

Patient safety & Risk management : A *focus on WHO Regional initiatives*

Adverse Events in Health Care

- Up to **18%** of hospital patients in EMR suffer an adverse event, **high preventability** ++
- HAI: 5-10% of hospitalized patients (up to 37% in ICUs)
- In low income countries, the number of health care-associated infections at any given time is 15.5 per 100 patients;
- **2.7%** of all admissions are associated with death or permanent disability

Areas in which Patient Safety Programme contributes

1st Global Patient Safety Challenge:
Clean Care is Safer Care

2nd Global Patient Safety Challenge:
Safe Surgery Saves Lives

3rd Global Patient Safety
Challenge: Antimicrobial
resistance

Reporting and learning

Solutions for
Patient Safety

High 5s

Technology for
Patient Safety

Knowledge
Management

Patient Safety Curriculum
Guide

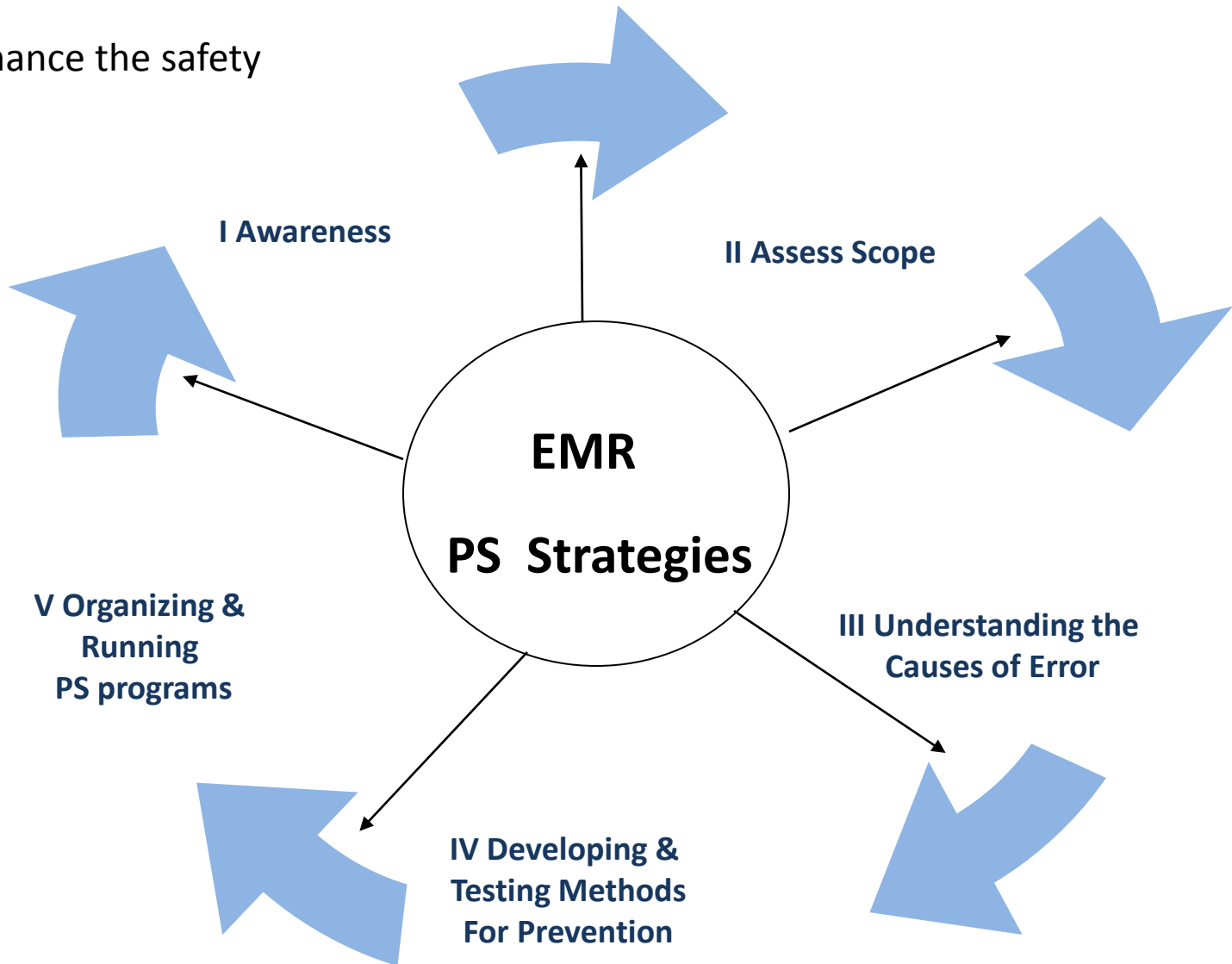
Patient Safety Award

Research on Patient Safety



Regional strategies

5 Axes to enhance the safety of patients



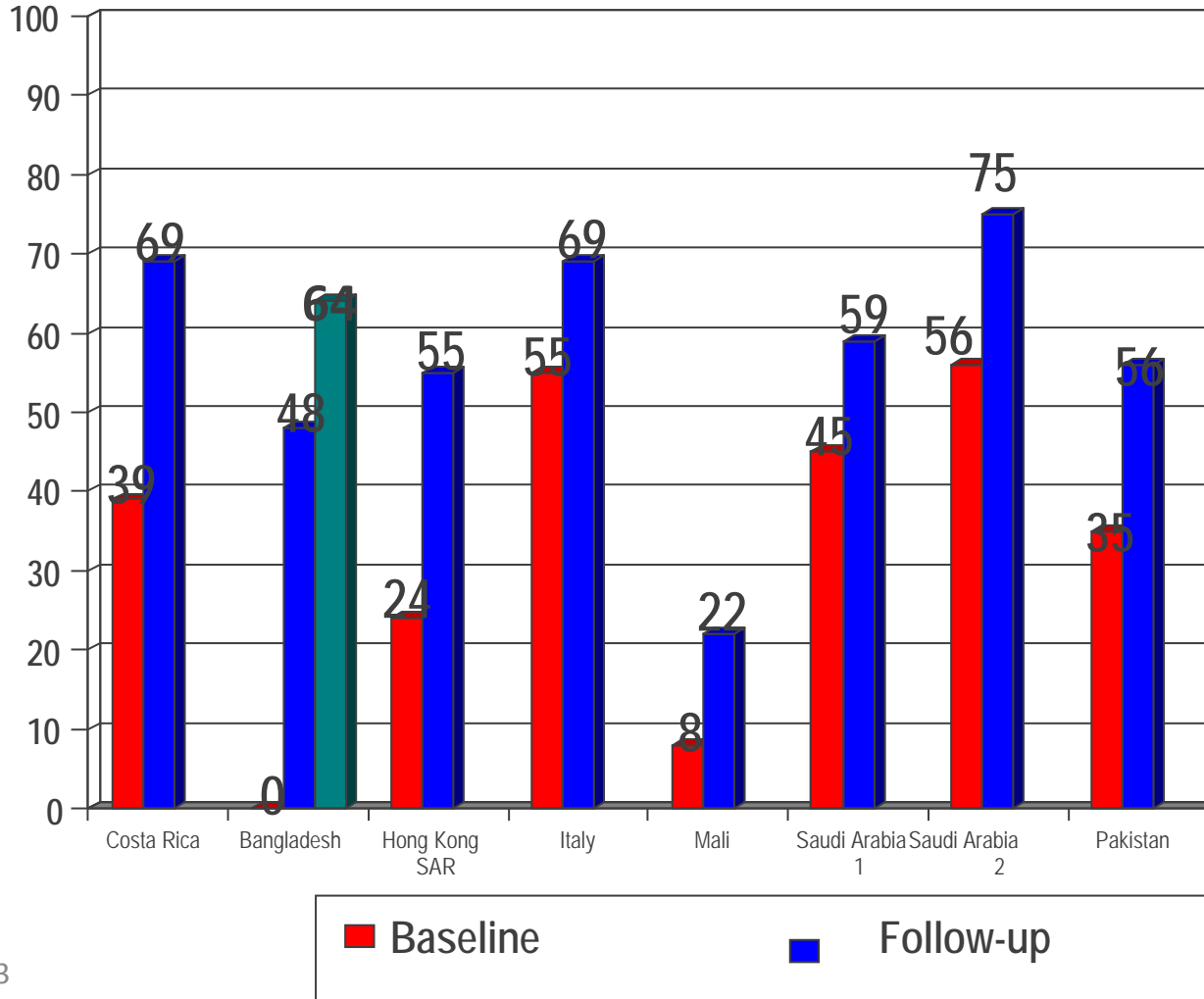
RESEARCH

Patient safety in developing countries: retrospective estimation of scale and nature of harm to patients in hospital

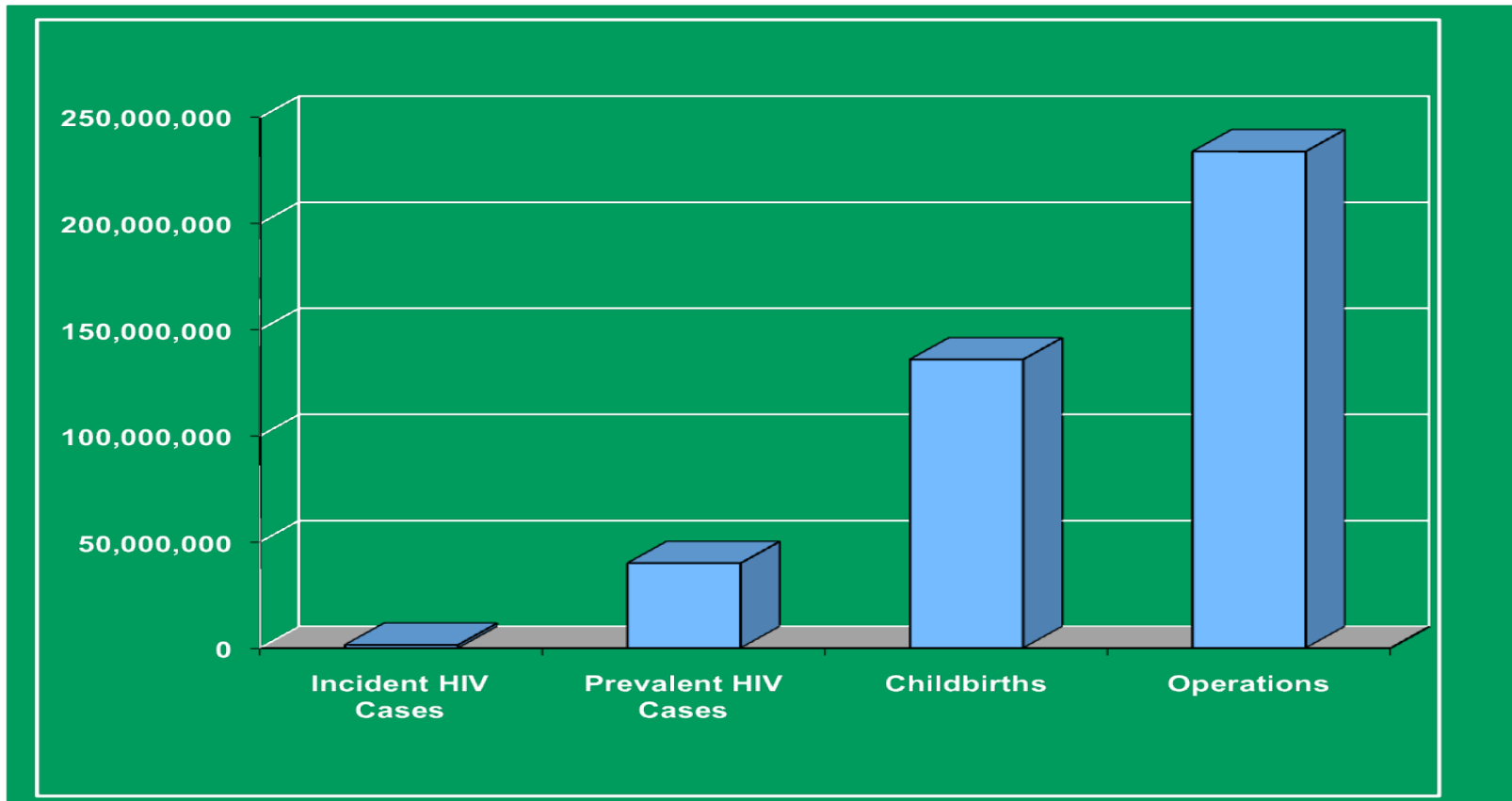


OPEN ACCESS

CLEAN CARE IS SAFER CARE



SAFE SURGERY SAVES LIVES



234 million operations are done globally each year

Surgical Safety Checklist



World Health
Organization

Patient Safety
A World Alliance for Safer Health Care

Before induction of anaesthesia

(with at least nurse and anaesthetist)

Has the patient confirmed his/her identity, site, procedure, and consent?

Yes

Is the site marked?

Yes
 Not applicable

Is the anaesthesia machine and medication check complete?

Yes

Is the pulse oximeter on the patient and functioning?

Yes

Does the patient have a:

Known allergy?

No
 Yes

Difficult airway or aspiration risk?

No
 Yes, and equipment/assistance available

Risk of >500ml blood loss (7ml/kg in children)?

No
 Yes, and two IVs/central access and fluids planned

Before skin incision

(with nurse, anaesthetist and surgeon)

Confirm all team members have introduced themselves by name and role.

Confirm the patient's name, procedure, and where the incision will be made.

Has antibiotic prophylaxis been given within the last 60 minutes?

Yes
 Not applicable

Anticipated Critical Events

To Surgeon:

What are the critical or non-routine steps?
 How long will the case take?
 What is the anticipated blood loss?

To Anaesthetist:

Are there any patient-specific concerns?

To Nursing Team:

Has sterility (including indicator results) been confirmed?
 Are there equipment issues or any concerns?

Is essential imaging displayed?

Yes
 Not applicable

Before patient leaves operating room

(with nurse, anaesthetist and surgeon)

Nurse Verbally Confirms:

The name of the procedure
 Completion of instrument, sponge and needle counts
 Specimen labelling (read specimen labels aloud, including patient name)
 Whether there are any equipment problems to be addressed

To Surgeon, Anaesthetist and Nurse:

What are the key concerns for recovery and management of this patient?

Surgical Safety Web Map

+Actively using the checklist: **1790**

+Total Registrants: **4132** as of 3-26-12

[About these maps...](#)

[Contact us](#)



SAFE SURGERY SAVES LIVES

- **...and was found to reduce the rate of postoperative complications and death by more than one-third!**

Haynes et al. A

Surgical Safety Checklist to Reduce Morbidity and Mortality in a Global Population. *New England Journal of Medicine* 360:491-9. (2009)

Patient Safety Friendly Hospital Initiative

- **Objective:** Enhance patient safety by developing harmonized standards and indicators to which hospitals comply
- **Approach:**
 - Assessment phase
 - Improvement phase

Patient safety
assessment manual

Five Domains for Measuring Patient Safety in Hospitals

PSFHA manual

PSFHI: Critical Standards, Examples

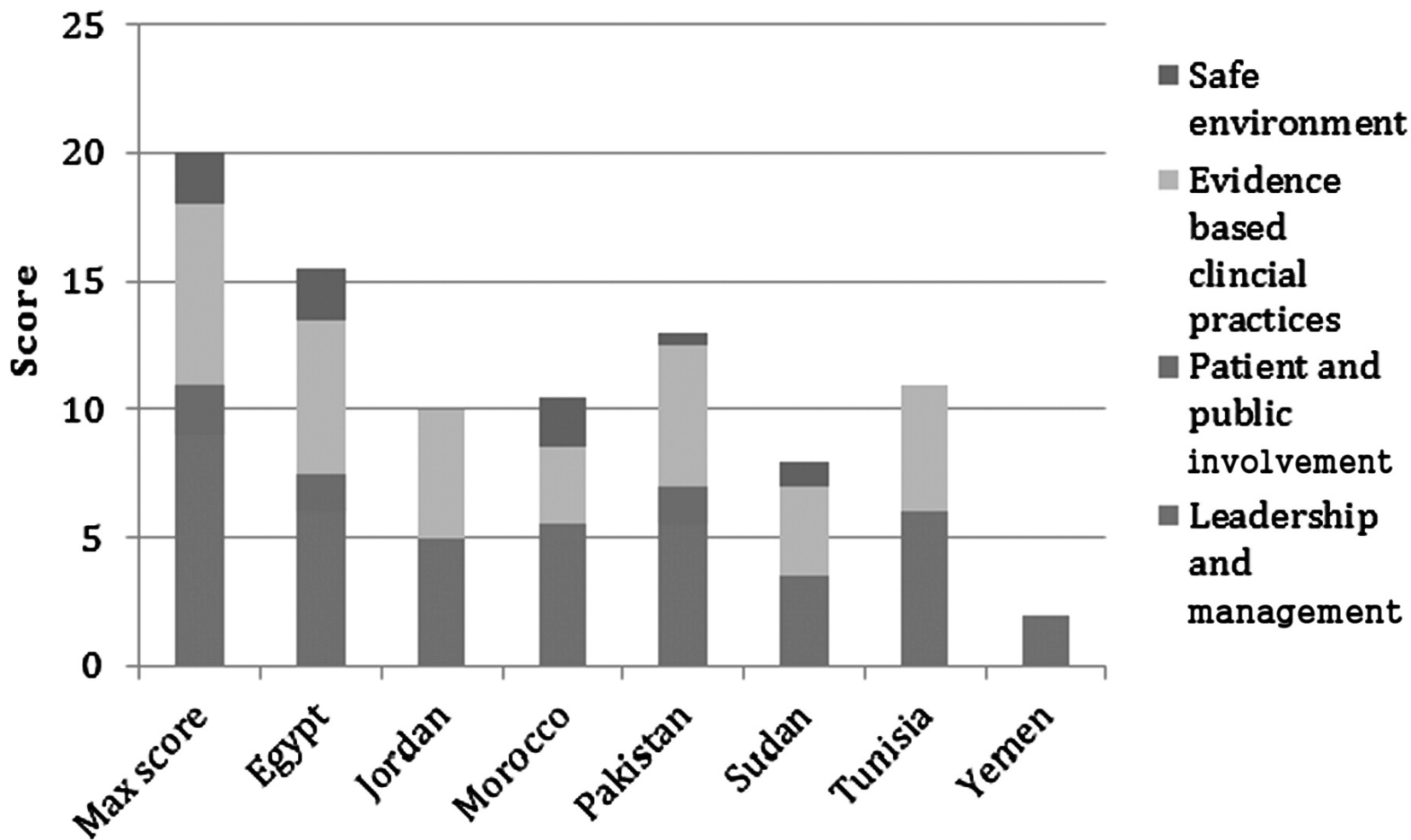
What are the steps for hospitals to implement the initiative?

1. All hospitals are welcome to participate, whether public or private. Hospitals can express their interest in undertaking the initiative by contacting the patient safety focal point at the Ministry of Health or the Health Care Delivery Programme, WHO Regional Office for the Eastern Mediterranean.
2. The hospital receives the patient safety standards and documents that will be used for the evaluation before the assessment visit. The hospital management team prepares the documents required for the assessment.

What are the steps for hospitals to implement the initiative? (cont.)

3. Assessment is performed by a team of regional experts over a 2–3 day period and an action plan is developed and provided to the hospital along with a package of interventions, based on priority areas identified for improvement.
4. A follow up assessment is performed after 6–9 months
5. Expansion at national level is encouraged with the Ministry of Health nominating a group of hospitals for training and baseline assessment.

Achievement of critical standards across domains of patient safety



Siddiqi S et al. Int J Qual Health Care 2012;intqhc.mzr090

Baseline assessment of pilot hospitals in 7 countries



40) 57.5 50 37.5 50.5 32.5 47.5 22.5

Baseline assessment of pilot hospitals – By domains

Standards	Total	EGY	JOR	MOR	PAK	SUD	TUN	YEM
Leadership and Management	36							

Patient Safety Curriculum Guide

Multi-professional Edition



1. On Admission

Does Mother need referral?

- No
- Yes, organized

Check your facility's criteria

Partograph started?

- No: Will start when ≥ 4 cm
- Yes

Start when cervix ≥ 4 cm, then cervix should dilate ≥ 1 cm/hr

- Every 30 min: plot HR, contractions, FHR
- Every 2 hrs: plot temperature
- Every 4 hrs: plot BP

Does Mother need to start:

Antibiotics?

- No
- Yes, given

Give antibiotics to Mother if any of:

- Mother's temperature $\geq 38^{\circ}\text{C}$
- History of foul-smelling vaginal discharge
- Rupture of membranes > 18 hrs
- Labor > 24 hrs

Magnesium sulfate?

- No
- Yes, given

Give magnesium sulfate to Mother if any of:

- Diastolic BP ≥ 110 mmHg and 3+ proteinuria
- Diastolic BP ≥ 90 mmHg, 2+ proteinuria, and any of: severe headache, visual disturbance, epigastric pain

Nevirapine?

- No
- Yes, given

Give nevirapine to Mother if:

- Mother is HIV+ and in labor

Encourage Birth Companion to be present at birth

Confirm supplies are available to clean hands and wear gloves for each vaginal exam

Confirm that Mother or Companion will call for help during labor if needed

Call for help if any of:

- Bleeding
- Severe abdominal pain
- Severe headache or visual disturbance
- Urge to push
- Cannot empty bladder every 2 hours

2. Just Before Pushing (or Before Cesarean)

Does Mother need to start:

Antibiotics?

- No
- Yes, given

Give antibiotics to Mother if any of:

- Mother's temperature $\geq 38^{\circ}\text{C}$
- History of foul-smelling vaginal discharge
- Rupture of membranes > 18 hrs
- Labor > 24 hrs now
- Cesarean section

Magnesium sulfate?

- No
- Yes, given

Give magnesium sulfate to Mother if any of:

- Diastolic BP ≥ 110 mmHg and 3+ proteinuria
- Diastolic BP ≥ 90 mmHg, 2+ proteinuria, and any of: severe headache, visual disturbance, epigastric pain

Confirm essential supplies are at bedside:

for Mother

- Gloves
- Soap and clean water
- Oxytocin 10 units in syringe

Prepare to care for Mother immediately after birth

1. Confirm single baby only (not multiple birth)
2. Give oxytocin within 1 minute
3. Controlled cord traction to deliver placenta
4. Massage uterus after placenta is delivered

for Baby

- Clean towel
- Sterile blade to cut cord
- Suction device
- Bag-and-mask

Prepare to care for Baby immediately after birth

1. Dry baby and keep warm
2. If not breathing: stimulate and clear airway
3. If still not breathing:
 - cut cord
 - ventilate with bag-and-mask
 - shout for help

Assistant identified and ready to help at birth if needed?

Next steps

- Research to determine if implementation is associated with decrease in AE
- Capacity building in countries in conflict
- Expansion in countries in which initiative has been previously initiated
- Private hospital engagement-Bahrain
- GCC countries engagement
- Patient safety improvement toolkit

Transformation Today and Tomorrow

2013

- Awareness: safety is a problem
- It is the system
- Reporting is useful
- Quality measurement is useful
- Improvement can be made to our work process
- Patient safety research
- Listen to patients and families
- More people care

2023

- Safety is a core value
- Safety is part of design
- Reporting is part of my job
- Quality measurement is built in
- I am part of a learning health system
- Research on Quality and Safety
- Patients are partners
- People: the heart of health care