

World Health Organization | **Patient Safety**
A World Alliance for Better Health Care

International Classification for Patient Safety

Thread 3 – Content
ISQua Dublin

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Overview



ICPS – Conceptual Framework

Populating the framework

- Methods
- Review Process
- Outcomes

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History of ICPS Conceptual Framework

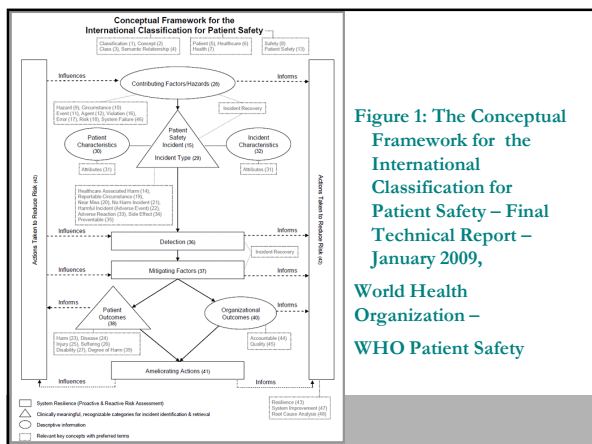
- World Alliance for Patient Safety (WAPS) convened a drafting group in 2004 to:
 - Enable categorization of patient safety information using standardised sets of concepts.
 - Agree on definitions, preferred terms and semantic relationships based on explicit domain ontology.

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ICPS Conceptual Framework 10 High Level Classes

- Incident Type
- Patient Characteristics
- Incident Characteristics
- Contributing Factors/Hazards
- Detection
- Mitigating Factors
- Patient Outcomes
- Organizational Outcomes
- Ameliorating Actions
- Actions Taken to Reduce Risk

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From a Conceptual Framework to a Working Classification to:

- Compare patient safety information across disciplines, between organisations and across time and borders.
- Examine the roles of systems and human factors in patient safety
- Identify potential patient safety issues
- Develop priorities and safety solutions

The Conceptual Framework for the International Classification for Patient Safety – Final Technical Report – January 2009, World Health Organization – WHO Patient Safety

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Towards a Working Classification

- Aim to populate the ICPS framework with content to deliver a robust classification for patient safety
- 7 “threads” for development of the ICPS
- Thread 3 - assigned role of developing the content for the ICPS –
- International collaboration
- Started with two Healthcare Incident Types (HIT’s) – Falls and Pressure Ulcers
- Healthcare-Associated Infections underway

The 7 Threads Of The ICPS

- Thread 1: Methodology
- Thread 2: Standardization
- Thread 3: Content
- Thread 4: Formalism
- Thread 5: Language engineering
- Thread 6: Quality assurance
- Thread 7: Project management

Role Of Thread 3

- Identify and review existing patient safety classifications
- Populate the ICPS with concepts, definitions, preferred terms, synonyms and relationships
- Collate obtained information to include as much content as applicable
- Identify panel of international experts to review content
- Circulate content for review
- Collate feedback
- Determine interim content based on feedback received and outcomes of negotiations.

Classification Systems Reviewed

- Advanced Incident Management System – AIMS (Australia) – experience and expert advice
- Common Formats – AHRQ (USA) – 64 systems
- National Reporting and Learning System – NRLS (UK)
- Eindhoven/PRISMA-Medical Classification Model (The Netherlands, Belgium, MERS)
- International Classification Diseases - ICD-10 (WHO)
- International Classification Functional Disabilities – ICF (WHO)
- Systemised Nomenclature of Medicine - Clinical Terms – SNOMED - CT

Developing The Content

Process developed by Thread 3 to allow review of the content by providing:

- Analogue representation of the classification
- Colour coded to allow for identification of the sources at a glance
- All sources, definitions and synonyms accessible.
- Equivalent codes or mapping to other classification systems e.g. ICD-10, Snomed-CT
- International panel of experts able to review content and submit their feedback via the site.

Front Page of the Wiki



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International Classification for Patient Safety

The construction of the International Classification for Patient Safety (ICPS) is now starting as a collaborative ICPS Project coordinated under the aegis of the World Health Organization by the Patient Safety Programme (PSP) for domain expertise, and the Health Statistics and Informatics (HSI) department, in charge of international classifications, terminologies and standards.

The WHO has mandated the Australian Patient Safety Foundation (APSF) to collate materials for the construction of the classification from multiple sources, to have them critically reviewed by patient safety experts, and eventually facilitate consensus building on content in line with the Conceptual Framework.

The draft classifications for the first two healthcare incident types - Fall and Pressure Ulcer - are presented below for review.

- ICPS Fall Extension: [Overview](#) [Browse All Descriptions](#)
- ICPS Pressure Ulcer Extension: [Overview](#) [Browse All Descriptions](#)

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Overview Page

Ontology: I C P S Pressure Ulcer

Defined as I C P S Pressure Ulcer
Sourced from AIMS

Term	Source Legend
Pressure Ulcer	AIMS
Detection (5)	ICPS
Pressure Ulcer Location (93)	Common Formats
Pressure Ulcer Status (28)	ICD
Skin Inspection Documentation (3)	APSF
Risk assessment conducted (2)	
Documentation of Risk Assessment Result (3)	
Type of Risk Assessment Performed (3)	
Formal Risk Assessment Tool Used (10)	
Time Risk Assessment was Performed (3)	
Policy for Conducting Risk Assessment (2)	
Pressure Minimisation Strategies (14)	
Medical Equipment, Device or Appliance (21)	

Browse Page

Pressure Ulcer

Defined as I C P S Pressure Ulcer > Incident Type > Pressure Ulcer
Sourced from ICD-10, AIMS, Common Formats

Term	Source Legend
Incident Type	AIMS
Pressure Ulcer	ICPS
Synonyms:	Common Formats
Decubitus ulcer (ICD-10) Bedore (ICD-10) Plaster ulcer (ICD-10)	ICD
	APSF
	Pressure Ulcer
	same as English

Descriptions:

Source - Common Formats - A pressure ulcer is an area of damaged skin or tissue which may be classified according to the stage of the ulcer.

Details:

What was the result of the risk assessment? — Documentation of Risk Assessment Result (Optional, Single)

What was the result of the risk assessment?

Was the pressure ulcer new or the worsening of an existing one? — Pressure Ulcer Status (Optional, Single)

Has the pressure ulcer new or the worsening of an existing one?

Has the pressure ulcer new or the worsening of an existing one?

Has the pressure ulcer new or the worsening of an existing one?

Has the pressure ulcer new or the worsening of an existing one?

Is it the policy of the institution or organisation that a risk assessment is conducted on all patients? — Policy for Conducting Risk Assessment (Optional, Single)

Is it the policy of the institution or organisation that a risk assessment is conducted on all patients?

Is it the policy of the institution or organisation that a risk assessment is conducted on all patients?

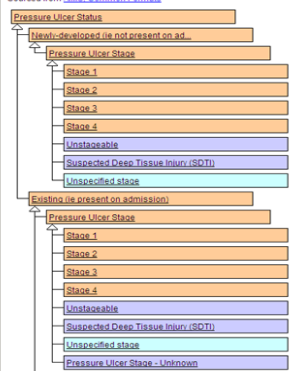
What type of Risk Assessment was performed? — Type of Risk Assessment Performed (Optional, Single)

What type of Risk Assessment was performed?

Specific strategies or devices used or implemented to prevent and minimise the development and/or advancement of a pressure ulcer — Pressure Minimisation Strategies (Optional, Multiple)

Taxonomy: Pressure Ulcer Status

Defined as I C P S Pressure Ulcer > Pressure Ulcer Status
Sourced from AIMS, Common Formats



- Drilling down into the taxonomy
- Colour coding allows for identification of source.

Source Legend
AIMS
ICPS
Common Formats
ICD
APSF

Drilling down into taxonomy – provided with details specific to the term

Pressure Ulcer Stage

Defined as I C P S Pressure Ulcer > Pressure Ulcer Status > Pressure Ulcer Stage
Sourced from AIMS, Common Formats

Term	Source Legend
Pressure Ulcer Status	AIMS
Newly-developed (ie not present on admission)	ICPS
Pressure Ulcer Stage	Common Formats
Stage 1	ICD
Stage 2	APSF
Stage 3	
Stage 4	
Unstageable	
Suspected Deep Tissue Injury (SDTI)	
Unspecified stage	

Synonyms: none

Labels: Pressure ulcer stage, same as English

Titles: Stage, same as English

Descriptions:

Source - AIMS - Select the grade of the newly developed pressure ulcer by selecting from the list. Source - Common Formats - Select the stage of the newly developed pressure ulcer.

Descriptions of all terms available

Descriptions of I C P S Pressure Ulcer Concepts

- Abdomen**
Source - AIMS - Select if the pressure ulcer was on the abdominal area.
- Advanced two or stages - No**
Source - Common Formats - Select 'No' if the existing pressure ulcer did not advance 2 or more stages during the patients stay at the facility.
- Advanced two or stages - Yes**
Source - Common Formats - Select 'Yes' if the existing pressure ulcer did advance 2 or more stages during the patients stay at the facility.
- Advancement of pressure ulcer**
Source - Common Formats - During the patients stay, did the existing pressure ulcer advance two or more stages? (ie. p. 1 to 3, 1 to 4 or 2 to 4).
- After discovery of pressure ulcer**
Source - Common Formats - Not on admission but done after discovery of a newly developed, or advancement of, an existing pressure ulcer.
- After Significant Change in Care**
Source - AIMS - Select if the pressure ulcer was identified to be present after a significant change in the subject's care. For example, - the patient had been moved on an air mattress and had recently been changed to another type of mattress (such as an eggcrate). - The subject's mobility level has changed from sitting out of bed to strict bed rest.
- After Significant Change in Condition**
Source - AIMS - Select if the pressure ulcer was identified to be present after a significant change in the patient's condition. For example, - from conscious to unconscious - mobile to immobile as a result of a CVA - Severe dehydration.
- After Transfer from Another Area (Unit)**
Source - AIMS - Select if the pressure ulcer was identified to be present after transfer from another area within the organisation. For example, - Pressure ulcer identified after a patient was transferred from the intensive care unit to a ward.
- On Mattress**
Source - APSF - Select if an air mattress was used to redistribute pressure.
- On Site**
Source - AIMS - Select if the pressure ulcer was located on the site.

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Complete Match: none

Partial Match: none

Providing Feedback

All fields on this form are optional. However, the more information you provide the better able we will be to act on your feedback. For example, if you provide your e-mail address, we will be able to contact you if we need clarification of your issue.

Name: TJS

Email Address: tim.schultz@apsf.net.au

Subject: http://www.apsf.net.au/ontologies/ICPSFall.owl

Attachment:

Comments:

Reviewing the Content

- Panel of International experts were invited to review the content (contact people)
- Includes representatives from 4 regions of WHO – Australasia, Europe, Africa, North America
- Comments currently being reviewed and collated
- For potential incorporation into a revised version

Reviewing the Content

Examples of some of the comments received to date – Pressure Ulcer HIT – Routine Pressure Area Care

Reviewer - Tanzania

"This remain to be the commonest pressure minimisation strategy in limited resource setting hospitals in Tanzania. We use the phrase Nursing care which imply 4 hourly change in position. This is the only cultural variation for terms in this taxonomy. None of pressure redistribution devices are available in our setting."

Reviewer – United Kingdom

"I think this would be better described as routine position changes. Four hourly/two hourly/etc. might be a useful split."

Reviewing the Content

- All feedback will be reviewed
- Feedback will be accepted, rejected or considered for further discussion
- Feedback will be provided about their suggestions and reasons for decisions
- Revised content will be posted on the web
- All deliberations about feedback posted on the web.
- Definitive draft of HIT released for world wide review and a repeat of the process.

Outcomes

- Content of first two HITS – Falls and Pressure Ulcers will be completed by the end of October.
- Work has already started on Healthcare Associated Infection (HAI) HIT
- Evaluation of the process to be conducted
 - Seek feedback about the process
 - Tabulate changes and suggestions
 - Submit a final report about the whole process and outcomes

References

The Conceptual Framework for the International Classification for Patient Safety – Final Technical Report – January 2009, World Health Organization – WHO Patient Safety, Version 1.1

World Health Organization – Patient Safety website –
<http://www.who.int/patientsafety/implementation/taxonomy/en/index.html>
<http://icps.apsf.org.au/Home.aspx>

Acknowledgements

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USA - William Munier



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