

## EP Open Forum Debate endorses Health First Europe Road Map for the future of patient safety in Europe

*Stakeholders agree on the need for a patient-centred European strategy*

*24<sup>th</sup> April 2012, European Parliament, Brussels (Belgium)*

### Executive Summary

*High-level healthcare stakeholders stressed the need for a patient-centred strategy to promote optimum patient safety in Europe at a meeting in the European Parliament to debate the Health First Europe (HFE) Road Map for the Future of Patient Safety. Some 40 participants including physicians, national experts, NGOs, MEPs, and representatives of the European Commission, WHO and ECDC, reached broad agreement on five key steps needed to achieve the highest quality standards: minimum standards for patient safety, including harmonised and comparable reporting systems; mandatory prevalence surveys and targeted surveillance systems; training programmes for healthcare professionals; investment in patient education that would empower citizens, and investment in technology to combat healthcare acquired infections (HCAIs) in the long-term.*

*The timely discussion, which serves to inform the review of the Council Recommendations on patient safety due this summer, considered two key challenges: How to think innovatively about patient safety in Europe and how to be better at decreasing HCAIs.*

*Influential speakers including host MEP Christofer Fjellner, moderator, Honorary President of HFE and former MEP John Bowis, and David Byrne, former EU Commissioner for Health and Consumer Protection and the HFE Patron, focused on the gravity of patient safety issues and the importance of a coordinated approach underpinned by political will. The debate heard from many high-level stakeholders from across Europe who shared their experience and knowledge in considering the main recommendations of the HFE Road Map.*

*Christofer Fjellner MEP, Patron of the HFE Task Force on patient safety which created the recommendations for the Road Map opened the debated by emphasising how patient safety affects us all. "Everyone is a patient at some point in their lives," he reminded participants, adding that 37,000 patients die in Europe each year from infections acquired during healthcare treatment, and many of these are preventable.*

*A lively and informed discussion followed and the session was brought to a close by David Byrne who welcomed the high degree of consensus around the table.*

*He emphasised the crucial role of political support in placing patient safety at the top of the agenda and reiterated the need for strong cooperation between the WHO and the EU. He stressed that Member States would only gain the confidence of consumers by seizing the initiative, creating a plan and ensuring that it was implemented.*



## Debate focused on the five key strategic areas

Discussion focused on the importance of the following five key points with broad agreement between stakeholders around the table as to the need to set these in place as soon as possible.

### 1. Set minimum standards for patient safety including harmonised and comparable reporting systems and sharing of best practice.

*Dr. Antoon Gijssens*, Policy Officer, Health Threats within DG Sanco explained that the findings of the Commission report into the status of implementation of the various national strategies for patient safety would soon be available. Revealing some of the topline findings he said that nearly all Member States reported having implemented various actions, some 75% of which were in the context of a strategy or action plan. While some countries had started actions as early as 2005, he advised that the report would nevertheless reveal large gaps across the EU.

*Professor Dr. Philippe 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 who worked with the French government on the establishment of patient safety standards, shared the three elements that had been critical in reducing microbacterial infection in French hospitals by 50% over the past 20 years: A national strategy - including an action plan and training that was designed by ECDC; ministerial support and involvement of patient groups; and the setting of clear national indicators and reporting. He suggested that the French national strategy could serve as a best practice example and be implemented more widely across Europe. There was wide consensus on the need for measurement and for transparency in reporting of results. The importance of statistics that can be used to observe patterns was noted by Barry Hassell of the European Union of Private Hospitals (UEHP) while Dr. Hartemann suggested that there should be a system of reporting across Europe on certain issues such as PIP and lymphoma in order that experience could be shared.



David Byrne (HFE Patron), Margaret Galbraith (HAS), Valentina Hafner (WHO)

*In France, infection reduced by 50% over 20 years through implementing a national strategy, ministerial support, clear national indicators and reporting for HCAs.*

Making public the results of hygiene audits appeared to be growing across Europe. *Gunter Jonitz*, Representative for International Affairs at the German Coalition for Patient Safety, recounted how the publication in the German press of "My mistakes" by doctors had been met with widespread praise for the 'courageous doctors' while *Dr. Achyut Guleri*, Consultant Clinical Microbiologist at the Blackpool NHS Trust in the UK explained how the results of hand hygiene audits were published on the notice boards around his hospital in Blackpool.



Transparency as to the comparative safety level of one hospital compared with another was something the group felt should be publicly available in Europe. *Wolfhart Puhl*, EU Director of the European Federation of National Associations of Orthopaedics and Traumatology (EFORT), asserted that the public had a right to know the safety record of a hospital and insurance organisations could be helpful partners in this regard. *Frederic Destrebeck* of the European Union of Medical Specialists confirmed that insurers would welcome involvement in the debate and in particular supported accreditation and continual professional development.

## 2. Mandatory prevalence surveys and targeted surveillance systems in order to monitor progress over time and share best practice



Katja Neubauer (DG Sanco), MEP Karin Kadenbach (S&D, Austria), John Bowis (HFE Honorary

*Karin Kadenbach* MEP, Member of the Environment, Public Health and Food Safety Committee, observed that while good systems and reports on patient safety exist across the EU, they cannot be compared as they are based on different parameters. *Katja Neubauer*, Deputy Head of Unit for Health Systems within DG Sanco, acknowledged that the issue of harmonisation was contained within the Directive on Patients' Rights in Cross-border Healthcare, but needed greater emphasis. She also explained that it would feature in the Commission's Professional Health Qualification's Directive currently being developed.

*Professor Johan Giesecke*, Chief Scientist with the European Centre for Disease Prevention and Control (ECDC) explained that they have a number of surveillance programmes in place that seek to harmonise and compare data and track progress. The ECDC takes HCAI very seriously and devotes a lot of staff and money to it in order to provide evidence and analysis to policymakers. The Point Prevalence survey, for example, shows just how many patients have a HCAI, while the Net Continuous Surveillance observes Member State performance across intensive care units and nursing homes. Not all Member States are yet involved in these surveys and a complete picture will not be available until everyone takes part.

The ECDC has a particular focus on prevention with programmes running that review the effectiveness of guidance and provide infection control training. It also has a transatlantic task force and runs a European Antibiotic Awareness Day each November.



The issue of cross border risk assessment was also raised within the context of reporting as ECDC keep track of this. *Ed Kuijper*, Microbiologist at Leiden University Medical Centre, explained that screening procedures in place for foreign nationals in hospitals in the Netherlands had proved cost effective and a similar approach of quarantine for non-nationals is taken in Germany.

Professor Giesecke and others agreed that though it is difficult to obtain comparative figures, with harmonised reporting systems it would be very useful to track trends over time.

### **3. Establish induction and training programmes for all staff, including the correct use of medical devices and tools**

Gunter Jonitz stressed that while recommendations from the EU, the European Council and WHO had been very useful in showing what needed to be done, there was still a need for greater focus on how to engage staff in upholding best practice in promoting patient safety. He emphasised that the alignment of strategy with the cultural environment in which healthcare professionals operate was crucial to success and urged the empowerment of doctors and nurses. *“Involving doctors in the development of effective actions and procedures to deliver a common goal of patient safety is key,”* he said. His sentiments were echoed by Wolfhart Puhl who explained that while rules were in place, they were simply not followed. *“Infection is our biggest problem,”* he explained, and proposed that discipline, education and control would immediately reduce post-surgical infection.

*“Involving doctors in the development of effective actions and procedures to deliver a common goal of patient safety is key”*

Solutions were proposed in the form of a ‘carrot and stick’ approach and in the promotion of role models alongside greater training. Dr. Achyut Guleri described the passionate and zero-tolerance approach to patient safety in his hospital and emphasised the importance of leadership. *“Our consultants champion the cause of patient safety and sign a pledge committing to the highest standards,”* he explained.



Dr. Achyut Guleri

All agreed that effective patient safety standards lay in the sharing of best practice and an inclusive approach to quality, safety and health literacy. This meant including management, and auxiliary and admin staff as well as clinicians in all trainings and programmes. The Blackburn NHS trust for example holds roadshows that are mandatory for anyone working in the hospital in any capacity.

Dr. Gijssens of DG Sanco reported that the implementation survey had confirmed the importance of staff time on the ground and the focusing of education on the role that HCPs can play in preventing infection. He explained how the recommendations being developed would widen the scope to be ‘all healthcare institutions’ acknowledging that standards should include long-term care homes and even care in the home.



#### 4. Investment in technology to combat HCAs over the long term

*Zeger Vercooteren* of Eucomed, representing the Medical Technology sector, pointed out that training and the level of investment coming from industry in looking for less invasive procedures would also play a role in delivering higher levels of patient safety and that the issue also appeared in the review of the Medical Devices Directive which is due to be published this year.

Several speakers commented on the potential negative impact on investment and implementation as a result of the current economic crisis. The Commission acknowledged that progress on implementation had slowed since the crisis and that governments needed to realise that budget constraints would inevitably have an impact on quality and safety. Both *Wolfhart Puhl* and *Gunter Jonitz* emphasised how medical staff had a very heavy workload and in many cases were just too busy.

*"The EU has a role to play in encouraging a longer term vision which would demonstrate the savings made when infections are reduced."*

*Roy Bridges*, Executive Committee member of HFE, urged that the impact of current economic pressures should not be underestimated. He suggested that demonstrating cost effectiveness was now an even greater priority and that the EU had a role to play in encouraging a longer term vision which would demonstrate the savings made when infections were reduced. *Barry Hassell* concurred and underlined how bad quality was actually more costly in the long run.

#### 5. Investment in patient education that would empower citizens to demand the highest standards and to play their part in upholding them

The role of patient's themselves in demanding standards and posing questions of their physicians was raised by both clinicians and patient groups. *Nicola Bedlington* of the European Patients Forum said patients should be a part of the solution. The Commission survey into implementation also urged the importance of information to patients in explaining risks to them, elaborating what the hospital is doing about it and showing the how they can contribute to their own safety.

*Doctor Hartemann* explained how patient information before an operation is mandatory in France and that in the case of injury or dispute it is up to the hospital to prove that it didn't make a mistake, rather than for the patient to prove that it did. He also said that patient representation in each of the institutions was a legal requirement and warned against Europe moving down the US road of a highly litigious healthcare system.

*Valentina Hafner* of WHO Europe shared how they had tried to help patients to take a shared responsibility in the quality of care they receive and had embarked on studies in four markets to look at areas such as hand hygiene. However she pointed out that even if systems were in place, patients were often confused and didn't understand what they were signing. This sentiment was shared by *Barry Hassell* who suggested that health literacy and helping people to ask the right questions was something that would need to be addressed in the future. MEP *Kadenbach* also concurred, emphasising that people need to understand how to live in our health systems if the patient is take on more responsibility for their care.

*"Patients should be a part of the solution"*

