

Patient Safety: Knowing Where You've Been to Get to Where You Are Going

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Introduction

In this issue of *Update in Anaesthesia* you will find a series of outstanding articles on diverse issues in perioperative patient safety. These issues range from intraoperative management processes to facilities to approaches to reduce the impact of anaesthesia delivery on the environment. Each issue is important, with many addressing perioperative patient safety problems noted in a recent world-focused review of anaesthesia patient safety concerns.¹ The articles *in toto* raise a much larger question as to what we can do to improve anaesthesia patient safety around the globe where there is so much variability in healthcare resources.

We are not experts in global health care. However, we have been to more than 100 countries around the world and visited hospitals and other healthcare facilities in most of them. We have observed anaesthesia in some of the most advanced medical centres in the world, as well as in a number of our very lowest income countries. The disparities in access, resources, and approaches available for the provision of anaesthesia can be shocking to those not previously exposed to surgery performed in countries that have different levels of income, but the primary concerns of the anaesthesia professionals are uniformly and gratefully similar. Simply put, we have found anaesthesia professionals in each of these countries to care about their patients and to wish for them to have safe perioperative outcomes.

The World Federation of Societies of Anaesthesiologists (WFSA) has been a leader in pursuing improvements in perioperative and anaesthetic patient safety in lower resourced countries (Vision and Mission - WFSA (wfsahq.org)). The Federation's programmes, often in collaboration with member national societies, have made inroads in increasing expertise in low and low-to-middle income (LMIC) countries.² Individual national societies, alone or with others, support their programmes to

increase knowledge and resources in these countries. Foundations (e.g., LifeBox) and universities (e.g., Ariadne Labs, unique department relationships with programmes in LMIC countries) contribute, as do military organisations (e.g., the U.S. Navy Mercy and Comfort ships) and non-profit, charitable organisations (e.g., Smile Train). These organisations all help in improving perioperative patient safety around the globe. However, improvement of perioperative patient safety will fall short of its potential until there is better resource distribution as well as enhanced efforts to have more equitable access to healthcare between and within countries.

So what can we do at this time?

(1) We can further improve and expand existing programmes that educate current and new anaesthesia professionals. Already being done by the various organisations within the limits of their resources.

(2) We can continue to advocate for better healthcare access, especially surgical and anaesthetic care access, in LMICs. Already being done through the WFSA's efforts with the World Health Organization and through the advocacy efforts of national societies that are directed towards ministries of health in their country.

(3) We can support research that results in safer anaesthetic medications and their administration. Already being done by various anaesthesia foundations and pharmaceutical companies around the world.

(4) We can provide important physiologic monitors and training with them in LMICs. Already being done by LifeBox and other organisations.

(5) We can improve our collaborations between surgical and anaesthesia organisations. Already being done, albeit with variable success around the globe.

Given these efforts and short of a huge increase in healthcare access and spending in LMICs, what else

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Table 1 – The Top 10 Anaesthesia Patient Safety Issues Worldwide*

•	Implementation of national or international standards of intraoperative care in each country
•	Sustained efforts to support appropriate numbers and distribution of physician anaesthesia providers
•	Support at national levels to provide access to appropriate anaesthesia-related equipment and drugs
•	Development and implementation of databases to track patient and safety outcomes
•	Extension of patient safety initiatives from intraoperative to perioperative care
•	Improvement and use of surgical/anaesthesia safety checklists
•	Initiatives to detect and prevent death from perioperative deterioration
•	Establishment of cultures of safety and teamwork in intraoperative and perioperative care
•	Elimination of punitive outcomes and criminalization of medical errors
•	Allocation of safety research and resources to non-operating room anaesthesia practices

* Based on anaesthesiologist leaders' reports on the current state of anaesthesia patient safety in their countries and highlighted in this article. The issues as shown are not listed in order of importance.

can we do? We found that one of the top 10 anaesthesia patient safety issues worldwide in 2022 was the lack of databases that anaesthesia professionals in LMICs can use to track patient and safety outcomes (Table 1).¹ Therefore, we recommend that the WFSA forms a work group to develop a simple, concise, but useful data collection process that any anaesthesia professional in the world could use to report outcomes of their patients. It would likely be internet-based but simply designed so that anyone could enter the data into an application on a cell phone. Nearly every anaesthesia professional, regardless of country, carries a cell phone. A number of national societies already have excellent, broad-based patient outcome databases. Representatives from these societies could advise the effort.

The data would be uploaded to a cloud database that could be hosted anywhere in the world. The WFSA, perhaps with financial support from APSE, other foundations, national societies, corporations, and other groups, could hire an appropriate number of anaesthesia-oriented analysts or contract with an existing group and provide consistent outcome and quality reports back to anaesthesia professionals and groups in LMICs who may not otherwise have the ability and resources to garner this type of information.

It would be just one of many steps needed to improve perioperative patient safety. Obviously, WFSA, APSE, and many national

organisations are doing great things already to help . . . but the need is overwhelming. One important patient safety activity that appears to be missing is a simple, concise, and reliable outcome/quality reporting process for those who have limited resources and even limited internet access. You wouldn't run a manufacturing process without having data regarding production efficiency, defect tracking, and other quality controls. You shouldn't run a crucial healthcare process (i.e., perioperative care) that doesn't have this type of data collection, analysis, and tracking, either. Knowing where you've been with patient safety will make it easier to improve patient safety in the future.

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