Editorial

In terms of safety

Have your say on a new international approach to classifying patient safety information.

Better classification of health information is often seen as a long way removed from the real work of making patient care safer. This is a mistaken view. Global progress on patient safety requires clear agreement about key safety terms and concepts. To date, a truly international patient safety classification has been missing. Our ability to accurately compare safety-related information across reporting and data collection systems is almost non-existent. This is a significant barrier to progress because many of the risks to patient safety are common across countries.

The vision of the World Alliance for Patient Safety is simple. Can we more systematically and quickly learn from the experiences of patient harm internationally to prevent future patients being harmed throughout the world [1]?

In more and more organizations worldwide, we have seen a growing interest in encouraging health care workers to voluntarily report information about events that harm patients or have that potential [2]. Such developments have given rise to many safety-related taxonomies designed to organize and categorize data about patient safety problems so that they can be analyzed more systematically. This is a welcome development. Reporting is only of value if it leads to a constructive response [2].

However, this has led to a myriad of patient safety taxonomies in use in various countries, each designed for a specific purpose [3]. For all intents and purposes, each of these meets the requirements for which they are designed. Although each has elements of potential interest to all, none on its own is fit for the purpose of an international approach to classifying patient safety data.

Faced with this gap in late 2005, the WHO World Alliance for Patient Safety initiated work on an International Patient Safety Event Classification (IPSEC). It aims 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. It is intended that the classification will be adaptable yet consistent across the full spectrum of health care and across cultures and languages [4]. It will link closely with the WHO Family of International Classifications and the WHO Drug Dictionary.


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In developing the IPSEC, the World Alliance has been guided by a small drafting group made up of individuals with expertise in patient safety, information management, and classification [4]. The guidance of the drafting group has been invaluable in ensuring that the IPSEC meets high standards of technical excellence. However, the scientific soundness of the IPSEC is a necessary but not sufficient requirement for success. The World Alliance is keen to ensure an approach that meets the needs of as many WHO Member States as possible. This is a challenging challenge given the diversity of health systems and patient safety issues around the world.

Because of the feedback received through the Delphi Survey, the IPSEC will be further revised with a view to commencing field testing in 2007. It is planned that the finalized version of the IPSEC will be available by early 2008.

To access the Delphi survey, visit www.who-ipsec.org

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