Patient safety, prevention and control of healthcare associated infections

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PURPOSE: to encourage Member States to take measures to improve patient safety, including the prevention and control of healthcare-associated infections.

ACT: Council Recommendation on patient safety, including the prevention and control of healthcare associated infections.

CONTENT: it is estimated that in Member States between 8 % and 12 % of patients admitted to hospital suffer from adverse events whilst receiving healthcare. The European Centre for Disease Prevention and Control (ECDC) has estimated that, on average, healthcare associated infections occur in one hospitalised patient in 20, that is to say 4.1 million patients a year in the EU, and that 37 000 deaths are caused every year as a result of such infections.

The Community, through the seventh framework programme for research and development, supports research in the quality of healthcare provision. The Commission, in its White Paper 'Together for Health: A Strategic Approach for the EU 2008-2013', identifies patient safety as an area for action.

This Recommendation lists the measures that Member States can take - alone, collectively or together with the Commission - in order to improve patient safety.

In terms of **patient safety**, Member States are called upon to:

- **support the establishment and development of national policies and programmes by**: (i) designating the competent authority or authorities responsible for patient safety on their territory; (ii) embedding patient safety as a priority issue in health policies and programmes; (iii) supporting the development of safer systems, including the use of information and communication technology; (iv) regularly updating safety standards and/or best practices; (v) encouraging health professional organisations to have an active role; (vi) including a specific approach to promote safe practices;
- **empower and inform citizens and patients by**: (i) involving patient organisations and representatives in the development of policies and programmes on patient safety; (ii) disseminating information to patients on: risk, safety measures which are in place to reduce or prevent errors and harm, and to facilitate patient choice and decision-making; complaints procedures and available remedies and redress and the terms and conditions applicable; (iii) considering the possibilities of development of core competencies in patient safety;
- **support the establishment or strengthen blame-free reporting and learning systems** on adverse events;
- **promote education and training of healthcare workers** on patient safety by: (i) encouraging multidisciplinary patient safety education and training of all health professionals; (ii) embedding patient safety in higher education, on-the-job training and the continuing professional development of health professionals; (iii) considering the development of the core knowledge, attitudes and skills required to achieve safer care; (iv) disseminating information to all healthcare workers on patient safety standards, risk and safety measures in place, including best practices; (v) collaborating with organisations involved in professional education in healthcare;
- **classify and measure patient safety by working with each other and with the Commission** (to develop common definitions and terminology, develop a set of reliable and comparable indicators, and share comparable data and information at EU level);
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share knowledge, experience and best practice by working with each other and with the Commission and relevant European and international bodies;
- **develop and promote research** on patient safety.

In terms of the **prevention and control of healthcare associated infections**, Member States should:

- **adopt and implement a national strategy**, pursuing the following objectives: (i) implement prevention and control measures at national or regional level to support the containment of healthcare associated infections; (ii) enhance infection prevention and control at the level of the healthcare institutions; (iii) establish or strengthen active surveillance systems; (iv) foster education and training of healthcare workers; (v) improve the information to the patients by healthcare institutions; (vi) support research in fields such as epidemiology, the applications of nanotechnologies and nanomaterials, new preventive and therapeutic technologies and interventions and on the cost-effectiveness of infection prevention and control;
- **consider 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 on the prudent use of antimicrobial agents in human medicine.

The Commission is called upon to produce, by 9 June 2012, an implementation report to the Council assessing the impact of this Recommendation, on the basis of the information that Member States must provide by 9 June 2011.