



**Enhancing Patient Safety in European anaesthesiology:
Peer Review in Patient Safety in Anaesthesiology and Intensive
Care (PRiPSAIC)**

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University Hospitals
of Morecambe Bay 
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Lancaster Patient
Safety Research Unit 

Executive summary

The PRiPSAIC project aimed to create a number of patient safety peer-review networks in 4 European countries to test out the feasibility of use, by clinical anaesthesiologists, of the methodology and visit process used in the previous Helsinki Declaration implementation evaluation project. This was with the goal of developing a 'toolkit' for the self-assessment of patient safety by departments of anaesthesiology to support further implementation of the Helsinki Declaration.

Working with the ESAIC's National Anaesthesia Societies Committee (NASC), we identified four diverse countries which had not been involved in the previous Helsinki Declaration implementation evaluation project to take part. Within each country, we worked with pioneer volunteer departments of anaesthesiology that had grouped themselves into networks of four or five hospitals in order to allow us to undertake this 'proof of principle' work. We trained participants in the visit methodology used in the previous project and encouraged them to use it, in the presence of project staff, to guide as appropriate, during the initial two visits in each country. The visit process includes the following elements:

- collection of safety protocols and related materials;
- completion of an Annual Departmental Patient Safety report using the template provided by the ESAIC;
- assessment of safety culture by distribution of Safety Attitudes Questionnaires to anaesthetic and theatre staff, with analysis of completed questionnaires;
- interviews with anaesthesia personnel, starting with standard 'guide questions';
- safety 'walk rounds' with observations of equipment, drug storage and key safety activities such as WHO theatre briefings and handovers;
- production, by the visiting team, of a short report summarising findings. We collected data allowing us to evaluate both the effect on safety in the participating hospitals, and the perceptions of the network of visitors, with a log of positive and negative influences to ensure that a larger-scale 'roll out' of the project was successful.

We visited the Forth Valley Royal Hospital and Glasgow Royal Infirmary in Scotland in April 2022, followed by Kaunas Clinics and Raseiniai Hospital in Lithuania in October 2022, and Porvoo Hospital and Tampere University Hospital in Finland in December 2022. We worked on a 'cascade' principle such that anaesthesiologists from Lithuania joined the visits in Scotland, a colleague from Finland came to Lithuania, and so on. Finally we visited Moldova at the invitation of colleagues at the Oncological Institute in the capital, Chişinău, and Bălţi Hospital in the north of the country, the Moldovan participants having joined us in Finland beforehand.

Our vision for PRiPSAIC, namely allowing the exchange of knowledge, ideas and practice between anaesthesiology departments, within and between countries, has been realised. We have touched many people over the course of the project so far. Apart from the colleagues who have helped organise the visits, over 500 staff members in four European countries have completed a Safety Attitudes Questionnaire, and many of these will have been stimulated to think more about patient safety. We have also spoken to countless other nursing and medical anaesthetic colleagues in interviews and informal conversation. We are especially pleased that trainees have been part of this project, as they are the future of anaesthesiology, and the more they can be involved with patient safety the better. PRiPSAIC has made a major contribution to raising awareness of safety and promoting the work of the ESAIC and our partners in this area. Indeed, one country we visited is negotiating to host the Society's Advanced Patient Safety Course to further advance safety for local anaesthesiologists. Our experience has also fed into the considerations for revising the Helsinki Declaration for Patient Safety in Anaesthesiology, which is now in hand.

Our visits have laid the foundations for lasting future regional safety networks, and we noted the enthusiasm for developing these in the countries we visited. The evaluations based on colleagues' perceptions were universally positive and enthusiastic about the project. Importantly, we gathered intelligence on how to refine and present the visit process so that it can be used as a 'plug and play' self-assessment tool for departments of anaesthesiology to use internally, or as part of the proposed peer review networks.

An online peer-review safety toolkit and supporting materials to create a sustainable model in the longer term have been created. This is structured into sections, reflecting the various elements of the process, allowing participating hospitals to progress as far as they wish, and at their own pace. We will work with

the National Anaesthesia Societies Committee to promote and encourage the project and create incentives to take part. We will also link to other workstreams and activities within the ESAIC and the funding partners' organisations.

PRiPSAIC has been a success: the industry support we received has allowed us to produce for the ESAIC a valuable asset, namely an inexpensive and proven process to analyse and improve patient safety practices in hospitals and departments.

Acknowledgements

We would like to thank all participating anaesthesiologists, their departments, hospitals and national anaesthesiology societies for making the project such a success.

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