

ASSOCIATION EUROPÉENNE DES MÉDECINS DES HÔPITAUX **EUROPEAN ASSOCIATION OF SENIOR HOSPITAL PHYSICIANS** EUROPÄISCHE VEREINIGUNG DER LEITENDEN KRANKENHAUSÄRZTE **EUROPESE VERENIGING VAN STAFARTSEN** DEN EUROPÆISKE OVERLÆGEFORENING ΕΥΡΩΠΑΪΚΟΣ ΣΥΛΛΟΓΟΣ ΝΟΣΟΚΟΜΕΙΑΚΩΝ ΙΔΤΡΩΝ ΔΙΕΥΘΥΝΤΩΝ ASSOCIAZIONE EUROPEA DEI MEDICI OSPEDALIERI **DEN EUROPEISKE OVERLEGEFORENING** ASSOCIAÇÃO EUROPEIA DOS MÉDICOS HOSPITALARES ASOCIACIÓN EUROPEA DE MÉDICOS DE HOSPITALES **EUROPEISKA ÖVERLÄKARFÖRENINGEN** EVROPSKO ZDRŽENJE BOLNIŠNIČNIH ZDRAVINIKOV **EUROPSKA ASOCIACIA NEMOCNICNÝCH LEKAROV** EUROPSKA UDRUGA BOLNIČKIH LIJEČNIKA ЕВРОПЕЙСКА АСОЦИАЦИЯ НА СТАРШИТЕ БОЛНИЧНИ ЛЕКАРИ ASOCIATIA EUROPEANA A MEDICILOR DIN SPITALE

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Review and presentation of DG SANCO online consultation on

the status of the implementation of the Council recommendations on

patient safety and quality of care:

For the AEMH Board meeting, 8 February 2014

In 2009, the Council and the Commission adopted a "Council recommendation (2009/C151/01) on patient safety, including the prevention and control of healthcare associated infections".

I. **It recommended actions**, presented in 8 different parts, focusing on:

- 1. National policies and programmes on patient safety
- 2. Empowering and information citizens and patients
- 3. Blame-free reporting and learning systems
- 4. Education and training of healthcare workers on patient safety
- 5. Classifying and measuring patient safety
- 6. Sharing knowledge and best practice
- 7. Developing and promoting research on patient safety
- 8. Prevention and control of healthcare associated infections (HAI)

The recommendation is available on DG SANCO's website:

http://ec.europa.eu/health/patient_safety/docs/council_2009_en.pdf

The actions are:

- 1. Designating the competent authority responsible for patient safety; embedding patient safety as a priority issue in health policies;
- 2. development of safer and user-friendly systems, processes and tools;
- 3. regularly reviewing and updating safety standards and/or best practice;
- 4. encouraging health professional organisations to have an active role in patient safety;
- 5. promoting safe practices to prevent the most commonly occurring adverse events;
- 6. involving patient organisations in the development of patient safety policies;
- 7. disseminating information to patients on patient safety standards, risk, safety measures, complaint procedures and available redress;
- 8. establishment of reporting and learning systems;
- 9. encouraging patient safety education and training for all staff in healthcare settings;
- 10. embedding patient safety in the education or training of health professionals;
- 11. developing core competencies, knowledge, and skills for all healthcare staff.

II. DG SANCO ran an assessment in 2012 on the implementation of the 13 actions

recommended and found out that only limited number of actions have been implemented and by very few countries.

http://ec.europa.eu/health/patient_safety/docs/council_2009_report_en.pdf

The main explanation to this lack of implementation provided by member states is the economic crisis.

III. The European Joint Action¹ on Patient Safety and Quality of Care (PaSQ – <u>www.pasq.eu</u>) was launched in 2012, as a continuation of EUNetPaS. It has a budget of 6 million Euro, over 3 years (end: March 2015)

The main objective of <u>PaSQ</u> is to <u>support the implementation of the Council Recommendation on Patient Safety.</u>

The JA is building on European Union Network for Patient Safety (EUNetPaS)' experience and network to promote the organisation of Patient Safety and Quality of Care platforms in all European Member States to improve Patient Safety and Quality of Care through sharing of information, experience(s) and the implementation of good practices.

IV. DG SANCO's consultation on the implementation of the Council recommendations

The consultation takes the form of an online questions (also available in a PDF format, to fill in and send by email to DG SANCO's services) asking general and specific questions about

- The scale of the issues in respondent's country
- The effective implementation of the recommendations in his/her country to his/her knowledge
- Which provisions is particularly important /relevant in his/her country
- What is missing
- The added value of EU level action
- V. Catherine Hartmann's opinion: this survey/consultation is to get the stakeholders' knowledge, perception and opinion on the status of the implementation of the recommendations.

The latter is already known by DG SANCO, as it ran its own assessments.

More information is or will soon be provided through PaSQ.

<u>Hence these questions to AEMH members</u>: is it really necessary that physicians/hospital managers take the time and volunteer (when PaSQ undertakes the same actions and is members of the JA are being remunerated for this) to collect and feed-back this information to DG SANCO? What the real/other motives of the DG SANCO to run such a consultation when it is best placed to collect data on the state of implementation of the Council recommendations?

Catherine Hartmann – 6 February 2014

¹ Joint actions are activities carried out by the European Union and one or more Member States or by the EU and the competent authorities of other countries participating in the Health Programme together.

Member States/other countries participating in the Health Programme which wish to participate in joint actions must declare this intention to the Commission. With the exception of NGOs operating at EU level, only organisations established in Member States/other countries participating in the Health Programme which have made this declaration can apply for participation in joint actions.