



Doctor Lynne Kelley



30th November 2009. For immediate release

Kimberly-Clark backs 'unique' declaration on patient safety

Industry heavyweights supplying the medical profession have rallied around to support the **Declaration of Vienna** – a multi-stakeholder commitment to work together to improve safety for patients, signed at the European Society of Intensive Care Medicine (ESICM) congress.

The declaration, backed by more than 80 organisations present in the Austrian capital, brought together intensive care unit professionals, patient representatives and medical technology companies with a view to promoting dialogue, policy, good practice and openness. The ultimate goal is to improve the chances of survival among patients in Europe and beyond.

Among the signatories was **Doctor Lynne Kelley**, vice president, medical director of industry giants **Kimberly-Clark**.

'A unique opportunity'

US based Dr Kelley described the concept of the declaration as: "a unique opportunity, with industry plus physicians recognising that neither of us operates in a vacuum. If quality and safety is the number-one priority for patients and it's important for physicians too, then it has got to be important to us.

"We can make products but, if they're not going to solve a clinical need that's relevant, then they're not going to be used. In which case, we won't be successful.

Interoperability

"[As an industry] we have to link product innovation with comprehensive training and educational programmes – and do it in a way that takes into account the various hospital and medical environments."

This clearly includes interoperability issues, with their inevitable impact on patient safety.

Dr Kelley said: “In respect of interoperability, there’s a fair amount of movement from regulatory bodies saying that it isn’t going to be acceptable to have different things that don’t work with another company’s equipment.

“It’s clearly also an issue of safety measures being put into place to make sure that, for example, things that should not be connected cannot be.”

Regulatory bodies in Europe and beyond clearly have a role to play but, while pointing out that certain basic and sensible measures - such as colour-coding between various components as well as hand-washing in the US - have become mandatory in many areas of healthcare, Kelley was still not getting too excited.

She said: “Let’s take hand-washing as a perfect example...there are plenty of initiatives out there but when I actually watch people for compliance, it’s pathetic.”

Product transparency and safety

Key to the declaration is an industry commitment to make known as soon as possible any problems with any product. This transparency sounds a tough rule for companies to live by but Kelley says not, as Kimberly-Clark is already doing this.

One of the roles undertaken by the multi-tasking Dr Kelley is the medical evaluation of any complaints. She is emphatic about the importance of this part of her work and her commitment to it:

“Obviously, we look at trends of complaints, but a single serious event is enough for me to say ‘OK, we’ve got a problem with this product and it has got to come off the market’. If I feel very strongly that having a certain product out there could potentially lead to harm, then I have no issues at all about screaming, yelling and making its removal happen.”

According to the former surgeon, this is not unique to Kimberley-Clark, however. She says: “This methodology is followed by all medical companies that have strong quality departments but also medical oversight. From a transparency point of view, there is plenty of available information, for example, on ‘recalls’. And those recalls are shared between Europe and the US. If an issue happens with a patient in Europe, we are required to report it in the United States too – so there is not a case of ‘let’s pretend it never happened’.”

The Declaration

So, if industry is already employing a ‘transparency ethic’, what’s new about ESICM’s Declaration of Vienna?

“The unique part of the declaration,” says Kelley, “is to have everybody sitting at the same table saying ‘This is really important to us. We have a commitment to the patients in that we want to work together and improve their lives’.

“In all my years in medicine - and then later working in industry - I’ve never heard of anything like this.”

To those members of industry yet to sign the declaration, Dr Kelley has the following message: “It would be my expectation as a surgeon and as an industry member, that everyone would welcome the opportunity to sign a document that really strives to build a transparent collaborative process.

“Especially with the global economic crisis, we really do need to work together to create patient-care protocols that are both cost-effective and time conscious. In the current climate, research funding is less available, yet there is still a need for clinical trials to see whether a new treatment really does provide a benefit.”

Media perceptions

Kelley had another point to make - this time about the media. “Don’t forget,” she said, “that the interactions between industry and physicians are under intense scrutiny. The bottom line is, if you are transparent about those interactions - and you do it on a society-driven level - then there’s less opportunity for media sensationalism saying: ‘Oh my goodness, these physicians are terrible, they took a ‘speaker fee’ from industry’.

“So, what the declaration does is elevate this collaboration between industry and care providers to such a transparent place that it acts as a way to push back against individuals looking to vilify physicians. We can really say, ‘look, we are working together’.”

Doctor Kelley’s final comment summed up her position and, by definition, Kimberly-Clark’s as well as all other industry members signing the declaration: “Companies have to make a profit – that’s what we do. But we have to do it responsibly.”

ENDS

Note to editors:

For more information about the Declaration of Vienna, or the work of the European Society of Intensive Care Medicine [ESICM], please contact Nelly Le Devic, ESICM Executive Officer. Email: Nelly.Ledevic@esicm.org or call her office on + 32 (0)2 559 0351. Alternatively, visit the ESICM website link on all aspects of the Declaration, including press releases and features at <http://patientsafety.esicm.org/info.asp>

ESICM at a glance

- The **European Society of Intensive Care Medicine (ESICM)** is an international non profit-making association of doctors, nurses, physiotherapists and other allied healthcare professionals devoted to the **advancement and promotion of knowledge in intensive care medicine**, through education, research, and professional development
- Founded in 1982 at the WHO offices in Geneva and with an initial membership of 100 from 12 European countries, ESICM now boasts more than **5,000 members from 113 countries** worldwide, with most members in Europe, yet many based in places such as **Australia, Brazil, India, Israel, the United Arab Emirates and various African states**
- The society has **close ties** with organisations such as Nurses and Allied Healthcare Professionals, the European Society of Pediatric and Neonatal Intensive Care, HOPE, CPME, EUCOMED, EFPIA and others
- The society organises a congress each year – Vienna played host in 2009 from 11-14 October. The congress has always placed a strong emphasis on research and, added to that, this year, leaders of the Societies representing the medical field of Intensive Care Medicine signed the first ever declaration from ESICM on patient safety, known as **‘Patient Safety in the ICU: The Vienna Declaration’**. <http://patientsafety.esicm.org/info.asp>
- ESICM **launched its research committee** in 2004 and has provided members with new projects, numerous awards and a highly valuable network. Projects have included CORTICUS, SAPSIII and CoBaTrICE – the latter successfully concluded in 2006. It received **the highest possible rating from the European Commission**, which identified it as a European model of ‘best practice’
- Campaigns, meanwhile, have included the **Surviving Sepsis Campaign (SSC)**, an initiative of ESICM, the International Sepsis Forum and the Society of Critical Care Medicine, to improve the treatment of sepsis. Launched in 2002, the campaign pledged to demonstrate a measurable reduction in severe sepsis mortality by 2008
- **Training** is seen as crucial by ESICM: its European Diploma in Intensive Care Medicine (EDIC) exam is becoming accepted and copied in more and more countries each year. Meanwhile, PACT, the **Patient-Centred Acute Care Training**, is ESICM’s distance-learning programme, produced to improve and harmonize the quality of intensive care medicine. Trainers use this in conjunction with EDIC training
- The society publishes **its own journal, entitled ‘Intensive Care Medicine’**
- Finally, ESICM will move into new offices in central Brussels in the coming months – with a view to housing its staff and expanding capacity for meetings, conferences and educational activities
- **More information** on the society is available at www.esicm.org