



Patients for Patient Safety News

November 2007



Welcome to another edition of Patients for Patient Safety News! News on our champions' activities within their regions; other patient safety stories and Dates for your Diaries are all coming up! We would also like to wish you an early season's greetings as this is the last edition for 2007!

REGIONAL ACTIVITIES

PAHO

WHO Regional Office for The Americas

Alexo Esperato - Pan-American Health Organization/World Health Organization

Health systems must be patient-centered; under this premise the Quality Project at PAHO/WHO has continued supporting Patients for Patient Safety in three key areas: a) general infrastructure for Patient Champions b) support of individual patient initiatives and c) support of patient-led initiatives launched in Chicago. General infrastructure activities entail the translation of key Alliance materials into Spanish as well as the shipment of credentials to the Patient Champions in the Americas. The Quality Project has also facilitated the participation of Patient Champions in patient safety events in their home countries, through liaison with event organizers and providing technical advice when requested.

The four patient-led projects launched last June in Chicago (Jaundice-Kernicterus; Pan American Patient Network; Maternal Mortality; Retinopathy in Prematures) continue making progress. Since June, each project manager has been drafting a project design document that details both the strategic (mission, vision, objectives and strategies) and operative frameworks (activities and chronogram) for action. This process is delivered jointly with the Quality Project at



A look inside

- Regional updates from our Champions
- Survey to prioritise awareness issues in India
- Patient Safety Research Conference in Porto
- Persistence can make a difference – the story of Martha
- First Global Patient Safety Challenge



PAHO

PAHO/WHO, who provides technical cooperation and orientation throughout each project stage. At the same time, project managers are making exploratory contacts with other important stakeholders. Next calendar year we plan to help turn project designs into funding proposals that will be presented to donor agencies.

Finally, some highlights about the current work of PAHO with the Patient Champions in the Americas:

- ✚ **Evangelina Vásquez-Curiel** participated in the 2nd International Congress on Nursing Specialization. Evangelina is a Mexican Patient PFPS Champion, and she has been working with PAHO and the Alliance since May 2006 (San Francisco Workshop). The organizers of this congress, which focused on “Specialized Care as Patient Safety Assurance”, requested the participation of a Patient Champion in a discussion panel focusing on patients’ and families’ education in healthcare safety. Evangelina’s presentation, which received a warm welcome from the audience, presented her work and the Alliance’s activities with Patient Champions.
- ✚ **Tomás Flores Téllez**, a new Patient PFPS Champion from Mexico, has held a series of presentations about Kernicterus, a brain injury caused by jaundice in premature newborns which has affected his daughter. Tomás’ experience has been very rewarding, as he reports “having received notification of families that have been alerted about the problem at the very moment it manifested itself”. Tomás is also in contact with a major newspaper in Monterrey (Mexico), with the aim of collaborating on the publication of a supplement focusing on Kernicterus and its consequences.
- ✚ **Alfonso Maldonado**, a Patient PFPS Champion from Peru, has collaborated intensely in the elaboration of a new manual for pathological analysis at the Peruvian Institute of Neoplastic Diseases. Alfonso’s efforts have persuaded the team at the Institute to include the patient perspective in the manual, thereby attaining another milestone in the strive for patient-centered healthcare systems.
- ✚ **Dr. Jorge Martínez**, an Argentinean doctor who has performed extensive work on Kernicterus, presented his latest book “Key Issues in Infant Medicine”, at the 50th Anniversary of the Faculty of Medicine at the Universidad del Salvador (Argentina). In his presentation, Dr. Martínez made reference to the mission and work of the Alliance and PAHO. Dr. Martínez is leading a program called “An Invitation to Life” which involves patients heavily in the prevention of Kernicterus.
- ✚ **Mario Ríos Barrientos**, President of the Peruvian Health Law Association and PFPS Patient Champion, is coordinating the creation of a Peruvian patient network. The project plan includes the celebration of several workshops (in order to establish provincial chapters), the establishment of an electronic newsletter, and publishing informational material about patient rights that will be distributed at health facilities. This Peruvian patient network will be created in close coordination and with support from the Peru PAHO/WHO country representation, which is at the forefront of patient- related work from a country-level perspective. The project is scheduled to end in mid-January of 2008.

It is a pleasure for us to work with such committed PFPS Champions; their motivation and dedication is a key to attaining truly patient-centered systems in the Americas.



WPRO

Raising Awareness in China

- Mingming Zhang, PFPS Champion China

I am pleased to tell you that I have contacted the Chinese Medical Doctor Association about patient safety activities in China. Different workshops have been conducted in Beijing including the education of the public for patient safety. My hospital has been identified as a priority to promote patient safety in China. The Association is very happy to learn that I am a patient champion for PFPS and they request my help to promote activities for the sake of patients. Further contacts and activities with the Association are in progress.

To find out more, email Mingming at: Cochrane@mail.sc.cninfo.net



EMRO

Improving Hospitals in Egypt

- Nagwa Metwally, PFPS Champion Egypt

Patients for Patient Safety is making good progress in Egypt. I will give a presentation about it in a medical conference on the 29 of November to spread the PFPS message. I always try to include the subject in any conference and any meeting as much as I can and actually everybody now welcomes the idea but I want more than commitment. I plan to organize a PFPS in-country workshop in Egypt with the support of a local organisation. At present I am looking into contacts.

I have started working in a Children's Hospital to help them establish a volunteer system, as we have done at the Maternity Hospital and I will stress on the patient safety as always. In regards to our work in the Gynaecology and Maternity Hospital we are starting the renovation of 9 operation rooms, for which I have found some funding. I continue my efforts with the management to establish a strong system which places the interests of poor patients as a priority in all decisions and plans.



To find out more on Nagwa's work you can email her at nagwametwally@hotmail.com



CHAMPION ACTIVITIES

Participation of PFPS Team Members in Patient Safety Research Conference, Porto, September 24-26, 2007

- Vasyl Kvartiuk, PFPS Champion, Ukraine



It was a great privilege to be part of an excellent meeting organized by the UK Faculty of Public Health in cooperation with numerous organizations. It was the first meeting of its kind focusing solely on research in the sphere of patient safety which brought together leading scientists, clinicians, decision-makers and patient representatives from around the globe. Patient Safety (PS) Champions of the World Alliance for Patient Safety from different countries participated in the event and shared their views on the ways patients could be involved in patient safety research.

The meeting was highly interactive and required much input from the participants which ensured inclusion of views of the maximum amount of participants. Among the most burning issues discussed were models and maintenance of reporting systems, development of PS indicators, taxonomies, nature of human action in patient safety, building scientific infrastructure and many others. Special attention is reserved for patient roles in PS research, which could be a priceless resource and pool of data for the research. It was pointed out that there are already existing models of patients' involvement in Netherlands, Spain, Denmark and the UK which could be used as examples for other countries. A huge field of potential research was determined in identifying the most effective ways of involving patients in their own safety and in the gap between systems and patient expectations of them. We also discussed the ways by which we could align patients' definitions of patient safety with those of healthcare professionals which often significantly differ.

At some points, patients' involvement seemed to be raising more questions and discussion than bringing participants to consensus. For instance, issues like the balance between raising awareness and raising anxiety levels and understanding who is responsible for patient safety brought a lot of discussion. We all agreed that we should investigate further how patients' encouragement to speak up will be received by healthcare professionals and incorporated into changing practice.

This Conference was an excellent starting point for PS research not only in Europe but all over the world which provided an opportunity to develop partnerships, research networks and common agendas. It is clear that we need more PS research, more data and infrastructure; therefore, opportunities are endless in this field. We as patient representatives should pay close attention and invest efforts in order to get involved in this development process and ensure that it is authentically patient-centered.

For further information about the Conference, please visit www.patientsafetyresearch.org



CHAMPION ACTIVITIES

PFPS Champions run Local Survey in Mumbai

- Murrigan Thevar & Anita Peter, PFPS Champions, India

After we both attended the South East Asia Regional PFPS event earlier in the year Anita Peter and I met together, as we are both in Mumbai, to discuss what we could plan together to take forward the PFPS vision. Since work around patient safety is in its initial phases in India we felt that creating awareness was the most important thing. Also since there is so much to be done we decided to start with information gathering to understand and prioritise needs. A survey regarding patient experiences and concerns has been initiated in polyclinics, private and government hospitals.

Based on these findings we will go on to survey first health care providers and then policy makers also. Below is an overview of our survey and the results we found.

SURVEY – MUMBAI, INDIA

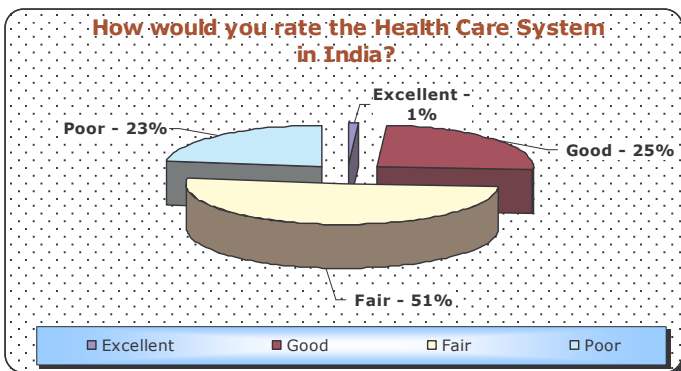
SURVEY DONE BY : MURRIGAN THEVAR & ANITA PETER
 AGE GROUP: 22 yrs – 65 yrs
 CLASS OF PEOPLE: MIDDLE INCOME / UPPER MIDDLE INCOME (PVT HOSPITAL)
 NO OF PEOPLE – 5000 (MALE/FEMALE)

Information Gathering to prioritise needs in India

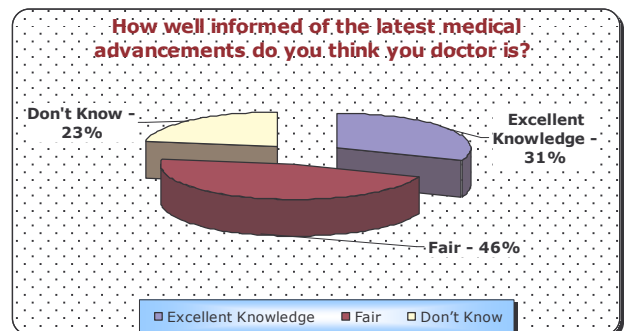
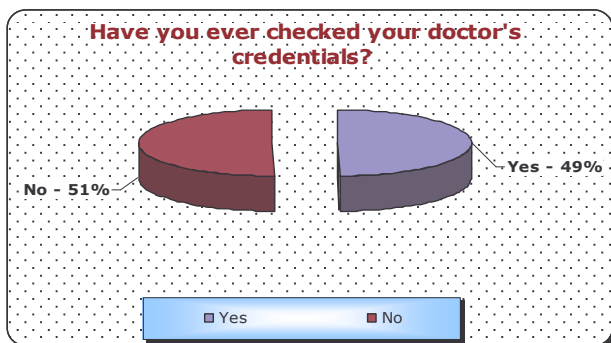
Background and Purpose: The Regional Patient Safety Workshop on Patients for Patient Safety at Jakarta was a real eye-opener and a great learning experience. After coming back from the Jakarta workshop myself and Murragn decided to do a survey to find out what exactly we as individuals or as an organization could do to improve the health care system in Mumbai, since we did know where to start and what exactly was the mind set of people, doing a survey would help us tackle the issue .

Objective: 5000 people from middle and upper middle class using private hospitals were targeted for the survey. Since this was an educated group, we in return could learn from their experience and could together make a difference.

Result: final result is attached in the form of graphs; maximum people felt that awareness among the people could help in bringing a change in the system. The survey also bought out that" Communication is a two way street. If doctors are perceived to be at fault, there is also a need to educate the masses about medicine".

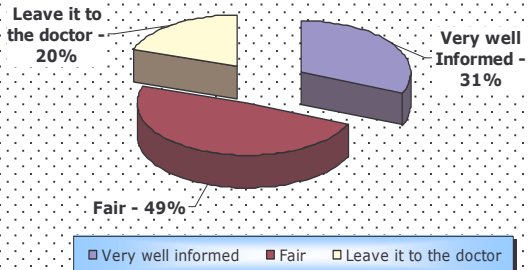


Comment: Health care system in India is not streamlined compared to western.

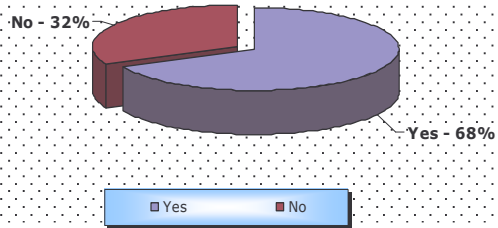




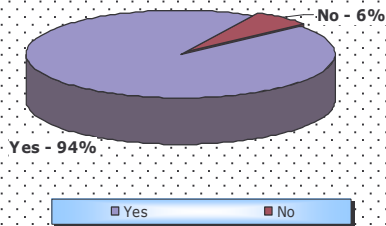
How well informed of your ailment are you?



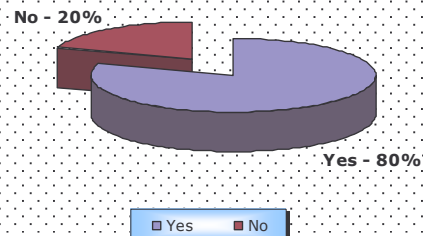
Have you ever seen your doctor/nurse/clinical technician wash their hands before they examine you?



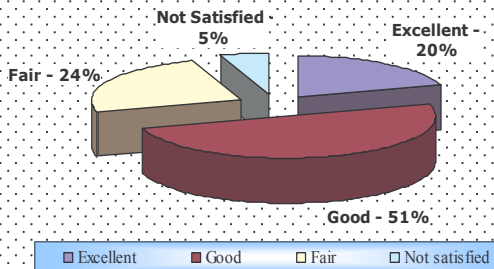
Do you make sure your doctor/nurse/technician use disposable/sterile medical equipment?



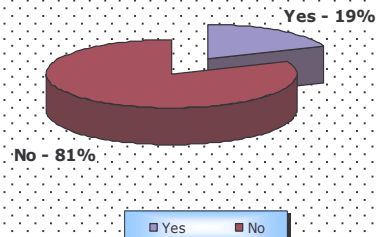
If you feel that the doctor's clinic is not clean/sterile enough do you bring it to his/her notice?



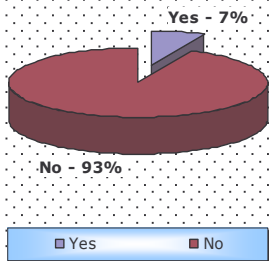
How do you rate the time/attention you get from your doctor?



Have you or any of your family or close friends been a victim of medical error?



Was any legal action taken?



SOME INTERESTING RESPONSES

1) What do you think is biggest weakness of health care system in India?

- Hygiene
- Apathy towards poor people, ignorant
- Corrupt doctors
- Corrupt politicians
- Carelessness
- Change the Medical system
- Lack of infrastructure, lack of coordination between doctors and commitment to work
- Illiteracy / Ignorance
- Lack of efficient medical facility and infrastructure
- The quality of care is the biggest weakness. There is a huge discrepancy in the type of care, and availability of resources.
- Lack of concern for the economically deprived classes.

Comment: 1) Unaware of medical laws
 2) Time consuming, expensive
 3) Will not get back what is lost



SECOND SURVEY – MUMBAI

SURVEY DONE BY ANITA PETER & MURRIGAN THEVAR

AGE GROUP: 25 yrs – 50 yrs

CLASS OF PEOPLE: LOWER INCOME GROUP
(patients going to government hospitals)

NO OF PEOPLE – 3500 (MALE/FEMALE)

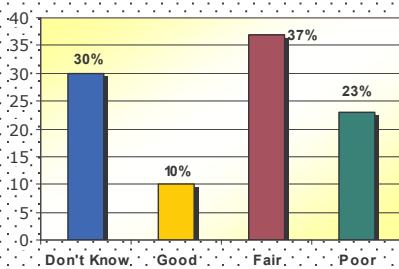
BACK GROUND & PURPOSE: A second survey was carried out – this time on the lower income group – patients attending government hospitals.

OBJECTIVE: we targeted to do a survey on more than 5000 people but with great difficulty managed to do survey only on 3500 people from lower economic group due to a fear of surveys.

RESULT: Attached in the form of graph, which showed that people from this group, were not happy with the health care system, but nothing much could be done because they depended on the hospital and doctors for free treatment and also they consider doctors as gods who can never go wrong.

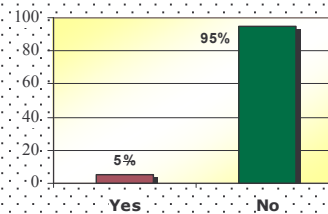
We realized that what lacked in this group was awareness and they had to know their rights and have to stand for it and also that doctors are not God but human beings who can make mistakes, it will take time for us to convince this group but I am sure with all our effort we will make it possible.

How would you rate the Health Care System in India?



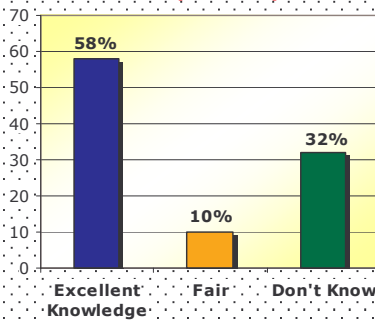
Comment: As long as we are getting treatment we are happy and don't want to comment.

Have you ever checked your doctor's credentials?

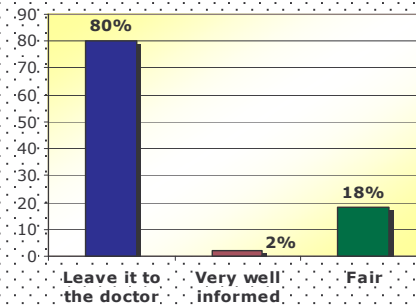


Comment: We don't find reasons to check as long as the doctor can treat us it is fine & for us the doctor is god and life saver.

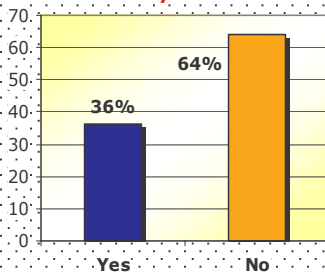
How well informed of the latest medical advancements do you think your doctor is?



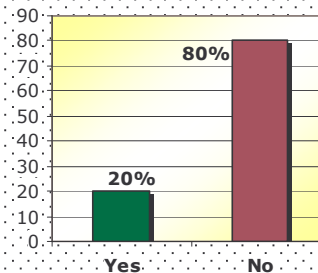
How well informed of your ailment are you?



Have you ever seen your doctor/nurse/clinical technician wash their hands before they examine you?



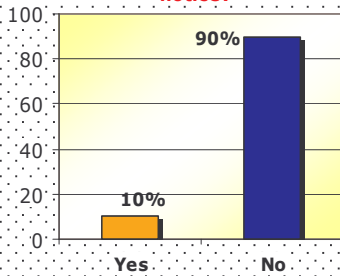
Do you make sure your doctor/nurse/technician use disposable/sterile medical equipment?



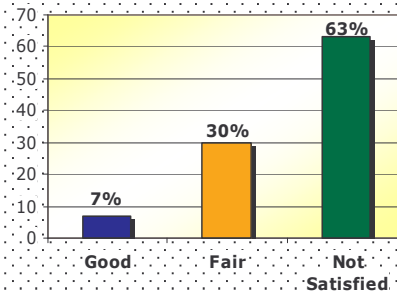
Comment: Since it is free treatment we don't have much say.



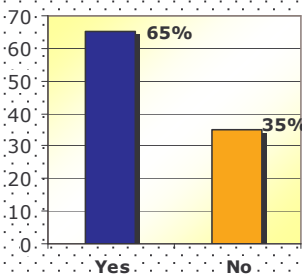
If you feel that the doctor's clinic is not clean/sterile enough do you bring it to his/her notice?



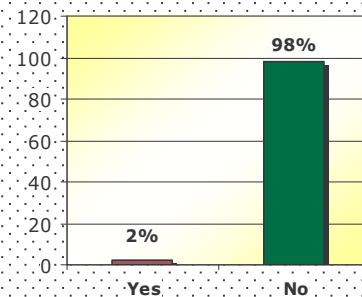
How do you rate the time/attention you get from your doctor?



Have you or any of your family or close friends been a victim of medical error?



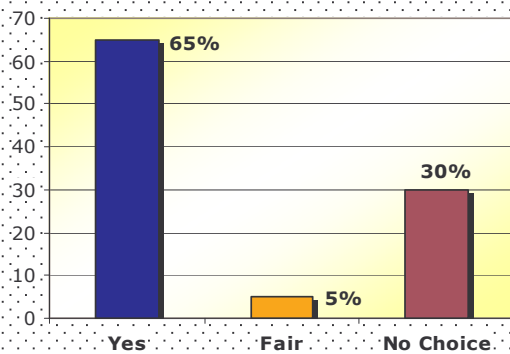
Was any legal action taken?



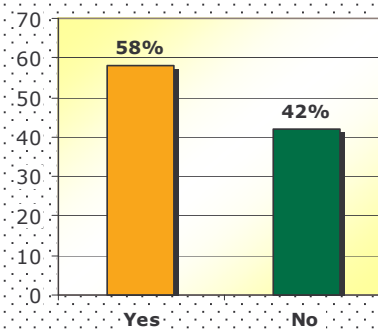
Comment:

- 1) Unaware of medical laws
- 2) Time consuming expenses
- 3) Will not get back what is lost
- 4) Will have to go back to the doctor again

Is the cost of treatment expensive?



Do you understand the drugs prescribed?



Some interesting Responses

- Need Free Health Insurances from the Government so that we too can afford the best of treatment
- Better Quality Care
- Treat us as Humans & not as Guinea Pigs
- Lower the Cost of Health Care Service
- Education & Awareness is required to know about the Health Care System

Comment: Leave to the pharmacy shop to handover the drugs prescribed.

If you want to find out more about this local study please contact:

Murrigan - patientsafetyindia@gmail.com

Anita - anita.peter@cpaaindia.org

If you have carried out local surveys we would love to hear from you or if you wish to carry out a local survey but want to seek advice, email us at safetyadmin@patientsorganizations.org



In-country Workshop

Patients For Patient Safety Canada (PFPS) – Winnipeg Workshop 2007

- Ed Kry, PFPS Champion, Canada

Canadian Champions were joined by representatives from PAHO (Pan American Health Organization, Washington DC, USA), CAPS (Consumers Advancing Patient Safety, Chicago, USA), and P4PS (Partnership for Patient Safety, Chicago, USA) at a workshop held November 20-22 in Winnipeg, Manitoba, Canada. Twenty-three Champion-participants including five new Champions came from seven provinces across Canada.

The workshop ran concurrently with the annual Manitoba Patient Safety Conference in Winnipeg and was sponsored by The Manitoba Institute for Patient Safety, The Calgary Health Region, The Winnipeg Regional Health Authority, Capital Health – Edmonton, Concordia, Eastern Health, Sun Country Health Region, the Delta Hotel, and by the PFPS secretariat – the Canada Patient Safety Institute which made both financial and human resource contributions including an assigned project officer to assist the PFPS group.

Champions were able to attend the Plenary Keynote Address, “Talking Safe” by Dr. Stavros Prineas from Australia and three breakout sessions including “The Inherent Benefits of Disclosure” given by Mr. John Lewis, a Canadian Champion and author of “*Beware the Grieving Warrior*”.

Sue Sheridan, WHO World Alliance for Patient Safety, Patients for Patient Safety, Strand Leader and CAPS co-founder introduced the participants to the WHO Patient Safety movement and spoke of the progress to date around the world. Alexo Esperato-Martinez from PAHO presented this organization's patient safety project in the Americas and along with Marty Hatlie of P4PS and CAPS observed and participated in the workshop.

Following the advance work done at the Vancouver 2006 workshop, the group finalized and adopted both a Vision and a Mission Statement:

The Vision of PFPS is: *Every Patient Safe.*

The Mission Statement of PFPS is: *We champion the patient voice to advance safe healthcare.*

Workgroups of Canadian Champions further continued the work started in Vancouver last year by identifying four immediate “action goals”; namely: (1) Full disclosure about all adverse events; (2) Incorporate the patient experience in patient safety research; (3) Patients and families involved in all care decisions; and, (4) To be continual learners and educators about patient safety. As these goals become accomplished, another prioritized goal from a list of about 15 key items will move onto the action list.

A “Steering Committee” of a dozen PFPS Champions will be meeting in Edmonton, Alberta (hosted by the Canada Patient Safety Institute), to further define the actions required to accomplish these goals, and to work towards forming a National Action Committee. The Steering Committee will oversee all work, appoint a media spokesperson, encourage new champions and members, plan future workshops, and to guide the accomplishment of our vision.





Other Patient Safety News Around The World



Advocating Reporting – Persistence can make a difference

- Maryann Murray, Canada

Our daughter Martha was a 22-year-old student when she suffered a sudden fatal cardiac arrest in September 2002.

Martha had recently been prescribed medication contrary to written specialist advice, And her prescription had been increased just days before her death, yet without examination of medical files her death was declared natural. At our request, Coroners warranted Martha's medical files, but files surrendered under four separate warrants omitted abnormal cardiac reports.

No doubt this tragic death could have been avoided. No doubt those responsible did not intend this outcome, yet by choosing to remain silent, they failed to help improve patient safety for others as well. While public safety issues often require mandatory reporting, patient safety issues do not.

In Canada, reporting of workplace injuries is mandatory and has resulted in countless initiatives that have vastly improved workplace safety. The same is true of aviation. Yet, thousands of Canadians are seriously harmed or killed each year due to medical errors or adverse reactions, and under the umbrella of 'patient safety' reporting of these events is largely voluntary and vastly underreported. For over 40 years we have had a centralized adverse drug reporting system, yet annually only an estimated one to three percent of adverse drug reactions are reported. Clearly, this voluntary system is not working.

Many Canadians are lobbying governments to implement cohesive mandatory medical reporting systems. Our journey has taken us to Parliament and involved support from interest groups such as the Federated Women's Institute of Ontario. Media reports cover these stories with increased frequency, and hopefully one day soon, we can say that all serious medical errors and adverse events must be reported.

We continue to pursue improvements to Patient Safety, which seems a fitting tribute to our daughter Martha, a nursing student who's compassion and commitment to helping others was inspiring.

For further information see www.marthamurray.ca

Physical education

Ask the right questions and improve your health literacy

Adapted from the Indy Star.com website on the 6 November 2007

By Shari Rudavsky

shari.rudavsky@indystar.com

Odds are that if you're reading this, you're not illiterate. But you could be struggling with health literacy. You may not even know exactly what health literacy is. It's essential to your well-being, though, says Dr. Javier Sevilla, an assistant professor of family medicine at the Indiana University School of Medicine. "It's the degree to which an individual has the capacity to not only obtain but also process and understand basic health information needed to make appropriate health decisions," says Sevilla.

The National Center for Education Statistics estimates that fewer than one in six people are proficient in health literacy. About 22 percent of adults have basic health literacy, and 14 percent are at or below the level of basic health literacy.



While people who have language problems can also have trouble with health literacy, they are not alone, experts say. Even people for whom English is the first language can misunderstand instructions, says Michael Villaire, director of programs and operations for the Institute for Healthcare Advancement.

Consider a pill bottle with instructions to take two a day. Do you take both at once or at different times? If that bottle instructs you to swallow the pill whole, do you crush it and take it all at once, figuring that's the whole pill?

Surveys show that about half of all people misunderstand prescription instructions, Villaire says. Even people familiar with medical-speak may have math difficulties, he says.

Say your 10-year-old develops a cough and you want to give him or her medicine. The children's cough medicine bottle contains a chart, telling you how much to give according to age and weight. Can you determine the proper dose for your child?

Lack of health literacy can be costly, not only on an individual but also on a societal basis. A University of Connecticut study released in October estimated that the impact of health illiteracy on the economy ranges from \$106 billion to \$236 billion a year. It can also compromise patient safety.

"One of the root causes of unanticipated events in the system is communication breakdowns," says Diane Pinakiewicz, president of the National Patient Safety Foundation.

Improving health literacy may also persuade patients to improve their overall health, says Harlon Wilson, president of Medical Animatics, an Indianapolis-based company that produces health education videos. "You've got to understand to make more informed choices," says Wilson.

Medical Animatics creates interactive videos that walk patients through procedures, such as Lasik eye surgery or bariatric surgery. The patients answer questions as they watch, which can tell the doctor whether they comprehend the situation. But the single most important thing one can do to improve one's health literacy, experts agree, is to ask questions.

"Don't worry about whether people think you're smart or not in understanding health information. It's hard for everyone," says Dr. Darren DeWalt, an assistant professor of medicine at University of North Carolina Chapel Hill. "Leave your ego at the door. It's your health that's at stake here."

Patients for Patient Safety Electronic Communities

- Monique Narracott – PFPS Administrator

October saw the launch of two new communities "SEARO" & "EURO" on our communities website – see <http://www.pfps-communities.net>

We now have a total of 6 communities – one for the champions of our very first Workshop in London in 2005 – PFPS Champions, one for PFPS EMRO, PFPS EURO, PFPS SEARO and PFPS PAHO and the PAHO sub-community for our Spanish speakers.

The Communities is a communication tool open to all our PFPS champions who have been through a PFPS Workshop event and committed to the PFPS Collaborative Agreement. This enables them to dialogue with their colleagues from the regional workshop that they attended, as well as offering the opportunity to build up their network. The Communities, also contains a library with documents that can be down loaded. So far in the library in-box, we have posted up photos from each of the Regional Workshops; as well as articles from news papers regarding patient safety issues; There is also a copy of the Patients for Patient Safety Advocacy Toolkit, The London Declaration, our Statement of Case and all our Newsletters to date.

Each Community possesses a calendar, which I up-date with important forums & events around the globe. Finally each Community holds an Announcement section, where announcements can be posted on to the site – and depending on the importance of the announcement will be emailed automatically. The site is easy to use and if there are any announcements or documents which you would like to put up on to the site – you can put up the documents yourselves and then they are sent to us to make them live.

We are looking at new features for the Communities and for the future we would like to invite speakers on to the site to lead discussions, perhaps also an advice clinic for a day run by a Steering Group Member. If you have any ideas for the Communities – then please let us know and if you have any topics that you would particularly like to see being addressed by invited guests – email them to me at safetyadmin@patientsorganizations.org Remember if you want to start your own discussion, simply log in and post your thoughts under the discussions section!



WORLD ALLIANCE FOR PATIENT SAFETY

Global Challenge Survey on Hand Hygiene



WHO World Alliance for Patient Safety Hand Hygiene Survey

Results from Phase One

The first phase of the Hand Hygiene Survey which was carried out in partnership between the 1st Global Patient Safety Challenge – Clean Care is Safer Care and the Patients for Patient Safety programmes, was completed earlier in the year. Many of you connected to the PFPS programme took the time to complete that survey, for which we are very grateful.

Now the Report of the results of that first phase is available to download from the Global Challenge, Clean Care is Safer Care website at: <http://www.who.int/gpsc/en/index.html>

The second phase of the survey is about to be launched and this will go out to a much wider network, particularly in partnership with the International Alliance of Patients' Organizations (IAPO) and their global membership. We hope the results of Phase Two will be available early next year.

When we launch Phase Two in the coming weeks, if you have completed the survey already you will not need to do so again. However, please do circulate to those in your networks that have not had the opportunity to complete it previously.

If you have any questions about the work of the 1st Global Challenge, Clean Care is Safer Care then please visit the website or contact Julie Storr, Project Manager, at storri@who.int

Apologies:

Apologies for those of you who received our last newsletter several times – half way through sending out the newsletter the system crashed and we had to start all over again without knowing who had already received the newsletter and who had not. Hopefully this time round it should go more smoothly!!!



Dates for the Diary



2nd International Patient Safety Congress, 25-29 March 2008, Antalya Turkey

Abstract Submission Deadline is 15 December 2007
www.patientsafetycongress.org

Dear Colleagues and Friends,

It is a pleasure to inform you that the **2nd International Patient Safety Congress**, the main theme of which is set as “**Global Knowledge Sharing for Patient Safety**” is scheduled to be held between 25-29 March 2008 in Antalya Turkey.

Our sole objective with the **2nd International Patient Safety Congress**, which is being supported by many international and national organizations including WAPS, JCI, GS1, AvMA, HTAi, p4ps, IHF, NASS, IRAHTA, Ukraine Patients Safety Foundation, Türk Kızılayı (Turkish Red Crescent), Turkish Evidence Based Medicine Association, Turkish Innovation Association, is to achieve exchange of knowledge and experience on a global scale at the highest extent practically possible. This platform is intended to serve as a venue for gathering the organizations and people possessing highest level of knowledge with those whom are not able to provide access to, due to lack of or limited sources in order to enable both parties effectively to take advantage of this opportunity for sharing and exchange of information. For this very purpose, **participants from Developing Countries and full-time students** are provided discount fees and grants. The official language of the Congress is **English** and simultaneous translation to **Russian** and **Turkish** will be made available during the Congress.

Some of the themes of the Congress will be;

- Patient Safety Culture
- Evidence Based Medicine & HTA
- Medication Safety
- Quality Improvement and Accreditation
- Campaigns & Country Examples
- Team Work & CRM & Communication
- Patient Safety Research
- Mass Media
- Information Technology & Innovation
- Patient Safety in Clinical Care & Laboratories
- Patients for Patient Safety
- Reporting & Disclosure & Litigation

Please note that the Abstract Submission Deadline is **15 December 2007**. Further information on the Congress is available at www.patientsafetycongress.org

We sincerely hope that it shall provide a highly efficient and fruitful environment for information and knowledge sharing for all our participants and speakers.

Sincerely yours,

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INTERNATIONAL FORUM ON
Quality and Safety
in Health Care

22-25 April 2008
Le Palais des Congrès de Paris, France

For more information visit: <http://group.bmj.com/group/events/forum>

22 – 23 May 2008 – Patient Safety Congress, UK

Please visit: <http://www.patientsafetycongress.co.uk>

25th International Conference

The International Society for Quality in Health Care
Bella Centre, Denmark, 19 to 22 October, 2008



CALL FOR ABSTRACTS visit: www.isqua.org.au

Your Comments.....

We'd like to start a 'Your Comments...' section in the next edition of PFPS News at the end of January 2008. If you have any brief comments on news or patient safety issues that are prominent either locally or internationally, or on anything you have read in previous editions of PFPS News, please email them to us at safetyadmin@patientsorganizations.org and we will share them in the next edition.