A session dedicated to the progress made since the Helsinki Declaration on Patient Safety in Anaesthesiology will be held during Sunday.

“Euroanaesthesia 2013 in Barcelona will mark the third anniversary of the signing of the EBA/ESA Helsinki Declaration for Patient Safety,” says Sven Staender Chairman of the EBA/ESA Task Force Patient Safety. “The aims of the Declaration were simple, ambitious and powerful, representing a shared European opinion about what was worth doing and, at the same time, practical to improve patient safety in anaesthesiology. It recommends practical steps that all anaesthesiologists and national anaesthesiology societies who are not already using them should adapt for their own practice.”

After the initial signing of the Helsinki Declaration by almost all ESA member state societies, the declaration has been signed by industry representatives and patient organisations and over the last three years, its reach has become global. Today the Helsinki Declaration has been signed or has been adopted by a variety of countries and societies worldwide including Latin American countries, the South and Middle American countries, Canada, Australia, New Zealand, the United Arab Emirates and the countries of the Confederation of the ASEAN Societies of Anesthesiologists, representing Brunei, Cambodia, Indonesia, Laos, Malaysia, Myanmar, Philippines, Singapore, Thailand and Vietnam. In addition, the Declaration has been signed by hundreds of anaesthesiologists around the world.

The Task Force, which comprises of Sven Staender and also Andrew Smith, Guttorm Bratteboe and David Whitaker, has completed numerous activities, among them are: the template for a departmental safety report, a drug syringe labelling study (with the University of Geneva and Berlin, published by EJA 2012 Sep;29(9):446-51), a book on patient safety in anaesthesia distributed to every participant of the Euroanaesthesia congress 2011 (Best Practice and Research Clinical Anaesthesiology – Hugo Van Aken, Editor: Elsevier Science publisher, June 2011), a survey on the use of capnography in Europe, a survey on the adherence to core contents of the Helsinki Declaration (to be presented at the Euroanaesthesia congress 2013) and a starter kit with various resources on patient safety. The kit will be distributed during this congress and is available from the ESA booth. To cater for the multiple aims of the Helsinki Declaration, the safety starter kit contains a diverse range of tools including powerpoint presentations and podcasts on aspects of safety, checklists, examples of hazard warnings on safety from the UK, Germany and Switzerland. “The starter kit is a collection of necessary resources to help fulfilling the aims of the Helsinki Declaration and to make it readily and easily available and useful for anaesthesiologists across Europe, and indeed Worldwide,” concludes Staender.

The production of the Safety Kit was sponsored by six leading companies in anaesthesia: Covidien, Dräger, Edwards Lifesciences, Fresenius Kabi, GE Healthcare and Masimo. Following Euroanaesthesia, the ESA will publish the kit in a dedicated section of its website (www.esahq.org), and will also begin working on implementation of the Helsinki Declaration on a national level.
Dr David Borshoff, Royal Perth Hospital, Western Australia, will then tell delegates about his development of the Anaesthetic Crisis Manual (ACM), on which ESA has based its emergency treatment algorithms found in the Safety Starter Kit.

“For at least 20 years, Anaesthesiology has been drawing on the experience of the aviation industry to improve safety and crisis management in the hospital environment,” says Borshoff. “Although there has been widespread adoption of simulation training and crew resource management techniques, there had been little progress in anaesthesiology of the development of a cockpit ‘Quick Reference Handbook’ outlining step by step actions for crisis management.”

Borshoff will explain that, partly due to the complexity and unpredictability of the human body, as well as global and regional differences in anaesthetic crisis management, there has been some difficulty in creating a ‘standard’ approach to intraoperative crises. “However, with more international cooperation and information exchange, as well as participation in international liaison committees, guidelines for crises management are becoming increasingly standardised,” he says.

With the adoption of anaesthetic simulation, it has also become apparent that there is a limited number of life threatening intraoperative and anaesthetic crises. Recent studies have also proven the benefits of checklist availability.

“After widespread consultation, multiple simulator visits and managing or assisting at several real anaesthetic crises, I distilled 22 of the most life threatening crisis scenarios into a colour-coded, easily accessible manual, presented in aviation checklist format,” concludes Borshoff. “The ACM is designed to be present in all anaesthetic environments and used by any health professional either directing or assisting in the management of an anaesthetic crisis.

Another part of the session will be given by Andrew Fairley-Smith, Consultant Anaesthetist and Director of the Lancaster Patient Safety Research Unit, Royal Lancaster Infirmary, Lancaster, UK.

“One of the key recommendations of the Helsinki Declaration is that checklists should be used more widely,” says Smith, also a member of the Task Force on Patient Safety. “Checklists can be used in two circumstances: to support routine events such as the pre-anaesthesia machine check and to help with the management of unexpected emergencies, such as acute anaphylaxis and other complications of anaesthesia.”

As part of the Patient Safety Starter Kit distributed free of charge to Euroanaesthesia participants (available from the ESA booth) the Task Force has produced a series of ‘crisis management algorithms’ to help anaesthetists manage intraoperative problems. These were based on David Borshoff’s book and have been modified after comments from ESA members made during a web-based consultation, to fit the European context.

Smith will discuss how the declaration encourages individuals and departments of anaesthesia to establish, use and learn from critical incident reporting schemes. Many departments have such schemes already, but there is always scope for improvement, and continuous enthusiasm is needed to maintain momentum.

“A number of European countries, including Denmark, Finland, Germany, Spain, Switzerland and the United Kingdom have national incident reporting schemes from which lessons relevant to anaesthesia and critical care can be drawn,” concludes Smith. “One project under construction for us is examining the potential and feasibility of creating a forum for sharing safety lessons throughout Europe: ‘the Anaesthesia Safety Alert Platform’.”

In other parts of the session, another Taskforce member Dr David Whittaker will discuss the European capnography survey, including revealing the details of a capnography survey across Europe, while Dr Jannicke Mellin-Olsen, who as chair of European Board on Anaesthesiology was instrumental in bringing the Helsinki Declaration into existence, will discuss achievements so far and the future, including the European Patient Safety Foundation announced at the opening ceremony by ESA President Professor Eberhard Kochs.