



## **Consultation on: Future EU agenda Quality of health care - Preliminary opinion**

### **EFORT Response**

#### **Background on EFORT:**

The European Federation of National Associations of Orthopaedics and Traumatology (EFORT) is the platform organisation linking Europe's national orthopaedic associations. Its aims to promote the exchange of scientific knowledge and experience in the field of prevention, conservative and surgical treatment of diseases and injuries concerning the musculoskeletal system. To this end, particular emphasis is placed upon activities focusing on education and research. EFORT represents 45 national member societies from 42 member countries, as well as nine associate scientific members. More information at: [www.efort.org](http://www.efort.org)

EFORT annual Congress in June 2014 focused on Patient Safety. With Patient Safety as the overarching theme of the 2014 Congress, EFORT aimed to deliver the best educational sessions to improve orthopaedic health care in Europe in order to meet the increasing expectations of an ageing population that wants to maintain an active life during retirement. More information at: [www.efort.org/london2014](http://www.efort.org/london2014)

The main theme of the EFORT Congress in May 2015 will be infection, thus putting the issue of patient safety and care quality at the heart of the Orthopaedic and Trauma practice. More information at: [www.efort.org/prague2015](http://www.efort.org/prague2015)

EFORT is committed to promote the highest standards of medical practice in order to achieve excellence in care for all patients across Europe.

#### **EFORT Response to the Consultation:**

##### **General observations:**

Today's patients throughout Europe are entitled to the most optimal care. Progress in surgery has been phenomenal in this last decade and new techniques and processes have allowed consistently successful outcomes for complex procedures. However, the best of surgical care is only relevant if applied to the right patient, to the right site and with minimal complications such as post-operative infections.

Wrong site surgery, which still occurs today, too often i.e up to fifty times a week in Europe, must be eliminated by careful positive patient identification and the use of checklists. A large international study (N Engl J Med 2009) revealed that morbidity dropped from 1.5 per cent to 0.8 per cent following the introduction of checklists. The rate of complications also fell from eleven to seven per cent.

Nosocomial infections kill more patients than road traffic accidents throughout Europe. They must be abolished by heightening the awareness for the necessity of hand hygiene measures such as alcohol rub application after each patient encounter by hospital personnel.

Implant and procedure related complications must be curtailed by traceability programs and by the use of implant registries throughout Europe.

The occurrence of undesirable effects and interactions of prescribed drugs must be eradicated by the use of computer aided prescription systems.



Educational programs must be set up throughout Europe to promote best practices and avoid physician errors in indications and use of the available sophisticated equipment and procedures.

It is only by applying proactively these basic patient-safety measures that patients will benefit wholly of the sophisticated surgical procedures available today while minimizing the risk of complications and untoward outcomes.

EFORT is sharing the expert view, that the EU Commission could play a crucial role in supporting important actions to be taken at the European level in order to improve quality of health care and safety of patients.

If patients as well as health professionals shall develop new future roles as expressed in the executive summary, it is necessary to strengthen specific education and training tools. In particular the following comments shall be made:

#### Executive Summary

274: It is very important, that the experts “recognise the importance of allocating more funds to research activities aimed at investigating the possible strategies to scale up the resilience of health systems to promptly respond to upcoming challenges”. It would also be necessary to raise the expenses for education and training, but this recommendation cannot be found in the opinion at all.

282: It is unclear, how the proposed development of “a Europe-wide health education program encompassing health literacy, patient safety and health care” can be achieved. Neither in the Executive Summary nor in the subsequent chapters of the opinion a detailed proposal with appropriate listing of measures is outlined, explaining how this important goal can be reached. Only a very short set of actions can be found in chapter 3.6. (1669 – 1686). They also contain some aspects for the proposed “Education of health professionals and patient empowerment” listed on the nano level of table 1 (line 396), but it does not reflect the high significance of this proposal at all. In this context it shall be pointed out, that the Relevant Framework Programs’ EU Projects on quality/safety (table 4 and 5) does only contain one specific program on patient empowerment (Empowering patients with chronic diseases (EMPATHIE); tender EAHC 2013/health04). From our point of view there should be more programs giving support in this important field of patients safety.

#### 3.2 Core dimensions for quality services in health care

822 (table 7): It is doubtful, whether the “establishment of Information Systems on the extent, types and causes of errors, adverse event and misses” is an appropriate and sufficient tool for development of patient safety information and learning systems. “Education and training of health care workers, management and administrative staff in health care setting” is important to promote patient safety and should indeed be embedded in undergraduate as well as postgraduate training. More and detailed information on how to achieve this, is lacking.

825 (table 8) : The recommendations to ensure “continuous education, access and use of evidence based information” through developing, maintaining, disseminating and stimulating adherence to adequate Guidelines and evidence based medicine tools cannot be overestimated. It is, however, absolutely unclear, how “training programmes for health professionals in order to guarantee that they can apply current professional knowledge” will be realized in the future throughout whole Europe.



### 3.4.2. Elements of health care

1164 – 1234: In this important chapter essential requirements for future improvement of patient care are outlined: qualifications necessary to be considered as a health professional (i.e. monitoring, renewal and extension of licensing) and the assuring, that enough health professionals are available to provide care. No opinion is provided, however on how these important prerequisites will be approached.

### 3.6. Proposed actions at EU-level

1585: This Chapter highlights the 21st Century as a period where health systems are confronted with new challenges as well as with new opportunities. It is true that the EU Commission could play a crucial role in boosting the improvement of the quality of health care and the safety of patients. The listed actions are important and it is especially helpful, to find here – for the first time – some more information on how “Education and training in their new roles for both patients and health professionals” (1669 – 1686) can be executed. This important measure should be highlighted also in the executive summary, however. In “Miscellaneous recommendations” (1730 – 1732) it is stated that European member states shall be supported “in defining and developing clear processes to regulate health professionals across the EU in order to ensure that national and foreign health professionals are qualified and fit to practice”. We agree that this is a very important task and would propose to address every initiative in order to support it.

In general we agree with the opinion, that education of health professionals and patients (patient empowerment) is a promising tool for enhancing health care quality and especially patient safety. It is necessary, however, to debate appropriate initiatives how to achieve this goal and to provide adequate finance resources on national and/or supra-national levels.

#### **1662 HP: Promote the use of registries to collect data on health care quality and efficiency of different treatment options**

We agree with the Opinion of the experts that the use of registries to measure and monitor the efficiency and quality of care can help to build the evidence base for quality improvement. Building information systems, such as patient’s registries, post-market efficacy studies for assessment of risk benefit, or comparative (relative) effectiveness research, are needed for assessing quality.

In Orthopaedics, registries provide an inventory of treatment outcomes in arthroplasty – e.g. for hip fracture patients -, thus facilitating production control, but also because awareness of these outcomes helps to improve quality and bring about improvements for large groups of patients. Registries also offer an opportunity to assess the major changes in the medical care organization and lead to improved treatment and more efficient utilization of resources.

With the upcoming revision legislation on medical devices, registries are becoming even more crucial in ensuring safe devices.

The European Arthroplasty Register (EAR) is a voluntary cooperation of independent National Arthroplasty Registers and is an EFORT project, set up in 2005, which involves 36 national registries.

The general aim of the EAR is to:

- To define of common standards for data collection, data management and evaluations at European level to ensure a high level of comparability of national register data;



- To develop of register documentation and standardisation on the highest possible level;
- To perform supranational evaluations of implants when useful;
- To compare different countries and different health systems with respect to rate of revision;
- To support National Orthopaedic Societies in the development of National Arthroplasty Registers;
- To develop communication in medical societies and with the industry;
- To improve communication concerning register reports

Through EAR and the National Registers Boards, several of the registries with a high completeness in collection of national implanted joint replacements (>90%), have been able of proving inferiority of different implants and surgical procedures, thereby guiding their doctors in changing to better, safer and more proven concepts. EAR and the National registers have also by collecting data assisted in improving postoperative patient programme, i.e. documenting a stratified and needed reduction in blood transfusion.

More information at [www.ear.efort.org](http://www.ear.efort.org)

**1633 HP: to develop and promote European guidelines and checklists for similar conditions across EU MS and regions to ensure common approaches and procedures**

Scientific Societies, such as EFORT should be consulted in the elaboration of Patient Safety Guidelines and checklists to ensure practical and evidence-based recommendations.

Checklists are at the core of the orthopaedic surgery. EFORT promotes the use of checklists before, during and after surgery. Studies have demonstrated that the implementation of surgical checklist can significantly reduce morbidity and complication rates amongst orthopaedic patients, thus ensuring patient safety.

**1668 Education and training in their new roles for both patients and health professionals**

**1669 HP: to continue supporting MS in promoting continuing education and training programmes to improve the quality of health care services and to promote revalidation of Doctors with an appraisal every 5 years, including patient safety education and training.**

With the increased mobility of patients (as conferred by the EU Directive 2011/24/EU on patients' rights in cross-border healthcare) and the mobility of professionals, harmonising orthopaedic and trauma education throughout Europe is a prerequisite to patient safety and care quality. This would resolve the disparities between countries in the duration and content of training. We have a vested interest in training and, more specifically, in continuing professional development. In the UK for instance, surgeons have to revalidate every five years to prove that they are still fit to practice. The British Orthopaedic Association (BOA) operates a revalidation process that obliges orthopaedic surgeons to be retested every five years, and other European countries are in the process of instituting similar systems, or have already done so. The first beneficiaries of such systems are the patients, who can be assured to receive adequate and up-to-date care.

**1625 HP: To establish an EU Health Care Quality Board (Management/Team) for the coordination of all EU initiatives in HCQ.**

We support the establishment of an EU Health Care Quality Board and encourage the participation of Scientific Societies and Patient Groups as well as Hospitals Managers, through a transparent procedure.