

# Perioperative Patient Safety Practices in Europe: Preliminary Results from a Delphi within the SAFEST Project

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I Martinez-Nicolas<sup>1</sup>, A Rodriguez<sup>2</sup>, Y Sanduende Otero<sup>1</sup>, A Bartakke<sup>1</sup>, AB Nunes<sup>3</sup>, A Leite<sup>3</sup>, A Zaludek<sup>4</sup>, C Valli<sup>2</sup>, JP Teixeira<sup>3</sup>, E Romero<sup>1</sup>

1. Sistema Español de Notificación en Seguridad en Anestesia y Reanimación (SENSAR), Madrid. 2. Avedis Donabedian Research Institute, Barcelona, Spain. 3. Comprehensive Health Research Center, NOVA University Lisbon, NOVA National School of Public Health, Public Health Research Centre, Lisbon, Portugal. 4. Department of Public Health, Charles University Third Faculty of Medicine, Prague, Czech Republic

## INTRODUCTION AND AIM

Previous initiatives have addressed patient safety in surgical care in Europe, but most of them have been focused on the intraoperative period.

We aimed to **reach a Europe-wide consensus** on Perioperative **Patient Safety Standardized Practices (PPSSP)** as part of the Horizon Europe "Improving quality and patient SAFETY in surgical care through STandardisation and harmonisation of perioperative care in Europe (SAFEST)".

## METHOD

An **international expert panel** from **22 European countries**. Balanced representation of **geographical location, clinical and non-clinical expertise**, and **gender**.

An **online two-round modified-Delphi**, populated with **patient safety recommendations** extracted from a **systematic review of guidelines** (CRD42022347449).

The **perioperative patient safety standardized practices** (99 in 1<sup>st</sup> round, 104 in 2<sup>nd</sup> round) were rated on **relevance** and **feasibility** in the following Likert scale:

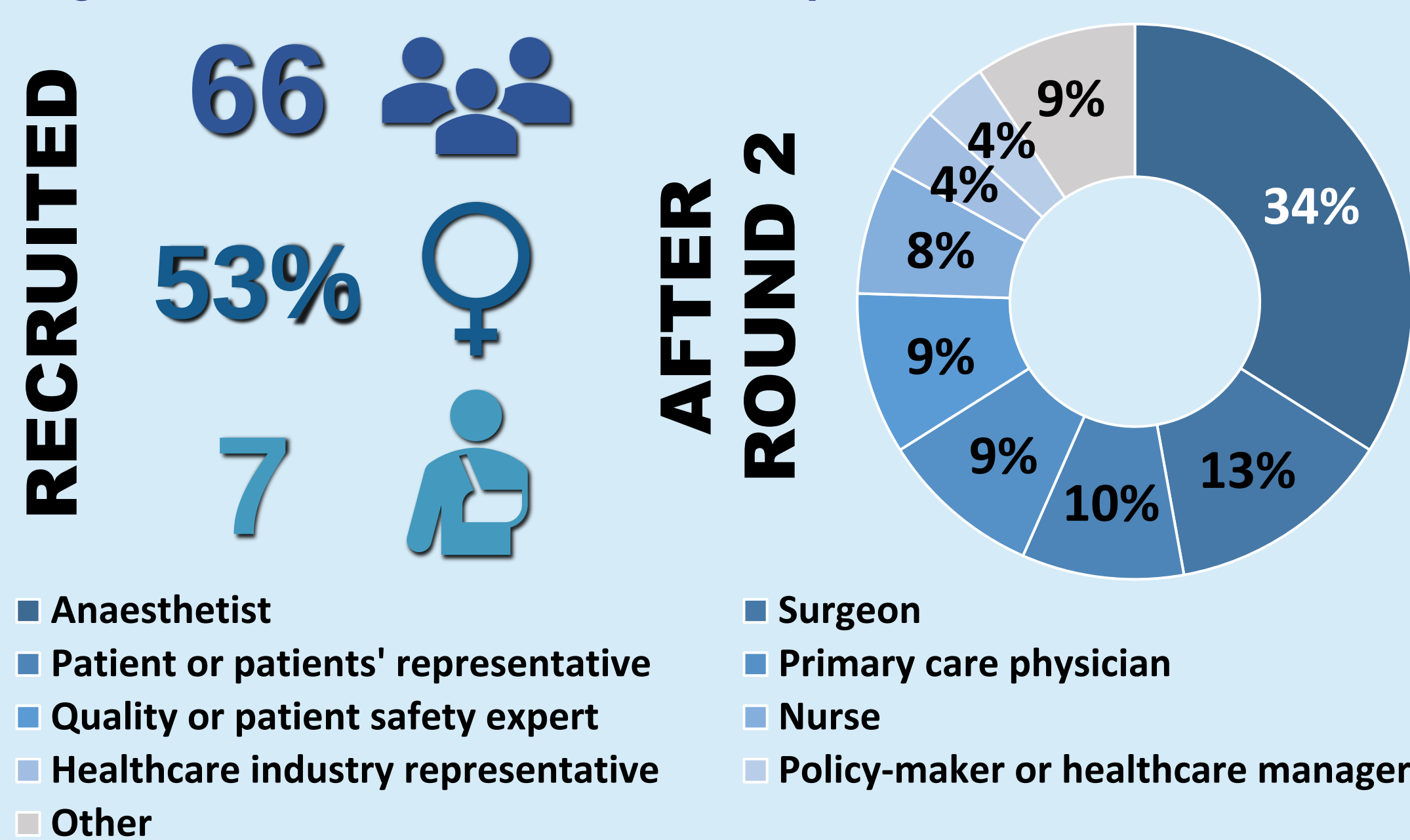
|                        |                   |          |                   |                       |                |       |                |                     |
|------------------------|-------------------|----------|-------------------|-----------------------|----------------|-------|----------------|---------------------|
| Very strongly disagree | Strongly disagree | Disagree | Slightly disagree | Nor disagree or agree | Slightly agree | Agree | Strongly agree | Very strongly agree |
|------------------------|-------------------|----------|-------------------|-----------------------|----------------|-------|----------------|---------------------|

**Consensus agreement:** at least 70% in the three higher ratings ("Agree" to "Very strongly agree").

Finally, a **2-days in-person meeting** was held in **March 2023 in Brussels**. This **Consensus Conference** was organized in several thematic sessions that provided final considerations on **Finetuning, Patient perspective, Equity, Feasibility**, and **Implementation** issues.

## RESULTS

Figure 1. Recruitment and full-response statistics



**53 full responses** were received after the 2<sup>nd</sup> round. From them, **52.8% were females**, and 5 (9.4%) were patient representatives. The most represented group was anaesthesiologists (34.0%), followed by surgeons (13.2%).

Regarding PPSSP, **102 out of 104 reached consensus on relevance**, although **20 did not reach consensus on feasibility**.

Table 2. Number of perioperative patient safety standardized practices, by their consensus rating in both Delphi rounds

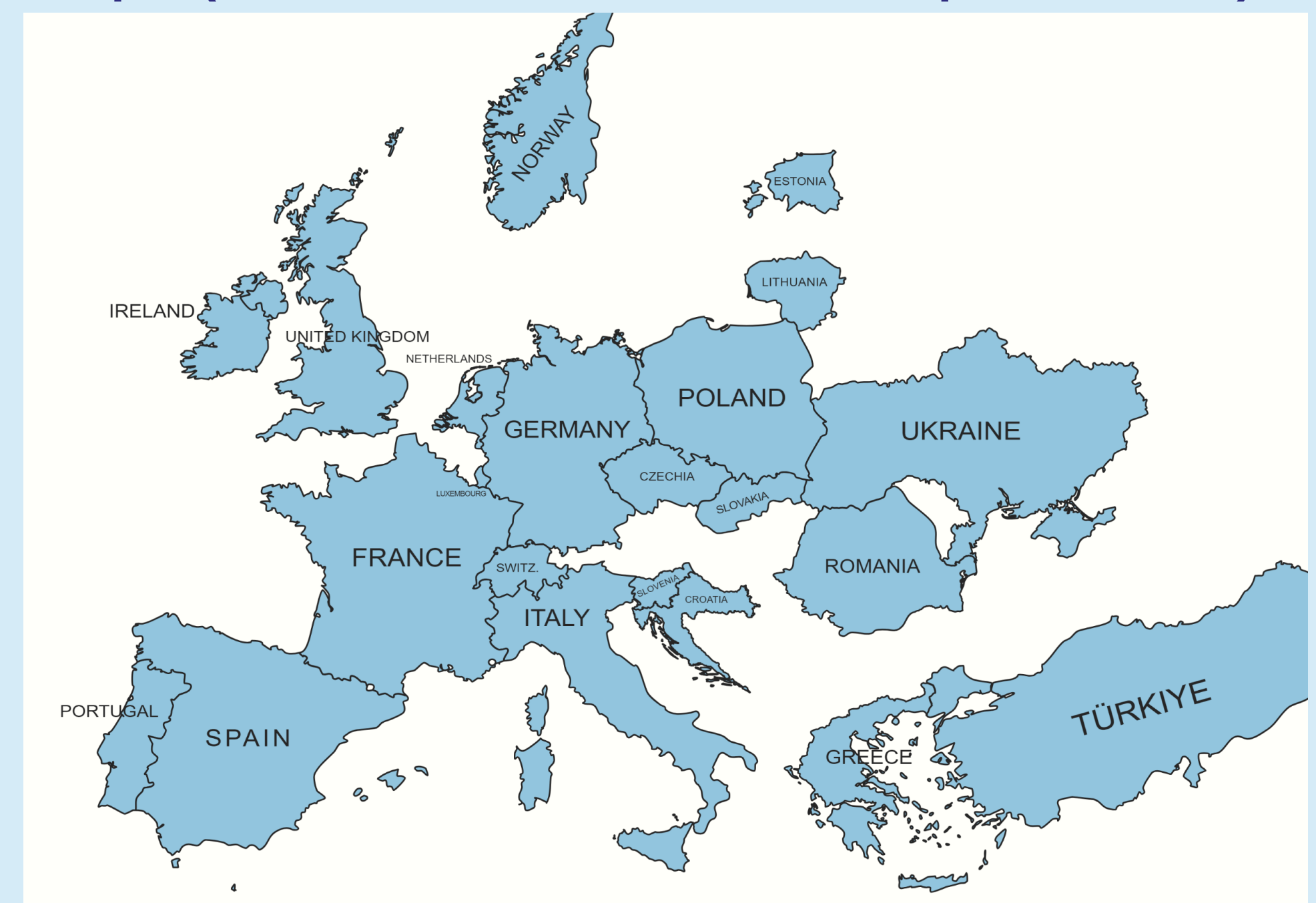
| Consensus criteria                  | Round 1 (n=99) | Round 2 (n=104) |
|-------------------------------------|----------------|-----------------|
| ≥70% Relevance and ≥70% Feasibility | 32             | 84              |
| ≥70% Relevance and <70% Feasibility | 64             | 18              |
| <70% Relevance                      | 3              | 2               |

During the **Consensus Conference** some final rewordings were suggested and **three PPSSP were dropped from the final list**. From the **patients' perspective**, three areas were highlighted: **Continuity of care; Patient engagement; and Accessible patient information**. Finally, considerations about **equity, feasibility** and **evidence** emerged and were considered as overarching topics that will be part of an ulterior manuscript.

Table 1. SAFEST Delphi expert panel descriptive statistics and response rate from both rounds

| Respondent characteristics      | Round 1   | Round 2    |
|---------------------------------|-----------|------------|
| Response rate, n (%)            | 58 (87.9) | 53 (80.3)  |
| Female, n (%)                   | 29 (50.0) | 28 (52.8)  |
| Age, mean (SD)                  | 53 (9.91) | 52 (12.07) |
| Any Conflict of Interest, n (%) | 4 (6.9)   | 3 (5.7)    |

Figure 2. Represented countries in the SAFEST Delphi (USA is omitted for the sake of presentation)



Among the **highest rated on relevance** were the use of **surgical safety checklists**, **identification of patients** in different processes of care, **hand hygiene**, verification of **equipment**, and the development of a **strong safety culture**.

The **top-three most feasible** were those related to **hand hygiene**, verification of **anaesthesia equipment**, and **patient identification**.

## CONCLUSIONS

The **101 SAFEST Perioperative Patient Safety Standard Practices** are a **comprehensive, evidence-based, patient-centred** list of recommendations to improve quality of care along hospitals in Europe and beyond.

The list **has reached consensus** through a European-wide process of a balanced expert group that included **all stakeholders** of the **entire perioperative period** with a special emphasis on **patient participation**.



## REFERENCES

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- Hasson F, Keeney S, McKenna H. Research guidelines for the Delphi survey technique. J Adv Nurs. 2000;32:1008–15.

## CONTACT

Visit the SAFEST website here:

Approved by the Clinical Research Ethics Committee of the IDIAP Jordi Gol (22/146-P).

