

# EC PATIENT SAFETY CONSULTATION – DR ULMER

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## **The need for patient involvement in patient safety policies and programmes**

As personal safety, as well as the quality of therapy, are the primary concerns of patients, they should be consulted and involved in the development of patient safety policies and programmes through representation by relevant patient groups. Every relevant voice should be heard at EU and Member State level when attempting to improve patient safety levels and that includes patients, healthcare professionals and industry. Patients should be informed about choices of best available technologies for treatment. Patients should especially give their informed consent if products, that have been previously been used on other patients, are part of the therapy and therefore could present a risk to the patient.

## **The importance of knowledge and awareness of patient safety issues by healthcare professionals**

Public awareness of patient safety issues is important, and the EU should be at the forefront of this. Possible means of achieving this could include information campaigns or greater engagement with healthcare professionals across the EU to better disseminate knowledge about both the risks, and procedures that are already in place to ensure patient safety. Patients should have full information to hand simply and quickly in case of need.

In terms of safer practices among health professionals there is an example that is particularly salient for the Medical Devices field. Firstly, an increasing number of hospitals in the European Union reprocess and reuse medical devices designed for single use in the belief that this can save money. This assumption is incorrect. Unlike reusable devices, single use medical devices (SUDs) are not designed to be de-assembled, de-contaminated, re-assembled and reused. Their safety and functionality can be jeopardized by reprocessing, with potentially severe consequences for the patient such as infection, injury and errors in diagnosis. The

financial decisions taken by healthcare authorities and managers represent both a substandard consideration of patient safety, and also a false economy in that the negative occurrences end up costing more than the saving on re-using devices. Clinicians are often unaware about the decision taken by hospitals to reprocess SUDs and are equally unaware that they are exposed to liability as a result. The EU must take action to redress this situation. Patients are not being informed when devices which are not intended to be re-used, are being re-used in their procedure. This does not represent the openness and transparency that the patient should be able to expect. Informing the patient and providing the patient with a choice on something this important should be standard practice.

Genuine action needs to be taken first to ensure better safety for European patients. Communication is important but if it is only a public gesture and not backed up by genuine improvements in practice then the objective has not been met. This point is particularly pertinent to growing public concern about Healthcare Associated Infections.

### **Minimum patient safety standards?**

Any system should drive improvement safety standards whilst respecting the differences in Member State health systems. Governments should be able to take responsibility or delegate it to a relevant body/organisation in the system. Consultation with relevant bodies such as patients' organisations and industry experts should take place. Failure to adhere to minimum patient standards or a general lack of focus on improving patient safety should be discouraged by the EU with some form of penalty.

### **Patient safety research**

Research into Healthcare Associated Infections is vital in terms of making more informed decisions in reducing the prevalence of the viruses such as MRSA, and also reducing the risk to patients. The EU should make funds available to researchers in this field with the view of best introduction of safety processes, better

knowledge of infection and use of technology designed to avoid healthcare associated infections

Re-use of medical devices which are only intended for one time use is dangerous for patients and this practice should be avoided. This could take place as a facet of broader research on Healthcare Associated Infections, as the evidence available now suggests that re-using single use medical devices also contributes to the spread of infections in hospitals through contamination which should not be able to occur with proper use of the devices.

### **EU data bank on patient safety**

Comparable data on patient safety from EU Member States would be an excellent resource for patients and healthcare professionals alike. The type of information that should be held to demonstrate trends in patient safety at both Member State and EU level includes statistics on patient injury, infection, misdiagnosis, misuse of medical devices, dosing errors with pharmaceuticals etc. This will enable patients in Europe to access full and transparent data simply, and healthcare professionals/healthcare management to use it as a tool in exchanging best practice with other countries and striving to improve the situation.

### **The EU's role**

Patient safety is an area where the EU can undoubtedly make a difference for Member States and their citizens, as co-ordination and sharing of experience are significant factors in improving the situation. The EU should set a broad patient safety agenda and then monitor Member State progress in tackling the problems they face. For this to happen, comparable data is of course essential.

The following areas are tangible examples of how the EU can make a difference to patient safety.

### *1 – Providing a forum for Member States to exchange best practice*

This could take the form of specific Council meetings on patient safety, European level conferences and data exchange.

### *2 – Patient Safety minimum standards*

The introduction of minimum standards of care that EU patients are entitled to would let patients know where they stand more clearly. They would also provide a target for Member States to attain. However, the standards should not be seen as a hurdle to jump over or an end goal. Healthcare providers in Europe should take the standards as a minimum level expected, and aim to provide a service to its patients which exceeds the level of care that they are entitled to.

### *3 – Research and project funding*

The European community has a great deal of resources to encourage the development of the Union in all areas. Further funding for safety research and initiatives would of course be very useful in terms of technical developments and making tangible improvements in individual hospital, surgeries etc. Patient safety is a fine example of an area where the EU can contribute to citizens' everyday lives positively.

## **Action at Member State level**

Firstly, a simple step that could be taken to immediately remove the potential for patient harm is to ensure that hospitals are not using, or not directed to use by the Member State health system, single use medical devices more than once. This would instantly prevent a significant number of patient infections, misdiagnosis and other causes of harm. Data also suggests that the spread of MRSA and other infections is helped by this practice.

Secondly, specific patient safety training should be given to healthcare professionals. This could either take place during the training to become a doctor, nurse or other professional, or later for those who are already qualified.

Finally, there are simple medical devices which can be utilised to reduce the risk of a number of patient safety problems, most notably at this time Healthcare Associated Infections. Member State health systems and regional health managers should investigate the benefits that new medical device technology has to offer.