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Patient safety in Europe: challenges and opportunities

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Abstract

Healthcare has been relatively slow in comparison to other industries to recognize itself as a high risk activity. Recent estimates suggest that 1 in 10 patients admitted to hospital experience some form of unintended harm. In both human and economic terms, the need to reduce these unacceptable levels of harm is impossible to ignore. Patient safety is a serious concern for many EU Member States. This has been given impetus by both the UK and Luxembourg Presidencies of the European Union, both of which have made patient safety a headline health priority theme. The overriding aims of patient safety activity during the UK Presidency have been to ensure that:

- patient safety becomes a key priority on the European health agenda, both at EU level and in individual Member States there are concrete mechanisms and practical programmes of activity established at the EU level to take forward patient safety issues
- Activity at the European level also aims to build upon the programme established by the World Health Organization through the World Alliance for Patient Safety and the work of other key partners.

Much remains to be done to achieve safer care for patients across Europe. Action at the European level has a vital role to play in ensuring that safe care is a core part of health system improvements in all countries. Safe care can never be an optional extra; it is the right of every patient who entrusts their care to our health care systems.

Key words: healthcare policy, patient safety, risk management, adverse event, medical error, Europe

Introduction

On 15 April 2005, Giovanni Bisignani, Director General and CEO of the International Air Transport Association (IATA) announced that 2004 had been the international airline industry's safest year ever. No European or American airline had crashed in the previous three years.

Sadly airline accidents, and fatalities, do still occur. However, air travel now has an impressive safety record. This has been achieved through a systematic and thorough focus on safety over many decades. Despite the fact that some 1.8 billion people fly every year, in 2004, airline fatalities worldwide were at the same level as in 1945, when only 9 million people travelled by air. And the industry has set programmes in place which it is confident will lead to a further 25% reduction in airline accidents between 2004 and 2006. [1]

It is not surprising that the air travel sector has long recognised itself as a high-risk industry and has taken steps to systematically identify minimise risk to passengers and staff. What is perhaps more surprising is that it has taken the healthcare sector so long to recognise that it, too, is a high-risk industry.

Health care risk

Despite the relatively high level of risk associated with healthcare - around one in 10 patients admitted to hospital in developed countries experience some form of unintended harm [2-12] - it is only relatively recently that policy makers have turned their attention to improving the safety of patient care as a core priority for health care reform.

Patient safety is a serious concern for the EU Member States. Although no accurate figures for Europe overall exist, recent rough estimates based on the best available research suggest that the number of hospital inpatient episodes in Europe resulting in some form of unintended patient harm is almost certain to be in the order of **millions** of cases every year. Around half of those incidents may be preventable. In terms both human and economic terms, the scope to reduce these levels of avoidable error is becoming increasingly hard to ignore.

Current conceptual thinking on the safety of patients places the prime responsibility for adverse events on deficiencies in system design, organization and operation rather than on individual providers or individual products. Most adverse events are not the result of negligence or lack of training, but rather occur because of latent causes within systems. Countermeasures based on changes in the system are therefore more productive than those that target individual practices or products, though it is important to

recognize that competent, conscientious, safety-conscious individuals are also vital.

Response so far

Although there is growing interest among health policy makers, much remains to be done. Systematic attempts to improve safety and the transformations in culture, attitude, leadership and working practices necessary to drive that improvement are only just beginning. Effective and timely analysis and learning from experience are still largely ad hoc. Many adverse event reporting systems are embryonic and hampered by under reporting of events by health care workers. Understanding of the epidemiology of adverse events - frequency, causes, determinants and impact on patient outcomes, and of effective methods for preventing them - is limited. Although there are examples of successful initiatives for reducing the incidence of adverse events, few have been expanded to the level of an entire health system within a country, let alone between countries.

The case for action is compelling. As a result, patient safety is an increasingly high-profile issue at the European level. As people move freely across borders, they expect the care that they receive in any country to be safe and of good quality.

International action to improve the safety of patient care

Confronted with the growing levels of international awareness about the importance and scale of patient safety as an issue, the Fifty-fifth World Health Assembly in 2002 adopted a resolution urging countries to pay the closest possible attention to strengthening health care safety and monitoring systems. [13]

In May 2004, the Fifty-seventh World Health Assembly supported the creation of an international alliance to improve patient safety. The World Alliance for Patient Safety was launched in October 2004 by the Director General of WHO, Dr LEE Jong-wook. The Alliance aims to coordinate and accelerate improvements in patient safety worldwide. The Alliance brings together ministries of health, patient safety experts, national agencies on patient safety, health care professional associations, and consumer organizations. [14]

As part of this worldwide movement, a growing number of European countries are establishing and developing patient safety programmes. The United Kingdom was one of the first countries to give priority to tackling this problem. Patient safety is now a fundamental part of the drive to improve quality in the National Health Service (NHS) in England. My own landmark report in 2000 *An organisation with a memory* highlighted a current failure to learn systematically from things that go wrong, in marked contrast to other high risk industries. The report highlighted the importance of improved and unified mechanisms for detecting safety problems, the importance of a more open culture and the value of a systems approach to preventing, analysing and learning from adverse events. [15]

As a result, new agencies and structures have been established to help the National Health Service take forward action. In April 2001, the Department of Health in England set out a

Discussion at high level between EU Member States in 2005 has centred on proposing priority action, programmes and effective, practical tools aimed at:

- supporting Member States in establishing and developing national level patient safety programmes and patient safety reporting and learning systems
- bringing together design expertise from a range of industries and disciplines to embed the best thinking in "systems design" in patient safety
- initiating research on key aspects of patient safety, not least on the economic impact of patient safety problems the financial costs and benefits of implementing safety improvements - this is one key area where data and knowledge is currently insufficient
- encouraging the development of a skills and knowledge framework for patient safety education, along with tools to support innovation and implementation
- enabling the main players to align their work in this area and, wherever possible, to collaborate to ensure highest level of patient safety and quality of care at the European level

As well as 24 European Union Member States, the World Health Organization (in particular the World Alliance on Patient Safety) and the Council of Europe, as well as European associations for patients (EPF), doctors (CPME), nurses (EFN), pharmacists (PGEU) and hospitals (HOPE) have been actively involved in the EU working group on patient safety

The vision:

- patient safety is at the heart of all European healthcare systems
- risks and hazards to patients are reduced to as low a level as currently possible
- good practice and research evidence (once prioritised) are systematically adopted
- variations in the safety of healthcare within European countries are greatly reduced
- health organisations continuously quality assure and improve the safety of their services
- safety programmes enhance the achievement of the goals of major clinical programmes
- teams of health professionals together practise safely, to a consistently high standard and develop and improve, in both primary and secondary care
- information systems are in place which, with other underpinning strategies (such as HR), contribute effectively to safety programmes and are routinely used to demonstrate ever-improving quality and safety of patient care

programme of work to improve patient safety in the NHS. [16] This included the establishment of a National Patient Safety Agency to take forward a more integrated approach to systemwide reporting, learning and action on patient safety problems. The report also led to the establishment of the National Clinical Assessment Authority to improve our response to managing performance concerns about doctors and dentists. [17]

In April 2004, better mechanisms to track and manage progress on improving safety were initiated particularly action on known problems through an electronic system of national alerts. For the first time ever, this allows a systematic means to help assure how nationally endorsed safety guidance is being implemented across the NHS. In the first eight months of the system, around 72 alerts were issued. [18]

From 2005/6 onwards, patient safety has become the first of the independently-assessed core standards of NHS care. [19]

Patient safety priorities for the UK Presidency of the European Union

Patient safety has been a headline health priority theme of both the 2005 Luxembourg and UK Presidencies of the European Union. Activity at the European level builds on a programme established by the World Health Organization through the World Alliance for Patient Safety and the work of other key partners such as the Council of Europe. The Luxembourg Presidency led effort to consolidate support for patient safety activities, both at the individual Member State level and at the European level. The Luxembourg Declaration on Patient Safety crystallised this broad consensus into a number of key recommendations for EU institutions, for Member States' national authorities, and for health care providers. [20]

The focus of patient safety activity during the subsequent UK Presidency has been to build on the groundswell of support generated by the 2005 Luxembourg Declaration, emerging patient safety recommendations from the Council of Europe and the broader international programme of work being led by the World Health Organization. [21]

There is considerable scope for collaboration in designing and implementing systems to improve patient safety. Working with European Commission Services, Member States, the World Health Organization and with other key bodies including civil society and industry, the UK has been helping ensure the development of a coherent package of work on patient safety at the European level. Culminating in the UK Presidency Patient Safety Summit in London in November 2005, the overriding aims of patient safety activity during the UK Presidency have been to ensure that:

- patient safety becomes a key priority on the European health agenda, both at EU level and in individual Member States
- there are concrete mechanisms and practical programmes of activity established at EU level to take forward patient safety issues
- there is greater alignment of European patient safety initiatives, which add value to the efforts of Member States to facilitate real and lasting improvements in the safety of patient care across the EU

Other related initiatives have included:

- making significant progress to ensure safe professional practice, ensuring there is better information on health professionals that move across borders, and
- taking forward European paediatric medicines regulation, making sure that medicines are routinely tested and appropriately formulated for use in children and are, therefore, safer.

Conclusions

The patient safety agenda in Europe is gaining momentum. Safety is a fundamental principle of

Quote:
"Patient safety is another good example of where strengthening partnerships is particularly valuable. Many Members States are putting in place patient safety programmes with systems for reporting and learning from incidents.

Co-ordination of different initiatives at European level could help improve the reporting of incidents, lead towards standardisation of medical equipment and help to build safety as a key element into the design of all health systems."

Commissioner Markos Kyprianou, 7 Oct 2005, European Health Forum Gastein, Austria

patient care and a critical component of quality management. During the UK Presidency of the EU, while meeting with policy makers, clinicians, leaders and patients from across Europe, I have been struck by the commonality of the patient safety challenges faced by many countries, despite differences in context. Commonly recurring themes have included:

- the best ways to detect patient safety problems and build a culture of reporting among health care staff;
- caring for and communicating openly with patients and their families when things do go wrong;
- how to ensure effective learning and action to prevent the same safety problems happening to future patients

Patient safety programmes are now emerging in many countries across Europe. Useful proposals are emerging from EU Member States to collaborate on shared priorities. For countries wishing to establish or develop their own national patient safety programmes, there is a willingness to learn from others, to share what has worked well in another country, and - crucially - to avoid starting from scratch when their own country's resources are tight and when others may already have already developed approaches that can be adopted or adapted relatively easily.

These are welcome developments. However, much remains to be done.

And here I look to the European Union Institutions, the World Health Organization and other key partners to help sustain the momentum built up this year and to align their emerging patient safety programmes to help facilitate learning across European borders and - in time - to demonstrate that by concrete, practical action they have helped to achieve visibly safer care for patients across Europe.

The stakes could not be higher. Safe care is not an option. It is the right of every patient who entrusts their care to a health care system and those who lead it. I am confident that 2005 will be recognised as the year when a growing focus on patient safety across Europe was consolidated into solid programmes of action.

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