Project to Develop the International Classification for Patient Safety

Report of the WHO World Alliance for Patient Safety Meeting with Technical Experts from the South East Asian and Western Pacific Regions of the WHO

26 November 2007
Tokyo, Japan

Background and Overview

In 2005, the World Alliance for Patient Safety (World Alliance) assembled a drafting group of experts in the fields of patient safety, classification theory and development, health informatics, consumer advocacy, law and medicine to build a classification which could be used to compare and learn from patient safety information and data at an international level. While many patient safety classifications exist, no one classification was fit for global use. As a result, the drafting group used the work of The Joint Commission in the United States[1], the National Health Service National Patient Safety Agency in the United Kingdom[2], the Australian Patient Safety Foundation[3], the Eindhoven University of Technology and Leiden University Medical Center in the Netherlands[4], and classifications within the WHO-Family of International Classifications (WHO-FIC)[5], specifically the International Statistical Classification of Diseases and Related Health Problems[6], and WHO Drug Dictionary[7] as points of origin to develop the structural infrastructure and agreed concepts for the International Classification for Patient Safety (ICPS).

The aim of the ICPS is to "define, harmonize and group patient safety concepts into an internationally agreed classification in a way that is conducive to learning and improving patient safety across systems."[8] It is intended to enable the translation of data and information into a common (standardized) language and to allow for analysis which will result in awareness, accountability and knowledge building. In order to achieve its purpose, a conceptual framework with agreed concepts for the ICPS was designed.

Between August and November 2006, the conceptual framework for the ICPS was subjected to a two-round, web-based modified Delphi survey to test global relevance and acceptability through international consensus building. There was general agreement that the ICPS would be an effective mechanism to standardize patient safety data and information. Based on the analysis, modifications to the conceptual framework and agreed concepts were made.[9] The Drafting Group's intention for the International Classification for Patient Safety to become a derived classification within the WHO – FIC network.

The purpose of the International Classification for Patient Safety meeting with technical experts from the South East Asian and Western Pacific Regions of the WHO was to discuss the development of the ICPS, to provide an opportunity for consultation on the work thus far, and to explore the value of the ICPS from a variety of perspectives including, research, reporting, system improvement, accountability and knowledge building.

[1] Patient Safety Event Taxonomy – Version 1.0 (PSET^{TM}-v.1.0) – The Joint Commission
[2] The National Reporting and Learning System – National Health Services, National Patient Safety Agency
[3] The Australian Incident Monitoring System – Australian Patient Safety Foundation
[4] The Eindhoven Classification Model for System Failure (ECM) and The Prevention and Recovery Information System for Monitoring and Analysis – Medical (PRISMA) – Eindhoven, The Netherlands: Eindhoven University of Technology
[5] World Health Organization, Family of International Classifications Overview (2004, June).
[6] World Health Organization. International Statistical Classification of Diseases and Related Health Problems. 10th Revision. Version for 2006 (ICD-10).
[7] World Health Organization Drug Dictionary (maintained by *the* Uppsala Monitoring Centre), 2004.
[8] World Alliance for Patient Safety Taxonomy web page: http://www.who.int/patientsafety/taxonomy/en/
[9] World Health Organization, World Alliance for Patient Safety (2007, June) Report on the Web-Based Modified Delphi Survey of the International Classification for Patient Safety. Geneva, Switzerland.

Participants

Technical experts the South East Asian and Western Pacific Regions:

- Dr. Somsak Chunharas – Thai National Health Foundation (Thailand)
- Professor Naruo Uehara – Tohoku University School of Medicine (Japan)
- Dr. Shunzo Koizumi – Saga Medical School (Japan)
- Ms. Mia Kobayashi – International University of Health and Welfare (Japan)
- Dr. Kenichiro Taneda – National Institute of Public Health (Japan)
- Dr. Hiroshi Takeda – Japanese Association of Medical Safety in National University Hospitals (Japan)
- Dr. Tomonori Hasegawa – Tohoku University School of Medicine (Japan)
- Dr. Sergio Gutierrez – Tohoku University School of Medicine (Japan)

Members of the International Classification for Patient Safety Drafting Group:

- Mr. Martin Hatlie – Partnership for Patient Safety (United States)
- Mr. Peter Hibbert – Australian Patient Safety Foundation (Australia)
- Dr. Jerod Loeb – The Joint Commission (United States)
- Dr. Heather Sherman – The Joint Commission (United States)
- Dr. Tjerk van der Schaaf – Eindhoven University of Technology and Leiden Unversity Medical Center (The Netherlands)

Participants from the WHO:

- Mr. Martin Fletcher – World Alliance for Patient Safety
- Ms. Kathleen Fritsch – Regional Focal Point
- Dr. Itziar Larizgoitia – World Alliance for Patient Safety
- Mr. Pierre Lewalle – Measurements and Health Information Systems Department, Information, Evidence and Research
- Dr. Dean Shuey – Regional Focal Point

The following individuals served as officials during the meeting:

WHO Officer and Chair: Mr. Martin Fletcher

Rapporteur: Dr. Heather Sherman

Proceedings

Members of the International Classification for Patient Safety Drafting Group presented an overview of the current status and technical aspects of the ICPS. The discussion focused on the usefulness of the conceptual framework and concepts and various applications for the classification.

Highlighted issues included:

1. Untoward consequences, or the difference between unnecessary and unexpected/unpredictable consequences, of health care – These must be more fully explored and defined to determine whether these consequences belong in the classification (i.e., whether what occurred constituted a patient safety incident or was actually part of health care).

2. The impact and input of patients – Adding concepts to certain classes (Mitigating Factors, Ameliorating Actions) to adequately represent patient involvement should be considered.

3. A "Culture of Patient Safety" – An organization's patient safety culture must not be ignored. The patient safety culture significantly impacts the individual, the organization, as well as society as a whole.

4. An "Essential Data Set" – The ICPS should be considered an "*essential data set*" or "*minimum data set*" to help guide incident investigation. Concepts within the data set should be fact based and both value neutral and value based.

5. Knowledge-building and learning focus – The ICPS must be focused on learning. The information gained through use of the classification should be provided on the local level first and then shared upward (local level up to the international level) so that patient safety improvements can be realized. The reverse (the international level down to the local level) will stifle change.

Major Outcomes

1. The current status of the ICPS is as a conceptual framework with agreed concepts. It is not yet a fully formed classification.

2. Each concept contained within the conceptual framework must be defined. These definitions must be culturally appropriate and must explicitly state inclusion and exclusion criteria.

3. An educational document containing the definitions and criteria described above must be developed and accompany the conceptual framework. This document must provide instructions on how to apply the ICPS' concepts to case scenarios prior to demonstrating proof of concept.

4. Demonstrating proof of concept will validate the ICPS' conceptual framework and concepts.

5. Scientific testing (inter-rater reliability) is possible only after development of the definitions and educational materials, and demonstration of proof of concepts.

Further collaboration will be fostered with participants from this meeting.

Respectfully submitted for approval on 1 December 2007.