Safer healthcare in Europe: improving patient safety and fighting antimicrobial resistance

2014/2207(INI) - 19/06/2014 - Non-legislative basic document

PURPOSE: presentation of Commission's Second Report on the implementation of Council Recommendation 2009/C 151/01 on patient safety, including the prevention and control of healthcare associated infections.

CONTENT: Council Recommendation 2009/C 151/01 set out a series 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.

Results of 1st implementation report: the Commission's first report, which was published in 2012, demonstrated satisfactory progress in the development of national policies and programmes on patient safety. It showed, however, 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.

Second report on patient safety: 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, either free-standing or under other national policies. Most gave examples of indicators to evaluate the strategies. However, the report states 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.

Furthermore, the impact on empowering patients is only partial. According to countries' self-assessments, the Recommendation raised awareness about patient safety at healthcare setting level. Only half of countries judged that it had had an impact on empowering patient organisations and individual patients.

The report sets out the measures that have been taken at EU level and notes that the Commission's Green Paper on mHealth highlights benefits of using **telemedicine and mHealth solutions** for ensuring patient safety.

Amongst the results set out in the report, the following are noted :

1) Education and training of health professionals: in this area, the report notes that further effort is required. 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.

2) Public perception: 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. Also, 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.

3) Areas of interest identified by Member States and stakeholders: in their contributions to the report, Member States identified the following areas for further cooperation at EU level:

- patient safety policies and programmes;

- the development of blame-free reporting and learning systems and encouraging reporting by both health professionals and patients; and

- the development and review of patient safety standards.

4) EU action relating to healthcare-associated infections: the Recommendation provides that Member States should use case definitions agreed at EU level to allow consistent reporting of HAI. Commission Decision 2012/506/EU of 8 August 2012 includes in its annex **general and specific systemic case definitions of HAI**, including reporting instructions for each of the conditions. These case definitions of HAI will help not only to considerably improve surveillance across the EU, but will allow assessing the impact at EU level of the preventive measures undertaken.

In particular, the ECDC's 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 (ECDC PPS) 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 UK-Scotland), 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. The report also discusses the need to establish: (i) adequate numbers of specialised infection control staff in hospitals and other healthcare institutions; (ii) sufficient isolation capacity for patients infected with clinically relevant microorganisms in acute care hospitals; (iii) standardised surveillance of alcohol hand rub consumption.

Other measures required in improving patient safety and quality of care : the report concludes with a series of additional measures that could be of particular relevance for further EU work, in close collaboration with Member States and stakeholders:

- common definition of quality of care and further support for the development of common terminology, 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 the development of training for patients, families and informal carers using ICT tools;
- encouraging reporting as a tool to spread a patient safety culture;

- regular updating and dissemination of the guide on the setting-up and functioning of reporting and learning systems.