

# Global Priorities for Patient Safety Research

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World Health  
Organization

# Overview

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## ❖ Research program

- ◆ Priorities

- ◆ Early results from developing nations

## ❖ Conclusions

# The Research Program

- I. Establish priority areas
- II. Set directions towards new research methods & tools
- III. Foster research studies in developing & transitional countries

# Global Picture of Patient Safety

- ❖ Clear from many studies that is an important problem in every country evaluated
  - ◆ Adverse event rate in hospitalized patients about 10% in most developed countries
  - ◆ Know much less about the developing world
- ❖ Know much more about safety in the hospital than safety outside it
  - ◆ Yet limited data available suggest that the magnitude of the problem is about as big outside hospitals

*Jha, Quality and Safety in Healthcare, 2009*

# Knowledge about Epidemiology, Prevention

- ❖ Epidemiology varies from country to country
  - ◆ Yet major domains appear to be more similar than different at least in developed countries
- ❖ Need more data about efficacy of interventions
  - ◆ What is feasible in a given setting will depend on resources available
  - ◆ Almost no data about prevention from developing world

# Global Priorities for Patient Safety Research

- ❖ Developed a set of global priorities for patient safety research
- ❖ Stratified by level of development
  - ◆ Developing
  - ◆ Transitional
  - ◆ Developed

*Bates et al, BMJ, 2009*

# Developing Countries

1. Development & testing of locally effective and affordable solutions
2. Cost-effectiveness of risk-reducing strategies
3. Counterfeit and Substandard Drugs (including traditional medicines)
4. Inadequate competences, training and skills
5. Maternal and Newborn Care
6. Health care associated infections
7. Study of the extent and nature of the problem of patient safety
8. Lack of appropriate knowledge and transfer of knowledge
9. Unsafe injection practices
10. Unsafe blood practices

# Transitional Countries

1. Development & testing of locally effective and affordable solutions
2. Cost-effectiveness of risk-reducing strategies
3. Lack of appropriate knowledge, transfer of knowledge
4. Inadequate competences, training and skills
5. Lack of communication and coordination (including hand-offs)
6. Poor safety culture and blame-oriented processes
7. Health care associated infections
8. Extent and nature of the problem of patient safety
9. Latent organizational failures
10. Developing better safety indicators (including a global safety indicator)



# Developed Countries

1. Lack of communication and coordination (including hand-offs)
2. Latent organizational failures
3. Poor safety culture and blame-oriented processes
4. Cost-effectiveness of risk-reducing strategies
5. Developing better safety indicators (including a global safety indicator)
6. Procedures that lack human factors consideration built into design
7. Health information technology/information systems
8. Patients' role in shaping the research agenda
9. Devices that lack human factors consideration built into design
10. Adverse drug events/medication errors

# Conclusions from Priority-Setting

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- ❖ Just a beginning
  - ◆ But a very useful start
- ❖ Many countries will want to undertake their own process
  - ◆ Have developed a framework to assist with this

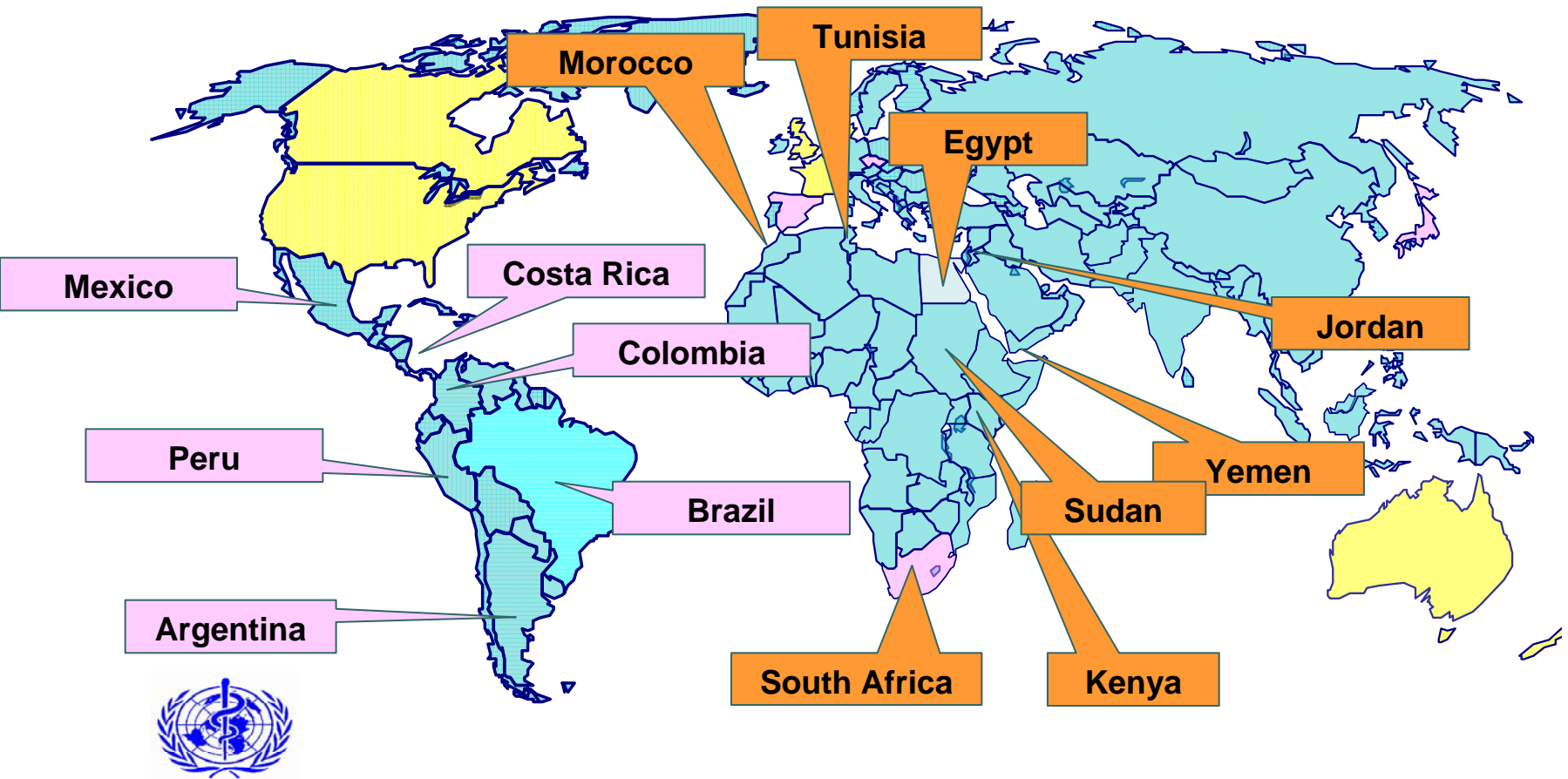
# Research Studies in Developing and Transitional Countries

- ❖ To estimate the magnitude and main causes of patient harm
  - ◆ Stimulate actions at local and regional level
- ❖ Building on regional initiatives

# Research in Developing Countries: Accomplishments

- ❖ Performed multi-country study in EMRO and in two countries in AFRO
  - ◆ Ross Wilson (Australia), Philippe Michel (France), Sisse Olsen (UK), Charles Vincent (UK)
- ❖ Performed multi-country study project in PAHO
  - ◆ In collaboration with Spain MOH
    - Results forthcoming soon
  - ◆ Similar study being done in Brazil led by Claudia Travassos from Instituto FioCruz in Rio de Janeiro

# New Prevalence Studies in Developing and Transitional Countries







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# Preliminary EMRO/AFRO Results

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- ❖ Health care is causing permanent disability and death in developing and transitional countries
- ❖ Much of this harm is preventable (~75%)
- ❖ Final report to be released soon



# Lessons Learned So Far

- ❖ Building a team was essential for completion of project as well doing something with the results
- ❖ Patient safety can galvanise attention and interest such that it leads to huge local effort
- ❖ Connecting the project through regional WHO organization to Health Ministries in each country was crucial
- ❖ Medical record quality is improved by promulgation of standards (Egypt & Kenya)

# The Small Research Grants Program for Patient Safety

## Aims

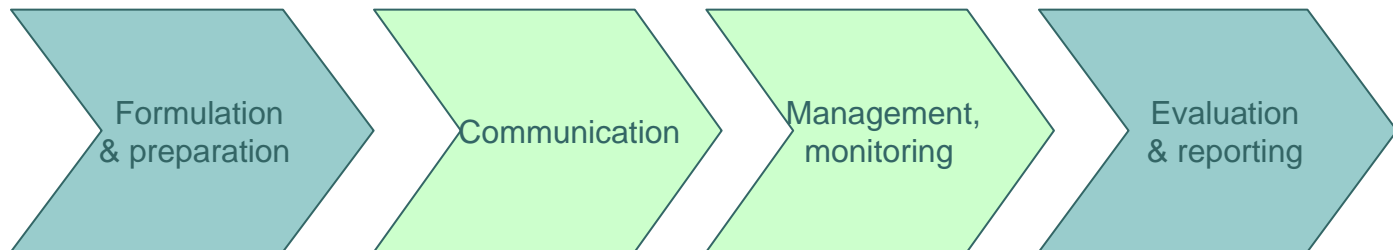
- To stimulate research in patient safety research in developing and transitional countries - providing seed funding
- To contribute to local capacity building –targeting young or early- to mid-career researchers
- To promote the culture of patient safety - facilitating dissemination of research findings.



# Objectives and Workplan

Funded ~20 small research projects in 2009

- Initial deadline was September 30, 2008
- Grants of 10 000 - 25 000 per project
- For projects that can be completed in 12-18 months
- Encourage researchers from developing/transitional countries as lead investigator
- Dissemination of research findings is compulsory



# Conclusions

- ❖ Studies of epidemiology suggest safety is major cause of harm in all nations
  - ◆ Need more epidemiological data about safety outside hospitals
  - ◆ Need more evaluation of solutions, especially in transitional/developing countries
  - ◆ Also clear data showing possible to address safety
- ❖ In any setting, can help to have own data to prioritize