Patient safety, prevention and control of healthcare associated infections

2009/0003(CNS) - 19/06/2014 - Follow-up document

Council Recommendation 2009/C 151/01put forward a range of measures on general patient safety and healthcare-associated infections (HAI) and invited the Commission to report on whether the measures are working effectively and to consider the need for further action.

The Commission's first report (see summary of 13/11/2012) showed uneven progress across the EU. Some Member States reported that implementation had been slowed by financial constraints resulting from the economic crisis. The Commission therefore proposed that its monitoring of the implementation of the general patient safety provisions be extended for another two years.

Patient safety

General assessment: Member States have made progress on developing policies on patient safety since the Recommendation was adopted. 26 countries developed or are finalising patient safety strategies or programmes. More countries provided supporting documents than in 2012 (21 in 2014 against eight in 2012). Most gave examples of indicators to evaluate the strategies.

However, the report notes that the Recommendation has had **less of an impact in increasing patient safety culture at healthcare setting level,** i.e. encouraging health professionals to learn from errors in a blame-free environment. The impact on empowering patients is only partial. According to countries' self-assessments, the Recommendation raised awareness about patient safety at healthcare setting level (20 replies). Only half of countries judged that it had had an impact on empowering patient organisations and individual patients.

The report discusses the actions taken at EU level and notes the Commission Green Paper on mHealth highlights benefits of using telemedicine and mHealth solutions for ensuring patient safety.

Education and training of health professionals: this remains an area in which Member States and stakeholders have pointed to a need for further effort. Most countries reported that they encouraged multidisciplinary training on patient safety in healthcare settings, but three quarters do not provide information about the actual delivery of such training in hospitals.

Patient safety is not widely embedded in the undergraduate and postgraduate education of healthcare workers, on-the-job-training and the continuing professional education of health professionals, except in six Member States. In eight Member States, it is not formally required at any level or for any health professionals.

Public perception: Eurobarometer B80.2 survey on patient safety and quality of care published in June 2014 showed that the Recommendation did not change EU citizens' perception of the safety of care. As in 2009, over 50 % of respondents thought that patients could be harmed by hospital and non-hospital care. 25 % of respondents said that they or their family experienced an adverse event. Patients now report considerably more adverse events than in 2009 (46 % vs. 28 %). Most respondents felt, however, that such reporting does not lead to specific action being taken.

Further action: the Commission considers there is a need for continued effort at EU level to support Member States in improving patient safety. The following measures could be of particular relevance for further EU work:

- a common definition of quality of care and further support for the development of common terminology, and common indicators and research on patient safety;
- EU collaboration on patient safety and quality of care to exchange good practices and effective solutions- this could build on the current joint action and be extended to other topics identified by Member States and stakeholders;
- developing guidelines on how to provide information to patients on quality of care;
- development with Member States of an EU template on patient safety and quality of care standards to achieve common understanding of this concept in the EU;
- reflection with Member States on the issue of redress as provided for in Directive 2011/24/EU);
- encouraging reporting as a tool to spread a patient safety culture;
- regular updating and dissemination of the guide on the settingup and functioning of reporting and learning systems.

Healthcareassociated infections (HAI)

By leading to the adoption of a general and specific case definition for HAI and providing a standardised methodology and framework for the national surveillance of HAI, EUlevel action contributed to strengthening HAI surveillance systems in the EU.

In particular, the European Centre for Disease Prevention and Control (ECDC) Europe-wide point prevalence survey of HAI and antimicrobial use in 2011-12 contributed to the improved collection of data on HAI, even in Member States that had not previously started with this activity. Since the Recommendation was published, one EU-wide point prevalence survey was organised in acute care hospitals in 2011-12 and two in long-term care facilities.

Overall, **the level of participation in the European HAI surveillance modules was considered high in nine countries** or regions (AT, DE, ES, FR, IT, LT, MT, PT and UKScotland), medium in 13 (BE, CZ, EE, FI, HU, LU, NL, NO, RO, SK, UK-England, UK-Northern Ireland and UK-Wales) and low in 11 countries (BG, CY, DK, EL, HR, Iceland, IE, LV, PL, SE and SI).

The point prevalence report and the Commission's first implementation report indicate that Member States should focus their efforts on **ensuring the targeted surveillance of HAI in surgical site infections, intensive care units and nursing homes** and other long-term care facilities.

Further measures by Member States are needed to improve the routine case ascertainment of HAI, through the development of national diagnostic guidelines, continued training of healthcare workers in applying case definitions of HAI and the reinforcement of laboratory and other diagnostic capacity in healthcare institutions.

More specifically, the Europe-wide point prevalence survey highlighted the need to ensure **adequate numbers of specialised infection control staff in hospitals** and other healthcare institutions sufficient

isolation capacity for patients infected with clinically relevant microorganisms in acute care hospitals standardised surveillance of alcohol hand rub consumption.

To further support Member States preventing and control healthcare-associated infections and in supporting the implementation of the Recommendation, both the Commission and ECDC have prioritised addressing HAI.