

GUIDED SELF-EVALUATION OF SAFETY STANDARDS FOR PERIOPERATIVE CARE IN 10 HOSPITALS ACROSS EUROPE: SAFEST PROJECT

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Introduction

Surgical care has been reported to have one of the highest prevalence of preventable patient harm. The adoption of evidence-based practices can significantly reduce adverse patient outcomes of surgical care. However, translating evidence into practice remains slow in healthcare; and sustainable effort should be made to overcome this challenge. One of the aims of the SAFEST project is to identify the best standards to improve patient safety during the entire perioperative period. This study aims to assess the degree of implementation of the SAFEST standards.

Hospital name	Country
Radboud university medical center	The Netherlands
Martini Hospital	The Netherlands
Centro Hospitalar Universitário Lisboa Central (CHULC, EPE)	Portugal
Centro Hospitalar Universitário de São João (CHUSJ, EPE)	Portugal
Hospital Universitari i Politècnic La Fe	Spain
Hospital Universitario Fundación Alcorcón	Spain
Tartu University Hospital	Estonia
North Estonia Medical Centre	Estonia
Military University Hospital Prague	Czech Republic
Hořovice Hospital	Czech Republic

Table 1. Participant Hospitals

Methods

We are conducting an observational study, including a self-evaluation in 10 hospitals from 5 European countries (**Table 1**). We developed an online self-evaluation tool containing a scoring system to assess the degree of implementation of the SAFEST standards following a three steps approach. First, we transformed prioritised patient safety recommendations (101) into measurable standards – the list of recommendations was obtained from a systematic review and Delphi process previously conducted as part of the SAFEST project. Secondly, we defined measurable elements (ME) for all transformed standards. Third, we developed scale values specific to each ME to measure the degree of implementation and defined the source of information (SI) as where and how the information could be collected. Hospitals are performing the self-evaluation the degree of implementation according to the SAFEST standards through an online platform. Qualitative content will be collected to identify the main limitations or needs for the implementation of the standards.

Preliminary results

From the 101 recommendations, 104 standards with 154 measurable elements (ME) were developed and categorized into 12 conceptual areas as shown in **Figure 1**. In total, five different source of information (SI) were defined, which included: documentation review, team review, medical records review, patients group discussion, and observations. A three values scale was developed for each ME (*0: The measurable element is not successfully accomplished; 5: The measurable element is partially accomplished and 10: The measurable element is successfully accomplished*). **Figure 2** shows an example of how one standard and related measurable element about Safety and Quality (SQ) was displayed into the platform. Hospitals have started the self-evaluation in June 2023, which is currently ongoing, and it will be finalized by the end of August 2023.

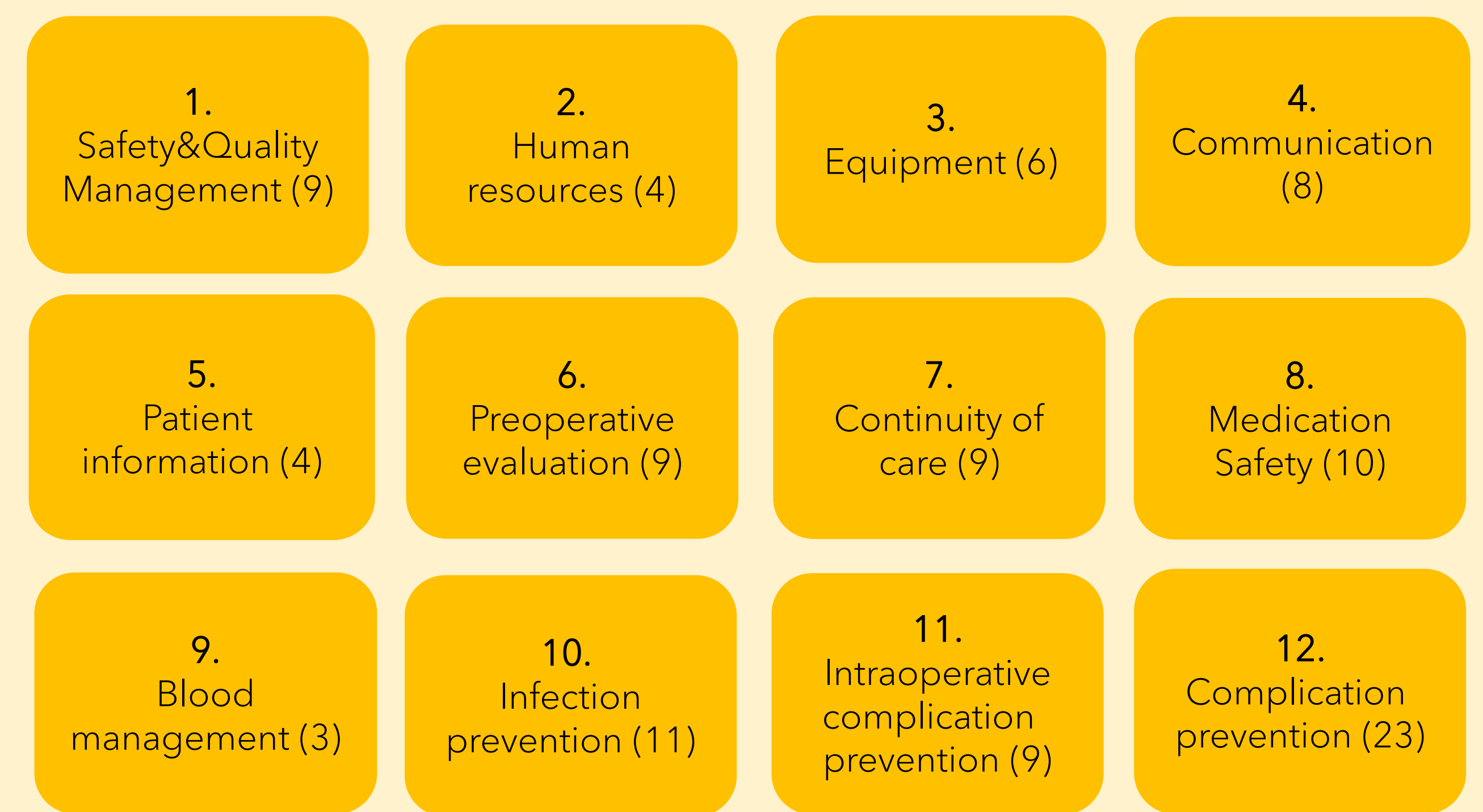


Figure 1. SAFEST standards areas
(*in brackets: number of standards per area)

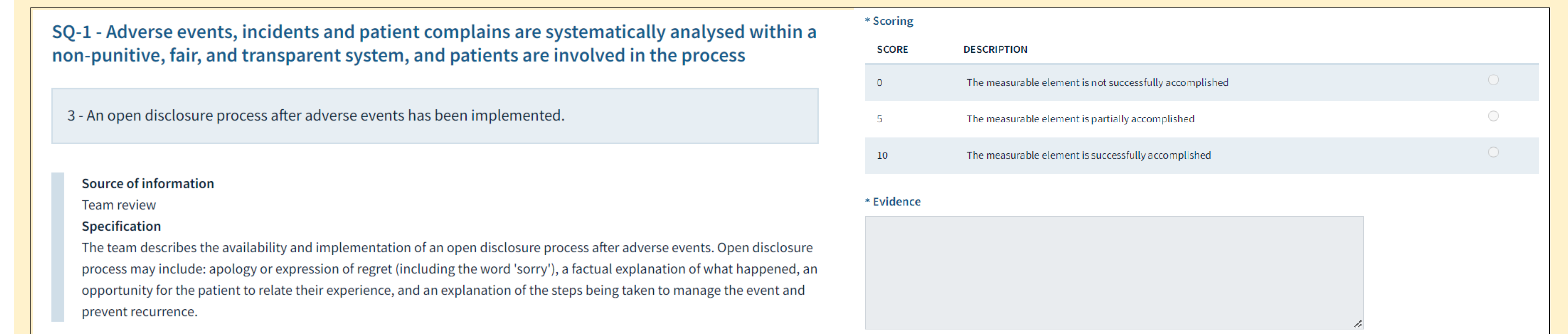


Figure 2. Example of SAFEST standard

Conclusion

The self-evaluation results will help hospitals identify which practices have a low adherence in their context and, therefore, need tailored strategy to improve their adherence. A comparative analysis of the SAFEST standards across hospitals will also enable hospitals compare their results with others and share lessons learned.

