

Patient Safety Solutions Preamble - May 2007



Worldwide, the delivery of health care is challenged by a wide range of safety problems. The traditional medical oath—"First do no harm"—is rarely violated intentionally by physicians, nurses, or other practitioners, but the fact remains that patients are harmed every day in every country across the globe in the course of receiving health care. The first things that we must do are to acknowledge this disturbing truth; to reject the notion that the status quo is acceptable; and, perhaps most important, to act to correct the problems that are contributing to unsafe care.

All patients have a right to effective, safe care at all times.

Unintended harm to patients undergoing treatment is not a new phenomenon. The earliest record of this problem dates from the 17th century BC. The response in those days was clearly and solely punitive (for example, cutting off a surgeon's hand). Today, the solutions for improving patient safety offer a more constructive approach—one in which success (safer care) is determined by how well caregivers work together as a team, how effectively they communicate with one another and with patients, and how carefully the care delivery processes and supporting systems of care are designed. With the growing recognition of safety problems in health care, it is now time to create and disseminate "Solutions" for patient safety.

Fortunately, political leaders in some countries are framing their arguments for reforming health care in terms of higher quality and the elimination or correction of practices that are known to be unsafe or wasteful. Similarly, patients and their families are becoming increasingly skilled in accessing information to make personal health care decisions about treatments and their choice of providers, and demanding safer care as well. Health-care practitioners are also becoming more proficient at incorporating evidence-based knowledge into their clinical decision-making practices.

In 2005, the World Health Organization (WHO) launched the World Alliance for Patient Safety and identified six action areas. One of these action areas is the development of "Solutions for Patient Safety". In the same year, the Joint Commission and Joint Commission International were designated as a WHO Collaborating Centre for Patient Safety Solutions, to initiate and coordinate the work of developing and disseminating solutions for patient safety. The output from this component of the World Alliance will be delivered to the global health-care community as "Patient Safety Solutions".

► IDENTIFICATION, PRIORITIZATION AND DISSEMINATION OF SOLUTIONS:

Errors and adverse events can result from a variety of issues at different levels within health care—for example, at the level of government support (e.g. funding), the level of a health-care facility or system (e.g. structure or processes), or at the point of intervention between patients and practitioners (e.g. human error). The Solutions from this initiative will not address the broad underlying causes of patient safety problems (e.g. inadequate resources), but rather will be directed at the specific level where good process design can prevent (potential) human errors from actually reaching the patient. Solutions, therefore, will be intended to promote an environment and support systems that minimize the risk of harm despite the complexity and lack of standardization in modern health care.

Within the foregoing context, the term “Patient Safety Solution” is defined as:

Any system design or intervention that has demonstrated the ability to prevent or mitigate patient harm stemming from the processes of health care.

Solutions development for this action area of the World Alliance for Patient Safety involve extensive research to identify and prioritize the safety problems to be addressed and to review any existing solutions for those problems that might be adopted, adapted, or further developed for international dissemination. An International Steering Committee, a panel of international experts in patient safety, oversees the selection of topics and the development of a defined set of Solutions. The candidate Solutions are then prioritized based on potential impact, strength of evidence, and feasibility for adoption or adaptation in all countries, in the context of known cultural and economic differences. The highest-priority Solutions are reviewed by Regional Advisory Groups in different areas of the world and are then made available for an Internet-based field review, which permits comments and suggestions from any interested party. The International Steering Committee then finally approves the Solutions, which are then transmitted to the WHO for publication and dissemination.

► FORMAT FOR PATIENT SAFETY SOLUTIONS:

- Patient Safety Solution Title
- Statement of the Problem and Impact
- Background and Issues
- Suggested Actions
- Looking Forward
- Applicability
- Opportunities for Patient and Family Involvement
- Strength of the Evidence
- Potential Barriers to Implementation
- Risks for Unintended Consequences
- References
- Other Selected Resources

► INAUGURAL PATIENT SAFETY SOLUTIONS:

1. Look-Alike, Sound-Alike Medication Names
2. Patient Identification
3. Communication During Patient Hand-Overs
4. Performance of Correct Procedure at Correct Body Site

5. Control of Concentrated Electrolyte Solutions
6. Assuring Medication Accuracy at Transitions in Care
7. Avoiding Catheter and Tubing Mis-Connections
8. Single Use of Injection Devices
9. Improved Hand Hygiene to Prevent Health Care-Associated Infection

► NEXT STEPS:

The process for the identification, prioritization, and dissemination of Solutions, as described above, was developed because of the recognized complexity and challenges involved in implementing Solutions around the world. There are challenges also in the ability to effectively measure the impact and long-term effects of any Solution. To better delineate the issues related to the implementation of Solutions and the measurement of the impact and long-term results, a separate pilot programme is also under way. The results of that pilot programme will form the basis for the subsequent elaboration of strategies for the broad-ranging implementation of the Solutions.

Changes in health organization and professional cultures must eventually be part of the overall transformation that the World Alliance is seeking, but this will be a major challenge as it shifts values, beliefs, and behaviours at both the organization and professional leadership levels. Such changes are urgently needed to facilitate the front-line changes where the processes of care are actually applied. The Solutions provide insights and methods for managing patient safety at multiple levels, including, but not limited to, government and industry, health-care systems and facilities, and at the individual practitioner and patient level.

The cumulative information relating to the Solutions programme is being managed on a single secure database and being made accessible to the public on a stable web site housed at the Joint Commission International Center for Patient Safety. For further information and to provide suggestions for future Solutions please visit the web site (www.jcipientientsafety.org).

► ACKNOWLEDGEMENTS:

The Patient Safety Solutions were developed with the guidance and expertise of the following International Steering Committee Members:

- Dr. Ahmed Abdellatif, WHO Regional Office, Eastern Mediterranean Region, Egypt
- James P. Bagian, MD, PE, Director, VA National Center for Patient Safety, USA
- Dr. Enrique Ruelas Barajas, Subsecretario de Innovación y Calidad, Mexico
- Michael Cohen, RPh, MS, Sc.D., President, Institute for Safe Medication Practices, USA
- Diane Cousins, RPh, Vice President, United States Pharmacopeia, USA
- Charles R. Denham, MD, Chairman, Leapfrog Group Safe Practices Program, USA
- Kaj Essinger, Chair, Hope, Sweden
- Dr. Giorgi Gegelashvili, MP, Deputy Chairman, Georgia
- Helen Glenister, Director Safer Practice, National Patient Safety Agency, United Kingdom
- Carolyn Hoffman, Director of Operations, Canadian Patient Safety Institute, Canada
- Dr. Diana Horvath, Chief Executive Officer, Australian Commission for Safety and Quality in Health Care, Australia
- Dr. Tawfik Khoja, Executive Director, Health Ministers Council for the Gulf Cooperation, Saudi Arabia
- Niek Klazinga, Health Care Quality Indicator Project, OECD Health Division, Department of Social Medicine, The Netherlands
- Dr. Chien Earn LEE, Senior Director, Healthcare Performance Group, Ministry of Health, Singapore
- Dr. Tebogo Kgosietsile Letlape, President, The World Medical Association, Inc., South Africa
- Dr. Beth Lilja, Director, Danish Society for Patient Safety, Denmark
- Henri R. Manasse, Jr., PhD, ScD, Executive Vice President and CEO, American Society of Health-System Pharmacists, USA
- M. Rashad Massoud, MD, MPH, Senior Vice President, Institute for Healthcare Improvement, USA
- Dr. Ross McL Wilson, Director, Centre for Healthcare Improvement, Northern Sydney, Australia
- Andre C. Medici, Senior Health Economist, Social Programs Division, Inter-American Development Bank, Latin America
- Dr Ali Jaffer Mohammad, Director General of Health Affairs, Ministry of Health, Sultanate of Oman

- William B. Munier, MD, Acting Director, Center for Quality Improvement and Patient Safety, Agency for Healthcare Research and Quality, USA
- Margaret Murphy, Ireland
- Melinda L. Murphy, RN, MS, CAN, Senior Vice President, National Quality Forum, USA
- Dr. Zulma Ortiz, Professor of Epidemiology, University of Buenos Aires, Argentina
- Diane C. Pinakiewicz, MBA, President, National Patient Safety Foundation, USA
- Didier Pittet, Director of the Infection Control Programme, Geneva's University Hospitals, Switzerland
- Shmuel Reznikovich, Israeli Ministry of Health, Tel Aviv, Israel
- Barbara Rudolph, Director of Leaps and Measures, Leapfrog Group, USA
- Susan E. Sheridan, President, Consumers Advancing Patient Safety (CAPS), USA
- Dr. LUI Siu-fai, Hong Kong Hospital Authority, Hong Kong, SAR, China
- Ronni P. Solomon, JD, Executive Vice President and General Counsel, ECRI, USA
- Per Gunnar Svensson, Director General, International Hospital Federation, Switzerland
- Stuart Whittaker, Chief Executive Council for Health Services Accreditation for Southern Africa (COHSASA), South Africa
- Robin Youngson, MD, New Zealand EpiQaul Committee, New Zealand

© World Health Organization 2007

All rights reserved. Publications of the World Health Organization can be obtained from WHO Press, World Health Organization, 20 Avenue Appia, 1211 Geneva 27, Switzerland (tel.: +41 22 791 3264; fax: +41 22 791 4857; e-mail: bookorders@who.int). Requests for permission to reproduce or translate WHO publications – whether for sale or for noncommercial distribution – should be addressed to WHO Press, at the above address (fax: +41 22 791 4806; e-mail: permissions@who.int).

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use.

This publication contains the collective views of the WHO Collaborating Centre for Patient Safety Solutions and its International Steering Committee and does not necessarily represent the decisions or the stated policy of the World Health Organization.