

Clinical Practice Guidelines and Patient Safety – Do Clinical Practice Guidelines play a role in critical incident reporting systems?



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Background and Objectives

Many critical incident reporting systems (CIRS) were developed worldwide within the last decade. These systems offer all health care professionals an opportunity to anonymously report and discuss critical incidents that occur in medical settings, to learn from each other and to identify typical pitfalls in healthcare.

The German national incident reporting system "CIRSmedical.de" was launched in 2005 and is organized by the German Agency for Quality in Medicine (AQuMed). In the last four years many different CIRS-groups were installed and the "Network CIRSmedical.de" was developed (Figure 1).

This poster focuses on the role of clinical practice guidelines in relation to CIRS.

The aim of this study was to explore 1) the relevance of clinical practice guidelines in CIRS reports and 2) the context in which guidelines are mentioned in the reports.

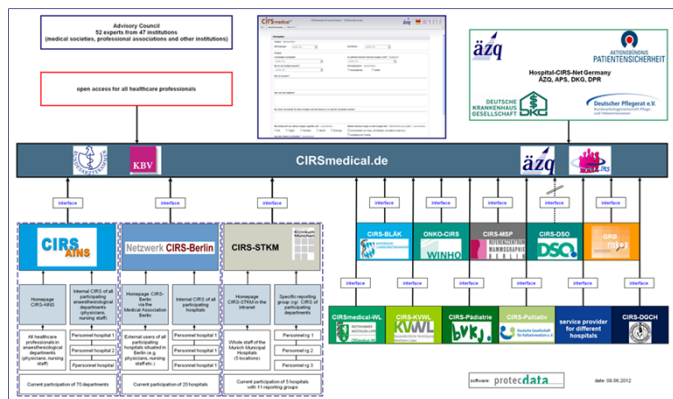


Figure 1: Network CIRSmedical.de

Methods

The titles, description fields and analyses of 3691 incident reports of four German open-access CIRS within the "Network CIRSmedical.de" ("CIRSmedical.de", "CIRS-AINS", "Network CIRS-Berlin" and "Hospital-CIRS-Net Germany") were searched by the German terms for "clinical practice guidelines" (CPG), "algorithm" (ALG) and "clinical pathway" (CP) in order to identify relevant reports. We analyzed in which field of the report the search terms were found and if they played a role for the incident or the analysis (feedback to the reporter) written by the CIRS-Team.

The identified reports were then categorised as "CPG, ALG or CP not followed", "CPG, ALG or CP followed", "need for a new CPG, ALG or CP", "reference to a CPG, ALG or CP", "need for improvement or completion of a CPG, ALG or CP", "need for training in CPG, ALG or CP", "other". Additionally, we recorded if specific CPG, ALG or CP were mentioned.

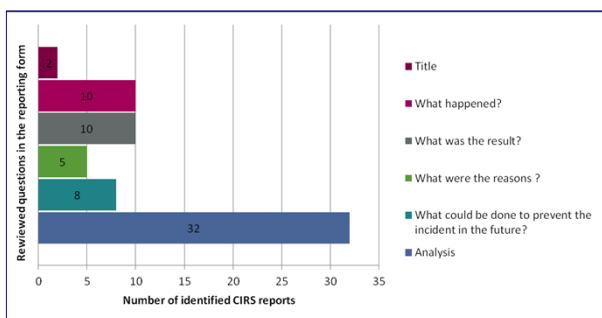


Figure 2: Number of identified reports regarding guidelines (search terms)

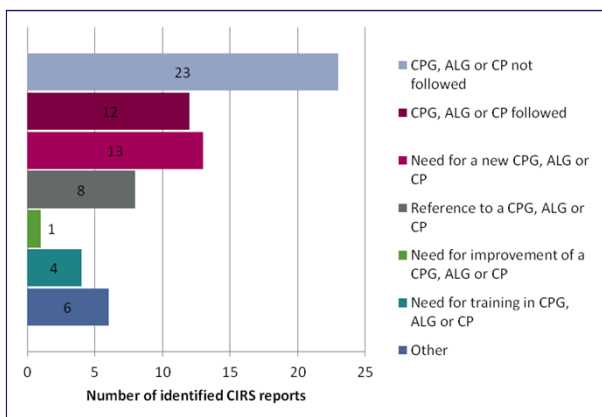


Figure 3: Number of identified CIRS reports within the categories

Results

Overall, we found 67 reports which included at least one of the three search terms. CPG, ALG or CP were relevant for the description of the incident or the analysis in 60 reports. 55 of the identified reports were found in the incident reporting system "CIRS-AINS".

We identified 40 reports containing the term "CPG", 23 reports containing "ALG" and four reports containing "CP".

The search terms were mainly addressed to within the field "analysis" of the reports and least of all within the title (Figure 2).

Most reports were categorized as "CPG, ALG or CP not followed" and "need for a new CPG, ALG or CP". The fewest number of reports belong to the category need for improvement or completion of a CPG, ALG or CP" (Figure 3).

A wide range of specific clinical practice guidelines and algorithms (e. g. S3-Guidelines polytrauma or multiple trauma algorithm, National Disease Management Guideline COPD) were mentioned in 41 of 67 reports, while no specific clinical pathways were mentioned. Most of the documents address anaesthetists or critical care specialists.

Discussion

Our first explorative analysis indicates that guidelines play a role in critical incident reporting systems. Their main importance seems to be in the analysis of critical incidents, as CIRS-Teams recommend the (correct) use of specific CPG, ALG or CP to prevent further incidents in the future.

Although numerous reports were included in the search, we found only few reports regarding CPG, ALG or CP.

CIRS can be a method to increase the knowledge and use of clinical practice guidelines, and spread them among users. Therefore, CIRS might be used as a tool to facilitate guideline implementation. Also CIRS-Teams could be encouraged to include high quality CPG, ALG or CP in their analyses whenever suitable as they are a valid source of information in healthcare. These aspects should be further investigated.