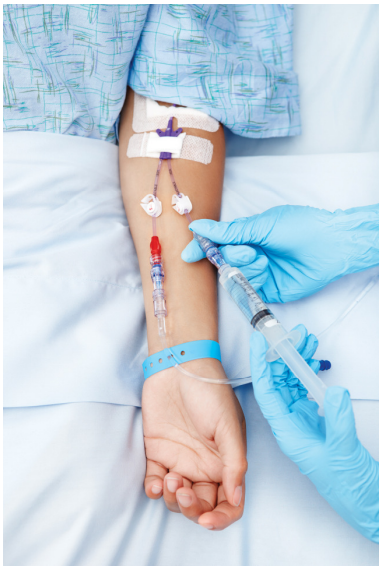
European Association of Hospital Pharmacists (EAHP)

Consultation Response

Patient safety and quality of care: action at an EU level.



February 2014

Achieving improvement in patient safety: the need for collaborative care, health professional role development and better use of technology

The European Association of Hospital Pharmacists (EAHP) consider there are 3 particular areas deserving of more focus in relation to future European Union activity and recommendations on patient safety.

1) Collaborative care

- It is the nature of healthcare that patient will be treated by a number of healthcare practitioners and specialists in multiple setting, including primary care, emergency care, intensive care and rehabilitation. Safety risks to the patient are introduced when communication breaks down either at hand over of care, or communication is misunderstood. Addressing this requires improved interdisciplinary working and a cultural emphasis on teamwork.
- Furthermore, every member of the healthcare team brings unique skills and experience in, not only the provision of care, but also in acting to prevent potential harm to the patient. In the case of the hospital pharmacist, this is firmly within areas such as medication review and vigilance for potential drug interactions. All too often however, reports continue of professional silo thinking still pervading within many health systems. This approach must be vigorously challenged at the high level for the cause of patient safety.

2) Health professional role development

- Related to the above point, the opportunities to advance health professional roles in areas of patient safety have been well recognised in many countries, but sadly not well advanced in all.
- In the case of hospital pharmacy, this includes the unique contribution to prevent error and improving safety that can be made by roles such as medicines reconciliation, therapeutic drug monitoring and greater presence of the pharmacist in the ward with patients.
- A position of conceptual stasis in relation to the role each health profession plays will not deliver the widescale improvement in patient safety that all stakeholders wish to see achieved in Europe. Governments need to be encouraged to review the utilisation of the health workforce skillset and take initiative in developing professionals roles in the interest of patient safety.

3) Better use of technology

- EAHP considers that the 2009 European patient safety recommendation missed an opportunity to give greater encouragement to member states to utilise established technologies for the purpose of patient safety. This includes, for example, Computerised Prescription Order Entry and bedside scanning of medicines at the point of administration to patients.
- There are opportunities for countries to cooperate with each other to a greater extent than is presently the case in order to make systems interoperable and to reduce overall investment costs. EAHP consider the European Union has a positive role to play in promoting such cooperation.

Other key points within this response include:

- Key barriers to implementing patient safety recommendations include: finance; coordination; political will; and professional silo working.
- The Commission can help overcome all of these barriers by: encouraging calculation of the cost of **not** investing in patient safety; highlighting good examples of coordination; promoting frank and honest public discourse on patient safety; and emphasising to member states the importance of collaborative care to achieving patient safety

ANSWERS TO CONSULTATION QUESTIONS

SECTION 2 - IMPLEMENTATION OF THE COUNCIL RECOMMENDATION 2009/C 151/01

2.2.3. If the Recommendation was fully or partially implemented, which tools could help better implementation (more than one answer possible)?

X – National binding legislation

X – EU co-operation on patient safety

X – Involvement of patient organisations

X – Involvement of health professionals

X - Others

2.2.3. If other, please specify.

In relation to improving collaborative care towards the goal of improved patient safety, the involvement of health system managers and policy makers is also required.

In relation to health professional role development and patient safety, representatives from the education provider institutions should be involved.

In relation to better use of technology and patient safety, the software industry, packaging industry, health management sector, and sectors of the pharmaceutical industry need to be part of the discussion.

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

The barriers to implementing patient safety recommendations across EU countries are varied and multi-factored. However they may reasonably be said to include:

1) Finance

The current public finance environment in many, if not all, European countries has placed a strain on health services, with health investment strategies too often becoming short termist in outlook, mitigating against longer term investment in the interest of patient safety.

Indeed EAHP notes this factor in holding back patient safety improvement is acknowledged by the Commission in the background paper to this consultation. Anecdotal reports that EAHP has received from its member associations also support this assessment.

To overcome this obstacle, managerial thinking within Europe about patient safety needs to include equating the cost of not making improvements and investments. E.g. unnecessary hospitalisations, and the cost of adverse events.

2) Coordination

Although all European countries differ in the manner in which healthcare is delivered to patients, it may be asserted that fragmentation of provision and organisation presents an inevitable barrier to bringing patient safety improvements into realisation.

This might, to give just one example, be said to be partially the case in holding back the more widespread introduction of bedside scanning of medicines at the point of administration to patients in the hospital sector. This requires health system managers, payers and insurers; health professions and patients; the software and hardware industry, packaging industry and branches of pharmaceutical industry to come together in cooperation to solve the many aspects that frustrate implementation. This can be lengthy to achieve in timescales, resource-intensive, with mixed outcome.

Improvement in collaborative care and health professional role development in areas of patient safety also requires coordination between health systems and ministries, health professions, and education ministries and institutions.

Going forward, the Commission and national governments should therefore promote good case study examples in terms of organisational architectures that will help European countries better visualise how to achieve consistent implementation of patient safety improvements.

3) Political will

Politically, there might be said to be some perverse incentives operating within health systems in regards to patient safety. Making the public fully aware of all patient safety risks inherent in the delivery of healthcare can be a nervous prospect for those whose primary role is to instil public confidence in such systems.

This in turn can make the task of building political will and support for patient safety investments more difficult: if a problem is not fully recognised, it becomes harder to build support for implementing improvement. Patient safety improvement often requires investment, and investment requires political will.

The Commission should therefore encourage greater frankness and honesty in public discourse about patient safety as this may be helpful to creating an environment more conducive to change and improvement.

Furthermore, awareness raising with the general public of the existence of the 2009 Recommendation, and publication of the relative and comparative achievement of member states towards meeting the Recommendation, could assist in producing the required political will for action at the national level.

4) Professional silo working

Whilst many advances have been made in the area of multi-disciplinary and collaborative care in order to serve the patient safety interest, there remains, in too many instances, a reluctance to amend 'traditional' ways of working. These attitudes of 'silo working' need to be continuously challenged, and attitudes of collaboration and teamwork strongly instilled – from undergraduate to postgraduate level.

The message, and best manner to achieve this, should be communicated strongly from a European level in order to set a firm agenda: that a strong ethic of teamwork in healthcare delivery should be normalised and mainstreamed in all European countries.

2.4. Which provisions of the Recommendation are of particular relevance?

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

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

EAHP identifies 3 areas not in strong focus of the 2009 Recommendation that could be usefully expanded upon:

1) ***Universal application of collaborative care principles***

It is the nature of healthcare that any patient is likely to treated by a number of healthcare practitioners and specialists in multiple settings, including, as examples, primary care, emergency care, intensive care and rehabilitation. Safety risks to the patient are introduced when communication breaks down either at hand over of care, or communication is misunderstood. Addressing this requires improved interdisciplinary working and a cultural emphasis on teamwork.

Furthermore, every member of the healthcare team brings unique skills and experience in, not only the provision of care, but also in acting to prevent potential harm to the patient. In the case of the hospital pharmacist, this is firmly areas such as medication review and vigilance for potential drug interactions. Whilst research and projects in some areas show great promise [15-17] reports too often continue of professional silo thinking pervading and frustrating patient safety improvements. Some of the cited causes for this include unfamiliarity with the roles, geographical separation or a lack of leadership promoting wider consultation with other healthcare professionals [14]. In which ever case, the silo mentality to patient care must be vigorously challenged at the highest level for the cause of patient safety in Europe.

Documents and initiatives, such as European council recommendations, can be useful in laying down a firm statement of joint intent by EU countries in areas of healthcare such as the principle of collaborative care.

2) ***Health professional role development***

The 2009 recommendation largely evades the issue of health profession role development. From the pharmacist perspective in many European countries there is still important unfulfilled scope for developing the profession's role in areas such as:

- medicines reconciliation,
- therapeutic drug monitoring and
- presence on the ward to monitor and give advice on medication use.

In relation to medicines reconciliation, it is estimated in the USA that more than 40 percent of medication errors are believed to result from inadequate reconciliation in handoffs during

admission, transfer, and discharge of patients[5] [i]. Of these errors, about 20 percent are believed to result in harm [6][ii]. Similar evidence is also being collected within Europe following national recommendations[7]. EAHP considers, in view of the evidence, all European countries should be examining how medication reconciliation processes within their health systems could be improved, and the potential to better utilise the pharmacist skillset and qualified knowledge in medication. **The importance of medicines reconciliation processes within European health systems should be emphasised within any new set of Commission recommendations on patient safety.**

Therapeutic drug monitoring is another important tool in the prevention of adverse drug reactions. This is especially the case in view of Europe's ageing population – a patient cohort more frequently subject to multi-morbidity and polypharmacy, and for whom the consequences of adverse drug reactions have greater propensity for harm.

Additionally, as a result of numerous studies, pharmacist presence in ward level activity has been shown to improve patient safety, as well as reduce prescribing costs. This comes about through informed recommendations on drug choice, dose, and need for drug treatment; identification of potential interaction problems; and by improving the accuracy of drug history documentation[8].

To support the development of these roles pharmacists require appropriate access to the patient's healthcare record, a development that should be supported in any future set of patient safety recommendations.

Additionally to this, across Europe there is more that might be contributed by the hospital pharmacist in areas such as antimicrobial stewardship and antimicrobial advice in relation to healthcare acquired infections [9] - but only if professional role development in these areas is adequately supported and prioritised at the required decision-making levels.

EAHP consequently recommends that health professional role development come more firmly within the ambit and attention of the EU's future work on patient safety.

3) The use of technology to improve patient safety

The 2009 recommendation makes only brief reference to the use of the technology in improving patient safety: *"the development of safer and user-friendly systems, processes and tools, including the use of information and communication technology"*

In retrospect this recommendation appears soft in its meaning. The value of technologies such as computerised prescription order entry (CPOE) and bedside scanning of medicines at the point of administration are well recognised within the healthcare sector in terms of

reducing prescription and medication prescription error[1-3]. New technological tools have become available in the area of antimicrobial stewardship[4]. Making more patient safety related information more available to health professionals and patients would intuitively appear to the benefit of the patient safety agenda, and the evolution of technology continually offers new opportunities in this regard.

There is value too in cross-border and international cooperation in patient safety technology in terms of agreeing common standards and specifications in order to enable both interoperability as well as reduced initial costs of investment via economies of scale.

The area of technology and patient safety also ties closely to Commission activity in other areas such as the Ehealth Action Plan and Horizon 2020's support for aspects such as improving public procurement systems for innovative eHealth services.

EAHP therefore recommends strengthened recommendations on utilising technology for the benefit of patient safety. Specifically, we suggest naming the use of computerised prescription order entry systems in hospitals as a recommendation, and for countries to cooperate in the field of interoperability and use of common standards and specification in this respect.

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

EAHP supports the Commission's endeavours in the area of improving patient safety and hopes to be able to assist and support it in terms of advice and good practice examples in the months and years ahead. EAHP therefore hopes that an open and participatory approach will be maintained by the Commission in this *"year of reflection on the future of EU action on patient safety and quality of care"*. There are many organisations with valuable contributions and reflections to make on this topic and we trust the Commission will draw its advice from the widest pool.

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