

# Global Experiences in Improving Patient Safety

*Ouro Preto, 2010*

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World Health  
Organization

# Overview

- ❖ The World Alliance
- ❖ Research program
  - ◆ Priorities
  - ◆ Early results from developing nations
  - ◆ Future directions of research program
- ❖ Overall efforts to improve safety
- ❖ Conclusions


# World Alliance for Patient Safety

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WHO's World Alliance for Patient Safety set up to address problem of Patient Safety in Member States

# Health Care Causes Harm to Patients

**DEAD** 1999  
**KEVIN MURPHY**  
Age: 21 years old  
Place: IRELAND  
Cause: Failure to detect an excessively high blood calcium level.  
Source: Patient's family




**DEAD** 2002  
**PAT SHERIDAN**  
Age: 45 years old  
Place: USA  
Cause: Failure to communicate diagnosis of spinal cancer leading to delay in treatment. Cal, Pat's son, brain damaged due to untreated neonatal jaundice.  
Source: Partnership for Patient Safety



**HARMED** 1999  
**IAN KELLY**  
Age: 41 years old  
Place: UNITED KINGDOM  
Cause: Contracted MRSA (methicillin resistant Staphylococcus aureus) following routine leg operation. Four years later Ian remained ill and agreed to a through-the-knee amputation.  
Source: Patient



**HARMED** 1994  
**URIEL GONZÁLEZ VÁZQUEZ**  
Place: MEXICO  
Cause: Fetal distress and untreated neonatal jaundice causing brain damage.  
Source: Perspectives in Health 2005, the Pan American Health Organization



**DEAD** 2001  
**Josie King**  
Age: 18 months  
Place: USA  
Cause: Severe dehydration during hospital stay



**DEAD** 2001  
**WAYNE JOWETT**  
Age: 18 years old  
Place: UNITED KINGDOM  
Cause: A chemotherapy drug (vincristine) incorrectly administered into his spine instead of a vein.  
Source: Patient's family



# The Business Case of Unsafe Care

- ❖ 16 billion injections a year in developing countries
- ❖ 39.6% with syringes and needles reused non sterilized (70% in some countries)
- ❖ Unsafe disposal can lead to re-sale of used equipment on the black market.



The extent of harm caused by unsafe injections is unknown

# More Data

- ❖ 5–15% of HIV infections in developing countries are due to unsafe blood
- ❖ Unsafe blood risks transmission of: hepatitis B & C syphilis, malaria, Chagas disease and West Nile fever
- ❖ Counterfeit drugs account for up to 30% of medicines consumed in developing countries

The extent of harm caused by unsafe care is unknown



# Deficit of Qualified Health-care Providers

- ❖ The deficit in 57 countries is estimated to be 2.4 million doctors, nurses and midwives
- ❖ Fatigue, production pressures cause high risk of mistakes



# History of the WHO programme on Patient Safety

**2002:** 55<sup>th</sup> World Health Assembly Resolution

**2003-** Many countries implement patient safety initiatives and

**2004:** request WHO technical support

**2004:** 57<sup>th</sup> World Health Assembly, patient safety technical briefing and proposal to form a global alliance

**2004:** Launch of the World Alliance for Patient Safety

**2005:** 58<sup>th</sup> WHA Briefing on the Global Patient Safety Challenge

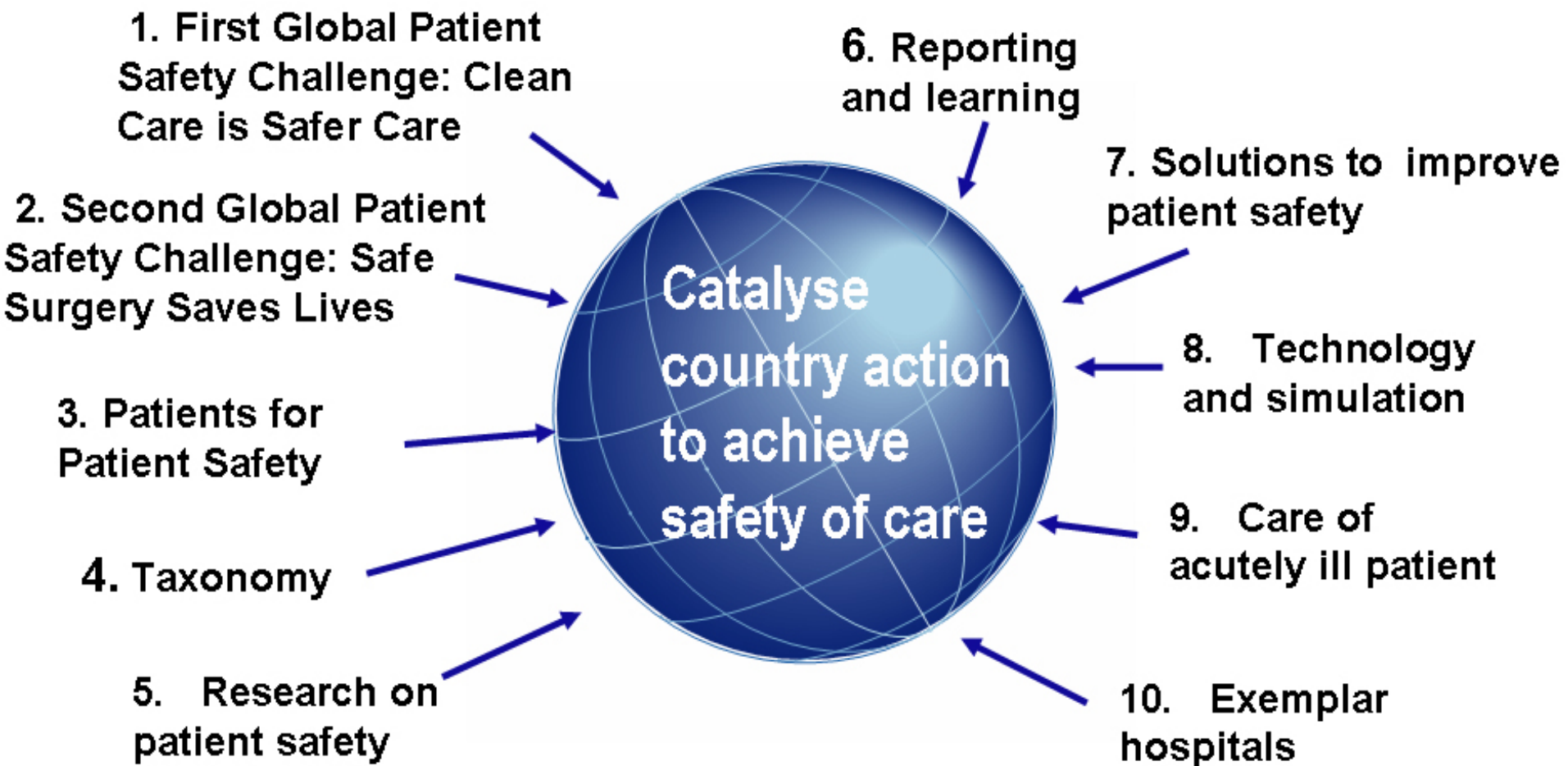
**2005:** Launch of the WHO Collaborating Centre on Patient Safety Solutions

**2005:** Launch of the first Global Patient Safety Challenge





# Ten Action Areas



# 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

# Clean Care is Safer Care

**Clean Care is Safer Care** works in partnership with the global health community and others to ensure that sustained hand hygiene improvement remains on the national and international health agenda. Our aim is to ensure that infection control is acknowledged universally as a solid and essential basis for the attainment of patient safety, contributing to a significant, measurable reduction in the burden of disease attributable to health care-associated infections.

# Safe Surgery and Surgical Checklists

The goal of the second Global Patient Safety Challenge is to improve the safety of surgical care in all health-care settings. The WHO Surgical Safety Checklist improves compliance with standards and decreases the incidence of complications

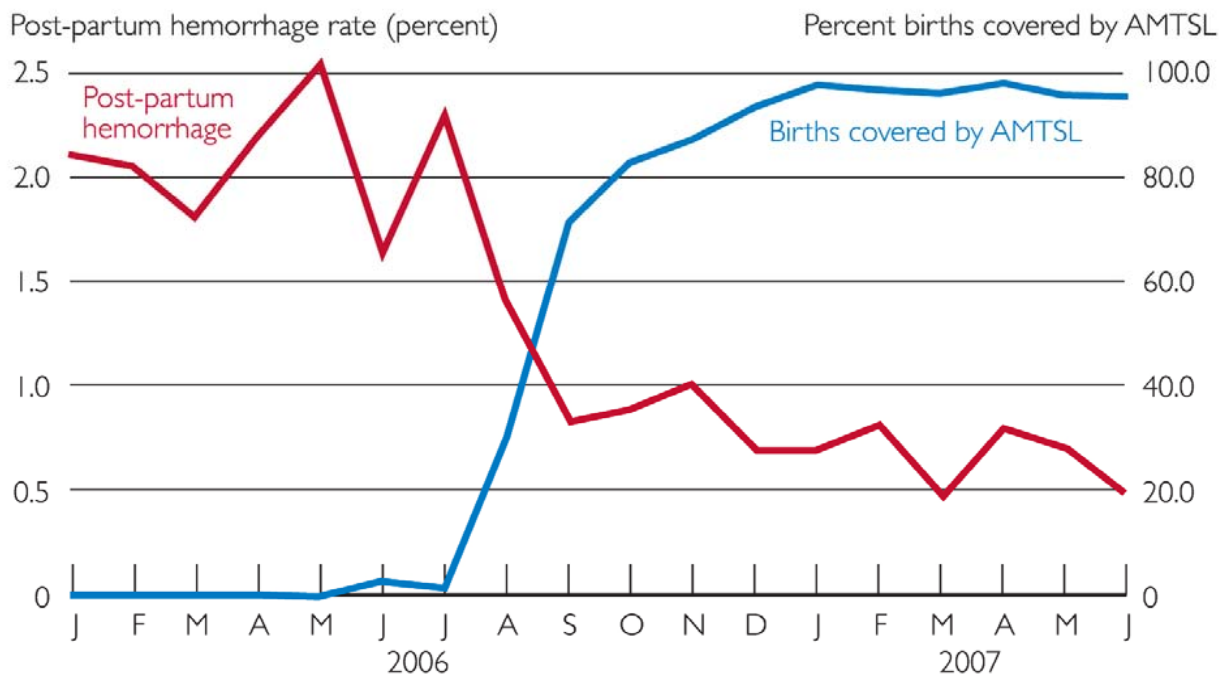
# Tackling Antimicrobial Resistance

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A coalition of internal WHO programmes and external partners, including organizations representing patients, has been established to address antimicrobial resistance as the topic for the third Global Patient Safety Challenge.

# First 18-Month Results from Niger: Presented at National Learning Session 7/2007

**Figure 1. AMTSL coverage and post-partum hemorrhage rates in targeted facilities, Jan 2006- June 2007** Average # monthly births: 2,173 (25 sites)



AMTSL=Active Management  
Of the Third Stage of Labor

**David Nicholas, MD, MPH and  
Kathleen Hill, MD**

# 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
- ❖ Global challenges available today
  - ◆ Hand-washing
  - ◆ Safe surgery
  - ◆ Many other solutions in various stages of development
- ❖ Should be possible to dramatically improve safety
  - ◆ Citizens of all nations are justifiably concerned about this
- ❖ In any setting, can help to have own data to prioritize