

DEVELOPING A SYSTEMATIC APPROACH TO LINK CPG AND PATIENT SAFETY

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BACKGROUND: DEFINITION

- ***PATIENT SAFETY PRACTICE: AS A TYPE OF PROCESS OR STRUCTURE WHOSE APPLICATION REDUCES THE PROBABILITY OF ADVERSE EVENTS RESULTING FROM EXPOSURE TO THE HEALTH CARE SYSTEM ACROSS A RANGE OF DISEASES AND PROCEDURES.***

AHRQ AND NQF

BACKGROUND -2

- **MANY RELEVANT PROCESS OF CARE HAVE RECEIVED SOME ANALYSIS OR EMPIRICAL STUDIES IN THE LITERATURE RELATING TO SAFETY.**
- **WHILE CPG MUST BE PART OF THE SOLUTIONS TO PATIENT SAFETY, THERE IS NOT MUCH LITERATURE RELATING GUIDELINES AND SAFETY.**

AIMS AND PURPOSE

- **THE PROJECT AIMS TO FOCUS ON THE ROLE OF CPG AS DECISION MAKING TOOLS TO REINFORCE PATIENT SAFETY.**
- **TO DEVELOP A CHECK LIST OF CRITERIA TO ASSESS HOW GUIDELINES ELABORATING AND IMPLEMENTING PROCESS ARE CONCERNED WITH PATIENT SAFETY.**

METHODS

- **TWO SEMINAL REPORTS STRUCTURE THE TAXONOMY AND CONCEPTUAL FRAMEWORK OF PATIENT SAFETY :**
 - THE AHRQ “MAKING HEALTH CARE SAFER”.
 - THE WHO ICPS “THE CONCEPTUAL FRAMEWORK FOR THE INTERNATIONAL CLASSIFICATION FOR PATIENT SAFETY”.

WHO framework in patient safety research



http://www.who.int/patientsafety/research/strengthening_capacity/classics/en/index.html

AHQR

Evidence Report/Technology Assessment

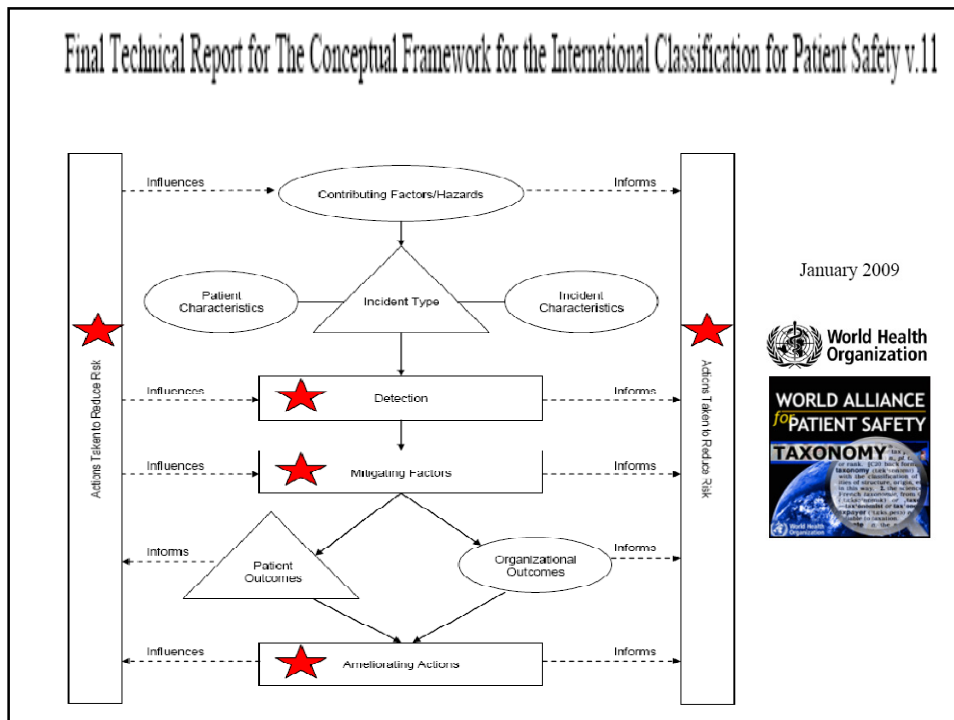
Number 43

Making Health Care Safer: A Critical Analysis of Patient Safety Practices

AHRQ Publication 01-E058 July 20, 2001. www.ahrq.gov

METHODS -2

- **WE DEVELOPED A DRAFT LIST OF CRITERIA THAT COULD INTERACT WITH THE GUIDELINE DEVELOPING AND IMPLEMENTATION STEPS.**
- **WE ORGANICED THE CRITERIA UPON :**
 - A) THE 10 HIGH LEVEL CLASSES WITH THEIR 49 TAXONOMY CONCEPTS (FROM ICPS CONCEPTUAL FRAMEWORK), AND**
 - B) THE 14 DOMAINS OF RISK FOR POTENTIAL OF HARM APPROACH**



METHODS -3

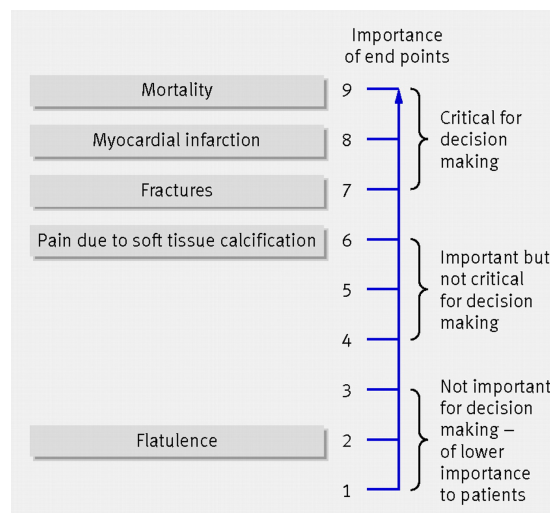
- **WE CHECK HOW SUITABLE ARE THE PROPOSED CRITERIA SAFETY LIST TO WELL ACCEPTED TOOLS**
 - GUIDELINES MANUAL,
 - THE GRADE SYSTEM,
 - GLIA
 - AGREE II INSTRUMENTS
- **WE ARE DEVELOPING A TENTATIVE CHECK LIST OF ITEMS, BY AN EXPERT CONSENSUS PROCESS**

GRADE



- Introduce the wide selection of outcomes measures, including risk and safety variables
- Group discussion about importance of these measures.
- The quality of the evidence is that of the lowest scored critical outcome measure.
- There is explicit consideration of risks (apart from benefits, patient values and cost considerations) in the balance to qualify the strength of recommendation.

Fig 1 Hierarchy of outcomes according to importance to patients to assess effect of phosphate lowering drugs in patients with renal failure and hyperphosphataemia



Guyatt, G. H et al. *BMJ* 2008;336:995-998

BMJ

AGREE II

RIGOUR OF DEVELOPMENT

11. The health benefits, side effects, and risks have been considered in formulating the recommendations.

APPLICABILITY

19. The guideline provides advice and/or tools on how the recommendations can be put into practice.

DISCUSSION - 1

- **SAFETY PERSPECTIVE SHOULD BE CONSIDERED IN ALL STAGES OF DEVELOPMENT AND IMPLEMENTATION OF GUIDELINES.**
 - WHEN RECOMMEND PARENTERAL NUTRITION WITH CENTRAL VENOUS CATHETER, YOU MUST CONSIDER THE RISK OF BACTERIEMIA.
 - A RECENT STUDY SHOWED THAT THE IMPLEMENTATION OF A GUIDELINE FOR CV CATHETER, LOW TO ZERO BACTERIEMIA.

The screenshot shows a Microsoft Internet Explorer browser window displaying the WHO website page for Bacteremia-zero. The address bar shows the URL: http://www.who.int/patientsafety/implementation/bsi/bacteremia_zero/en/. The page features a navigation menu on the left with categories like Home, About WHO, Countries, Health topics, Publications, Data and statistics, Programmes and projects, Patient safety, Research, Campaigns, Education & training, Implementing change, Patient engagement, Information centre, and News and events. The main content area is titled "Bacteremia-zero" and includes a sub-header "Preventing bloodstream infections from central line venous catheters in Spanish ICUs." Below this, there is a section titled "In collaboration with the Spanish Ministry of Health and the Sociedad Española de Medicina Intensiva, Crítica y Unidades Coronarias (SEMICYUC)" and a paragraph describing the project's goal to reduce central line-associated bloodstream infections. A diagram titled "Bacteremia zero Programa de Seguridad Integral" is also visible, showing a flowchart with steps like "Alta calidad de atención", "Evaluación de riesgos", "Formación de personal", "Monitorización de infecciones", and "Atención al paciente".

DISCUSSION -2

- **SAFETY-PATIENT IMPLICATIONS FOR RECOMMENDATIONS ABOUT DIAGNOSIS AND/OR TREATMENT SHOULD BE HIGHLIGHTED**
- **EFFECTIVE INTERVENTIONS TO REDUCE RISKS SHOULD BE INCORPORATED TO THE FINAL RECOMMENDATIONS.**
- **A SAFETY GUIDELINES CHECK-LIST CAN BE A USEFUL TOOL TO LINK SPECIFICALLY PATIENT SAFETY AND GUIDELINES RELATED PROCESS**

SOME SUGGESTED CRITERIA -1

- **Consider elements of patient safety in the FORMULATION OF CLINICAL QUESTIONS. Review literature on the occurrence of adverse events and possible interventions to prevent them.**
- **Analyze CLINICAL DECISIONS from the perspective of patient safety. Assess if they are appropriately addressed in the recommendations.**

SOME SUGGESTED CRITERIA -2

- **Develop a SAFETY ANALYSIS TABLE for each recommendation (over/under diagnosis, errors with medications, adverse events associated with surgery or invasive procedures, errors related to the management of services).**
- **Propose SPECIFIC MEASURES TO PREVENT ERRORS or adverse events, based on available evidence and make recommendations for implementation.**

SOME SUGGESTED CRITERIA -3

- Review the **PERSPECTIVE OF PATIENTS AND THEIR POSSIBLE ROLE IN PREVENTION** and risk reduction. Consider the need to adapt informed consent and other tools to improve understanding and patient contribution to safety.
- Suggest alternatives to **ADAPT SAFETY RECOMMENDATIONS** to available resources.

NEXT STEPS

**ELABORATION OF A FINAL
VERSION AND VALIDATION STUDY
FOR THE SAFETY GUIDELINES
CHECK LIST**