

## Volume 14, Issue 4, 2012 - Safety

### What is the Price of Quality in Healthcare?

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As Europe sees its countries struggling to keep their commitments towards greater (cost) efficiency and general improvement of living and working conditions in all areas, it is with even more concern that we see some deadlines coming closer and closer. European, national, as well as regional plans and campaigns put in place before the economic crisis are, nevertheless, maintained. We can consider them as a welcome sign of relentless striving for improvement, albeit with a slight worry for our already stretched budgets and latent insecurity about our society's ability to recover financially.

One of the deadlines approaching fast for all healthcare organisations in Europe is the coming into effect of the European Council Directive 2010/32/EU1 on the prevention from sharps injuries in the hospital and healthcare sector. Scheduled for 11 May 2013, the newly formulated law will require employers to take an active step towards safety and quality in their organisations and provide their employees with the best possible working conditions in order to avoid any risk posed to them and, consequently, to their patients. This will contribute to reduce the staggering number of one million sharps injuries estimated to occur in Europe each year<sup>2</sup>, and enhance the global quality of care provided in our hospitals.

Quality management has long been a priority for the European Association of Hospital Managers (EAHM), as it lies within one of its core missions to promote the competence and responsibility, along with the strengthened cooperation of hospital managers across Europe. In our close connection with European healthcare policies, we are calling for a positive standardisation of levels of care in all member States, which would be defined by the creation of a 'European Accreditation Model', for instance. This relates to our other core mission, which is to encourage greater cooperation and practice sharing between different countries' healthcare systems to bring about a Social Europe.

As a consequence, our position is one of stirring and inspiring our Hospital Manager members to do better, while striving to represent their profession and defend their interests to the best of our capacities in the numerous institutions of the European Union.

This dual role, however, gives us an insight in the healthcare decision makers' often conflicted relationship with the human responsibility they would like to honour, and the base reality of their lack of means to achieve their goals. While we can only rejoice at the official recognition of sharps injuries as a major concern all over Europe, we cannot ignore the financial pressure most of our members are already under. In our present situation of tightening budgets, fierce competition and general economic insecurity, healthcare organisations are now compelled to implement new safety measures and reporting systems, train their personnel, and invest in new safety-engineered devices and equipment, in order to be in line with the European legislation.

Training takes time, different safety policies, measures and practices are not adopted overnight, and equipment and renovations need to be funded. The dichotomy between good will and monetary concerns seems inevitable. As is often the case, money wins the battle and prevents healthcare managers from making a radical but much needed change to achieve optimal safety and quality of care. Instead, a number choose (or is it really a choice?) to limit the improvements to the acceptable minimum in order to preserve their scarce resources. Although no healthcare manager would deny the importance of sharps injuries or other risks faced by their staff, they are not often in a position to follow the sole ethical or humane motivation for a change of this scale.

However, the pressure is rising, and the cost of retribution might become the main impetus behind full compliance to the legislation. As some Hospital Managers have experienced, one single sharps injury leading to infection can be sufficient to cause emotional distress, costly treatment and potentially even more costly lawsuits and damage to their hospital's reputation. In recent years, insurance companies have started adding clauses to their contracts, granting themselves the right to refuse cover to a healthcare employer if an accident, affecting a healthcare worker or a patient, could be proven to have been avoidable through effective safety measures, compliant premises, or safety-engineered equipment. This is no doubt one of the increasing signs that safety will not be treated by any decision maker in the healthcare sector just as a noble goal, but as a crucial priority to put into practice by any means, as harsh as they may seem.

It is also important to note that investment in injury prevention can reap financial benefits through the avoidance of consequential costs that can be incurred whenever an injury takes place. In the case of medical sharps injuries, these costs can be significant, particularly where it cannot be ruled out that the medical device involved in the injury had been used on a patient with a high risk of carrying a dangerous blood-borne infection.

The European Union is making funds available through regional grants and aids, but there are other methods which hospitals, both in the private and the public sector, could utilise to be more cost-efficient, implementing safer working practices. Where training on new measures and

reporting systems can be carried out by some suppliers, building renovation contracts and investments in devices and equipment could be organised into grouped purchases. By combining orders, different hospital buyers could have better leverage on prices and on the inclusion of value-added services to aid the implementation of changes and to ensure sustainable benefits.

This example of a cost-efficiency method also brings us back to a greater aim: by sharing the investment in increased safety and better quality in products, healthcare organisations could effectively, collectively, harmonise and raise the level of quality of care they offer their patients. In exploring possibilities for international cooperation and grouped purchases could help hospital managers become competitive actors on innovation, technology and cost-efficiency, and able to build a Social Europe.

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Published on : Wed, 16 Jan 2013