



# The Conceptual Framework for the International Classification for Patient Safety

**An Overview**

## Action by the WHO

- 2002 – World Health Assembly Resolution WHA55.18
- 2003 – WHO commissions work to explore the state of patient safety taxonomies, classifications and terminologies
- 2004 – Establishment of the World Alliance for Patient Safety with patient safety taxonomy as core priority
- 2005 – Formation of expert Drafting Group



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# Action by the World Alliance for Patient Safety

2005 – Development of the ICPS based upon:

- The Joint Commission's Patient Safety Event Taxonomy (PSET) – United States
- The National Patient Safety Agency National Reporting and Learning System (NRLS) – United Kingdom
- The Australian Patient Safety Foundation's Advanced Incident Management System (AIMS) - Australia
- Eindhoven University of Technology and Leiden University Medical Center's Eindhoven/PRISMA-Medical Classification Model – The Netherlands
- The WHO-Family of International Classifications
  - International Classification of Diseases (ICD)
  - WHO Drug Dictionary

## Action by the World Alliance for Patient Safety

- 2006 – Implementation of a two-round, web-based modified Delphi Survey
  - Between August and November 2006
  - Purpose - To test global relevance and acceptability of the ICPS through an international consultation
- 2007 – Initiation of field testing
  - Developed phased research methodology
  - Purpose - To ensure the concepts contained in the ICPS capture the essential elements of patient safety incidents across the continuum of care

# Why is an International Classification for Patient Safety needed?

- Richness of existing patient safety classification systems
- Currently no universal agreement or understanding of patient safety key concepts
- Currently no method for standardizing patient safety data for analysis




# Purpose

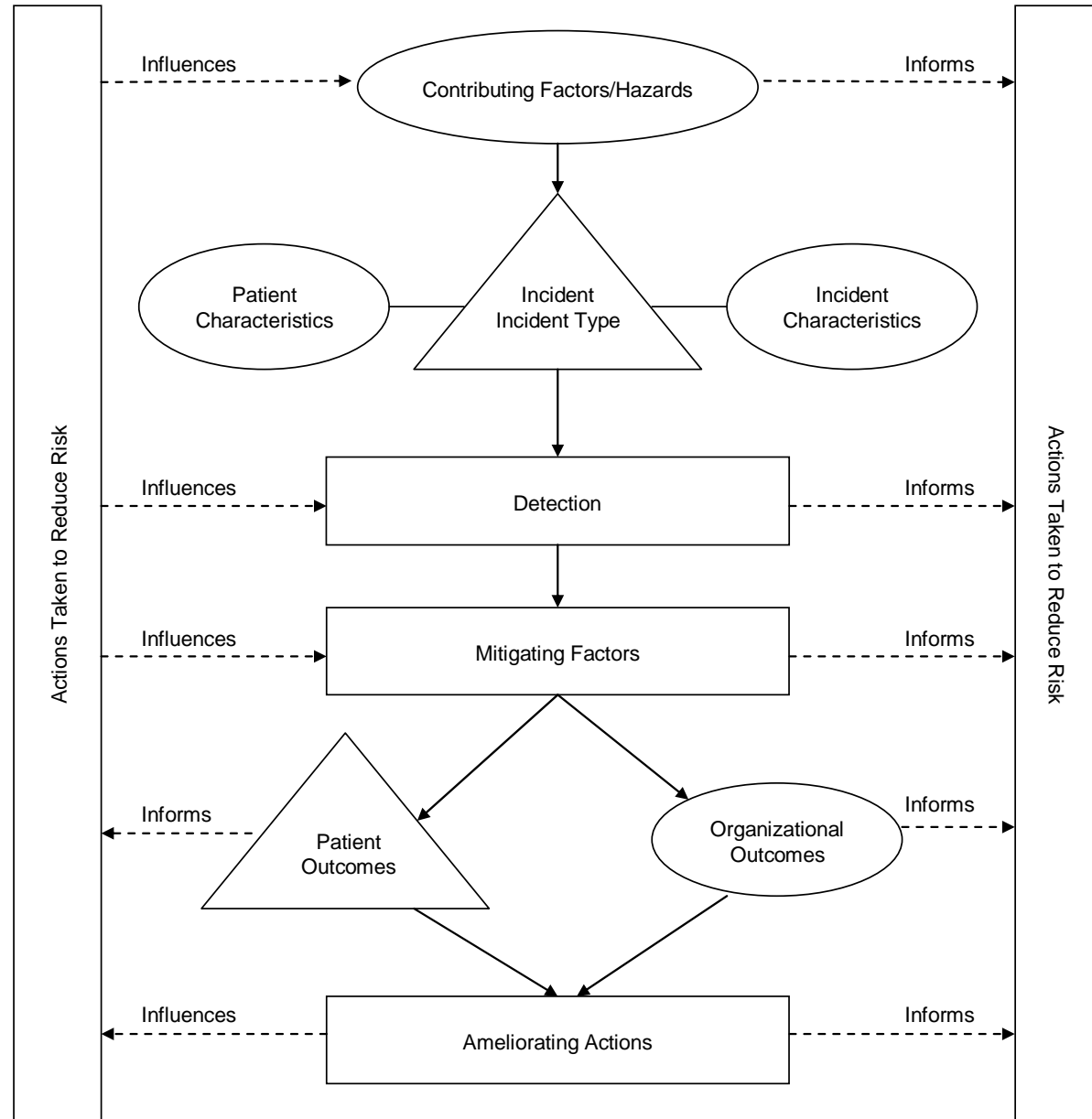
- To ‘translate’ patient safety data and information into a common language
- To permit the systematic collection of information about patient safety incidents from a variety of sources
- To facilitate analysis, learning and resource prioritization

# Classifications

- Provide underlying concepts and definitions
- Organise concepts into a structure
- Translate data collected from disparate reporting systems into a standardized language
- Allow for aggregation, comparison and learning across reporting systems

# ICPS Conceptual Framework

-  System Resilience (Proactive & Reactive Risk Assessment)
-  Clinically meaningful, recognizable categories for incident identification & retrieval
-  Descriptive information








## 2 Key Definitions

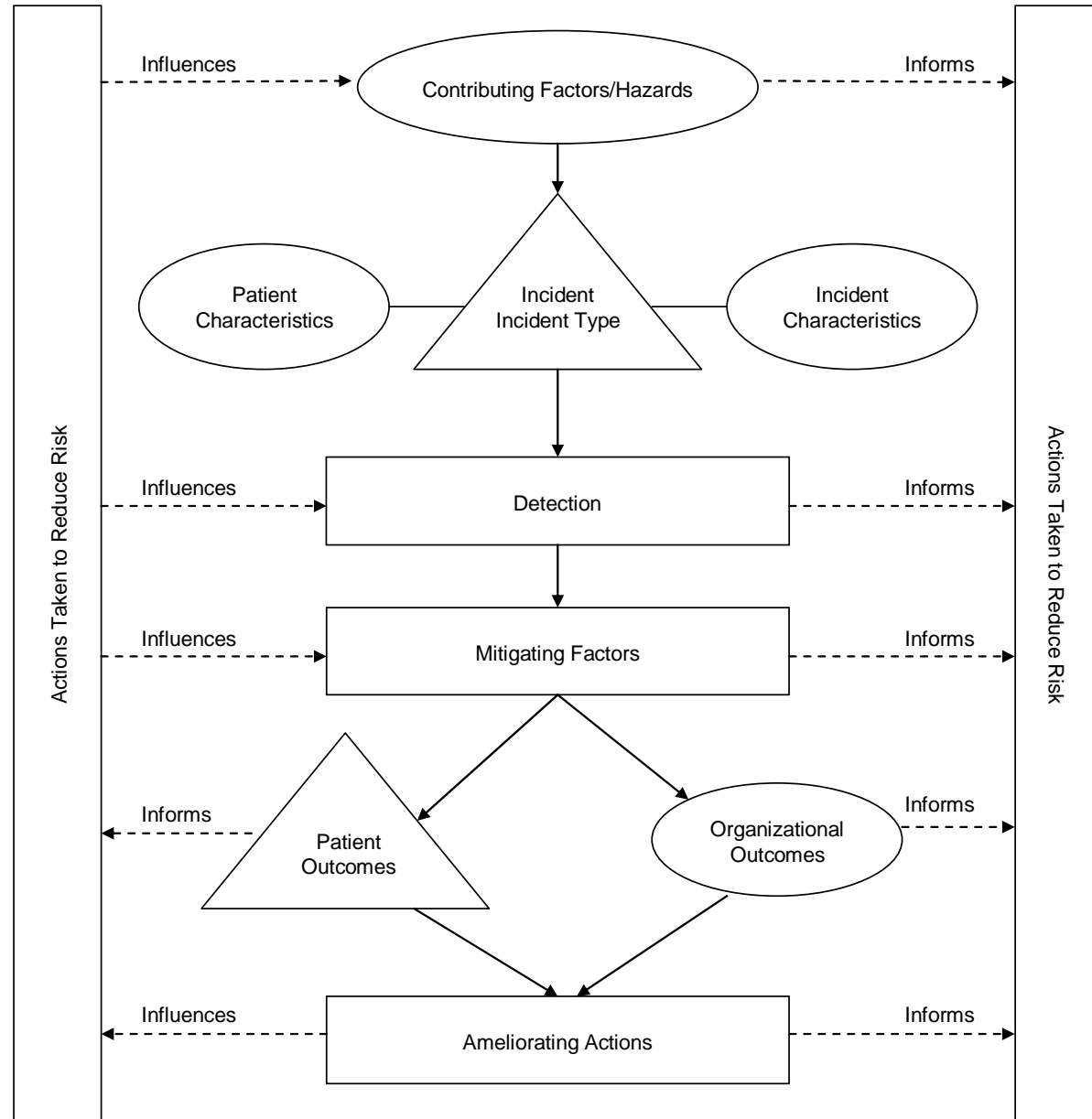
- Patient Safety
  - Freedom, for a patient, from unnecessary harm or potential harm associated with healthcare
- Patient Safety Incident
  - An event or circumstance which could have resulted, or did result, in unnecessary harm to a patient
    - Incidents that result in harm to patients are **adverse events**
    - Incidents that did not cause harm to patients are **near misses**

# The 10 Classes

- Incident Type and Patient Outcomes
  - Group incidents into recognizable categories in clinically meaningful ways
- Contributing Factors/Hazards, Patient Characteristics, Incident Characteristics and Organizational Outcomes
  - Provide descriptive information
- Detection, Mitigating Factors, Ameliorating Actions and Actions to Reduce Risk
  - Represent system resilience
  - Inform learning and analytical processes

# ICPS Conceptual Framework

-  System Resilience (Proactive & Reactive Risk Assessment)
-  Clinically meaningful, recognizable categories for incident identification & retrieval
-  Descriptive information



# The International Classification for Patient Safety

- Has a theoretic, logical conceptual framework
- Is comprised of 10 high-level stable classes
- Contains distinct and unambiguous concepts described by a term (label).
- Has definitions for 46 key concepts (preferred terms)

## The ICPS is intended to:

- Be adaptable yet consistent across the spectrum of health care;
- Organize patient safety data and information into meaningful and useful categories;
- Be culturally and linguistically sensitive; and
- Strive for maximum comparability across disciplines, organizations, boundaries and time



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# Action by the World Alliance for Patient Safety

## 2008 – Implementation of Field Testing

- Phase 1 - Content Validity Testing
  - Challenge Group
  - Country Specific Testing
  - Mapping/Development of Translational Tables



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## Next Steps –

- Phase 2 – Translation and Linguistic Evaluation
- Phase 3 – Formal Knowledge Representation of ICPS using Protégé
- Phase 4 – Reliability Testing

