The SAFE-T Summit 2018: implications for the WFSA Safety and Quality of Practice Committee

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The inaugural SAFE-T (Safe Anaesthesia for Everybody – Today) Summit took place in London at the Royal Society of Medicine on 13 April 2018. There were presentations by eminent speakers on topics of safe anaesthesia and surgery. Central to the discussion was the patient safety agenda following the *Lancet* Commission on Global Surgery 2015 initiative. The World Health Organization (WHO) defines patient safety as the absence of harm to a patient during the process of healthcare and reduction of risk of unnecessary harm associated with healthcare to an acceptable minimum.[1] Although the *Lancet* Commission has given directions for National Surgical, Obstetric and Anaesthesia Plans (NSOAPs), defined bellwether procedures and provided core indicators, major challenges still exist, especially from the perspective of low- and middle-income countries (LMICs). Safe anaesthesia and surgery is still a distant dream for many.[2] This commentary will focus on some of the key messages with implications for the World Federation of Societies of Anaesthesiologists (WFSA) Safety and Quality of Practice (SQP) Committee. The function of the WFSA SQP Committee is to provide the highest standards of safety and quality in anaesthesia internationally.

CORE INDICATORS FOR SAFETY

Meara and colleagues[3] have recommended five indicators for monitoring universal access to healthcare. These are access to timely essential surgery, specialist surgical workforce density, surgical volume, perioperative mortality rate (POMR) and protection against impoverishing expenditure.

Perioperative mortality

Perioperative mortality has declined over the last few decades but it is still significantly higher in LMICs.[4] One of the problems seen with the collection of data on this indicator is lack of standard definitions, which have ranged from in-hospital deaths to deaths 30 days postoperatively. As mentioned by presenters at the summit, at present no data have been provided for this indicator from some countries. There is therefore a need to standardise the definitions used. This requires collaboration and interaction between the WFSA and other stakeholders.

The SQP Committee of the WFSA is also designing a Morbidity and Mortality Tool Kit for LMICs. This toolkit will be aimed at anaesthesiologists working in secondary and non-teaching institutions where there is a lack of systems to analyse such events and bring improvements in patient safety. A needs assessment survey is currently being conducted in five LMICs in this respect. A future goal for the SQP Committee may be to have a web link where anonymous reports of such events can be collected from LMICs to provide information on the nature and magnitude of the problem. At present, publications on major morbidity and mortality are lacking from LMICs.

Specialist workforce density and work assessment tool

Information on infrastructure is one of the building blocks required for NSOAPs. This information is essential to collect data on core indicators. The WFSA's contribution to this has been the World Anaesthesiology Workforce Map. This live interactive map provides information on the physician-based anaesthesia workforce per 100,000 population and is accessible on the WFSA website.[5] The map is also accompanied by an article on the global anaesthesia workforce.[6] An Anaesthesia Facility Assessment Tool (AFAT), which is currently undergoing pilot assessment, was also introduced by WFSA secretary Professor Adrian Gelb. The purpose of this tool is to create a dataset that can be modified at a country level to help maintain standards for the safe practice of anaesthesia.

ANAESTHETIC EQUIPMENT

An Ad-Hoc Anaesthetic Equipment Committee was formed by the WFSA in 2017, bringing together global expertise in anaesthetic equipment and varied operating requirements to advance patient safety and access to safe anaesthesia. The Committee is currently being chaired by Dr Philippe Mavoungou.

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At the SAFE-T summit he highlighted the issues of affordability and quality of equipment in LMICs. Some of the issues discussed related to poorly organised tenders and on-site maintenance, healthcare budgets not being a priority, short-term guarantees and no policy for disposables. He advocated the reliability of energy sources such as solar energy with use of back-up batteries, the reliability of oxygen sources, modular and non-modular compact monitoring, robust syringe pumps, portable ultrasound systems, cheap and easily reusable devices, local logistic organisation and communication for remote expertise, and long-term warrantees.

Pulse oximetry is an example of how concerns about patient safety were married to technology, resulting in the development of robust inexpensive equipment for LMIC settings (https://www.lifebox.org). There is a further need to strengthen the WFSA's relationship with industry and to impress on manufacturers the need for such robust, inexpensive and reliable equipment for millions of patients.

The WHO has also published the *WHO Compendium of Innovative Health Technologies for Low-Resource Settings*.[7] Another piece of equipment described and of interest to anaesthesiologists is an anaesthesia machine with a low-pressure pneumatic ventilator.

The SQP Committee works in close collaboration with the Equipment Committee. Two members of the SQP Committee are also members of the Equipment Committee.

MEDICATION SAFETY

Shortages of anaesthetic medications are an issue for LMICs and have expanded to become a worldwide concern. Some of the European Board of Anaesthesiology recommendations were presented by Dr David Whitaker at the SAFE-T summit. These simple and universally applicable measures relate to drug preparation and administration, proper drug labelling, minimising manipulation of medication in clinical areas and preventing incorrect medication administration scenarios.[8] The European Board of Anaesthesiology recommendations can be endorsed for universal application worldwide.

Members of the SQP Committee are also currently involved in another WFSA project on anaesthesia medication safety guidelines.

COLLABORATIONS, COORDINATION AND INTERACTIONS BETWEEN SAFETY STAKEHOLDERS

Patient safety is a universal agenda and is a priority for many international organisations. Several of these organisations, that is, the WFSA, WHO, World Bank, Royal College of Surgeons, Royal College of Obstetricians and Gynaecologists, Anesthesia Patient Safety Foundation, King's Centre for Global Health and Health Partnerships and International Federation of Perioperative Nurses, were represented at this first WFSA SAFE-T summit. Synergistic partnerships between these organisations will benefit patient safety.

One such example of collaboration and strategic partnership is the recently published combined WHO–WFSA International Standards for a Safe Practice of Anaesthesia.[9]

The SQP Committee is also working towards collecting information from all major organisations working on patient safety and to follow up on collaboration between the WFSA with these organisations for the common goal of patient safety.

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