



Patient safety across Europe: the perspective of pressure ulcers

Ensuring patient safety in healthcare is a challenge for EU countries that must regain the trust of their people when it comes to healthcare management. More than a quarter of EU citizens have experienced an adverse event while receiving healthcare and over half think it is likely patients could be harmed by hospital care in their own country.¹

The cost and the importance of preventing errors and adverse events are crucial elements in healthcare that should never be undervalued. A recent report released by the European Commission on the cost of unsafe care and cost effectiveness of patient safety programmes estimates that about 4-17 % of patients experience adverse events, whereby 44-50 % of these events are preventable.

Pressure ulcers, also known as pressure injury, decubitus ulcers and bed sores, are very widespread adverse events in the hospital, especially among the most vulnerable patients,² i.e. children, elderly and those hospitalized in intensive care units.³ Recent studies consider pressure ulcers as the greatest burden exerted by unnecessary patient harm: in England this burden is estimated over 13 thousand of Disability Adjusted Life Years (DALYs), which measures the total number of years lost due to specific diseases or harm.⁴

It is important to stress that those injuries not only represent major challenges for the quality of life of citizens, but also a great burden in the healthcare budget. Although there are no consolidated data at EU level, the costs associated with the management of injury due to pressure ulcers are considered to be very significant in many countries; for example in the UK the total treatment cost of the related treatment amounts to GBP 1.4 to 2.1 billion or 4% of health expenditures.⁵

The Recommendation on Patient Safety adopted by the Council in 2009 have successfully raised awareness about patient safety and its challenges, yet its implementation at national level is considered incomplete.⁶ The European Commission assessed that several shortcomings are still in place: most Member States are still seriously challenged by patient safety issues, particularly healthcare associated infections, medication errors and pressure ulcers.⁷ Although these patient

¹ Eurobarometer, *Special Eurobarometer on Patient Safety and Quality Care*, 411/2014.

² OECD, *The Economics of Patient Safety: Strengthening a value-based approach to reducing patient harm at national level*, March 2017.

³ Rocha JA, Miranda MJ, Andrade MJ. *Abordagem terapêutica das úlceras de pressão: intervenções baseadas na evidência*. Acta med port. 2006 [Cited 2012 Feb 15] 19(1):19-28.

⁴ OECD, *op. cit.* p.13.

⁵ European Commission, *The costs of unsafe care and the cost effectiveness of patient safety programmes in healthcare systems in the EU Member*, report drafted by Gesundheit Österreich Forschungs- und Planungs GmbH and SOGETI, February 2016.

⁶ European Union, *Council Recommendation of 9 June 2009 on patient safety, including the prevention and control of healthcare associated infections (2009/C 151/01)*.

⁷ European Commission, *Second Report to the Council on the implementation of Council Recommendation 2009/C 151/01 on patient safety, including the prevention and control of healthcare associated infections COM(2014) 371*.



safety issues and adverse events may differ between healthcare settings, their drivers are considered to be the same across European countries: lack of communication and information, lack of skills or knowledge, inadequate organisational culture and misaligned incentives.⁸

Another issue which causes constant concern is that patient safety culture and blame-free environment have not improved yet in Europe. The empowerment of patients through effective reporting system and engagement in shaping national strategy are considered to be partial. Insufficient action had been taken by Member States to empower patients in terms of involving their representative organisations in policy making and informing patients on risks and safety provisions.⁹

Likewise, education and training of healthcare workers remain challenging. Although several EU countries claimed they encouraged continual education training on safety measures in healthcare, in most of the cases they have not provided any evidence about the actual delivery of such initiatives and programmes.¹⁰ In most of Member States, a fundamental system-level initiative such as patient safety education and training still differ depending on the profession (e.g. nurses, physicians, physiotherapists, occupational therapists, dieticians and pharmacists) and in 15 European countries it is not even mandatory.¹¹ Hence, it is very important for organisations as EWMA and EPUAP to keep on promoting the role of education in the prevention and treatment of adverse events like pressure ulcers, especially throughout important tool such as the International Pressure Ulcer Guidelines (to be renewed in 2019).¹²

Overall, the abovementioned deficiencies show that the Council Recommendations remains only partially applied across the EU and consequently an assessment of the state of play is still needed. Although it is commonly acknowledged that the Council Recommendation should remain an important guidance to monitor the progress made in patient safety and quality of care, the last implementation report was published only in 2014. The monitoring of the general patient safety provisions must keep going: a new implementation report from the Commission would represent a great tool to track down the path walked so far as well as a necessary starting point to eventually update the Council Recommendation.

The new implementation report should assess the development made by each country, in order to identify a list of best practices, national and local policy for quality of care evaluation (patient safety goals etc.). There are many success stories and lessons learned at national level to be discovered and showcased cross border.

⁸ OECD, *op. cit.* p.9.

⁹ European Commission, COM (2014) 371.

¹⁰ *Ibid.*

¹¹ European Commission, *Key findings and recommendations on education and training in patient safety by the Patient Safety and Quality of Care Working Group*, April 2014, p. 12.

¹² The NPUAP, EPUAP, PPIA International Pressure Ulcer Guidelines, released in 2014, provide based recommendations for the prevention and treatment of pressure ulcers addressed to healthcare professionals. For more information: <http://www.epuap.org/euap-guidelines/#downloadtheepuapguidelines>.

The guidelines will be renewed in 2019 and the guidelines development group will have the first meeting in Belfast during EPUAP 2017.



Additionally, the assessment should effectively evaluate the impact of austerity measures. The current economic crisis has without doubt placed great pressure on national healthcare budgets, also slowing down the implementation of national patient safety strategies. As flagged by the European Parliament’s report on “Safer healthcare in Europe: improving patient safety and fighting antimicrobial resistance”, since the crisis has started many EU countries instead of properly addressing efficiency issues, have radically reduced budgets and resources for staffing.¹³

There are no clear or consolidated figures to assess the damage resulting from austerity measures and dangerous short-term savings in the healthcare system across the EU. Any future implementation report on the Council Recommendation must fill this data gap. European policymakers need to acknowledge the consequences of poor financing and identify which adverse events are more likely to happen in certain conditions.

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Read more about EPUAP at www.epuap.org, about EWMA at www.ewma.org



¹³ European Parliament, *Report on Safer healthcare in Europe: improving patient safety and fighting antimicrobial resistance* (2014/2207(INI)).