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Improving Patient Safety in Europe

JA2015 - GPSD [705038]

START DATE: 01/01/2005

END DATE: 01/01/2008

DURATION: 36 month(s)

CURRENT STATUS: Finalised

PROGRAMME TITLE: First Programme of Community action in the field of public health (2003-2008)

PROGRAMME PRIORITY: -

CALL: Health Threats (Ht 2004)

TOPIC: Enhancing the capability of responding rapidly and in a co-ordinated fashion to health threats

EC CONTRIBUTION: 1006916.4 EUR

KEYWORDS:

PORTFOLIO: Antimicrobial resistance, Communicable diseases, Healthcare, Patient safety

General objectives

The main objectives of IPSE are to: (a) establish a consensus Infection Control Professional core curriculum and inventory of courses, (b) produce deliverables providing managers and health services staff with timely and periodic information and indicators of the morbidity of HAI, (c) make available evidence-based guidelines and educational tools to better and effectively manage the risk of HAI and AMR. Early detection and response to nosocomial outbreaks of known or new pathogens, including multiple resistant organisms should progress (2002/77/EC). The project is intended to foster the containment of the emergence and spread of multiple resistant organisms in the ICU through an integrated surveillance programme and provide educational support to new HAI surveillance networks. Finally a consensus on surveillance of healthcare-associated infections in EU nursing homes is necessary.

Strategic relevance and contribution to the public health programme

The IPSE proposal "Improving Patient Safety in Europe" has been inspired by DG SANCO's Work Plan for 2004. A group of international and national institutions have endeavoured to work within existing networks to improve quality and comparability of data and extend their scope and coverage. The resultant synergy should also help to make these networks more manageable. Our major goal is then to reduce the burden of healthcare associated infection (HAIs) and their related threats of Antimicrobial resistance (AMR). IPSE is intended to interact in all its activities with ECDC and the related networks/groups of WHO, ESCMID, EARSS, ESAC and EHART-NET when awarded.

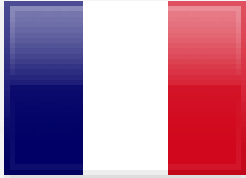
Methods and means

Considerable efforts have been made to date in harmonising data on NI and AR in Europe. As a result, large variability in preventive practices and outcomes across countries has become evident. Based on this experience, this project aims at resolving these persisting differences through the following approaches: - Providing health services with timely information, evidence-based guidelines and educational tools to manage effectively the risk of NI and AR, - Strengthening the status of professionals involved in IC activities, - Fostering the control of the emergence and spread of multiple resistant organisms in the ICU through an integrated surveillance programme, - Monitoring the level of achievement of the NI and AR control programmes. To achieve these aims, an extended partnership has to be created, including EU, WHO, ESCMID, some major public health institutes and EU-supported networks. The project also addresses challenges facing the EU at this moment, such as the creation of the ECDC, development and production of health indicators and emerging concerns regarding patient mobility and quality/safety of healthcare.

Expected outcomes period

Work package 1: European training for infection control doctors and nurses in connection with ESCMID. Work package 2: European standards and indicators for Public Health surveillance and technical guidelines for the control of HAI and AMR. Work package 3: Event warning and rapid exchange on NI and AMR. Work package 4: Technical support for sustaining and extending of HELICS surveillance of nosocomial infections and control of HAI and AMR. Work package 5: Improving surveillance and controlling AB resistance in ICU. Work package 6: Providing complementary tools for the study and control of AMR in ICUs. Work package 7: Feasibility study of surveillance of HAI in European nursing homes of European member states. Work package 8: Dissemination. Work package 9: Project Management

COORDINATOR



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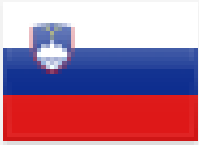
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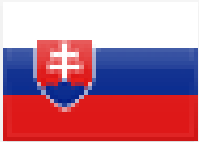


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UNIVERSITE CLAUDE BERNARD LYON 1 - Laboratoire d'Epidémiologie et Santé Publique

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