



The time to invest in patient safety and pressure ulcer prevention is now!

Patient safety has always been a critical issue within healthcare settings when discussing budget. The **cost due to patient harm and its consequences are quite significant**: reports from the OECD estimate that 15% of hospital expenditure and activities can be attributed to treating safety failures.¹ Pressure ulcers and wound medication error are among the common adverse events affecting the health systems.

Though highly preventable, pressure ulcers and wound medication error remain an ongoing problem in numerous healthcare settings. It is important to collect and look at data such as bed days lost due to pressure ulcers² and similar index to recognise prevention as an investment for building a trusted and effective healthcare setting, not as a burdening cost.

Studies affirmed that the **costs of pressure ulcer prevention are dwarfed by the cost of failure**. Despite the considerable lack of data on potential savings, a recent study identifies pressure ulcers as an important example of preventable harm in acute and long-term care settings. Although the cost of prevention and treatment differed significantly depending on costing methods, findings reveal that the costs to treat severe pressure ulcers are substantially higher than the cost of prevention.³

It is worth taking into consideration that adverse events, like pressure ulcers, not only impose substantial financial burden but also a significant **impact on society, by undermining public trust** in the healthcare system. According to a Eurobarometer survey published in 2014, over half (53%) of all EU citizens think it is likely patients could be harmed by hospital care in their country, a three percentage point increase since the previous EU-wide survey run in 2009.⁴

The ongoing economic crisis has put a **great deal of pressure on national healthcare budgets**. Since 2009, several European countries hard hit by the crisis, have cut their health spending by reducing budgets and resources for staffing. Doing so, they have put patient safety at risk. Although the

¹ OECD, *The Economics of Patient Safety: Strengthening a value-based approach to reducing patient harm at national level*, June 2017.

² For example, in England the annual total of bed days lost due to pressure ulcers is around 1200, significantly higher than other adverse events like central line infections, sepsis and venous thromboembolism. Data based on the 2015-2016 NHS England references costs www.gov.uk/government/publications/nhs-reference-costs-2015-to-2016

³ Demarré et al, *The cost of prevention and treatment of pressure ulcers: A systematic review*, 2015 [http://www.journalofnursingstudies.com/article/S0020-7489\(15\)00200-X/fulltext](http://www.journalofnursingstudies.com/article/S0020-7489(15)00200-X/fulltext)

⁴ Eurobarometer, *Special Eurobarometer on Patient Safety and Quality Care*, 411/2014.



annual average growth rate per capita health expenditure varies across States, the EU-wide average rate is quite worrying: from 3.1% in 2009 to 0.7% in 2015.⁵

Although the crisis led to a slowdown in health spending growth, the **healthcare costs are rising fast in advanced economies**: according to the OECD analysis, health spending in Europe will become unaffordable by 2050 if policy makers would not reform the current systems by setting clear spending targets, investing more in health promotion and prevention. In European countries, public health cost is set to increase from around 6% of GDP today to almost 9% of GDP in 2030 without reforms to contain them.⁶ The rising cost of healthcare is not only related to the technological advances but also to the demographic changes. Public health spending generally increases with the age of a person: notably from the ages of 55 and greater for men and 60 and greater for women, coinciding naturally with higher morbidity at older age. Population aging is a powerful and demographic force: in 2050 the population aged 65 or greater will represent 16% of the population.⁷

In this fragile and partially unsustainable economic framework, preventing adverse events and unnecessary expenses in healthcare settings is crucial to keep the system sustainable. Given that the costs of pressure ulcers prevention are proven lower than the cost of failure, EWMA and EPUAP strongly advocate for the prevention of pressure ulcers as a key goal in healthcare and patient safety strategy.

The European Commission has recognised **the importance of prevention** of diseases and infections **in reducing cost and promoting efficiency**. The Lithuanian Commissioner for Health and Food Safety, Vytenis Andriukaitis, has put security and prevention at the forefront of the EU Health programme, stressing the European Commission's commitment in supporting Member States in improving quality and safety. Under his lead in the last months, the Commission has taken important steps by boosting EU actions on health and prevention: namely EU initiatives on vaccines, against tuberculosis, HIV/AIDS and, last but not least, against antimicrobial resistance, by promoting prevention as a milestone for a successful national strategy.

However, when policy makers discuss patient safety and cost-effectiveness, little attention is given to pressure ulcers and their prevention. Following the recent adoption of the EU Action Plan on antimicrobial resistance, it is very important that the Commission gains momentum and build something more concrete on patient safety, especially recognising severe pressure ulcer as a big threat for well-being and a significant burden for health budgets. In this vein, the cooperation between the European

⁵ OECD, *Fiscal Sustainability of Health Systems and Bridging Health and Finance Perspectives*, September 24, 2015.

⁶ *Ibid.*

⁷ WHO and the US National Institutes of Health, *Global Health and Aging*, NIH Publication no. 11-7737, October 2011 http://www.who.int/ageing/publications/global_health.pdf



Commission and OECD on quality of healthcare could be further strengthened to produce in-depth assessments and new generation of EU-wide health statistics on the cost-savings and cost-effectiveness of prevention of adverse events such as pressure ulcers.

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