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### EU Affairs

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#### Safety

European Union governments are giving a new priority to improving patient safety in hospitals and reducing healthcare associated infections. At their meeting in Luxembourg on 9 June, ministers from the 27 member countries adopted guidelines to help national health systems meet the twin objectives. Although the recommendation, based on a draft tabled by the European Commission last year, is non-binding, the fact that it now has formal political endorsement by health ministers will give its contents added weight.

Two separate assessments illustrate the scale of the problem that can arise from a range of factors: viral antibiotic resistance, high bed occupancy rate, increase in patient transfers, inadequate staff-to-patient ratio, failure to pay proper heed to hand hygiene and incorrect use of medical devices.

A technical report, "Improving Patient Safety in the EU", prepared for the Commission last year estimated that between 8 to 12% of patients admitted to hospital suffer some form of adverse effect while being treated. In numerical terms, as the European Parliament pointed out when giving its view on the draft recommendation, this could range from 6.7 to 15 million people. In addition, it is estimated that some 37 million primary care patients a year develop unexpected problems linked directly to the treatment they receive.

The Stockholm-based European Centre for Disease Prevention and Control has given a more cautious estimate. It indicates, that on average, healthcare associated infections occur in one hospitalised patient in 20 – the equivalent of 4.1 million patients a year in the EU – and lead to 37,000 deaths.

The EU initiative draws on the patient safety work being carried out by the World Health Organisation through its World Alliance for Patient Safety, the Council of Europe and the Organisation for Economic Cooperation and Development.

It emphasises the importance of developing national policies and programmes by making one or more bodies specifically responsible for patient safety, implementing user-friendly systems, regularly reviewing standards and encouraging health professional organisations to play an active role.

Patients themselves have a responsibility. The recommendation suggests patient organisations should be involved in establishing appropriate policies and that patients should be given information on safety standards that are in place and the procedures and remedies available in the event of a complaint.

The health ministers gave their backing to the use of "blame-free reporting and learning systems on adverse events". These would provide information on the extent, types and causes of errors and near misses. Health authorities are also advised to encourage their staff to actively report by establishing a reporting environment which is "open, fair and non-punitive".

The recommendation makes it clear that distinctive procedures should be in place to handle any reports of actual or alleged adverse events. "This reporting should be differentiated from Member States' disciplinary systems and procedures for healthcare workers, and, where necessary, the legal issues surrounding the healthcare workers' liability should be clarified," it notes.

Attention is given to the need for appropriate training for health professionals, not just medical staff, but also "relevant management and administrative" employees. Patient safety, say the guidelines, should be embedded in "undergraduate and postgraduate education, on-the-job training and the continuing professional development of health professionals".

To reduce the risk of healthcare associated infections, hospitals and other medical centres are advised to implement prevention programmes which address issues such as organisational and structural arrangements, diagnostic and therapeutic procedures, resource requirements, surveillance objectives, training and information to patients.

Emphasis is also placed on the need for effective national and regional surveillance systems to ensure prevalence surveys are organised at regular intervals and to establish national reference data to make it possible to target infection types. While setting out a practical set of guidelines, the ministers did not go down the route favoured by Italian Christian Democrat MEP, Amalia Sartori, who prepared the European Parliament's opinion on the recommendation. She urged national health authorities be given clear-cut targets for improving the care delivered to citizens.

"A 20% reduction in healthcare associated infections by 2015 is a desirable and feasible target, given that infection control methods are well-practised and quick to implement," she argued. Such a target would have meant reducing infections by 900,000 cases a year. The objective, she maintained, could be reached by increasing the number of nurses specialising in infection control, encouraging education and training for healthcare and paramedical workers, and supporting research to utilise the benefits of new technologies.

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