



**ASSOCIATION EUROPÉENNE DES MÉDECINS DES HÔPITAUX
EUROPEAN ASSOCIATION OF SENIOR HOSPITAL PHYSICIANS
EUROPÄISCHE VEREINIGUNG DER LEITENDEN KRANKENHAUSÄRZTE
EUROPESE VERENIGING VAN STAFARTSEN
DEN EUROPÆISKE OVERLÆGEFORENING
ΕΥΡΩΠΑΪΚΟΣ ΣΥΛΛΟΓΟΣ ΝΟΣΟΚΟΜΕΙΑΚΩΝ ΙΑΤΡΩΝ ΔΙΕΥΘΥΝΤΩΝ
ASSOCIAZIONE EUROPEA DEI MEDICI OSPEDALIERI
DEN EUROPEISKE OVERLEGEFORENING
ASSOCIAÇÃO EUROPEIA DOS MÉDICOS HOSPITALARES
ASOCIACIÓN EUROPEA DE MÉDICOS DE HOSPITALES
EUROPEISKA ÖVERLÄKARFÖRENINGEN
EVROPSKO ZDRŽENJE BOLNIŠNIČNIH ZDRAVINIKOV
EUROPSKA ASOCIACIA NEMOCNICNÝCH LEKAROV
EUROPSKA UDRUGA BOLNIČKIH LIJEČNIKA**

Document :	AEMH 05/036
Title:	Report from the Patients Safety Conference, 4-5 April 2005 in Luxembourg
Author :	AEMH Secretariat
Purpose :	Information
Distribution :	AEMH-Member Delegations
Date :	2 May 2005

Patient Safety Conference, 4-5 April 2005 in Luxembourg

Parallel Session III : “First do no harm - Ensuring patient safety in hospitals”

Dr. Lies, President of the AEMH, Chair of the session

Prof. Edwards, Vice-President of HOPE, Rapporteur

Opening Speech by Dr Lies :

<Ladies and Gentlemen,

I am very honoured to chair this Parallel Session at the second day of our Patient Safety Meeting. Together with Prof. Edwards representing Hope, I think we are both in an excellent position to chair and to report about this meeting concerning Patient’s Safety in hospitals, our daily life.

It has also been the main topic for one of our predecessors, Hippocrates who lived about 2465 years before us in Cos in the Egian Sea and already at that time, he stressed out two principles ruling his famous “Hippocrates Oath”.

The principles are: **be useful** and **do no harm**.

I don’t want to say that nothing happened since the Hippocrates era and our times, but the new technologies, the new information facilities and politics try often to diabolise this or that profession and make it responsible for negative events occurring during the treatment of a patient.

Therefore I thank for the initiatives that all stakeholders involved in the process are represented at this conference. This is already a success.

We all are representatives for patients, doctors, nurses, administrators, politicians and insurers. I see this conference as a first step in the continuing process of dialogue, common decisions and the most important is that everybody must take at his level his responsibility.

Having operated or assisted more than 30.000 operations and having many delicate problems to solve as manager of a new hospital, I succeeded mostly in putting myself the following question: If I would be this patient, what would I expect from the surgeon, the doctors, the nurses? This simple question allowed me to find the best solution in nearly every case.

We all – senior, junior and salaried doctors in hospitals, together with the administrators, insurers, politicians – must find a way at the end of this work-shop to make a common proposal in order to approach more the ideal State of the Art in matters of Patient Safety.

Therefore we need not only your attention, but especially your highly qualified remarks.

Thank you very much. >

The first speaker, **Mr Elgie** from the European Patients' Forum (EPF) related patient safety in hospitals from the patients' perspective, which is quite in line with the doctors' perspective. There is no doubting the importance of hospitals in today's society, whether in terms of saving lives, curing people or greatly improving the quality of life for those with a chronic condition. Mr Elgie denounced to apply a "budget airline mentality" to hospitals. If the plane had not been properly cleaned before the next flight it did not matter too much. However, to introduce such a system into the delivery of health care must impact adversely on patient safety. In the same aspect, running a hospital like a factory or administration : human beings are not goods or commodities. On the other hand, Mr Elgie recognized the necessity of the empowerment of patients, who must accept a degree of personal responsibility.

Ms von Bönninghausen tot Herinkhave-Visser, President of the Standing Committee of the Nurses of the EU (PCN) defended the nurses perspective with a vibrant call for: "What is good for nurses is good for patients". Improving working conditions, information, time management, system feed back, training, instructions, sleep patterns for nurses will improve the quality of care provided to the patients.

Dr Tiainen, President of the Permanent Working Group of European Junior Doctors (PWG) spoke on behalf of the junior doctors, who very often are the first to receive the patient because it is the interns that are mostly on emergency ward. And although "One learns best by doing" and "responsibility teaches", Dr Tiainen pleaded that doctors in training should always be adequately guided and supervised to ensure best quality of training, which is an important factor for patient safety.

She furthermore insisted on the working environment and the working conditions which can provide a significant hazard to patient safety. The Working Time Directive should therefore avoid long working hours and ensure sufficient rest periods.

All time spent at the workplace is working hours and compensatory rest should be given immediately after the work period concerned.

Ms Novak-Zezula, Scientist at the Ludwig-Bolzmman-Institute for the Sociology of Health and Medicine (LBISHM) presented a pilot project led in 12 European hospitals concerning the impact of language problems in the light of patient safety. The project showed some interesting examples how communication problems with non-local, migrant populations and ethnic minorities are solved. She furthermore referred the audience to the Amsterdam Declaration: "Towards Migrant Friendly Hospitals in an ethno-culturally diverse Europe".

Dr Sobat, Secretary General of the Croatian Medical Association, took up the topic of Safe handling of hazardous drugs, which can be a danger for patients but also for the health care staff. His presentation covered all aspects from the transport and delivery to the contaminations frequently found in the environment where drugs are prepared and administrated. He denounced the non-respect of simple security measures such as protective clothing. Prescription and medication errors arise due to similarity of

packaging, which can lead to serious confusion, because the main concern of the pharmaceutical firms is the respect of their marketing requirements. At this point the pharmacists launched an appeal to the pharmaceutical industry for a harmonization of the inscriptions on drugs: ban percentages, inscribe only the contents.

Dr Wedin, President of the Swedish Association of Hospital Physicians and Chair of the AEMH working group on Risk Management, pleaded in her presentation concerning the hospitals' role for a "no shame-no blame" culture, where reports should be routine and hereby minimize harmful consequences and prevent mistakes to be repeated. This needs a change of attitude not only from the health professionals but also the patients and a change in jurisdiction. Systems dealing with safety must not be based on punishment but on feedback. Dr Wedin also approached the involvement of the "boss" or the leadership to prevent errors and to support and comfort when mistakes have been done.

Dr Chauvot, Head of Department in the Regional Anticancer Centre of Lyon, FEMS-delegate, reported in his presentation from his experience concerning the preventive aspect of the « incident card » in a hospital environment. This reporting system must be dealt with as a quality improvement within a global quality procedure. The study on the number of declared incident cards covering the last five years showed an ascendant curve until 2003 with afterwards a slight decrease, which remained unexplained. The analysis of 999 declared incidents in 2003 demonstrated that 454 were subject to immediate corrective actions, 245 to immediate preventive actions, 229 to programmed preventive actions, 2 to programmed corrective actions. Though these measures contribute considerably to avoid further incidents and thus to increase the safety, the juridical point of view remains unsettled.

Mr Essinger, President sub-committee at the Standing Committee of the Hospitals of the European Union (HOPE) gave a presentation on patient safety and hospital insurance and explained the advantages of a no-fault system which is no blame for the doctor and thus no legal or economic risk. The no-fault system represents no risk for patients either and the advantage of the system is lower costs in claims handling, as only 1 % of the claims get to court. On the other hand and in general he questioned whether the reported adverse events are not only the top of the iceberg.

Dr Lilja Pedersen, Head of Department of Patient Safety at the Copenhagen Hospital Corporation gave an overview on the establishment of an electronic library of patient safety solutions. The Copenhagen Hospital Corporation consists of 6 hospitals and has 4.000 beds and around 18.000 employees. They developed a patient safety programme three years ago, which includes a reporting system for adverse events. Within 19 months a change of attitudes and behaviors in favor of increased patient safety could be documented.