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Euroanaesthesia

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HELSINKI DECLARATION ON PATIENT SAFETY IN ANAESTHESIOLOGY

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BACKGROUND

Anaesthesiology shares responsibility for quality and safety in Anaesthesia, Intensive Care, Emergency Medicine and Pain Medicine, including the whole perioperative process and also in many other situations inside and outside the hospital where patients are at their most vulnerable.

- Around 230 million patients undergo anaesthesia for major surgery in the world every year. Seven million develop severe complications associated with these surgical procedures from which one million die (200,000 in Europe).¹ All involved should try to reduce this complication rate significantly.
- Anaesthesiology is the key specialty in medicine to take up responsibility for achieving the goals listed below which will notably improve Patient Safety in Europe.

HEADS OF AGREEMENT

We, the leaders of societies representing the medical speciality of anaesthesiology, met in Helsinki on 13 June 2010 and all

- Patients have a right to expect to be safe and protected from harm during their medical care and anaesthesiology has a key role to play improving patient safety perioperatively. To this end we fully endorse the World Federation of Societies of Anaesthesiologists International Standards for a Safe Practice of Anaesthesia.²
- Patients have an important role to play in their safe care which they should be educated about and given opportunities to provide feedback to further improve the process for others.^{3;4}
- The funders of healthcare have a right to expect that perioperative anaesthesia care will be delivered safely and therefore they must provide appropriate resources.
- Education has a key role to play in improving patient safety, and we fully support the development, dissemination and delivery of patient safety training.
- Human factors play a large part in the delivery of safe care to patients, and we will work with our surgical, nursing and other clinical partners to reliably provide this.⁶
- Our partners in industry have an important role to play in developing, manufacturing and supplying safe drugs and equipment for our patients' care.
- Anaesthesiology has been a key specialty in medicine leading the development of patient safety. We are not complacent and know there are still more areas to improve through research and innovation.
- No ethical, legal or regulatory requirement should reduce or eliminate any of the protections for safe care set forth in this Declaration.

PRINCIPAL REQUIREMENTS

Today we pledge to join with the European Board of Anaesthesiology (EBA) in declaring the following aims for improving Patient Safety in Europe. Close cooperation between European organisations will be required to achieve these goals, for which the input and efforts of the European Society of Anaesthesiology (ESA) will be instrumental:

- 1. All institutions providing perioperative anaesthesia care to patients (in Europe) should comply with the minimum standards of monitoring recommended by the EBA both in operating theatres and in recovery areas.8
- 2. All such institutions should have protocols^{2;9} and the necessary facilities for managing the following
 - Checking Equipment and drugs
 - Preoperative assessment and preparation
 - Syringe labelling
 - Difficult/failed intubation
 - Malignant hyperpyrexia
 - Anaphylaxis
 - Local anaesthetic toxicity
 - Massive haemorrhage
 - Infection control
 - Postoperative care including pain relief

- 3. All institutions providing sedation to patients must comply with anaesthesiology recognised sedation standards for safe practice. 10-14
- 4. All institutions should support the WHO Safe Surgery Saves Lives initiative and Checklist. 15
- 5. All departments of anaesthesiology in Europe must be able to produce an annual report of measures taken and results obtained in improving patient safety locally.
- 6. All institutions providing anaesthesiological care to patients must collect the required data to be able to produce an annual report on patient morbidity and mortality.
- 7. All institutions providing anaesthesiological care to patients must contribute to the recognised national or other major audits of safe practice and critical incident reporting systems. 16-18 Resources must be provided to achieve this.

CONCLUSION

• This declaration emphasises the key role of anaesthesiology in promoting safe perioperative care.

CONTINUITY

- We invite anyone involved in healthcare to join us and sign up to this declaration.
- We will reconvene to annually review our progress to implement this declaration.

DURING THE EUROANAESTHESIA 2010 OPENING CEREMONY, SATURDAY 12 JUNE 2010, THE HELSINKI DECLARATION WILL BE SIGNED BY:

Dr. Jannicke Mellin-Olsen,

President, European Board of Anaesthesiology/UEMS

President, European Society of Anaesthesiology

Prof. Hugo Van Aken,

Chairperson, National Anaesthesia Societies Committee on behalf of the ESA Member Societies



Feierliche Unterzeichnung der Declaration of Helsinki am 12.06.2010 v.l.n.r: Prof Dr. Dr. h.c. H. Van Aken (NASC Chairperson), Dr J. Mellin-Olsen (President FBA /UFMS), Prof. Dr. P. Pelosi (President FSA

THE HELSINKI DECLARATION ON PATIENT SAFETY IN ANAESTHESIOLOGY HAS BEEN APPROVED BY:

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- 1. Weiser TG, Regenbogen SE, Thompson KD, Haynes AB, Lipsitz SR, Berry WR, Gawande AA: An estimation of the global volume of surgery: a modelling strategy based on available data. Lancet 2008; 372.139-44
- World Federation of Societies of Anaesthesiologists. 2008 International Standards for a Safe Practice of Anaesthesia. http:// anaesthesiologists.org/en/quidelines/safety-and-quality-of-practicequidelines.html World Federation of Societies of Anaesthesiologists. Last accessed 8-4-2010.
- Peat M. Entwistle V. Hall J. Birks Y. Golder S: Scoping review and approach to appraisal of interventions intended to involve patients in patient safety. J. Health Serv. Res. Policy 2010; 15 Suppl 1: 17-25
- Davis RE, Jacklin R, Sevdalis N, Vincent CA: Patient involvement in patient safety: what factors influence patient participation and engagement: Health Expect. 2007; 10: 259-67
- Staender SE: Patient safety in anesthesia. Minerva Anestesiol. 2010: 76: 45-50
- 6. Reason J: Human Error. Cambridge, Cambridge University Press, 1990,
- 7. Gaba DM: Anaesthesiology as a model for patient safety in health care. BMJ 2000; 320: 785-8
- 8. Mellin-Olsen J, O'Sullivan E, Balogh D, Drobnik L, Knape JT, Petrini F, Vimlati L: Guidelines for safety and quality in anaesthesia practice in the European Union. Eur.J.Anaesthesiol. 2007; 24: 479-82
- 9. Vimlati L, Gilsanz F, Goldik Z: Quality and safety guidelines of postanaesthesia care: Working Party on Post Anaesthesia Care (approved by the European Board and Section of Anaesthesiology, Union Europeenne des Medecins Specialistes). Eur.J.Anaesthesiol. 2009 26 715-21
- 10. Practice guidelines for sedation and analgesia by non-anesthesiologists. Anesthesiology 2002; 96: 1004-17
- 11. Gisvold SE, Raeder J, Jyssum T, Andersen L, Arnesen C, Kvale L, Mellin OJ: Guidelines for the practice of anesthesia in Norway. Acta Anaesthesiol.Scand. 2002; 46: 942-6
- 12. Recommendations for anesthesia and sedation in nonoperating room locations.
- Minerva Anestesiol. 2005; 71: 11-20
- 13. Cote CJ, Wilson S: Guidelines for monitoring and management of pediatric patients during and after sedation for diagnostic and therapeutic procedures: an update. Paediatr. Anaesth. 2008; 18: 9-10
- 14. Knape JT: The impact of the european guidelines for sedation by non-anaesthesiologists for gastroenterology practice. J.Gastrointestin Liver Dis. 2007; 16: 429-30
- 15. Haynes AB, Weiser TG, Berry WR, Lipsitz SR, Breizat AH, Dellinger EP, Herbosa T, Joseph S, Kibatala PL, Lapitan MC, Merry AF, Moorthy K, Reznick RK, Taylor B, Gawande AA: A surgical safety checklist to reduce morbidity and mortality in a global population. N.Engl.J.Med. 2009; 360: 491-9
- 16. Critical Incident Reporting and Reacting Network CIRRNET. http:// www.cirrnet.ch/ Swiss Foundation for Patient Safety. Last accessed
- 17. National Reporting and Learning Service. http://www.nrls.npsa.nhs.uk/report-a-patient-safety-incident/ National Health Service (NHS). Last accessed 8-4-2010.
- 18. National Confidential Enquiry into Patient Outcome and Death. http:// www.ncepod.org.uk/ .Last accessed 8-4-2010.

The Helsinki Declaration on Patient Safety in Anaesthesiology will be published in the European Journal of Anaesthesiology 2010; 27: in press.