Patient safety, prevention and control of healthcare associated infections

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The European Parliament adopted by 521 votes to 6, with 5 abstentions, a legislative resolution amending, under the consultation procedure, the proposal for a Council recommendation on patient safety, including the prevention and control of healthcare associated infections.

The main amendments are as follows:

Scale: Members point out that the numbers affected range from 6.7 million to 15 million hospital in-patients, along with more than 37 million primary care patients. It is estimated that, on average, healthcare-associated infections (HCAIs) occur in one patient in twenty, that is to say, 4.1 million patients a year in the EU, and that about 37 000 deaths are caused every year by the after-effects of such infections.

Reduction targets: Member States should provide the means necessary to bring about a 20% reduction in the number of persons in the European Union affected annually by adverse events resulting from healthcare, the target thus being to reduce such events by 900 000 cases a year by 2015. They should also set local and national targets for recruitment of health professionals specialising in infection control, taking into account the recommended target ratio of one nurse for every 250 hospital beds by 2015.

Informing patients: patients should be informed about treatment risks and Member States should introduce legal mechanisms to facilitate the lodging of claims for damage to health, including against pharmaceutical companies. There should also be confidential sharing of information between health authorities in different Member States on health professionals who have been found guilty of negligence or malpractice.

Education and training of healthcare workers: Member States should provide adequate education and training for all healthcare workers so that they use medical technology appropriately in accordance with the function and specifications outlined in the instruction manuals in order to prevent health risks and adverse effects, including those arising from unintended reuse of devices.

Cooperation with the Commission: the scale and cost of the data collection, and use of the data collected, should not be disproportionate to the expected benefits. The data should only be collected in order to achieve the objective of reducing HCAIs through common learning.

Best practice: Members States should promote opportunities for cooperation and exchange of experience and best practice between hospital managers, clinical teams and patient groups across the European Union on patient safety initiatives at the local level.

Prevention: the Parliament stressed the need to provide: (a) effective risk assessment mechanisms, including pre-admission diagnostic screening of patients; (b) adequate protection for healthcare staff, 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; (c) effective infection prevention and control in long-term nursing and rehabilitation facilities.

It is also necessary to enhance infection prevention and control at the level of the healthcare institutions and ensure the highest standards of cleanliness, hygiene, and, where necessary, asepsis as regards medical equipment and patient care facilities.

In order to reduce nosocomial infections, it is also important to: (i) promote hand hygiene among health professionals; (ii) implement necessary staff vaccination campaigns; (iii) foster education and training of healthcare and paramedical, focusing in particular on nosocomial infections and viral antibiotic resistance; (iv) support research, for instance into potential medical applications of nanotechnologies and nanomaterials.

Member States should also: (i) report every healthcare-associated infection outbreak affecting a significant number of patients to the European Centre for Disease Prevention and Control; (ii) conduct awareness campaigns for the public and for healthcare workers with the aim of reducing practices which lead to antimicrobial resistance.

Actions by the Commission: the Commission should consider where existing Community legislation could be strengthened to improve patient safety, for example by ensuring that, when healthcare professionals cross borders within Europe, the professional regulators share information about any disciplinary procedures concluded or pending against individuals, and not just their initial qualifications.

Using the practical guide drawn up by the World Health Organisation in 2002, entitled ‘Prevention of hospital-acquired infections’, the Commission is invited to produce a document aimed at patients on the prevention of nosocomial infections. It is also called upon to bring forward proposals to prevent the circulation of counterfeit drugs and harm to patients and health workers from needlestick injuries.