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

Patients for Patient Safety

International Classification for Patient Safety (ICPS)

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
5 Axes to enhance the safety of patients

Regional strategies

EMR
PS Strategies

I Awareness
II Assess Scope
III Understanding the Causes of Error
IV Developing & Testing Methods For Prevention
V Organizing & Running PS programs
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

Costa Rica 69
Bangladesh 48
Hong Kong SAR 55
Italy 55
Mali 59
Saudi Arabia 1 56
Saudi Arabia 2 75
Pakistan 56

Baseline
Follow-up
SAFE SURGERY SAVES LIVES

234 million operations are done globally each year
Surgical Safety Checklist

Before induction of anaesthesia
(with at least nurse and anaesthetist)

- Has the patient confirmed his/her identity, site, procedure, and consent?
  - Yes
  - No
  - Not applicable

- Is the site marked?
  - Yes
  - No
  - Not applicable

- Is the anaesthesia machine and medication check complete?
  - Yes
  - No
  - Not applicable

- Is the pulse oximeter on the patient and functioning?
  - Yes
  - No

- 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?

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

Haynes et al. A
Patient Safety Friendly Hospital Initiative

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

- **Approach:**
  - Assessment phase
  - Improvement phase
Five Domains for Measuring Patient Safety in Hospitals
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.
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

<table>
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<tr>
<th>Standards</th>
<th>Total</th>
<th>EGY</th>
<th>JOR</th>
<th>MOR</th>
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<td></td>
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</table>
1. On Admission

**Does Mother need referral?**
- No
- Yes, organized

**Partograph started?**
- No: Will start when ≥ 4 cm
- Yes

**Does Mother need to start:**
- **Antibiotics?**
  - No
  - Yes, given

- **Magnesium sulfate?**
  - No
  - Yes, given

- **Nevirapine?**
  - No
  - Yes, given

- 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

- **Magnesium sulfate?**
  - No
  - Yes, given

**Confirm essential supplies are at bedside:**
- for Mother
  - Gloves
  - Soap and clean water
  - Oxytocin 10 units in syringe
- for Baby
  - Clean towel
  - Sterile blade to cut cord
  - Suction device
  - Bag-and-mask

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

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

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This checklist is not intended to be comprehensive and should not replace patient chart or partograph. Additions and modifications to fit local practice are encouraged.

11/26/2013
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**

<table>
<thead>
<tr>
<th>2013</th>
<th>2023</th>
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<tbody>
<tr>
<td>Awareness: safety is a problem</td>
<td>Safety is a core value</td>
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<tr>
<td>It is the system</td>
<td>Safety is part of design</td>
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<tr>
<td>Reporting is useful</td>
<td>Reporting is part of my job</td>
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<tr>
<td>Quality measurement is useful</td>
<td>Quality measurement is built in</td>
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<tr>
<td>Improvement can be made to our work process</td>
<td>I am part of a learning health system</td>
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<td>Patient safety research</td>
<td>Research on Quality and Safety</td>
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<td>Listen to patients and families</td>
<td>Patients are partners</td>
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<td>More people care</td>
<td>People: the heart of health care</td>
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