

Eucomed AWCS Group

EU Commission: Question and answer

Question:

By MEP Prodi

Wounds have a significant impact on patient health and on resource costs to healthcare providers and, therefore, ensuring wounds are appropriately diagnosed and treated is essential, in particular avoidable wounds and wound complications such as surgical infections and hospital-acquired pressure ulcers.

All European governments are facing financial pressures, exacerbated by the forecast growth in the elderly (by 38% in the next 20 years in Western Europe), which will place almost intolerable burdens of financing for health, pensions and social care. The adoption of wound care practices will help reduce future costs and improve outcomes for patients.

However, nothing can be done until the scale of the issue is known and, therefore, it is essential that the Commission understand the magnitude of the issues, or, at the least, the fact that vitally important information is not known.

In view of the important human and financial cost of avoidable wound complications, does the European Commission have comparative data for Member States on

1. the rates of surgical site infection? and
2. the rate of hospital-acquired pressure ulcers?

Does the European Commission have information, has it conducted studies or is it pursuing a statistical common methodology for aggregating data on prevalence and treatment of patient conditions such as the need for wound care?

Does the Commission intend to bring forward, under the new Lisbon Treaty competence (Art. 168), any further measures (consultative or legislative) intended to address data collection, identification of best practice or existing standards of treatment for patient conditions, including wound care?

E-3315/10EN

Answer given by Mr Dalli, on behalf of the Commission, (25.6.2010)

According to Article 168 of the Treaty on the Functioning of the European Union (TFEU), Member States are responsible for organisation and delivery of health care.

Wound care and more particularly complications related to healthcare associated infections are of particular importance as they represent both a severe public health problem and a high economic burden on limited health resources. As such, these infections are covered

under Commission Decision 2000/96/EC of 22.12.1999¹ on the communicable diseases to be monitored by the Community network for surveillance.²

The European Centre for Disease Prevention and Control (ECDC) estimated that, in the EU, on average, one in every 20 hospitalised patients - 4.1 million citizens - acquires a healthcare associated infection. 37,000 deaths are caused every year as a result of such infections³.

Different types of surgical procedures have different degrees of risk for wound infections as highlighted in a recent report by the ECDC⁴ with the latest surgical infection incidence rates. Inter-country comparisons of surgical site infection rates for the same type of surgical procedure should be made with caution, taking into account national differences in surveillance methods once patients are discharged from the hospital, in post-operative length of hospital stay (infections are more likely to be detected in the hospital), and in the type of operations carried out (e.g. some countries perform more total hip prostheses and fewer partial hip prostheses which have different infection risks). There is currently no EU wide data on hospital acquired pressure ulcers.

Following a proposal from the Commission, in June 2009 the Council adopted a Council Recommendation on patient safety, including the prevention and control of health care associated infections⁵, which sets out recommendations to reduce healthcare associated infections. This Recommendation advocates strengthening surveillance implementing prevention and control measures by making guidelines and recommendations available, and fostering training of healthcare workers. Member States are invited to report to the Commission on the implementation of the Recommendation by June 2011.

Regarding the ongoing work by the Commission and the ECDC to support Member States with the implementation of these recommendations, the Commission would like to refer the Honourable Member to its answer to written question E-3685/10⁶.

The Commission is furthermore supporting several projects on reducing health care associated infections under the EU Health programme⁷.

In addition, the access to effective antimicrobial agents to treat such infections is of the utmost importance notably in the context of the spread of anti-microbial resistance. To tackle this threat and following a proposal from the Commission, the Council adopted in 2001 a Recommendation on prudent use of anti-microbial agents (2002/77/EC)⁸. The Commission has since reported twice on its implementation by the Member States^{9,10}

¹ OJ L 28, 3.2.2000

² Decision 2119/98/EC of the European Parliament and the Council, OJ L 268, 3.10.1998

³ http://ec.europa.eu/health/archive/ph_systems/docs/patient_ia_en.pdf, Annex 3

⁴ 2009 Annual epidemiological report on communicable diseases in Europe

(http://www.ecdc.europa.eu/en/publications/Publications/0910_SUR_Annual_Epidemiological_Report_on_Communicable_Diseases_in_Europe.pdf) from the European Centre for Disease Prevention and Control (ECDC) with the latest surgical site infection incidence rates

⁵ OJ C 151 of 3.7.2009 p. 1

⁶ <http://www.europarl.europa.eu/QP-WEB/home.jsp>

⁷ http://ec.europa.eu/health/patient_safety/projects/index_en.htm

⁸ OJ L 34 of 5.2.2002 p. 13

⁹ http://ec.europa.eu/health/ph_threats/com/mic_res/com684_en.pdf

¹⁰ http://ec.europa.eu/health/antimicrobial_resistance/docs/amr_report2_en.pdf