

European Parliament Open Forum Debate on Reducing Healthcare Associated Infections advocates implementation of the HFE recommendations for patient safety

27 November 2012, European Parliament, Brussels (Belgium)

Executive Summary

Following the endorsement received from high-level health stakeholders for Health First Europe's Recommendations on Patient Safety launched in April 2012, the most recent debate focused on the European Commission's report on Member State implementation of the Council Recommendations (2009) and HFE's recommendations for the prevention and control of healthcare associated infections. Stakeholders from around the EU, including physicians, national experts, NGOs, MEPs, and representatives of the European Commission, and WHO, stressed the importance of the HFE recommendations for establishing minimum standards for patient safety, including harmonised/comparable reporting systems and sharing of best practice for implementation throughout Member States; setting measurable improvement targets for patient safety determined by each Member State and monitored by the EU; and for the development of an European strategy to prevent healthcare associated infections (HCAIs) and encouragement for adoption by all Member States.

The timely discussion came after the publication of the European Commission's report on 15 November 2012 and looked at the current status of Member States' implementation of the recommendations on HCAIs. Focusing on the current status of infection control based on the evidence included in the report, the discussion quickly moved towards the next steps for implementing the recommendations and reducing HCAIs.

Influential speakers included host MEP Christofer Fjellner, Moderator, Honorary President of HFE and former MEP John Bowis, Herta Adam, Deputy Acting Head of Unit in DG SANCO's Health Threats Unit, Dr. Roberto Bertollini, Chief Scientist of the World Health Organization Representative to the EU, Dr. Sonja Hansen from the German Coalition for Patient Safety, MEP Karin Kadenbach, Triona Fortune, Director of Programmes for the International Society for Quality in Health Care and Dr. Martin Exner, President of the German Society for Hospital Hygiene. The expert panelists all agreed on the enormous importance of garnering political will for preventing HCAIs in all healthcare settings. The debate also involved many other high-level stakeholders from across Europe who shared their experience and knowledge for fostering greater implementation of HCAI strategies for infection reduction.

Christofer Fjellner MEP, Patron of the HFE Task Force on Patient Safety which developed the recommendations reminded us, "We know the costs of not protecting patients from infections are high – both monetarily for health systems and for the quality of life for patients." While acknowledging the progress achieved by Member States in the past three years, Mr. Fjellner also suggested that "gaps remain" and we can do more to embed infection prevention and control throughout European health systems.



Participants agreed that political will is without a doubt a key factor for implementing HCAI strategies for prevention and control of infection. Additionally, Health First Europe's key recommendations were also discussed in depth, focusing on the role of the EU, national health ministries and stakeholders for greater reduction of HCAIs.

1. Establishing minimum standards for patient safety including harmonised and comparable reporting systems and sharing of best practice for implementation throughout the Member States

Providing an overview of the Commission's report, *Herta Adam*, Acting Deputy Head of Unit, Health Threats at DG SANCO acknowledged that 26 of 28 countries had developed strategies or action plans for patient safety, including the prevention and control of HCAIs. However, she highlighted that the Commission does want to see further improvements from Member States particularly with regards to surveillance of HCAIs in intensive care units, nursing homes and long-term care facilities as well as point prevalence surveys to monitor infection rates.

Panelists and participants alike agreed that the importance of comparable reporting systems cannot be underestimated. *Dr. Roberto Bertollini*, Chief Scientist, World Health Organization Representative to the EU, explained that "reliable data on HCAIs does not exist" and remarked that the estimated economic burden of HCAIs is €7 billion annually in Europe (accounting only for direct costs). He also shared the WHO data suggests that the prevalence of HCAIs in European healthcare settings ranges from 3.5% - 14.8% and accounts for an additional 16 million days of hospital stays each year. *Dr. Bertollini* called for better monitoring and improved surveillance as well as updated national and EU guidelines to better understand that real impact of HCAIs on patients and health systems.

In order to achieve minimum standards and adequate reporting systems, various participants asked whether binding standards (such as though set by the WHO) could be implemented to foster greater implementation of infection prevention and control strategies. *Dr. Sonja Hansen*, Representative from the German Coalition for Patient Safety, described how German hospitals were very open to trainings from the European Centre for Disease Prevention and Control (ECDC) in standardisation methods for infection prevention and control and suggested that when data is provided voluntarily, it is much more accurate than when made obligatory as hospitals do not want to be shamed. MEP *Christofer Fjellner* and Honorary President *John Bowis* both discussed the difficulties within the Treaty of Lisbon for making mandatory standards and reporting systems in healthcare, however, *Dr. Phillippe Hartemann* Head of the Department for Environment and Public Health at the Faculty of Medicine, University Hospital, Nancy, France, and member of the French Ministry of Health's Superior Council on Public Hygiene, reminded everyone that Member States will have to be more active in surveillance and reporting because of the Cross-border Healthcare Directive and Directive on Cross-border Health Threats. *Antje Emmerman*, Market Access at Advanced Sterilization Products (Johnson and Johnson), inquired, "Couldn't the Commission set up a code of good practice



(from left) Dr. Roberto Bertollini,
Herta Adam and John Bowis



for HCAs that would inevitably become the standard?” There was wide agreement that this could be a first step.



(from left) Christofer Fjellner, MEP, Karin Kadenbach, MEP, Triona Fortune, Dr. Martin Exner, Bert van Caelenberg

The call for harmonised reporting systems and minimum standards was echoed by MEP Karin Kadenbach (S&D, Austria) who shared her previous experiences as a Health Minister in Austria, remarking “I tried to get data on infections in hospitals, but the data depends on the healthcare setting and is not comparable.” She also stated that this is very confusing for patients as they should have access to understandable data on infection. Health First Europe Vice-President, *Albert van der Zijden*, from the International Alliance of Patient Organizations supported Ms. Kadenbach and suggested that

“patients and professionals are the right people to come with this message” for greater access to data and standards on HCAI prevention and control.

2. Setting measurable improvement targets for patient safety determined by each Member State and monitored by the EU

Dr. Martin Exner, President of the German Society for Hospital Hygiene, provided a detailed presentation on the impact of the German Hygiene Law for improving infection rates in Germany. The guidelines set out by the law are binding on all healthcare institutions in Germany and the prevalence of HCAs in Germany is 3.46% - lower than the European average of 7.1%. Dr. Exner highlighted the importance of education and training for healthcare professionals for reducing HCAs as well ensuring appropriate numbers of nurses in healthcare settings and labour time for adhering to guidelines. He suggested that an important risk factor is the “underestimation of significance of cleaning and disinfection of the frequently touched environment.” Economic pressure was another risk factor cited by Dr. Exner and other participants as hindering the initial investment in cost effective innovative medical technologies and other measures to improve patient safety and reduce HCAs. *Dr. Dominique Gilsoul*, Scientific Business Manager at 3M asked the panellists, “Why is the focus not on the benefit of reducing costs for health systems by preventing HCAs in the first place?” Ms. Adam responded that, “It is a very good idea to draw attention to the costs associated with HCAs and demonstrate the financial impact [of infection].” She added that, “Avoiding health problems supports growth,” particularly in times of austerity.

“Why is the focus not on the benefit of reducing costs for health systems by preventing HCAs in the first place?”

Building upon the key risk factors for improving rates of infection, *Roy Bridges*, Health First Europe Executive Committee member, reminded participants that the European Parliament had originally called for improvement targets of HCAs as part of the draft Council Recommendations in 2008. Though the Member States eventually removed this piece from the adopted text, Mr. Bridges declared, “Any Member State can set improvement and performance targets which are continuously



updated once achieved. It would be helpful for the Commission to share best practices from Member States who already do this.” In fact, according to *Frederic Sicard*, EU Public Health Affairs Officer at the French Ministry for Social Affairs and Health, France set targets “because of political support from the government, but also because of the media and in large part because of the patients.”

3. Developing a European strategy to prevent HCAI and encouragement for adoption by all Member States

Two particular challenges to the prevention of HCAI were outlined by Dr. Bertollini, specifically the lack of priority setting and the complacency of Member States to implement current strategies. Dr. Bertollini suggested that to combat these challenges, publicly sharing data on HCAI prevalence and pressuring Member States to provide that data are keys to lessening the burden of HCAs on patients and health systems. Ms. Adam also concluded that “all of the elements are there” to reduce infection rates, however these elements “need to be implemented.”

Bert van Caelenberg, Vice-President of Health First Europe and Secretary General of the European Federation of Public Services Employees Unions, emphasised the need for implementation of current patient safety strategies by acknowledging that the real reason for discussions on HCAs is “that citizens are looking for safe healthcare.”

Conclusions

Achieving safer healthcare for European citizens was broadly agreed to require standard-setting, comparable reporting systems and improvement targets, alongside the implementation of existing strategies. Participants suggested that facilitating Member State compliance with these objectives necessitated not only broad political support and engagement by patient and healthcare professional groups, but by arguing the cost-effectiveness of implementation of these HCAI recommendations for future savings in all healthcare settings. These areas for improvement could be broadly encompassed within a European HCAI strategy to facilitate greater adoption by Member States and provide support for implementation in health institutions. According to Ms. Adam, the European Commission has seen a “strong commitment from Member States on the issue of patient safety” which should facilitate concrete next steps towards the implementation of the recommendations of Health First Europe.

The commitment to HCAI reduction will be more fully understood at the next Informal Employment, Social Affairs, Health and Consumer Affairs Council meeting in Dublin, 4-5 March 2013 when the Commission’s report will first be discussed by the Member States.

