Patient safety, prevention and control of healthcare associated infections

2009/0003(CNS) - 13/11/2012

On the basis of information provided by the Member States, the current Commission report follows up the Council Recommendation of June 2009, on patient safety, including the prevention and control of healthcare-associated infections. The Recommendation consists of two chapters:

- in the first chapter on **general patient safety**, Member States are asked to put in place a series of measures with a view to minimising harm to patients receiving healthcare;

- in the second chapter on the **prevention and control of healthcare-associated infections (HAIs)** , Member States are asked to adopt and implement a strategy at the appropriate level for the prevention and control of HAIs and to consider setting up an inter-sectoral mechanism or equivalent system for the coordinated implementation of such a strategy.

This Report summarises the **main actions taken at Member State and EU level by June 2011** (July 2012 for the general patient safety part) and highlights those areas of the Recommendation needing further attention.

1) Main actions taken at Member State level: most Member States have taken a variety of actions as envisaged by the Recommendation.

On general patient safety, most Member States:

- have embedded patient safety as a **priority** in public health policies and designated a competent authority responsible for patient safety;

- have encouraged **training** on patient safety in healthcare settings, though only a few have formally embedded patient safety in education and training programmes for health professionals.

The existing **reporting and learning systems** have been considerably improved in two main aspects: their blame-free character and offering patients the possibility to report. However, there is still room for improvement in this crucial area. The same applies to provisions for **patient empowerment**. Also, efforts focus on hospital healthcare, with only a few examples of actions addressing primary care.

On the prevention and control of HAI*:*

- 26 out of 28 responding countries have implemented a combination of actions to prevent and control HAI, in most cases (77 %) as part of a national/regional strategy and/or action plan;

- 13 Member States report that the Recommendation has triggered initiatives on HAI, in particular the implementation of an inter-sectoral mechanism or equivalent system, preparation/revision of strategies, and information campaigns addressing healthcare workers.

2) Main actions taken at EU level:

On general patient safety, the European Commission has:

- pursued the following activities to promote mutual learning among Member States and propose common definitions and terminology for patient safety;

- fostered the exchange of information on initiatives concerned with patient safety and quality of care;

- allocated EUR 3 600 000 for a three-year collaboration on patient safety, in the form of a joint action for the years 2012-2015, the EU has co-financed six research projects on general patient safety, to a total amount of EUR 16 million.

***On the prevention and control of HAI**:*

- to have an "Action plan against the rising threats from antimicrobial resistance"; The Commission' s 'Action plan against the rising threats from antimicrobial resistance';

- to fund numerous research projects in the area of HAI and antimicrobial resistance within the Sixth and Seventh Framework Programmes for Research and Technological Development (2002-2006 and 2007-2013).

The European Centre for Disease Prevention and Control (ECDC) coordinates the European surveillance of surgical-site infections, HAI in intensive care units and antimicrobial resistance.

3) Improvements to make: The report notes there are still various areas of the Recommendation with **considerable room for improvement**. The priority areas on which future work should focus include:

General patient safety:

- At Member State level:

- actively involve patients in patient safety, in particular provide information to patients on safety measures, complaint procedures and patients' rights to redress, work on a common understanding and development of core competencies for patients, and encourage patients and their families to report adverse events;

- collect information on adverse events through further developing reporting and learning systems;

- ensure a non-punitive context for reporting on adverse events and evaluate reporting progress;

- extend patient safety strategies and programmes from hospital care to non-hospital care as well.

- At EU level:

- collaborate with a view to proposing guidelines on how to construct and introduce patient safety standards beyond the Recommendation;
- make progress on common terminology on patient safety;
- pursue exchange of best practice, e.g. systematic integration of patient safety in the education and training of health professionals at all levels;
- develop research in the area of patient safety, including studies on the cost-effectiveness of patient safety strategies.

Prevention and control of healthcare associated infections:

- ***At Member State level****:*

- ensure adequate numbers of specialised infection control staff with time set aside for this task in hospitals and other healthcare institutions;
- improve the training of specialised infection control staff and better align qualifications between Member States;
- reinforce tailored basic infection prevention and control structures and practices in nursing homes and other long-term care facilities;
- repeat national point prevalence surveys of HAI as a means to monitor the burden of HAI in all types of healthcare institutions, to identify priorities and targets for intervention, to evaluate the impact of interventions and to raise awareness;
- ensure that surveillance of infections in intensive care units and surgical site infections is in place;
- implement surveillance systems for the timely detection and reporting of alert healthcare associated organisms and strengthen the ability to respond to the spread (including across borders) of such organisms and prevent their introduction into healthcare settings;
- improve the information on HAI for patients and strengthen their involvement in the compliance with infection prevention and control measures;
- develop an evaluation system with a set of indicators in Member States to assess the implementation of the strategy/action plan and its success in improving the prevention and control of HAI.

- ***At EU level***:

- continue the development of guidance on the prevention and control of HCA, including tailored guidance for nursing homes and other long-term care facilities;
- develop research in the area of the prevention and control of HCA, including studies on cost-effectiveness of prevention and control measures.

As in many Member States and at EU level the actions have been implemented only recently or in some cases are still under implementation, it might be advisable to carry out such an **assessment again in two years' time**, taking the current report as a comparative reference. This is why the Commission proposes extending the monitoring of the implementation of the general patient safety provisions of the Recommendation for another two years.

In June 2014, the Commission will prepare a second progress report taking into account the mid-term results of the joint action on patient safety and quality of care.