Recent developments in Europe: patient safety

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INTERNATIONAL
CONFERENCE & WORKSHOPS

Building a Quality and Patient Safety Culture in Health Services: Experience and Prospects

Thessaloniki, 24 April, 2014

quality assurance

patient satisfaction

quality improvement

total quality management

continuous quality improvement

clinical audit

clinical effectiveness

process management

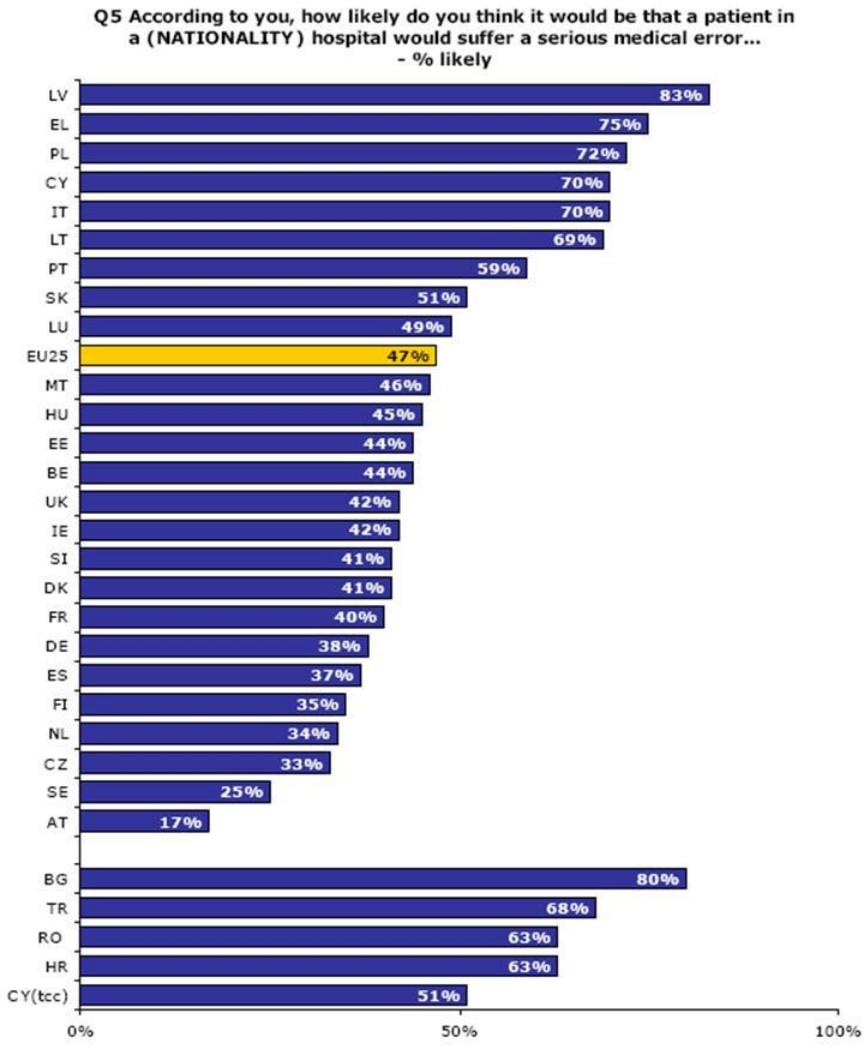
evidence-based medicine

clinical governance

Patient safety

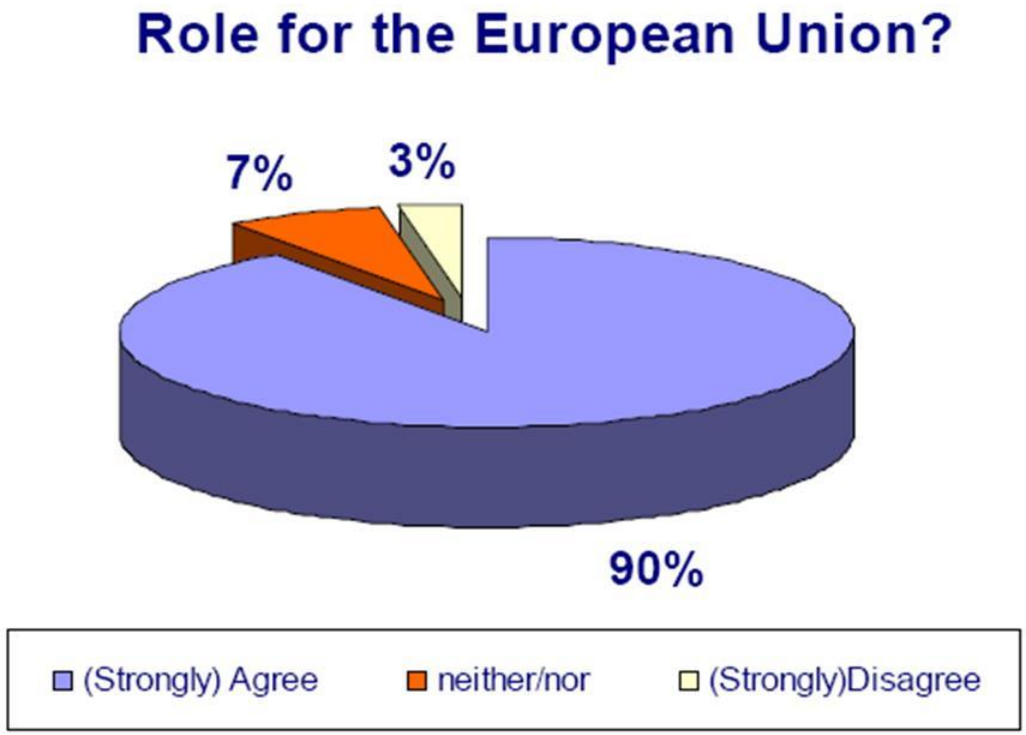
Eurobarometer 2005
Medical errors

- **Half of European citizens** consider that a **medical error is likely to occur** in a hospital in their country
- Most respondents seem to believe that **it is the responsibility of the health care system to ensure the quality of treatment** although a substantial proportion also recognises the role of patients in avoiding medical errors.



Directorate-General for Health & Consumers

Public Consultation on Patient Safety: 25 March - 23 May, 2008



The Patient Safety and Quality of Care Working Group

Working group of the High Level Group on Health Services and Medical Care, established by Commission Decision C(2004) 1501 of 20 April 2004; Members represent 28 Member States, also the pan-European associations and NGOs, such as OECD, CoE, HOPE(European Hospital and Healthcare Federation), CPME (Standing Committee of European Doctors), Council of European Dentists, EFN (European Federation of Nurses Associations) PGEU (Pharmaceutical Group of the European Union), EPF (European Patients Fórum), planned membership of ECCG: European Consumers Consultation Group

Healthcare quality?

2008: the Working Party on Public Health at Senior Level discussed the added value of possible EU action in healthcare quality and MS agreed:

- quality is an important wide-ranging issue; key to improving health systems, linked to patient safety, technology assessment
- to take forward work at EU level e.g. to exchange good practice/set indicators to compare and measure progress
- to develop specific action using **Commission's working group on patient safety and quality**

Reflection paper on healthcare quality, presented to and discussed by the Working Party on Public Health at Senior Level in May 2012

Revision of the reflection paper on quality of care

OBJECTIVE: to reflect recent developments related to healthcare quality at EU and MS level

STARTING POINT: reflection paper May 2010 discussed with the Working Party on Public Health at Senior Level

METHOD: EC preparing a draft and consulting PSQCWG.

DELIVERABLES: Revised reflection paper to present to the Working Party on Public Health at Senior Level

DEADLINE: June 2014

How WG assists in developing the EU patient safety and quality agenda

- Development of the WG Recommendation on patient safety (baseline of Council Recommendation)
- Contribution to the Commission's Communication and proposal for a Council Recommendation on patient safety and healthcare-associated infections
- Contribution to a reflection paper on healthcare quality
- Godparenting and supporting the initiatives of EUNeTPaS and Joint Action on Patient Safety and Quality of Care
- Consulting tools and questionnaires for collecting information on patient safety

COUNCIL RECOMMENDATION 2009/C 151/01

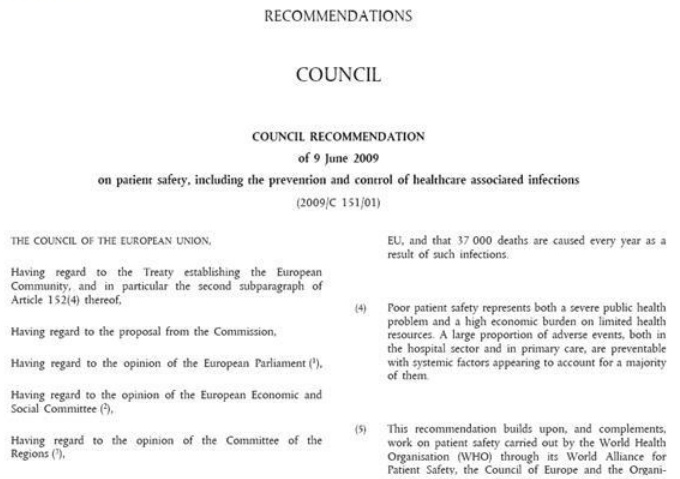
GENERAL PATIENT SAFETY

Actions for Member States:

1) Develop national policies on patient safety
2) Inform and empower patients
3) Establish reporting and learning systems on adverse events
4) Promote education and training for health workers

Actions for Member States and EU:

5) Classify and measure patient safety
6) Share knowledge and experience
7) Develop and promote research



RECOMMENDATIONS

COUNCIL

COUNCIL RECOMMENDATION
of 9 June 2009
on patient safety, including the prevention and control of healthcare associated infections
(2009/C 151/01)

THE COUNCIL OF THE EUROPEAN UNION,

Having regard to the Treaty establishing the European Community, and in particular the second subparagraph of Article 152(4) thereof,

Having regard to the proposal from the Commission,

Having regard to the opinion of the European Parliament [1],

Having regard to the opinion of the European Economic and Social Committee [2],

Having regard to the opinion of the Committee of the Regions [3],

EU, and that 37 000 deaths are caused every year as a result of such infections.

(4) Poor patient safety represents both a severe public health problem and a high economic burden on limited health resources. A large proportion of adverse events, both in the hospital sector and in primary care, are preventable with systemic factors appearing to account for a majority of them.

(5) This recommendation builds upon, and complements, work on patient safety carried out by the World Health Organisation (WHO) through its World Alliance for Patient Safety, the Council of Europe and the Organi-

Report published 15 November 2012

REPORT FROM THE COMMISSION TO THE COUNCIL on the basis of Member States' reports on the implementation of the Council Recommendation (2009/C 51/01) COM(2012) 658 final

COMMISSION STAFF WORKING DOCUMENT

Detailed analysis of countries' reports on the implementation of the Council Recommendation (2009/C 151/01) on patient safety, including the prevention and control of healthcare associated infections SWD(2012) 366 final

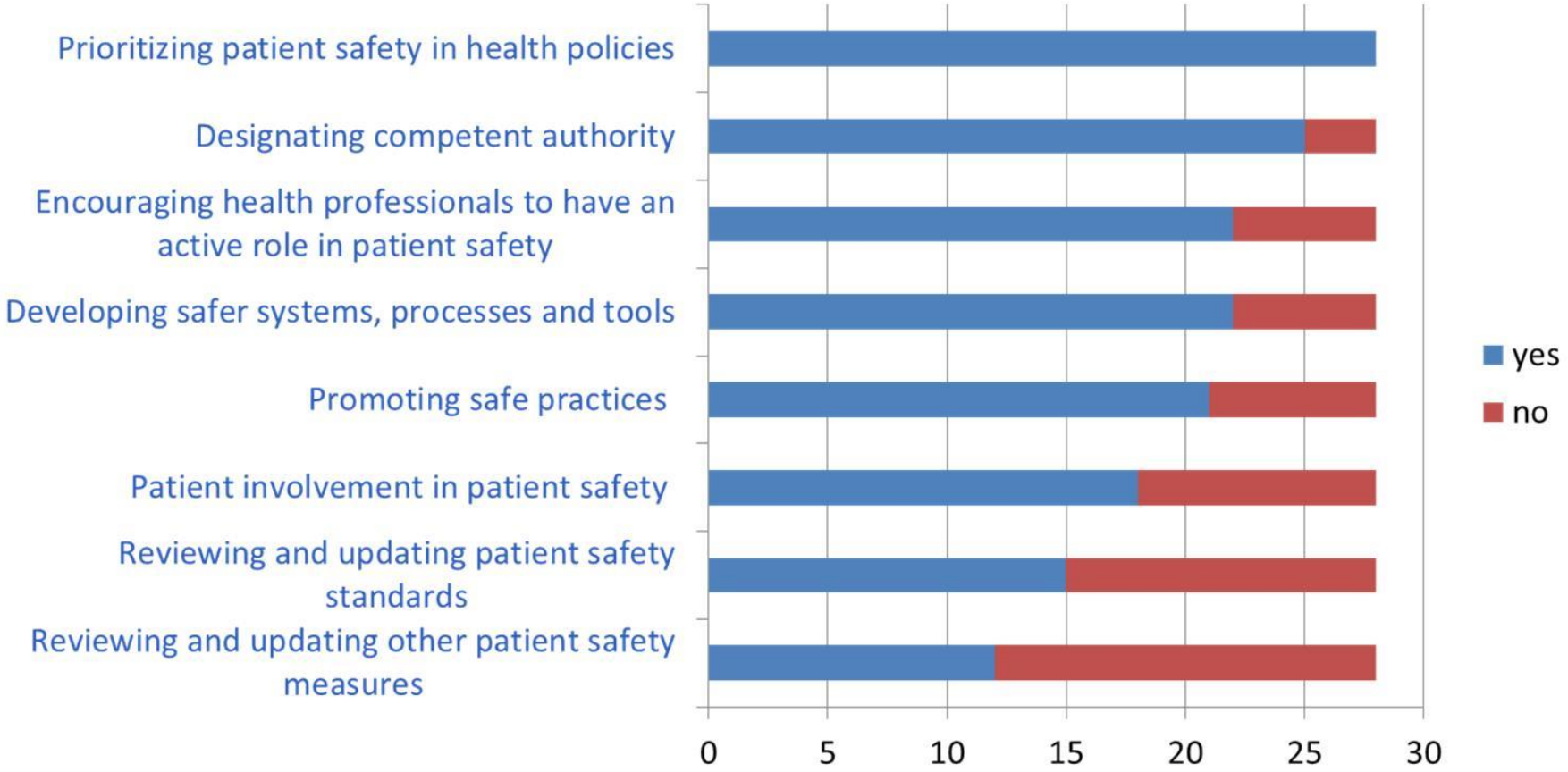
http://ec.europa.eu/health/patient_safety/policy/index_en.htm

2nd report to be published May 2014

Main messages of the 1st report on Recommendation implementation

- Patient safety widely embedded in public health policies
- Progress made in setting up reporting and learning systems but no information about the actual use
- Room for improvement in the areas of patient empowerment and education of health workers
- Initiatives need to cover also non-hospital care
- Progress to be made on EU classification on PS
- 24 countries would welcome a guideline on patient safety standard

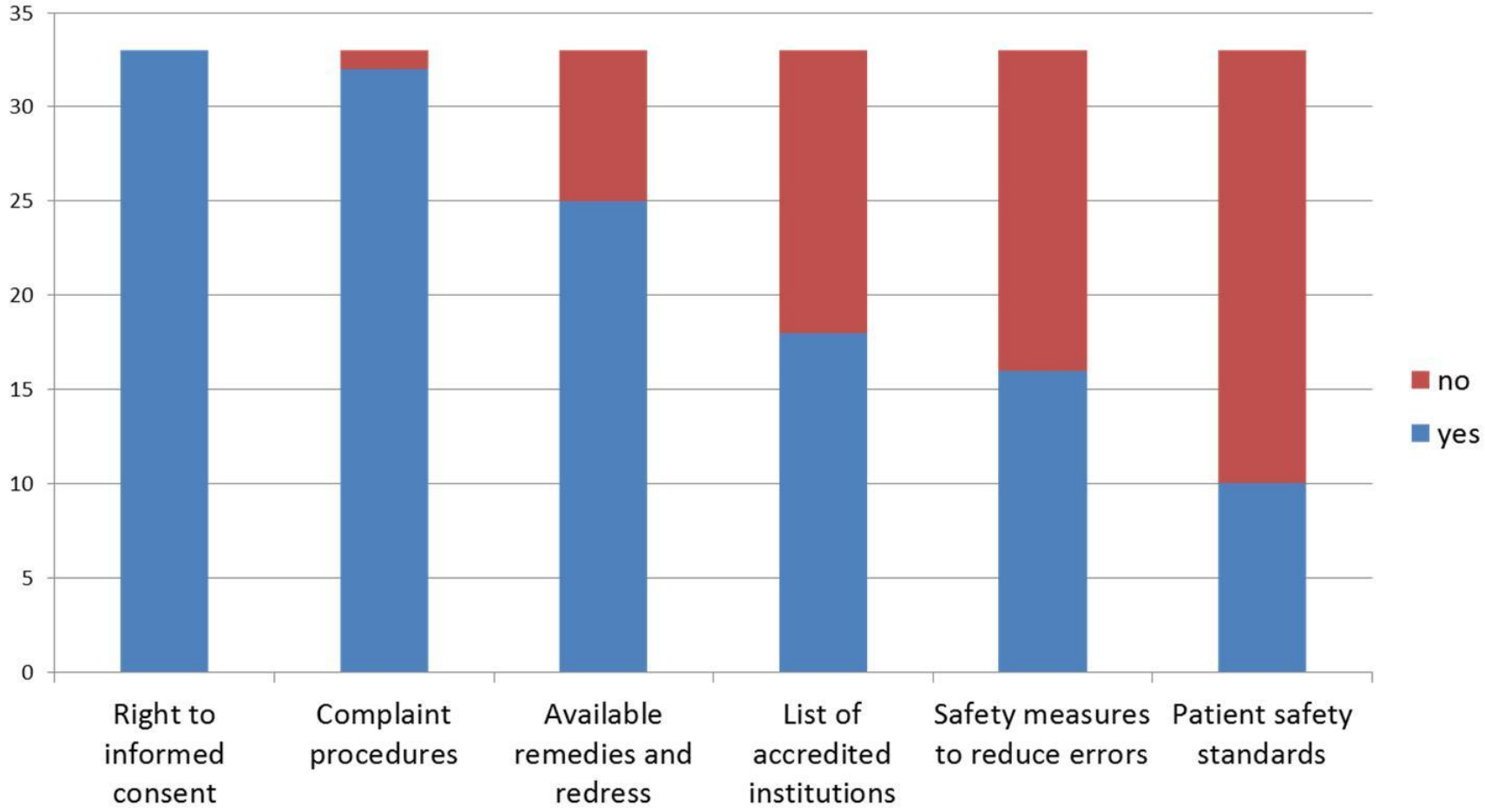
1. Patient safety as priority in public health policies



2. Empowering patients (1/2)

- In **14** countries patient organisations are formally invited to to participate in policy development
- The most disseminated information is **right to informed consent** (in all 28 countries)
- Information about **patient safety standards** is communicated to patients only in **7 MS**
- **12** MS have developed **core competencies** for patients

2. Empowering patients (2/2)



Patient empowerment ?

- EU strategy builds on Eurobarometer study on patient involvement (2012).
- Appears in EU policy documents:

- Health Strategy (2008);
- Council conclusions on chronic disease (2010) and on health systems (2013);
- Informal Council (2012);
- Investing in Health (2013)

Also: Council Recomendation on patient safety; Directive on patients' rights in CB care.

EU initiatives: Reflection process on chronic diseases (2011-2013); mapping of patient empowerment in the EU; 2nd report on implementation of Council Recommendation on patient safety (May 2014)

3. Reporting and learning systems (RLS)

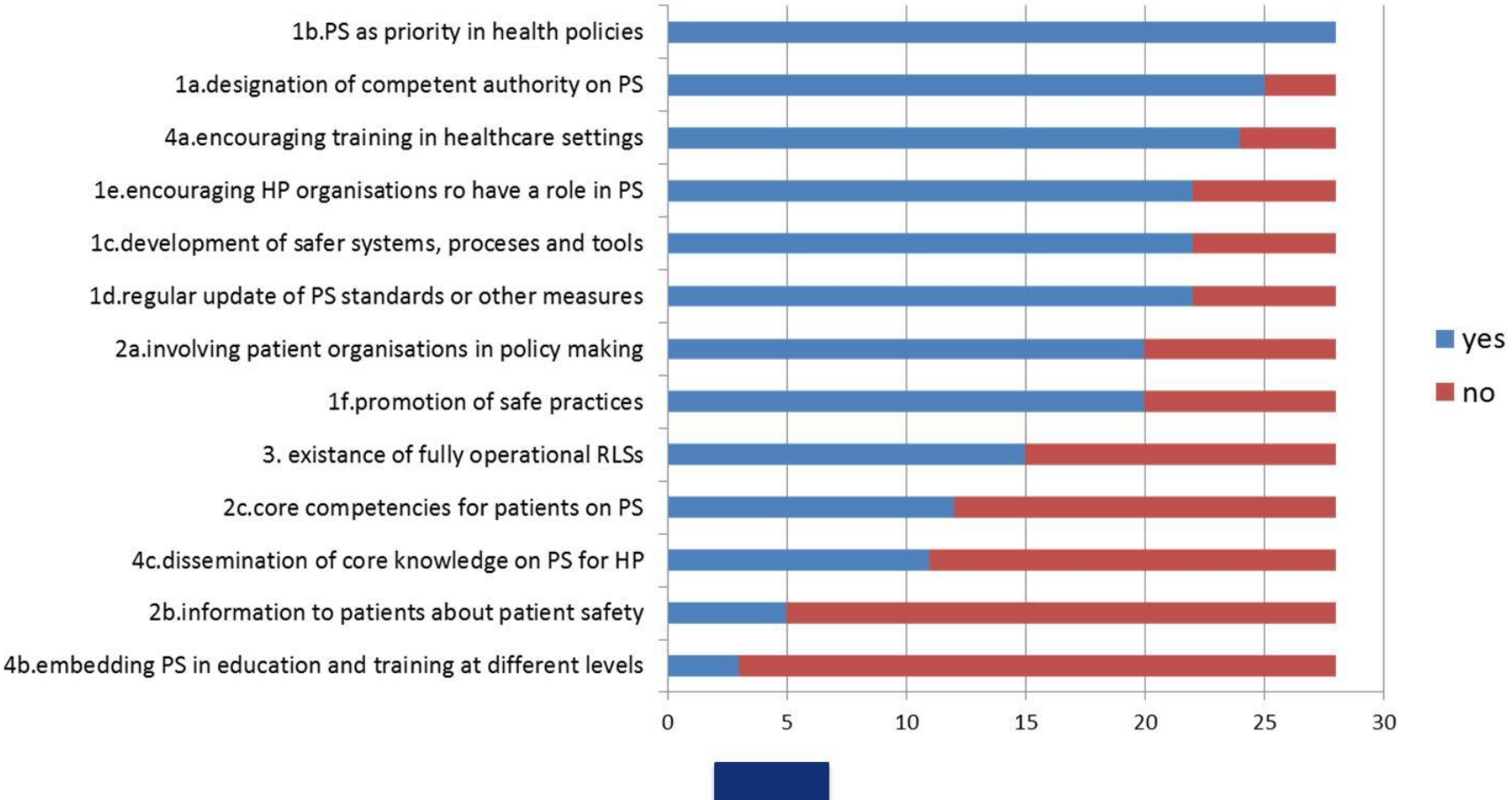
- **RLS in place: 22 countries**
  - AT, BE, CY, CZ, DE, DK, EE, ES, FI, FR, HU, IE, IT, LU, LV, NL, NO, PL, PT, SE, SK, UK
- **RLS under construction: 4 countries**
  - BG, LT, MT, SI
- **Among 13 multiple systems, only 6 are interoperable**

4. Education and training

	Medical doctors	Nurses	Pharmacists	Healthcare managers	Other healthcare workers
Undergraduate education	9	11	10	5	7
Postgraduate education	13	14	12	9	9
On-the-job training	13	14	11	8	12
Continuing professional education	15	15	13	7	13

Formal requirements to include patient safety in the education and training of health professionals and other health workers

Summary of actions implemented by countries

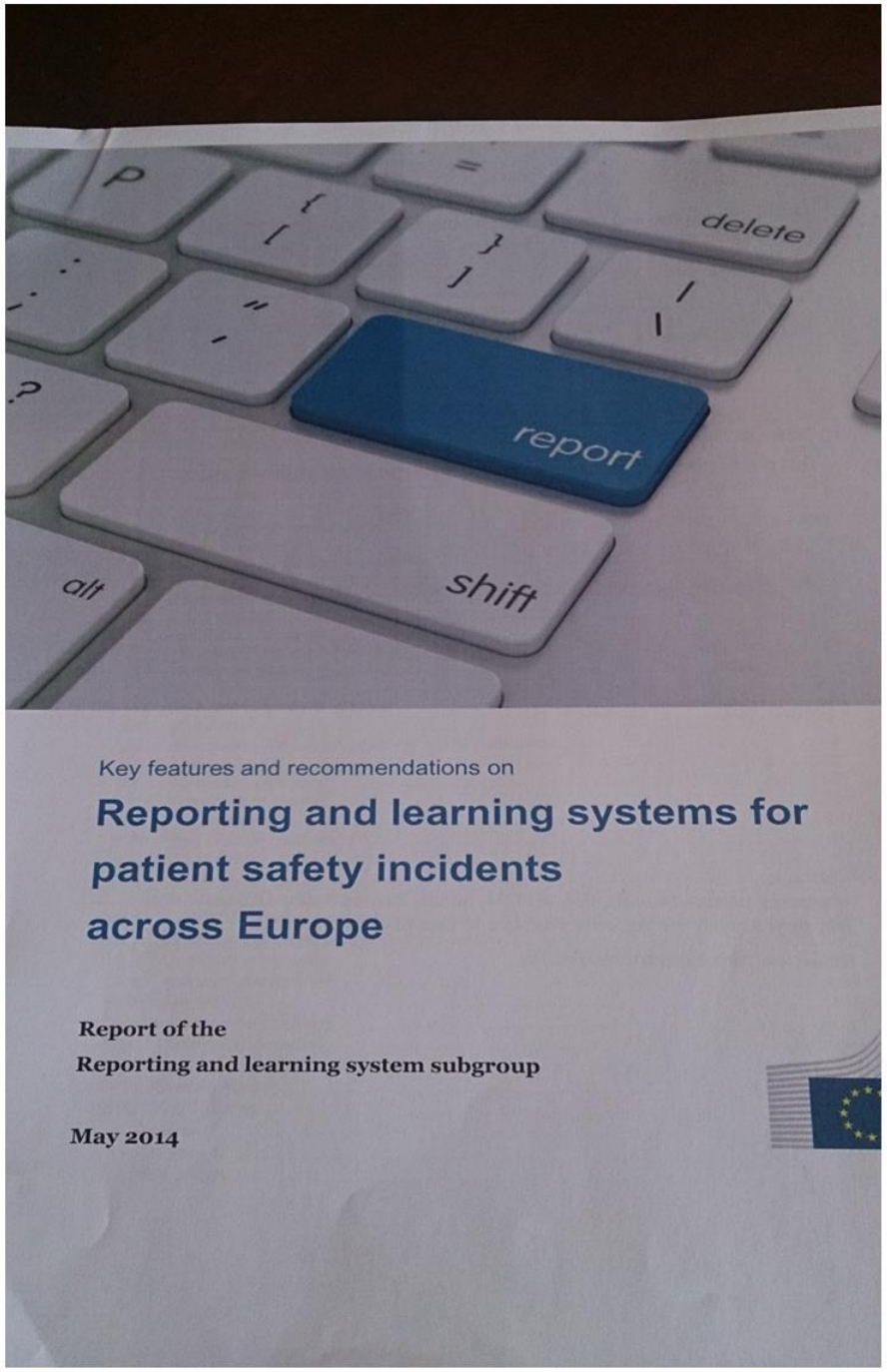


5. Common definitions, terminology and indicators

- Common terminology and definitions – no progress to date
- Common indicators – EU co-funding of the OECD HCQI project – 6 indicators published in 2011

Conclusions

- Further effort needed in the areas specified by the Report
- More evidence about costs of unsafe care necessary to help political prioritisation
- Extension of implementation period by 2 years
- A second implementation report by the Commission – June 2014



To propose a guidance and a set of specific recommendations on reporting and learning systems for adverse events In the Member States of the EU.
To be published with the second report on implementation of the Council Recommendation on Patient Safety and HCAIs in May 2014.
Also to be published on SANCO website.
Also transmitted to the Council as document accompanying the Commission Report.

Contributions from 19 MS and Norway and from 7 European NGOs

Leader: Denmark, Martin E.Bommersholdt

KEY FINDINGS AND RECOMMENDATIONS ON EDUCATION AND TRAINING IN PATIENT SAFETY ACROSS EUROPE

PATIENT SAFETY EDUCATION

Focus on the acquisition of knowledge, attitudes and skills to support changes in patient safety behavior

Principles involve non-technical skills, not discipline specific
Examples: reporting incidents, human factors engineering, information transfer between professionals and towards Patients.

Contributions from 26 MS and Norway and from 9 European NGOs

Leader: Poland, Basia Kutryba

Purpose

To propose a guidance and a set of specific recommendations on education and training of healthcare workers (professionals and healthcare managers) in patient safety, to be published with the second report on implementation of the Council Recommendation on Patient Safety and HCAIs in May 2014. Also to be published on SANCO website. Also transmitted to the Council as document accompaning the Commission report.

HOPEFULLY TO BE USEFUL, CONSIDERED VALUABLE AND THUS USED