

ESA Patient Safety and Quality Platform (PSQP)

Item related to: strengthening people-centred health systems; framework for action on integrated health service delivery

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Dear delegates,

A 5 year old kid recovering after surgery had been given an empty syringe to play with. Fortunately, nurses could just prevent the child from injecting air into its venous line, with the danger of severe air embolism.

Perioperative adverse events remain frequent, and may be preventable in more than 50% of cases

Preventable perioperative patient harm should be monitored as it varies locally, and changes over time.

In June 2010, the European Board of Anaesthesiology (EBA) of the European Union of Medical Specialists (UEMS) and the European Society of Anaesthesiology (ESA) signed the Helsinki Declaration for Patient Safety in Anaesthesiology at the Euroanaesthesia meeting in Helsinki. Countries all over the world adhered to this declaration

Our implementation of the Helsinki Declaration on Patient Safety in Anaesthesiology (HD) is a way to support WHO's International Standards for the provision of safe anaesthesia

But Patient safety and quality (PSQ) cannot be improved if not measured. Collection of meaningful data about PSQ is fundamental

As **no gold-standard** for measurement exists, **multimodal data collection is recommended** to get a comprehensive assessment

To our knowledge, there is no global system in Europe that allows to rapidly share qualitative information about emerging threats

Therefore, we are creating a **Patient Safety and Quality Platform (PSQP)** (website) dedicated to perioperative patient safety and quality in Europe

Many local or National incident platforms exist and some of them are really productive

The case in Spain (SENSAR) is exemplary: "report locally, share globally". Clearly, this is a platform conceived **to share the safety lessons reported through national systems more widely throughout Europe**

A first system represented on this platform should facilitate supranational integration, expert review, and rapid dissemination of incident based qualitative safety information from national and local reporting systems (NIRS). A future second system will be designed for



coordination and dissemination of results of targeted quantitative audits, surveys, or formal research projects, and relevant results from the literature on a European level

In Conclusion: We collect incident-based safety relevant information from National and local report systems and after a second, supranational expert review, we will share this qualitative safety knowledge rapidly on a European level, improving in this way perioperative safety and quality in Europe.