

Taxonomy for application to patient safety,

Professor Niels Bentzen

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Dear Dr. Bentzen:

We wish to submit to the WICC a request to consider the inclusion of a patient safety classification structure within the International Classification of Primary Care (ICPC). We understand that ICPC-2 1998 is now out of print and that WICC is currently completing a substantial revision of the book and a new attached CD-ROM, which will be published by Oxford University Press (OUP) in a limited edition for the USA and Canada in April 2005. We further understand that the work of WICC over the next several years will be concerned with the development of ICPC-3.

In October of 2004, an international group of patient safety researchers participated in a conference that sought to teach participants the basic science and functions of a taxonomy for application to patient safety, to begin development of a standard taxonomy for patient safety in primary care that can be incorporated into a generalist framework taxonomy for patients seen in primary care settings, and to begin development of a process and a community for accomplishing these aims. The group recognized that without a common language for patient safety, understanding of the causes, consequences and ways to reduce medical errors is hindered. This conference brought together researchers, expert taxonomers, and patient safety leaders to begin the development of a uniform taxonomy for patient safety events and medical errors in primary care that could be integrated into an established national or international primary care patient taxonomy.

One of the products of this conference was a steering committee, which agreed with the conference consensus that incorporating a primary care derived and focused patient safety taxonomy within ICPC would produce several benefits. Among the reasons for requesting incorporation in ICPC is that ICPC-2 has been accepted by the

World Health Organization (WHO) for incorporation in its Family of International Classifications and also recognized by the US National Library of Medicine as a standard for care classification and incorporated into the Unified Medical Language System (UMLS) and is already an accepted standard in many other countries. Another reason is the belief that the incorporation of a standardized patient safety taxonomy into ICPC would make such a taxonomy much more appealing to vendors and physicians, and may make ICPC-2R and later editions even more compatible with the goals of the U.S. National Health Information Infrastructure (NHII). The steering committee also believed that it would be possible to link patient safety classification codes to the clinical care and process codes of ICPC permitting much improved analysis of how errors occur in the context of episodes of care, and the probabilities of errors occurring given specified patient characteristics, presenting symptoms and diagnoses. Incorporation might also facilitate the ability to map our patient safety classification to other nomenclatures and thesauri since ICPC-2 has already developed such maps. Finally, the committee also recognized the value of the resource and considerable experience in classification development and understanding of the scope of primary care represented by the members of the WICC..

We hope you will consider our request for consideration and the potential for a representative of our group to attend the upcoming WICC meeting to be held in Kyoto, Japan in May 21-26 2005. We submit a report of our conference, of the steering committee, and a candidate taxonomic framework for the your consideration.

Sincerely,

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