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

- 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

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

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.
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