



HEALTH FIRST
EUROPE



Health First Europe calls on the EU Institutions to Champion Patient Safety

Recommendations on Patient Safety

Since 2004, **Health First Europe** has been actively involved in the issue of patient safety at the EU level, raising awareness with EU policymakers about how health policy can support patients, healthcare staff and industry to promote the safety of patients.

As the European Commission undertakes its review of the ***Council Recommendations on patient safety including the prevention of healthcare associated infections***, Health First Europe believes that it is imperative that the European Union institutions support Member States to implement minimum standards for patient safety, set improvement targets and develop a European strategy to prevent healthcare associated infections so that there is direct and consistent emphasis placed on patient safety in healthcare institutions throughout the Member States of the EU.

The following recommendations have been compiled by the Health First Europe Task Force on Patient Safety and reflect those adopted by the Council in 2009. The Task Force was created in 2011 under the Patronage of MEP Christofer Fjellner, (EPP, Sweden), Chaired by HFE Honorary President John Bowis and includes HFE individual experts in addition to the following HFE members:

European Medical Association, European Union of Private Hospitals (UEHP), EUCOMED, International Diabetes Federation , European Federation of Crohn's and Ulcerative Colitis Associations (EFCCA), European Health Telematics Association (EHTEL), The European Alliance for Medical and Biological Engineering and Science (EAMBES), European Federation of Public Service Employees Unions and the International Association of Patients Organizations (IAPO).

Recommendations for Patient Safety including the Prevention and Control of Healthcare Associated Infections

Patient safety is the prevention of errors and adverse events, which is fundamental for patients in healthcare. It is the most crucial element of quality within healthcare. The European Centre for Disease Prevention and Control (ECDC) estimates that on average, healthcare associated infections (HCAIs) occur in one hospitalised patient in 20, or 4.1 million patients a year in the EU, resulting in 37,000 deaths due to such infections. ¹

As a multi-stakeholder, pan-European organisation, Health First Europe (HFE) strongly believes that patient safety principles must be enshrined within Member State healthcare systems as a priority in order to ensure risks are minimized for all patients entering any healthcare setting. Equally important is ensuring that patients are aware of the way risks are managed along the continuum care and are informed of the real versus perceived possibility for adverse events within a healthcare setting. ²

HFE calls on the European Commission, Member States and the European Parliament to champion patient safety by strengthening the *Council Recommendations of 2009 on patient safety including the prevention and control of HCAIs*. With a legal basis for patient safety provisions adopted in the Patients' Rights in Cross-border healthcare Directive, it is imperative that additional measures are taken to ensure the lowest risk to patients throughout the 27 Member States of the European Union.

HFE urges policymakers to strengthen the recommendations for patient safety by:

1. Setting minimum standards for patient safety at EU level, including harmonised/comparable reporting systems and sharing of best practice for implementation throughout the Member States. ³
2. Setting measurable improvement targets for patient safety determined by each Member State, and monitored by the EU. ⁴
3. Developing a European strategy to prevent HCAI and encouragement for adoption by all Member States. ⁵

I. RECOMMENDATIONS ON GEN

1. Support the establishment/development of national policies/programmes on Patient Safety (PS):

HFE calls for:

- Establish EU level minimum standards for patient safety which Member States are encouraged to implement at local levels.⁶
- Develop and agree a European strategy for the detection, prevention and management of healthcare associated infections for adoption by all Member States.⁷

2. Empower and inform citizens and patients by:

HFE calls for:

- Report publicly on the state of patient safety within individual healthcare organisations.⁸ Establish clear, consistent and internationally harmonised reporting parameters.
- Institute incremental public education of potential patient risks and how patients can help reduce adverse incidents.⁹
- Create, at EU level, a register of Member State incentives which foster rapid uptake and use of innovative processes, services and technologies that support the prevention and management of adverse events in order to easily share best practices throughout the EU.¹⁰

3. Support the establishment/strengthen blame-free reporting and learning systems on adverse events:

HFE calls for:

- Provide a mechanism that allows an authority to challenge inappropriate clinical hygiene practice and inappropriate antibiotic prescribing decisions.¹¹
- Member States should employ effective control and sanction mechanisms to ensure that prevention measures are effectively implemented and complied with.

4. Promote, at the appropriate level, education/training of healthcare workers on patient safety by:

HFE calls for:

- Establish induction and training programmes for *all* staff (including a train the trainers programme e.g. such as a Continued Professional Development programme) to empower



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professionals. This should include ongoing education for existing staff, incorporating the principles of patient safety, practice of infection and prevention control¹² and systems for the blame free reporting of adverse events.

- Ensure, so far as is reasonably practical, that all staff is free of, and is protected from, exposure to communicable infections during the course of their work.¹³
- Provide general guidance on communicable infections to anyone entering the patient environment.
- Ensure the appropriate amount of caregivers¹⁴ are allocated in both hospital and non-hospital settings for the prevention of adverse events.^{15/16}

5. Classify and measure patient safety at Community level, by working with each other and the Commission by:

HFE calls for:

- Consistently collecting and consolidating internationally harmonised science-based data (at EU level) regarding adverse events to improve patient safety in health services throughout the Member States.¹⁷

6. Share knowledge, experience and best practice by working with each other and with the Commission and relevant European and international bodies on:

HFE calls for:

- Promote the adoption of best practices and encourage knowledge sharing between the Member States in order to identify, prevent and manage HCAs.
- Ensure that prevention and control policies are also adapted for non-hospital settings including the establishment of protocols for reporting and auditing systems.¹⁸
- Ensure regular and continuous cooperation between relevant actors including hospitals and other healthcare settings' management, healthcare staff representatives, patient representatives, regulators, technology providers/industry and accreditation organisations.¹⁹

7. Develop and promote research on patient safety.

HFE calls for:

- Develop unambiguous systems of organised measurements on nosocomial infections for a homogeneous system of reporting across the EU.²⁰



II. ADDITIONAL RECOMMENDATIONS

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(The following recommendations are extracted from the HFE EU Policy Recommendation)

8. Adopt and implement a strategy at the appropriate level for the prevention and control of healthcare associated infections, pursuing the following objectives:

HFE calls for:

- A national strategy, complementary to strategies targeted towards the prudent use of antimicrobial agents, should be developed incorporating prevention and control of healthcare associated infections (HCAIs) into national public health objectives and aiming to reduce the risk of HCAIs within healthcare institutions as part of a wider patient safety policy. The implementation of such a national strategy has successfully lowered the rates of HCAI in certain Member States.²¹
- Health inequalities in tackling HCAI exist between Member States and there is a need for coordinating Member States' efforts in combating the problem and showcasing best practices.^{22/23}
- Public reporting on HCAI is differing throughout the EU and it is insufficient in many Member States. To facilitate mutual learning and make data more comparable, a common terminology for patient safety and common surveillance indicators need to be developed.^{24/25}
- Mandatory prevalence surveys need to be conducted at regular intervals as they are essential to identify safety problems and to monitor and evaluate prevention and control measures.²⁶ These prevalence surveys should then subsequently be replaced by targeted surveillance systems for major infections. France, for example, enlarges its surveillance system every year by one new indicator.
- Healthcare institutions must offer effective risk assessment mechanisms, including pre-admission diagnostic screening of patients, in order to rapidly identify conditions requiring additional precautionary measures.²⁷
- In order to allow patients and healthcare workers to make informed choices, surveillance data and implemented patients safety measures to prevent HCAI must be made available to the public by healthcare institutions.²⁸⁻²⁹
- National legislations on patient rights should facilitate patient's access to medical dossiers and clarify its legal rights in case of an adverse event.
- Healthcare institutions need to make sure their employees receive the necessary training for the correct use of medical devices, tools and practices that help reduce HCAI and adverse effects in order to ensure the safe use of new medical technology and surgical techniques.³⁰⁻³¹⁻³²

* HFE's recommendations on HCAIs are based on "HFE EU Policy Recommendations on Increased Patient Safety and the Prevention of Healthcare Associated Infections" and therefore endorsed by **Professor Dr. Martin Exner**, Chairman and Director of the Institute for Hygiene and Public Health (WHO Collaborating Centre) at the University of Bonn and the President of the German Association for Hospital Hygiene (DGKH), Germany, **Dr. Achyut Guleri, MD, FRCPath**, Consultant Microbiologist and Head of Department Clinical Laboratory Medicine at the Blackpool Teaching Hospital NHS Foundation Trust and Senior Clinical Lecturer at the University of Central Lancashire, UK and **Professor Dr. Philippe Hartemann**, Head of Department for Environment and Public Health (Epidemiology, Health Economy and Prevention) at the Faculty of Medicine at the University Hospital Nancy, France.

CONCLUSIONS ON PREVENTION AND CONTROL OF HEALTHCARE ASSOCIATED INFECTIONS *

(Conclusions on Increased Patient Safety and the Prevention of Healthcare Associated Infections)

- The education and training of medical students and hygiene specialists must be encouraged throughout Europe as many countries still do not have enough qualified professionals to address HCAI and patient safety issues. Hospital hygiene must be integrated in the medical education of students.
- All healthcare workers should receive adequate protection, through vaccination, post-exposure prophylaxis, routine diagnostic screening, provision of personal protective equipment and the use of medical technology that reduces exposure to blood-borne infections.³³
- Patient safety standards should be summarised in a “code of practice for hospitals and healthcare institutions” that hospitals must sign up to at the moment of registration (as practiced in the UK).
- Next to acute inpatient care it is important that preventive measures encompass the whole range of healthcare settings because outpatient care is fast developing and transmural care requires a consistent approach.³⁴⁻³⁵
- Member States should employ effective control and sanction mechanisms to ensure that prevention measures are effectively implemented and complied with.
- In view of the necessity of “standards and guidelines on quality of care and patient safety” set out in the EU Directive on the Application of Patients’ Rights in Cross-border Healthcare, the EU should develop minimum patient safety standards for all Member States. These should include hygiene standards for operating rooms and intensive care units as well as procedural standards for disinfection, sterilisation, etc.

9. Consider, for the coordinated implementation of the strategy referred to in (8) as well as for the purposes of information exchange and coordination with the Commission, the ECDC, the European Medicines Agency and the other Member States, the establishment, if possible by 9 June 2011, of an inter-sectoral mechanism or equivalent systems corresponding to the infrastructure in each Member State, collaborating with, or integrated into the existing inter-sectoral mechanism as set up in accordance with Council Recommendation No 2002/77/EC of 15 November 2001 on the prudent use of antimicrobial agents in human medicine (1).

HFE calls for:

- Develop a European strategy to prevent HCAI, encourage all Member States to adopt it (including funding for implementation) and report consistently on the progression of the strategy.



III. FINAL RECOMMENDATIONS

10. Disseminate the content of this recommendation to healthcare organisations, professional bodies and educational institutions and encourage them to follow the approaches suggested therein so that its key elements can be put into everyday practice.

HFE calls for:

- Promote, at EU level, the implementation of best practices and encourage the dissemination of these best practices and other mechanisms which could help to prevent and manage HCAs.

11. Report to the Commission on the progress of the implementation of this recommendation by 9 June 2011 and subsequently on request by the Commission with a view to contributing to the follow-up of this recommendation at Community level:

HFE calls for:

- Regular reviews of Member States' patient safety programmes should occur at EU level in order for consistent monitoring of progress; progress should be publicly announced so as to facilitate patient safety as a focus in every Member State healthcare system.



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Health First Europe was established in 2004 as a non-profit, non-commercial alliance of patient, healthcare workers, academics and healthcare experts and the medical technology industry. We aim to ensure that equitable access to modern, innovative and reliable medical technology is available for each patient. We also want to assure that healthcare is regarded as vital investment for the future of Europe. We call for truly patient-centred healthcare and believe that every European citizen should benefit from the most effective medical treatments possible.

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