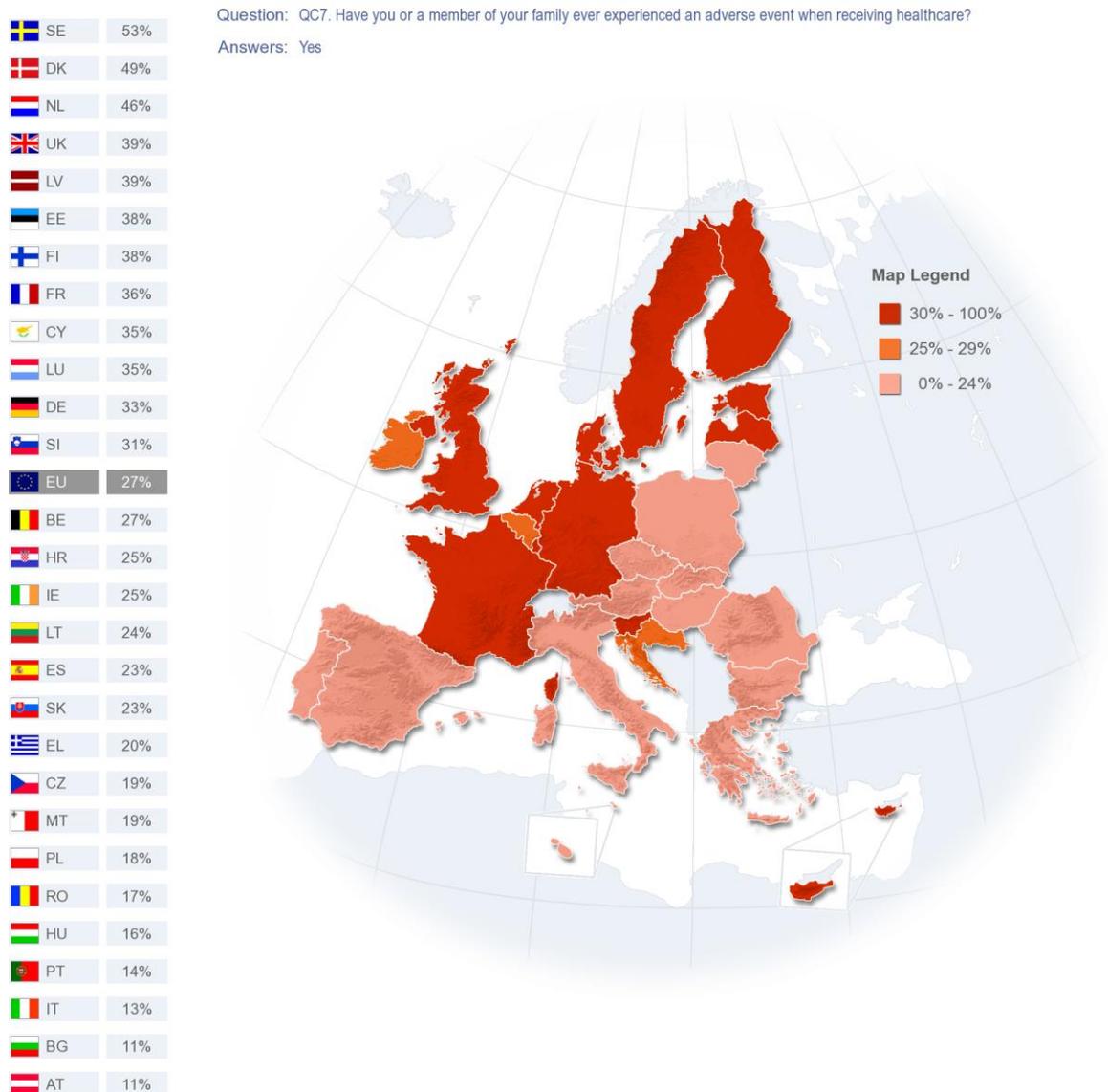
EU28

¹⁸ QC7 Have you or a member of your family ever experienced an adverse event when receiving healthcare? Yes; No; DK.

The map below shows that 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 or their family members in Sweden (53%), Denmark (49%) and 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.



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).

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

	Yes		No		Don't know	
	EB80.2 Nov. - Dec. 2013	2013 - 2009	EB80.2 Nov. - Dec. 2013	2013 - 2009	EB80.2 Nov. - Dec. 2013	2013 - 2009
 EU28	27%	+1	72%	=	1%	-1
 UK	39%	+8	61%	-6	0%	-2
 DK	49%	+6	50%	-6	1%	=
 LU	35%	+6	65%	-5	0%	-1
 IE	25%	+5	73%	-4	2%	-1
 EL	20%	+4	80%	-4	0%	=
 NL	46%	+4	53%	-4	1%	=
 FI	38%	+4	61%	-4	1%	=
 SE	53%	+4	46%	-4	1%	=
 DE	33%	+3	66%	-2	1%	-1
 ES	23%	+3	77%	-1	0%	-2
 SI	31%	+2	68%	-2	1%	=
 PT	14%	+1	85%	+2	1%	-3
 RO	17%	+1	80%	+1	3%	-2
 CY	35%	=	64%	-1	1%	+1
 EE	38%	-1	61%	+1	1%	=
 AT	11%	-1	87%	+1	2%	=
 BE	27%	-2	73%	+3	0%	-1
 IT	13%	-2	84%	+5	3%	-3
 PL	18%	-2	80%	+2	2%	=
 FR	36%	-3	64%	+4	0%	-1
 BG	11%	-4	88%	+5	1%	-1
 CZ	19%	-4	80%	+4	1%	=
 LV	39%	-4	59%	+3	2%	+1
 MT	19%	-4	80%	+4	1%	=
 SK	23%	-6	75%	+5	2%	+1
 HU	16%	-8	82%	+8	2%	=
 LT	24%	-12	75%	+12	1%	=
 HR	25%	NA	74%	NA	1%	NA

There are relatively few differences between **socio-demographic groups** in their experience of adverse events. Those with the highest education levels (34%), and managers (33%) are the most likely to say they or a family member have experienced an adverse event.

Once again it is the attitudinal variables that show larger differences. Respondents who say it is likely patients could be harmed by healthcare are more likely to have experienced (personally or through a family member) an adverse event (33% vs. 25% who say it is not likely). In addition, respondents who have had surgery in the past three years (or who have a family member who has done so) are more likely to say they have experienced an adverse event linked to healthcare (42% vs. 18%), as are those who have been hospitalised or admitted to a long-term care facility (42% and 34% vs. 24% of those who have not).

QC7 Being harmed when receiving healthcare is also referred to as "adverse events". "Adverse events" include hospital infections; incorrect, missed or delayed diagnoses; surgical errors; Medication related errors ; Medical device or equipment related errors. Have you or a member of your family ever experienced an adverse event when receiving healthcare?

	Yes	No	Don't know
EU28	27%	72%	1%

 Education (End of)			
15-	22%	77%	1%
16-19	26%	73%	1%
20+	34%	65%	1%
Still studying	27%	71%	2%

 Socio-professional category			
Self-employed	28%	71%	1%
Managers	33%	65%	2%
Other white collars	25%	74%	1%
Manual workers	28%	71%	1%
House persons	26%	71%	3%
Unemployed	28%	71%	1%
Retired	25%	74%	1%
Students	27%	71%	2%

Likelihood be harmed by healthcare in (COUNTRY)			
Likely	33%	66%	1%
Not likely	25%	74%	1%

Underwent surgical procedure (last 3 years)			
Yes	42%	57%	1%
No	18%	81%	1%

Hospitalised or admitted to a long-term care facility			
Yes, hospitalised	42%	57%	1%
Yes, admitted long-term	34%	61%	5%
No	24%	75%	1%

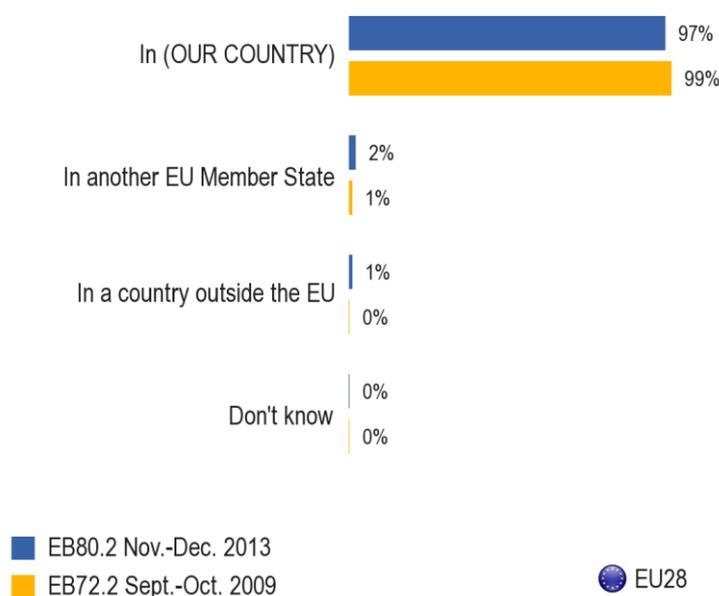
2. WHERE ADVERSE EVENTS HAVE TAKEN PLACE

- Almost all adverse events occurred in the respondent's own country -

Very few respondents report that the adverse event they or their family member experienced took place outside their own country (3%)¹⁹. Almost all – 97% - say that it occurred in their own country. Just 1% say that it took place outside the EU, and 2% in another EU country.

There have only been slight changes since the last survey in 2009.

QC8. Where did this adverse event take place?

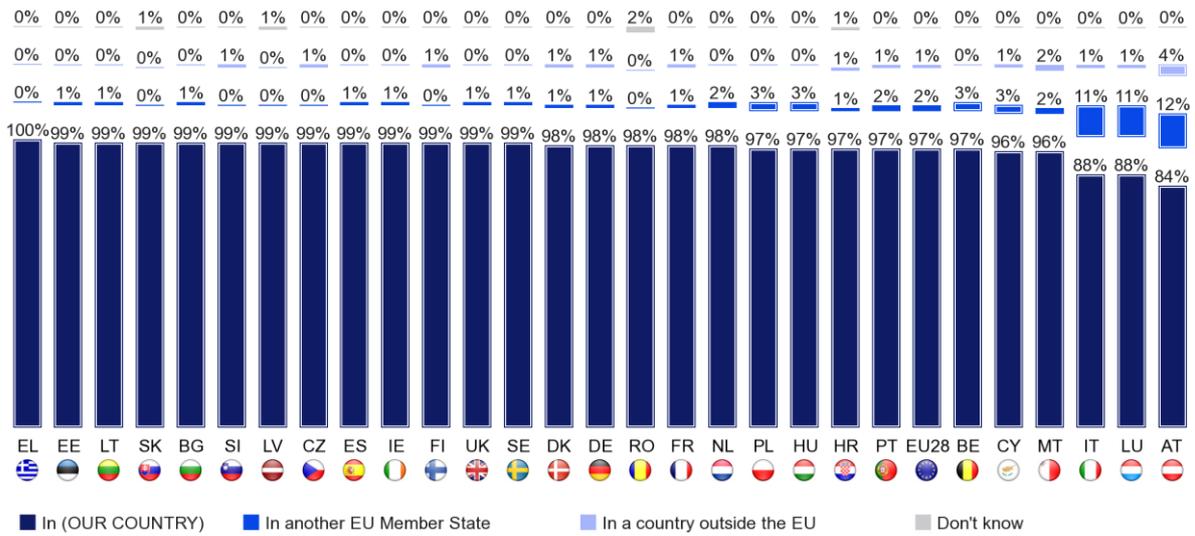


Base: respondents who experienced an adverse event (N=7,606)

Results across Member States show significantly less variation than for previous questions. In fact in all but three countries at least 96% of respondents say the adverse event occurred in their own country.

¹⁹ QC8 Where did this adverse event take place? In (OUR COUNTRY); In another EU Member State; In a country outside the EU; DK.

QC8. Where did this adverse event take place?



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

The exceptions are Austria (84%) and Italy and Luxembourg (both 88%). In all three cases 11%-12% of respondents say the adverse event occurred in another EU country. It is also worth noting that in these three countries there has been a 6-8 percentage point increase in the proportion who say the adverse event occurred in another EU country, and a 6-9 percentage point decrease in those who say that the adverse event occurred in their own country.

Respondents in Ireland and Portugal (both +4) and Greece (+3) are more likely to say the adverse event occurred in their own country than they were in 2009.

QC8 Where did this adverse event take place?

	In (OUR COUNTRY)		In another EU Member State		In a country outside the EU		Don't know	
	EB80.2 Nov. - Dec. 2013	2013 - 2009						
 EU28	97%	-2	2%	+1	1%	+1	0%	=
 IE	99%	+4	1%	-2	0%	-1	0%	-1
 PT	97%	+4	2%	-5	1%	+1	0%	=
 EL	100%	+3	0%	-3	0%	=	0%	=
 RO	98%	+2	0%	-1	0%	-1	2%	=
 EE	99%	+1	1%	+1	0%	-1	0%	-1
 NL	98%	+1	2%	=	0%	-1	0%	=
 SI	99%	+1	0%	-1	1%	+1	0%	-1
 SK	99%	+1	0%	-1	0%	=	1%	=
 BE	97%	=	3%	=	0%	=	0%	=
 BG	99%	=	1%	=	0%	=	0%	=
 CZ	99%	=	0%	-1	1%	+1	0%	=
 ES	99%	=	1%	=	0%	=	0%	=
 LV	99%	=	0%	=	0%	-1	1%	+1
 FI	99%	=	0%	=	1%	=	0%	=
 SE	99%	=	1%	=	0%	=	0%	=
 UK	99%	=	1%	=	0%	=	0%	=
 DK	98%	-1	1%	=	1%	+1	0%	=
 DE	98%	-1	1%	=	1%	+1	0%	=
 FR	98%	-1	1%	=	1%	+1	0%	=
 LT	99%	-1	1%	+1	0%	=	0%	=
 HU	97%	-2	3%	+2	0%	=	0%	=
 MT	96%	-2	2%	+2	2%	=	0%	=
 CY	96%	-3	3%	+2	1%	+1	0%	=
 PL	97%	-3	3%	+3	0%	=	0%	=
 LU	88%	-6	11%	+6	1%	=	0%	=
 AT	84%	-8	12%	+7	4%	+1	0%	=
 IT	88%	-9	11%	+8	1%	+1	0%	=
 HR	97%	NA	1%	NA	1%	NA	1%	NA

There are no notable differences between **socio-demographic groups**.

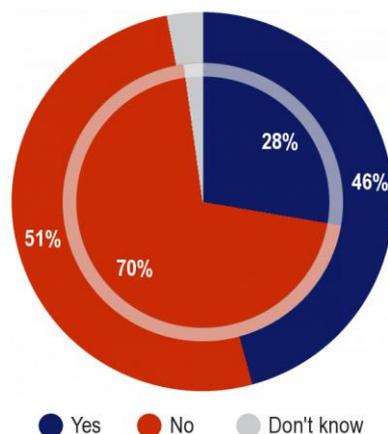
3. REPORTING ADVERSE EVENTS

- Adverse events are more likely to be reported than in 2009 -

Respondents who experienced an adverse event (personally or through a family member) were asked if it was reported²⁰. Almost half said they had done so (46%), while 51% had not.

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).

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

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

Respondents living in EU15 Member States are much more likely to have reported the adverse event than their counterparts in NMS13 countries (50% vs. 25%).

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 or their family member in Spain (56%), Belgium (51%) and Austria (50%) also reported the event experienced.

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

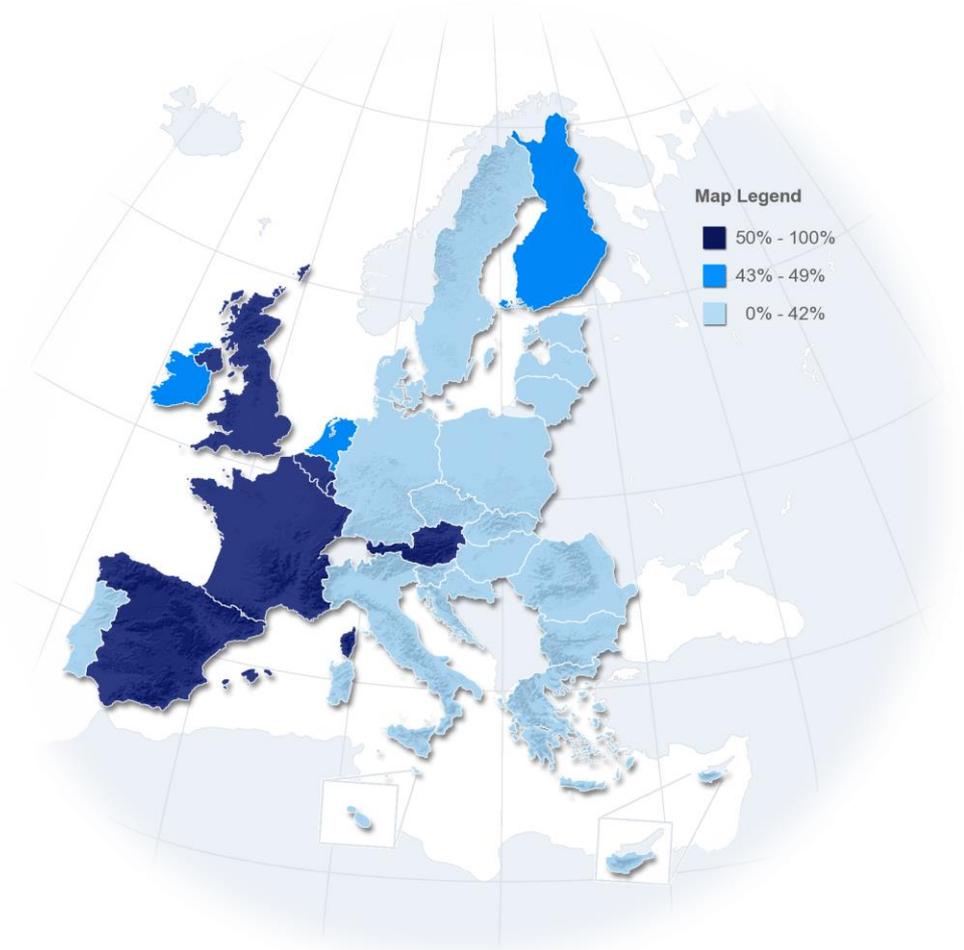
The map below illustrates that adverse events are generally most likely to be reported in western areas of Europe.

²⁰ QC9 And did you or the member of your family involved report it? Yes; No; DK.

 FR	65%
 LU	61%
 UK	58%
 ES	56%
 BE	51%
 AT	50%
 NL	48%
 FI	47%
 EU	46%
 IE	45%
 CZ	42%
 DE	40%
 EL	40%
 CY	39%
 DK	38%
 IT	38%
 EE	30%
 MT	29%
 HU	27%
 PL	26%
 SE	24%
 LT	24%
 RO	24%
 SK	21%
 LV	21%
 PT	20%
 SI	11%
 HR	11%
 BG	6%

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

Answers: Yes

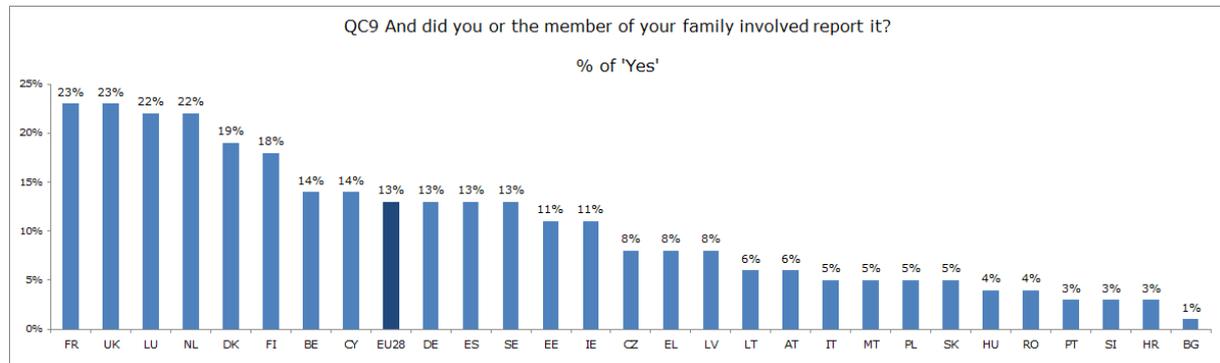


Base: respondents who experienced an adverse event (N=7,606)

At the European level there has been an 18 percentage point increase in those reporting an adverse event. 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), as they are in Spain (+40) and Luxembourg (+32).

Declines in reporting have been more modest, with an 11 percentage point decrease among respondents in Cyprus, a 7-point decrease in Austria and a 6-point decrease in Portugal and Sweden. 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%).

To provide further insight into how adverse events are reported, the results were recalculated on the basis of the total survey sample, not just the respondents who had experienced an adverse event. This shows that across the EU slightly over one in ten have reported an adverse event. The proportion is much higher in France and the UK (both 23%), and Luxembourg and the Netherlands (both 22%), where more than one in five respondents (or family members) have reported an adverse event. This compares with just 1% of respondents in Bulgaria, and 3% in Croatia, Slovenia and Portugal.



Socio-demographic analysis (based on those who have experienced an adverse event) show that the following groups are more likely to have reported the event suffered, personally or by a family member:

- unemployed people (53% vs. 41%-48% for other occupations),
- those who think the quality of healthcare in their country is good (48% vs. 43%),
- those who think the quality of healthcare in their country is the same or better than other EU Member States (50% and 47% vs. 42%).

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

	Yes	No	Don't know
EU28	46%	51%	3%
Socio-professional category			
Self-employed	46%	53%	1%
Managers	41%	55%	4%
Other white collars	47%	49%	4%
Manual workers	48%	49%	3%
House persons	46%	51%	3%
Unemployed	53%	45%	2%
Retired	46%	52%	2%
Students	43%	50%	7%
Overall quality of healthcare in (COUNTRY)			
Good	48%	49%	3%
Bad	43%	54%	3%
Quality healthcare in (COUNTRY) vs. other MS			
Better	47%	49%	4%
The same	50%	48%	2%
Worse	42%	55%	3%

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

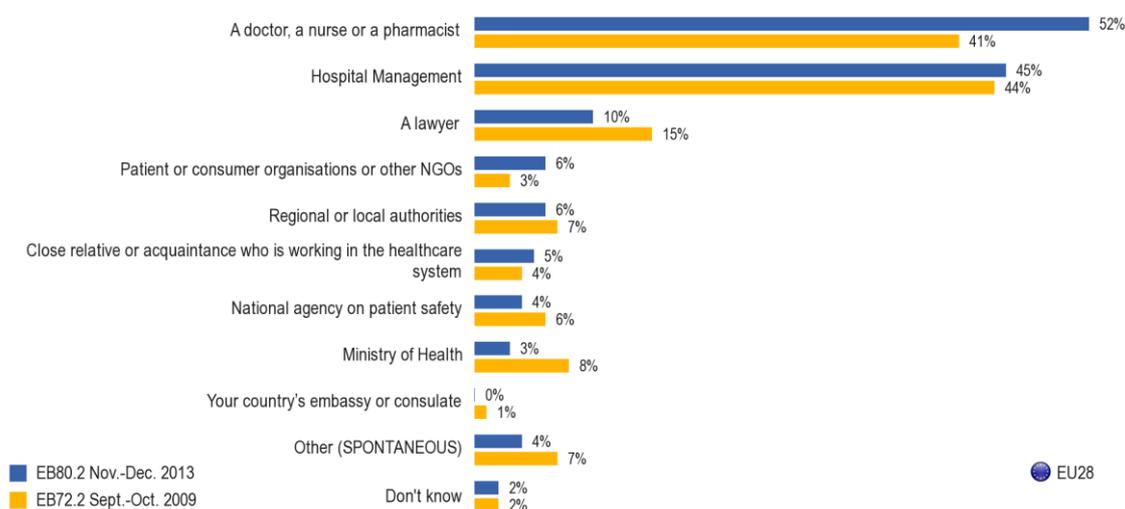
4. WHERE ADVERSE EVENTS ARE REPORTED

- Adverse events are most likely to be reported to a doctor, nurse or pharmacist -

Respondents who had reported an adverse event during healthcare were asked where they reported the event^{21,22}. A doctor, nurse or pharmacist is the most common answer (52%), followed by hospital management (45%). These are the most frequent responses by a considerable margin.

One respondent in ten reported the event to a lawyer (10%), and 6% to regional or local authorities or to a patient or consumer organisation or other NGO. One in twenty reported it to a close relative or acquaintance working in the healthcare system (5%) while only 4% reported to a national patient safety agency and 3% to a health ministry.

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).

²¹ 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.

²² Due to very small base sizes, national level analysis was not carried out for this question.

The **socio-demographic analysis** revealed the following differences regarding where adverse events were reported:

- Respondents aged 55+ are the most likely to have turned to a doctor, nurse or pharmacist – particularly compared with those aged 25-54 (56% vs. 49%-50%). Those aged 25-39 are more likely than other age groups to have reported the event to hospital management (49% vs. 43%-45%).
- The longer a respondent remained in education, the less likely they are to say they reported the event to a lawyer: 15% of those with the lowest education levels did so, compared with 8% of those who stayed in education longest.
- Retired persons (57%), other white collar workers and students (both 56%) and manual workers (54%) are more likely than other occupation groups to have reported the event to a doctor, nurse or pharmacist.
- Those who experience financial difficulties most of the time are the least likely to have reported an event to a doctor, nurse or pharmacist (47% vs. 52%-54%).
- Those who say that the quality of healthcare in their country is good are more likely to have turned to a doctor, nurse or pharmacist than respondents who say the quality is bad (56% vs. 44%). However, the reverse is true for hospital management – respondents who say the quality of healthcare in their country is bad are more likely to have reported an event to hospital management (51% vs. 43%).

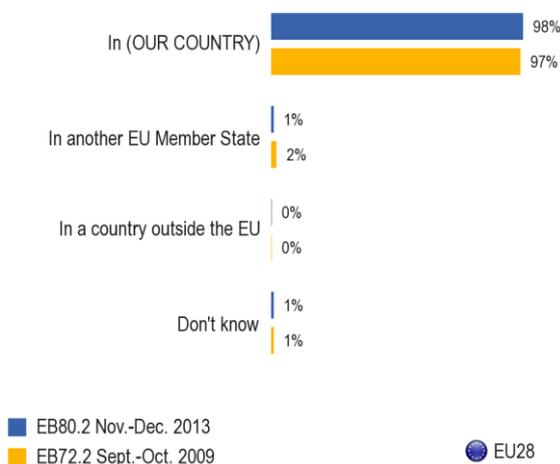
QC10 And to whom of the following did you or the member of your family involved report it? (ROTATE – MULTIPLE ANSWERS POSSIBLE)

	A doctor, a nurse or a pharmacist	Hospital Management	A lawyer	Patient or consumer organisations or other NGOs	Regional or local authorities	Close relative or acquaintance who is working in the healthcare system	National agency on patient safety	Ministry of Health	Your country's embassy or consulate	Other (SPONTANEOUS)	Don't know
EU28	52%	45%	10%	6%	6%	5%	4%	3%	0%	4%	2%
 Age											
15-24	54%	44%	9%	5%	5%	5%	3%	3%	0%	2%	5%
25-39	50%	49%	8%	7%	4%	6%	5%	5%	1%	4%	2%
40-54	49%	43%	13%	7%	8%	5%	3%	4%	0%	7%	2%
55 +	56%	45%	9%	5%	6%	5%	4%	2%	0%	3%	2%
 Education (End of)											
15-	52%	45%	15%	5%	5%	5%	2%	3%	0%	3%	2%
16-19	51%	47%	10%	7%	7%	5%	2%	3%	1%	4%	3%
20+	54%	44%	8%	6%	5%	6%	6%	4%	0%	6%	2%
Still studying	56%	41%	10%	2%	5%	7%	4%	2%	0%	1%	4%
 Socio-professional category											
Self-employed	46%	50%	14%	10%	9%	7%	2%	4%	0%	5%	4%
Managers	48%	50%	10%	7%	8%	6%	6%	7%	0%	7%	1%
Other white collars	56%	43%	9%	9%	4%	6%	5%	5%	1%	1%	1%
Manual workers	54%	46%	7%	5%	3%	5%	4%	3%	1%	6%	3%
House persons	41%	51%	16%	4%	10%	6%	2%	7%	0%	2%	2%
Unemployed	48%	47%	10%	6%	8%	2%	3%	4%	0%	5%	4%
Retired	57%	40%	10%	7%	5%	6%	4%	1%	0%	4%	2%
Students	56%	41%	10%	2%	5%	7%	4%	2%	0%	1%	4%
 Difficulties paying bills											
Most of the time	47%	49%	12%	4%	5%	6%	2%	3%	0%	7%	1%
From time to time	52%	44%	9%	8%	7%	8%	4%	4%	1%	3%	3%
Almost never/ Never	54%	45%	9%	6%	5%	4%	4%	4%	0%	4%	3%
Overall quality of healthcare in (COUNTRY)											
Good	56%	43%	9%	6%	5%	5%	4%	3%	1%	4%	2%
Bad	44%	51%	13%	8%	7%	6%	4%	6%	0%	4%	2%

Base: respondents who have reported an adverse event (N=3,507)

Almost all reporting of adverse events took place in the respondents’ own country (98%), with just 1% doing so in another EU Member State^{23,24}. There has been no notable change since the last survey.

QC11. And where did you or the member of your family involved report it?



Base: respondents who have reported an adverse event (N=3,507)

There are no differences in the location of reporting by **socio-demographic group**. However, it is interesting to note that when adverse events happen in a country other than the place of residence, patients do not necessarily report it in the country where the care was provided. For example, 27% of respondents who experienced an adverse event in another EU country reported this experience in their own country.

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	Don't know
EU28	98%	1%	0%	1%
Place of adverse event				
In (OUR COUNTRY)	99%	0%	0%	1%
In another EU MS	27%	72%	0%	1%
Outside EU	11%	0%	89%	0%

Base: respondents who have reported an adverse event (N=3,507)

²³ 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.

²⁴ Due to very small base sizes, national level analysis was not carried out for this question.

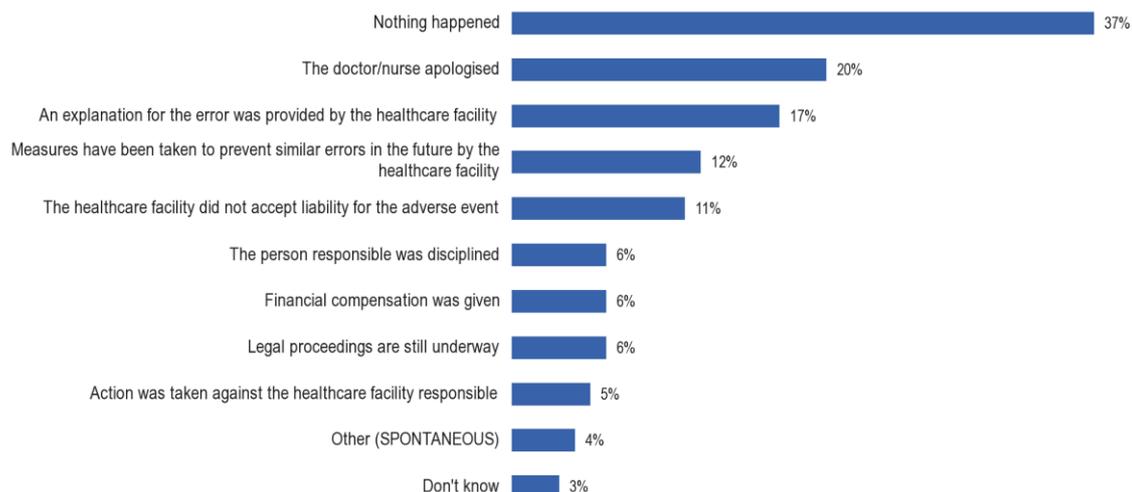
5. CONSEQUENCES AFTER REPORTING ADVERSE EVENTS

- Almost four in ten adverse events are not followed by any compensatory action after being reported -

Respondents who reported an adverse event (or whose family member reported an event) were asked what happened as a result^{25,26}. The most common response 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.

Around one in ten say measures have been taken by the facility to prevent similar errors in the future (12%), but 11% say that the healthcare facility did not accept liability for the adverse event. Around one in twenty received financial compensation, say that the person responsible was disciplined, or report that legal proceedings are still under way (6% in all three cases), while 5% took action against the healthcare facility involved.

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)

As this is a new question no trend data is available.

²⁵ 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.

²⁶ Due to very small base sizes, national level analysis was not carried out for this question.

Socio-demographic analysis reveals a general consensus across groups, although there are a few notable differences. The older the respondent, the more likely they are to say that nothing happened: 29% of 15-24 year olds say this, compared to 41% of those aged 55+. Those aged 15-24 are the most likely to say that the doctor or nurse apologised, particularly compared to those aged 40-54 (26% vs. 16%). Respondents aged 25-54 are the most likely to say that measures have been taken to prevent similar errors in the future (15%).

The longer a respondent remained in education, the less likely they are to say that nothing happened. Almost half of those with the lowest education levels say that nothing happened (46%) compared to 35% of those who completed their education aged 20+. Managers are the least likely of the occupation groups to say that nothing happened (29% vs. 31%-42%).

The more difficulties a respondent has in paying bills, the more likely they are to say that nothing happened as a result of reporting the adverse event.

Respondents who think the overall quality of the healthcare in their country is good are more likely than those who think the quality 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%). Conversely, respondents who think the quality of healthcare in their country is bad are more likely to say that nothing happened (42% vs. 36% who say it is good).

QC12 What happened after you or the member of your family involved reported it? (ROTATE – MULTIPLE ANSWERS POSSIBLE)

	Nothing happened	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	The healthcare facility did not accept liability for the adverse event	The person responsible was disciplined	Financial compensation was given	Legal proceedings are still underway	Action was taken against the healthcare facility responsible	Other (SPONTANEOUS)	Don't know
EU28	37%	20%	17%	12%	11%	6%	6%	6%	5%	4%	3%
 Age											
15-24	29%	26%	15%	8%	14%	3%	6%	7%	5%	2%	4%
25-39	33%	22%	16%	15%	11%	6%	7%	6%	4%	4%	4%
40-54	40%	16%	18%	15%	10%	6%	6%	6%	5%	4%	2%
55 +	41%	19%	17%	9%	11%	7%	5%	4%	5%	5%	3%
 Education (End of)											
15-	46%	17%	13%	5%	11%	6%	6%	5%	7%	4%	2%
16-19	38%	20%	17%	12%	10%	6%	5%	6%	4%	3%	3%
20+	35%	18%	18%	17%	13%	6%	7%	5%	5%	5%	2%
Still studying	31%	25%	16%	6%	14%	6%	4%	7%	5%	1%	7%
 Socio-professional category											
Self-employed	42%	19%	21%	10%	7%	9%	8%	5%	7%	5%	1%
Managers	29%	19%	21%	19%	16%	3%	6%	6%	4%	5%	3%
Other white collars	37%	18%	13%	9%	11%	7%	9%	5%	5%	5%	4%
Manual workers	38%	20%	17%	16%	10%	5%	6%	4%	3%	3%	3%
House persons	39%	20%	15%	6%	11%	5%	2%	9%	3%	2%	2%
Unemployed	34%	21%	14%	17%	11%	4%	3%	7%	3%	6%	3%
Retired	42%	18%	16%	9%	11%	8%	6%	5%	7%	4%	3%
Students	31%	25%	16%	6%	14%	6%	4%	7%	5%	1%	7%
 Difficulties paying bills											
Most of the time	44%	16%	17%	11%	5%	5%	3%	6%	5%	3%	3%
From time to time	39%	21%	16%	9%	14%	5%	7%	7%	5%	4%	2%
Almost never/ Never	36%	20%	17%	14%	11%	6%	6%	4%	5%	4%	3%
Overall quality of healthcare in (COUNTRY)											
Good	36%	21%	18%	14%	11%	6%	6%	5%	5%	4%	3%
Bad	42%	15%	13%	8%	12%	6%	4%	7%	4%	5%	3%

Base: respondents who have reported an adverse event (N=3,507)

IV. INFORMATION ON PATIENT SAFETY

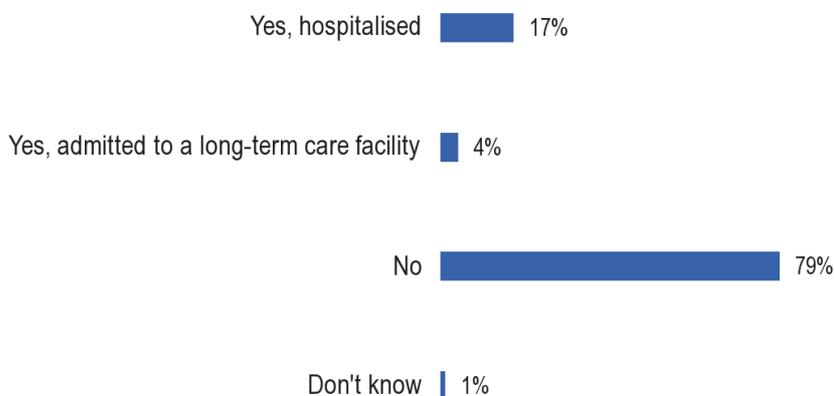
This section of the report reviews the information on patient safety available to patients, first exploring the provision of information on healthcare-associated infection, and then considering the incidence of written consent for surgical procedures. Finally awareness of organisations responsible for patient safety will be discussed.

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

- Almost one in five EU citizens experienced hospitalisation personally or in their family in the last 12 months -

Respondents were asked if they or a family member had been hospitalised or admitted to long-term care in the past 12 months²⁷. Most had not (79%). Almost one in five said they or a family member had been hospitalised (17%), while 4% said they or a family member had been admitted to a long-term care facility.

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?



 EU28

(MULTIPLE ANSWERS POSSIBLE)

As this is a new question no trend data is available.

²⁷ 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.

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	Don't know	Total 'Yes'
	EU28	17%	4%	79%	1%	21%
	PL	27%	6%	65%	2%	32%
	EE	29%	3%	69%	0%	31%
	DE	25%	2%	73%	0%	27%
	FI	25%	3%	72%	1%	27%
	LV	24%	2%	74%	0%	26%
	LU	21%	5%	75%	0%	25%
	AT	22%	3%	75%	0%	25%
	SI	24%	2%	75%	0%	25%
	BE	19%	7%	76%	0%	24%
	HU	20%	4%	76%	0%	24%
	NL	17%	8%	77%	0%	23%
	SK	22%	2%	77%	0%	23%
	IT	15%	8%	78%	0%	22%
	FR	16%	6%	79%	0%	21%
	LT	17%	3%	80%	0%	20%
	CZ	16%	3%	81%	0%	19%
	DK	15%	6%	80%	0%	19%
	PT	15%	3%	82%	0%	18%
	UK	14%	4%	83%	0%	17%
	SE	12%	5%	84%	0%	16%
	ES	13%	2%	85%	0%	15%
	MT	11%	2%	86%	0%	13%
	BG	10%	2%	88%	0%	12%
	IE	10%	2%	87%	1%	12%
	HR	7%	2%	90%	0%	10%
	CY	6%	1%	93%	0%	7%
	RO	6%	1%	89%	5%	7%
	EL	4%	1%	95%	0%	5%

(MULTIPLE ANSWERS POSSIBLE)

Overall, respondents in Poland (32%) and Estonia (31%) are the most likely to have experienced some form of hospitalisation (either personally or of a family member) in the past 12 months. This contrasts with 5% in Greece and 7% in Cyprus and Romania.

At least a quarter of respondents in Estonia (29%), Poland (27%), Germany and Finland (both 25%) have been hospitalised or had a member of their family hospitalised. Just 4% of respondents in Greece and 6% in Romania and Cyprus say the same.

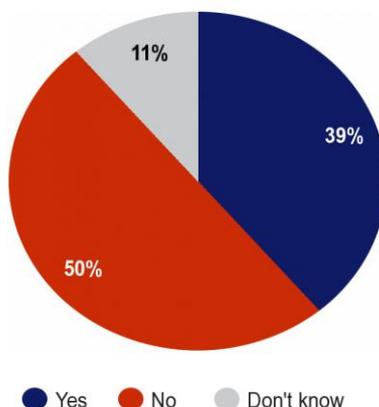
Respondents in Italy and the Netherlands are the most likely to say they or a family member was admitted to a long-term care facility (both 8%), compared to just 1% in Greece, Romania and Cyprus.

There are no notable **socio-demographic differences**, not even between age groups; around one in five in each age category have experienced a hospital or long-term care admission personally or in their family in the past year (20%-21%)

- Fewer than half received information on healthcare-associated infections -

Respondents who had experienced (or who had a family member who had experienced) hospitalisation or admission to a long term care facility were asked if information on the risk of healthcare-associated infection was received²⁸. Half (50%) said it was not, 39% said it was, and 11% could not answer.

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)

²⁸ NEW QC14b Did you or a member of your family receive any information on the risk of healthcare-associated infection? Yes; No; DK.

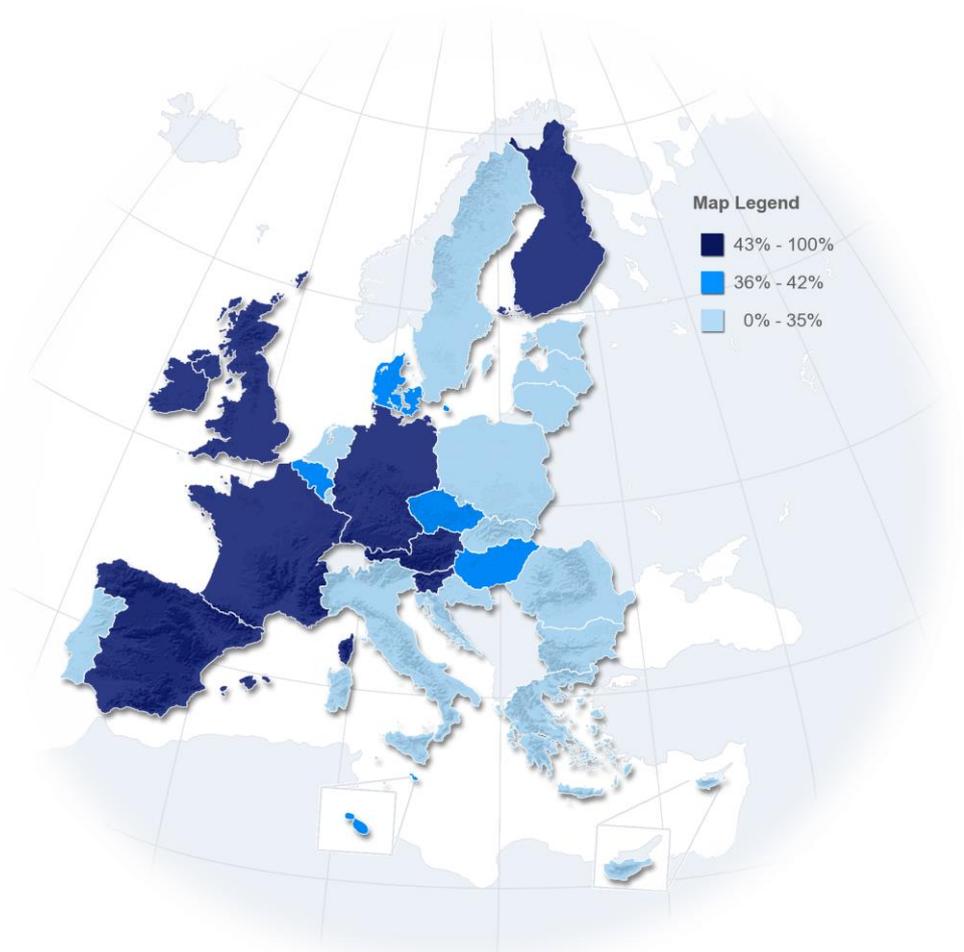
Respondents in western and northern areas of Europe are the most likely to say they or their family member received information on healthcare-associated infections.

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% in Bulgaria who say the same.

It is worth noting that at least one in five respondents in Denmark (27%), Romania and Sweden (both 22%) and the Netherlands (21%) are unable to answer the question.

	AT	55%
	DE	55%
	IE	50%
	UK	48%
	ES	45%
	FR	45%
	SI	43%
	FI	43%
	MT	40%
	HU	40%
	DK	40%
	EU	39%
	CZ	38%
	BE	36%
	RO	35%
	LU	34%
	PT	32%
	LV	32%
	LT	31%
	PL	28%
	EE	26%
	HR	25%
	EL	24%
	NL	23%
	SE	20%
	SK	20%
	IT	20%
	BG	18%
	CY	12%

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



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

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 with the lowest education level are the least likely to say they (or their family member) received information on healthcare-associated infections (35% vs. 40%-41%).
- 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).
- Respondents (or their family members) who have undergone a surgical procedure in the last three years are more likely to say they received information on healthcare-associated infections than those who have not had a surgical procedure (46% vs. 25%).

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

	Yes	No	Don't know
EU28	39%	50%	11%
Age			
15-24	34%	46%	20%
25-39	38%	49%	13%
40-54	42%	47%	11%
55 +	40%	53%	7%
Education (End of)			
15-	35%	54%	11%
16-19	41%	50%	9%
20+	40%	48%	12%
Still studying	35%	42%	23%
Difficulties paying bills			
Most of the time	33%	58%	9%
From time to time	34%	55%	11%
Almost never/ Never	43%	46%	11%
Overall quality of healthcare in (COUNTRY)			
Good	44%	45%	11%
Bad	28%	61%	11%
Quality healthcare in (COUNTRY) vs. other MS			
Better	47%	43%	10%
The same	42%	46%	12%
Worse	27%	61%	12%
Underwent surgical procedure (last 3 years)			
Yes	46%	42%	12%
No	25%	65%	10%

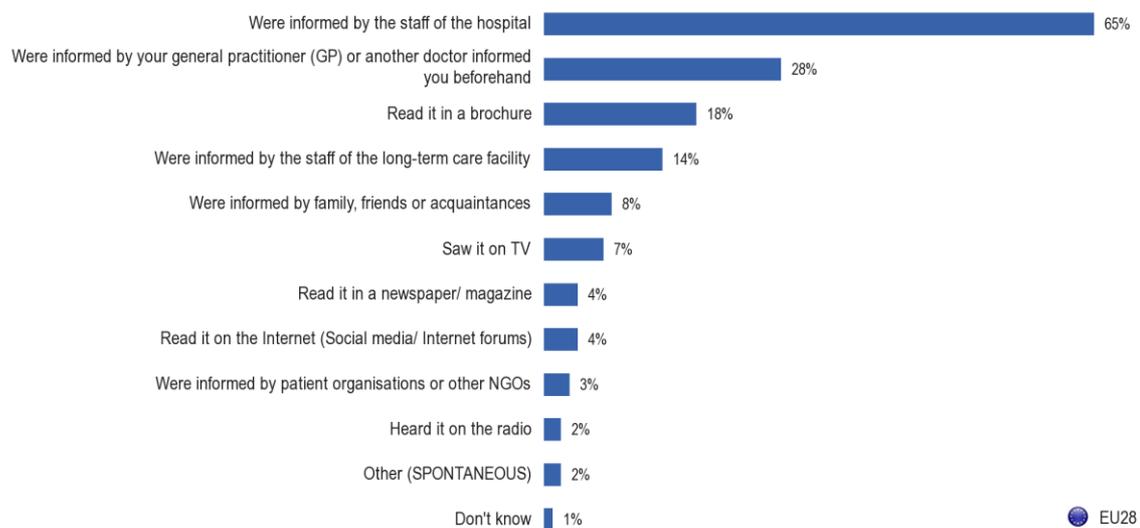
Base: respondents who have been hospitalised or admitted to long-term care facility (N=5,760)

- Hospital staff are the most common source of information on healthcare-associated infection -

In the majority of cases information about healthcare-related infections is received from staff of the hospital (65%)^{29,30}. Just over a quarter of those who were informed about these infections received the information from their GP (28%), while 18% read the information in a brochure and 14% were informed by staff at a long-term care facility.

Fewer than one in ten were informed by family, friends or acquaintances (8%), saw it on TV (7%), read the information on the Internet or in a newspaper or magazine (both 4%), received the information from a patient organisation or NGO (3%) or heard the information on the radio (2%).

QC14c. How did you or the member of your family receive this information? You or a member of your family ...



Base: respondents who received any information on the risk of healthcare-associated infection (N=2,250)
(ROTATION – MULTIPLE ANSWERS POSSIBLE)

²⁹ 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.

³⁰ Due to very small base sizes, national level analysis was not carried out for this question.

Socio-demographic analysis highlights the following differences:

- 15-24 year olds (and their relatives) are less likely than older respondents to have been informed by hospital staff (58% vs. 64%-67%). Respondents aged 25-39 years are the most likely to say they read it in a brochure (24% vs. 14%-18%), and along with 40-54 year olds are the least likely to say they were informed by their GP or other doctor (21%-23% vs. 34%-37%).
- Respondents with the highest education levels are the most likely to say they were informed by hospital staff (70% vs. 64%-65%), while those with the lowest levels are the least likely to say they read the information in a brochure (14% vs. 20%).
- Managers are the most likely to say the information came from hospital staff (75%). Self-employed persons are the least likely to say they read the information in a brochure (12% vs. 16%-24%) but the most likely to say they were informed by staff at a long-term care facility (21% vs. 6%-16%).
- Those with the greatest financial difficulty are the least likely to say the information came from hospital staff (58% vs. 64%-67%), and the most likely to say that they read it in a brochure (25% vs. 16%-18%).
- Respondents who say the quality of healthcare in their country is good are more likely than those who think it is bad to say the information came from a GP or another doctor (29% vs. 24%), or from hospital staff (66% vs. 60%). Respondents who say healthcare quality in their country is bad are also more likely to say they were informed by family, friends or acquaintances (12% vs. 7%).

QC14c How did you or the member of your family receive this information? You or a member of your family ... (ROTATE – MULTIPLE ANSWERS POSSIBLE)

	Were informed by the staff of the hospital	Were informed by your general practitioner (GP) or another doctor informed you beforehand	Read it in a brochure	Were informed by the staff of the long-term care facility	Were informed by family, friends or acquaintances	Saw it on TV	Read it in a newspaper/magazine	Read it on the Internet (Social media/ Internet forums)	Were informed by patient organisations or other NGOs	Heard it on the radio	Other (SPONTANEOUS)	Don't know
EU28	65%	28%	18%	14%	8%	7%	4%	4%	3%	2%	2%	1%
 Age												
15-24	58%	37%	14%	12%	10%	4%	2%	8%	2%	3%	5%	3%
25-39	67%	21%	24%	10%	9%	7%	4%	8%	3%	3%	1%	1%
40-54	64%	23%	18%	16%	8%	7%	6%	2%	2%	2%	2%	1%
55 +	67%	34%	17%	16%	8%	7%	3%	1%	3%	2%	1%	0%
 Education (End of)												
15-	64%	27%	14%	11%	10%	8%	2%	2%	2%	1%	0%	0%
16-19	65%	29%	20%	16%	8%	6%	4%	4%	4%	2%	2%	0%
20+	70%	25%	20%	14%	9%	9%	6%	5%	1%	4%	2%	2%
Still studying	59%	33%	16%	13%	8%	1%	1%	7%	2%	2%	3%	4%
 Socio-professional category												
Self-employed	63%	22%	12%	21%	10%	4%	3%	0%	1%	5%	2%	1%
Managers	75%	19%	17%	11%	8%	5%	3%	6%	1%	3%	5%	1%
Other white collars	67%	31%	24%	10%	3%	7%	7%	5%	3%	2%	1%	0%
Manual workers	62%	30%	19%	16%	8%	8%	5%	5%	5%	2%	1%	0%
House persons	63%	16%	18%	6%	12%	3%	5%	6%	0%	5%	2%	1%
Unemployed	63%	20%	22%	15%	12%	13%	5%	9%	3%	3%	2%	1%
Retired	66%	36%	17%	16%	9%	8%	3%	0%	3%	2%	0%	0%
Students	59%	33%	16%	13%	8%	1%	1%	7%	2%	2%	3%	4%
 Difficulties paying bills												
Most of the time	58%	31%	25%	11%	8%	5%	3%	5%	2%	6%	6%	0%
From time to time	64%	26%	16%	14%	9%	7%	4%	5%	3%	3%	2%	1%
Almost never/ Never	67%	28%	18%	15%	8%	7%	4%	4%	2%	2%	1%	1%
Overall quality of healthcare in (COUNTRY)												
Good	66%	29%	20%	15%	7%	7%	4%	4%	3%	3%	2%	1%
Bad	60%	24%	11%	11%	12%	4%	2%	3%	1%	2%	2%	2%

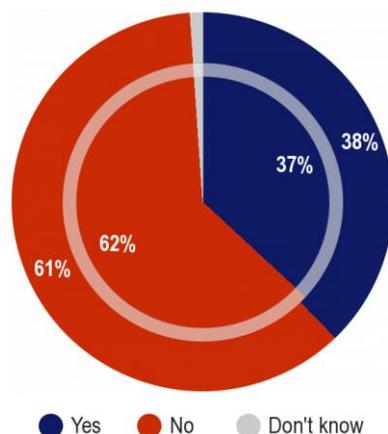
Base: respondents who received any information on the risk of healthcare-associated infection (N=2,250)

2. WRITTEN CONSENT FOR SURGICAL PROCEDURES

- More than one-third of respondents have had a surgical procedure in the last three years, but prior written consent is not universal -

More than a third of respondents report that they, or a member of their family, have had a surgical procedure in the last three years (38%)³¹. This figure is consistent with the previous survey (37%).

QC13a. 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.



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

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

EU28

The Netherlands (68%), Denmark (61%), Luxembourg and Sweden (both 55%), France (52%) and the UK (50%) are the only countries where at least half of all respondents have either had a surgical procedure themselves, or have had a family member undergo a surgical procedure in the last three years. This contrasts with 18% in Bulgaria.

Since 2009 respondents in a range of countries have become more likely to have had surgery (or to have a family member who has done so), although these countries are spread across the EU in no clear geographical pattern. Surgical procedures have increased the most in the Netherlands (+6 percentage points), Denmark, Sweden and the UK (all +5 percentage points). At the other end of the scale reporting of surgical procedures has decreased amongst those in Hungary (-5) and Lithuania (-4).

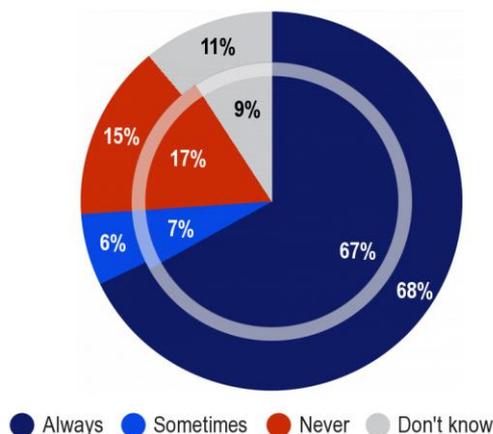
³¹ QC13a Did you or a member of your family undergo any surgical procedure within the last three years? This can be any type of surgical procedure, ranging from minor surgery, perhaps as a day patient in a hospital, to a major surgical procedure. (M) Yes; No; DK.

QC13a 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.

	Yes		No		Don't know	
	EB80.2 Nov. - Dec. 2013	2013 - 2009	EB80.2 Nov. - Dec. 2013	2013 - 2009	EB80.2 Nov. - Dec. 2013	2013 - 2009
 EU28	38%	+1	61%	-1	1%	=
 NL	68%	+6	32%	-6	0%	=
 DK	61%	+5	39%	-4	0%	-1
 SE	55%	+5	45%	-5	0%	=
 UK	50%	+5	50%	-4	0%	-1
 IE	32%	+4	67%	-2	1%	-2
 CY	47%	+4	53%	-3	0%	-1
 PT	28%	+4	72%	-3	0%	-1
 CZ	40%	+3	60%	-3	0%	=
 ES	34%	+3	66%	-3	0%	=
 LU	55%	+3	45%	-3	0%	=
 DE	40%	+2	60%	-1	0%	-1
 SK	32%	+2	68%	-2	0%	=
 FI	42%	+2	57%	-3	1%	+1
 EL	24%	+1	76%	-1	0%	=
 RO	21%	+1	78%	+1	1%	-2
 SI	39%	+1	61%	-1	0%	=
 BG	18%	=	81%	=	1%	=
 EE	45%	=	55%	=	0%	=
 MT	37%	-1	63%	+2	0%	-1
 FR	52%	-2	48%	+2	0%	=
 IT	23%	-2	75%	+2	2%	=
 PL	26%	-2	73%	+1	1%	+1
 BE	48%	-3	52%	+4	0%	-1
 LV	39%	-3	60%	+2	1%	+1
 AT	34%	-3	66%	+4	0%	-1
 LT	34%	-4	66%	+5	0%	-1
 HU	24%	-5	75%	+4	1%	+1
 HR	34%	NA	66%	NA	0%	NA

Of those who 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% say they were sometimes asked for written consent, while 15% say this never happened. Just over one in ten are unsure (11%). There has been little change in the rate of written consent since the 2009 survey.

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

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

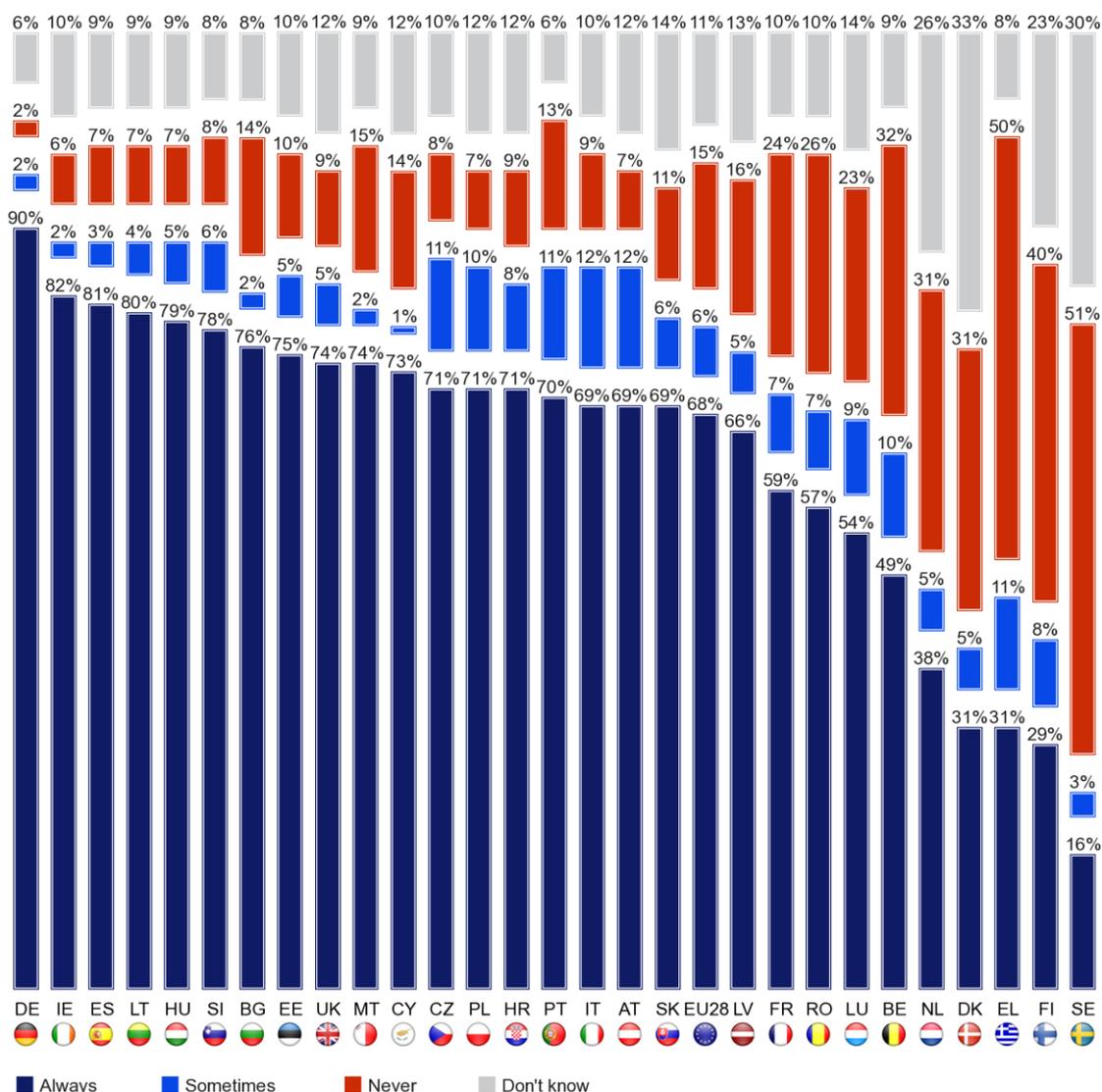
The rate of written consent varies greatly between countries. Nine out of ten respondents in Germany who had (or whose family member had) surgery were always asked for written consent, as were 82% in Ireland, 81% in Spain and 80% in Lithuania. The picture is very different in Sweden where 16% of respondents say written consent was always obtained.

Apart from Sweden there are five other countries where fewer than half the respondents say written consent was always obtained before surgery: Belgium (49%), the Netherlands (38%), Denmark and Greece (both 31%) and Finland (29%). 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.

In fact, in Sweden and Greece at least half the respondents say that written consent was never obtained before surgery (51% and 50% respectively).

Sweden is also one of four countries with high levels of "don't know" answers (Sweden: 30%, Denmark: 33%, the Netherlands: 26%, Finland: 23%).

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



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

Respondents in Portugal are much more likely to say that written consent was always obtained than in the previous survey (+22 percentage points), and the proportions who say that written consent was always obtained has increased notably in Bulgaria, the Czech Republic and Denmark (+8), and France (+7). Conversely, written consent is now less likely to have always been obtained in Austria (-12), Italy (-8), the UK and Hungary (both -7).

Respondents in the Netherlands (-13 percentage points), Sweden (-12) and Portugal (-11) are now less likely to say written consent was never obtained for surgical procedures.

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

	Always		Sometimes		Never		Don't know	
	EB80.2 Nov. - Dec. 2013	2013 - 2009						
 EU28	68%	+1	6%	-1	15%	-2	11%	+2
 PT	70%	+22	11%	-5	13%	-11	6%	-6
 BG	76%	+8	2%	-2	14%	-6	8%	=
 CZ	71%	+8	11%	-2	8%	-6	10%	=
 DK	31%	+8	5%	-1	31%	-8	33%	+1
 FR	59%	+7	7%	-3	24%	-5	10%	+1
 CY	73%	+6	1%	-1	14%	-8	12%	+3
 NL	38%	+6	5%	-1	31%	-13	26%	+8
 BE	49%	+5	10%	-2	32%	-6	9%	+3
 LV	66%	+5	5%	-2	16%	-2	13%	-1
 LT	80%	+5	4%	-3	7%	-3	9%	+1
 MT	74%	+5	2%	-2	15%	=	9%	-3
 ES	81%	+4	3%	-4	7%	-4	9%	+4
 SK	69%	+4	6%	-1	11%	-6	14%	+3
 SE	16%	+4	3%	+1	51%	-12	30%	+7
 EE	75%	+3	5%	=	10%	-3	10%	=
 RO	57%	+3	7%	-1	26%	+3	10%	-5
 EL	31%	+2	11%	-2	50%	-4	8%	+4
 DE	90%	=	2%	=	2%	-1	6%	+1
 IE	82%	=	2%	=	6%	+1	10%	-1
 FI	29%	-1	8%	-3	40%	-4	23%	+8
 LU	54%	-2	9%	+5	23%	-2	14%	-1
 SI	78%	-3	6%	+2	8%	=	8%	+1
 PL	71%	-4	10%	+4	7%	=	12%	=
 HU	79%	-7	5%	=	7%	+4	9%	+3
 UK	74%	-7	5%	+1	9%	+1	12%	+5
 IT	69%	-8	12%	+3	9%	+2	10%	+3
 AT	69%	-12	12%	+2	7%	+4	12%	+6
 HR	71%	NA	8%	NA	9%	NA	12%	NA

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

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%).

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 requested.

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

	Always	Sometimes	Never	Don't know
EU28	68%	6%	15%	11%
 Age				
15-24	53%	8%	13%	26%
25-39	65%	7%	16%	12%
40-54	72%	5%	14%	9%
55 +	73%	5%	15%	7%
 Education (End of)				
15-	73%	7%	13%	7%
16-19	71%	6%	14%	9%
20+	65%	5%	18%	12%
Still studying	53%	8%	12%	27%
 Socio-professional category				
Self-employed	65%	5%	15%	15%
Managers	74%	4%	11%	11%
Other white collars	67%	6%	15%	12%
Manual workers	65%	6%	18%	11%
House persons	74%	6%	14%	6%
Unemployed	65%	9%	14%	12%
Retired	72%	6%	15%	7%
Students	53%	8%	12%	27%

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

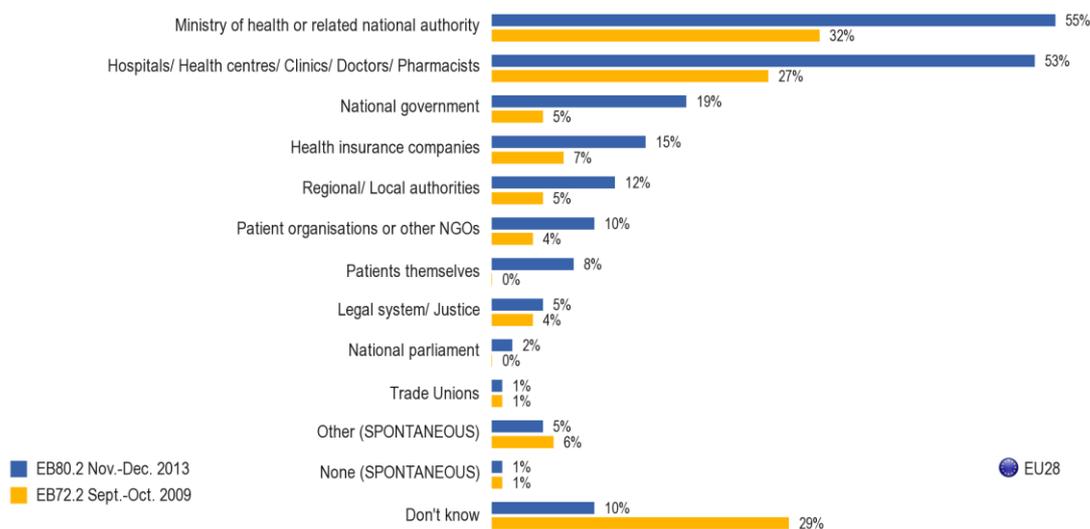
3. AWARENESS OF ORGANISATIONS RESPONSIBLE FOR PATIENT SAFETY

- Awareness of who is responsible for patient safety has improved since 2009 -

Respondents were asked which organisation, body or authority is responsible for patient safety in their country³². A narrow majority mention the ministry for health or related national authority (55%), while 53% say responsibility lies with hospitals, health centres, clinics, doctors or pharmacists. These are the most frequently mentioned bodies by a considerable margin.

Almost one in five respondents say national governments (19%) are responsible for patient safety, while 15% say health insurance companies and 12% say regional or local authorities are responsible. One in ten say patient organisations or NGOs are responsible for patient safety (10%), while 8% say patients themselves are responsible. One in twenty (5%) nominate the legal system, while 2% mention the national parliament and 1% trade unions.

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 considerably 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 say hospitals, health centres, clinics, doctors or pharmacists are responsible for patient safety than they were in 2009 (+26 percentage points).

³² 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.

Respondents are also more likely to mention the ministry of health or related authority (+23), or the national government (+14), health insurance companies (+8), patients themselves (+8), regional or local authorities (+7) and patient organisations or other NGOs (+6).

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.

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.

Respondents in Malta and Greece are the most likely to say that the **national government** is responsible for patient safety (both 44%) – much higher than the EU average of 19%. In contrast just 7% of respondents in Luxembourg and Estonia say the national government is responsible.

Respondents in Austria are the most likely to say that **health insurance companies** (39%) or **patient organisations or other NGOs** (45%) are responsible for patient safety. At least three out of ten respondents in Germany (34%), the Czech Republic and Slovakia (both 32%), and Hungary (30%) say **health insurance companies** are mainly responsible for patient safety. Hungary is the only country apart from Austria where a significant proportion of respondents think patient organisations or other NGOs are responsible (33%).

At least one in five respondents in Slovenia (26%), Austria (23%) and Lithuania (22%) think **patients** themselves are mainly responsible for their safety. Respondents in Greece and Hungary are the most likely to say the **legal system** is responsible for patient safety (both 14%), while Denmark is the only country where at least one in ten say the **national parliament** is responsible (11%).

Less than one in twenty respondents in any country think **trade unions** are responsible for patient safety. This view is most widely held in Greece, Malta, Austria and Romania (all 4%).

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	National government	Health insurance companies	Regional/ Local authorities	Patient organisations or other NGOs	Patients themselves	Legal system/ Justice	National parliament	Trade Unions	Other (SPONTANEOUS)	None (SPONTANEOUS)	Don't know
EU28	55%	53%	19%	15%	12%	10%	8%	5%	2%	1%	5%	1%	10%
BE	60%	77%	19%	21%	9%	10%	17%	7%	3%	3%	1%	0%	1%
BG	60%	81%	17%	20%	5%	9%	6%	7%	2%	1%	0%	0%	5%
CZ	59%	68%	18%	32%	10%	13%	11%	8%	5%	1%	2%	0%	1%
DK	63%	43%	16%	2%	32%	9%	8%	2%	11%	1%	4%	0%	7%
DE	63%	63%	15%	34%	13%	12%	19%	4%	3%	1%	4%	0%	7%
EE	36%	56%	7%	10%	2%	9%	13%	3%	1%	0%	2%	2%	12%
IE	57%	43%	21%	8%	14%	7%	8%	5%	2%	1%	5%	1%	11%
EL	77%	66%	44%	18%	7%	7%	9%	14%	7%	4%	0%	2%	1%
ES	67%	45%	29%	5%	14%	6%	3%	5%	1%	1%	3%	1%	7%
FR	41%	40%	12%	11%	6%	3%	4%	2%	0%	0%	15%	1%	21%
HR	65%	66%	16%	8%	6%	5%	7%	4%	2%	3%	0%	0%	2%
IT	61%	52%	23%	11%	25%	17%	5%	7%	2%	2%	1%	2%	3%
CY	78%	64%	21%	11%	2%	5%	13%	9%	2%	2%	1%	1%	2%
LV	50%	39%	9%	4%	2%	8%	10%	3%	1%	1%	1%	2%	9%
LT	63%	70%	12%	14%	7%	8%	22%	10%	3%	3%	0%	1%	3%
LU	52%	55%	7%	10%	2%	9%	11%	5%	1%	1%	3%	3%	11%
HU	45%	56%	26%	30%	15%	33%	8%	14%	4%	3%	0%	1%	3%
MT	67%	59%	44%	9%	7%	9%	8%	5%	8%	4%	1%	0%	4%
AT	62%	74%	16%	39%	20%	45%	23%	10%	4%	4%	3%	0%	2%
NL	66%	77%	19%	19%	4%	10%	19%	4%	3%	1%	7%	0%	2%
PL	49%	54%	14%	8%	11%	9%	4%	5%	1%	2%	2%	3%	9%
PT	70%	59%	26%	5%	10%	5%	4%	6%	2%	1%	0%	0%	3%
RO	72%	63%	28%	21%	16%	14%	8%	7%	5%	4%	0%	0%	4%
SI	55%	68%	14%	21%	4%	17%	26%	6%	3%	2%	2%	1%	3%
SK	63%	78%	11%	32%	8%	4%	11%	8%	4%	2%	0%	0%	1%
FI	43%	62%	8%	5%	14%	14%	5%	2%	2%	1%	7%	2%	8%
SE	41%	24%	10%	3%	25%	10%	4%	4%	5%	1%	13%	2%	23%
UK	32%	33%	18%	2%	7%	5%	4%	1%	1%	1%	11%	2%	27%

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

(DO NOT READ OUT – MULTIPLE ANSWERS POSSIBLE)

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		National government		Health insurance companies		Regional/ Local authorities		Patient organisations or other NGOs		Patients themselves		Legal system/ Justice		National parliament		Trade Unions		Other (SPONTANEOUS)		None (SPONTANEOUS)		Don't know	
	EB80.2 Nov.-Dec. 2013	2013 - 2009	EB80.2 Nov.-Dec. 2013	2013 - 2009	EB80.2 Nov.-Dec. 2013	2013 - 2009	EB80.2 Nov.-Dec. 2013	2013 - 2009	EB80.2 Nov.-Dec. 2013	2013 - 2009	EB80.2 Nov.-Dec. 2013	2013 - 2009	EB80.2 Nov.-Dec. 2013	2013 - 2009	EB80.2 Nov.-Dec. 2013	2013 - 2009	EB80.2 Nov.-Dec. 2013	2013 - 2009	EB80.2 Nov.-Dec. 2013	2013 - 2009	EB80.2 Nov.-Dec. 2013	2013 - 2009	EB80.2 Nov.-Dec. 2013	2013 - 2009	EB80.2 Nov.-Dec. 2013	2013 - 2009
EU28	55%	+23	53%	+26	19%	+14	15%	+8	12%	+7	10%	+6	8%	+8	5%	+1	2%	+2	1%	=	5%	-1	1%	=	10%	-19
BE	60%	+44	77%	+28	19%	+12	21%	+4	9%	+8	10%	+6	17%	+16	7%	+5	3%	+3	3%	+3	1%	=	0%	-3	1%	-19
BG	60%	+12	81%	+37	17%	+11	20%	+10	5%	+5	9%	+4	6%	+6	7%	+7	2%	+1	1%	+1	0%	-1	0%	-1	5%	-15
CZ	59%	+10	68%	+34	18%	+14	32%	+27	10%	+4	13%	+10	11%	+11	8%	+7	5%	+5	1%	+1	2%	=	0%	=	1%	-15
DK	63%	+3	43%	+33	16%	+8	2%	+2	32%	+26	9%	+7	8%	+8	2%	+2	11%	+8	1%	+1	4%	+3	0%	=	7%	-12
DE	63%	+52	63%	+36	15%	+13	34%	+15	13%	-2	12%	+8	19%	+19	4%	-1	3%	+2	1%	+1	4%	-3	0%	-1	7%	-27
EE	36%	+19	56%	+25	7%	+6	10%	+3	2%	+2	9%	+3	13%	+12	3%	+2	1%	=	0%	=	2%	-1	2%	=	12%	-26
IE	57%	-5	43%	+32	21%	+18	8%	+8	14%	+12	7%	+5	8%	+8	5%	+5	2%	+2	1%	+1	5%	+4	1%	+1	11%	-10
EL	77%	+25	66%	+39	44%	+38	18%	+15	7%	+7	7%	+5	9%	+9	14%	+14	7%	+7	4%	+4	0%	-1	2%	=	1%	-12
ES	67%	+34	45%	+20	29%	+23	5%	+1	14%	+11	6%	+3	3%	+3	5%	+3	1%	+1	1%	+1	3%	+1	1%	+1	7%	-20
FR	41%	+19	40%	+17	12%	+7	11%	+7	6%	+5	3%	+1	4%	+4	2%	=	0%	=	0%	=	15%	+8	1%	+1	21%	-24
HR	65%	NA	66%	NA	16%	NA	8%	NA	6%	NA	5%	NA	7%	NA	4%	NA	2%	NA	3%	NA	0%	NA	0%	NA	2%	NA
IT	61%	+10	52%	+14	23%	+23	11%	+11	25%	+21	17%	+12	5%	+5	7%	+1	2%	+2	2%	+2	1%	-3	2%	+2	3%	-15
CY	78%	+20	64%	+34	21%	+14	11%	+10	2%	+2	5%	+3	3%	+3	9%	+8	2%	+2	2%	+2	1%	=	1%	-2	2%	-13
LV	50%	+17	39%	+17	9%	+5	4%	+3	2%	+2	8%	+1	10%	+9	3%	=	1%	=	1%	=	1%	-1	2%	=	9%	-20
LT	63%	+13	70%	+45	12%	+6	14%	+14	7%	+7	8%	+7	22%	+21	10%	+9	3%	+3	3%	+3	0%	-1	1%	=	3%	-19
LU	52%	+29	55%	+39	7%	+6	10%	+2	2%	+2	9%	-2	11%	+11	5%	+4	1%	+1	1%	+1	3%	+2	3%	+3	11%	-39
HU	45%	+15	56%	+33	26%	+21	30%	+17	15%	+15	33%	+28	8%	+8	14%	+3	4%	+4	3%	+3	0%	-2	1%	+1	3%	-21
MT	67%	+47	59%	+3	44%	+34	9%	+9	7%	+7	9%	+7	8%	+8	5%	+5	8%	+8	4%	+3	1%	=	0%	=	4%	-14
AT	62%	+47	74%	+52	16%	+15	39%	+29	20%	+17	45%	+30	23%	+23	10%	-27	4%	+3	4%	+3	3%	-4	0%	=	2%	-31
NL	66%	+55	77%	+14	19%	+4	19%	+14	4%	+4	10%	+10	19%	+18	4%	+4	3%	+3	1%	=	7%	-21	0%	=	2%	-12
PL	49%	+30	54%	+25	14%	+9	8%	-10	11%	+11	9%	+7	4%	+4	5%	+1	1%	=	2%	+2	2%	=	3%	=	9%	-23
PT	70%	+27	59%	+32	26%	+21	5%	+5	10%	+10	5%	+5	4%	+4	6%	+5	2%	+2	1%	+1	0%	-5	0%	=	3%	-27
RO	72%	+16	63%	+60	28%	+21	21%	+14	16%	+15	14%	+1	8%	+8	7%	+5	5%	+4	4%	+4	0%	-27	0%	=	4%	-25
SI	55%	+16	68%	+32	14%	+6	21%	+10	4%	+4	17%	-1	26%	+20	6%	+5	3%	+2	2%	+2	2%	-8	1%	-1	3%	-10
SK	63%	+9	78%	+52	11%	+5	32%	+29	8%	+7	4%	+1	11%	+11	8%	+7	4%	+4	2%	+2	0%	-6	0%	=	1%	-18
FI	43%	+22	62%	+22	8%	+6	5%	+4	14%	+9	14%	+1	5%	+5	2%	-2	2%	=	1%	+1	7%	+7	2%	+2	8%	-20
SE	41%	+10	24%	+15	10%	+7	3%	+3	25%	-6	10%	+6	4%	+4	4%	+2	5%	+4	1%	+1	13%	+12	2%	+2	23%	-13
UK	32%	-7	33%	+15	18%	+8	2%	+1	7%	+2	5%	+1	4%	+4	1%	=	1%	+1	1%	-2	11%	+4	2%	=	27%	-5

(DO NOT READ OUT – MULTIPLE ANSWERS POSSIBLE)

As the table on the previous page illustrates, there have been a number of large changes since the previous survey in 2009.

At the overall EU level respondents are now much more likely to mention **hospitals/health centres/clinics/doctors/pharmacists**, or the **ministry of health or related national authority**.

This pattern is repeated in almost all countries. The UK (-7 percentage points) and Ireland (-5) are the only countries where patients are less likely to mention either of these bodies - in both cases the ministry of health.

The largest increases in mentions of the ministry of health or related national authority occur in the Netherlands (+55 percentage points), Germany (+52), and Malta and Austria (both +47). The largest increases in mentions of hospitals/health centres/clinics/doctors/pharmacists come in Romania (+60), Slovakia and Austria (both +52) and Lithuania (+45).

National government is now much more likely to be mentioned by respondents in Greece (+38 percentage points) and Malta (+34), while **health insurance companies** are increasingly seen as responsible for patient safety in Slovakia and Austria (both +29) and the Czech Republic (+27). However, respondents in Poland are now less likely to say that health insurance companies are responsible (-10).

In all but two countries (Sweden, -6 percentage points) and Germany (-2) respondents are now more likely to say that **regional or local authorities** are responsible for patient safety, most strikingly in Denmark (+26) and Italy (+21).

Patient organisations or other NGOs are more likely to be mentioned by respondents in all but two countries, especially by respondents in Austria (+30 percentage points) and Hungary (+28). The exceptions in this case are Luxembourg (-2) and Slovenia (-1). However, respondents in Austria are much less likely to mention the **legal system** (-27), while those in Greece are now more likely to do so (+14).

Respondents in Malta and Denmark are now more likely to say the **national parliament** is responsible for patient safety (both +8 percentage points).

As the increases above suggest, the rate of "don't know" answers has declined in all countries - in most instances by at least 10 percentage points.

There are few notable differences in the **socio-demographic analysis**.

Those aged 15-24 are the least likely to say that the ministry of health or related national authority are responsible for patient safety (50% vs. 54%-58%), as are those who completed their education age 19 or younger (54% vs. 59%). The more financial difficulties respondents have, the more likely they are to say the national government is responsible.

Respondents who say the quality of their country's healthcare is bad are more likely than those who think it is good to say the ministry of health or related national authority (60% vs. 54%), or the national government (23% vs. 18%) is responsible for patient safety. The same pattern applies when comparing those who say their country's healthcare quality is better or worse than in other Member States.

QC15 Which organisations, bodies or authorities are mainly responsible for patient safety in (OUR COUNTRY)? (DO NOT READ OUT – MULTIPLE ANSWERS POSSIBLE)

	Ministry of health or related national authority	Hospitals/ Health centres/ Clinics/ Doctors/ Pharmacists	National government	Health insurance companies	Regional/ Local authorities	Patient organisations or other NGOs	Patients themselves	Legal system/ Justice	National parliament	Trade Unions	Other (SPONTANEOUS)	None (SPONTANEOUS)	Don't know
EU28	55%	53%	19%	15%	12%	10%	8%	5%	2%	1%	5%	1%	10%
 Age													
15-24	50%	54%	18%	15%	9%	10%	8%	5%	2%	2%	3%	1%	14%
25-39	57%	53%	21%	16%	14%	11%	9%	6%	3%	2%	6%	1%	9%
40-54	58%	53%	20%	15%	13%	11%	9%	4%	2%	1%	6%	1%	8%
55 +	54%	53%	18%	14%	12%	10%	8%	4%	2%	1%	5%	1%	10%
 Education (End of)													
15-	54%	51%	21%	11%	12%	9%	7%	4%	2%	1%	2%	1%	10%
16-19	54%	54%	19%	17%	12%	10%	9%	5%	2%	2%	4%	1%	10%
20+	59%	53%	17%	14%	14%	11%	10%	5%	3%	1%	8%	1%	8%
Still studying	54%	53%	20%	17%	10%	12%	9%	6%	2%	2%	3%	0%	15%
 Difficulties paying bills													
Most of the time	54%	50%	25%	12%	11%	8%	7%	6%	2%	1%	5%	2%	9%
From time to time	57%	55%	21%	15%	14%	12%	8%	7%	3%	2%	3%	1%	8%
Almost never/ Never	55%	53%	17%	15%	12%	10%	9%	4%	2%	1%	6%	1%	11%
Overall quality of healthcare in (COUNTRY)													
Good	54%	52%	18%	15%	12%	10%	9%	5%	2%	1%	6%	1%	11%
Bad	60%	55%	23%	14%	14%	11%	6%	6%	3%	2%	3%	1%	7%
Quality healthcare in (COUNTRY) vs. other MS													
Better	55%	52%	19%	18%	11%	10%	11%	4%	2%	1%	7%	1%	10%
The same	54%	54%	17%	15%	14%	11%	9%	5%	2%	2%	5%	1%	9%
Worse	61%	57%	24%	14%	13%	12%	6%	6%	3%	2%	2%	1%	6%

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

This section discusses 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. Consideration is then given to awareness of where to seek help in relation to redress, both at home and in other Member States.

1. AWARENESS OF FORMS OF REDRESS

- An investigation of the case and financial compensation are the two most mentioned forms of redress both at home and in another Member State -

Respondents' perceptions of the forms of redress available to them in the event of harm by healthcare in their own country³³ or another Member State³⁴ were analysed. Respondents expect similar means of redress to be available 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 EU country ("don't know": own country, 4%; another Member State, 12%).

At least half of respondents say that in their own 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 in respect of an incident that occurred in another Member State (47% and 45% respectively). Around four in ten say that they are entitled to an **explanation of the causes of harm** (41%) or **action taken against the healthcare facility responsible** (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%).

A least three respondents in ten say that, in their own country, they are entitled to a **formal acknowledgement** of the harm caused, having the **person responsible disciplined** (both 34%), or an **apology** from the individual or facility responsible (30%). These forms of redress are less frequently mentioned in respect of an incident in another Member State: 31% say they are entitled to a formal acknowledgement, 29% to having the person responsible disciplined, and 24% say they are entitled to an apology from the individual or facility responsible.

33 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.

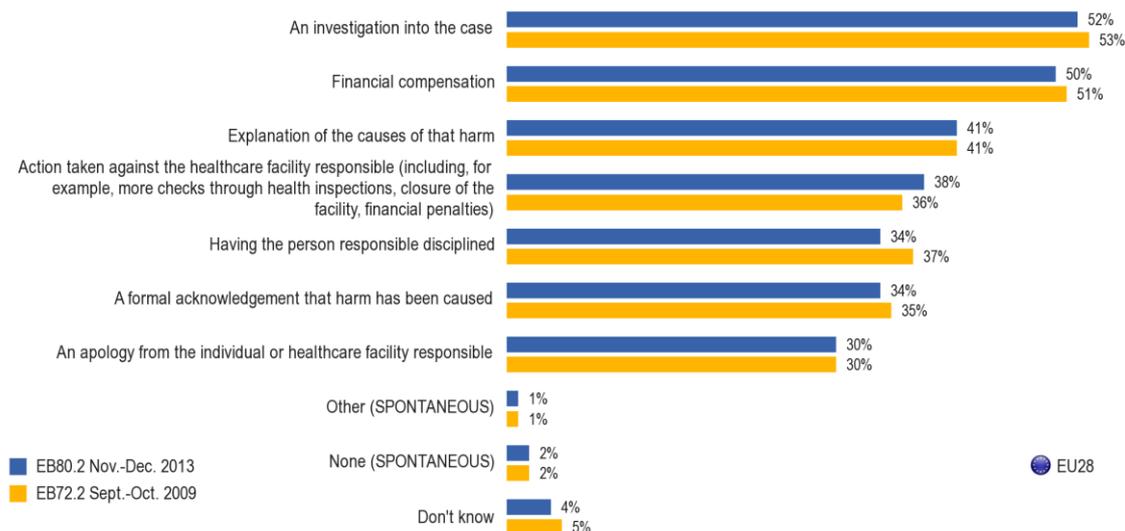
34 Which of the following forms of redress do you think you or a member of your family are entitled to if harmed whilst receiving healthcare in another EU Member State? A formal acknowledgement that harm has been caused; Explanation of the causes of that harm; An apology from the individual or healthcare 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.

The following sections review the results for respondents' own country and other Member States in more detail.

1.1. Redress available in own country

There have been few evolutions since the previous surveys in terms of the redress respondents expect to have in their own country. Respondents are slightly less likely to say they are entitled to have the person responsible disciplined (-3 percentage points), or to a formal acknowledgement of harm (-1). But they are slightly more likely to say they are entitled to have action taken against the healthcare facility responsible (+2).

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)

. This stability in perceptions of redress comes despite the fact that there have been considerable increases in the proportions who have reported adverse events (+18 percentage points), accompanied by increasing awareness of the organisations responsible for patient safety ("don't know" responses: -19).

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 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 believe they are entitled to an investigation (33%).

In 14 countries at least half the respondents say they are entitled to **financial compensation**, most strikingly in Austria (72%) and the Czech Republic and Hungary (66%). At the other end of the scale 35% of respondents in Luxembourg, 37% in France and 38% in the UK say they are entitled to financial compensation.

Two-thirds of respondents in Sweden and Finland say they are entitled to an **explanation** of the causes of the harm suffered, as do 58% in Denmark and 57% in Austria. Just under a quarter of respondents in Romania say the same (24%).

Sweden is the only country where at least half of all respondents say they are entitled to have **action** taken against the healthcare facility responsible (52%), although 48% of respondents in Italy and 45% in Greece agree. Fewer than one in five respondents in Finland and Latvia think they are entitled to this form of redress (18% and 19% respectively).

Respondents in Sweden (62%), Denmark (52%) and the Netherlands (50%) are the most likely to say they are entitled to a **formal acknowledgement** that harm has been caused, compared to 16% in Hungary. Respondents in Austria (50%), the Netherlands (47%) and Ireland (46%) are the most likely to say they are entitled to an **apology** from the individual or healthcare provider, while those in Bulgaria (15%) and Romania (17%) are the least likely to do so.

At least half the respondents in Greece (55%), the Czech Republic (52%) and Hungary (51%) say they are entitled to have the **person responsible disciplined**, compared to 15% in Finland.

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?

	An investigation into the case	Financial compensation	Explanation of the causes of that harm	Action taken against the healthcare facility responsible (including, for example, more checks through health inspections, closure of the facility, financial penalties)	Having the person responsible disciplined	A formal acknowledgement that harm has been caused	An apology from the individual or healthcare facility responsible	Other (SPONTANEOUS)	None (SPONTANEOUS)	Don't know
EU28	52%	50%	41%	38%	34%	34%	30%	1%	2%	4%
BE	47%	45%	41%	30%	25%	41%	31%	1%	3%	2%
BG	49%	43%	35%	29%	39%	28%	15%	0%	2%	11%
CZ	61%	66%	47%	40%	52%	29%	39%	0%	1%	2%
DK	65%	65%	58%	24%	26%	52%	25%	0%	1%	3%
DE	60%	61%	37%	35%	21%	29%	32%	0%	3%	4%
EE	49%	46%	40%	23%	30%	33%	31%	2%	5%	7%
IE	56%	42%	54%	38%	29%	49%	46%	1%	1%	5%
EL	42%	58%	37%	45%	55%	44%	21%	0%	3%	3%
ES	53%	50%	36%	39%	37%	33%	23%	0%	1%	4%
FR	44%	37%	49%	39%	26%	42%	30%	0%	3%	5%
HR	36%	64%	34%	32%	35%	27%	31%	0%	2%	3%
IT	43%	43%	34%	48%	46%	26%	18%	1%	1%	3%
CY	56%	43%	47%	42%	47%	45%	19%	1%	1%	3%
LV	38%	45%	32%	19%	31%	30%	18%	0%	6%	7%
LT	40%	59%	37%	23%	21%	35%	18%	1%	2%	5%
LU	40%	35%	45%	30%	24%	34%	35%	1%	5%	9%
HU	59%	66%	39%	35%	51%	16%	32%	0%	2%	3%
MT	53%	44%	48%	27%	41%	36%	27%	0%	2%	7%
AT	67%	72%	57%	42%	46%	48%	50%	2%	1%	3%
NL	48%	41%	39%	40%	22%	50%	47%	1%	2%	3%
PL	33%	60%	40%	27%	41%	24%	26%	0%	4%	6%
PT	52%	53%	37%	41%	45%	27%	30%	0%	1%	4%
RO	37%	45%	24%	33%	40%	28%	17%	1%	3%	12%
SI	44%	48%	47%	27%	28%	40%	39%	2%	3%	5%
SK	63%	62%	39%	44%	43%	33%	33%	0%	1%	2%
FI	71%	58%	66%	18%	15%	32%	27%	1%	1%	2%
SE	69%	64%	66%	52%	21%	62%	42%	1%	0%	0%
UK	67%	38%	51%	41%	34%	43%	44%	0%	1%	5%

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

(ROTATION – MULTIPLE ANSWERS POSSIBLE)

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?

	An investigation into the case		Financial compensation		Explanation of the causes of that harm		Action taken against the healthcare facility responsible (including, for example, more checks through health inspections, closure of the facility, financial penalties)		Having the person responsible disciplined		A formal acknowledgement that harm has been caused		An apology from the individual or healthcare facility responsible		Other (SPONTANEOUS)		None (SPONTANEOUS)		Don't know	
	EB80.2 Nov. - Dec. 2013	2013 - 2009	EB80.2 Nov. - Dec. 2013	2013 - 2009	EB80.2 Nov. - Dec. 2013	2013 - 2009	EB80.2 Nov. - Dec. 2013	2013 - 2009	EB80.2 Nov. - Dec. 2013	2013 - 2009	EB80.2 Nov. - Dec. 2013	2013 - 2009	EB80.2 Nov. - Dec. 2013	2013 - 2009	EB80.2 Nov. - Dec. 2013	2013 - 2009	EB80.2 Nov. - Dec. 2013	2013 - 2009	EB80.2 Nov. - Dec. 2013	2013 - 2009
EU28	52%	-1	50%	-1	41%	=	38%	+2	34%	-3	34%	-1	30%	=	1%	=	2%	=	4%	-1
BE	47%	-3	45%	-7	41%	-3	30%	+2	25%	-10	41%	-5	31%	-6	1%	+1	3%	-1	2%	=
BG	49%	-6	43%	-4	35%	-2	29%	-8	39%	-11	28%	+5	15%	-1	0%	=	2%	+1	11%	-7
CZ	61%	-2	66%	+1	47%	+5	40%	+6	52%	-3	29%	+3	39%	+4	0%	-1	1%	+1	2%	=
DK	65%	-2	65%	+3	58%	-1	24%	-4	26%	-1	52%	+7	25%	-5	0%	-1	1%	=	3%	-1
DE	60%	-2	61%	-4	37%	-4	35%	-2	21%	-13	29%	-2	32%	-3	0%	=	3%	=	4%	-1
EE	49%	=	46%	+11	40%	+2	23%	+8	30%	-5	33%	+2	31%	+5	2%	+1	5%	=	7%	-6
IE	56%	-2	42%	=	54%	+9	38%	+3	29%	-6	49%	-3	46%	=	1%	+1	1%	=	5%	-5
EL	42%	-12	58%	-9	37%	-7	45%	-3	55%	-9	44%	-9	21%	-7	0%	=	3%	+2	3%	+2
ES	53%	-9	50%	-1	36%	-14	39%	-3	37%	-6	33%	-11	23%	-14	0%	-2	1%	=	4%	+2
FR	44%	-4	37%	-2	49%	+5	39%	+9	26%	-5	42%	+4	30%	+9	0%	=	3%	-1	5%	-1
HR	36%	NA	64%	NA	34%	NA	32%	NA	35%	NA	27%	NA	31%	NA	0%	NA	2%	NA	3%	NA
IT	43%	-2	43%	-1	34%	-1	48%	-3	46%	-2	26%	=	18%	=	1%	=	1%	=	3%	+1
CY	56%	-11	43%	-11	47%	-10	42%	-7	47%	-8	45%	-7	19%	-7	1%	+1	1%	-1	3%	+1
LV	38%	-5	45%	-3	32%	+4	19%	=	31%	-5	30%	-1	18%	-3	0%	-1	6%	=	7%	+1
LT	40%	+6	59%	+5	37%	+1	23%	+9	21%	-8	35%	-3	18%	+1	1%	=	2%	-1	5%	-1
LU	40%	-7	35%	-7	45%	+2	30%	-2	24%	-11	34%	-2	35%	+7	1%	+1	5%	+2	9%	+3
HU	59%	-1	66%	-1	39%	+2	35%	+3	51%	-2	16%	+3	32%	+1	0%	-1	2%	=	3%	+1
MT	53%	-9	44%	-7	48%	-8	27%	-3	41%	-4	36%	-1	27%	+3	0%	=	2%	+1	7%	+4
AT	67%	+7	72%	+3	57%	+11	42%	+4	46%	+3	48%	+9	50%	+10	2%	+1	1%	=	3%	=
NL	48%	+2	41%	=	39%	+3	40%	+4	22%	-2	50%	+5	47%	+3	1%	=	2%	=	3%	-2
PL	33%	+2	60%	-1	40%	+6	27%	+2	41%	+6	24%	=	26%	-1	0%	-1	4%	+2	6%	-2
PT	52%	+10	53%	+12	37%	+8	41%	+15	45%	+5	27%	+1	30%	+6	0%	-1	1%	-1	4%	-7
RO	37%	-3	45%	+2	24%	-1	33%	+7	40%	+4	28%	-4	17%	-1	1%	=	3%	-1	12%	-1
SI	44%	-10	48%	-10	47%	-12	27%	-6	28%	-12	40%	-2	39%	-11	2%	+1	3%	-2	5%	+3
SK	63%	-1	62%	+9	39%	=	44%	+9	43%	+1	33%	+2	33%	+6	0%	=	1%	+1	2%	-1
FI	71%	+3	58%	+4	66%	+4	18%	-6	15%	-3	32%	+2	27%	+4	1%	=	1%	-3	2%	=
SE	69%	+4	64%	+4	66%	+4	52%	+9	21%	+7	62%	+4	42%	+6	1%	+1	0%	-1	0%	-1
UK	67%	+7	38%	-3	51%	+7	41%	+8	34%	+1	43%	+3	44%	+4	0%	-1	1%	-2	5%	-3

(ROTATION – MULTIPLE ANSWERS POSSIBLE)

A review of the trends at EU level shows only minor changes since 2009, but this pattern is not replicated within all countries. There have been a number of notable changes since the previous survey:

- Respondents in Cyprus are now less likely to say they are entitled to each of these forms of redress, in particular to an investigation into the case or financial compensation (both -11 percentage points), or to an explanation of the causes of the harm (-10).
- Respondents in Spain are also less likely to say they are entitled to each of these forms of redress, and particularly to an explanation of the causes of harm or to an apology from the facility or individual responsible (both -14), or to a formal acknowledgement that harm has been caused (-11).
- Those in Slovenia are also less likely to mention almost all forms of redress, particularly an explanation of the causes of harm, having the person responsible disciplined (both -12 percentage points), or an apology from the individual or facility concerned (-11).
- Respondents in Greece are less likely to mention each of these forms of redress than in the previous survey, particularly an investigation into the case (-12 percentage points) or a formal acknowledgement that harm was caused (-9).
- In Portugal, on the other hand, respondents are now more likely to say they are entitled to each form of redress, especially action taken against the healthcare facility (+15 percentage points), financial compensation (+12) and an investigation into the case (+10).
- Respondents in Austria are now more likely to say they are entitled to explanation of the causes of harm (+11 percentage points), an apology (+10) and a formal acknowledgement that harm was caused (+9).
- Respondents in Germany (-13 percentage points), Luxembourg and Bulgaria (both -11) and Belgium (-10) are much less likely to say they are entitled to have the person responsible disciplined.

Socio-demographic analysis highlights the following differences:

- Men are more likely than women to think they are entitled to financial compensation if harmed when receiving healthcare in their country (53% vs. 47%).
- Those aged 55+ are the least likely to say they are entitled to financial compensation (46% vs. 51%-53%) or to have action taken against the facility (34% vs. 37%-41%).
- The longer a respondent has remained in education, the more likely they are to say they are entitled to an explanation of the causes of harm, a formal acknowledgement that harm has been caused, an investigation into the case, and to have action taken against the healthcare facility. For example 28% of those with the lowest education levels say they are entitled to a formal acknowledgement that harm has been caused, compared with 40% of those with the highest education levels.
- Managers are the most likely to say they are entitled to an investigation (59%), an explanation of the causes of harm (49%) and a formal acknowledgement (44%). House persons and the retired are less likely than other occupation groups to say they are entitled to financial compensation (45% vs. 52%-54%).
- The more difficulties a respondent has in paying the bills, the less likely they are to say they are entitled to an investigation, or an explanation of the causes of harm.

In addition, respondents who think the overall quality of healthcare in their country is good are more likely to say they are entitled to an investigation (54% vs. 47%), an explanation of the causes of harm (43% vs. 38%), and an apology from the facility or individual responsible (32% vs. 26%). They are, however, less likely to say they are entitled to have the person responsible disciplined than those who think the quality of healthcare in their country is bad (31% vs. 44%).

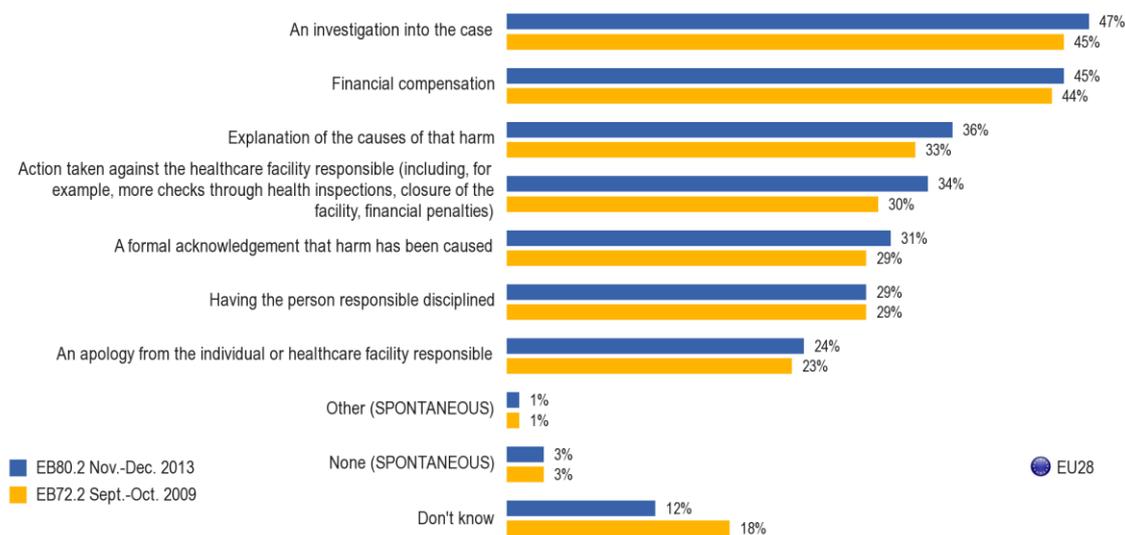
QC16 Which of the following forms of redress do you think you or a member of your family are entitled to if harmed whilst receiving healthcare in (OUR COUNTRY), no matter how serious or permanent the harm was? (ROTATE – MULTIPLE ANSWERS POSSIBLE)

	An investigation into the case	Financial compensation	Explanation of the causes of that harm	Action taken against the healthcare facility responsible (including, for example, more checks through health inspections, closure of the facility, financial penalties)	Having the person responsible disciplined	A formal acknowledgement that harm has been caused	An apology from the individual or healthcare facility responsible	Other (SPONTANEOUS)	None (SPONTANEOUS)	Don't know
EU28	52%	50%	41%	38%	34%	34%	30%	1%	2%	4%
 Gender										
Man	51%	53%	42%	38%	33%	34%	30%	1%	2%	4%
Woman	52%	47%	41%	38%	35%	35%	30%	0%	2%	5%
 Age										
15-24	49%	53%	43%	37%	33%	30%	31%	1%	1%	5%
25-39	54%	53%	41%	41%	37%	35%	31%	0%	2%	4%
40-54	54%	51%	43%	41%	36%	37%	31%	0%	2%	3%
55 +	50%	46%	40%	34%	31%	33%	28%	1%	3%	6%
 Education (End of)										
15-	48%	47%	36%	34%	35%	28%	27%	0%	2%	7%
16-19	52%	50%	41%	37%	35%	34%	30%	0%	2%	4%
20+	55%	52%	46%	42%	33%	40%	32%	1%	2%	3%
Still studying	52%	54%	44%	38%	32%	30%	33%	1%	1%	5%
 Socio-professional category										
Self-employed	52%	54%	41%	41%	38%	36%	29%	0%	1%	3%
Managers	59%	53%	49%	45%	32%	44%	33%	1%	2%	2%
Other white collars	53%	52%	43%	43%	37%	36%	32%	0%	1%	3%
Manual workers	52%	52%	43%	38%	37%	35%	31%	0%	2%	3%
House persons	48%	45%	36%	39%	37%	32%	27%	0%	3%	6%
Unemployed	49%	53%	38%	37%	35%	33%	26%	0%	3%	5%
Retired	50%	45%	39%	32%	30%	31%	29%	1%	3%	6%
Students	52%	54%	44%	38%	32%	30%	33%	1%	1%	5%
 Difficulties paying bills										
Most of the time	46%	49%	37%	36%	36%	35%	28%	0%	3%	5%
From time to time	50%	51%	39%	40%	39%	32%	27%	1%	2%	4%
Almost never/ Never	54%	50%	43%	38%	32%	35%	32%	0%	2%	4%
Overall quality of healthcare in (COUNTRY)										
Good	54%	49%	43%	37%	31%	35%	32%	0%	2%	4%
Bad	47%	53%	38%	40%	44%	31%	26%	1%	2%	5%

1.2. Redress available in another Member State

Again, there have been few evolutions since the previous survey in terms of the redress that respondents expect in another Member State. Respondents are more likely to say they are entitled to have action taken against the facility responsible (+4 percentage points), and to an explanation of the causes of harm (+3). They are also slightly more likely to say they are entitled to a formal acknowledgement that harm has been caused (+2).

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 another Member State show that at least half the respondents believe they are entitled to an **investigation** in 11 countries, led by 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%).

In 13 countries at least half of all respondents say they are entitled to **financial compensation**. This is most mentioned by respondents in Sweden (69%), Croatia (66%) and Hungary (65%). It is also the option mentioned most in 17 countries. At the other end of the scale 29% of respondents in France and 33% in the UK say they are entitled to financial compensation.

At least half the respondents in Sweden (63%) and Finland (53%) say they are entitled to an **explanation** of the causes of the harm suffered, and this is also the most mentioned response in Luxembourg (43%). This compares to 22% of respondents in Romania and 24% in Latvia.

Respondents in Italy (49%), Sweden and Greece (both 47%) are the most likely to say they are entitled to have **action** taken against the healthcare facility for harm caused when receiving healthcare in another Member State. This is also the option mentioned most by respondents in Italy. Fewer than one in five respondents in Latvia, Finland and Denmark think they are entitled to this form of redress (13%, 15% and 16% respectively).

Sweden is the only country where at least half the respondents say they are entitled to a **formal acknowledgement** that harm has been caused (57%), compared with 18% in Hungary. Greece is the only country where at least half of respondents say they are entitled to have the **person responsible disciplined** (57%), compared with 13% in Finland and 15% of those in the Netherlands and Denmark.

Respondents in Ireland (45%) and Austria (43%) are the most likely to say they are entitled to an **apology** from the individual or healthcare provider, while those in Bulgaria (12%) and Latvia (13%) are the least likely to do so.

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?

	An investigation into the case	Financial compensation	Explanation of the causes of that harm	Action taken against the healthcare facility responsible (including, for example, more checks through health inspections, closure of the facility, financial penalties)	A formal acknowledgement that harm has been caused	Having the person responsible disciplined	An apology from the individual or healthcare facility responsible	Other (SPONTANEOUS)	None (SPONTANEOUS)	Don't know
EU28	47%	45%	36%	34%	31%	29%	24%	1%	3%	12%
BE	49%	43%	34%	26%	39%	22%	24%	1%	4%	5%
BG	41%	42%	25%	26%	29%	28%	12%	0%	1%	26%
CZ	56%	58%	41%	34%	26%	41%	30%	0%	1%	9%
DK	57%	47%	43%	16%	39%	15%	16%	0%	2%	15%
DE	48%	48%	30%	27%	28%	16%	20%	1%	5%	13%
EE	46%	48%	36%	24%	31%	24%	25%	1%	3%	17%
IE	51%	43%	49%	36%	47%	28%	45%	0%	1%	8%
EL	45%	63%	39%	47%	43%	57%	20%	0%	1%	6%
ES	48%	48%	35%	36%	32%	34%	22%	0%	1%	10%
FR	41%	29%	37%	30%	32%	19%	20%	1%	4%	20%
HR	35%	66%	35%	31%	27%	33%	27%	0%	1%	5%
IT	43%	43%	34%	49%	25%	43%	19%	1%	2%	3%
CY	57%	52%	46%	40%	45%	43%	19%	0%	0%	6%
LV	35%	46%	24%	13%	24%	21%	13%	0%	4%	21%
LT	33%	57%	30%	20%	29%	16%	16%	2%	2%	15%
LU	41%	35%	43%	24%	36%	23%	34%	1%	7%	10%
HU	56%	65%	40%	34%	18%	46%	29%	0%	2%	5%
MT	50%	55%	48%	28%	36%	36%	24%	0%	2%	11%
AT	61%	61%	48%	37%	45%	36%	43%	2%	4%	9%
NL	47%	39%	36%	32%	43%	15%	35%	1%	4%	7%
PL	39%	55%	39%	28%	26%	35%	25%	0%	2%	12%
PT	43%	46%	32%	36%	26%	42%	26%	0%	0%	13%
RO	33%	46%	22%	31%	28%	32%	16%	1%	3%	15%
SI	42%	51%	44%	25%	36%	23%	33%	3%	3%	10%
SK	57%	57%	33%	32%	31%	29%	27%	0%	1%	13%
FI	65%	50%	53%	15%	26%	13%	21%	2%	1%	12%
SE	70%	69%	63%	47%	57%	17%	36%	1%	0%	1%
UK	55%	33%	43%	37%	36%	28%	35%	0%	2%	17%

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

(ROTATION – MULTIPLE ANSWERS POSSIBLE)

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?

	An investigation into the case		Financial compensation		Explanation of the causes of that harm		Action taken against the healthcare facility responsible (including, for example, more checks through health inspections, closure of the facility, financial penalties)		A formal acknowledgement that harm has been caused		Having the person responsible disciplined		An apology from the individual or healthcare facility responsible		Other (SPONTANEOUS)		None (SPONTANEOUS)		Don't know	
	EB80.2 Nov. - Dec. 2013	2013 - 2009	EB80.2 Nov. - Dec. 2013	2013 - 2009	EB80.2 Nov. - Dec. 2013	2013 - 2009	EB80.2 Nov. - Dec. 2013	2013 - 2009	EB80.2 Nov. - Dec. 2013	2013 - 2009	EB80.2 Nov. - Dec. 2013	2013 - 2009	EB80.2 Nov. - Dec. 2013	2013 - 2009	EB80.2 Nov. - Dec. 2013	2013 - 2009	EB80.2 Nov. - Dec. 2013	2013 - 2009	EB80.2 Nov. - Dec. 2013	2013 - 2009
 EU28	47%	+2	45%	+1	36%	+3	34%	+4	31%	+2	29%	=	24%	+1	1%	=	3%	=	12%	-6
 BE	49%	+3	43%	-3	34%	-3	26%	=	39%	+1	22%	-6	24%	-6	1%	=	4%	-5	5%	-1
 BG	41%	-7	42%	-9	25%	-4	26%	-4	29%	+3	28%	-9	12%	-2	0%	=	1%	=	26%	-3
 CZ	56%	-2	59%	-1	41%	+5	34%	+8	26%	+3	41%	+1	30%	+3	0%	-1	1%	+1	9%	-2
 DK	57%	+9	47%	+7	43%	+6	16%	-2	39%	+8	15%	-5	16%	-3	0%	-1	2%	-2	15%	-9
 DE	48%	-4	48%	-3	30%	=	27%	-1	28%	=	16%	-9	20%	-1	1%	+1	5%	+2	13%	-5
 EE	46%	+4	48%	+12	36%	+7	24%	+12	31%	+5	24%	=	25%	+8	1%	=	3%	-1	17%	-10
 IE	51%	+1	43%	+7	49%	+9	36%	+5	47%	+2	28%	-2	45%	+10	0%	-1	1%	=	8%	-14
 EL	45%	-8	63%	-6	39%	-2	47%	+5	43%	-11	57%	-2	20%	-9	0%	=	1%	=	6%	+4
 ES	48%	-10	48%	-3	35%	-8	36%	-4	32%	-8	34%	-7	22%	-12	0%	-2	1%	=	10%	+2
 FR	41%	+3	29%	+2	37%	+6	30%	+7	32%	+6	19%	=	20%	+4	1%	+1	4%	=	20%	-7
 HR	35%	NA	66%	NA	35%	NA	31%	NA	27%	NA	33%	NA	27%	NA	0%	NA	1%	NA	5%	NA
 IT	43%	+1	43%	+1	34%	+3	49%	+1	25%	=	43%	+2	19%	=	1%	=	2%	+1	3%	-4
 CY	57%	-6	52%	-6	46%	-6	40%	-4	45%	-5	43%	-4	19%	-8	0%	=	0%	-3	6%	=
 LV	35%	+1	46%	-5	24%	+2	13%	-2	24%	-5	21%	-3	13%	-2	0%	-1	4%	=	21%	+2
 LT	33%	+1	57%	-2	30%	+2	20%	+11	29%	-3	16%	-3	16%	+4	2%	+2	2%	-1	15%	+1
 LU	41%	-4	35%	-6	43%	+6	24%	-6	36%	-1	23%	-6	34%	+9	1%	+1	7%	+4	10%	-1
 HU	56%	-2	65%	-3	40%	+5	34%	+4	18%	+2	46%	+7	29%	=	0%	=	2%	=	5%	-2
 MT	50%	-12	55%	-4	48%	-1	28%	-2	36%	-1	36%	-5	24%	+4	0%	=	2%	+1	11%	+5
 AT	61%	+9	61%	+3	48%	+9	37%	+8	45%	+11	36%	+5	43%	+12	2%	+1	4%	+1	9%	-1
 NL	47%	+5	39%	+5	36%	+6	32%	+5	43%	+6	15%	-1	35%	+8	1%	+1	4%	+1	7%	-14
 PL	39%	+10	55%	+3	39%	+10	28%	+7	26%	+8	35%	+12	25%	+6	0%	-1	2%	+1	12%	-7
 PT	43%	+5	46%	+10	32%	+5	36%	+13	26%	+2	42%	+9	26%	+5	0%	-1	0%	-2	13%	-6
 RO	33%	=	46%	+8	22%	=	31%	+9	28%	=	32%	+6	16%	=	1%	=	3%	-1	15%	-11
 SI	42%	-11	51%	-10	44%	-11	25%	-6	36%	-5	23%	-15	33%	-15	3%	+2	3%	-1	10%	+5
 SK	57%	=	57%	+5	33%	-2	32%	+6	31%	+2	29%	+1	27%	+4	0%	=	1%	+1	13%	+4
 FI	65%	+4	50%	-1	53%	=	15%	-4	26%	+2	13%	-3	21%	+4	2%	+1	1%	-3	12%	+4
 SE	70%	+20	69%	+22	63%	+23	47%	+23	57%	+19	17%	+8	36%	+14	1%	=	0%	-1	1%	-21
 UK	55%	+14	33%	+2	43%	+10	37%	+12	36%	+9	28%	+6	35%	+8	0%	-1	2%	-3	17%	-12

(ROTATION – MULTIPLE ANSWERS POSSIBLE)

Once again there have been notable changes in opinion since the previous survey in 2009. These include:

- Respondents in Slovenia are now less likely to mention each of these forms of redress for harm received in another Member State, in most cases by 10 percentage points or more. For example they are less likely to say they are entitled to an apology from the healthcare facility or individual, or to have the responsible person disciplined (both -15).
- Respondents in Spain are also less likely to say they are entitled to each form of redress, particularly an apology (-12 percentage points) or an investigation (-10).
- Respondents in Sweden, on the other hand, are now more likely to mention each form of redress, in many cases by at least 14 percentage points. This is especially the case for an explanation of the causes of harm, or having action taken against the healthcare facility (both +23). Respondents in the UK are also more likely to mention each form of redress, but to a lesser degree. For instance there has been a 14-point increase in the proportion that say they are entitled to an investigation, and a 12-point rise in those who mention action against the healthcare facility.
- Respondents in Poland are more likely to say they are entitled to have the responsible person disciplined (+12 percentage points), or to receive an explanation, or an investigation (both +10).
- Respondents in Portugal and Estonia are more likely to say they are entitled to financial compensation (+10 and +12 percentage points respectively), or to action taken against the healthcare facility (+13 and +12 respectively).
- Respondents in Austria and Ireland are more likely to say they are entitled to an apology (+12 and +10 percentage points respectively). Respondents in Austria are also more likely to say they are entitled to a formal acknowledgement that harm was caused than in 2009 (+11).

Socio-demographic analysis shows that men are more likely than women to say they are entitled to financial compensation if harm is caused when receiving healthcare in another Member State (48% vs. 42%). The older the respondent, the less likely they are to say they are entitled to financial compensation, or to have the responsible person disciplined. For example 52% of 15-24 year olds say they are entitled to financial compensation, compared with 40% of those aged 55+. Those aged 55+ are also the least likely to say they are entitled to have action taken against the facility (29% vs. 34%-37%).

The longer a respondent remained in education the more likely they are to say they are entitled to an explanation of the causes of harm, an investigation, and a formal acknowledgement that harm has been caused. A quarter (26%) of those with the lowest education levels say they are entitled to a formal acknowledgement, compared with 36% of those who completed education aged 20+.

The more difficulties respondents have in paying the bills, the less likely they are to say they are entitled to an investigation. In addition, respondents who think that the overall quality of healthcare in their country is bad are more likely to say they are entitled to financial compensation (52% vs. 43%), action against the healthcare facility (38% vs. 32%), and to have the responsible person disciplined (38% vs. 25%).

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? (ROTATE – MULTIPLE ANSWERS POSSIBLE)

	An investigation into the case	Financial compensation	Explanation of the causes of that harm	Action taken against the healthcare facility responsible (including, for example, more checks through health inspections, closure of the facility, financial penalties)	A formal acknowledgement that harm has been caused	Having the person responsible disciplined	An apology from the individual or healthcare facility responsible	Other (SPONTANEOUS)	None (SPONTANEOUS)	Don't know
EU28	47%	45%	36%	34%	31%	29%	24%	1%	3%	12%
Gender										
Man	47%	48%	37%	34%	31%	28%	24%	0%	2%	11%
Woman	46%	42%	36%	33%	31%	29%	25%	1%	3%	13%
Age										
15-24	46%	52%	37%	34%	29%	30%	25%	0%	2%	9%
25-39	50%	48%	38%	37%	32%	33%	26%	0%	2%	10%
40-54	48%	45%	38%	36%	34%	29%	26%	0%	3%	10%
55 +	44%	40%	34%	29%	29%	25%	21%	1%	3%	16%
Education (End of)										
15-	42%	41%	32%	31%	26%	30%	22%	1%	3%	16%
16-19	46%	45%	36%	34%	31%	29%	25%	0%	3%	12%
20+	50%	46%	40%	36%	36%	28%	25%	1%	2%	10%
Still studying	51%	52%	38%	35%	29%	30%	26%	1%	1%	8%
Difficulties paying bills										
Most of the time	41%	45%	34%	34%	31%	33%	23%	1%	3%	13%
From time to time	46%	46%	36%	36%	29%	34%	23%	1%	2%	10%
Almost never/ Never	48%	45%	37%	32%	32%	26%	25%	1%	3%	12%
Overall quality of healthcare in (COUNTRY)										
Good	48%	43%	37%	32%	32%	25%	25%	1%	3%	12%
Bad	44%	52%	35%	38%	30%	38%	24%	1%	2%	11%

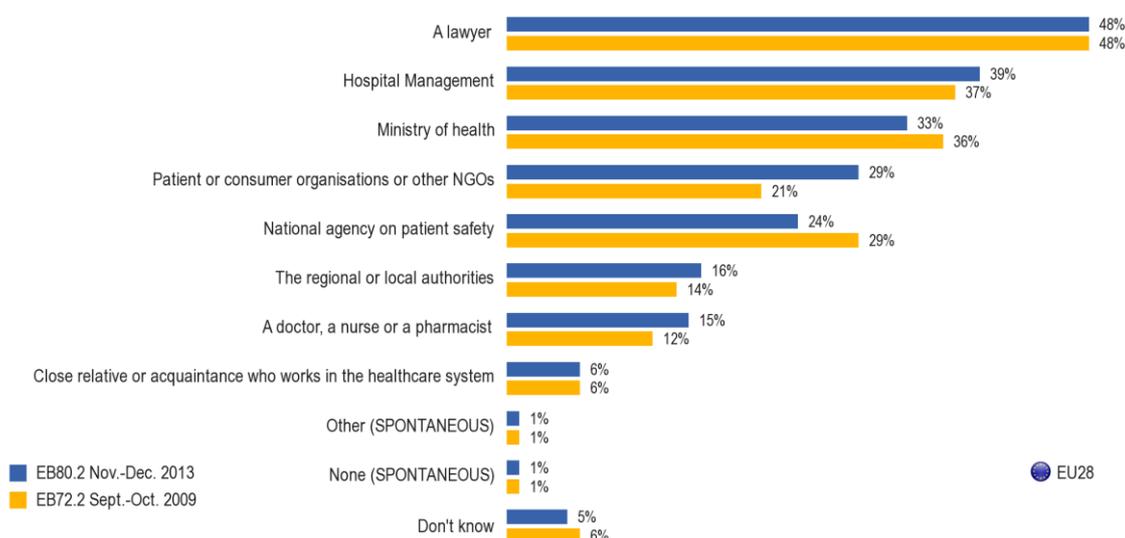
2. SEEKING HELP IF HARMED WHEN RECEIVING HEALTHCARE

2.1. Seeking help in one's own country

- Lawyers are still the most mentioned source of help when seeking redress for healthcare-related harm 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%)³⁵. Almost four in ten (39%) say they can seek help from hospital management, while 33% mention the ministry for 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. Regional or local authorities are mentioned by 16%, while 15% mention a doctor, nurse or pharmacist, and 6% say they could seek help from a close relative or acquaintance who works in the healthcare system.

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)

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).

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**.

³⁵ 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.

This is particularly true in Germany (73%), Austria (66%), and the Netherlands (64%). In a sharp contrast just 15% of those in Finland say they could seek help from a lawyer.

In five countries respondents are most likely to mention **hospital management**: Romania (61%), Ireland (57%), Malta (55%), Lithuania (50%) and Bulgaria (47%). Hospital management is also widely mentioned by respondents in Austria (55%), Cyprus (53%) and Greece (47%), but is cited least in Finland (24%).

Respondents in Cyprus are the most likely to mention the **ministry of health** (71%), which is also the most mentioned source of help among these respondents. It is also the source of help mentioned most by respondents in Portugal (50%), the UK (48%) and Spain (42%). At least half of respondents in Malta also mention the ministry of health (51%).

Although respondents in Hungary (50%) and Latvia (32%) are more likely to mention **patient or consumer organisations or other NGOs** than other sources, Austria is the Member State most likely to mention these as a source of help (55%). This contrasts with just 8% of respondents in Cyprus.

Almost all respondents in Denmark say they can seek help from the **national patient safety agency** (92%), making this the most mentioned source of help in Denmark. National patient safety agencies are also the most frequent response in Slovakia (74%), Finland (68%), Sweden (51%) and Estonia (46%), as well as being mentioned by half of respondents in Austria (50%). Respondents in Portugal are the least likely to mention a national patient safety agency (9%).

One-third of respondents in Sweden mention **regional or local authorities** (33%), as do 29% in Austria and 25% in the UK. Respondents in Belgium are the most likely to mention a **doctor, nurse or pharmacist** (27%), followed by those in Austria (26%) and Denmark (24%). Respondents in Austria are the most likely to say they can seek help from a **close relative or acquaintance who works in the healthcare system** (11%).

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)?

	A lawyer	Hospital Management	Ministry of health	Patient or consumer organisations or other NGOs	National agency on patient safety	The regional or local authorities	A doctor, a nurse or a pharmacist	Close relative or acquaintance who works in the healthcare system	Other (SPONTANEOUS)	None (SPONTANEOUS)	Don't know
 EU28	48%	39%	33%	29%	24%	16%	15%	6%	1%	1%	5%
 BE	50%	44%	33%	25%	22%	9%	27%	9%	2%	1%	2%
 BG	40%	47%	34%	20%	22%	8%	7%	6%	0%	2%	13%
 CZ	57%	45%	42%	41%	16%	16%	11%	5%	1%	0%	3%
 DK	40%	26%	20%	36%	92%	19%	24%	7%	0%	0%	2%
 DE	73%	35%	19%	35%	18%	12%	12%	5%	1%	1%	3%
 EE	29%	25%	42%	31%	46%	10%	14%	8%	0%	4%	4%
 IE	42%	57%	33%	15%	22%	17%	17%	5%	0%	1%	6%
 EL	54%	47%	45%	15%	25%	9%	23%	9%	0%	3%	2%
 ES	31%	39%	42%	18%	16%	13%	9%	5%	1%	1%	6%
 FR	55%	43%	30%	33%	26%	10%	23%	8%	1%	0%	3%
 HR	49%	42%	43%	14%	13%	4%	14%	5%	0%	2%	4%
 IT	48%	27%	36%	26%	21%	24%	8%	6%	0%	1%	3%
 CY	46%	53%	71%	8%	25%	5%	15%	5%	0%	1%	2%
 LV	22%	27%	25%	32%	21%	7%	8%	4%	1%	3%	8%
 LT	36%	50%	39%	13%	17%	6%	13%	6%	1%	3%	6%
 LU	49%	42%	35%	25%	28%	5%	19%	9%	2%	6%	5%
 HU	32%	36%	21%	50%	30%	18%	11%	7%	0%	1%	5%
 MT	35%	55%	51%	11%	20%	11%	12%	7%	0%	1%	5%
 AT	66%	55%	33%	55%	50%	29%	26%	11%	3%	0%	2%
 NL	64%	30%	20%	47%	22%	13%	18%	7%	3%	0%	3%
 PL	40%	36%	27%	30%	22%	13%	11%	6%	0%	2%	8%
 PT	36%	45%	50%	11%	9%	13%	11%	5%	1%	1%	6%
 RO	26%	61%	44%	15%	23%	12%	7%	3%	1%	2%	9%
 SI	54%	33%	19%	26%	22%	2%	12%	5%	2%	3%	7%
 SK	24%	36%	32%	25%	74%	8%	11%	6%	0%	0%	2%
 FI	15%	24%	20%	33%	68%	20%	17%	9%	2%	1%	3%
 SE	32%	45%	16%	47%	51%	33%	15%	6%	1%	0%	6%
 UK	39%	44%	48%	24%	24%	25%	21%	7%	1%	1%	6%

Highest percentage per country

Lowest percentage per country

Highest percentage per item

Lowest percentage per item

(ROTATION – MULTIPLE ANSWERS POSSIBLE)

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)?

	A lawyer		Hospital Management		Ministry of health		Patient or consumer organisations or other NGOs		National agency on patient safety		The regional or local authorities		A doctor, a nurse or a pharmacist		Close relative or acquaintance who works in the healthcare system		Other (SPONTANEOUS)		None (SPONTANEOUS)		Don't know	
	EB80.2 Nov. - Dec. 2013	2013 - 2009	EB80.2 Nov. - Dec. 2013	2013 - 2009	EB80.2 Nov. - Dec. 2013	2013 - 2009	EB80.2 Nov. - Dec. 2013	2013 - 2009	EB80.2 Nov. - Dec. 2013	2013 - 2009	EB80.2 Nov. - Dec. 2013	2013 - 2009	EB80.2 Nov. - Dec. 2013	2013 - 2009	EB80.2 Nov. - Dec. 2013	2013 - 2009	EB80.2 Nov. - Dec. 2013	2013 - 2009	EB80.2 Nov. - Dec. 2013	2013 - 2009	EB80.2 Nov. - Dec. 2013	2013 - 2009
 EU28	48%	=	39%	+2	33%	-3	29%	+8	24%	-5	16%	+2	15%	+3	6%	=	1%	=	1%	=	5%	-1
 BE	50%	-3	44%	-2	33%	-6	25%	-2	22%	-12	9%	-5	27%	=	9%	-5	2%	=	1%	-1	2%	+1
 BG	40%	+5	47%	-8	34%	-20	20%	=	22%	-5	8%	-3	7%	-6	6%	-1	0%	=	2%	=	13%	-2
 CZ	57%	+7	45%	-8	42%	-9	41%	+31	16%	-7	16%	+4	11%	+2	5%	+3	1%	=	0%	=	3%	=
 DK	40%	+5	26%	-5	20%	-6	36%	+21	92%	+1	19%	+1	24%	=	7%	+3	0%	-1	0%	=	2%	+1
 DE	73%	-2	35%	+7	19%	-9	35%	+8	18%	-12	12%	-3	12%	+2	5%	+1	1%	=	1%	=	3%	=
 EE	29%	+8	25%	-4	42%	-3	31%	+16	46%	+3	10%	+4	14%	-2	8%	+3	0%	=	4%	+1	4%	-9
 IE	42%	+4	57%	+8	33%	-18	15%	-6	22%	=	17%	+5	17%	+5	5%	-2	0%	-1	1%	+1	6%	-6
 EL	54%	+8	47%	-17	45%	-11	15%	-6	25%	-4	9%	+2	23%	+11	9%	+2	0%	-1	3%	+2	2%	+1
 ES	31%	=	39%	-12	42%	-7	18%	=	16%	-7	13%	-2	9%	+3	5%	+1	1%	-1	1%	+1	6%	+1
 FR	55%	+6	43%	+1	30%	+2	33%	+2	26%	-1	10%	+3	23%	+4	8%	-1	1%	+1	0%	-1	3%	-1
 HR	49%	NA	42%	NA	43%	NA	14%	NA	13%	NA	4%	NA	14%	NA	5%	NA	0%	NA	2%	NA	4%	NA
 IT	48%	-5	27%	+9	36%	=	26%	+7	21%	-7	24%	+4	8%	+2	6%	=	0%	-1	1%	=	3%	=
 CY	46%	-1	53%	-5	71%	=	8%	-13	25%	-3	5%	-3	15%	-3	5%	-1	0%	-1	1%	=	2%	=
 LV	22%	-2	27%	-2	25%	-4	32%	+12	21%	-13	7%	+4	8%	+2	4%	=	1%	=	3%	-1	8%	+2
 LT	36%	+10	50%	+9	39%	-9	13%	-1	17%	+1	6%	=	13%	+6	6%	+3	1%	-1	3%	=	6%	=
 LU	49%	-1	42%	+3	35%	-7	25%	+6	28%	-6	5%	-3	19%	+7	9%	+2	2%	+2	6%	+4	5%	=
 HU	32%	-7	36%	-1	21%	-8	50%	+40	30%	-11	18%	+5	11%	+3	7%	+4	0%	-1	1%	-1	5%	=
 MT	35%	+4	55%	-9	51%	-3	11%	+4	20%	-7	11%	+3	12%	-7	7%	-3	0%	-1	1%	=	5%	+3
 AT	66%	+1	55%	-1	33%	-5	55%	+25	50%	=	29%	+2	26%	+7	11%	=	3%	+2	0%	=	2%	=
 NL	64%	+4	30%	-1	20%	-3	47%	+13	22%	-9	13%	=	18%	+3	7%	+3	3%	+2	0%	-2	3%	-1
 PL	40%	-4	36%	+5	27%	+2	30%	+13	22%	-4	13%	+3	11%	+2	6%	=	0%	-2	2%	=	8%	-2
 PT	36%	+6	45%	+4	50%	+3	11%	-2	9%	-3	13%	+2	11%	+2	5%	-2	1%	=	1%	-1	6%	-4
 RO	26%	+3	61%	+10	44%	-1	15%	=	23%	+3	12%	+4	7%	+1	3%	=	1%	=	2%	-1	9%	-6
 SI	54%	+7	33%	-11	19%	-22	26%	+9	22%	-14	2%	-2	12%	-11	5%	-4	2%	+1	3%	-1	7%	+5
 SK	24%	+1	36%	-6	32%	-16	25%	+16	74%	+6	8%	+2	11%	-1	6%	=	0%	=	0%	=	2%	=
 FI	15%	-1	24%	+1	20%	+2	33%	+10	68%	=	20%	+4	17%	+3	9%	+5	2%	=	1%	-2	3%	+1
 SE	32%	+5	45%	-3	16%	+1	47%	+32	51%	-5	33%	+5	15%	+3	6%	+2	1%	=	0%	=	6%	+1
 UK	39%	-2	44%	+6	48%	+4	24%	+8	24%	+1	25%	+5	21%	+2	7%	+2	1%	=	1%	=	6%	-3

(ROTATION – MULTIPLE ANSWERS POSSIBLE)

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 number of countries are now less likely to say they could seek help from a national patient safety organisation. This is particularly true in Slovenia (-14), 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.

Respondents in Slovenia (-22 percentage points), Bulgaria (-20), Ireland (-18) and Slovakia (-16) are all much less likely to say they could seek help from the ministry of health than in 2009. Respondents in Slovenia are also less likely to mention a doctor, nurse or pharmacist (-11), but the reverse is true in Greece (+11).

Respondents in Greece, however, are less likely to say they could seek help from hospital management (-17 percentage points), as are those in Spain (-12) and Slovenia (-11). But respondents in Romania are more likely to mention hospital management than they were in 2009 (+10). Across Europe, respondents in Lithuania have shown the largest change in the proportion who say they could seek help from a lawyer (+10).

Socio-demographic analysis highlights the following variations:

- Those aged 55+ are the least likely to say they could seek help from the ministry of health in relation to redress for a healthcare incident in their own country (29% vs. 34%-38%). Those aged 15-24 are the least likely to say they could go to a patient or consumer organisation or other NGO (23% vs. 28%-32%).
- The longer a respondent remained in education, the more likely they are to say they could seek help from the national patient safety agency, or from a patient or consumer organisation or other NGO. In addition, those with the lowest education levels are the least likely to say they could seek help from hospital management (35% vs. 41%) or from a lawyer (43% vs. 49%-50%).
- Managers and the self-employed are the most likely to mention a lawyer, in contrast to the unemployed (54% and 53% vs. 43%). Managers are also the most likely to mention patient or consumer organisations or other NGOs (38% vs. 21%-35%). Retired persons are the least likely to mention the ministry of health (28% vs. 33%-38%).
- Respondents who have difficulties paying bills most of the time are less likely to say they could seek help from a patient or consumer organisation or other NGO (22%), and the most likely to mention the ministry of health (40%).
- Respondents who say the quality of healthcare in their country is good are more likely than those who say that quality is bad to mention a patient or consumer organisation or other NGO (30% vs. 25%).

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)? (ROTATE – MULTIPLE ANSWERS POSSIBLE)

	A lawyer	Hospital Management	Ministry of health	Patient or consumer organisations or other NGOs	National agency on patient safety	The regional or local authorities	A doctor, a nurse or a pharmacist	Close relative or acquaintance who works in the healthcare system	Other (SPONTANEOUS)	None (SPONTANEOUS)	Don't know
EU28	48%	39%	33%	29%	24%	16%	15%	6%	1%	1%	5%
 Age											
15-24	48%	38%	38%	23%	23%	15%	16%	7%	0%	1%	6%
25-39	49%	40%	36%	30%	26%	17%	15%	7%	0%	1%	4%
40-54	50%	40%	34%	32%	26%	17%	13%	6%	1%	1%	3%
55 +	45%	39%	29%	28%	22%	14%	15%	5%	1%	2%	6%
 Education (End of)											
15-	43%	35%	32%	21%	16%	13%	14%	6%	1%	2%	7%
16-19	49%	41%	34%	28%	22%	15%	14%	6%	1%	1%	4%
20+	50%	41%	32%	37%	31%	18%	14%	6%	1%	1%	3%
Still studying	49%	36%	37%	25%	27%	16%	17%	8%	0%	1%	6%
 Socio-professional category											
Self-employed	53%	37%	33%	31%	25%	18%	14%	7%	1%	1%	3%
Managers	54%	42%	34%	38%	32%	21%	14%	6%	1%	1%	2%
Other white collars	47%	41%	35%	35%	28%	18%	14%	7%	1%	1%	3%
Manual workers	49%	40%	36%	28%	25%	15%	15%	6%	0%	1%	4%
House persons	45%	39%	33%	22%	17%	15%	13%	5%	1%	2%	6%
Unemployed	43%	39%	38%	21%	19%	14%	11%	5%	0%	2%	5%
Retired	45%	38%	28%	27%	20%	13%	16%	6%	1%	1%	6%
Students	49%	36%	37%	25%	27%	16%	17%	8%	0%	1%	6%
 Difficulties paying bills											
Most of the time	45%	38%	40%	22%	21%	15%	15%	8%	1%	2%	5%
From time to time	47%	39%	36%	27%	23%	17%	14%	7%	0%	1%	5%
Almost never/ Never	49%	40%	31%	31%	25%	15%	15%	6%	1%	1%	4%
Overall quality of healthcare in (COUNTRY)											
Good	49%	39%	33%	30%	24%	16%	16%	6%	1%	1%	4%
Bad	45%	40%	36%	25%	23%	16%	12%	5%	1%	2%	6%

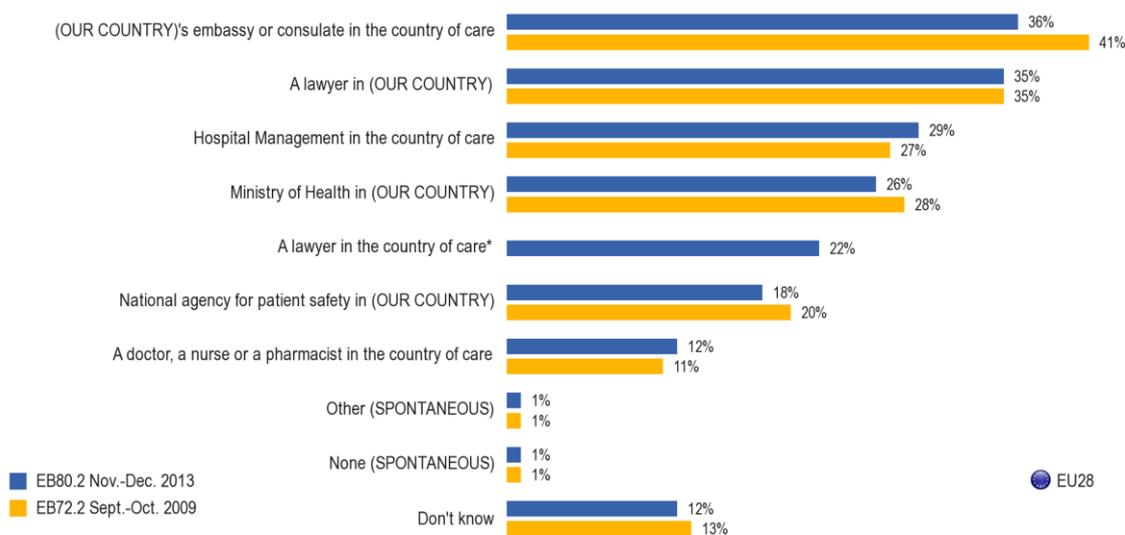
2.2. Seeking help in another Member State

- Embassies and lawyers are the most likely sources of help with redress for incidents in another Member State -

When asked where they would seek help if they are harmed while receiving healthcare in another Member State, respondents are most likely to mention their embassy or consulate (36%), or a lawyer in their own country (35%)³⁶. Almost three in ten (29%) say they can seek help from hospital management, while 26% mention the ministry of health in their own country.

More than one in five say they could seek help from a lawyer in the country of care (22%), while 18% mention the national patient safety agency in their own country (18%). Just over one in ten say they could seek help from a doctor, nurse or pharmacist in the country of care.

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)

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).

³⁶ 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.

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?

	(OUR COUNTRY)'s embassy or consulate in the country of care	A lawyer in (OUR COUNTRY)	Hospital Management in the country of care	Ministry of Health in (OUR COUNTRY)	A lawyer in the country of care	National agency for patient safety in (OUR COUNTRY)	A doctor, a nurse or a pharmacist in the country of care	Other (SPONTANEOUS)	None (SPONTANEOUS)	Don't know
EU28	36%	35%	29%	26%	22%	18%	12%	1%	1%	12%
BE	33%	40%	28%	30%	19%	17%	14%	2%	2%	6%
BG	39%	21%	36%	19%	20%	10%	13%	0%	1%	28%
CZ	50%	37%	32%	35%	26%	13%	12%	0%	0%	7%
DK	40%	31%	23%	28%	25%	50%	11%	1%	1%	10%
DE	26%	63%	20%	16%	29%	16%	8%	1%	2%	8%
EE	41%	24%	21%	30%	17%	26%	12%	1%	3%	16%
IE	34%	31%	51%	25%	14%	14%	20%	0%	0%	12%
EL	41%	28%	42%	28%	29%	22%	16%	0%	2%	8%
ES	30%	21%	25%	30%	14%	16%	8%	1%	2%	16%
FR	40%	38%	31%	29%	18%	16%	11%	0%	1%	13%
HR	40%	28%	39%	25%	24%	13%	11%	0%	2%	7%
IT	38%	35%	28%	30%	22%	22%	15%	0%	1%	5%
CY	67%	23%	44%	47%	14%	19%	15%	1%	0%	4%
LV	30%	13%	16%	13%	10%	16%	5%	1%	4%	24%
LT	36%	21%	27%	18%	13%	14%	10%	1%	3%	17%
LU	26%	33%	34%	26%	23%	31%	17%	2%	5%	8%
HU	37%	25%	33%	19%	21%	21%	18%	0%	1%	13%
MT	49%	26%	46%	36%	13%	21%	11%	1%	1%	9%
AT	49%	55%	43%	28%	40%	34%	24%	2%	1%	6%
NL	42%	45%	22%	21%	33%	17%	11%	3%	1%	6%
PL	32%	28%	24%	24%	25%	17%	10%	1%	2%	15%
PT	26%	21%	34%	28%	16%	8%	12%	0%	0%	19%
RO	33%	16%	52%	31%	12%	15%	10%	1%	2%	15%
SI	29%	36%	29%	18%	22%	16%	8%	3%	4%	12%
SK	44%	16%	32%	21%	22%	25%	11%	0%	0%	12%
FI	48%	11%	24%	24%	9%	42%	16%	3%	2%	8%
SE	54%	23%	39%	19%	19%	38%	13%	1%	1%	9%
UK	44%	28%	28%	28%	21%	15%	14%	1%	1%	19%

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

*Item not asked in 2009

(ROTATION – MULTIPLE ANSWERS POSSIBLE)

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, 50% in the Czech Republic and 49% in Malta.

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

At the other end of the spectrum, just over a quarter of respondents in Germany, Luxembourg and Portugal mention the embassy or consulate (all 26%).

Respondents in Germany are the most likely to say they could seek help from a **lawyer in their own country** (63%), and this is also the option mentioned most in Austria (55%), the Netherlands (45%), Belgium (40%) and Slovenia (36%). In contrast, just 11% in Finland mention a lawyer in their country.

Respondents in Romania are the most likely to mention **hospital management** in the country of care (52%), and respondents in Ireland (51%), Greece (42%), and Portugal and Luxembourg (both 34%) also mention hospital management ahead of the other items. Hospital management is also widely mentioned in Malta (46%), Cyprus (44%) and Austria (43%), but is least likely to be cited by respondents in Latvia (16%).

Respondents in Cyprus are the most likely across the EU to mention the **ministry of health** (47%). The ministry for health in their own country is also mentioned by 36% of respondents in Malta, 35% in the Czech Republic, and 31% in Romania, but by just 13% in Latvia.

Across the EU, respondents in Austria are the most likely to mention a **lawyer in the country of care** (40%) or a **doctor, nurse or pharmacists** in the country of care (24%). Respondents in Denmark are the most likely to mention the **national patient safety agency** in their country (50%), followed by those in Finland (42%), Sweden (38%) and Austria (34%). Those in Portugal are the least likely to mention this kind of organisation (8%).

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?

	(OUR COUNTRY)'s embassy or consulate in the country of care		A lawyer in (OUR COUNTRY)		Hospital Management in the country of care		Ministry of Health in (OUR COUNTRY)		A lawyer in the country of care		National agency for patient safety in (OUR COUNTRY)		A doctor, a nurse or a pharmacist in the country of care		Other (SPONTANEOUS)		None (SPONTANEOUS)		Don't know	
	EB80.2 Nov. - Dec. 2013	2013 - 2009	EB80.2 Nov. - Dec. 2013	2013 - 2009	EB80.2 Nov. - Dec. 2013	2013 - 2009	EB80.2 Nov. - Dec. 2013	2013 - 2009	EB80.2 Nov. - Dec. 2013	2013 - 2009	EB80.2 Nov. - Dec. 2013	2013 - 2009	EB80.2 Nov. - Dec. 2013	2013 - 2009	EB80.2 Nov. - Dec. 2013	2013 - 2009	EB80.2 Nov. - Dec. 2013	2013 - 2009	EB80.2 Nov. - Dec. 2013	2013 - 2009
 EU28	36%	-5	35%	=	29%	+2	26%	-2	22%	NA	18%	-2	12%	+1	1%	=	1%	=	12%	-1
 BE	33%	-14	40%	-7	28%	-4	30%	-6	19%	NA	17%	-13	14%	-3	2%	+1	2%	-1	6%	+2
 BG	39%	-9	21%	+4	36%	-5	19%	-14	20%	NA	10%	-6	13%	-2	0%	=	1%	=	28%	+2
 CZ	50%	=	37%	+5	32%	=	35%	-1	26%	NA	13%	+4	12%	+3	0%	-1	0%	=	7%	=
 DK	40%	-7	31%	+1	23%	-1	28%	-5	25%	NA	50%	+3	11%	=	1%	+1	1%	+1	10%	+2
 DE	26%	-12	63%	+2	20%	+1	16%	-7	29%	NA	16%	-5	8%	-1	1%	+1	2%	+1	8%	-2
 EE	41%	+4	24%	+4	21%	=	30%	+3	17%	NA	26%	+6	12%	+3	1%	+1	3%	=	16%	-7
 IE	34%	+1	31%	+6	51%	+9	25%	-6	14%	NA	14%	-5	20%	+5	0%	-1	0%	=	12%	-10
 EL	41%	-21	28%	+3	42%	-11	28%	-7	29%	NA	22%	-8	16%	+3	0%	-1	2%	+1	8%	+6
 ES	30%	-13	21%	+4	25%	-19	30%	-4	14%	NA	16%	-2	8%	-4	1%	-1	2%	+1	16%	+6
 FR	40%	-4	38%	+2	31%	+2	29%	=	18%	NA	16%	-1	11%	+2	0%	=	1%	=	13%	-1
 HR	40%	NA	28%	NA	39%	NA	25%	NA	24%	NA	13%	NA	11%	NA	0%	NA	2%	NA	7%	NA
 IT	38%	-3	35%	-4	28%	+10	30%	-3	22%	NA	22%	-2	15%	+4	0%	-1	1%	=	5%	-3
 CY	67%	-1	23%	-7	44%	-13	47%	+3	14%	NA	19%	-8	15%	-8	1%	=	0%	-1	4%	=
 LV	30%	-8	13%	-2	16%	-4	13%	-4	10%	NA	16%	-3	5%	+1	1%	=	4%	=	24%	+6
 LT	36%	-8	21%	+7	27%	+1	18%	-3	13%	NA	14%	-1	10%	+6	1%	=	3%	=	17%	=
 LU	26%	-13	33%	-9	34%	-1	26%	-7	23%	NA	31%	-2	17%	+5	2%	+2	5%	+3	8%	=
 HU	37%	-4	25%	-9	33%	+11	19%	=	21%	NA	21%	-4	18%	+9	0%	-1	1%	-1	13%	+3
 MT	49%	-13	26%	+3	46%	-6	36%	+1	13%	NA	21%	+1	11%	-4	1%	=	1%	=	9%	+3
 AT	49%	-2	55%	+3	43%	+5	28%	-6	40%	NA	34%	-2	24%	+6	2%	+1	1%	=	6%	-1
 NL	42%	-2	45%	-5	22%	-1	21%	-2	33%	NA	17%	-1	11%	+1	3%	+1	1%	=	6%	-6
 PL	32%	-3	28%	-4	24%	+4	24%	+2	25%	NA	17%	+2	10%	+1	1%	=	2%	+1	15%	-4
 PT	26%	+3	21%	-5	34%	-1	28%	-9	16%	NA	8%	-4	12%	+1	0%	-1	0%	-2	19%	=
 RO	33%	+2	16%	-1	52%	+12	31%	+2	12%	NA	15%	+3	10%	+1	1%	-1	2%	=	15%	-8
 SI	29%	-14	36%	-5	29%	-9	18%	-17	22%	NA	16%	-13	8%	-11	3%	+1	4%	=	12%	+7
 SK	44%	-5	16%	-1	32%	-3	21%	-9	22%	NA	25%	-6	11%	+1	0%	=	0%	=	12%	+7
 FI	48%	+3	11%	-5	24%	=	24%	+4	9%	NA	42%	+5	16%	+4	3%	+1	2%	-2	8%	=
 SE	54%	-1	23%	+5	39%	+6	19%	+6	19%	NA	38%	+8	13%	+5	1%	=	1%	+1	9%	-7
 UK	44%	+8	28%	-2	28%	+9	28%	+5	21%	NA	15%	+1	14%	+3	1%	=	1%	-1	19%	-5

*Item not asked in 2009

(ROTATION – MULTIPLE ANSWERS POSSIBLE)

At the EU level there have only been relatively small changes since the last survey in 2009, but this is not the case at the national level. Embassies are now much less likely to be mentioned by respondents in Greece (-21 percentage points), Slovenia and Belgium (both -14), and Malta, Spain and Luxembourg (all -13). 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, those in Lithuania are now more likely to do so (+7).

Respondents in Spain (-19 percentage points), Cyprus (-13) and Greece (-11) are all less likely to mention hospital management in the country of care. On the other hand, those in Romania (+12), Hungary (+11) and Italy (+10) are all more likely to mention hospital management than previously.

Respondents in Slovenia and Bulgaria are much less likely to mention the ministry of health in their country than they were in 2009 (-17 and -14 percentage points respectively). In these two countries, respondents are also less likely to mention their national patient safety organisation (both -13), while those in Sweden are now more likely to do so (+8). Respondents in Slovenia are also less likely to mention a doctor, nurse or pharmacist in the country of care (-11), but the reverse is true in Hungary (+9).

The **socio-demographic analysis** reveals few significant differences. Those aged 55+ are the least likely to mention their country's embassy or consulate for help relating to harm from healthcare in another EU Member State (32% vs. 37%-41%), but this is the only age-based difference.

The longer a respondent has remained in education, the more likely they are to say they could seek help from their embassy, from the national patient safety agency in their country, or from hospital management in the country of care. Those with the lowest education levels are the least likely to mention a lawyer either in their own country (31% vs. 36%) or in the country of care (18% vs. 23%).

Respondents who say the overall quality of healthcare in their country is good are more likely than those who say it is bad to mention a lawyer in their country (38% vs. 29%). And finally, respondents who think the quality of healthcare in their country is worse than in other Member States are more likely to mention hospital management in the country of care (35% vs. 27% who say quality is better), but are less likely to mention a lawyer in their own country (29% vs. 43% who say quality is better).

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? (ROTATE – MULTIPLE ANSWERS POSSIBLE)

	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	Other (SPONTANEOUS)	None (SPONTANEOUS)	Don't know
EU28	29%	12%	36%	18%	26%	35%	22%	1%	1%	12%
 Age										
15-24	31%	12%	37%	19%	27%	36%	21%	1%	1%	9%
25-39	29%	12%	41%	20%	27%	36%	24%	1%	1%	10%
40-54	29%	11%	38%	18%	27%	36%	24%	1%	1%	10%
55 +	27%	11%	32%	17%	23%	33%	19%	1%	2%	16%
 Education (End of)										
15-	25%	11%	28%	14%	24%	31%	18%	1%	2%	19%
16-19	29%	12%	36%	17%	26%	36%	23%	1%	1%	11%
20+	31%	11%	41%	22%	26%	36%	23%	1%	1%	9%
Still studying	31%	12%	41%	21%	28%	36%	20%	1%	1%	9%
Overall quality of healthcare in (COUNTRY)										
Good	28%	12%	36%	18%	26%	38%	22%	1%	1%	11%
Bad	32%	11%	36%	17%	27%	29%	21%	1%	2%	14%
Quality healthcare in (COUNTRY) vs. other MS										
Better	27%	11%	37%	18%	26%	43%	23%	1%	1%	10%
The same	30%	14%	37%	21%	26%	34%	23%	1%	1%	8%
Worse	35%	11%	39%	18%	28%	29%	22%	1%	2%	11%

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 those 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 in 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 the respondent's 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 the 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 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 seek in the case of incidents in another Member State.

Compared with the previous survey in 2009, there are relatively few **socio-economic differences**; in particular, socio-professional status and gender have less impact on many measures. However, it is the attitudinal variables, in particular a respondent's opinion about the quality of healthcare in their own country, that consistently reflect the most differentiation in opinions.

The results detailed in this report 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%	

QUESTIONNAIRE

C. PATIENT SAFETY

ASK ALL

QC1	Of the following criteria, which are the three most important criteria when you think of high quality healthcare in (OUR COUNTRY)? (SHOW CARD – READ OUT – ROTATE – MAX. 3 ANSWERS)	
	Proximity of hospital and doctor	1
	Free choice of doctor	2
	Respect of a patient's dignity	3
	Medical staff who are well trained	4
	Cleanliness at the healthcare facility (M)	5
	Treatment that works	6
	Free choice of hospital	7
	Healthcare that keeps you safe from harm	8
	No waiting lists to get seen and treated	9
	A welcoming and friendly environment	10
	Modern medical equipment	11
	Other (SPONTANEOUS)	12
	DK	13
	<i>EB72.2 QD1</i>	
QC2	How would you evaluate the overall quality of healthcare in (OUR COUNTRY)? (READ OUT – ONE ANSWER ONLY)	
	Very good	1
	Fairly good	2
	Fairly bad	3
	Very bad	4
	DK	5
	<i>EB72.2 QD2</i>	
QC3	Based on what you know, do you think that the quality of healthcare in (OUR COUNTRY) compared to other EU Member States is ...? (M) (READ OUT – ONE ANSWER ONLY)	
	Better	1
	The same	2
	Worse	3
	DK	4
	<i>EB72.2 QD3</i>	
QC4	What are the three main sources you would use to seek information on quality of healthcare? (SHOW CARD – READ OUT – ROTATE – MAX. 3 ANSWERS)	
	Friends or family	1
	TV	2
	Staff at hospitals	3
	Your general practitioner (GP) or another doctor/specialist	4
	Pharmacist or nurse	5
	Patient organisations or other NGOs	6
	Social media/ Internet forums	7
	Newspapers and magazines	8
	Official statistics	9
	Radio	10
	Other (SPONTANEOUS)	11
	None (SPONTANEOUS)	12
	DK	13
	<i>NEW</i>	
QC5	What information would you find most useful to assess the quality of a hospital? (SHOW CARD – READ OUT – ROTATE – MAX. 2 ANSWERS)	
	Opinions of other patients	1
	Number of cases dealt with by a doctor per year	2
	Diplomas of doctors and nurses	3
	Certification by a competent body	4
	General reputation	5
	Specialisations	6
	Average length of stay	7
	Waiting time to get seen and treated	8
	Available equipment	9
	Other (SPONTANEOUS)	10
	None (SPONTANEOUS)	11
	DK	12
	<i>NEW</i>	
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. (READ OUT – ONE ANSWER ONLY)	
	Very likely	1
	Fairly likely	2
	Not very likely	3
	Not at all likely	4
	DK	5
	<i>EB72.2 QD4a</i>	

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. (READ OUT – ONE ANSWER ONLY)	
	Very likely	1
	Fairly likely	2
	Not very likely	3
	Not at all likely	4
	DK	5
	<i>EB72.2 QD4b</i>	
	READ OUT: Being harmed when receiving healthcare is also referred to as "adverse events". "Adverse events" include hospital infections; incorrect, missed or delayed diagnoses; surgical errors; Medication related errors (wrong prescription, wrong dose, dispensing error in pharmacy, wrong administration route); Medical device or equipment related errors.	
QC7	Have you or a member of your family ever experienced an adverse event when receiving healthcare? (ONE ANSWER ONLY)	
	Yes	1
	No	2
	DK	3
	<i>EB72.2 QD6a</i>	
	<i>ASK QC8 TO QC9 IF "HAS EXPERIENCED AN ADVERSE EVENT", CODE 1 IN QC7 – OTHERS GO TO QC13a</i>	
QC8	Where did this adverse event take place? (READ OUT – ONE ANSWER ONLY) (INTERVIEWER: IF MORE THAN ONE EXPERIENCE, ASK THE RESPONDENT TO THINK ABOUT THE MOST RECENT ONE)	
	In (OUR COUNTRY)	1
	In another EU Member State	2
	In a country outside the EU	3
	DK	4
	<i>EB72.2 QD6b</i>	
QC9	And did you or the member of your family involved report it? (M) (ONE ANSWER ONLY)	
	Yes	1
	No	2
	DK	3
	<i>EB72.2 QD6c</i>	
	<i>ASK QC10 TO QC12 IF "HAS REPORTED AN ADVERSE EVENT", CODE 1 IN QC9 – OTHERS GO TO QC13a</i>	
QC10	And to whom of the following did you or the member of your family involved report it? (M) (SHOW CARD – READ OUT – ROTATE – MULTIPLE ANSWERS POSSIBLE)	
	Hospital Management	1
	Regional or local authorities	2
	National agency on patient safety	3
	A lawyer	4
	Ministry of Health	5
	Patient or consumer organisations or other NGOs (M)	6
	Close relative or acquaintance who is working in the healthcare system	7
	A doctor, a nurse or a pharmacist	8
	Your country's embassy or consulate	9
	Other (SPONTANEOUS)	10
	DK	11
	<i>EB72.2 QD6d TREND MODIFIED</i>	
QC11	And where did you or the member of your family involved report it? (M) (READ OUT – ONE ANSWER ONLY)	
	In (OUR COUNTRY)	1
	In another EU Member State	2
	In a country outside the EU	3
	DK	4
	<i>EB72.2 QD6e</i>	
QC12	What happened after you or the member of your family involved reported it? (SHOW CARD – READ OUT – ROTATE – MULTIPLE ANSWERS POSSIBLE)	
	The doctor/nurse apologised	1
	An explanation for the error was provided by the healthcare facility	2
	Measures have been taken to prevent similar errors in the future by the healthcare facility	3
	Financial compensation was given	4
	The person responsible was disciplined	5
	Action was taken against the healthcare facility responsible	6
	The healthcare facility did not accept liability for the adverse event	7
	Legal proceedings are still underway	8
	Nothing happened	9
	Other (SPONTANEOUS)	10
	DK	11
	<i>NEW</i>	

ASK ALL

QC13a 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)

(ONE ANSWER ONLY)

Yes	1
No	2
DK	3

EB72.2 QD8a TREND MODIFIED

ASK QC13b IF "UNDERWENT A SURGICAL PROCEDURE", CODE 1 IN QC13a – OTHERS GO TO QC14a

QC13b Were you or your family member asked for written consent beforehand? (M)

(READ OUT – ONE ANSWER ONLY)

Always	1
Sometimes	2
Never	3
DK	4

EB72.2 QD8b TREND MODIFIED

ASK ALL

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?

(READ OUT – MULTIPLE ANSWERS POSSIBLE)

Yes, hospitalised	1
Yes, admitted to a long-term care facility	2
No	3
DK	4

NEW

ASK QC14b IF "HOSPITALISED OR ADMITTED TO LONG-TERM CARE FACILITY", CODE 1 or 2 IN QC14a – OTHERS GO TO QC15

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

(ONE ANSWER ONLY)

Yes	1
No	2
DK	3

NEW

ASK QC14c IF "RECEIVED INFORMATION ON RISK OF INFECTION", CODE 1 IN QC14b – OTHERS GO TO QC15

QC14c How did you or the member of your family receive this information? You or a member of your family ...

(SHOW CARD - READ OUT – ROTATE - MULTIPLE ANSWERS POSSIBLE)

Were informed by your general practitioner (GP) or another doctor informed you beforehand	1
Were informed by the staff of the hospital	2
Were informed by the staff of the long-term care facility	3
Were informed by family, friends or acquaintances	4
Were informed by patient organisations or other NGOs	5
Read it in a brochure	6
Read it on the Internet (Social media/ Internet forums)	7
Saw it on TV	8
Heard it on the radio	9
Read it in a newspaper/ magazine	10
Other (SPONTANEOUS)	11
DK	12

NEW

ASK ALL

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

(DO NOT SHOW CARD - DO NOT READ OUT - MULTIPLE ANSWERS POSSIBLE)

Ministry of health or related national authority	1
Hospitals/ Health centres/ Clinics/ Doctors/ Pharmacists	2
Health insurance companies	3
National government	4
Regional/ Local authorities	5
Patient organisations or other NGOs (M)	6
Legal system/ Justice	7
Trade Unions	8
National parliament	9
Patients themselves	10
Other (SPONTANEOUS)	11
None (SPONTANEOUS)	12
DK	13

NEW BASED ON EB72.2 QD7

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?	
	(SHOW CARD – READ OUT – ROTATE – MULTIPLE ANSWERS POSSIBLE)	
	A formal acknowledgement that harm has been caused	1
	Explanation of the causes of that harm	2
	An apology from the individual or healthcare facility responsible	3
	Financial compensation	4
	An investigation into the case	5
	Having the person responsible disciplined	6
	Action taken against the healthcare facility responsible (including, for example, more checks through health inspections, closure of the facility, financial penalties) (M)	7
	Other (SPONTANEOUS)	8
	None (SPONTANEOUS)	9
	DK	10
	<i>EB72.2 QD9 TREND MODIFIED</i>	
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?	
	(SHOW CARD – READ OUT – ROTATE – MULTIPLE ANSWERS POSSIBLE)	
	A formal acknowledgement that harm has been caused	1
	Explanation of the causes of that harm	2
	An apology from the individual or healthcare facility responsible	3
	Financial compensation	4
	An investigation into the case	5
	Having the person responsible disciplined	6
	Action taken against the healthcare facility responsible (including, for example, more checks through health inspections, closure of the facility, financial penalties) (M)	7
	Other (SPONTANEOUS)	8
	None (SPONTANEOUS)	9
	DK	10
	<i>EB72.2 QD10 TREND MODIFIED</i>	
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)?	
	(SHOW CARD – READ OUT – ROTATE – MULTIPLE ANSWERS POSSIBLE)	
	Hospital Management	1
	The regional or local authorities	2
	National agency on patient safety	3
	A lawyer	4
	Ministry of health	5
	Patient or consumer organisations or other NGOs (M)	6
	Close relative or acquaintance who works in the healthcare system	7
	A doctor, a nurse or a pharmacist	8
	Other (SPONTANEOUS)	9
	None (SPONTANEOUS)	10
	DK	11
	<i>EB72.2 QD11 TREND MODIFIED</i>	
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?	
	(SHOW CARD – READ OUT – ROTATE – MULTIPLE ANSWERS POSSIBLE)	
	Hospital Management in the country of care	1
	A doctor, a nurse or a pharmacist in the country of care	2
	(OUR COUNTRY)'s embassy or consulate in the country of care	3
	National agency for patient safety in (OUR COUNTRY)	4
	Ministry of Health in (OUR COUNTRY)	5
	A lawyer in (OUR COUNTRY)	6
	A lawyer in the country of care (N)	7
	Other (SPONTANEOUS)	8
	None (SPONTANEOUS)	9
	DK	10
	<i>EB72.2 QD12 TREND MODIFIED</i>	

TABLES

QC1 Dans la liste suivante, quels sont les trois critères les plus importants quand vous pensez à des soins de santé de bonne qualité en (NOTRE PAYS) ? (ROTATION – MAX. 3 REPONSES)

QC1 Of the following criteria, which are the three most important criteria when you think of high quality healthcare in (OUR COUNTRY)? (ROTATE – MAX. 3 ANSWERS)

QC1 Welche drei der folgenden Kriterien sind Ihrer Meinung die wichtigsten, wenn es um eine qualitativ hochwertige medizinische Versorgung in (UNSER LAND) geht? (ROTIEREN - MAX. 3 NENNUNGEN)

	%	La proximité d'un hôpital ou d'un médecin		Le libre choix du médecin		Le respect de la dignité des patients		Un personnel médical bien formé		La propreté des établissements de soins de santé	
		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	
		Nähe von Krankenhaus und Arzt		Freie Arztwahl		Respekt vor der Würde des Patienten		Gut ausgebildetes medizinisches Personal		Sauberkeit in der Gesundheitseinrichtung	
		EB 80.2	Diff. EB 72.2	EB 80.2	Diff. EB 72.2	EB 80.2	Diff. EB 72.2	EB 80.2	Diff. EB 72.2	EB 80.2	Diff. EB 72.2
 EU 28		24	2	19	-3	24	-3	53	1	24	5
 BE		21	0	27	-6	27	0	54	2	16	3
 BG		30	5	24	1	21	-2	47	-8	10	2
 CZ		26	7	23	-3	24	-1	46	-3	15	3
 DK		32	8	12	0	21	-3	58	4	16	0
 DE		20	4	28	-1	21	-4	63	1	37	15
 EE		20	3	15	-12	20	0	56	9	11	1
 IE		35	-3	15	-1	15	-11	47	1	37	5
 EL		12	-4	16	-15	34	-3	47	2	24	1
 ES		26	-2	12	-11	19	-4	57	3	10	-1
 FR		49	9	21	-3	20	-3	51	3	24	4
 IT		14	2	19	3	31	-5	41	-3	18	-2
 CY		7	2	32	-7	35	-8	58	-3	25	13
 LV		24	-15	19	-7	27	-1	47	1	9	4
 LT		14	1	25	-3	18	2	56	-4	9	3
 LU		34	-11	34	-2	22	2	53	-2	23	6
 HR		30		17		21		40		13	
 HU		21	3	17	-5	23	-5	47	-4	15	3
 MT		14	-2	21	-1	37	12	65	8	39	5
 NL		26	5	18	-2	29	-2	66	1	13	-1
 AT		23	3	21	-1	25	-2	61	1	20	-4
 PL		16	-1	18	-5	22	-6	34	7	8	0
 PT		29	-4	15	-1	34	-4	45	-4	26	12
 RO		26	4	28	2	29	-5	53	-1	23	-1
 SI		26	10	24	2	25	-9	52	4	8	2
 SK		19	-2	22	1	27	-4	35	-6	13	-1
 FI		28	4	14	-1	16	-8	60	3	12	6
 SE		55	0	11	-3	26	-2	69	1	17	5
 UK		16	3	10	-2	23	3	63	3	47	17

QC1 Dans la liste suivante, quels sont les trois critères les plus importants quand vous pensez à des soins de santé de bonne qualité en (NOTRE PAYS) ? (ROTATION – MAX. 3 REPONSES)

QC1 Of the following criteria, which are the three most important criteria when you think of high quality healthcare in (OUR COUNTRY)? (ROTATE – MAX. 3 ANSWERS)

QC1 Welche drei der folgenden Kriterien sind Ihrer Meinung die wichtigsten, wenn es um eine qualitativ hochwertige medizinische Versorgung in (UNSER LAND) geht? (ROTIEREN - MAX. 3 NENNUNGEN)

	%	Des traitements efficaces		Le libre choix de l'hôpital		Des soins de santé qui n'entraînent pas de préjudices		Pas de liste d'attente pour être vu(e) par un médecin et traité(e)	
		Treatment that works		Free choice of hospital		Healthcare that keeps you safe from harm		No waiting lists to get seen and treated	
		Wirkungsvolle Behandlung		Freie Krankenhauswahl		Medizinische Versorgung, die einen vor Schaden bewahrt		Keine Wartezeiten, bevor man untersucht und behandelt wird	
		EB 80.2	Diff. EB 72.2	EB 80.2	Diff. EB 72.2	EB 80.2	Diff. EB 72.2	EB 80.2	Diff. EB 72.2
 EU 28		40	<i>1</i>	13	<i>-1</i>	23	<i>1</i>	24	<i>-5</i>
 BE		39	<i>6</i>	22	<i>-4</i>	23	<i>5</i>	15	<i>-4</i>
 BG		63	<i>-1</i>	13	<i>0</i>	18	<i>-1</i>	6	<i>-4</i>
 CZ		49	<i>2</i>	16	<i>2</i>	13	<i>0</i>	19	<i>-1</i>
 DK		48	<i>2</i>	16	<i>-3</i>	17	<i>7</i>	41	<i>-8</i>
 DE		35	<i>-4</i>	18	<i>3</i>	29	<i>-4</i>	9	<i>-4</i>
 EE		45	<i>7</i>	6	<i>-5</i>	9	<i>-2</i>	39	<i>4</i>
 IE		27	<i>6</i>	10	<i>-3</i>	26	<i>-1</i>	43	<i>-1</i>
 EL		49	<i>10</i>	13	<i>-8</i>	19	<i>4</i>	33	<i>-10</i>
 ES		30	<i>2</i>	11	<i>1</i>	21	<i>3</i>	47	<i>0</i>
 FR		40	<i>5</i>	14	<i>-6</i>	17	<i>2</i>	17	<i>-5</i>
 IT		36	<i>0</i>	12	<i>0</i>	26	<i>3</i>	24	<i>-10</i>
 CY		37	<i>-5</i>	9	<i>-1</i>	25	<i>2</i>	23	<i>-10</i>
 LV		51	<i>7</i>	9	<i>-4</i>	18	<i>2</i>	9	<i>2</i>
 LT		50	<i>4</i>	12	<i>-4</i>	14	<i>2</i>	24	<i>5</i>
 LU		33	<i>17</i>	12	<i>-4</i>	11	<i>1</i>	20	<i>-5</i>
 HR		50		12		12		41	
 HU		39	<i>-3</i>	10	<i>-3</i>	22	<i>0</i>	35	<i>0</i>
 MT		27	<i>6</i>	4	<i>-7</i>	16	<i>-1</i>	29	<i>-10</i>
 NL		46	<i>6</i>	20	<i>6</i>	34	<i>11</i>	23	<i>-15</i>
 AT		42	<i>1</i>	15	<i>1</i>	34	<i>3</i>	11	<i>-4</i>
 PL		50	<i>-2</i>	12	<i>0</i>	22	<i>1</i>	41	<i>2</i>
 PT		33	<i>5</i>	11	<i>-1</i>	12	<i>1</i>	27	<i>-11</i>
 RO		36	<i>-1</i>	13	<i>-2</i>	10	<i>-2</i>	12	<i>0</i>
 SI		31	<i>1</i>	10	<i>-2</i>	14	<i>-3</i>	47	<i>-12</i>
 SK		54	<i>6</i>	12	<i>-1</i>	32	<i>9</i>	23	<i>0</i>
 FI		53	<i>5</i>	8	<i>1</i>	13	<i>-1</i>	54	<i>-11</i>
 SE		43	<i>8</i>	5	<i>-2</i>	7	<i>2</i>	35	<i>-4</i>
 UK		40	<i>0</i>	10	<i>-4</i>	30	<i>0</i>	23	<i>-5</i>

QC1 Dans la liste suivante, quels sont les trois critères les plus importants quand vous pensez à des soins de santé de bonne qualité en (NOTRE PAYS) ? (ROTATION – MAX. 3 REPONSES)

QC1 Of the following criteria, which are the three most important criteria when you think of high quality healthcare in (OUR COUNTRY)? (ROTATE – MAX. 3 ANSWERS)

QC1 Welche drei der folgenden Kriterien sind Ihrer Meinung die wichtigsten, wenn es um eine qualitativ hochwertige medizinische Versorgung in (UNSER LAND) geht? (ROTIEREN - MAX. 3 NENNUNGEN)

	%	Un environnement accueillant et agréable		Un équipement médical moderne		Autre (SPONTANE)		NSP	
		EB 80.2	Diff. EB 72.2	EB 80.2	Diff. EB 72.2	EB 80.2	Diff. EB 72.2	EB 80.2	Diff. EB 72.2
 EU 28		7	0	25	-2	1	0	1	0
 BE		11	0	23	-3	0	-1	0	0
 BG		9	1	36	0	0	0	0	-1
 CZ		12	1	39	-7	0	0	0	0
 DK		5	-2	27	-4	0	0	0	-1
 DE		2	0	25	-7	0	0	0	0
 EE		16	0	36	-5	2	1	0	-1
 IE		5	0	18	3	0	-1	1	0
 EL		6	0	35	18	1	1	0	0
 ES		5	1	29	8	1	-1	1	0
 FR		8	0	29	-2	0	0	0	0
 IT		10	0	23	1	0	-1	1	0
 CY		5	3	30	12	0	-1	0	0
 LV		7	-1	39	3	2	0	1	0
 LT		6	1	42	-9	1	0	0	0
 LU		8	-4	20	-6	2	2	0	-1
 HR		10		25		0		0	
 HU		6	-1	35	0	1	0	0	0
 MT		6	-2	15	-1	0	-1	0	0
 NL		3	-2	11	-6	1	0	0	-1
 AT		7	1	36	1	0	0	0	0
 PL		11	0	29	0	1	0	2	-1
 PT		8	1	22	3	0	0	1	-2
 RO		12	2	23	0	1	0	1	0
 SI		13	-7	20	-1	0	-1	0	0
 SK		10	-5	37	1	0	0	0	0
 FI		9	-2	14	0	1	1	1	1
 SE		7	2	20	-5	0	-1	0	0
 UK		8	1	18	-6	1	1	1	-2

QC2 Comment évalueriez-vous la qualité générale des soins de santé en (NOTRE PAYS) ?

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

QC2 Wie würden Sie die allgemeine Qualität der medizinischen Versorgung in (UNSER LAND) beurteilen?

		Très bonne		Plutôt bonne		Plutôt mauvaise		Très mauvaise		NSP	
		Very good		Fairly good		Fairly bad		Very bad		DK	
		Sehr gut		Ziemlich gut		Ziemlich schlecht		Sehr schlecht		WN	
%		EB 80.2	Diff. EB 72.2	EB 80.2	Diff. EB 72.2	EB 80.2	Diff. EB 72.2	EB 80.2	Diff. EB 72.2	EB 80.2	Diff. EB 72.2
	EU 28	17	4	54	-3	20	-1	7	0	2	0
	BE	43	6	54	-6	3	1	0	-1	0	0
	BG	3	1	26	0	45	1	23	-1	3	-1
	CZ	11	1	67	-1	18	-1	3	1	1	0
	DK	24	1	63	-1	11	0	1	-1	1	1
	DE	23	7	67	-3	8	-3	1	-1	1	0
	EE	6	1	67	2	22	-3	3	0	2	0
	IE	13	4	49	5	23	-3	12	-5	3	-1
	EL	2	1	24	0	45	-5	29	4	0	0
	ES	17	5	60	-9	17	2	5	3	1	-1
	FR	19	5	69	-8	10	3	1	0	1	0
	IT	5	3	51	-1	32	-2	10	0	2	0
	CY	13	1	60	-1	22	5	4	-5	1	0
	LV	2	0	45	10	41	-2	9	-10	3	2
	LT	3	2	62	23	28	-23	5	-2	2	0
	LU	26	3	64	-1	9	0	0	-1	1	-1
	HR	7		52		32		8		1	
	HU	4	3	43	16	37	-13	14	-8	2	2
	MT	32	4	62	9	6	-8	0	-3	0	-2
	NL	33	9	58	-9	8	0	1	0	0	0
	AT	41	-4	55	5	3	-1	1	0	0	0
	PL	4	2	28	0	45	-5	17	0	6	3
	PT	4	1	51	12	31	-14	13	2	1	-1
	RO	2	1	23	-1	43	0	30	4	2	-4
	SI	6	1	67	3	21	-5	5	1	1	0
	SK	3	-1	47	-2	40	3	9	0	1	0
	FI	28	6	66	-6	5	-1	1	1	0	0
	SE	27	-7	59	3	11	2	2	1	1	1
	UK	31	7	54	-8	11	1	3	0	1	0

QC2 Comment évalueriez-vous la qualité générale des soins de santé en (NOTRE PAYS) ?

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

QC2 Wie würden Sie die allgemeine Qualität der medizinischen Versorgung in (UNSER LAND) beurteilen?

%		Total 'Bonne'		Total 'Mauvaise'	
		Total 'Good'		Total 'Bad'	
		Gesamt 'Gut'		Gesamt 'Schlecht'	
		EB 80.2	Diff. EB 72.2	EB 80.2	Diff. EB 72.2
	EU 28	71	<i>1</i>	27	<i>-1</i>
	BE	97	<i>0</i>	3	<i>0</i>
	BG	29	<i>1</i>	68	<i>0</i>
	CZ	78	<i>0</i>	21	<i>0</i>
	DK	87	<i>0</i>	12	<i>-1</i>
	DE	90	<i>4</i>	9	<i>-4</i>
	EE	73	<i>3</i>	25	<i>-3</i>
	IE	62	<i>9</i>	35	<i>-8</i>
	EL	26	<i>1</i>	74	<i>-1</i>
	ES	77	<i>-4</i>	22	<i>5</i>
	FR	88	<i>-3</i>	11	<i>3</i>
	IT	56	<i>2</i>	42	<i>-2</i>
	CY	73	<i>0</i>	26	<i>0</i>
	LV	47	<i>10</i>	50	<i>-12</i>
	LT	65	<i>25</i>	33	<i>-25</i>
	LU	90	<i>2</i>	9	<i>-1</i>
	HR	59		40	
	HU	47	<i>19</i>	51	<i>-21</i>
	MT	94	<i>13</i>	6	<i>-11</i>
	NL	91	<i>0</i>	9	<i>0</i>
	AT	96	<i>1</i>	4	<i>-1</i>
	PL	32	<i>2</i>	62	<i>-5</i>
	PT	55	<i>13</i>	44	<i>-12</i>
	RO	25	<i>0</i>	73	<i>4</i>
	SI	73	<i>4</i>	26	<i>-4</i>
	SK	50	<i>-3</i>	49	<i>3</i>
	FI	94	<i>0</i>	6	<i>0</i>
	SE	86	<i>-4</i>	13	<i>3</i>
	UK	85	<i>-1</i>	14	<i>1</i>

QC3 D'après ce que vous savez, pensez-vous que la qualité des soins de santé en (NOTRE PAYS) est ... en comparaison avec celles des autres Etats membres de l'UE ?

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

QC3 Ist, ausgehend von Ihrem Wissensstand, die Qualität der medizinischen Versorgung in (UNSEREM LAND) im Vergleich zu anderen EU-Mitgliedstaaten Ihrer Meinung nach ...?

	%	Meilleure Better Besser		La même The same Gleich		Moins bonne Worse Schlechter		NSP DK WN	
		EB 80.2	Diff. EB 72.2	EB 80.2	Diff. EB 72.2	EB 80.2	Diff. EB 72.2	EB 80.2	Diff. EB 72.2
 EU 28		34	<i>1</i>	27	<i>-3</i>	25	<i>-1</i>	14	<i>3</i>
 BE		67	<i>2</i>	27	<i>-2</i>	3	<i>-1</i>	3	<i>1</i>
 BG		5	<i>3</i>	10	<i>-2</i>	72	<i>0</i>	13	<i>-1</i>
 CZ		15	<i>-1</i>	49	<i>-1</i>	31	<i>3</i>	5	<i>-1</i>
 DK		46	<i>4</i>	39	<i>-3</i>	11	<i>-3</i>	4	<i>2</i>
 DE		61	<i>8</i>	24	<i>-8</i>	4	<i>-3</i>	11	<i>3</i>
 EE		13	<i>4</i>	43	<i>2</i>	25	<i>-9</i>	19	<i>3</i>
 IE		16	<i>5</i>	30	<i>0</i>	38	<i>-4</i>	16	<i>-1</i>
 EL		5	<i>2</i>	16	<i>-1</i>	73	<i>-4</i>	6	<i>3</i>
 ES		44	<i>5</i>	21	<i>-10</i>	14	<i>2</i>	21	<i>3</i>
 FR		54	<i>-1</i>	24	<i>-5</i>	6	<i>2</i>	16	<i>4</i>
 IT		12	<i>-3</i>	37	<i>-2</i>	35	<i>-2</i>	16	<i>7</i>
 CY		8	<i>-5</i>	33	<i>-2</i>	40	<i>5</i>	19	<i>2</i>
 LV		8	<i>2</i>	24	<i>6</i>	47	<i>-18</i>	21	<i>10</i>
 LT		16	<i>8</i>	34	<i>6</i>	30	<i>-17</i>	20	<i>3</i>
 LU		41	<i>-3</i>	35	<i>-2</i>	11	<i>-2</i>	13	<i>7</i>
 HR		8		34		48		10	
 HU		6	<i>4</i>	31	<i>11</i>	53	<i>-14</i>	10	<i>-1</i>
 MT		24	<i>-2</i>	45	<i>8</i>	8	<i>-7</i>	23	<i>1</i>
 NL		55	<i>7</i>	33	<i>-7</i>	7	<i>-1</i>	5	<i>1</i>
 AT		60	<i>-4</i>	34	<i>2</i>	4	<i>1</i>	2	<i>1</i>
 PL		4	<i>-2</i>	26	<i>6</i>	59	<i>-4</i>	11	<i>0</i>
 PT		5	<i>2</i>	29	<i>3</i>	45	<i>-9</i>	21	<i>4</i>
 RO		4	<i>1</i>	11	<i>-2</i>	78	<i>5</i>	7	<i>-4</i>
 SI		12	<i>-4</i>	40	<i>-2</i>	30	<i>0</i>	18	<i>6</i>
 SK		4	<i>-7</i>	33	<i>0</i>	55	<i>4</i>	8	<i>3</i>
 FI		51	<i>-5</i>	36	<i>1</i>	4	<i>0</i>	9	<i>4</i>
 SE		37	<i>-6</i>	41	<i>1</i>	9	<i>3</i>	13	<i>2</i>
 UK		36	<i>-2</i>	27	<i>-4</i>	17	<i>1</i>	20	<i>5</i>

QC4 Quelles sont les trois principales sources que vous utiliseriez pour obtenir des informations sur la qualité des soins de santé ? (ROTATION – MAX. 3 REPONSES)

QC4 What are the three main sources you would use to seek information on quality of healthcare? (ROTATE – MAX. 3 ANSWERS)

QC4 Welche drei Quellen würden Sie hauptsächlich nutzen, um nach Informationen zur Qualität der medizinischen Versorgung zu suchen? (ROTIEREN - MAX. 3 ANTWORTEN)

		Des amis ou de la famille	La télévision	Le personnel des hôpitaux	Votre médecin traitant ou un autre médecin/spécialiste
		Friends or family	Television	Staff at hospitals	Your general practitioner (GP) or another doctor/specialist
		Freunde oder Familie	Fernsehgerät	Krankenhausmitarbeiter	Ihr Hausarzt oder ein anderer Arzt/ Facharzt
%		EB 80.2	EB 80.2	EB 80.2	EB 80.2
	EU 28	41	19	18	57
	BE	37	17	20	74
	BG	70	31	15	57
	CZ	48	18	14	53
	DK	36	14	17	62
	DE	42	14	7	72
	EE	45	15	12	52
	IE	52	14	20	66
	EL	58	25	15	51
	ES	32	20	23	44
	FR	38	19	19	75
	IT	27	19	23	48
	CY	64	18	17	62
	LV	50	18	10	51
	LT	50	25	15	41
	LU	52	8	19	74
	HR	50	11	16	62
	HU	50	27	20	50
	MT	39	23	16	68
	NL	30	11	7	59
	AT	43	21	13	69
	PL	50	24	14	39
	PT	43	22	22	62
	RO	58	35	24	60
	SI	45	26	15	53
	SK	59	21	21	46
	FI	37	16	21	41
	SE	54	8	22	35
	UK	37	18	27	52

QC4 Quelles sont les trois principales sources que vous utiliseriez pour obtenir des informations sur la qualité des soins de santé ? (ROTATION – MAX. 3 REponses)

QC4 What are the three main sources you would use to seek information on quality of healthcare? (ROTATE – MAX. 3 ANSWERS)

QC4 Welche drei Quellen würden Sie hauptsächlich nutzen, um nach Informationen zur Qualität der medizinischen Versorgung zu suchen? (ROTIEREN - MAX. 3 ANTWORTEN)

		Un pharmacien ou un infirmier/ une infirmière	Des associations de patients ou d'autres ONG	Les médias sociaux/ forums sur Internet	Dans des journaux et magazines
		Pharmacist or nurse	Patient organisations or other NGOs	Social media/ Internet forums	Newspapers and magazines
		Apotheker oder Krankenpfleger	Patientenorganisationen oder eine andere Nicht-Regierungsorganisation (NGOs)	Soziale Medien/ Internetforen	Zeitungen und Zeitschriften
%		EB 80.2	EB 80.2	EB 80.2	EB 80.2
	EU 28	14	17	26	12
	BE	24	14	19	10
	BG	11	3	19	7
	CZ	10	22	32	13
	DK	9	28	50	18
	DE	15	22	34	15
	EE	12	10	35	17
	IE	22	9	25	16
	EL	16	8	28	8
	ES	6	15	21	9
	FR	25	10	21	14
	IT	10	26	17	9
	CY	13	12	28	4
	LV	6	6	39	9
	LT	8	8	28	10
	LU	21	9	16	9
	HR	14	14	32	8
	HU	12	20	19	12
	MT	18	5	27	7
	NL	9	32	47	19
	AT	21	26	22	17
	PL	5	13	23	8
	PT	16	9	11	10
	RO	13	3	17	6
	SI	6	14	28	11
	SK	14	12	29	11
	FI	9	25	33	24
	SE	7	34	48	20
	UK	17	15	30	16

QC4 Quelles sont les trois principales sources que vous utiliseriez pour obtenir des informations sur la qualité des soins de santé ? (ROTATION – MAX. 3 REPONSES)

QC4 What are the three main sources you would use to seek information on quality of healthcare? (ROTATE – MAX. 3 ANSWERS)

QC4 Welche drei Quellen würden Sie hauptsächlich nutzen, um nach Informationen zur Qualität der medizinischen Versorgung zu suchen? (ROTIEREN - MAX. 3 ANTWORTEN)

		Les statistiques officielles	Radio	Autre (SPONTANE)	Aucun (SPONTANE)	NSP
		Official statistics	Radio	Other (SPONTANEOUS)	None (SPONTANEOUS)	DK
		Offizielle Statistiken	Radio	Sonstige (SPONTAN)	Nichts davon (SPONTAN)	WN
%		EB 80.2	EB 80.2	EB 80.2	EB 80.2	EB 80.2
	EU 28	16	3	2	1	1
	BE	16	4	1	1	0
	BG	6	1	0	3	1
	CZ	25	4	0	0	1
	DK	32	3	1	0	0
	DE	12	3	2	1	1
	EE	20	6	2	2	1
	IE	14	5	1	0	2
	EL	17	3	0	1	0
	ES	13	3	3	2	3
	FR	15	5	1	1	0
	IT	14	1	1	2	3
	CY	21	2	1	1	0
	LV	14	3	0	2	1
	LT	15	4	4	1	2
	LU	11	3	1	2	1
	HR	16	1	0	0	1
	HU	16	4	1	1	2
	MT	9	6	0	4	0
	NL	33	1	4	1	0
	AT	12	3	4	2	1
	PL	12	4	2	3	3
	PT	14	3	1	1	2
	RO	8	4	2	2	1
	SI	10	5	5	1	1
	SK	20	3	2	1	1
	FI	32	3	3	1	1
	SE	37	3	2	0	1
	UK	23	5	4	1	1

QC5 Quelles informations pensez-vous être les plus utiles pour évaluer la qualité d'un hôpital ? (ROTATION – MAX. 2 REponses)

QC5 What information would you find most useful to assess the quality of a hospital? (ROTATE – MAX. 2 ANSWERS)

QC5 Welche Informationen wären am nützlichsten für Sie, um die Qualität eines Krankenhauses beurteilen zu können? (ROTIEREN - MAX. 2 ANTWORTEN)

		Les avis d'autres patients	Le nombre d'interventions pratiquées par un médecin chaque année	Les diplômes des médecins et du personnel infirmier	Une certification attribuée par un organisme compétent	La réputation générale	La spécialisation
		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
		Meinungen anderer Patienten	Anzahl der jährlichen Behandlungsfälle pro Arzt	Qualifikationen von Ärzten und Krankenpflegern	Zertifizierung durch eine zuständige Stelle	Allgemeines Ansehen	Spezialisierungen
%		EB 80.2	EB 80.2	EB 80.2	EB 80.2	EB 80.2	EB 80.2
	EU 28	31	8	19	16	38	22
	BE	28	6	14	12	54	30
	BG	58	6	6	8	48	16
	CZ	38	7	7	12	47	30
	DK	29	9	4	23	39	36
	DE	28	11	57	23	16	27
	EE	27	8	13	12	44	20
	IE	45	7	7	10	50	11
	EL	32	8	10	16	42	18
	ES	23	6	12	8	30	23
	FR	31	4	13	14	60	25
	IT	23	13	13	18	34	22
	CY	56	14	15	15	41	13
	LV	31	2	8	9	53	16
	LT	32	9	11	15	35	18
	LU	27	11	18	16	44	26
	HR	38	6	10	7	35	18
	HU	36	13	11	13	26	10
	MT	38	7	12	9	39	14
	NL	27	15	10	30	49	30
	AT	29	11	58	17	27	21
	PL	40	6	6	8	31	18
	PT	25	5	12	21	38	22
	RO	42	12	6	14	39	22
	SI	47	9	5	7	31	12
	SK	38	5	10	10	40	19
	FI	21	3	15	21	36	20
	SE	40	4	33	18	29	24
	UK	33	6	9	15	52	14

QC5 Quelles informations pensez-vous être les plus utiles pour évaluer la qualité d'un hôpital ? (ROTATION – MAX. 2 REponses)

QC5 What information would you find most useful to assess the quality of a hospital? (ROTATE – MAX. 2 ANSWERS)

QC5 Welche Informationen wären am nützlichsten für Sie, um die Qualität eines Krankenhauses beurteilen zu können? (ROTIEREN - MAX. 2 ANTWORTEN)

		La durée moyenne du séjour	Le temps d'attente avant d'être vu(e) par un médecin et traité(e)	L'équipement disponible	Autre (SPONTANE)	Aucun (SPONTANE)	NSP
		Average length of stay	Waiting time to get seen and treated	Available equipment	Other (SPONTANEOUS)	None (SPONTANEOUS)	DK
		Durchschnittliche Dauer des Krankenhausaufenthaltes	Wartezeit für Sprechstunden und Behandlung	Vorhandene Ausstattung	Sonstige (SPONTAN)	Nichts davon (SPONTAN)	WN
%		EB 80.2	EB 80.2	EB 80.2	EB 80.2	EB 80.2	EB 80.2
	EU 28	4	21	20	1	1	2
	BE	4	13	22	1	0	0
	BG	2	9	24	0	1	3
	CZ	5	14	26	0	0	0
	DK	7	29	13	2	0	1
	DE	3	5	12	0	1	2
	EE	3	23	24	2	1	2
	IE	6	36	9	1	0	2
	EL	6	22	37	0	0	1
	ES	8	32	32	2	1	2
	FR	2	16	24	1	0	1
	IT	4	20	25	0	1	3
	CY	2	13	23	1	0	1
	LV	5	16	27	0	1	3
	LT	3	16	34	2	1	3
	LU	2	14	17	1	2	2
	HR	3	35	25	1	0	1
	HU	8	30	34	1	1	2
	MT	5	26	15	1	0	5
	NL	3	16	6	2	1	1
	AT	4	7	17	2	0	0
	PL	5	33	23	0	1	3
	PT	4	30	19	1	1	3
	RO	3	16	25	1	1	1
	SI	4	39	21	2	1	1
	SK	5	29	30	1	0	0
	FI	6	41	19	1	1	3
	SE	2	33	6	1	0	1
	UK	6	32	10	2	1	3

QC6a Dans quelle mesure pensez-vous qu'il est probable que des patients puissent subir des préjudices causés par des soins de santé dans un hôpital en (NOTRE PAYS) ? Par soins de santé dans un hôpital, nous parlons de soins reçus dans un hôpital lors d'une consultation externe ou interne.

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.

QC6a Wie wahrscheinlich ist es Ihrer Meinung nach, dass Patienten durch eine medizinische Krankenhausbehandlung in (UNSER LAND) zu Schaden kommen? Unter einer Krankenhausbehandlung verstehen wir die medizinische Versorgung ambulanter oder stationärer Patienten im Krankenhaus.

	%	Très probable		Assez probable		Pas très probable		Pas du tout probable		NSP	
		Very likely		Fairly likely		Not very likely		Not at all likely		DK	
		Sehr wahrscheinlich		Ziemlich wahrscheinlich		Nicht sehr wahrscheinlich		Überhaupt nicht wahrscheinlich		WN	
		EB 80.2	Diff. EB 72.2	EB 80.2	Diff. EB 72.2	EB 80.2	Diff. EB 72.2	EB 80.2	Diff. EB 72.2	EB 80.2	Diff. EB 72.2
 EU 28		12	3	41	0	37	-5	4	0	6	2
 BE		10	3	39	-6	41	-1	9	4	1	0
 BG		15	-2	43	-6	25	6	1	-1	16	3
 CZ		8	3	45	2	39	-5	4	-2	4	2
 DK		12	1	50	-2	37	4	1	-3	0	0
 DE		5	1	32	5	52	-6	5	-2	6	2
 EE		7	-1	30	-7	53	8	7	-1	3	1
 IE		19	2	35	-3	31	1	9	2	6	-2
 EL		32	2	46	-7	19	3	1	0	2	2
 ES		18	15	36	4	32	-25	5	1	9	5
 FR		14	0	49	-2	33	2	1	0	3	0
 IT		12	3	45	-1	30	-7	4	0	9	5
 CY		43	7	39	-6	16	-2	0	0	2	1
 LV		16	-7	55	3	25	5	1	0	3	-1
 LT		7	-2	46	-6	39	7	3	0	5	1
 LU		7	-3	47	4	39	0	3	0	4	-1
 HR		9		38		41		10		2	
 HU		6	-1	35	-6	45	1	6	2	8	4
 MT		8	2	38	4	40	0	6	-6	8	0
 NL		9	2	38	-1	47	-1	5	0	1	0
 AT		2	-3	19	5	64	0	10	-5	5	3
 PL		17	1	56	3	17	-8	1	-1	9	5
 PT		17	5	58	6	20	-8	1	-3	4	0
 RO		20	6	47	6	14	-11	4	-2	15	1
 SI		6	-2	39	-7	41	1	9	5	5	3
 SK		9	3	42	3	40	-6	2	-2	7	2
 FI		3	0	31	7	61	-6	4	-1	1	0
 SE		7	1	33	3	55	-2	4	-1	1	-1
 UK		12	6	37	-4	45	2	3	-1	3	-3

QC6a Dans quelle mesure pensez-vous qu'il est probable que des patients puissent subir des préjudices causés par des soins de santé dans un hôpital en (NOTRE PAYS) ? Par soins de santé dans un hôpital, nous parlons de soins reçus dans un hôpital lors d'une consultation externe ou interne.

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.

QC6a Wie wahrscheinlich ist es Ihrer Meinung nach, dass Patienten durch eine medizinische Krankenhausbehandlung in (UNSER LAND) zu Schaden kommen? Unter einer Krankenhausbehandlung verstehen wir die medizinische Versorgung ambulanter oder stationärer Patienten im Krankenhaus.

%		Total 'Probable'		Total 'Pas probable'	
		Total 'Likely'		Total 'Not likely'	
		Gesamt 'Wahrscheinlich'		Gesamt 'Nicht wahrscheinlich'	
		EB 80.2	Diff. EB 72.2	EB 80.2	Diff. EB 72.2
	EU 28	53	3	41	-5
	BE	49	-3	50	3
	BG	58	-8	26	5
	CZ	53	5	43	-7
	DK	62	-1	38	1
	DE	37	6	57	-8
	EE	37	-8	60	7
	IE	54	-1	40	3
	EL	78	-5	20	3
	ES	54	19	37	-24
	FR	63	-2	34	2
	IT	57	2	34	-7
	CY	82	1	16	-2
	LV	71	-4	26	5
	LT	53	-8	42	7
	LU	54	1	42	0
	HR	47		51	
	HU	41	-7	51	3
	MT	46	6	46	-6
	NL	47	1	52	-1
	AT	21	2	74	-5
	PL	73	4	18	-9
	PT	75	11	21	-11
	RO	67	12	18	-13
	SI	45	-9	50	6
	SK	51	6	42	-8
	FI	34	7	65	-7
	SE	40	4	59	-3
	UK	49	2	48	1

QC6b Et dans quelle mesure pensez-vous qu'il est probable que des patients puissent subir des préjudices causés par des soins de santé en milieu non-hospitalier en (NOTRE PAYS) ? Par soins en milieu non-hospitalier, nous parlons d'une visite, d'un traitement ou d'une prescription faite dans une maison médicale ou un cabinet médical par un médecin généraliste ou dans une pharmacie.

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.

QC6b Und wie wahrscheinlich ist es Ihrer Meinung nach, dass Patienten durch eine medizinische Versorgung außerhalb eines Krankenhauses in (UNSER LAND) zu Schaden kommen? Unter einer medizinischen Versorgung außerhalb eines Krankenhauses verstehen wir die Diagnose, Behandlung oder Medikamentierung in der Praxis Ihres Allgemeinarztes oder durch einen Apotheker.

	%	Très probable		Assez probable		Pas très probable		Pas du tout probable		NSP	
		Very likely		Fairly likely		Not very likely		Not at all likely		DK	
		Sehr wahrscheinlich		Ziemlich wahrscheinlich		Nicht sehr wahrscheinlich		Überhaupt nicht wahrscheinlich		WN	
		EB 80.2	Diff. EB 72.2	EB 80.2	Diff. EB 72.2	EB 80.2	Diff. EB 72.2	EB 80.2	Diff. EB 72.2	EB 80.2	Diff. EB 72.2
 EU 28		11	3	39	1	38	-7	4	0	8	3
 BE		9	3	38	-3	43	-4	9	4	1	0
 BG		16	-2	46	-8	21	5	2	1	15	4
 CZ		11	4	44	1	39	-4	3	-2	3	1
 DK		9	0	50	-1	39	4	1	-3	1	0
 DE		5	1	29	4	50	-9	5	-2	11	6
 EE		9	0	38	-4	45	5	6	0	2	-1
 IE		11	0	33	4	38	-3	11	2	7	-3
 EL		26	1	45	-8	26	5	2	1	1	1
 ES		14	11	36	7	35	-25	4	0	11	7
 FR		9	-2	44	-1	40	3	3	0	4	0
 IT		13	4	44	2	28	-13	4	1	11	6
 CY		34	4	41	-6	22	2	1	0	2	0
 LV		16	-3	53	1	25	2	2	1	4	-1
 LT		8	-4	50	-5	33	5	3	1	6	3
 LU		4	-3	43	2	45	3	4	1	4	-3
 HR		11		36		43		7		3	
 HU		6	1	32	-6	49	1	6	2	7	2
 MT		7	2	40	5	34	-4	6	-2	13	-1
 NL		9	1	39	-3	45	0	3	1	4	1
 AT		6	0	27	9	54	-10	4	-5	9	6
 PL		17	3	53	0	19	-7	1	-1	10	5
 PT		16	5	55	2	23	-5	1	-3	5	1
 RO		16	2	45	4	16	-8	6	-1	17	3
 SI		10	0	41	-5	38	-1	5	2	6	4
 SK		9	3	44	1	39	-5	2	-1	6	2
 FI		3	1	31	5	60	-7	4	0	2	1
 SE		6	0	37	8	50	-7	4	0	3	-1
 UK		11	5	32	1	48	-3	5	0	4	-3

QC6b Et dans quelle mesure pensez-vous qu'il est probable que des patients puissent subir des préjudices causés par des soins de santé en milieu non-hospitalier en (NOTRE PAYS) ? Par soins en milieu non-hospitalier, nous parlons d'une visite, d'un traitement ou d'une prescription faite dans une maison médicale ou un cabinet médical par un médecin généraliste ou dans une pharmacie.

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.

QC6b Und wie wahrscheinlich ist es Ihrer Meinung nach, dass Patienten durch eine medizinische Versorgung außerhalb eines Krankenhauses in (UNSER LAND) zu Schaden kommen? Unter einer medizinischen Versorgung außerhalb eines Krankenhauses verstehen wir die Diagnose, Behandlung oder Medikamentierung in der Praxis Ihres Allgemeinarztes oder durch einen Apotheker.

%		Total 'Probable'		Total 'Pas probable'	
		Total 'Likely'		Total 'Not likely'	
		Gesamt 'Wahrscheinlich'		Gesamt 'Nicht wahrscheinlich'	
		EB 80.2	Diff. EB 72.2	EB 80.2	Diff. EB 72.2
	EU 28	50	4	42	-7
	BE	47	0	52	0
	BG	62	-10	23	6
	CZ	55	5	42	-6
	DK	59	-1	40	1
	DE	34	5	55	-11
	EE	47	-4	51	5
	IE	44	4	49	-1
	EL	71	-7	28	6
	ES	50	18	39	-25
	FR	53	-3	43	3
	IT	57	6	32	-12
	CY	75	-2	23	2
	LV	69	-2	27	3
	LT	58	-9	36	6
	LU	47	-1	49	4
	HR	47		50	
	HU	38	-5	55	3
	MT	47	7	40	-6
	NL	48	-2	48	1
	AT	33	9	58	-15
	PL	70	3	20	-8
	PT	71	7	24	-8
	RO	61	6	22	-9
	SI	51	-5	43	1
	SK	53	4	41	-6
	FI	34	6	64	-7
	SE	43	8	54	-7
	UK	43	6	53	-3

QC7 Le fait de subir des préjudices lors de soins de santé est également connu sous le terme "effets indésirables". Ces "effets indésirables" incluent des infections nosocomiales ; des diagnostics erronés, manqués ou tardifs ; des erreurs chirurgicales ; des erreurs liées aux médicaments ; des erreurs liées à un appareil ou un équipement médical. Avez-vous, ou un membre de votre famille, subi des effets indésirables suite à des soins de santé ?

QC7 Being harmed when receiving healthcare is also referred to as "adverse events". "Adverse events" include hospital infections; incorrect, missed or delayed diagnoses; surgical errors; Medication related errors ; Medical device or equipment related errors. Have you or a member of your family ever experienced an adverse event when receiving healthcare?

QC7 Wenn man während einer medizinischen Versorgung Schaden erleidet, wird dies auch als "negativer Zwischenfall" bezeichnet. Hierzu gehören Krankenhausinfektionen, falsche, verfehlte oder verspätete Diagnosen, chirurgische Fehler, Fehler bei der Medikamentierung (falsche Verschreibung, falsche Dosierung, Rezepturfehler in der Apotheke, falsche Art der Anwendung) und Fehler von medizinischen Vorrichtungen oder Geräten. Haben Sie oder ein Mitglied Ihrer Familie schon einmal einen negativen Zwischenfall während einer medizinischen Versorgung erlebt?

		Oui		Non		NSP	
		Yes		No		DK	
		Ja		Nein		WN	
%		EB 80.2	Diff. EB 72.2	EB 80.2	Diff. EB 72.2	EB 80.2	Diff. EB 72.2
	EU 28	27	1	72	0	1	-1
	BE	27	-2	73	3	0	-1
	BG	11	-4	88	5	1	-1
	CZ	19	-4	80	4	1	0
	DK	49	6	50	-6	1	0
	DE	33	3	66	-2	1	-1
	EE	38	-1	61	1	1	0
	IE	25	5	73	-4	2	-1
	EL	20	4	80	-4	0	0
	ES	23	3	77	-1	0	-2
	FR	36	-3	64	4	0	-1
	IT	13	-2	84	5	3	-3
	CY	35	0	64	-1	1	1
	LV	39	-4	59	3	2	1
	LT	24	-12	75	12	1	0
	LU	35	6	65	-5	0	-1
	HR	25		74		1	
	HU	16	-8	82	8	2	0
	MT	19	-4	80	4	1	0
	NL	46	4	53	-4	1	0
	AT	11	-1	87	1	2	0
	PL	18	-2	80	2	2	0
	PT	14	1	85	2	1	-3
	RO	17	1	80	1	3	-2
	SI	31	2	68	-2	1	0
	SK	23	-6	75	5	2	1
	FI	38	4	61	-4	1	0
	SE	53	4	46	-4	1	0
	UK	39	8	61	-6	0	-2

QC8 A quel endroit ces effets indésirables ont-ils été subis ?

QC8 Where did this adverse event take place?

QC8 Wo fand dieser negative Zwischenfall statt?

		En (NOTRE PAYS)		Dans un autre Etat membre de l'UE		Dans un pays hors de l'UE		NSP	
		In (OUR COUNTRY)		In another EU Member State		In a country outside the EU		DK	
		In (UNSER LAND)		In einem anderen EU-Mitgliedstaat		In einem Land außerhalb der EU		WN	
%		EB 80.2	Diff. EB 72.2	EB 80.2	Diff. EB 72.2	EB 80.2	Diff. EB 72.2	EB 80.2	Diff. EB 72.2
	EU 28	97	-2	2	1	1	1	0	0
	BE	97	0	3	0	0	0	0	0
	BG	99	0	1	0	0	0	0	0
	CZ	99	0	0	-1	1	1	0	0
	DK	98	-1	1	0	1	1	0	0
	DE	98	-1	1	0	1	1	0	0
	EE	99	1	1	1	0	-1	0	-1
	IE	99	4	1	-2	0	-1	0	-1
	EL	100	3	0	-3	0	0	0	0
	ES	99	0	1	0	0	0	0	0
	FR	98	-1	1	0	1	1	0	0
	IT	88	-9	11	8	1	1	0	0
	CY	96	-3	3	2	1	1	0	0
	LV	99	0	0	0	0	-1	1	1
	LT	99	-1	1	1	0	0	0	0
	LU	88	-6	11	6	1	0	0	0
	HR	97		1		1		1	
	HU	97	-2	3	2	0	0	0	0
	MT	96	-2	2	2	2	0	0	0
	NL	98	1	2	0	0	-1	0	0
	AT	84	-8	12	7	4	1	0	0
	PL	97	-3	3	3	0	0	0	0
	PT	97	4	2	-5	1	1	0	0
	RO	98	2	0	-1	0	-1	2	0
	SI	99	1	0	-1	1	1	0	-1
	SK	99	1	0	-1	0	0	1	0
	FI	99	0	0	0	1	0	0	0
	SE	99	0	1	0	0	0	0	0
	UK	99	0	1	0	0	0	0	0

QC9 Et l'avez-vous, ou le membre de votre famille impliqué signalé ?

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

QC9 Haben Sie oder das betreffende Mitglied Ihrer Familie diesen negativen Zwischenfall gemeldet?

		Oui		Non		NSP	
		Yes		No		DK	
		Ja		Nein		WN	
%		EB 80.2	Diff. EB 72.2	EB 80.2	Diff. EB 72.2	EB 80.2	Diff. EB 72.2
 EU 28		46	18	51	-19	3	1
 BE		51	18	48	-18	1	0
 BG		6	-5	94	5	0	0
 CZ		42	7	56	-9	2	2
 DK		38	6	55	-10	7	4
 DE		40	7	57	-7	3	0
 EE		30	7	68	-7	2	0
 IE		45	4	52	-5	3	1
 EL		40	-2	59	2	1	0
 ES		56	40	43	-39	1	-1
 FR		65	61	32	-64	3	3
 IT		38	15	55	-15	7	0
 CY		39	-11	61	11	0	0
 LV		21	6	78	-7	1	1
 LT		24	8	74	-10	2	2
 LU		61	32	37	-33	2	1
 HR		11		88		1	
 HU		27	10	72	-10	1	0
 MT		29	3	63	-8	8	5
 NL		48	-4	44	0	8	4
 AT		50	-7	46	8	4	-1
 PL		26	0	71	-2	3	2
 PT		20	-6	80	8	0	-2
 RO		24	9	75	-3	1	-6
 SI		11	2	89	-1	0	-1
 SK		21	-5	78	4	1	1
 FI		47	-3	50	3	3	0
 SE		24	-6	72	5	4	1
 UK		58	11	39	-13	3	2

QC10 Et à qui l'avez-vous, ou le membre de votre famille impliqué, signalé ? (ROTATION – PLUSIEURS REPONSES POSSIBLES)

QC10 And to whom of the following did you or the member of your family involved report it? (ROTATE – MULTIPLE ANSWERS POSSIBLE)

QC10 Und an wen in der folgenden Liste haben Sie oder das betreffende Mitglied Ihrer Familie den negativen Zwischenfall gemeldet? (ROTIEREN - MEHRFACHNENNUNGEN MÖGLICH)

		A la direction de l'hôpital		Aux autorités locales ou régionales		A l'agence nationale pour la sécurité des patients		A un avocat		Au Ministère de la Santé	
		Hospital Management		Regional or local authorities		National agency on patient safety		A lawyer		Ministry of Health	
		Der Krankenhausleitung		Einer regionalen oder örtlichen Behörde		Institut für Patientensicherheit		Einem Anwalt		Dem Gesundheitsministerium	
%		EB 80.2	Diff. EB 72.2	EB 80.2	Diff. EB 72.2	EB 80.2	Diff. EB 72.2	EB 80.2	Diff. EB 72.2	EB 80.2	Diff. EB 72.2
	EU 28	45	1	6	-1	4	-2	10	-5	3	-5
	BE	38	-8	2	-2	2	-2	7	-9	2	-3
	BG	88	18	14	0	0	0	12	1	0	-26
	CZ	43	-18	7	5	2	0	12	-4	9	1
	DK	27	-6	7	2	54	10	3	0	6	4
	DE	47	2	8	0	1	0	14	-9	2	-1
	EE	13	-10	4	3	2	0	1	1	1	1
	IE	59	-13	5	-2	2	0	8	-10	6	-8
	EL	57	-15	0	-3	1	-2	10	2	2	-2
	ES	43	-31	3	-18	1	-21	13	-16	6	-19
	FR	39	-1	3	3	0	-6	6	-14	3	-15
	IT	49	23	9	-2	7	7	14	-31	1	-2
	CY	45	-1	0	-1	0	-4	7	4	15	-1
	LV	30	-5	2	2	11	1	6	3	4	4
	LT	38	-13	5	1	3	2	3	-2	5	-10
	LU	27	-14	1	-1	1	-23	5	-15	4	-3
	HR	38		0		4		12		22	
	HU	39	-7	6	-7	12	0	13	-8	7	1
	MT	52	-16	0	0	2	-6	8	8	5	-19
	NL	35	2	0	-1	1	-3	8	2	4	2
	AT	54	-8	30	22	14	-2	29	5	8	0
	PL	38	0	4	-1	2	-8	18	8	3	0
	PT	64	5	4	-8	0	0	8	-11	15	3
	RO	82	17	9	9	1	1	0	-3	3	0
	SI	33	-10	2	-7	11	-5	11	-11	5	-15
	SK	47	0	0	0	36	14	1	-4	2	-8
	FI	18	-8	10	1	28	-5	2	-1	3	0
	SE	38	6	15	9	23	1	3	2	5	2
	UK	55	10	8	2	3	2	11	3	3	-13

QC10 Et à qui l'avez-vous, ou le membre de votre famille impliqué, signalé ? (ROTATION – PLUSIEURS REPONSES POSSIBLES)

QC10 And to whom of the following did you or the member of your family involved report it? (ROTATE – MULTIPLE ANSWERS POSSIBLE)

QC10 Und an wen in der folgenden Liste haben Sie oder das betreffende Mitglied Ihrer Familie den negativen Zwischenfall gemeldet? (ROTIEREN - MEHRFACHNENNUNGEN MÖGLICH)

		Des associations de patients ou de consommateurs ou d'autres ONG		A un proche ou une connaissance qui travaille dans le domaine des soins de santé		A un médecin, une infirmière ou un pharmacien		A l'ambassade ou au consulat de votre pays		Autre (SPONTANE)		NSP	
		Patient or consumer organisations or other NGOs		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	
		Einer Patienten- oder Verbraucherschutzorganisation oder anderen Nicht-Regierungsorganisation (NGOs)		Einer Patienten- oder Verbraucherschutzorganisation oder anderen Nicht-Regierungsorganisation (NGOs)		Einem Arzt, einem Krankenpfleger oder einem Apotheker		Der Botschaft oder dem Konsulat Ihres Landes		Sonstige (SPONTAN)		WN	
%		EB 80.2	Diff. EB 72.2	EB 80.2	Diff. EB 72.2	EB 80.2	Diff. EB 72.2	EB 80.2	Diff. EB 72.2	EB 80.2	Diff. EB 72.2	EB 80.2	Diff. EB 72.2
	EU 28	6	3	5	1	52	11	0	-1	4	-3	2	0
	BE	7	4	5	-5	70	14	1	0	3	-2	1	1
	BG	0	-8	0	0	0	0	0	0	0	-9	0	0
	CZ	1	-1	11	4	52	5	0	-1	1	-2	2	2
	DK	3	3	1	-3	43	3	1	1	2	1	6	3
	DE	3	1	6	-1	53	13	1	1	6	-4	2	0
	EE	4	3	20	16	72	0	0	0	6	-1	1	-3
	IE	2	-3	0	-1	48	10	0	-2	2	0	0	0
	EL	1	1	13	5	41	9	0	0	2	0	3	3
	ES	2	-13	6	6	47	47	0	0	4	1	0	0
	FR	2	2	7	7	72	62	1	1	4	-3	2	-14
	IT	25	22	6	-3	29	10	0	-8	2	-3	2	2
	CY	2	0	23	8	54	-7	0	0	1	-1	0	-1
	LV	5	3	6	3	55	19	0	0	2	-14	3	-2
	LT	0	0	23	23	48	8	0	0	7	-1	4	1
	LU	3	-7	12	4	76	9	1	1	6	5	4	4
	HR	0		5		52		0		3		3	
	HU	19	15	7	1	33	3	2	2	13	-13	6	6
	MT	0	0	0	0	45	6	0	0	0	0	12	10
	NL	7	3	5	-3	72	1	0	0	8	2	4	2
	AT	29	13	7	3	35	-1	15	11	4	0	0	0
	PL	3	1	4	-1	43	9	0	-6	4	-7	0	-2
	PT	3	0	7	4	15	0	0	0	14	6	7	7
	RO	3	3	16	9	19	-5	0	0	4	0	0	-7
	SI	7	-18	14	9	45	13	0	-4	13	3	2	2
	SK	4	4	11	4	41	5	0	-1	2	-1	2	2
	FI	11	9	4	-3	53	-4	0	0	4	0	6	6
	SE	28	26	7	6	30	-16	0	-1	4	-2	9	1
	UK	9	8	3	3	42	-4	0	0	4	-2	4	1

QC11 Et à quel endroit l'avez-vous, ou le membre de votre famille impliqué, signalé ?

QC11 And where did you or the member of your family involved report it?

QC11 Und wo haben Sie oder das betreffende Mitglied Ihrer Familie diesen negativen Zwischenfall gemeldet?

		En (NOTRE PAYS)		Dans un autre Etat membre de l'UE		Dans un pays hors de l'UE		NSP	
		In (OUR COUNTRY)		In another EU Member State		In a country outside the EU		DK	
		In (UNSER LAND)		In einem anderen EU-Mitgliedstaat		In einem Land außerhalb der EU		WN	
%		EB 80.2	Diff. EB 72.2	EB 80.2	Diff. EB 72.2	EB 80.2	Diff. EB 72.2	EB 80.2	Diff. EB 72.2
	EU 28	98	1	1	-1	0	0	1	0
	BE	98	0	1	-1	0	0	1	1
	BG	100	4	0	-4	0	0	0	0
	CZ	99	3	0	-1	1	0	0	-2
	DK	98	0	1	0	1	1	0	-1
	DE	98	-2	1	1	1	1	0	0
	EE	88	-11	0	-1	1	1	11	11
	IE	100	3	0	-3	0	0	0	0
	EL	100	6	0	-6	0	0	0	0
	ES	95	1	3	-3	0	0	2	2
	FR	98	-2	0	0	2	2	0	0
	IT	98	6	2	-3	0	0	0	-3
	CY	96	-1	4	3	0	0	0	-2
	LV	96	1	0	0	0	0	4	-1
	LT	97	0	0	-1	1	1	2	0
	LU	87	-11	5	3	1	1	7	7
	HR	97		0		0		3	
	HU	89	-4	2	2	0	0	9	2
	MT	85	-13	8	8	0	-2	7	7
	NL	96	-3	1	0	0	0	3	3
	AT	78	-16	16	11	5	4	1	1
	PL	95	2	5	0	0	0	0	-2
	PT	90	-7	7	7	3	0	0	0
	RO	96	15	0	-6	0	0	4	-9
	SI	96	0	0	0	0	0	4	0
	SK	98	2	0	-1	0	-1	2	0
	FI	100	0	0	0	0	0	0	0
	SE	99	0	0	0	1	1	0	-1
	UK	99	1	1	0	0	-1	0	0

QC12 Que s'est-il passé après que vous, ou le membre de votre famille impliqué, l'avez signalé ? (ROTATION – PLUSIEURS REPNSES POSSIBLES)

QC12 What happened after you or the member of your family involved reported it? (ROTATE – MULTIPLE ANSWERS POSSIBLE)

QC12 Was passiert, nachdem Sie oder das betreffende Mitglied Ihrer Familie dies gemeldet haben? (ROTIEREN - MEHRFACHNENNUNGEN MÖGLICH)

		Le médecin ou le personnel infirmier s'est excusé	Une explication de l'erreur a été fournie par l'établissement de soins de santé	Des mesures ont été prises par l'établissement de soins de santé pour éviter des erreurs similaires dans le futur	Une compensation financière a été accordée	La personne responsable a été sanctionnée
		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
		Der Arzt/ Krankenpfleger hat sich entschuldigt	Die medizinische Einrichtung hat eine Erklärung für den Fehler abgegeben	Maßnahmen wurden ergriffen, um ähnliche Fehler der medizinischen Einrichtung in Zukunft zu vermeiden	Es wurde eine finanzielle Entschädigung gezahlt	Die verantwortliche Person wurde zurechtgewiesen
%		EB 80.2	EB 80.2	EB 80.2	EB 80.2	EB 80.2
	EU 28	20	17	12	6	6
	BE	16	11	8	7	6
	BG	15	0	0	0	0
	CZ	28	14	12	6	4
	DK	28	24	12	19	8
	DE	16	15	19	8	9
	EE	13	7	7	0	1
	IE	32	26	9	4	8
	EL	16	13	2	1	0
	ES	11	12	4	4	4
	FR	15	16	10	3	1
	IT	13	17	14	10	9
	CY	18	21	9	3	2
	LV	20	13	10	2	4
	LT	17	5	7	2	9
	LU	24	17	11	4	3
	HR	13	13	17	3	0
	HU	33	23	9	12	29
	MT	15	26	18	8	7
	NL	32	6	9	6	7
	AT	34	31	24	24	24
	PL	10	6	5	2	16
	PT	17	21	3	3	13
	RO	13	11	9	0	6
	SI	13	8	9	2	0
	SK	22	16	8	0	5
	FI	15	24	15	16	6
	SE	20	21	17	24	9
	UK	29	23	15	5	6

QC12 Que s'est-il passé après que vous, ou le membre de votre famille impliqué, l'avez signalé ? (ROTATION - PLUSIEURS REPONSES POSSIBLES)

QC12 What happened after you or the member of your family involved reported it? (ROTATE - MULTIPLE ANSWERS POSSIBLE)

QC12 Was passiert, nachdem Sie oder das betreffende Mitglied Ihrer Familie dies gemeldet haben? (ROTIEREN - MEHRFACHNENNUNGEN MÖGLICH)

		Une action a été intentée à l'encontre de l'établissement de soins de santé responsable	L'établissement de soins de santé n'a pas reconnu sa responsabilité	Une procédure judiciaire est toujours en cours	Il ne s'est rien passé	Autre (SPONTANE)	NSP
		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
		Gegen den Verantwortlichen der medizinischen Einrichtung wurden Maßnahmen ergriffen	Die medizinische Einrichtung hat keine Verantwortung für den negativen Zwischenfall übernommen	Rechtsverfahren laufen noch	Es ist nichts passiert	Sonstige (SPONTAN)	WN
	%	EB 80.2	EB 80.2	EB 80.2	EB 80.2	EB 80.2	EB 80.2
	EU 28	5	11	6	37	4	3
	BE	3	9	7	47	6	2
	BG	0	27	0	58	0	0
	CZ	5	16	3	32	1	0
	DK	7	9	10	19	4	6
	DE	6	24	4	28	1	2
	EE	0	9	0	53	12	6
	IE	4	6	8	32	6	1
	EL	4	9	2	57	3	1
	ES	7	4	4	54	4	1
	FR	3	7	4	53	4	4
	IT	8	11	15	39	0	0
	CY	2	7	4	47	7	0
	LV	1	5	3	51	0	1
	LT	0	13	1	51	2	4
	LU	2	4	2	47	13	4
	HR	6	20	9	39	6	0
	HU	11	8	10	19	7	2
	MT	0	0	0	32	0	7
	NL	8	9	5	33	4	7
	AT	10	14	15	21	2	2
	PL	8	20	5	31	8	2
	PT	6	24	6	27	6	7
	RO	0	2	2	58	2	2
	SI	6	18	7	43	16	0
	SK	2	14	12	41	2	0
	FI	2	12	5	28	7	6
	SE	10	24	7	15	7	5
	UK	3	8	8	24	6	4

QC13a Avez-vous, ou un membre de votre famille, subi une ou plusieurs interventions chirurgicales au cours des trois dernières années? Il peut s'agir de n'importe quel type d'intervention chirurgicale, d'une intervention mineure, éventuellement en hospitalisation de jour, jusqu'à une lourde intervention.

QC13a 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.

QC13a Wurden Sie oder ein Mitglied Ihrer Familie in den letzten drei Jahren einer chirurgischen Operation unterzogen? Darunter fallen alle Formen eines chirurgischen Eingriffs, von kleineren Eingriffen, z.B. als ambulanter Krankenhauspatient, bis hin zu einem größeren chirurgischen Eingriff.

		Oui		Non		NSP	
		Yes		No		DK	
		Ja		Nein		WN	
%		EB 80.2	Diff. EB 72.2	EB 80.2	Diff. EB 72.2	EB 80.2	Diff. EB 72.2
	EU 28	38	<i>1</i>	61	<i>-1</i>	1	<i>0</i>
	BE	48	<i>-3</i>	52	<i>4</i>	0	<i>-1</i>
	BG	18	<i>0</i>	81	<i>0</i>	1	<i>0</i>
	CZ	40	<i>3</i>	60	<i>-3</i>	0	<i>0</i>
	DK	61	<i>5</i>	39	<i>-4</i>	0	<i>-1</i>
	DE	40	<i>2</i>	60	<i>-1</i>	0	<i>-1</i>
	EE	45	<i>0</i>	55	<i>0</i>	0	<i>0</i>
	IE	32	<i>4</i>	67	<i>-2</i>	1	<i>-2</i>
	EL	24	<i>1</i>	76	<i>-1</i>	0	<i>0</i>
	ES	34	<i>3</i>	66	<i>-3</i>	0	<i>0</i>
	FR	52	<i>-2</i>	48	<i>2</i>	0	<i>0</i>
	IT	23	<i>-2</i>	75	<i>2</i>	2	<i>0</i>
	CY	47	<i>4</i>	53	<i>-3</i>	0	<i>-1</i>
	LV	39	<i>-3</i>	60	<i>2</i>	1	<i>1</i>
	LT	34	<i>-4</i>	66	<i>5</i>	0	<i>-1</i>
	LU	55	<i>3</i>	45	<i>-3</i>	0	<i>0</i>
	HR	34		66		0	
	HU	24	<i>-5</i>	75	<i>4</i>	1	<i>1</i>
	MT	37	<i>-1</i>	63	<i>2</i>	0	<i>-1</i>
	NL	68	<i>6</i>	32	<i>-6</i>	0	<i>0</i>
	AT	34	<i>-3</i>	66	<i>4</i>	0	<i>-1</i>
	PL	26	<i>-2</i>	73	<i>1</i>	1	<i>1</i>
	PT	28	<i>4</i>	72	<i>-3</i>	0	<i>-1</i>
	RO	21	<i>1</i>	78	<i>1</i>	1	<i>-2</i>
	SI	39	<i>1</i>	61	<i>-1</i>	0	<i>0</i>
	SK	32	<i>2</i>	68	<i>-2</i>	0	<i>0</i>
	FI	42	<i>2</i>	57	<i>-3</i>	1	<i>1</i>
	SE	55	<i>5</i>	45	<i>-5</i>	0	<i>0</i>
	UK	50	<i>5</i>	50	<i>-4</i>	0	<i>-1</i>

QC13b Un consentement écrit vous a-t-il été demandé, à vous ou à votre famille, auparavant ?

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

QC13b Wurden Sie oder Ihr Familienmitglied vorher um eine schriftliche Einverständniserklärung gebeten?

		A chaque fois		Parfois		Jamais		NSP	
		Always		Sometimes		Never		DK	
		Immer		Manchmal		Niemals		WN	
%		EB 80.2	Diff. EB 72.2	EB 80.2	Diff. EB 72.2	EB 80.2	Diff. EB 72.2	EB 80.2	Diff. EB 72.2
	EU 28	68	1	6	-1	15	-2	11	2
	BE	49	5	10	-2	32	-6	9	3
	BG	76	8	2	-2	14	-6	8	0
	CZ	71	8	11	-2	8	-6	10	0
	DK	31	8	5	-1	31	-8	33	1
	DE	90	0	2	0	2	-1	6	1
	EE	75	3	5	0	10	-3	10	0
	IE	82	0	2	0	6	1	10	-1
	EL	31	2	11	-2	50	-4	8	4
	ES	81	4	3	-4	7	-4	9	4
	FR	59	7	7	-3	24	-5	10	1
	IT	69	-8	12	3	9	2	10	3
	CY	73	6	1	-1	14	-8	12	3
	LV	66	5	5	-2	16	-2	13	-1
	LT	80	5	4	-3	7	-3	9	1
	LU	54	-2	9	5	23	-2	14	-1
	HR	71		8		9		12	
	HU	79	-7	5	0	7	4	9	3
	MT	74	5	2	-2	15	0	9	-3
	NL	38	6	5	-1	31	-13	26	8
	AT	69	-12	12	2	7	4	12	6
	PL	71	-4	10	4	7	0	12	0
	PT	70	22	11	-5	13	-11	6	-6
	RO	57	3	7	-1	26	3	10	-5
	SI	78	-3	6	2	8	0	8	1
	SK	69	4	6	-1	11	-6	14	3
	FI	29	-1	8	-3	40	-4	23	8
	SE	16	4	3	1	51	-12	30	7
	UK	74	-7	5	1	9	1	12	5

QC14a Avez-vous, ou un membre de votre famille, été hospitalisé(e) ou admis(e) dans un établissement de soins de longue durée (comme une maison de santé ou de retraite) au cours des 12 derniers mois ? (PLUSIEURS REPONSES POSSIBLES)

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? (MULTIPLE ANSWERS POSSIBLE)

QC14a Wurden Sie oder ein Mitglied Ihrer Familie in den vergangenen 12 Monaten in ein Krankenhaus oder eine dauerhafte Pflegeeinrichtung (z. B. ein Pflege- oder Seniorenheim) eingewiesen? (MEHRFACHNENNUNGEN MÖGLICH)

		Oui, hospitalisé(e)	Oui, admis(e) dans un établissement de soins de longue durée	Non	NSP	Total 'Oui'
		Yes, hospitalised	Yes, admitted to a long-term care facility	No	DK	Total 'Yes'
		Ja, in ein Krankenhaus	Ja, in eine dauerhafte Pflegeeinrichtung	Nein	WN	Gesamt 'Ja'
%		EB 80.2	EB 80.2	EB 80.2	EB 80.2	EB 80.2
	EU 28	17	4	79	1	21
	BE	19	7	76	0	24
	BG	10	2	88	0	12
	CZ	16	3	81	0	19
	DK	15	6	80	0	19
	DE	25	2	73	0	27
	EE	29	3	69	0	31
	IE	10	2	87	1	12
	EL	4	1	95	0	5
	ES	13	2	85	0	15
	FR	16	6	79	0	21
	IT	15	8	78	0	22
	CY	6	1	93	0	7
	LV	24	2	74	0	26
	LT	17	3	80	0	20
	LU	21	5	75	0	25
	HR	7	2	90	0	10
	HU	20	4	76	0	24
	MT	11	2	86	0	13
	NL	17	8	77	0	23
	AT	22	3	75	0	25
	PL	27	6	65	2	32
	PT	15	3	82	0	18
	RO	6	1	89	5	7
	SI	24	2	75	0	25
	SK	22	2	77	0	23
	FI	25	3	72	1	27
	SE	12	5	84	0	16
	UK	14	4	83	0	17

QC14b Avez-vous, ou un membre de votre famille, reçu des informations sur le risque d'infection liée aux soins de santé ?

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

QC14b Haben Sie oder ein Mitglied Ihrer Familie Informationen zu den Risiken von Infektionen, die mit medizinischer Versorgung in Zusammenhang stehen, erhalten?

		Oui	Non	NSP
		Yes	No	DK
		Ja	Nein	WN
	%	EB 80.2	EB 80.2	EB 80.2
 EU 28		39	50	11
 BE		36	58	6
 BG		18	67	15
 CZ		38	48	14
 DK		40	33	27
 DE		55	32	13
 EE		26	60	14
 IE		50	37	13
 EL		24	72	4
 ES		45	45	10
 FR		45	52	3
 IT		20	68	12
 CY		12	76	12
 LV		32	54	14
 LT		31	59	10
 LU		34	53	13
 HR		25	71	4
 HU		40	48	12
 MT		40	51	9
 NL		23	56	21
 AT		55	31	14
 PL		28	62	10
 PT		32	56	12
 RO		35	43	22
 SI		43	50	7
 SK		20	66	14
 FI		43	48	9
 SE		20	58	22
 UK		48	39	13

QC14c Comment avez-vous, ou le membre de votre famille, reçu ces informations ? Est-ce que vous, ou le membre de votre famille, ... (ROTATION – PLUSIEURS REPONSES POSSIBLES)

QC14c How did you or the member of your family receive this information? You or a member of your family ... (ROTATE – MULTIPLE ANSWERS POSSIBLE)

QC14c Auf welche Weise haben Sie oder das Mitglied Ihrer Familie diese Informationen erhalten? (ROTIEREN - MEHRFACHNENNUNGEN MÖGLICH)

		Avez été informé(e) par votre médecin traitant ou un autre médecin vous a informé auparavant Were informed by your general practitioner (GP) or another doctor informed you beforehand Information im Voraus durch Ihren Hausarzt oder einen anderen Arzt	Avez été informé(e) par le personnel de l'hôpital Were informed by the staff of the hospital Information durch Krankenhausmitarbeiter	Avez été informé(e) par le personnel de l'établissement de soins de longue durée Were informed by the staff of the long-term care facility Information durch Mitarbeiter der dauerhaften Pflegeeinrichtung	Avez été informé(e) par la famille, les amis ou des relations Were informed by family, friends or acquaintances Information durch Familienmitglieder, Freunde oder Bekannte
%		EB 80.2	EB 80.2	EB 80.2	EB 80.2
	EU 28	28	65	14	8
	BE	43	45	17	10
	BG	32	71	17	19
	CZ	26	65	15	14
	DK	23	72	13	2
	DE	34	72	9	10
	EE	41	54	8	10
	IE	34	73	11	1
	EL	52	31	0	35
	ES	17	58	15	3
	FR	33	74	19	7
	IT	29	66	12	8
	CY	57	83	74	17
	LV	28	51	18	8
	LT	43	60	16	14
	LU	48	44	13	8
	HR	27	63	12	12
	HU	37	69	4	11
	MT	78	37	12	5
	NL	15	49	26	6
	AT	49	69	15	11
	PL	20	57	19	4
	PT	22	56	20	16
	RO	59	68	5	31
	SI	34	69	10	10
	SK	31	48	9	17
	FI	23	71	9	16
	SE	24	79	14	22
	UK	12	57	18	5

QC14c Comment avez-vous, ou le membre de votre famille, reçu ces informations ? Est-ce que vous, ou le membre de votre famille, ... (ROTATION – PLUSIEURS REPONSES POSSIBLES)

QC14c How did you or the member of your family receive this information? You or a member of your family ... (ROTATE – MULTIPLE ANSWERS POSSIBLE)

QC14c Auf welche Weise haben Sie oder das Mitglied Ihrer Familie diese Informationen erhalten? (ROTIEREN - MEHRFACHNENNUNGEN MÖGLICH)

		Avez été informé(e) par les associations de patients ou d'autres ONG Were informed by patient organisations or other NGOs Information durch Patientenorganisationen oder andere Nicht-Regierungsorganisationen (NGOs)	Les avez lues dans une brochure Read it in a brochure In einer Broschüre gelesen	Les avez lues sur Internet (médias sociaux/ forums sur l'internet) Read it on the Internet (Social media/ Internet forums) Im Internet gelesen (soziale Medien/ Internetforen)	Les avez vues à la télévision Saw it on TV Im Fernsehen gesehen
%		EB 80.2	EB 80.2	EB 80.2	EB 80.2
	EU 28	3	18	4	7
	BE	5	18	8	8
	BG	4	0	0	0
	CZ	4	8	4	6
	DK	3	31	2	2
	DE	4	16	6	8
	EE	0	12	10	6
	IE	2	14	2	1
	EL	0	7	0	0
	ES	0	27	2	3
	FR	1	20	8	10
	IT	0	14	2	7
	CY	0	0	0	0
	LV	3	6	10	6
	LT	0	6	5	6
	LU	0	20	8	5
	HR	5	3	0	8
	HU	5	11	1	4
	MT	0	22	40	24
	NL	5	32	4	1
	AT	11	21	8	13
	PL	3	8	1	11
	PT	2	3	1	2
	RO	0	0	0	18
	SI	1	13	7	8
	SK	0	9	5	8
	FI	2	34	10	13
	SE	0	35	9	6
	UK	2	27	0	0

QC14c Comment avez-vous, ou le membre de votre famille, reçu ces informations ? Est-ce que vous, ou le membre de votre famille, ... (ROTATION – PLUSIEURS REPONSES POSSIBLES)

QC14c How did you or the member of your family receive this information? You or a member of your family ... (ROTATE – MULTIPLE ANSWERS POSSIBLE)

QC14c Auf welche Weise haben Sie oder das Mitglied Ihrer Familie diese Informationen erhalten? (ROTIEREN - MEHRFACHNENNUNGEN MÖGLICH)

		Les avez entendues à la radio	Les avez lues dans un journal/ un magazine	Autre (SPONTANE)	NSP
		Heard it on the radio	Read it in a newspaper/ magazine	Other (SPONTANEOUS)	DK
		Im Radio gehört	In einer Zeitung/ in einer Zeitschrift gelesen	Sonstige (SPONTAN)	WN
%		EB 80.2	EB 80.2	EB 80.2	EB 80.2
	EU 28	2	4	2	1
	BE	4	4	4	0
	BG	0	0	0	5
	CZ	4	6	0	2
	DK	2	2	0	7
	DE	1	5	0	0
	EE	5	4	0	0
	IE	2	1	0	0
	EL	0	0	11	0
	ES	0	3	4	0
	FR	5	4	2	0
	IT	5	5	2	0
	CY	0	0	0	0
	LV	5	3	1	1
	LT	3	6	7	0
	LU	3	5	0	9
	HR	0	3	0	0
	HU	3	1	0	1
	MT	2	19	0	0
	NL	0	4	6	6
	AT	2	7	0	0
	PL	1	4	0	3
	PT	0	3	2	3
	RO	0	0	0	0
	SI	1	3	5	2
	SK	4	3	11	4
	FI	7	14	7	0
	SE	0	5	0	0
	UK	3	0	4	2

QC15 Quels organismes, institutions ou autorités sont-ils principalement responsables de la sécurité des patients en (NOTRE PAYS) ? (QUESTION OUVERTE PRE-CODEE – PLUSIEURS REPONSES POSSIBLES)

QC15 Which organisations, bodies or authorities are mainly responsible for patient safety in (OUR COUNTRY)? (PRE-CODED OPEN ENDED QUESTION – MULTIPLE ANSWERS POSSIBLE)

QC15 Welche Organisationen, Gremien oder Behörden sind vorwiegend für die Patientensicherheit in (UNSER LAND) verantwortlich? (LISTE NICHT ZEIGEN-NICHT VORLESEN-MEHRFACHNENNUNGEN MÖGLICH)

		Le Ministère de la santé ou une autorité nationale apparentée		Les hôpitaux/ centres médicaux/ cliniques/ médecins/ pharmaciens		Les compagnies d'assurance de santé		Le gouvernement national	
		Ministry of health or related national authority		Hospitals/ Health centres/ Clinics/ Doctors/ Pharmacists		Health insurance companies		National government	
		Gesundheitsministerium oder ähnliche nationale Behörde		Krankenhäuser/ Gesundheitszentren/ Kliniken/ Ärzte/ Apotheker		Krankenversicherungen		Nationale Regierung	
%		EB 80.2	Diff. EB 72.2	EB 80.2	Diff. EB 72.2	EB 80.2	Diff. EB 72.2	EB 80.2	Diff. EB 72.2
	EU 28	55	23	53	26	15	8	19	14
	BE	60	44	77	28	21	4	19	12
	BG	60	12	81	37	20	10	17	11
	CZ	59	10	68	34	32	27	18	14
	DK	63	3	43	33	2	2	16	8
	DE	63	52	63	36	34	15	15	13
	EE	36	19	56	25	10	3	7	6
	IE	57	-5	43	32	8	8	21	18
	EL	77	25	66	39	18	15	44	38
	ES	67	34	45	20	5	1	29	23
	FR	41	19	40	17	11	7	12	7
	IT	61	10	52	14	11	11	23	23
	CY	78	20	64	34	11	10	21	14
	LV	50	17	39	17	4	3	9	5
	LT	63	13	70	45	14	14	12	6
	LU	52	29	55	39	10	2	7	6
	HR	65		66		8		16	
	HU	45	15	56	33	30	17	26	21
	MT	67	47	59	3	9	9	44	34
	NL	66	55	77	14	19	14	19	4
	AT	62	47	74	52	39	29	16	15
	PL	49	30	54	25	8	-10	14	9
	PT	70	27	59	32	5	5	26	21
	RO	72	16	63	60	21	14	28	21
	SI	55	16	68	32	21	10	14	6
	SK	63	9	78	52	32	29	11	5
	FI	43	22	62	22	5	4	8	6
	SE	41	10	24	15	3	3	10	7
	UK	32	-7	33	15	2	1	18	8

QC15 Quels organismes, institutions ou autorités sont-ils principalement responsables de la sécurité des patients en (NOTRE PAYS) ? (QUESTION OUVERTE PRE-CODEE – PLUSIEURS REPONSES POSSIBLES)

QC15 Which organisations, bodies or authorities are mainly responsible for patient safety in (OUR COUNTRY)? (PRE-CODED OPEN ENDED QUESTION – MULTIPLE ANSWERS POSSIBLE)

QC15 Welche Organisationen, Gremien oder Behörden sind vorwiegend für die Patientensicherheit in (UNSER LAND) verantwortlich? (LISTE NICHT ZEIGEN-NICHT VORLESEN-MEHRFACHNENNUNGEN MÖGLICH)

		Des autorités régionales/ locales		Des associations de patients/ autres ONG		Le système judiciaire/ la justice		Les syndicats	
		Regional/ Local authorities		Patient organisations or other NGOs		Legal system/ Justice		Trade Unions	
		Regionale / Lokale Behörden		Patientenorganisationen oder andere Nicht-Regierungsorganisationen (NGOs)		Justizwesen/ Justizbehörden		Den Gewerkschaften	
%		EB 80.2	Diff. EB 72.2	EB 80.2	Diff. EB 72.2	EB 80.2	Diff. EB 72.2	EB 80.2	Diff. EB 72.2
	EU 28	12	7	10	6	5	1	1	0
	BE	9	8	10	6	7	5	3	3
	BG	5	5	9	4	7	7	1	1
	CZ	10	4	13	10	8	7	1	1
	DK	32	26	9	7	2	2	1	1
	DE	13	-2	12	8	4	-1	1	1
	EE	2	2	9	3	3	2	0	0
	IE	14	12	7	5	5	5	1	1
	EL	7	7	7	5	14	14	4	4
	ES	14	11	6	3	5	3	1	1
	FR	6	5	3	1	2	0	0	0
	IT	25	21	17	12	7	1	2	2
	CY	2	2	5	3	9	8	2	2
	LV	2	2	8	1	3	0	1	0
	LT	7	7	8	7	10	9	3	3
	LU	2	2	9	-2	5	4	1	1
	HR	6		5		4		3	
	HU	15	15	33	28	14	3	3	3
	MT	7	7	9	7	5	5	4	3
	NL	4	4	10	10	4	4	1	0
	AT	20	17	45	30	10	-27	4	3
	PL	11	11	9	7	5	1	2	2
	PT	10	10	5	5	6	5	1	1
	RO	16	15	14	1	7	5	4	4
	SI	4	4	17	-1	6	5	2	2
	SK	8	7	4	1	8	7	2	2
	FI	14	9	14	1	2	-2	1	1
	SE	25	-6	10	6	4	2	1	1
	UK	7	2	5	1	1	0	1	-2

QC15 Quels organismes, institutions ou autorités sont-ils principalement responsables de la sécurité des patients en (NOTRE PAYS) ? (QUESTION OUVERTE PRE-CODEE – PLUSIEURS REPONSES POSSIBLES)

QC15 Which organisations, bodies or authorities are mainly responsible for patient safety in (OUR COUNTRY)? (PRE-CODED OPEN ENDED QUESTION – MULTIPLE ANSWERS POSSIBLE)

QC15 Welche Organisationen, Gremien oder Behörden sind vorwiegend für die Patientensicherheit in (UNSER LAND) verantwortlich? (LISTE NICHT ZEIGEN-NICHT VORLESEN-MEHRFACHNENNUNGEN MÖGLICH)

	%	Le parlement national		Les patients eux-mêmes		Autre (SPONTANE)		Aucun (SPONTANE)		NSP	
		National parliament		Patients themselves		Other (SPONTANEOUS)		None (SPONTANEOUS)		DK	
		Nationales Parlament		Patienten selbst		Sonstige (SPONTAN)		Nichts davon (SPONTAN)		WN	
		EB 80.2	Diff. EB 72.2	EB 80.2	Diff. EB 72.2	EB 80.2	Diff. EB 72.2	EB 80.2	Diff. EB 72.2	EB 80.2	Diff. EB 72.2
 EU 28		2	2	8	8	5	-1	1	0	10	-19
 BE		3	3	17	16	1	0	0	-3	1	-19
 BG		2	1	6	6	0	-1	0	-1	5	-15
 CZ		5	5	11	11	2	0	0	0	1	-15
 DK		11	8	8	8	4	3	0	0	7	-12
 DE		3	2	19	19	4	-3	0	-1	7	-27
 EE		1	0	13	12	2	-1	2	0	12	-26
 IE		2	2	8	8	5	4	1	1	11	-10
 EL		7	7	9	9	0	-1	2	0	1	-12
 ES		1	1	3	3	3	1	1	1	7	-20
 FR		0	0	4	4	15	8	1	1	21	-24
 IT		2	2	5	5	1	-3	2	2	3	-15
 CY		2	2	13	13	1	0	1	-2	2	-13
 LV		1	0	10	9	1	-1	2	0	9	-20
 LT		3	3	22	21	0	-1	1	0	3	-19
 LU		1	1	11	11	3	2	3	3	11	-39
 HR		2		7		0		0		2	
 HU		4	4	8	8	0	-2	1	1	3	-21
 MT		8	8	8	8	1	0	0	0	4	-14
 NL		3	3	19	18	7	-21	0	0	2	-12
 AT		4	3	23	23	3	-4	0	0	2	-31
 PL		1	0	4	4	2	0	3	0	9	-23
 PT		2	2	4	4	0	-5	0	0	3	-27
 RO		5	4	8	8	0	-27	0	0	4	-25
 SI		3	2	26	20	2	-8	1	-1	3	-10
 SK		4	4	11	11	0	-6	0	0	1	-18
 FI		2	0	5	5	7	7	2	2	8	-20
 SE		5	4	4	4	13	12	2	2	23	-13
 UK		1	1	4	4	11	4	2	0	27	-5

QC16 Dans la liste suivante de réparations possibles, à laquelle/ auxquelles avez-vous droit si vous, ou un membre de votre famille, subissez un préjudice suite à des soins de santé reçus en (NOTRE PAYS), et ce, quelle que soit la gravité ou la durée du préjudice subi ? (ROTATION – PLUSIEURS REPONSES POSSIBLES)

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? (ROTATE – MULTIPLE ANSWERS POSSIBLE)

QC16 Welche der folgenden Formen der Wiedergutmachung glauben Sie für sich oder Ihr Familienmitglied in Anspruch nehmen zu können, wenn während einer medizinischen Versorgung in (UNSER LAND) Schaden entstanden ist, unabhängig davon wie schwerwiegend oder langandauernd der Schaden war. (ROTIEREN - MEHRFACHNENNUNGEN MÖGLICH)

	%	Une reconnaissance formelle que le préjudice a été causé A formal acknowledgement that harm has been caused Eine formelle Bestätigung, dass Schaden zugefügt worden ist		Une explication sur les causes du préjudice Explanation of the causes of that harm Eine Erklärung der Gründe für diesen Schaden		Des excuses de la part de la personne responsable ou de l'établissement de soins de santé An apology from the individual or healthcare facility responsible Eine Entschuldigung des Verantwortlichen oder der Gesundheitseinrichtung		Une compensation financière Financial compensation Finanzielle Entschädigung		Une enquête sur l'affaire An investigation into the case Eine Untersuchung des Falles	
		EB 80.2	Diff. EB 72.2	EB 80.2	Diff. EB 72.2	EB 80.2	Diff. EB 72.2	EB 80.2	Diff. EB 72.2	EB 80.2	Diff. EB 72.2
 EU 28		34	-1	41	0	30	0	50	-1	52	-1
 BE		41	-5	41	-3	31	-6	45	-7	47	-3
 BG		28	5	35	-2	15	-1	43	-4	49	-6
 CZ		29	3	47	5	39	4	66	1	61	-2
 DK		52	7	58	-1	25	-5	65	3	65	-2
 DE		29	-2	37	-4	32	-3	61	-4	60	-2
 EE		33	2	40	2	31	5	46	11	49	0
 IE		49	-3	54	9	46	0	42	0	56	-2
 EL		44	-9	37	-7	21	-7	58	-9	42	-12
 ES		33	-11	36	-14	23	-14	50	-1	53	-9
 FR		42	4	49	5	30	9	37	-2	44	-4
 IT		26	0	34	-1	18	0	43	-1	43	-2
 CY		45	-7	47	-10	19	-7	43	-11	56	-11
 LV		30	-1	32	4	18	-3	45	-3	38	-5
 LT		35	-3	37	1	18	1	59	5	40	6
 LU		34	-2	45	2	35	7	35	-7	40	-7
 HR		27		34		31		64		36	
 HU		16	3	39	2	32	1	66	-1	59	-1
 MT		36	-1	48	-8	27	3	44	-7	53	-9
 NL		50	5	39	3	47	3	41	0	48	2
 AT		48	9	57	11	50	10	72	3	67	7
 PL		24	0	40	6	26	-1	60	-1	33	2
 PT		27	1	37	8	30	6	53	12	52	10
 RO		28	-4	24	-1	17	-1	45	2	37	-3
 SI		40	-2	47	-12	39	-11	48	-10	44	-10
 SK		33	2	39	0	33	6	62	9	63	-1
 FI		32	2	66	4	27	4	58	4	71	3
 SE		62	4	66	4	42	6	64	4	69	4
 UK		43	3	51	7	44	4	38	-3	67	7

QC16 Dans la liste suivante de réparations possibles, à laquelle/ auxquelles avez-vous droit si vous, ou un membre de votre famille, subissez un préjudice suite à des soins de santé reçus en (NOTRE PAYS), et ce, quelle que soit la gravité ou la durée du préjudice subi ? (ROTATION – PLUSIEURS REPONSES POSSIBLES)

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? (ROTATE – MULTIPLE ANSWERS POSSIBLE)

QC16 Welche der folgenden Formen der Wiedergutmachung glauben Sie für sich oder Ihr Familienmitglied in Anspruch nehmen zu können, wenn während einer medizinischen Versorgung in (UNSER LAND) Schaden entstanden ist, unabhängig davon wie schwerwiegend oder langandauernd der Schaden war. (ROTIEREN – MEHRFACHNENNUNGEN MÖGLICH)

	%	Une mesure disciplinaire à l'encontre de la personne responsable		Une action à l'encontre de l'établissement de soins de santé responsable (y compris, p. ex. l'augmentation des contrôles par l'inspection sanitaire, la fermeture de l'établissement, des pénalités financières)		Autre (SPONTANE)		Aucun (SPONTANE)		NSP	
		EB 80.2	Diff. EB 72.2	EB 80.2	Diff. EB 72.2	EB 80.2	Diff. EB 72.2	EB 80.2	Diff. EB 72.2	EB 80.2	Diff. EB 72.2
 EU 28		34	-3	38	2	1	0	2	0	4	-1
 BE		25	-10	30	2	1	1	3	-1	2	0
 BG		39	-11	29	-8	0	0	2	1	11	-7
 CZ		52	-3	40	6	0	-1	1	1	2	0
 DK		26	-1	24	-4	0	-1	1	0	3	-1
 DE		21	-13	35	-2	0	0	3	0	4	-1
 EE		30	-5	23	8	2	1	5	0	7	-6
 IE		29	-6	38	3	1	1	1	0	5	-5
 EL		55	-9	45	-3	0	0	3	2	3	2
 ES		37	-6	39	-3	0	-2	1	0	4	2
 FR		26	-5	39	9	0	0	3	-1	5	-1
 IT		46	-2	48	-3	1	0	1	0	3	1
 CY		47	-8	42	-7	1	1	1	-1	3	1
 LV		31	-5	19	0	0	-1	6	0	7	1
 LT		21	-8	23	9	1	0	2	-1	5	-1
 LU		24	-11	30	-2	1	1	5	2	9	3
 HR		35		32		0		2		3	
 HU		51	-2	35	3	0	-1	2	0	3	1
 MT		41	-4	27	-3	0	0	2	1	7	4
 NL		22	-2	40	4	1	0	2	0	3	-2
 AT		46	3	42	4	2	1	1	0	3	0
 PL		41	6	27	2	0	-1	4	2	6	-2
 PT		45	5	41	15	0	-1	1	-1	4	-7
 RO		40	4	33	7	1	0	3	-1	12	-1
 SI		28	-12	27	-6	2	1	3	-2	5	3
 SK		43	1	44	9	0	0	1	1	2	-1
 FI		15	-3	18	-6	1	0	1	-3	2	0
 SE		21	7	52	9	1	1	0	-1	0	-1
 UK		34	1	41	8	0	-1	1	-2	5	-3

QC17 Dans la liste suivante de réparations possibles, à laquelle/ auxquelles pensez-vous avoir droit si vous, ou un membre de votre famille, subissez un préjudice suite à des soins de santé reçus dans un autre Etat membre de l'UE ? (ROTATION - PLUSIEURS REPONSES POSSIBLES)

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? (ROTATE - MULTIPLE ANSWERS POSSIBLE)

QC17 Welche der folgenden Formen der Wiedergutmachung glauben Sie, können Sie oder ein Familienmitglied in Anspruch nehmen, wenn während einer medizinischen Versorgung in einem anderen EU-Mitgliedstaat Schaden entstanden ist. (ROTIEREN - MEHRFACHNENNUNGEN MÖGLICH)

	%	Une reconnaissance formelle que le préjudice a été causé A formal acknowledgement that harm has been caused Eine formelle Bestätigung, dass Schaden zugefügt worden ist		Une explication sur les causes du préjudice Explanation of the causes of that harm Eine Erklärung der Gründe für diesen Schaden		Des excuses de la part de la personne responsable ou de l'établissement de soins de santé An apology from the individual or healthcare facility responsible Eine Entschuldigung des Verantwortlichen oder der Gesundheitseinrichtung		Une compensation financière Financial compensation Finanzielle Entschädigung		Une enquête sur l'affaire An investigation into the case Eine Untersuchung des Falles	
		EB 80.2	Diff. EB 72.2	EB 80.2	Diff. EB 72.2	EB 80.2	Diff. EB 72.2	EB 80.2	Diff. EB 72.2	EB 80.2	Diff. EB 72.2
 EU 28		31	2	36	3	24	1	45	1	47	2
 BE		39	1	34	-3	24	-6	43	-3	49	3
 BG		29	3	25	-4	12	-2	42	-9	41	-7
 CZ		26	3	41	5	30	3	59	-1	56	-2
 DK		39	8	43	6	16	-3	47	7	57	9
 DE		28	0	30	0	20	-1	48	-3	48	-4
 EE		31	5	36	7	25	8	48	12	46	4
 IE		47	2	49	9	45	10	43	7	51	1
 EL		43	-11	39	-2	20	-9	63	-6	45	-8
 ES		32	-8	35	-8	22	-12	48	-3	48	-10
 FR		32	6	37	6	20	4	29	2	41	3
 IT		25	0	34	3	19	0	43	1	43	1
 CY		45	-5	46	-6	19	-8	52	-6	57	-6
 LV		24	-5	24	2	13	-2	46	-5	35	1
 LT		29	-3	30	2	16	4	57	-2	33	1
 LU		36	-1	43	6	34	9	35	-6	41	-4
 HR		27		35		27		66		35	
 HU		18	2	40	5	29	0	65	-3	56	-2
 MT		36	-1	48	-1	24	4	55	-4	50	-12
 NL		43	6	36	6	35	8	39	5	47	5
 AT		45	11	48	9	43	12	61	3	61	9
 PL		26	8	39	10	25	6	55	3	39	10
 PT		26	2	32	5	26	5	46	10	43	5
 RO		28	0	22	0	16	0	46	8	33	0
 SI		36	-5	44	-11	33	-15	51	-10	42	-11
 SK		31	2	33	-2	27	4	57	5	57	0
 FI		26	2	53	0	21	4	50	-1	65	4
 SE		57	19	63	23	36	14	69	22	70	20
 UK		36	9	43	10	35	8	33	2	55	14

QC17 Dans la liste suivante de réparations possibles, à laquelle/ auxquelles pensez-vous avoir droit si vous, ou un membre de votre famille, subissez un préjudice suite à des soins de santé reçus dans un autre Etat membre de l'UE ? (ROTATION - PLUSIEURS REPONSES POSSIBLES)

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? (ROTATE - MULTIPLE ANSWERS POSSIBLE)

QC17 Welche der folgenden Formen der Wiedergutmachung glauben Sie, können Sie oder ein Familienmitglied in Anspruch nehmen, wenn während einer medizinischen Versorgung in einem anderen EU-Mitgliedstaat Schaden entstanden ist. (ROTIEREN - MEHRFACHNENNUNGEN MÖGLICH)

		Une mesure disciplinaire à l'encontre de la personne responsable Having the person responsible disciplined Eine Zurechtweisung des Verantwortlichen		Une action à l'encontre de l'établissement de soins de santé responsable (y compris, p. ex. l'augmentation des contrôles par l'inspection sanitaire, la fermeture de l'établissement, des pénalités) Action taken against the healthcare facility responsible (including, for example, more checks through health inspections, closure of the facility, financial penalties) Maßnahmen gegen die verantwortliche Gesundheitseinrichtung (einschließlich z.B. verstärkte gesundheitsrechtliche Kontrollen, Schließung der Einrichtung, finanzielle Strafen)		Autre (SPONTANE) Other (SPONTANEOUS) Sonstige (SPONTAN)		Aucun (SPONTANE) None (SPONTANEOUS) Nichts davon (SPONTAN)		NSP DK WN	
%		EB 80.2	Diff. EB 72.2	EB 80.2	Diff. EB 72.2	EB 80.2	Diff. EB 72.2	EB 80.2	Diff. EB 72.2	EB 80.2	Diff. EB 72.2
	EU 28	29	0	34	4	1	0	3	0	12	-6
	BE	22	-6	26	0	1	0	4	-5	5	-1
	BG	28	-9	26	-4	0	0	1	0	26	-3
	CZ	41	1	34	8	0	-1	1	1	9	-2
	DK	15	-5	16	-2	0	-1	2	-2	15	-9
	DE	16	-9	27	-1	1	1	5	2	13	-5
	EE	24	0	24	12	1	0	3	-1	17	-10
	IE	28	-2	36	5	0	-1	1	0	8	-14
	EL	57	-2	47	5	0	0	1	0	6	4
	ES	34	-7	36	-4	0	-2	1	0	10	2
	FR	19	0	30	7	1	1	4	0	20	-7
	IT	43	2	49	1	1	0	2	1	3	-4
	CY	43	-4	40	-4	0	0	0	-3	6	0
	LV	21	-3	13	-2	0	-1	4	0	21	2
	LT	16	-3	20	11	2	2	2	-1	15	1
	LU	23	-6	24	-6	1	1	7	4	10	-1
	HR	33		31		0		1		5	
	HU	46	7	34	4	0	0	2	0	5	-2
	MT	36	-5	28	-2	0	0	2	1	11	5
	NL	15	-1	32	5	1	1	4	1	7	-14
	AT	36	5	37	8	2	1	4	1	9	-1
	PL	35	12	28	7	0	-1	2	1	12	-7
	PT	42	9	36	13	0	-1	0	-2	13	-6
	RO	32	6	31	9	1	0	3	-1	15	-11
	SI	23	-15	25	-6	3	2	3	-1	10	5
	SK	29	1	32	6	0	0	1	1	13	4
	FI	13	-3	15	-4	2	1	1	-3	12	4
	SE	17	8	47	23	1	0	0	-1	1	-21
	UK	28	6	37	12	0	-1	2	-3	17	-12

QC18 Auprès de qui, dans la liste suivante, pouvez-vous demander de l'aide en vue d'une réparation au cas où vous, ou un membre de votre famille, subissez un préjudice suite à des soins de santé reçus en (NOTRE PAYS) ? (ROTATION – PLUSIEURS REPONSES POSSIBLES)

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)? (ROTATE – MULTIPLE ANSWERS POSSIBLE)

QC18 An wen in der folgenden Liste können Sie sich wenden, um Hilfe beim Anfordern der Wiedergutmachung zu erhalten, wenn Sie oder ein Familienmitglied während einer medizinischen Versorgung in (UNSER LAND) Schaden erlitten haben? (ROTIEREN - MEHRFACHNENNUNGEN MÖGLICH)

	%	La direction de l'hôpital		Les autorités locales ou régionales		L'agence nationale pour la sécurité des patients		Un avocat		Le Ministère de la Santé	
		Hospital Management		The regional or local authorities		National agency on patient safety		A lawyer		Ministry of health	
		Die Krankenhausleitung		Lokale und regionale Behörden		Institut für Patientensicherheit		Einen Anwalt		Das Gesundheitsministerium	
		EB 80.2	Diff. EB 72.2	EB 80.2	Diff. EB 72.2	EB 80.2	Diff. EB 72.2	EB 80.2	Diff. EB 72.2	EB 80.2	Diff. EB 72.2
 EU 28		39	2	16	2	24	-5	48	0	33	-3
 BE		44	-2	9	-5	22	-12	50	-3	33	-6
 BG		47	-8	8	-3	22	-5	40	5	34	-20
 CZ		45	-8	16	4	16	-7	57	7	42	-9
 DK		26	-5	19	1	92	1	40	5	20	-6
 DE		35	7	12	-3	18	-12	73	-2	19	-9
 EE		25	-4	10	4	46	3	29	8	42	-3
 IE		57	8	17	5	22	0	42	4	33	-18
 EL		47	-17	9	2	25	-4	54	8	45	-11
 ES		39	-12	13	-2	16	-7	31	0	42	-7
 FR		43	1	10	3	26	-1	55	6	30	2
 IT		27	9	24	4	21	-7	48	-5	36	0
 CY		53	-5	5	-3	25	-3	46	-1	71	0
 LV		27	-2	7	4	21	-13	22	-2	25	-4
 LT		50	9	6	0	17	1	36	10	39	-9
 LU		42	3	5	-3	28	-6	49	-1	35	-7
 HR		42		4		13		49		43	
 HU		36	-1	18	5	30	-11	32	-7	21	-8
 MT		55	-9	11	3	20	-7	35	4	51	-3
 NL		30	-1	13	0	22	-9	64	4	20	-3
 AT		55	-1	29	2	50	0	66	1	33	-5
 PL		36	5	13	3	22	-4	40	-4	27	2
 PT		45	4	13	2	9	-3	36	6	50	3
 RO		61	10	12	4	23	3	26	3	44	-1
 SI		33	-11	2	-2	22	-14	54	7	19	-22
 SK		36	-6	8	2	74	6	24	1	32	-16
 FI		24	1	20	4	68	0	15	-1	20	2
 SE		45	-3	33	5	51	-5	32	5	16	1
 UK		44	6	25	5	24	1	39	-2	48	4

QC18 Après de qui, dans la liste suivante, pouvez-vous demander de l'aide en vue d'une réparation au cas où vous, ou un membre de votre famille, subissez un préjudice suite à des soins de santé reçus en (NOTRE PAYS) ? (ROTATION – PLUSIEURS REPONSES POSSIBLES)

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)? (ROTATE – MULTIPLE ANSWERS POSSIBLE)

QC18 An wen in der folgenden Liste können Sie sich wenden, um Hilfe beim Anfordern der Wiedergutmachung zu erhalten, wenn Sie oder ein Familienmitglied während einer medizinischen Versorgung in (UNSER LAND) Schaden erlitten haben? (ROTIEREN - MEHRFACHNENNUNGEN MÖGLICH)

	%	Des associations de patients ou de consommateurs ou d'autres ONG Patient or consumer organisations or other NGOs Patienten- und Verbraucherschutzorganisationen oder andere Nicht-Regierungsorganisationen (NGOs)		Un proche ou une connaissance qui travaille dans le domaine des soins de santé Close relative or acquaintance who works in the healthcare system Enge Verwandte oder Bekannte, die im Gesundheitswesen arbeiten		Un médecin, une infirmière ou un pharmacien A doctor, a nurse or a pharmacist Einen Arzt, einen Krankenpfleger oder einen Apotheker		Autre (SPONTANE) Other (SPONTANEOUS) Sonstige (SPONTAN)		Aucun (SPONTANE) None (SPONTANEOUS) Nichts davon (SPONTAN)		NSP DK WN	
		EB 80.2	Diff. EB 72.2	EB 80.2	Diff. EB 72.2	EB 80.2	Diff. EB 72.2	EB 80.2	Diff. EB 72.2	EB 80.2	Diff. EB 72.2	EB 80.2	Diff. EB 72.2
 EU 28		29	8	6	0	15	3	1	0	1	0	5	-1
 BE		25	-2	9	-5	27	0	2	0	1	-1	2	1
 BG		20	0	6	-1	7	-6	0	0	2	0	13	-2
 CZ		41	31	5	3	11	2	1	0	0	0	3	0
 DK		36	21	7	3	24	0	0	-1	0	0	2	1
 DE		35	8	5	1	12	2	1	0	1	0	3	0
 EE		31	16	8	3	14	-2	0	0	4	1	4	-9
 IE		15	-6	5	-2	17	5	0	-1	1	1	6	-6
 EL		15	-6	9	2	23	11	0	-1	3	2	2	1
 ES		18	0	5	1	9	3	1	-1	1	1	6	1
 FR		33	2	8	-1	23	4	1	1	0	-1	3	-1
 IT		26	7	6	0	8	2	0	-1	1	0	3	0
 CY		8	-13	5	-1	15	-3	0	-1	1	0	2	0
 LV		32	12	4	0	8	2	1	0	3	-1	8	2
 LT		13	-1	6	3	13	6	1	-1	3	0	6	0
 LU		25	6	9	2	19	7	2	2	6	4	5	0
 HR		14		5		14		0		2		4	
 HU		50	40	7	4	11	3	0	-1	1	-1	5	0
 MT		11	4	7	-3	12	-7	0	-1	1	0	5	3
 NL		47	13	7	3	18	3	3	2	0	-2	3	-1
 AT		55	25	11	0	26	7	3	2	0	0	2	0
 PL		30	13	6	0	11	2	0	-2	2	0	8	-2
 PT		11	-2	5	-2	11	2	1	0	1	-1	6	-4
 RO		15	0	3	0	7	1	1	0	2	-1	9	-6
 SI		26	9	5	-4	12	-11	2	1	3	-1	7	5
 SK		25	16	6	0	11	-1	0	0	0	0	2	0
 FI		33	10	9	5	17	3	2	0	1	-2	3	1
 SE		47	32	6	2	15	3	1	0	0	0	6	1
 UK		24	8	7	2	21	2	1	0	1	0	6	-3

QC19 Et auprès de qui pouvez-vous demander de l'aide en vue d'une réparation au cas où vous, ou un membre de votre famille, subissez un préjudice suite à des soins de santé reçus dans un autre Etat membre de l'UE ? (ROTATION – PLUSIEURS REPONSES POSSIBLES)

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? (ROTATE – MULTIPLE ANSWERS POSSIBLE)

QC19 Und an wen können Sie sich wenden, um Hilfe hinsichtlich Wiedergutmachung zu erhalten, wenn Sie oder ein Familienmitglied während einer medizinischen Versorgung in einem anderen EU-Mitgliedstaat Schaden erlitten haben? (ROTIEREN - MEHRFACHNENNUNGEN MÖGLICH)

	%	La direction de l'hôpital du pays dans lequel vous avez reçus les soins		Un médecin, une infirmière ou un pharmacien du pays dans lequel vous avez reçus les soins		L'ambassade ou le consulat de (NOTRE PAYS) du pays dans lequel vous avez reçus les soins		L'agence nationale pour la sécurité des patients en (NOTRE PAYS)		Le Ministère de la Santé en (NOTRE PAYS)	
		EB 80.2	Diff. EB 72.2	EB 80.2	Diff. EB 72.2	EB 80.2	Diff. EB 72.2	EB 80.2	Diff. EB 72.2	EB 80.2	Diff. EB 72.2
 EU 28		29	2	12	1	36	-5	18	-2	26	-2
 BE		28	-4	14	-3	33	-14	17	-13	30	-6
 BG		36	-5	13	-2	39	-9	10	-6	19	-14
 CZ		32	0	12	3	50	0	13	4	35	-1
 DK		23	-1	11	0	40	-7	50	3	28	-5
 DE		20	1	8	-1	26	-12	16	-5	16	-7
 EE		21	0	12	3	41	4	26	6	30	3
 IE		51	9	20	5	34	1	14	-5	25	-6
 EL		42	-11	16	3	41	-21	22	-8	28	-7
 ES		25	-19	8	-4	30	-13	16	-2	30	-4
 FR		31	2	11	2	40	-4	16	-1	29	0
 IT		28	10	15	4	38	-3	22	-2	30	-3
 CY		44	-13	15	-8	67	-1	19	-8	47	3
 LV		16	-4	5	1	30	-8	16	-3	13	-4
 LT		27	1	10	6	36	-8	14	-1	18	-3
 LU		34	-1	17	5	26	-13	31	-2	26	-7
 HR		39		11		40		13		25	
 HU		33	11	18	9	37	-4	21	-4	19	0
 MT		46	-6	11	-4	49	-13	21	1	36	1
 NL		22	-1	11	1	42	-2	17	-1	21	-2
 AT		43	5	24	6	49	-2	34	-2	28	-6
 PL		24	4	10	1	32	-3	17	2	24	2
 PT		34	-1	12	1	26	3	8	-4	28	-9
 RO		52	12	10	1	33	2	15	3	31	2
 SI		29	-9	8	-11	29	-14	16	-13	18	-17
 SK		32	-3	11	1	44	-5	25	-6	21	-9
 FI		24	0	16	4	48	3	42	5	24	4
 SE		39	6	13	5	54	-1	38	8	19	6
 UK		28	9	14	3	44	8	15	1	28	5

QC19 Et auprès de qui pouvez-vous demander de l'aide en vue d'une réparation au cas où vous, ou un membre de votre famille, subissez un préjudice suite à des soins de santé reçus dans un autre Etat membre de l'UE ? (ROTATION – PLUSIEURS REPONSES POSSIBLES)

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? (ROTATE – MULTIPLE ANSWERS POSSIBLE)

QC19 Und an wen können Sie sich wenden, um Hilfe hinsichtlich Wiedergutmachung zu erhalten, wenn Sie oder ein Familienmitglied während einer medizinischen Versorgung in einem anderen EU-Mitgliedstaat Schaden erlitten haben? (ROTIEREN - MEHRFACHNENNUNGEN MÖGLICH)

	%	Un avocat en (NOTRE PAYS)		Un avocat du pays dans lequel vous avez reçu les soins		Autre (SPONTANE)		Aucun (SPONTANE)		NSP	
		A lawyer in (OUR COUNTRY)		A lawyer in the country of care		Other (SPONTANEOUS)		None (SPONTANEOUS)		DK	
		Ein Anwalt in (UNSER LAND)		Einen Anwalt im Land der medizinischen Versorgung		Sonstige (SPONTAN)		Nichts davon (SPONTAN)		WN	
		EB 80.2	Diff. EB 72.2	EB 80.2	Diff. EB 72.2	EB 80.2	Diff. EB 72.2	EB 80.2	Diff. EB 72.2	EB 80.2	Diff. EB 72.2
 EU 28		35	0	22	22	1	0	1	0	12	-1
 BE		40	-7	19	19	2	1	2	-1	6	2
 BG		21	4	20	20	0	0	1	0	28	2
 CZ		37	5	26	26	0	-1	0	0	7	0
 DK		31	1	25	25	1	1	1	1	10	2
 DE		63	2	29	29	1	1	2	1	8	-2
 EE		24	4	17	17	1	1	3	0	16	-7
 IE		31	6	14	14	0	-1	0	0	12	-10
 EL		28	3	29	29	0	-1	2	1	8	6
 ES		21	4	14	14	1	-1	2	1	16	6
 FR		38	2	18	18	0	0	1	0	13	-1
 IT		35	-4	22	22	0	-1	1	0	5	-3
 CY		23	-7	14	14	1	0	0	-1	4	0
 LV		13	-2	10	10	1	0	4	0	24	6
 LT		21	7	13	13	1	0	3	0	17	0
 LU		33	-9	23	23	2	2	5	3	8	0
 HR		28		24		0		2		7	
 HU		25	-9	21	21	0	-1	1	-1	13	3
 MT		26	3	13	13	1	0	1	0	9	3
 NL		45	-5	33	33	3	1	1	0	6	-6
 AT		55	3	40	40	2	1	1	0	6	-1
 PL		28	-4	25	25	1	0	2	1	15	-4
 PT		21	-5	16	16	0	-1	0	-2	19	0
 RO		16	-1	12	12	1	-1	2	0	15	-8
 SI		36	-5	22	22	3	1	4	0	12	7
 SK		16	-1	22	22	0	0	0	0	12	7
 FI		11	-5	9	9	3	1	2	-2	8	0
 SE		23	5	19	19	1	0	1	1	9	-7
 UK		28	-2	21	21	1	0	1	-1	19	-5