



**The WHO/EMRO Patient
Safety Friendly Hospital
Initiative**

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The Scope of unsafe care in EMR

- Patient harm inflicted by health care facilities is a global problem
- It is estimated that 10% of all inpatient visits result in unintended harm in developed countries
- On average, 4 million individuals from our Region are harmed every year in health care facilities
- There is inadequate information on preventability



Classification of Medical Errors

I. Products

Drugs: Reactions. Failures

Devices: Injections (**75% of 2 Billions Unsterilised**)
Machines (Dialysis)

Biological: Blood

II. Services: Health/medical practices:

Inpatient ...HAI, wrong surgery

Inpatient & Outpatient.....

Communication; Longer stay

III. Environment of care:

waste management



Regional Strategy for Patient Safety

5 Axes to
enhance the
safety of patients

I Awareness

II Assess Scope

**III Understanding the
Causes of Error**

**IV Developing &
Testing Methods
For Prevention**

**V Organizing &
Running
PS programs**



Steps towards Patient Safety in EMR

Education

Solutions

Classification

**Patient safety
Challenges**

**Patient
empowerment**

PSFHI

Research



Scope of the EMR adverse event study

- 6 EMR countries (EGY, JOR, MOR, SUD, TUN, YEM) with developing/transitional economies
- 2 AFR countries (KEN, South Africa also included)
- Population served 264 million
- 26 hospitals selected
- 13,722 beds
- 560,000 admissions annually
- Study reviewed >15,500 patient records



Regional Results

- AE rate for selected hospitals in EMR is 8.2% (Range 2.5-18.0%)
- 40% of cases experienced death or permanent disability
- 50-80% cases were preventable



Research for determination of adverse events in EMR



Egypt



Morocco



Sudan



وزارة الصحة تنقذ الى دراسات تظهر حجم الخطاء الطبية في الاردن
Health Ministry Lacks Studies on Medical Errors in Jordan

Jordan



Patient Safety Friendly Hospital Initiative (PSFHI): Principle

- Project to implement safe practices in health care facilities by assessing adherence to PS guidelines developed by WHO and partners
- Incorporates all PS concepts and programmes, e.g. PFPS, CCSC, SSSL, research etc.



PSFHI: outline

- Development of standards for patient safety and guidelines for implementation
- Engagement of MOH, development of national task force, selection of hospitals with standards for National implementation
- Training of providers on implementation of standards
- Surveillance



Objectives

- To develop globally-harmonized standards and indicators, prepared in accordance with WHO mandate, to which health facilities should adhere.
- To encourage participation of national health authorities, such as Ministries of Health, Medical Syndicates, Medical Schools in the process of safe health care delivery.
- To integrate all elements of PS in hospital setting



PSFH Essential elements

A Strategy & Purpose

A Place in Health Commitment & Planning

Integrated PS Interventions: ie Global Challenges; Safe Inj.....

A Continuous Learning Process: Tools, Research, M/E

A collection of Quality Tools

Guidelines 1. Clean Care is safer care

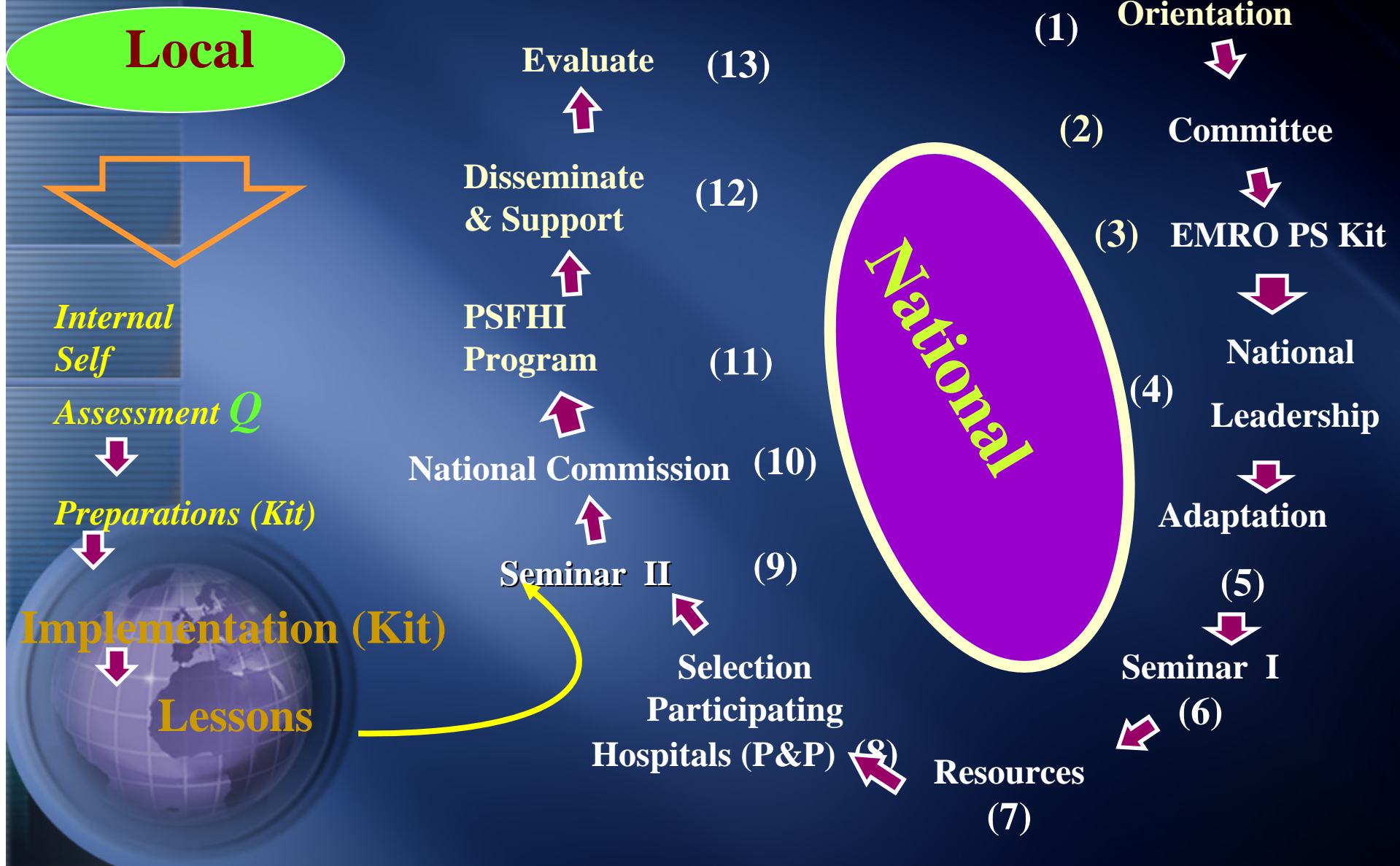
2. Safer Surgery saves life

3. Solutions

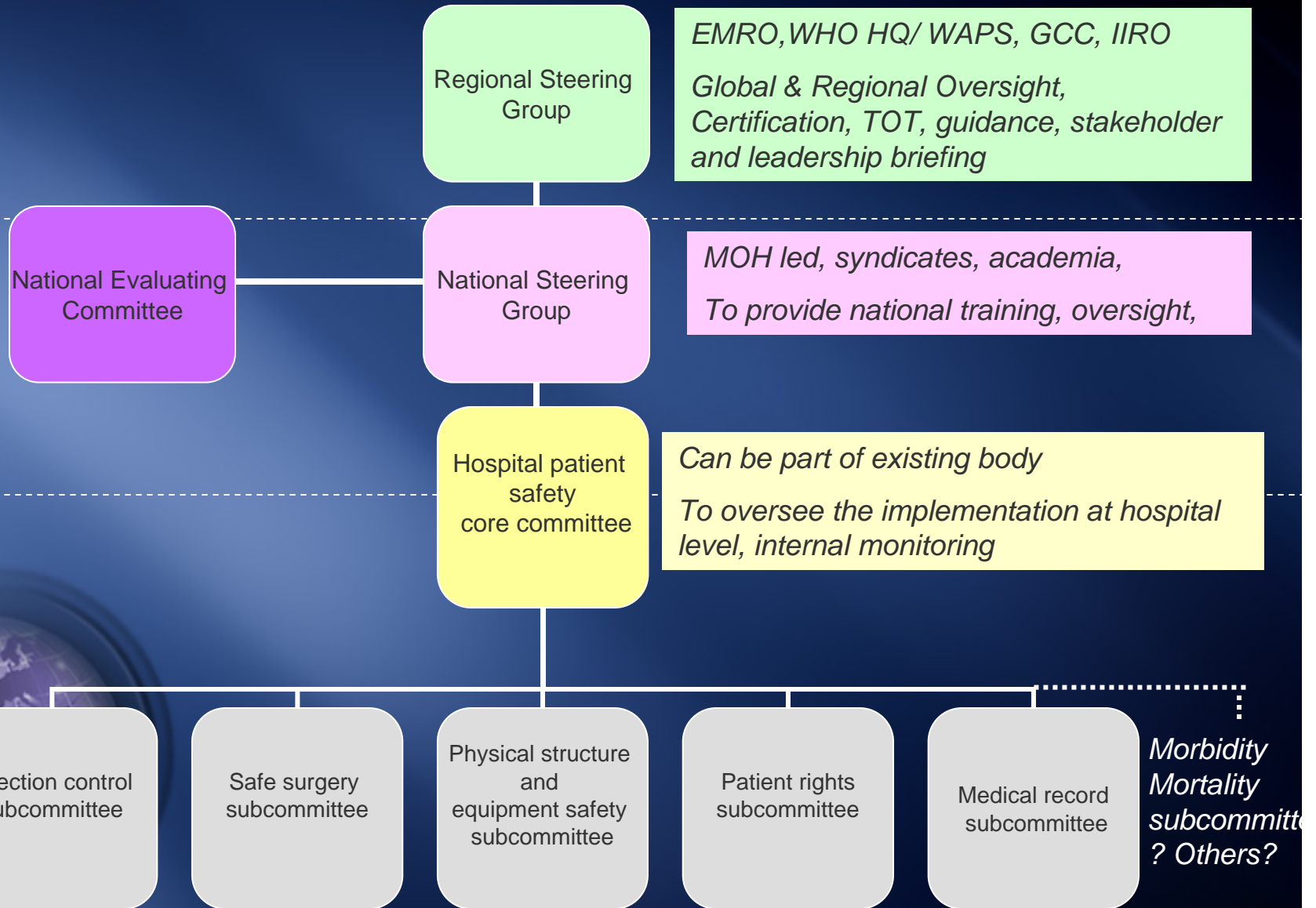
An Accountability Framework: Standards, Assessment



Suggested PSFHI Steps: National & Local



PSFHI-organizational arrangement



PSFHI Standards

- A document of the standards for the PSFHI has already been drafted in EMRO
- Review of standards by a panel of Regional and International experts



The standards

- Comprehensive
- Patient safety-focused
- User-friendly
- Culture-oriented
- WHO flavour



The standards (cont)

A

Patient & public performance measures

Pt-centredness

B

Leadership, management and Facility self-regulation

Facility has policies, guidelines, leadership and staff committed to PS

C

Evidence-based safe health care practice measures

Standards for the safety of clinical practices, e.g. blood safety, HAI, surgical procedures

D

Lifelong Health Care Facility Learning measures


Professional staff development programmes, audits and research

Evaluation

- Review of documents (hospital policies, SOP, medical records)
- Interviews with staff and management
- Interviews with patients
- Presentation by facility
- Observation for compliance with standards



Next steps (first phase)

- Standards document needs to be finalized
 - MOH (7 countries) have already been informed
 - National task force with clear TOR will be designated
 - 1 pilot hospital has been nominated from each country
 - Pilot testing for feasibility already performed in Egypt (Cairo and Banha)
 - Implementation of standards and evaluation
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Opportunities



- Research study results & training
- Political commitment
- Emerging expertise
- Strong collaborative efforts with HQ and WAPS, JCI, GCC, IIRO, **Joint WHO/AL Facility Accreditation**



Challenges

- Compliance of health care facilities with standards
- Acceptance by stakeholders
- Availability of multiple different standards of PS
- Demarcation between safety and quality is contrived
- Sustainability
- Facility evaluation

