

# WHO Patient Safety Newsletter

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## News in brief

WHO Patient Safety is working with several other WHO departments on the development of a **Safe Childbirth Checklist** and a **Trauma Care Checklist**. We are currently receiving feedback from frontline providers on the usability of both checklists in a step we call the usability feedback cycle (UFC). The purpose of the UFC is to further refine each checklist, based on the wisdom and experience of health-care providers in different resource settings around the world. As a bedside tool, the usability of a checklist is critical to its success and uptake by practitioners. The UFC is an inexpensive and critical step towards improving the usability and likelihood of success of each checklist, prior to testing their impact in a formal pilot study.

The 2009 editions of the **Surgical Safety Checklist** and **Implementation Manual** have been translated from English into the five other official WHO languages (French, Spanish, Arabic, Chinese and Russian). They are now available at [http://www.who.int/patientsafety/safesurgery/tools\\_resources/en/index.html](http://www.who.int/patientsafety/safesurgery/tools_resources/en/index.html)

Teams from the UK, Spain and Australia gathered in Geneva on 11 February for a one-day meeting to share experience and plan future collaboration on **eliminating blood stream infections**, a programme developed with Dr Peter Pronovost and Chris Goeschel at Johns Hopkins.

The Steering Committee of the **High 5s Project** will gather in Geneva on 17-18 March to review technical progress across the nine participating countries, as well as plan national launches and implementation of the protocols in medication safety, concentrated injectables and wrong site surgery.

## Editorial

Sir Liam Donaldson - Chair, WHO Patient Safety

In 2002, patient safety was not part of the vocabulary of most global



health-care providers. In 2010, much has changed. Patient advocacy is becoming mainstream, adverse incident reporting is increasingly encouraged and a series of tools have been developed to encourage safer practices. The profile of patient safety has undoubtedly been raised. Patient safety has now reached a critical evolutionary point and faces three important challenges.

In many countries, patient safety is no longer a novel concept. Following WHO's World Health Assembly resolution in 2002, a wave of enthusiasm spread around the world. We have now reached a point where awareness of patient safety is widespread, although not universal. Despite this increased awareness, patient safety has not yet become an integral part of health-care delivery. Maintaining momentum when a movement is no longer considered novel but has not yet become mainstream is challenging, but is also vital to ensuring the widespread adoption of these principles that will

keep patients safe.

Patient safety has traditionally been viewed as a Western-centric concept. When sanitation and access to health care are limited, patient safety is not frequently seen as a priority. This is short-sighted. We have an opportunity to make patient safety a central part of health systems as they are developed. The Safe Surgery Saves Lives programme is a shining example of how a generic tool (the WHO Surgical Safety Checklist) can be implemented with global success. By setting high standards and innovating to achieve them, we can drive up the safety and quality of patient care across the globe.

Finally, in order to demonstrate improved patient outcomes and cost-effectiveness, we must ensure that evaluation is an integral part of any novel solution. Safe Surgery Saves Lives has enjoyed widespread adoption on the basis of robust evidence of improved patient outcomes.

As we enter a new phase in patient safety, we must ensure that we respond to these challenges for the sake of patients who continue to endure suffering or die each day at the hands of those who have pledged to protect them.

## The multiprofessional WHO Patient Safety Curriculum Guide

Work continues on developing the multiprofessional second edition of the WHO Patient Safety Curriculum Guide. Members for the

multiprofessional Expert Working Group are being sought and detailed consultation is under way with the International Confederation of Midwives, International Council of Nurses, World Dental Federation, International Pharmaceutical Federation and World Medical Alliance. For two weeks, starting on 1 March, we are holding a multiprofessional, global discussion on the WHO Patient Safety Curriculum Guide. This is being hosted online by the Health Professions Global Network. This virtual forum will give us the opportunity to listen to a huge range of voices and to use this learning to inform the work on this Curriculum Guide. Anyone can take part - just go to [www.hpgn.org](http://www.hpgn.org) - spread the word! We look forward to hearing your views.

## The WHO Safe Surgery Saves Lives Initiative

Dr Atul Gawande - Expert Lead, Second Global Patient Safety Challenge, *Safe Surgery Saves Lives*



Just three years ago, the WHO Safe Surgery Saves Lives programme was born out of recognition that the safety of surgery in both high and low resource countries had become a major public health concern. The strategy for improving the safety of surgical care regardless of setting was unclear. Surgery

requires managing extraordinary complexity and many countries face lack of organization, training, or resources. A team of nurses, anaesthesiologists, surgeons, patients and others from around the globe determined to tackle this by implementing the simplest-seeming idea possible: devising a low-cost, 19-item checklist that could reduce harm for teams using it.

The WHO Surgical Safety Checklist was designed to help teams execute not just on basics, such as giving antibiotics before incision, but also on consistent teamwork by having the team swiftly discuss priority issues such as whether anyone in the room has any concerns or suggestions before starting. From its inception, the Checklist was tested repeatedly in real-life operating rooms and makeshift simulations both for usability and effectiveness. In an eight-site pilot study, every hospital experienced a reduction in complications and the average reduction was more than thirty percent.

Implementation was its own difficulty. To this day, we are still learning how to achieve local support and implementation. The Checklist was designed to be transmissible and to provide

immediate value to teams. But getting the Checklist into the hands of international surgical professionals has been challenging. Numerous partners, such as WHO and its regional and country offices, ministries of health and professional organizations were involved. They have undertaken a range of approaches: Regional launches, multiple forms of publicity (including having it used in the television show "ER!"), lectures at professional meetings, articles in medical and lay journals, and in several countries national campaigns to drive adoption.

Now, less than two years after the public launch of the WHO Surgical Safety Checklist in Washington, DC, the Checklist has spread to more than 2500 hospitals worldwide. Countries have committed to national spread and several have taken the crucial additional step of measuring results. Millions of patients are now benefiting.

No question, we have more work ahead of us—to ensure the Checklist is being implemented well, to build on the approach and improve it over time. Nonetheless, the accomplishment has been remarkable. The WHO Surgical Safety Checklist, carefully crafted, tested and honed, has been taken to the frontlines of the war against surgical disease around the world.

## The Global Pulse Oximetry Project

The Global Pulse Oximetry Project is a collaborative effort of the World Health Organization (WHO) and the World Federation of Societies of Anaesthesiologists (WFSA), whose main goal is to ensure the safety of patients undergoing surgery, by bringing pulse oximetry to operating rooms in low-resource settings. Lack of oxygen during surgery can easily go undetected when pulse oximeters are not used and can result in injury to patients. For that reason, both WHO and the WFSA have made use of these devices a global standard and have incorporated their use into the WHO Surgical Safety Checklist. The Pulse Oximetry Project should help close the global gap in surgical care by bringing to patients both oximeters and oximetry training for their anaesthesia providers. An international pilot study will begin this month to measure the clinical impact of implementing the Checklist together with pulse oximeters and pulse oximetry training in low resource settings, where pulse oximeters are not yet universally available.

*The next edition of this newsletter will be published in June 2010. To subscribe, please email [patientsafety@who.int](mailto:patientsafety@who.int), marking your email "PSP Newsletter".*



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