

Standards and Guidelines: The European/International Perspective

Luc Puis, ECCP (Bel)

Senior Perfusionist, UZ Brussel - ASZ Aalst, Belgium.

Learning Objectives: Participants will learn about the initiatives undertaken in Europe regarding the development of Standards and Guidelines, the current progress, along with the difficulties encountered in the process.

Standards and Guidelines are essential tools to allow perfusionists to guide their practice and provide a framework to institutionalize the safe and evidence-based conduct of perfusion, in an ever-changing clinical environment.

From a European perspective, the implementation, let alone the creation and development of Guidelines and Standards for perfusion, has been very slow to say the least. This for reasons that are well embedded in the European mind frame.

In some countries, local national initiatives have led to documents that are worthy of a closer look.

In the United Kingdom, the NHS has published the 'Guide to Good Practice in Clinical Perfusion', in 2009, as a result of two events that led to the death of patients on cardiopulmonary bypass. (1) This document, as its name implies, offers an extensive guidance on how to build a safe framework for the conduct of clinical perfusion, by recommending a Quality Management Framework and System, including a Framework for the Administration of Named Medicines, for good practice in clinical perfusion. Its aim is to minimise the risk for patients on cardiopulmonary bypass.

A more recent effort that is also to be applauded is the publication by the Dutch Society NeSECC: "'Normen en Richtlijnen met betrekking tot de toepassing van extracorporale circulatie ondersteuning", which is a series of guidelines and standards based on the AmSECT Standards and Guidelines document. (2,3)

This document will be used in the Netherlands to help centers to fulfil the recommended requirements for safe conduct of perfusion, enforced by visitations from the Dutch Health Inspection.

Although this is a tremendous achievement, the document is only written in Dutch and thus intended only for the Dutch cardiac centers.

This is a pity, as the European Union could put forward standards and guidelines, which could provide support for all centers in Europe.

The European Board for Cardiovascular Perfusion (EBCP) would be best suited to take this task upon its shoulders. Therefore, the EBCP has decided in March 2016, to take steps to create a Quality and Outcomes Subcommittee. The task of this subcommittee would be the setup of Standards and Guidelines to the models of AmSECT, NeSECC and the UK document.

This is of course a tremendous task, so collaborative action will be of crucial importance. Not only the massive amount of work itself will be among the difficulties; the regional differences in language and professional backgrounds of perfusionists across Europe AND the attitudes towards Standards and Guidelines will be the major obstacles to overcome.

In a later stage, the creation of a European Perfusion Registry is envisioned, to back up the Standards and Guidelines and enable the creation of tools to assess performance of different cardiac centers.

Global collaboration with perfusionist organizations that are also in the progress of developing documents is of crucial importance.

References

1. Guide to Good Practice in Clinical Perfusion. July 2009, Produced by the Department of Health, NHS, Britain:
Available at: <http://www.scps.org.uk/pdfs/GuidetoGoodPractice.pdf>
2. "Normen en Richtlijnen met betrekking tot de toepassing van extracorporale circulatie ondersteuning"
Available at: http://www.nesecc.org/234-Richtlijnen_Perfusie.html
3. Report from AmSECT's International Consortium for Evidence-Based Perfusion: American Society of Extracorporeal Technology Standards and Guidelines for Perfusion Practice: 2013.
Baker RA, Bronson SL, Dickinson TA, Fitzgerald DC, Likosky DS, Mellas NB, Shann KG; International Consortium for Evidence-Based Perfusion for the American Society of ExtraCorporeal Technology. *J Extra Corpor Technol.* 2013 Sep;45(3):156-66.