HealthManagement
Promoting Management and Leadership

Volume 14, Issue 4, 2012 - Safety

Interview EAHM partner BD

Interview:

Johnny Lundgren, regional vice-president northwest and southern Europe, BD

Firstly, tell us a bit about BD. What does the company do? What are its objectives?

BD is a leading global medical technology company that develops, manufactures and sells medical devices, instrument systems and reagents. The company is dedicated to improving people's health throughout the world. BD is focused on improving drug delivery, enhancing the quality and speed of diagnosing infectious diseases and cancers, and advancing research, discovery and production of new drugs and vaccines. BD's capabilities are instrumental in combating many of the world's most pressing diseases and healthcare issues.

BD is committed to: Enabling safer, simpler and more effective parental drug delivery; improving clinical outcomes through new accurate and faster diagnostics; providing tools and techniques to the research community that facilitate basic science, drug discovery and cell therapy; and enhancing disease management in diabetes, women’s health and cancer, and infection control.

Founded in 1897 and headquartered in Franklin Lakes, New Jersey, BD employs approximately 29,000 associates in more than 50 countries throughout the world. The company serves healthcare institutions, life science researchers, clinical laboratories, the pharmaceutical industry and the general public.

You have recently signed a partnership agreement with EAHM. How did this partnership come about and what do you hope to achieve?

The partnership came about by being introduced to the Secretary General of the EAHM, Mr Willy Heuschen. We initiated discussions around how to develop the partnership in order to improve quality and reduce costs in the European market. Our aim is to achieve a foundation of partnership where patient outcome, high quality and cost efficiency are the corner stones.

As a company that works in close collaboration with hospitals across European countries, what do you think are the main issues facing European hospitals today? How can we overcome these challenges?

The main issues facing European hospitals today is pressure on budgets, which, in turn, affects quality of care. Hospitals are required to provide for the increasing demand for care and an ageing population with less resources. Therefore healthcare managers are having to make tough decisions and are keenly looking for ways of making budgets work harder. For ways of making budgets work harder.

The added challenge of new legislation, such as the EU Directive on sharps injury prevention to healthcare workers, means hospitals will also be required to put into place new and robust procedures and invest in medical technology.

In most European countries, a major obstacle to the adoption of medical technology is silo budgets. Countries may be looking to cut their healthcare procurement costs at the moment, but their budgets are still in silos, which affects their ability to adopt and integrate technology effectively.

Overcoming these challenges and adopting best practices around new technologies will take some time. The issue of introducing technology into a health system is very much to do with pricing and the value of the technology.

Obviously, safety is a key concern for hospital managers. Tell us more about your Healthcare Worker Safety Programme. What is it and how does it help?

BD's Healthcare Worker Safety programme is the reflection of more than 25 years of experience developing and implementing safety programmes with different healthcare institutions across the world. The BD Safety Programme provides the necessary tools and advice to ensure that healthcare workers are well aware of the risks of handling sharps, legislation and local safety policies, good practices and safe systems of work regarding prevention of sharps injuries, the importance of recording injuries, and all available support programmes.

I see that you are helping hospitals to comply with the new EU Directive on the Prevention of Sharps Injuries in the Hospital and Healthcare Sector. What is the purpose of this Directive and what is BD doing to help with its implementation?

The new EU Directive (2010/32/EU) on sharps injury prevention will legally oblige healthcare organisations to take measures to prevent sharps injuries to their staff, and has to be transposed into national legislation by all EU members by 11 May, 2013. The legislation specifically refers to the focal role played by safety-engineered medical devices in reducing such injuries, making the use of safety engineered needles, phlebotomy devices and intravenous catheters that incorporate shielding or retraction of the needle, a very important element of ensuring compliance.

Simply by carrying out risk assessment procedures, introducing safety-engineered medical devices, and improving training and working procedures, a significant reduction in the number of sharps injuries can be achieved. This, in turn creates an environment for staff and clinicians that provides proper protection against injuries and their potential for transmitting 30 potentially dangerous bloodborne pathogens, such as hepatitis or HIV.

Despite pressure on health budgets across Europe, many leading healthcare organisations have already begun the process of formulating a strategy for compliance to the new legislation, and have started to contact suppliers to research transition strategies and support. Their reasoning usually combines economic, risk and ethical factors.

BD has distilled its experience - gained from working with a wide variety of forward-thinking healthcare organisations both across Europe and throughout the world – and has introduced a number of tools and initiatives to help healthcare organisations plan and implement their conversion strategies. We have published a set of management guides and recently launched a new Europe-wide safety website (www.bd.com/europe/safety/en), both designed to help healthcare organisations improve healthcare worker safety, better understand this important legislation and plan compliance.

The safety website provides an overview of BD’s newly launched healthcare worker safety programme, which takes a holistic approach to safety, providing tools and best practice advice on crucial elements such as health economics, risk assessment, conversion management and training. To help healthcare workers learn how to avoid sharps injuries, we, in conjunction with the RCN, also brought together a group of leading nursing professionals in and a series of educational workshops around the UK.

BD’s extensive set of tools are designed to support institutions as they work to achieve a straightforward, seamless and cost-effective transition to safer working practices and comply with the new EU Directive.

Lastly, this is your chance to address hospital managers from across Europe. What advice do you have for them?

While the adoption of safety-engineered medical devices does have an additional investment implication, in the long term it provides a viable return on the investment. Sharps injury costs can be substantial when treatment, lost working time and staff turnover are taken into account. Not only can the use of safety-engineered devices help reduce these related costs, but they also help avoid damaging legal action, costly compensation claims, and adverse publicity, all of which divert attention away from core objectives of delivering high quality healthcare.

In Spain for example, five of the autonomous regions have now made the use of safety engineered devices a legal requirement. A study completed as early as 2002 by the General Council of Hospitals, identified some 30 million euro/year in savings from the conversion to safety-engineered devices.

Converting an entire hospital to safetyengineered devices can be daunting and challenging for healthcare managers, but we have been helping many healthcare organisations plan and implement their conversion strategies, drawing on the experience of early European adopters, the conversions in the US since the 2000 passage of safety legislation, and European regions that already have mandatory requirements in place.

Published on : Wed, 16 Jan 2013