

## WHO News

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### **First meeting of working group on patient safety research priorities**

The World Alliance for Patient Safety wants to establish a robust discussion around priority setting for research on patient safety. The goal is to obtain an ordered menu of opportunities or objectives for research that may be used by research funding and commissioning institutions in the world, and also by researcher institutions and health policy making bodies as a guidance for research funding allocation. Furthermore, the project will be complemented with the outline of a process for research priority setting which could be used at country level to respond to country specific needs for patient safety research.

An expert working group has been convened under the leadership of Dr. David Bates, of Brigham and Women's Hospital, Boston, MA, USA, to review the state of patient safety problems and provide recommendations for priority areas for research. The group met for the first time on 13–14 July in Geneva. For two days, the group members discussed the main issues facing patient safety and patient safety research in the world, and agreed on the general steps of the process, methodology, and milestones for the project. The group is expecting to complete its first set of recommendations over a period of 7 months and release its first report during the spring of 2007.

### **Patients for Patient Safety (PFPS)**

Patients for Patient Safety launched an Electronic Community (EC) this month. This new resource will allow the growing network of Patient Champions to better interact, share ideas, learning and challenges across the growing patients for patient safety network. Patients who have attended a PFPS workshop and committed to collaborative agreement are invited to join the EC and access its resources. The EC includes a library of resources and information, including a new Advocacy toolkit, information on the World Alliance and key patient safety literature. It also has an area for champions to hold an on-line discussion and access a calendar of key events in Patient Safety. Patients can access new contributions through their regular email and can respond from their own inbox.

Patients for Patient Safety have also launched the first edition of 'Patients for Patient Safety News' which will be a bi-monthly newsletter sent out to about 300 people who have become involved in, or expressed interest in, the work of this strand.

### **Regional workshop on patient safety New Delhi, India, 12–14 July 2006**

This three day regional workshop brought together participants from most South East Asian Region countries and civil society to discuss common issues for country level initiatives on patient safety and to input into the development of a regional strategy for patient safety. Recommendations on this regional strategy will be endorsed at the Regional Committee in August.

Emerging issues from the workshop included blame as a powerful disincentive for health care professionals reporting errors; increasing expectations of patients and the changing perceptions of health care professionals; the need to strengthen national leadership and commitment to patient safety as a health priority; safety problems associated with the shortage, mal-distribution and poor skill mix of health workers, and; problems of sub-standard and counterfeit drugs. A number of common themes were identified for regional work. This included the need to build patient safety into all components and services of the health care system; to be action oriented and address implementation; the need to work with health care workers on attitudes, behaviours and competencies to deliver safe care and the need to develop “safer” environments for reporting.

### **Country initiation event global patient safety challenge**

As part of the Regional workshop, the Indian Ministry of Health inaugurated the “Clean Care is Safer Care” initiative. Opening speeches were given by Mrs. Panabaka Lakshmi, Honorable Minister of State for Health, Government of India, Dr. R.K. Srivastava, Director General of Health Services, Mr Prasanna Hota, Secretary, Ministry of Health & Family Welfare, and Dr. S.J. Habayeb, WHO Representative to India. The central event of the inauguration was the signing of a statement committing to address health care-associated infection in India. A technical session on infection prevention and control in health care followed the inauguration event with the participation of about 40 health care and non-health care professionals and experts in infection prevention and control. The meeting focused on the tools and implementation strategy of the newly developed WHO Guidelines on Hand Hygiene in Health Care (Advanced Draft).

### **International Patient Safety Event Classification**

The World Alliance for Patient Safety wants to ensure that information about harm to patients is used as a source of learning to develop safer healthcare practices. Patient Safety is defined as freedom from accidental injury. This includes the establishment of processes to minimize the possibility of an event occurring and maximize the ability to detect and recover from, or lessen the impact of, a potential patient safety hazard. A patient safety event is defined as a process or act of omission or commission that results in hazardous health care conditions and/or unintended harm to the patient.

The aim of the International Patient Safety Event Classification (IPSEC) is to define, harmonize and group patient safety concepts into an internationally agreed upon classification that is conducive to learning and system improvement. The classification needs to be adaptable yet consistent across the entire spectrum of health care and across cultures and languages. The work will link closely with the WHO Family of International Classifications and the WHO Drug Dictionary.

For more information please reference:

*The World Health Organization World Alliance for Patient Safety Project to Develop an International Patient Safety Event Classification – The Conceptual Framework of an International Patient Safety Event Classification, Executive Summary* (PDF format)

IPSEC Delphi Survey: this consultation process is an opportunity for stakeholders to provide feedback and input on the IPSEC. To that end The World Alliance is interested in opinions of the extent to which:

1. The conceptual framework provides an internationally acceptable and meaningful high level structure;
2. All the terms in the list are necessary and sufficient to capture the reality of patient safety events across diverse environments and cultures and are consistent with the framework;
3. All terms are explicitly and unambiguously defined.

The Delphi survey is composed of one required section and several optional sections. This consultation process is designed to ensure the widest possible international input about the general acceptability and applicability of the IPSEC. Personalised invitations to participate have been sent to over 250 experts worldwide as well as a general call for participants through the WHO and other websites. More information can be found at [comments@who-ipsec.org](mailto:comments@who-ipsec.org). The first round of the Delphi process closed on 18 September 2006.

### **Patient safety WHO interns**

WHO has a well established system of summer interns. Over the past two months, the Alliance has been delighted to welcome Manuel G. Romero as our intern. Manuel is from México and became a MD last year. He is now completing a Masters in Hospital Management in Barcelona, Spain in which he is doing his thesis on the creation of patient safety indicators applied to hospitals. At WHO, he is working on a project to gather available data on the burden of disease of patient safety problems in different countries.

### **59th Session of WHO Regional Committee for South-East Asia**

The Alliance has been working closely with colleagues in Regional Offices of WHO to support the development of regionally based strategies for patient safety. In this regard, the annual Regional Committee of all Member States in the South East Asian region of WHO met in Dhaka from 22–25 August and considered the global and regional issues and the measures that needed to be put into place for patient safety in the Member Countries of that Region. A regional resolution was adopted on patient safety as a basis for ongoing action. For further information go to [http://www.searo.who.int/en/Section316/Section503/Section2141\\_12044.htm](http://www.searo.who.int/en/Section316/Section503/Section2141_12044.htm).

In welcoming the resolution, Dr. Samlee Plianbangchange, Regional Director for WHO South-East Asia Region noted “Patient safety is a global problem which affects rich and poor countries alike. Lapses in patient safety are remarkably common and have been exacting an enormous human and financial toll globally” said. He said “WHO South-East Asia Region is working with its Member States to ensure patient safety in the areas of blood safety, injection and immunization safety, health care waste management, drug safety, and through its programmes like making pregnancy safer, child health and strengthening human resources for health.”

### **Safety solutions**

In order to facilitate the accurate identification of solutions and the adaptation of solutions to different needs, the WHO Collaborating Centre on Patient Safety (Solutions) recently convened the first meeting

of its international steering committee on June 11–12, 2006. The Committee is composed of recognized leaders and experts in patient safety has been convened. More information on the first meeting of the International Steering Committee can be found at [www.jcipatientsafety.org/show.asp?durki=13443&site=165&return=9336](http://www.jcipatientsafety.org/show.asp?durki=13443&site=165&return=9336).

The International Steering Committee has prioritized the following nine solutions for further development: Look-Alike/Sound-Alike Medications, Patient Identification, Hand-Off Communication, Wrong Site, Wrong Procedure, Wrong Person Surgery, High-Concentration Medications, Medication Reconciliation, Catheter and Tubing Misconnections, Needle Reuse, Preventing Kernicterus.

Three Regional Advisory Groups have also been established to review the priority draft solutions and provide feedback on how the solutions need to be adapted for different regions of the world. A large international field review via electronic survey will be undertaken to determine the relevance, adaptability, feasibility, and barriers to acceptance of the solutions in different regions of the world. In spring of 2007, the International Steering Committee will reconvene to consider input from the field review, approve the final solutions, and develop dissemination strategies.