European Validation of the Minimal Information Model for Patient Safety Incident Reporting and Learning

Outcomes of the 12-13 May 2015 International Expert Consultation
The Burden of Unsafe Care

www.who.int/patientsafety/

- Clinical problem
- Human problem
- Economic problem
- System problem
- Community problem

HAI pooled prevalence: 15.5 per 100 patients
Reporting and Learning Systems in Health Care

- Need for harmonization of reporting criteria and classification of events
- Reporting and learning systems
  - can contribute to learning from failures of the health system, avoiding allocation of blame
  - should lead to a constructive response based on analysis of risk profiles and dissemination of lessons for preventing similar events
1. Starting point: ICPS Conceptual Framework
2. Double refinement approach:
   - top down (PS-CAST)
   - bottom up based on R&L Systems for Patient Safety
3. MIM validation
   - Vigilance systems
   - EU reporting systems
MIM-PS for Incident Reporting

- The EC-WHO Project Goals
  - Validate and improve (modify if needed) an empirically developed WHO draft of MIM
  - Assess its feasibility to be used in European reporting & learning systems
  - Build a glossary or library of preferred terms for Incident Types in European reporting systems
  - Identify best practices to extract learning from reports

- In collaboration with the European Commission and EU Member States
Project Components

- Assessment of *compliance* with MIM of EU reporting systems
- Assessment of the *information sufficiency* of MIM by EU reporting systems
- Identification of *best practices* for extracting learning from reports, and *assessment of feasibility* of using MIM
- Proposing a *glossary* of Incident Types across participating EU reporting systems
- Expert consultation, consensus building
- Project *recommendations*
Concept note – International expert consultation on the MIM validation process

May 12-13 2015, Warsaw, Poland

Background

Drawing from the WHO draft Guidelines for Adverse Event Reporting and learning Systems (2005), work on the International Classification for Patient Safety, and international expertise from its Member States, WHO developed, in 2012, the draft prototype of the Minimal Information Model (MIM) for Patient Safety Incident Reporting and Learning Systems. The concept of the MIM defines minimal instances of data expected to provide sufficient information on patient safety incidents to enhance the learning component, which would be applicable to information technology systems.

Project summary

The project concerned with a European validation of the MIM was signed in December 2013 and launched under a collaborative agreement between the European Union (EU) and WHO. It builds on the previous experience of EUNETPAS, the Joint Action for Patient safety and of the DG SANCO Working Group for Patient Safety and Quality of Care, Reporting & Learning subgroup, to map existing practices of incident reporting across Europe, highlighting gaps, challenges and drawing a set of preferred terms for incident reporting. This country-driven project aims to test, adapt and validate the MIM draft template developed by WHO for its field use and to explore methods of extracting a common data set from existing patient safety reporting systems. The project has already completed several stages in its implementation. A Sharepoint platform has been set up to support data collection and project communication.

Fifteen EU Member States registered to participate as pilots in the MIM project. Over 400 reports (national, regional or hospital) on patient safety incidents were submitted for analysis from 10 pilot sites. This work is being complemented by a feasibility assessment of MIM field adaptation and by building a library of the most preferred terminology for the types of patient safety incidents used in existing European reporting systems.
Reaching meeting objectives

- Validating MIM PS as basic framework for sharing information/lessons learned from RLS at EU level and further

- Enhancing the learning component from RLS through
  - comparability, shared and compiled analysis, and

  - identification of emerging safety priorities
# International Expert Consultation

**European validation of the Minimal Information Model for Patient Safety Incident Reporting and Learning**

12-13 May 2015, Warsaw, Poland

Jointly organized by WHO-HQ Patient Safety and Quality Improvement Unit, WHO Collaborating Centre for Development of Quality and Safety in Health Systems at the the National Centre for Quality Assessment in Health Care, Krakow, Poland, the WHO Country Office for Poland and the WHO Regional Office for Europe, with the support of the European Commission’s Directorate General for Health and Food Safety

## Programme of Work

### Day 1 - Tuesday, 12 May 2015

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<th>Time</th>
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<td>08:30 - 09:00</td>
<td>Registration</td>
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<tr>
<td>09:00 - 09:15</td>
<td>Opening Session</td>
<td>Dr Igor Radziwicz-Winnicki, Undesecretary of State, Ministry of Health, Poland</td>
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<td></td>
<td>Welcome and opening remarks</td>
<td>Dr Paulina Miśkiewicz, WHO Country Office for Poland</td>
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<td>Introduction of participants</td>
<td>Dr Jerzy Hennig, NCQA, WHO Collaborating Centre Krakow</td>
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<td>Election of chairs and rapporteurs</td>
<td>Basta Kutryba, NCQA, WHO Collaborating Centre Krakow</td>
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<tr>
<td>09:15 - 09:45</td>
<td>The Minimal Information Model for Patient Safety (MIM-PS) Incident Reporting and Learning</td>
<td>Dr Neelam Dhingra, WHO</td>
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<td>Objectives of the International Expert Consultation</td>
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<td>Overview and achievements of the EC-WHO MIM Project</td>
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<tr>
<td>09:45 - 10:05</td>
<td>EC work on Patient safety and quality of care</td>
<td>Dr Aurelien Perez, DG SANTE</td>
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<td>10:05 - 10:30</td>
<td>WHOCC POL work in quality and safety of care</td>
<td>Dr Basta Kutryba, NCQA, WHO CC</td>
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<td>10:30 - 11:00</td>
<td>Break &amp; Group Photograph</td>
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Research results

1. The mapping of MIM PS to national RLS systems showed general compliance and proposed a two level approach: a standard 8 items, and an extended 10 items model depending on the local experience.

2. The MIM PS applicability survey showed general acceptability, with minor reservations generated by confusions at information categories level and choice of RLS analysis methods for inclusion.
Operational level of RLS referred to in this survey
MIM PS information categories

- Most used: location & incident type (> 96%)
- Less used: resulting actions (>80%)
- Most commented: reporter & time
- Most difficult to align: Incident type (100%)
- Structuring information categories
MIM PS validation

- Where RLS present - 8 MIM PS categories identified/high degree of compliance
- Where categories present - high definition compliance (incident type !!!)
- Additional categories: Contributing factors & causes / Free text
- Considered usability and acceptability >60%
- Enough information for learning?
Placing MIM PS into practice

Barriers in ‘translating’ MIM PS

Barriers in implementing additional categories

- Lack of financial resources (4)
- Existing law & national policies (8)
- Current policy of this health institution (2)
- Resistance to change (4)
- Uncertainty of the usefulness of the draft MIM (5)
- Increased workload (5)
- IT difficulties (7)
- Others (5)

- Lack of financial resources (6)
- Existing law & national policy (4)
- Current policy in this health institution (3)
- Resistant to change culture (by adding new information categories in the existing reporting system) (7)
- Uncertainty of the usefulness of this draft prototype of MIM (3)
- IT difficulties (3)
- Other (5)
RLS use as Knowledge source

Establishing patient safety priorities, ministerial recommendations, theme reports, warnings and attention notes

Information bulletins, newsletters, reports, memorandums of good practice, recommendations of how to avoid this type of errors, new protocols

Peer review, teaching sessions, learning notes, checklists, statistical analysis

- Not all listed happens in all settings and all countries
- 12.90% indicate reports are simply collected and archived
- Analysis relate to type of recorded incident
  - Simple, failure mode
  - RCA
Recipients of knowledge
Obstacles in retrieving learning

Existing systems
- Expert groups not completely established
- System of clinical risk not mature enough
- Reporting often not collated at national level
- Poor feedback to frontline operators

Data handling (analysis & outreach)
- Transcription errors in manual systems, software incompatibility in IT systems
- Lack of resources for meta analysis
- Established distribution channels not far enough outreach
- Data diluted in general hospital information

Staff awareness and openness to change
- Highly variable context base learning loop
- Limited resources & work overload
- Lack of institutional culture, knowledge and time
RLS performance

Knowledge provision

Feedback to improve
MIM PS validation

- Basic reference
  - Where systems do not exist
  - For clustering information in more developed systems to enhance comparability

- Usable as ground layer development
  - To start with
  - To develop on
  - To group according to

- Supporting learning by facilitating aggregation of lessons learned at a higher level

- A good tool to orient policy decisions for patient safety
Emerging conclusions

- MIM PS can be used as planned, once there is a clear understanding of what information categories contain.
- Countries with developed and developing RLS can accommodate the MIM PS in its 10 (8) item format for extracting categorized info.
- The Free text part allows the required flexibility with potential addition of other categories.
Enhance the learning component

- Increased interest and need to enhance the learning component from RLS, hindered by limited resources, limited time and work overload.

- Basic statistics can appear as an initial source to identify alerts; structured analysis will further focus on identifying causality and remedial action.
More learning

- Putting at use the wealth of knowledge stemming from RLS at local, national and international level ➔ simple approaches

- Breaking resistance to change and enforcing a safety culture ➔ knowledge, supported by enhanced learning

- The use of dedicated patient safety curriculum to train health care staff and leaders ➔ the necessary level of awareness required to implement effective RLS
Next steps

- **Finalizing the MIM PS** in its validated format as the simplest framework tool to initiate RLS by end 2015

- Initiate project based **implementation** – future direction
  - Guidance on how to implement MIM-PS
  - MIM PS at **institutional** level
  - MIM PS as a **national** framework information categorization for existing institutional RLS
    
    *(variability of the learning loop in relation to context implementation)*

- Peer reviewed journal **articles** 2015-16
MIM PS could be considered as an essential common framework for organizing and further developing an EU wide strategy for strengthening patient safety & quality care.
Acknowledgements

- Research team: Prof JM Roddrigues, J Souvignet
- WHO Technical team: Dr N Dhingra, M Kajiwara

For additional details:

Dr. Neelam Dhingra, Coordinator PSQ/SDS/HIS

< dhingran@who.int >