

PUBLIC CONSULTATION ON PATIENT SAFETY AND QUALITY OF CARE

Fields marked with * are mandatory.

The specific objective of this consultation is to seek opinion of civil society on:

- Whether patient safety measures included in the Recommendation 2009 are implemented and contribute to improving patient safety in the EU;
- Which areas of patient safety are not covered by the Recommendation and should be;
- What should be done at EU level on patient safety beyond the Recommendation;
- Whether quality of healthcare should be given more importance in the future EU activities.

For background information please consult the below document

[background.doc](#)

Please consult the privacy statement on this consultation

[privacy-statement-consultation.doc](#)

Practicalities

The consultation is open until 28 February 2014.

In case of any questions please contact SANCO-CONSULTATION-SAFETY-QUALITY@ec.europa.eu

1. Respondent information

1.1. Name of represented organisation*

European Federation of Nurses Associations

1.2. Stakeholder group*

- Health authority
- Patient or consumer organisation
- Health professional organisation
- Other NGO
- Hospital
- Industry
- Academia
- Individual citizen
- Other

1.3. Country*

- Austria
- Belgium
- Bulgaria
- Croatia
- Cyprus
- Czech Republic
- Denmark
- Estonia
- Finland
- France
- Germany
- Greece
- Hungary
- Ireland
- Italy
- Latvia
- Lithuania
- Luxembourg
- Malta
- Netherlands
- Poland
- Portugal
- Romania
- Slovakia
- Slovenia
- Spain
- Sweden
- United Kingdom
- Other

1.3.1. If other, please specify.

Covers 34 countries (28 EU MS + EEA)

1.4. Address

Clos du Parnasse 11a B-1050 Brussels

1.5. Telephone

+32 2 512 74 19

1.6. Contact Person (name)

Mr Paul De Raeve (EFN Secretary General)

1.7. Your organisation's geographical area of activities*

- International
- National
- Regional
- Local

1.8. How many citizens does your organisation represent?*

3 million nurses

2. Implementation of the Council Recommendation 2009/C 151/01

The Council Recommendation on patient safety, including the prevention and control of healthcare associated infections (2009/C 151/01) envisaged a number of measures to be implemented by EU Member States to increase patient safety in all types of healthcare settings.

2.1. Is patient safety an issue in your country?

- Yes
- No
- I don't know

2.2. To your knowledge, was the Recommendation implemented in your country?

- Yes, fully
- Yes, partially implemented
- No, it has not been implemented
- I don't know

2.3. What are the barriers to implementation of patient safety recommendation?

NOTE: The EFN answer, covering several countries, is not specifying information per country.

2.4. Which provisions of the Recommendation are of particular relevance in your country?

Please refer to the recommendation on patient safety http://ec.europa.eu/health/patient_safety/docs/council_2009_en.pdf

	Very relevant	Relevant	Not particularly relevant	Not relevant at all
Placing patient safety high at public health agenda	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Empowering patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Creating patient safety culture among health professionals (education and training, blame-free reporting systems, learning from errors)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Learning from experience of other countries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developing research on patient safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2.5. Which areas of patient safety, not covered by the Recommendation, are important for increasing safety of patients in the EU?

The Council Recommendations cover already key pillars as the development of national strategies, the creation of multidisciplinary teams, promotion of education on patient safety for health professionals, patient empowerment, and establishment of effective reporting and surveillance systems. These topics are enough as it is crucially now to have evidence, from different stakeholders, on the state of implementation in all EU Member States. Education and reporting systems are key to implement with high importance. Thus, more focus needs to be directed towards facilitating implementation and towards influencing those factors that are preventing a wider implementation. The recommendations have a strong focus on infection control/hospital hygiene but in future we would want to see explicit reference and inclusion of anti-microbial resistance which is likely to place a significant challenge across Europe in future on both what and how care is delivered in hospital and community settings. Whilst the Recommendation is broad in its approach to reflect the focus on systems elements above, it fails to recognise the importance of addressing issues that affect healthcare workers' ability to avoid errors in the first instance or report near misses or actual incidents. There is a very real need for the EU and member states to address issues such as the impact of long working shifts, presenteeism and workforce morale on the impact of improving patient safety. Nevertheless, future Recommendations should not be seen in isolation of the health system reform. Adequate ratios, appropriate workforce composition influence the provision of care and enhance or influence negatively the possibilities of safe care. These factors also condition the possibilities for CPD, as there is insufficient staff that has already increased workload due to severe cuts in the healthcare sector, which makes difficult the attendance to CPD courses and which jeopardises the provision of safe care and access to care. Appropriate staffing levels, better management of staff workloads and safety at work should be just as important as hand hygiene and environmental cleanliness and reporting and learning systems for a real implementation of Council Recommendations.

3. Future EU action on patient safety and quality of healthcare

The European Commission has supported since 2005 co-operation of EU Member States and stakeholders on patient safety and quality of care, by organising and co-funding different fora of information exchange and practical mutual learning (ex. Working Group of Patient Safety and Quality of Care, EU Network on Patient Safety and Quality of Care, research projects). Some of these activities are time-limited and will end in the next months.

3.1. What next should EU do on patient safety and in which specific patient safety areas beyond the existing Recommendation?

The EU should continue fostering cooperation among MS on patient safety and the healthcare associated infections. The Joint Action on Quality of Care and Patient Safety (PaSQ) is a very good example of cooperation on patient safety that is up-scaling good practices on this topic, fostering further implementation in other MS and enhancing awareness of these practices widely. Knowledge transfer is key to success. These activities and cooperation between national governments and EU stakeholders build trust and can lead to a safety culture through clinical and organisational changes. In light of the Patients' Rights in Cross Border healthcare Directive and patients choosing to seek treatment in other EU countries, there will need to be greater availability of data relating to anti-microbial resistance and infection rates in healthcare settings, so that individuals can make better informed decisions. The EU can promote greater transparency. Another important area of action is the acknowledgement of the indirect factors that condition the provision of safe care. Patient care is impacted by the availability of nurses in the clinical environment to provide safe and quality care to patients. Nursing supply and demand issues, such as: inadequate staffing, inappropriate skill mix, an increase in part-time staffing and an aging workforce, full workloads, increasing conflict and stress, all contribute to poor care delivery (Beal et al . 2008, Twigg et al . 2010). Lack of education and development opportunities are factors that affect job satisfaction and intent to stay in nursing and lead to unfulfilled career prospects and professional expectations (Covell 2009, Drey et al. 2009, Willis Commission 2012, p.37). The intersection between supply and demand and lack of ongoing professional development can affect the competencies of nurses who are responsible for the delivery of patient care (Article 31, Directive 2013/55/EC). Although there is a Joint Action on EU Workforce for Health, there is no explicit connection with Quality and Safety. Inappropriate nurses ratios influences in patient safety. Without adequate backfill those nurses in practice face an increased workload and responsibility for patient care and safety (King & McInerney 2006). Appropriate nursing workforce skills composition (healthcare assistants, registered nurses, specialist nurses and advanced nurse practitioners) is essential to cope adequately with the increasing needs in healthcare.

3.2. Do you think there is an added value in enlarging EU work from patient safety only to wider quality of care?

- Yes
- No
- No opinion

3.2.1. If yes, please specify.

While healthcare remains within the prerogatives of Member States, an EU convergence of strategies on health care quality and patient safety is needed. In order to promote quality and safety improvements in all settings of care, the EFN argues for the following initiatives: - The European Commission taking an active role in agreeing with Member States on key principles for providing safe quality care by bringing the right stakeholders around the table and using the social cohesion funds to implement change at local/regional level; For example, these principles could include such aspects as how patients will be treated (with dignity, respect etc.), the premises and equipment used (safe, clean, fit for purpose), and staffing (suitably qualified, skilled, experienced staff). - The European Commission taking an active role in promoting educational standards on patient safety by bringing the right stakeholders around the table and using the social cohesion funds to implement change at local/regional level; - The European Commission taking an active role in building the sustainability of the Joint Action on Quality and Safety. Knowledge transfer (site visits is one aspect) through a European Innovative Partnership, led by several European Commission Direction Generals and Member States, need to put quality and safety higher on the political agenda; - The European Commission measuring progress on implementation of Council Recommendations. Within the spirit of the EU Directive on Patients' rights in Cross Border healthcare, synergies need to emerge between Member States on quality and safety standards to reduce inequalities and increase accessibility to high quality and safe care. In addition to that, there is need for: - Systematic collection of data and communication of research findings. The European Nursing Research Foundation can play a crucial role in disseminating research findings; - An encouraged open learning culture where immediate reporting of mistakes and incidents are widely communicated without fear of 'name and shame'; - Governments, health organisations and senior managers taking responsibility for developing a safety culture. - Giving ownership/responsibility to patients; - Legal separation between sanctions and learning, promoting education activities on patient safety that do not relate to sanctions and that professionals are allowed to learned out of their mistakes; - The promotion of patient safety at all stages of continuous quality improvement and in every aspect of the care of patients; - Modules in patient safety are a core part of health care worker education; - Co-operation and co-ordination of strategies, research, knowledge and practice with and between other health care organisations; and, - Involving decision-makers, staff, patients and patients' relatives in the work on patient safety.

3.3. In the box below you can provide additional contribution related to EU action on patient safety and quality of care

400 character(s) maximum

A culture of safety in healthcare systems will ensure high-quality patient care. Nurses are the largest occupational group in the EU health care sector, providing the majority of direct patient care in a wide range of settings. Thus, nurses can play a pivotal role in shaping and implementing policies that will increase patient safety.

THANK YOU FOR YOUR CONTRIBUTION!