European Union and Patient Safety

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A major issue in the EU

Patient safety and hospital acquired infection are susceptible to prevention strategies

The burden of mortality and morbidity is significant

Patient safety and hospital acquired infections are a factor in health systems sustainability

Sharing good practice across borders in the EU makes sense and can introduce higher standards and innovation
Areas of EU action to date

➢ Classifying and measuring patient safety *e.g.*
  ✓ Co-financing of the Health Care Quality Indicators Project led by OECD
  ✓ Survey of healthcare associated infections (ECDC)

➢ Develop and promote research *e.g.*
  ✓ Projects under the Health Programme and Research programme

✓ Supporting work by Member States and Stakeholders
  ✓ Joint Action on Antimicrobial Resistance and healthcare associated infection
  ✓ Better surveillance
  ✓ Sharing best practice across borders
Patient Safety and Quality of Care

Background

- 8 - 12% of patients admitted to EU hospitals suffer from adverse events (e.g. healthcare-associated infections, medication errors, surgical errors, medical devices failures, errors in diagnosis)

- Much of the harm to patients is preventable but implementation of strategies to reduce harm varies widely across the EU

- The costs to health systems are considerable
Healthcare-associated infection

- Major patient safety issue
- 4 million+ cases in the EU per year
- Most antibiotic resistant infections are healthcare associated
- Important to improve cross border comparisons and exchange of best practice
Joint Action on Antimicrobial Resistance and Healthcare Associated Infection

- **EU MSs +** Norway, Serbia and Moldova, WHO, OECD, ECDC
- **EUR 6.5 million** 2017-2020
- **Coordination -** France
Joint Statement on Patient Safety, led by CPME.

- 3 contributions so far (from EFN, ENRF and HOPE)

To be presented and endorsed at Platform meeting, 5 December 2016
Important to get wider involvement

There is limited involvement by stakeholders
Hospital managers have been largely absent from the discussion so far
Health professionals are involved, but only partially
Patient groups are not fully mobilised
Lots of scope for involvement in Health Policy Platform
More evidence from the EU on the cost-effectiveness of patient safety programmes

REPORT FROM THE COMMISSION TO THE COUNCIL

on the basis of Member States’ reports on the implementation of the Council Recommendation (2009/C 151/01) on patient safety, including the prevention and control of healthcare associated infections

(Text with EEA relevance)

{SWD(2012) 366 final}
OECD Health Care Quality Indicators Project

Focus on ‘action-ability’ of patient safety indicators in EU Member States and OECD countries

- Further methodological development of existing indicators to improve their utility and amenability
- Consensus building for adoption of additional indicators to broaden scope and/or perspectives on patient safety
- Identifying current use of patient safety indicators in EU & OECD
- To better understand key challenges for indicator implementation
Health information

- Major health report, planned for November 2017, with OECD and Health Observatory
- Next year - 28 country profiles
- Good occasion to identify gaps in patient safety
Conclusions

• Treaty responsibility is for Member States to organize and deliver health services

• Commission mandate is to coordinate public health actions by Member States

• Patient safety has been a good example where EU level activity has brought value added to national actions

• Important that Member States and stakeholders now define future needs.