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Relevant regulations / legislation / guidelines / references		<p>1* Vincent C. Patient Safety. 2 ed. Oxford: BMJ Books; 2010</p> <p>2* Runciman W et al. Towards an International Classification for Patient Safety: key concepts and terms. International journal for quality in health care: journal of the International Society for Quality in Health Care / ISQua. 2009; 21(1):18-26.</p> <p>3* Mellin-Olsen J, Staender S, Whitaker DK, Smith AF. The Helsinki Declaration on Patient Safety in Anaesthesiology. Eur J Anaesthesiology. 2010;27(7):592-597.</p> <p>4* ESA By-Laws</p> <p>5* POL_NOM_01 nominations committee policy</p> <p>6* SOP_ADM_01 activity reporting procedure</p> <p>7* POL_FIN_02 reimbursement policy</p> <p>8* POL_COI_01 conflict of interest policy</p>
Change History		
Date	Version	Change Details
30JUN2014	1.0	Draft discussion prepared by Prof. Mahajan.
18DEC2014	1.1	Draft structured in committee template: positions, roles of chair and members, chair of the PSQC sits in SC
11AUG2016	1.2	formatted to fit quality document template
07APR2017	2.0	TOC update, Budget to be presented to the Board. ESA website responsibility.
16JAN2018	2.1	Scientific Committee Chair is member of the PSQC.
19SEP2018	2.2	Corrected the number of members on the PSQC: "5 Members, 2 members of which are to focus on Quality"

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1) Introduction, Purpose and Scope of the Committee

This policy describes the vision, mission and operation of the Patient Safety and Quality Committee (PSQC). It also specifies the framework of the necessary standards and processes related to the structure and activities of the committee. The terms “Patient Safety” and “Quality” in this policy and in the description of the activities of the PSQC are defined according to Charles Vincent (ref. 1*) and to Runciman et al. (ref 2*):

“Patient Safety” is “the avoidance, prevention and amelioration of adverse outcomes or injuries stemming from the process of healthcare (ref. 1*)”.

“Quality” is “the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge (ref. 2*)”.

2) Activities of the Committee

a. Vision and Mission

The vision of the PSQC is “Health care that is free from preventable patient harm”.

The mission of the PSQC is “To strive to accomplish this vision as a dynamic international leader in patient safety and quality for anaesthesia, peri-operative medicine, intensive care medicine, critical emergency medicine and pain medicine”.

In accordance with ESA’s constitution, it will strive to accomplish its mission by:

- Fostering scientific research
- Disseminating evidence-based knowledge about patient safety and quality strategies through educational activities
- Close collaboration within ESA and with the EBA
- Co-operation, promotion, networking and advocacy at national, international, and global levels.

Strategies of the PSQC will take into consideration the significant dimension of patient safety as a major public health challenge. The most effective strategies to improve patient safety should be prioritised. The PSQC also emphasises patient safety and quality strategies that can be tailored to the needs of particular clinical environments in different countries.

b. Strategies and Functions

The PSQC will achieve its vision by providing far reaching forums and programmes for improving patient safety and quality. The clinical areas represented by ESA (anaesthesia, peri-operative medicine, intensive care medicine, critical emergency medicine and pain medicine) will be prioritised. Strategies and projects include, but are not limited to:

1. Implementation of the Helsinki Declaration on Patient Safety in Anaesthesiology (ref. 3*)

2. Education (e.g., European Patient Safety Course (EPSC), Patient Safety and Quality Masterclass (PSQ-MC)
3. Congress programme, abstract review: Euroanaesthesia Patient Safety Learning Track
4. Research
5. Initiatives for quality improvement
6. European Patient Safety and Quality Platform
7. Development of a core set of Quality Indicators
8. Networking and liaisons with national and international organisations
9. Advocacy and promotion of patient safety and quality.

The PSQC Chair is a member of the Industry Liaison Task Force. The Chair also participates in the Scientific Committee spring meeting to contribute to the PS track of the Euroanaesthesia scientific programme for the next year.

The Chair of the PSQC reports to the Board of Directors. Written reports will be presented to the Board and Council twice a year (September and April) following the activity reporting procedure (ref. 6*). The template of the reports is attached (ADM_01_F2 template committee activities report).

By June 30th, the PSQC Chair shall submit the budget proposal for the following year for approval by the ESA Board of Directors. The annual budget will be set at an appropriate level to fund activities of the PSQ Committee.

The Chair is responsible for the content published on the ESA PSQC website and updates sent as e-news to ESA members. The PSQC will support the ESA e-Newsletter by annually publishing at least one article on the Committee's activities.

3) Structure of the Committee

Chairs must be active members of the Society. Committee Members can be active, affiliate or trainee members of the Society (ref. 4*).

a. Positions

The ESA PSQC shall consist of:

- Chair of the Committee
- Members:
 - Past Chair of the PSQC (for 18 months)
 - 5 Members, 2 members of which are to focus on Quality
 - NASC Chair
 - Board representative
 - Scientific Committee Chair
 - 2 European Board of Anaesthesiology (EBA) representatives

- 1 International Federation of Nurse Anesthetists (IFNA) representative (co-opted, without voting rights)
- EPSC Director and PSQ-MC Director(s) (co-opted, without voting rights)
- Committee Coordinator at the ESA Secretariat (without voting rights)

b. Voting Rights

PSQC members have voting rights, as outlined above, with the exception of the co-opted members and the Committee Coordinator at the ESA Secretariat. The Committee Coordinator at the ESA Secretariat has advisory and administrative roles.

c. Terms of Office

Chair: The term of office is three years. For continuity of activities, the Past-Chair will remain a member of the PSQC for one and a half year after the end of his/her term as Chair.

Committee members: The PSQC members are elected for three years, renewable twice for one year for a total of five years.

The tacit annual renewal of the term following the first three years' term can be discontinued if the contribution is deemed insufficient, or in case of repeated absences at meetings, repeated failure to undertake appointed tasks or answer communications over a prolonged period. In such cases, the Committee Chair can decide to dismiss that Committee member, pending approval of the ESA Board.

Committee members can apply for the Chair position no later than at the end of their third year. The total aggregated uninterrupted term of office must not exceed seven and a half years (member + Chair + Past Chair).

For Co-opted Course and Masterclass Director(s) and members representing other organisations (IFNA, EBA), the same terms of office apply.

4) Appointment Process

The criteria published in the Chair and Member vacancy will include the general criteria and scoring criteria outlined in the Nominations Committee policy (ref. 5*).

The Committee Coordinator at the ESA Secretariat is responsible for keeping record of the committee membership, informing the Chair, about the end of term of different members and future vacancies and communicating all changes to the Media Committee and Communication Specialist for updating the ESA website.

a. Chair of the ESA PSQC

The Chair of the PSQC is appointed by the ESA Board. The appointment process of the PSQC Chair is described in the ESA Nominations Committee policy.

The Chair of the ESA PSQC must have been an active member for at least the last two years.

b. Members of the ESA PSQC

The appointment process of the PSQC elected members is described in the ESA Nominations Committee policy. The co-opted PSQ Course Directors are proposed to the ESA Board by the PSQC Chair, and appointed by the ESA Board.

A geographically diverse representation on the PSQC from throughout Europe is encouraged. No more than two representatives can be working professionally in the same country (except for ex-officio or co-opted members with no voting rights). No more than one representative can be from the same institution.

Members representing other organisations (IFNA, EBA) are selected by the relevant organisations. Regular terms of tenure apply. Before the end of the term, these organisations will be invited to propose a successor. Appointments have to be approved by the ESA Board.

A least two members of the PSQC must have expertise in Quality.

5) Meetings

The PSQC convenes when deemed necessary by the Chair, usually twice a year (not including meetings during Euroanaesthesia). The PSQC Chair may propose to have an additional planned meeting pending ESA Board budget approval. Other meetings are encouraged as teleconferences.

Standard committee meeting procedures are followed, with agenda and minutes recorded (ref 6* and ADM_01_F1 template meeting minutes).

PSQC meeting minutes are written and kept by the Secretariat staff and are validated by the Chair after accepting amendments from meeting participants. The final minutes are approved by the Committee at its next meeting.

The minutes are the responsibility of the Chair.

6) Reimbursement Policy

Travel costs for PSQC ESA members to attend Committee related activities are reimbursed according to the ESA Reimbursement Policy (ref. 7*).

7) Conflicts of Interest

Any person who sits in the PSQC should annually declare any relationship or arrangement with a commercial company, direct or indirect, that could be reasonably considered to affect the work in the PSQC. This includes, but is not limited to, financial relationships, advisory positions, receipt of grants/research supports, receipt of honoraria or consultation fees, participation in a company sponsored speaker's bureau, stock shareholder, and spouse/partner financial relationships with a commercial company.

Please refer to the General Conflicts of Interest Policy (ref. 8*) and the COI form (COI_01_F1 COI disclosure form).

8) Appendices

ADM_01_F2 template committee activities report

ADM_01_F1 template meeting minutes

COI_01_F1 COI disclosure form