

Multi-disciplinary and patient-centred approaches to perioperative patient safety: A European consensus statement

Agreed by: The European Society of Anaesthesiology, the European Association of Hospital Pharmacists, the European Board and College of Obstetrics and Gynaecology, the European Patients' Forum, the European Society of Intensive Care Medicine, the European Society of Vascular Surgery, the European Surgical Association, and the International Federation of Nurse Anesthetists.

Background information on the initiative

In 2010, the European Board of Anaesthesiology and the European Society of Anaesthesiology launched the [Helsinki Declaration on Patient Safety in Anaesthesiology](#), which provides a shared European opinion on organisational procedures and standards to improve patient safety in perioperative care and signals the strong commitment of its signatories to work with surgical, nursing and other clinical partners to achieve these goals. 2020 marks the 10th anniversary of the adoption of this Declaration, and provides a timely opportunity to take stock of national, European and global achievements, and build on these efforts to strengthen patient safety in the perioperative period. **Healthcare professional societies and patient organisations have therefore come together to call on policymakers to ensure that patients are protected from preventable harm before, during and after surgical and interventional procedures, no matter where they seek treatment in Europe.**

The consensus statement reflects the shared commitment of all endorsing societies and organisations to safe, high-quality perioperative care.

Fostering an organisational culture of patient safety to improve perioperative health outcomes: An open challenge

In the past decade, significant progress has been made to address avoidable patient harm before, during and after surgery and other invasive procedures. However, patient harm related to these interventions remains a significant challenge at a European and global level ^{1,2,3}. It is estimated that adverse events that may lead to death or disability in the perioperative period occur in some 30% of hospital admissions, and in more than 50% of those cases the harm may have been preventable⁴. Furthermore, in high-income countries, estimates highlight that postoperative complications happen in up to 20% of patients, while short-term mortality, which designates mortality occurring less than 90 days after presentation to a hospital, may vary from 1 to 4% ^{2, 3}.

¹ Mellin-Olsen J, Staender S, Whitaker DK, Smith AF. The Helsinki Declaration on Patient Safety in Anaesthesiology. *European Journal of Anaesthesiology*. 2010;27(7):592-597. DOI: 10.1097/EJA.0b013e32833b1adf

² Pearse RM, Moreno RP, Bauer P, et al. Mortality after surgery in Europe: a 7 day cohort study. *The Lancet*. 2012;380(9847):1059-1065. DOI: 10.1016/S0140-6736(12)61148-9

³ International Surgical Outcomes Study Group. Global Patient outcomes after Elective Surgery: prospective cohort study in 27 low-, middle- and high-income countries. *British Journal of Anaesthesia*. 2016 Oct 31;117(5):601-609. doi: 10.1093/bja/aew316

⁴ Wacker J, Staender S. The role of the anesthesiologist in perioperative patient safety. *Current opinion in anaesthesiology*. 2014;27(6):649-656.

Compared to other inpatients, those in surgical and critical care settings are more exposed to preventable patient harm, falling from 1 in 20 patients to 1 in 10, and suffer more severe harm⁵. For instance, patients with preoperative anaemia, which may be prevented by systematic assessment and correction,⁶ have a three- to tenfold increase in 30-day post-operative mortality compared to those without anaemia⁷.

With an estimated 73 million surgeries performed in Europe annually⁸, there is a clear and urgent need to promote an organisational culture of patient safety focused on improving perioperative care.

In fact, too many hazards threaten patients in the perioperative period. These include inadequate preoperative assessment such as anaemia diagnostics, wrong site surgery, equipment malfunction, nosocomial infections, medication error, venous thromboembolism, and transfusion-related and other complications. **Yet existing validated tools and measures can easily address such risks and support the adoption of a strong organisational culture of patient safety.** These range from the spread of known good practices, the use of learning-from-errors systems, checklists and other cognitive aids, interprofessional teamwork training and patient safety education, to the application of patient management tools and other innovative data collection and analysis systems. In particular, data collection tools are crucial to measure and monitor mortality and morbidity, as well as to evaluate the effectiveness of patient safety improvement measures. They are therefore making an essential contribution to avoiding undesirable outcomes⁹.

The way forward: Multi-disciplinary and patient-centred approaches

With increasing complexity and growing specialisation of skills, modern healthcare is delivered by teams rather than individuals, and requires the interaction and cooperation of healthcare professionals from complementary disciplines. Research shows that much of the unintended patient harm is related to failures in human factors, particularly communication between healthcare professionals¹⁰. Furthermore, to ensure that care is truly patient-centric – that is, respectful of and responsive to individual patient preferences, needs and values – it is important to develop person-centred strategies. These need to be based on two-way communication that engages patients or their families and carers in decision-making and care planning¹¹.

A comprehensive, multi-disciplinary approach to the management of patients is therefore needed, systematically integrating the patient voice throughout the entire perioperative pathway in order to deliver safe, high-quality perioperative care.

⁵ Panagioti M et al. Prevalence, severity, and nature of preventable patient harm across medical care settings: systematic review and meta-analysis. *BMJ*. 2019;366. DOI: 10.1136/bmj.l4185

⁶ Building national programmes of Patient Blood Management (PBM) in the EU - A guide for Health Authorities and Supporting Patient Blood Management (PBM) in the EU - A practical implementation guide for hospitals, 4 April 2017. Both available on https://ec.europa.eu/health/blood_tissues_organ/publications_en. Last consulted on 31 August 2019.

⁷ Musallam KM et al. Preoperative anaemia and postoperative outcomes in non-cardiac surgery: a retrospective cohort study. *The Lancet*. 2011;378(9800):1396-1407. DOI: 10.1016/S0140-6736(11)61381-0

⁸ H. Holmer, A. Bekele, L. Hagander, E. M. Harrison, P. Kamali, J. S. Ng-Kamstra et al. Collection, comparability and findings of six global surgery indicators. *BJS*. 2019; 106:e138-e150

⁹ Staender S, Smith A. Enhancing the quality and safety of the perioperative patient. *Current Opinion in Anaesthesiology*. 2017; 30(6): 730-735. DOI: 10.1097/ACO.0000000000000517

¹⁰ Weller J, Boyd M, Cumin D. Teams, tribes and patient safety: overcoming barriers to effective teamwork in healthcare. *Postgraduate Medical Journal*. 2014;90:149-154. DOI: 10.1136/postgradmedj-2012-131168

¹¹ Newell S, Jordan Z. *JBIR Database of Systematic Review and Implementation Reports*. 2015 January; 13(1): 76-87, DOI: 10.11124/jbisrir-2015-1072

Context of the Consensus Statement

In line with the European Council conclusions of 6 December 2014 on patient safety and quality of care, including the prevention and control of healthcare-associated infections and antimicrobial resistance¹², the authors of this Consensus Statement:

- **Support** the European-wide implementation of the Helsinki Declaration for Patient Safety requirements;
- **Recognise** the crucial role of the multidisciplinary team in implementing patient safety protocols that could prevent more than 750,000 harm-inflicting medical errors in Europe each year, reduce 260,000 incidents of permanent disability, as well as almost 100,000 deaths, leading to over 3.2 million fewer days of hospitalisation¹³;
- **Support** European-wide implementation of patient-centred preoperative assessments ahead of surgery/intervention in order to engage patients in all aspects of their care, while ensuring systemic quality improvements;
- **Endorse** the opportunities provided by the digital transformation of healthcare in relation to the implementation of patient safety protocols and improvement of decision-support systems, as well as the importance of national data collection, audits and systematic health system performance assessments in advancing patient safety and quality of care;
- **Acknowledge** the commitment taken by Governments at the Global Ministerial Summit on Patient Safety to reduce all avoidable harm and the risk of harm to all patients by 2030¹⁴;
- **Welcome** the WHO's Resolution on Patient Safety (2019)¹⁵, supporting the establishment of an annual World Patient Safety Day to be celebrated on 17 September in order to increase public awareness and engagement around patient safety;

- **Note** with concern that the implementation of patient safety tools and practices vary according to the level of national political support and that more cooperation between Member States is needed to ensure that the 2030 target to prevent avoidable harm to patients is met across the European Union.

The authors of this Consensus Statement consider that policymakers must ensure that minimum standards of care are met across Europe to minimise avoidable perioperative risks; facilitate data collection and analysis in order to measure, monitor and improve patient safety and quality of care; and promote excellence in perioperative care through education, research and innovation.

¹² Council conclusions on patient safety and quality of care, including the prevention and control of healthcare-associated infections and antimicrobial resistance. Official Journal of the European Union. 6 December 2014; C 438: 7–11. [https://eur-lex.europa.eu/legal-content/EN/ALL/?uri=CELEX:52014XG1206\(02\)](https://eur-lex.europa.eu/legal-content/EN/ALL/?uri=CELEX:52014XG1206(02)), last consulted on 15 March 2019.

¹³ Patient Safety. Data and statistics. World Health Organization Regional Office For Europe website <http://www.euro.who.int/en/health-topics/Health-systems/patient-safety/data-and-statistics> last consulted on 15 March 2019

¹⁴ Patient Safety. Policies and strategies. World Health Organization website: https://www.who.int/patientsafety/policies/ministerial_summit_18/en/, last consulted on 15 March 2019.

¹⁵ Global action on patient safety. Draft resolution proposed by Argentina, Australia, Austria, Botswana, Eswatini, Germany, Japan, Kenya, Latvia, Luxembourg, Saudi Arabia, South Africa, Sri Lanka, Switzerland and United Kingdom of Great Britain and Northern Ireland. World Health Organization website: http://apps.who.int/gb/ebwha/pdf_files/EB144/B144_CONF8-en.pdf, last consulted on 15 March 2019.

WE URGE THE MEMBER STATES TO:

1. Support **information campaigns** on patient safety and quality of care around World Patient Safety Day (17 September) and share best practices to ensure active patient engagement across all aspects of perioperative care;
2. Adopt and implement **guidelines, recommendations and best practices** on perioperative patient safety, including the Principal Requirements of the Helsinki Declaration on Patient Safety in Anaesthesiology to improve clinical and organisational performance and quality;
3. Foster **multidisciplinary team-working** for the optimal treatment of complex patients, and as a prerequisite of clinical excellence in perioperative care;
4. Implement **data collection and incident reporting** through the establishment of national audits and annual reports on perioperative patient safety, and consider establishing national Healthcare Safety Investigation Bodies¹⁶ to conduct independent investigations of patient safety concerns in healthcare following patient safety incidents;
5. Encourage the **adoption of legal frameworks** for the optimal uptake of innovative solutions that improve patient management and decision-support systems to enable access to reliable and accurate real-time data of patients, which also increase inter-institutional connectivity and benchmarking performance between hospitals and countries;
6. Promote **interdisciplinary education and training** of healthcare staff on perioperative patient safety, taking into account the relevant work of the World Health Organization (WHO), particularly the WHO surgical checklist¹⁷, the European Commission and the European Centre for Disease Prevention and Control (ECDC)¹⁸.

WE URGE THE EUROPEAN COMMISSION TO:

1. Encourage programmes that actively **engage patients** in decision-making and planning of perioperative care, and raise awareness of perioperative patient safety among European policy stakeholders and the general public by promoting World Patient Safety Day (17 September);
2. Develop a **Framework on Perioperative Patient Safety** for a sustainable and comprehensive EU collaboration that supports Member States in implementing strategies to improve perioperative healthcare outcomes, through mainstreaming of concrete funding opportunities within the Multi-Annual Financial Framework 2021-2027;
3. Drawing on the principles of the Helsinki Declaration on Patient Safety in Anaesthesiology, promote a **European Code of Perioperative Patient Safety in Clinical Practice** centred on multidisciplinary care;
4. Continue to **monitor developments in perioperative patient safety in Member States and at EU level** through the establishment of cross-border registries and reports on trends in patient safety policies, taking into account the work of international organisations such as the WHO and OECD;

¹⁶ Healthcare Safety Investigation Bodies have been established in countries such as the UK, Norway and Japan to conduct investigations aiming to identify the contributory factors that have led to harm or have the potential to cause harm to patients.

¹⁷ Patient Safety. WHO Surgical Safety Checklist. World Health Organization website: <https://www.who.int/patientsafety/safesurgery/checklist/en/>, last consulted on 15 March 2019.

¹⁸ Healthcare-associated Infections Surveillance Network (HAI-Net). About the network. European Centre for Disease Prevention and Control website: <https://ecdc.europa.eu/en/about-us/networks/disease-networks-and-laboratory-networks/hai-net-about>, last consulted on 15 March 2019.

5. Support the establishment of a **legal framework through the Digital Agenda** for rapid uptake of data collection and incident reporting systems that integrate and implement patient safety strategies in all clinical programmes;
6. Support the **promotion of interdisciplinary educational programmes.**

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ENDORISING SOCIETIES



SUPPORTERS



European Board of Anaesthesiology
UEMS Anaesthesiology Section



Cardiovascular and Interventional Radiological Society of Europe