

## HFE roundtable: Next Steps on Patient Safety in the EU

### Report

#### "Eradicating Health Care Associated Infections in the 21st Century"

The event organised by Health First Europe (HFE) on 17 March 2009 was co-hosted by MEPs Liz Lynne (ALDE, UK) and Amalia Sartori (EPP-ED, Italy) in the European Parliament. HFE's Honorary President, Mary Banotti, spoke of her pleasure in returning to the European Parliament on this occasion, given her twenty years experience as an MEP. In her welcoming address, she spoke of the critical nature of the eradication of Healthcare Associated Infections (HCAIs) in the 21st century and the value in addressing this issue at EU level.

As Vice-President of the European Parliament's Employment and Social Affairs (EMPL) Committee and Shadow Rapporteur for that Committee on the proposed Directive on Cross-border healthcare, MEP Liz Lynne is well acquainted with the difficulties of trying to come to agreement on issues related to healthcare at EU level. For example, she mentioned the case of needlestick injuries and attempts made by the EMPL Committee to make an amendment to the Biological Agents Directive (2000/54/EC). In the EU, there are approximately 1 million needlestick injuries every year, and MEP Lynne mentioned examples in which one needle was used 60 different times. Problems such as MRSA and HCAIs, which cause up to 50,000 deaths per year in the EU, result in severe public anxiety about patient safety. These are credible fears, when one considers the number of patients who come out of hospital worse than when they first went in. A proper exchange of best practices would allow understanding of why some countries have better policies and practices to others. She called for the European Council to encourage a 40% reduction in HCAIs throughout the EU.

The first speaker, Dr. Carl Suetens, the Senior Expert on Antimicrobial Resistance (AMR) and HCAIs in the Surveillance Unit of the European Centre for Disease Prevention and Control (ECDC), presented an overview of ECDC work on patient safety, with particular focus on his own areas of expertise. AMR and HCAIs are overlapping but not identical problems. Every year in the EU, 4 million HCAIs occur, causing up to 37,000 direct deaths, 16 million extra hospital days and direct costs of 5.5 billion per year, and the development of these infections are dependent on the existence of antimicrobial bacteria. Modern medicine is impossible without effective anti-microbials. In response to increasing antibiotic resistance across Europe, ECDC has launched the European Antibiotic Awareness Campaign to raise awareness about the risks associated with inappropriate use of antibiotics and how to take antibiotics responsibly. Thus it supports the Communication from the Commission to the European Parliament and the Council on patient safety, including the prevention and control of healthcare-associated infections, with the use of surveillance of surgical site infections and ICU-acquired infections, EU point prevalence surveys of HCAIs, surveillance of Infection Control structure and process indicators, surveillance of HCAIs in nursing homes, activities in the area of infection control training and early warning of unusual infections and antimicrobial resistance.

Examples of surveillance networks include: EARSS – European Antimicrobial Resistance Surveillance System, ESAC – European Surveillance of Antimicrobial Consumption and IPSE/HELICS – Improving Patient Safety in Europe/Hospital In Europe Link for Infection Control through Surveillance.

ECDC will work closely with the Commission and the Member States to support implementation of the EU Recommendation on patient safety, subject to its adoption by the Council, including developing indicators for its implementation, support for infection control training and surveillance of health care-associated infections. In relation to the prospects of increasing patient mobility, he said that there would need to be improved patient standards and



Mary Banotti - Liz Lynne



Amalia Sartori

and early information exchange. The main determinant in infection control is the frequency and means of using antibiotics.

The next presentation, *HCAI Containment Strategy in the 21st Century: the Blackpool Success Story*, was divided between two representatives from the Blackpool, Fylde and Wyre Hospitals NHS Foundation Trust. Julian Hartley, CEO of the Trust, spoke about his experience in tackling HCAs in a busy environment, recording an 80% reduction in HCAs in the space of one year. The UK is one of the problem cases in the UK, with an anticipated 4,500 HCAs per year. This situation and the increased levels of public anxiety were unacceptable, and Mr. Hartley saw an urgent need to deal with the problem, setting a target maximum of 26 HCAI cases for the Blackpool Victoria Hospital (within the timeframe of April 2007 to March 2008). As it happened, the actual number of MRSA cases was 40, but these turned out to be unavoidable cases that occurred within the community, and by the time the patients arrived at the hospital they were already septic.



From left to right: Julian Hartley - Dr Achyut Guleri - Dr Jos Spaans

The objectives for the test year (April 2007-March 2008) were to reduce HCAs, enhance patient safety, be awarded "Best in NHS care", increase staff and public awareness and strengthen resources, including an infection management team. The actions conducted to achieve these objectives include a pilot PCR test for MRSA, a "Ban the Bug" advertising campaign, mandatory prevention training, Hand Hygiene awards and audits, MRSA counter (i.e. to record how many days the hospital had been MRSA-free – to date (17/03/09) 109 days), new uniform requirements ("Bare below the Elbow"), new Director of Infection Prevention and Control, expansion of the team, Root Cause Analysis and the reduction and rationalisation policy for the use of antibiotics.

Mr. Hartley was followed by his colleague Dr. Achyut Guleri, a Consultant Clinical Microbiologist at the Blackpool Victoria Hospital, who spoke about the PCR test, a 6 month pilot diagnostic test based on MRSA DNA, which involves the screening of all emergency patients (who enter the A&E, the Critical Care unit and the Clinical Decision Unit), 7 days a week from 8am to midnight. The arguments in favour of this test were rapid results (taking less than 2 hours), sensitive and specific results (more accurate with 95% specificity) and reliable and responsive.

The main argument against the test was it being expensive, but Dr. Guleri underlined that at first it is an investment but it pays off with its results. The first analysis after 6 months showed that the occurrence of MRSA-causing bacteraemia was down by 63% (down by 80% after one year). The achievements rated by the Blackpool Victoria Hospital as a result of these initiatives were 80% reduction in HCAs, the lowest infection rate in North-West England (if not in the entire country), a significant reduction in mortality, greater staff and public awareness, sharing best practice both nationally and internationally, example of an early warning system – even when MRSA is already present, cutting edge technology and deep staff engagement.

MEP Amalia Sartori, Rapporteur for the draft report on the proposal for a Council recommendation on patient safety, including the prevention and control of healthcare-associated infections, mentioned the constant concerns caused by problems of public health.

She suggested that healthcare workers, especially nurses, should be trained in the prevention of HCAs. With the number of HCAs still so high, it is essential to understand what percentage can be avoided or controlled; what objectives should be attained; and thus, the need for more research and studies to be undertaken. When her report went before the European Parliament's Environment, Public Health and Food Safety (ENVI) Committee, more than 40 amendments were submitted, mainly concerned with information collection and patient safety, and the suggested measures were well-received by the Council. This Recommendation should provide great aid in guiding the fragmented systems into place in the 27 Member States to improve patient safety.

Some of the main questions that were raised in the Q&A session at the end of the event concerned the funding – financial/resource assistance from the EU and the costs of the PCR test.

The representatives from the Blackpool Victoria Hospital were quick to point out that while the PCR test is expensive, when one considers the costs (financial and physical) of developing MRSA, the invasive procedures that are involved and thus the advantages of an early warning system, the benefits of the PCR test far outweighed the costs.



Dr Carl Suetens - Patricia Lamas