



**World Health
Organization**

Patient Safety

A World Alliance for Safer Health Care

Strategies on Patient Safety: safe healthcare for everyone, every time, every where

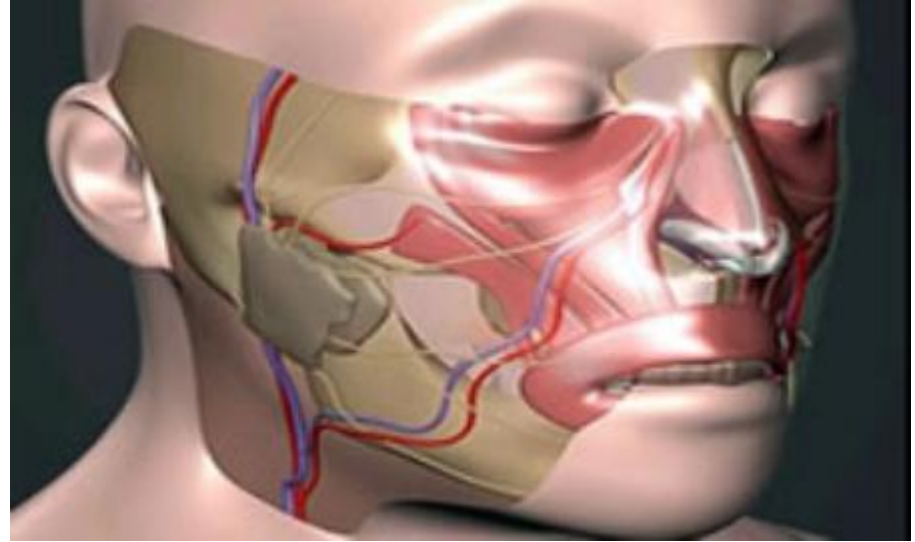
Overview of the WHO Patient Safety Programme

Dr Itziar Larizgoitia

WHO Patient Safety Programme

For Ministry of Health Brazil, Brasilia, August 2013

The Wonders of Medicine

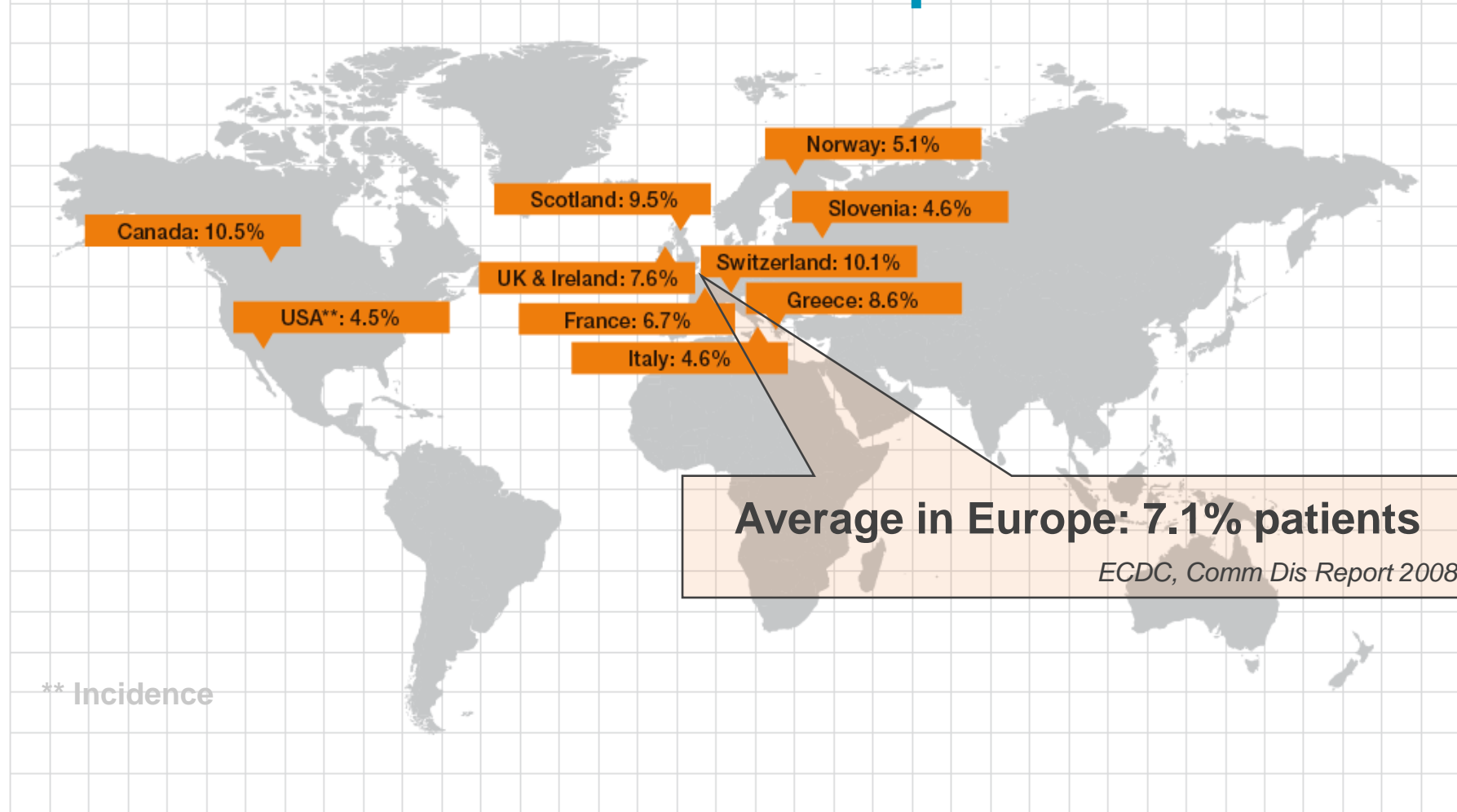


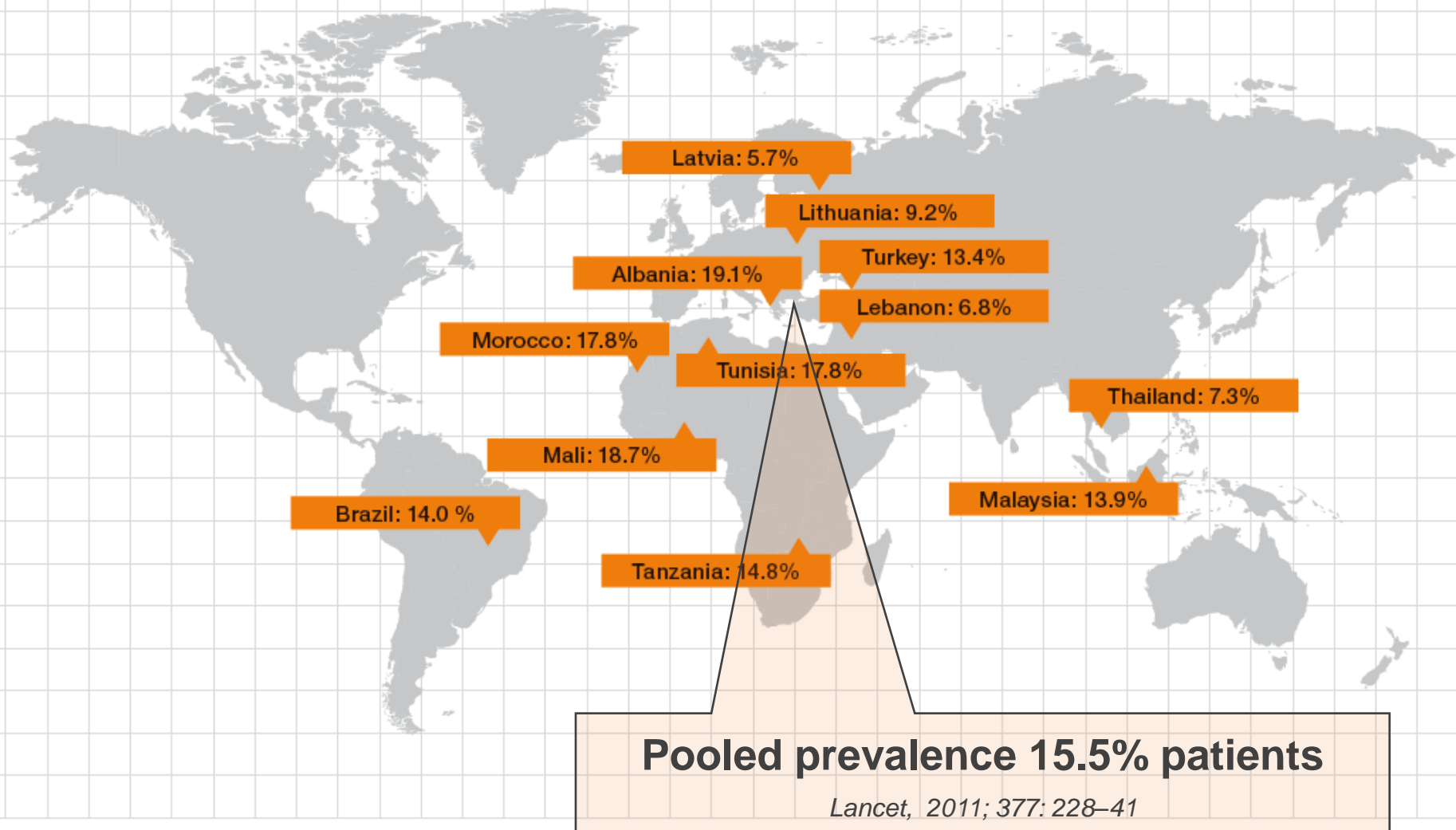
Facial Transplantation: Today's reality

19/08/2009

m24Digital.com

Prevalence of HAI in developed countries



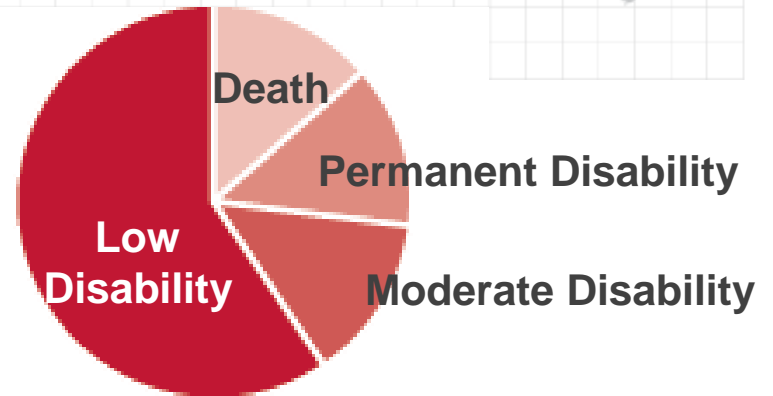
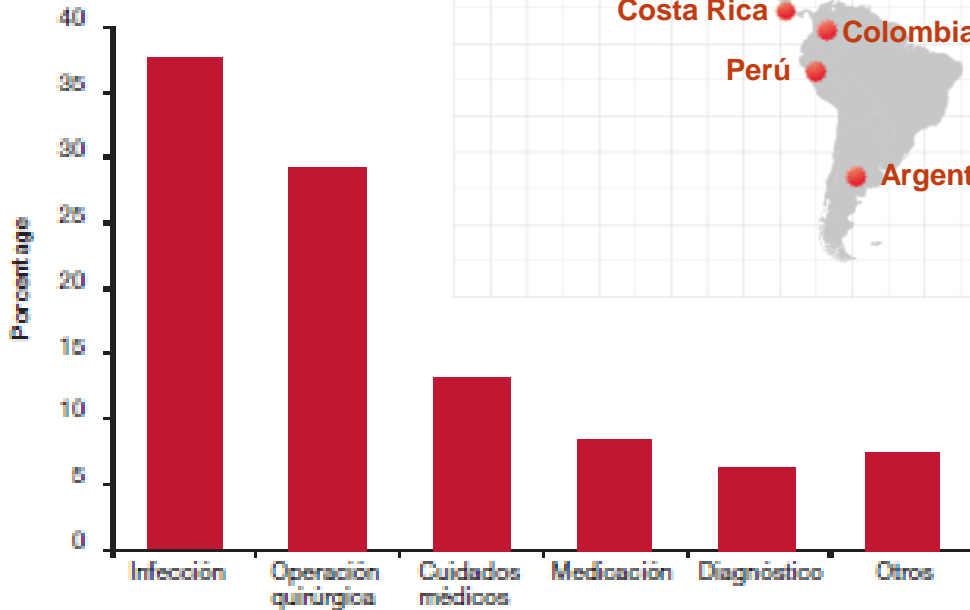


Prevalence of Healthcare Associated Infections in transitional & developing countries

IBEAS: A study on 5 Latin-American Countries.

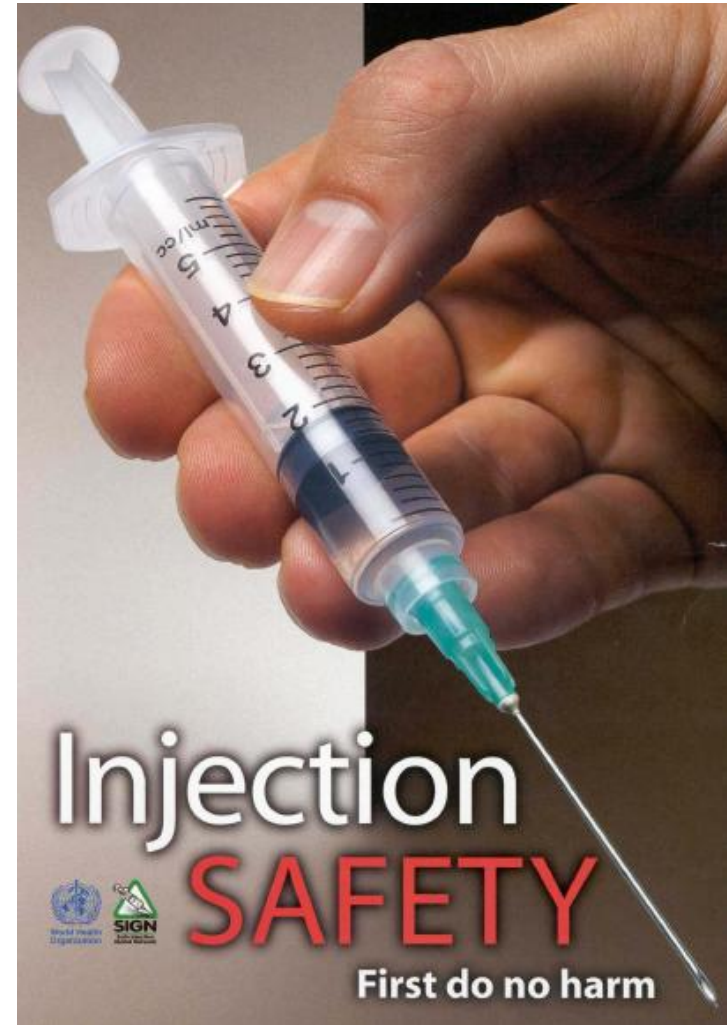
On average, on the day of the survey, 1 in 10 inpatients showed the consequences of a patient safety incident

And, 2 out of 10 suffered an incident during their hospital stay



Unsafe injection practices: A plague of many health systems

- Over-prescription of injections
 - *In some situations, 9 out of 10 patients presenting to a primary healthcare provider receive an injection, over 70% of which are unnecessary or could be substituted by oral medications*
- Reuse of syringes and needles in the absence of sterilization **exposes millions** of people to infections
- Each year unsafe injections cause an estimated **1.3 million early deaths**, a loss of 26 million years of life, and an **annual burden of USD 535 million** in direct medical costs.



Every year, an inadmissible number of patients suffer injuries or die because of health care. Most of these injuries are preventable

HARMED

IAN KELLY

1999

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



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The burden of unsafe care: Global Priority areas

- Counterfeit and substandard drugs
- Problems with communication and coordination
- Latent organizational failures
- Inadequate competence, training and skills
- Maternal and New Born Care
- Unsafe Injection and Blood Practices
- Poor Safety Culture
- Lack of Human Factors design
- Misdiagnosis
- Insufficient cost-effective risk-reduction strategies

Global Priorities for Research in Patient Safety (first edition)

Priority Setting Working Group
December 2008



Systems' Approach versus Individual Blame



“Humans fail because the systems, tasks and processes in which they work and operate are wrongly designed”

Dr Lucian Leape, testifying to the US President’s Commission on Consumer Protection and Quality in Health



WHO Patient Safety is set up as a **Special Programme** following WHA Resolution 55.18 in 2002

To coordinate, disseminate and accelerate improvements in patient safety worldwide

The vision

Every patient receives safe health care,
every time and everywhere.

The mission

of WHO Patient Safety Programme is to coordinate,
facilitate and accelerate patient safety
improvements around the world.



High Level Political and Policy commitment



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Putting safety on the world's agenda

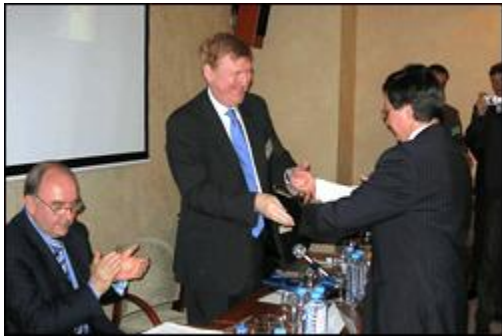


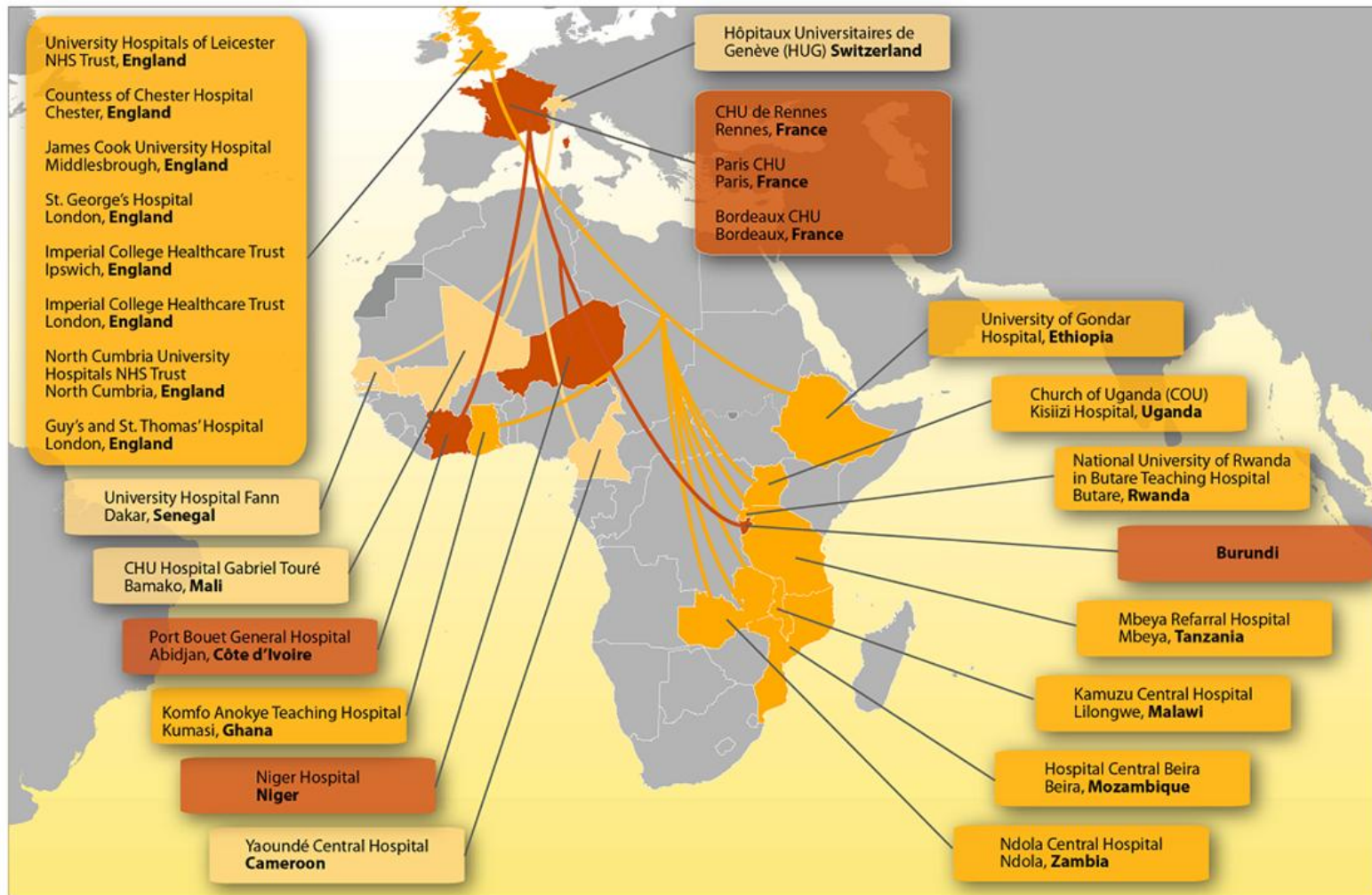
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Political commitment

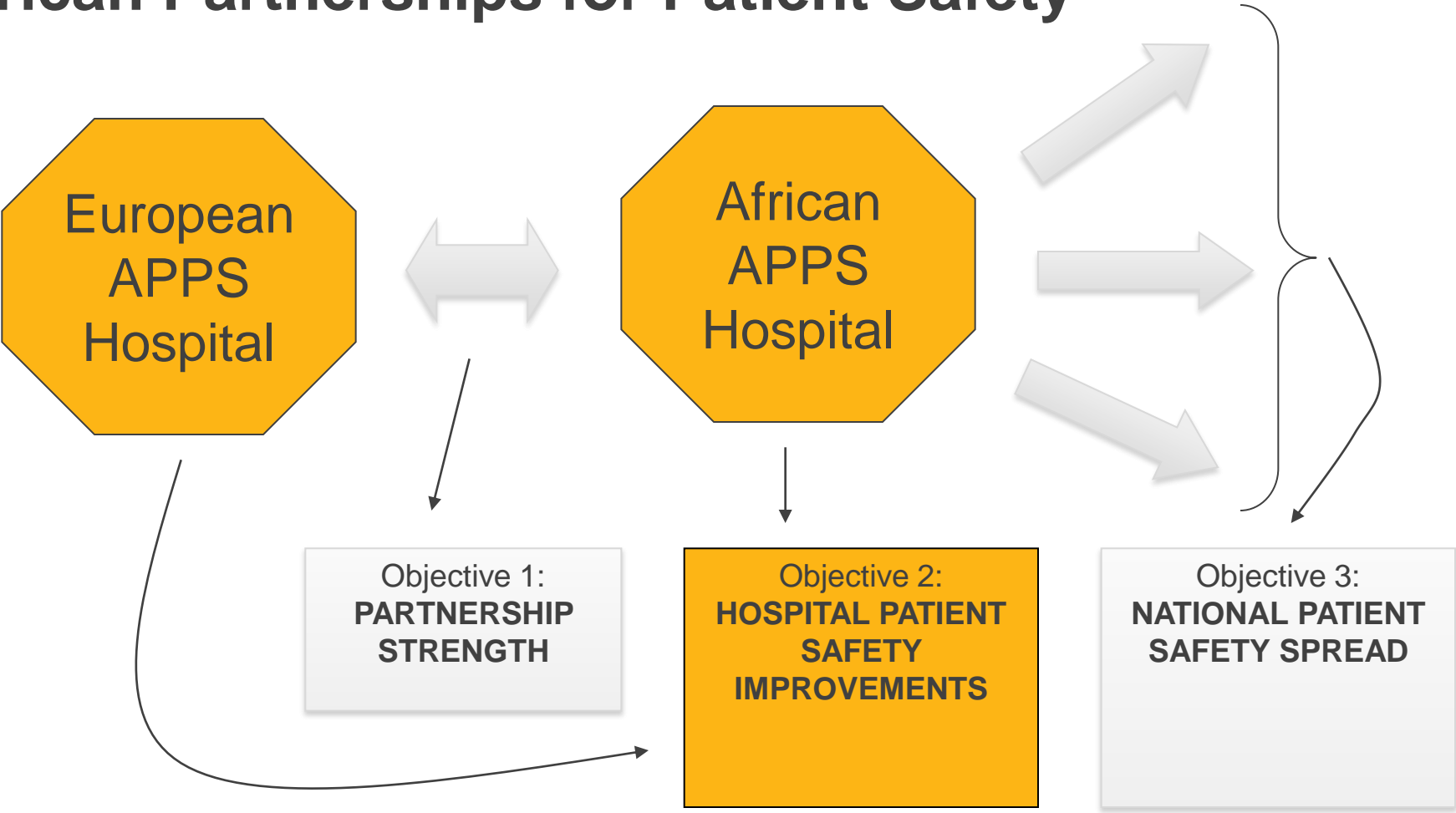




Fourteen hospital-to-hospital partnerships across Africa are now implementing improvements alongside partners from the UK, France and Switzerland. **Patient Safety Situational Analysis** have been used to co-develop improvement plans that focus on front line realities.

Three Core Objectives

African Partnerships for Patient Safety





Patient engagement & commitment



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Patients for Patient Safety





Developing and motivating global campaigns through evidence based solutions and local engagement & commitment

First Global Patient Safety Challenge

Clean Care is Safer Care



WHO Guidelines for Hand Hygiene in Health Care

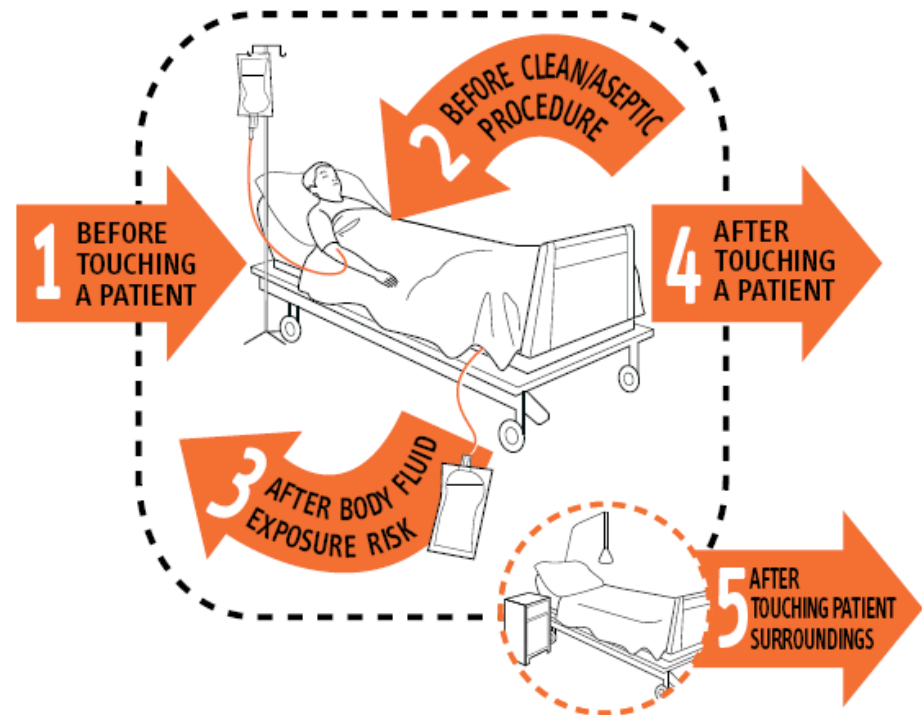
The My Five Moments approach

Making it easier to

- understand
- remember
- practice

the hand hygiene indications at the point of care

My 5 moments for HAND HYGIENE



Sax H, Allegranzi B, Uçkay I, Larson E, Boyce J, Pittet D. *J Hosp Infect* 2007;67:9-21



Developing effective solutions to reduce avoidable harm and strengthening health systems



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WORLD ALLIANCE FOR PATIENT SAFETY

WHO DRAFT GUIDELINES FOR ADVERSE EVENT REPORTING AND LEARNING SYSTEMS

FROM INFORMATION TO ACTION



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Assessing and tackling patient harm

A methodological guide for data-poor hospitals



Spreading knowledge

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Patient safety

Curso online: Introdução à investigação sobre segurança do paciente/doente

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Curso online: Arquivo

Sessão 1: Segurança do Paciente/Doente, o que é?
Claudia Travassos, 1^o de março de 2012

Powerpoint ppt, 1.03Mb | PDF pdf, 938kb | Video stream [wmv, 00:56:06] | Audio [mp3, 00:56:06]
Pergunta/Resposta pdf, 276kb

Sessão 2: Princípios da investigação em segurança do paciente/doente: visão geral
Mônica Martins, 8 de março de 2012

Powerpoint ppt, 1.58Mb | PDF pdf, 932kb | Video stream [wmv, 00:59:12] | Audio [mp3, 00:59:12]
Pergunta/Resposta pdf, 253kb

Sessão1_Seguranca_do_Paciente_Doente_o_que_e_

World Health Organization | Patient Safety | ePORTUGUÊSE

Investigação em Segurança do Paciente/Doente
Curso Introdutório
Sessão 1
Segurança do Paciente/Doente, o que é?

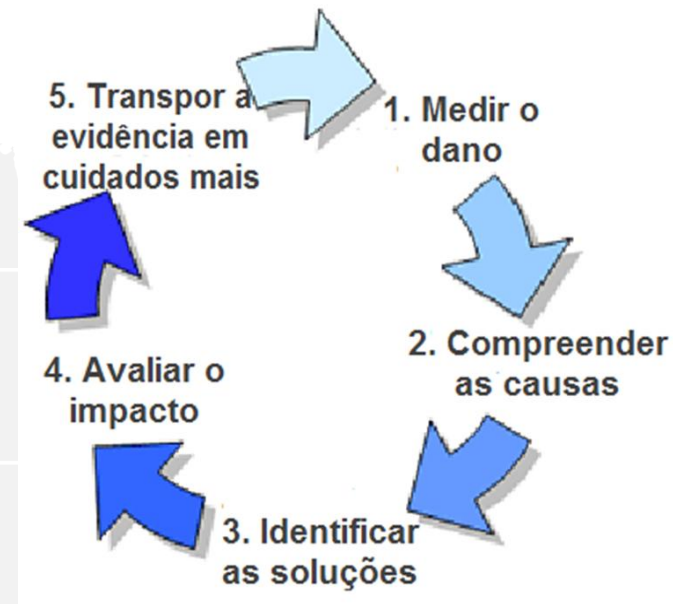
- Claudia Travassos, médica, MPH, PhD
- Pesquisadora Titular e Coordenadora do Portal Proqualis, do Instituto de Comunicação e Informação Científica e Tecnológica, Iccit/Fiocruz/MS

00:21

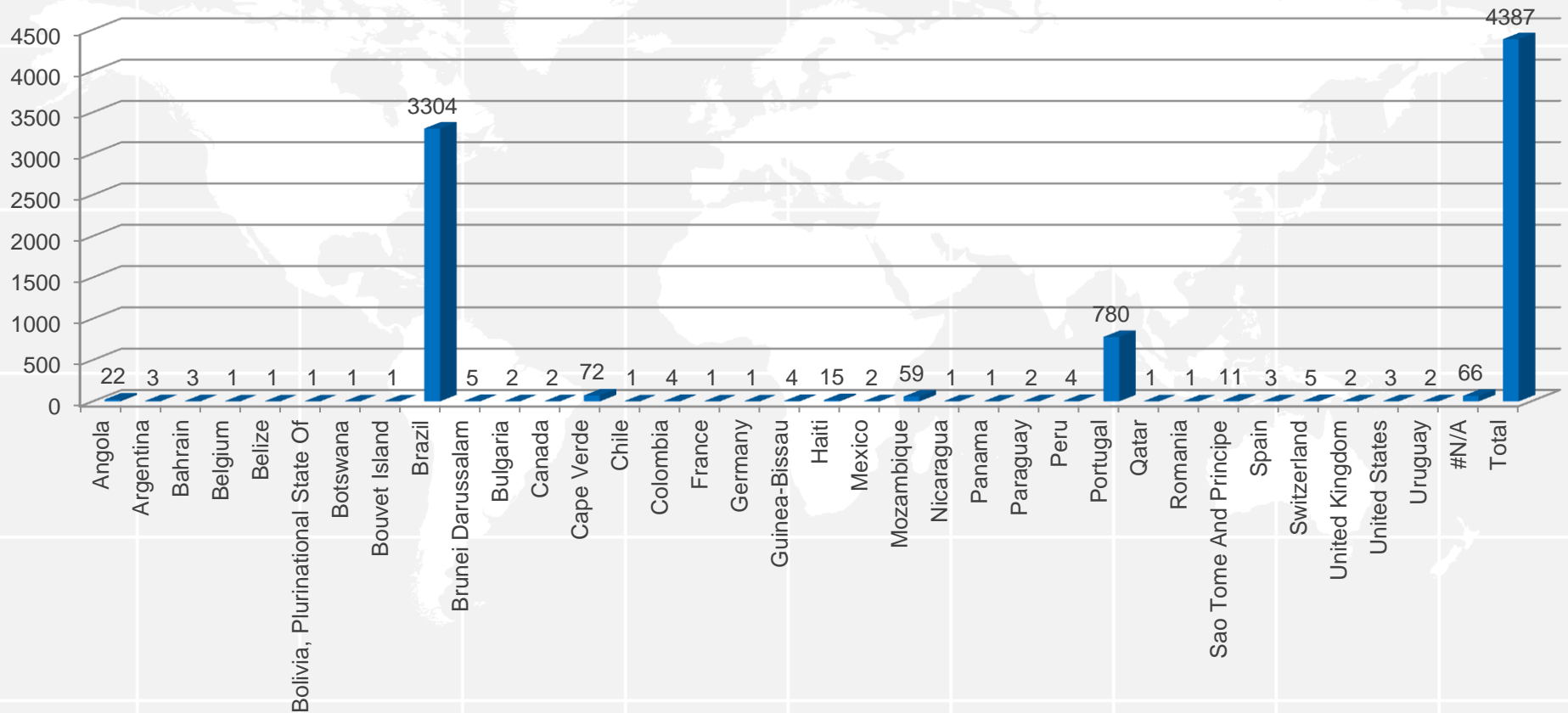
Sessão traduzida e adaptada da original em Inglês, elaborada pelo Prof. David Bates

Curso online: Introdução à investigação sobre segurança do paciente/doente – The sessions

- **Sessão 1:** Segurança do Paciente/Doente, o que é?, **Claudia Travassos**, 1º de março de 2012
- **Sessão 2:** Princípios da investigação em segurança do paciente/doente, **Mônica Martins**, 8 de março de 2012
- **Sessão 3:** Medir o dano, **Walter Mendes**, 15 de março de 2012
- **Sessão 4:** Compreender as causas, **Walter Mendes**, 22 de março de 2012
- **Sessão 5:** Identificar as soluções / Implementação, **Maria João Lage**, 19 de abril de 2012
- **Sessão 6:** Avaliar o impacto, **Paulo Sousa**, 26 de abril de 2012
- **Sessão 7:** Transpor a evidência em cuidados mais seguros, **José Fragata**, 3 de maio de 2012
 - **Sessão 8:** Aprofundar o conhecimento em segurança do paciente, **Paulo Sousa**, 10 de maio 2012



Registrats





**Professionals de Saude in Luanda, Angola
participando no 4 sessao online on 22 Marzo 2012**



Which are the challenges for WHO in 2013 and 2014?



Universal health coverage is our new priority

“I regard universal health coverage as the single most powerful concept that public health has to offer. It is inclusive. It unifies services and delivers them in a comprehensive and integrated way, based on primary health care.”

Dr Margaret Chan, WHO Director-General

PSP New STRATEGIC AREAS



Universal Health Coverage & the Safety/Quality Agenda

Ageing and Safety – Chronic care, Palliative care and others

Primary care and patient safety

Quality and Patient Safety strengthened

Strategic Objective 1

To provide global leadership for patient safety

Strategic Objective 2

To harness knowledge, expertise and innovation to improve patient safety in health-care settings

Strategic Objective 3

To engage health care systems, non-governmental organizations, civil society and the expert community in the global endeavour of making health care safer

Priority work

1. Reflecting on a strategy for health care delivery
2. Ageing and patient safety initiative - Consensus review report on priorities in patient safety and quality for the elderly
3. **World Health Report on Safety and Quality of Clinical Care**

Safer Primary Care: *A Global Challenge*

Inaugural Meeting of the Safer Primary Care Expert Working Group

World Health Organization, Geneva 27th - 28th February 2012





Expand Education of the workforce



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WHO Patient Safety Curriculum Guide Multi-professional edition

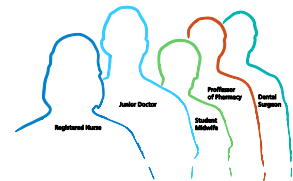


WHO PATIENT SAFETY: EDUCATION AND TRAINING

Building capacity for patient safety of health-care leaders, managers, providers educators and students.

WHO has developed:

- 1. WHO Multi-professional Patient Safety Curriculum Guide:** strengthen academic capacity to teach patient safety to undergraduate and postgraduate students
- 2. Comprehensive patient safety training workshops** of health-care educators, leaders, providers, students, and train-the trainers
- 3. eLearning** on the WHO platform based on the courses of the Multi-professional Patient Safety Curriculum Guide planned to start in 2014
- 4. Development of a Patient Safety Guide for Leaders**





Develop and foster strategic tools to accelerate safety in health care

Safe Childbirth Checklist Manual

Improving Health for Mothers and Newborns



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

- Every 30 min: plot HR, contractions, fetal HR
- 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

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: severe headache, visual disturbance, epigastric pain

Antiretrovirals?

- No, confirmed HIV negative
- Yes, given
- If status unknown, HIV test ordered

- Mothers with CD4 ≤ 350 or clinical diagnosis require treatment
- Mothers with CD4 > 350 require prophylaxis

- Confirm supplies are available to clean for each vaginal exam

- Encourage Birth

2. Just before pushing (or before Caesarean)

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
- Caesarean section

Magnesium sulfate?

- No
- Yes, given

Give magnesium sulfate to Mother if any of:

- Diastolic BP ≥ 100 mmHg and 3+ proteinuria
- Diastolic BP ≥ 90 mmHg, 2+ proteinuria, and any: severe headache, visual disturbance, epigastric pain

Confirm essential supplies are at bedside and prepare for:

for Mother

- Gloves
- Alcohol-based handrub or soap and clean
- Oxytocin

Prepare to clean

WHO SAFE CHILDBIRTH CHECKLIST COLLABORATIVE

For more information, please visit www.who.int/patientsafety



Promote patient safety culture



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Launch of a Global Campaign on Medication Safety

The 3rd Global Challenge on Patient Safety

2014-2015





Foster engagement and partnership

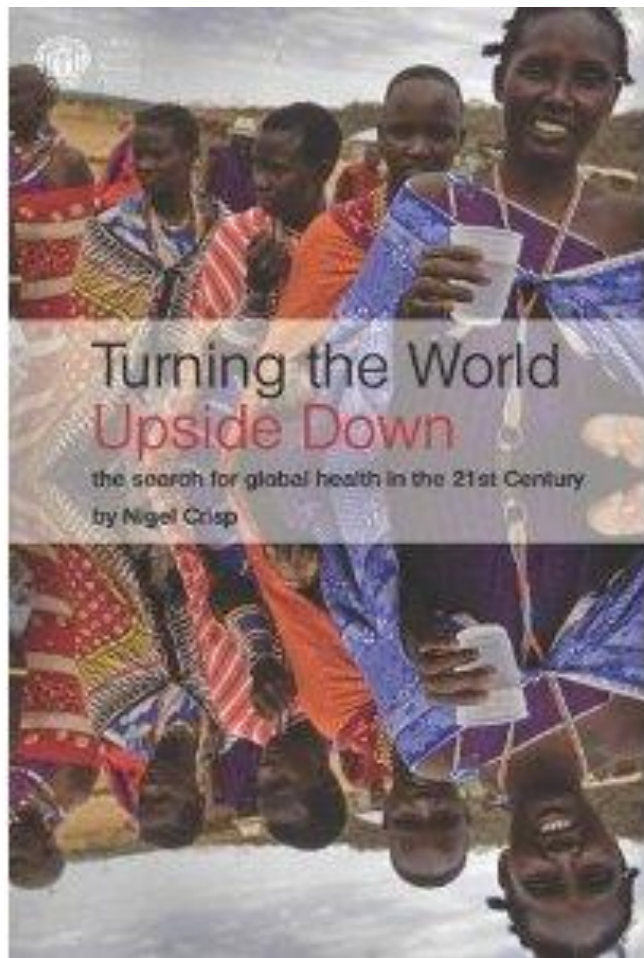


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Turning the World Upside Down: Partnerships

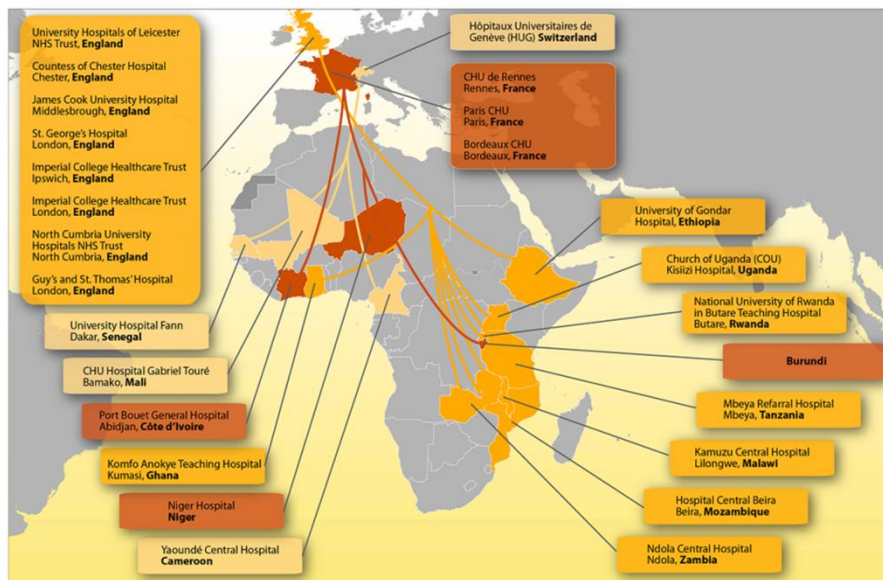


- Shared learning
- Co-development

Hospital-to-hospital partnerships can be used to improve the safety of service delivery. Solutions can be co-developed and learning and knowledge flows both ways. Tools and resources are now **freely available** to take action to improve patient safety through such partnerships.

Brazil Collaboration to hospital-hospital African Partnerships

- **Strengthening Patient Safety in Portuguese-speaking African Hospitals**
- To set up a WHO CC for Global Health through South-South Collaboration at FIOCRUZ Global Health Center, Support from PROQUALIS
- Brazilian Hospitals to support Portuguese-speaking countries' hospitals in Africa



In collaboration with e-Portuguese Network

Fostering a global patient-led movement to encourage partnership, promote empowerment and inspire action on patient safety around the world.



WHO invites Member States, healthcare professionals, academics, patients and citizens to:

- Foster the patient safety culture
- Adopt effective solutions
- Roll out commitment & engagement



To achieve **Universal Health Coverage** of
safe and quality care

A light gray world map is centered on the page, overlaid on a white grid background. The map shows the continents of North America, South America, Europe, Africa, Asia, and Australia.

Thank you

www.who.int/patientsafety/en



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