



EWMA & EPUAP added-value to OECD efforts

Since its inception in 1948, OECD has provided a forum where member countries can compare and exchange policy experiences, identify good practices and promote recommendations. In this framework, in January 2017, Health Ministers asked OECD to help them reorienting health systems to become more patient-centred, shifting the focus towards the needs of individuals, and changing the way health systems are structured and how their performance is measured in the future.¹

In the past ten years, the work of OECD has provided a valuable contribution in fostering patient safety policies and studies throughout data collection and data measurement (i.e. OECD indicators). The core of OECD's work on patient safety is defined by the Health Care Quality Indicators (HCQI), which are underpinned by a continuous programme of research and development to improve their international comparability. As for the other OECD indicators, the research on the HCQI on patient safety data is carried out to improve international comparisons and economic analyses of health systems. The results of the research are included in the annual publication "Health at a Glance" which reports the most recent comparable data on the health status of populations and health system performance in OECD countries.²

Initiated in 2001, the Health Care Quality Indicators project aims at measuring and comparing the quality of health service provision in different countries. The HCQI collects comparable data on two types of patient safety events: 'sentinel events' that should never occur (e.g. failure to remove surgical foreign bodies) and 'adverse events' which cannot be fully avoided given the high-risk nature of some procedures (e.g. post-operative sepsis, infections, post-operative wound dehiscence). From 2016, OECD Patient Safety Indicators and their uses have been monitored through the reports on their implementation and, more recently, through the OECD report on the Economics of Patient Safety.³

OECD is not alone in this effort: financially supported by the European Commission, the organisation can count on 250 committees, working groups and expert groups, including representatives of the 35 OECD member countries, civil society and associations working in related fields. Towards the years, the health expert groups have developed a set of quality indicators at the health systems level, which allows to assess the impact of particular factors on the quality of health services.

EPUAP and EWMA contribute to the ongoing activities of the Health Care Quality Indicators Expert Group, bringing attention to their important inputs on wound care and pressure ulcer prevention. For example, the EPUAP and EWMA commitment and expertise have been instrumental in building support for a consistent measurement methodology and definitions,

¹ OECD Health Ministerial Meeting, *Ministerial Statement: The Next Generation of Health Reforms*, 17 January 2017. Available at: <http://www.oecd.org/health/ministerial/ministerial-statement-2017.pdf>

² OECD, *Health at a Glance 2017*, 10 November 2017. Available at: <http://www.oecd.org/health/health-systems/health-at-a-glance-19991312.htm>

³ OECD, *Health Care Quality Indicators Project and Patient Safety*. Available at: <http://www.oecd.org/els/health-systems/hcqi-patient-safety.htm>



training surveyors for direct patient observation and comparing results against organizational, national and/or international data sets.

In this regard, both EWMA and EPUAP are now working with the OECD to explore approaches to international calculation and reporting on pressure ulcer indicators in acute and long-term care settings, to help underpin the monitoring of national pressure ulcer prevention programmes. In particular, the EPUAP and EWMA are currently involved in the discussion on the progress in scoping of alternative measurement systems for assessing patient safety in long-term care including data collection.

In the frame of their collaboration with OECD, the two organizations strongly advocate for a consistent methodology on data measurement by suggesting tackling the dichotomy between prevalence and incidence data, which yield two very different data. Incidence measures the probability of occurrence of a given medical condition in a population within a specified period of time, while prevalence is the proportion of cases in the population at a given time rather than rate of occurrence of new cases. The initial focus of international measurement efforts by the OECD is focussed on establishing prevalence measurement by key care settings.

EPUAP and EWMA can give further contribution to OECD activities and expert groups. Among the initiatives open to collaboration, it is worth mentioning the EPUAP campaign “Stop Pressure Ulcers” aiming at boosting educational activities on prevention and treatment of pressure ulcers, and organising awareness campaigns and events on how to share information about pressure ulcers. In line with this, the Declaration of Rio was launched in 2012 speaking out against people developing pressure ulcers. As part of the OECD HCQI work on international measurement methodology, the organisation is in a good position to reach out to the European community and inform them more about pressure ulcers.

This possible collaboration could boost the ties between the organisation, civil society and patients. OECD can benefit from the combined efforts, skills and knowledge of both EWMA and EPUAP to raise the awareness of pressure ulcer prevention and management at the European level, as well as at the national level of several European countries.

