Dear Colleagues:

It has been six months since the first edition of our internal Newsletter of the Quality Project at THS/OS. The first edition coincided with the development of the Regional Workshop of the Americas “Clean Care is Safer Care” which was held in San José, Costa Rica between the 5th and the 7th of March. During this workshop, over fifty professionals from twenty-one countries of Latin America and the Caribbean, along with experts from our Regional and global office reviewed the situation and strategies for hand hygiene in health facilities. We are pleased to update you on the concrete progress of both the political and technical components of “Clean Care is Safer Care” agenda.

In this edition, we will also report on the results of the Second Regional Workshop on Patients for Patient Safety, held between 11 and 13 June 2007 at the headquarters of The Joint Commission and The Joint Commission International (TJC/JCI, headquarters in Chicago, IL, USA). TJC/JCI has become the first collaborating center of WHO with regard to patient safety, having published in May of this year a list of concrete solutions for patient safety.

Towards the end of March, the First Working Meeting of IBEAS (Ibero-American study on the prevalence, and/or incidence of adverse events) was held. We also present to you, in more detail, the progress of this project.

Finally, we cannot ignore the milestone marked by the approval of Resolution CSP27/16, titled “Regional Policy and Strategy for ensuring Quality of Health Care, Including Patient Safety.” The resolution was adopted on October 2007 by the Pan American Sanitary Conference, and urges PAHO to prepare an evidence-based regional quality strategy, which would include quantifiable results for health care improvement, and also create a regional observatory for patient safety and the quality of care.

The conceptual document attached to the resolution lays the foundation for the medium term actions of the Quality Project. The technical impact of this resolution implies an opportunity for our collaboration with our consultants in the country offices who are the basis for the success of the initiative.
Patient Safety Global Challenges

In the past months we have made advances in the accomplishment of the First Global Challenge, "Clean Care is Safer Care" (http://www.who.int/gpsc/in/index.htm), both in the attainment of high-level political commitments and in technical interventions.

At the beginning of this year only three countries of the Americas (Canada, in October 2005; The U.S., in November 2006; and Costa Rica in November 2006) had made a formal pledge with the World Alliance for the control of health care associated infections. Of these, Canada inaugurated a national campaign on hand hygiene in 2007 http://www.handhygiene.ca/, and Costa Rica is undergoing the design phase of a similar campaign.

In two ceremonies, which at the Regional level were coordinated by the Quality Project, during September 2007 another 22 countries joined the pledge:

- During the Fifth National Forum and Second International Quality Forum (21 September), held in Mexico City, Cuba, Guatemala, the Dominican Republic, Honduras, Nicaragua, Panama and El Salvador signed the pledge.

- In Washington DC, (29 September) as a side event of the Caucus meeting of the CARICOM community, the following countries also joined this commitment by signing the pledge: Antigua and Barbuda, Barbados, Belize, the British Virgin Islands, the Cayman Islands, Dominica, Guyana, Jamaica, Saint Kitts and Nevis, Saint Lucia, San Vincent, and the Grenada. Anguilla, a British territory, also signed on this occasion. Suriname and Trinidad and Tobago also signed the pledge in the days prior to this ceremony in events held in the respective countries.

Currently planned for November 30th, a further ceremony will be held in Montevideo for the signing of the seven countries participating at the MERCOSUR Summit. We hope that the entire American hemisphere will have completed the pledges by the middle of next year.

A central component of this action is a multimodal strategy to promote hand hygiene in health facilities ("WHO Strategy for Hand Hygiene"). The introduction of solution or disinfectant alcoholic gel, coupled with easy access at the point of care and the evaluation of the level of compliance by health care workers are the pillars of this strategy. Thus, the Alliance has selected a "Pilot Site" to test and adapt the strategy in each of the WHO Regions. In our Region the "Pilot Site" is the Hospital Los Niños (HNN) in San José, Costa Rica. The HNN completed the preparation phase in June 2007. This phase included the training and assessment of hand hygiene compliance by key professionals, and other logistical aspects related to the introduction of the alcohol-based solution. Between June and October 2007 a series of baseline evaluations have been performed, including: surveys of knowledge and perceptions of workers, facilities analysis, evolution of soap and alcohol solution consumption, and evaluation compliance levels. On November 9th the official launching of the implementation in HNN will take place. By that time, every person in contact with patients (physicians, nurses and family members) was aware and trained in hand hygiene procedures.

The "Complementary Sites" can join this initiative and receive technical cooperation, but unlike the "Pilot Site", they do not receive financial support from the Alliance. Our team is exploring alternative ways in order to lend economic support to the proposals presented in the Region. To date there has been progress on some proposals of hospital networks in Argentina and Brazil. We hope that Honduras and other countries of the Region can carry out in the following months proposals for complementary sites.

In order to provide support for this line of action, two consultants have incorporated into our team on September 2007: Dr. Homero Vásquez, previous Chief of Quality Department in Health in the Ministry of Health of Chile, and Mr. José María Pérez-Gallego, who has experience in financing and economic monitoring of projects.

It is the commitment of our program to coordinate the actions and proposals aimed at the control of health care associated infections. This focus is magnified with the development MRSA and the issue of multiresistance to antimicrobial drugs, and also the necessity of surveillance and management of these infections. We hope to be able to offer in the next months information and integrated solutions through a virtual community.
ADVERSE EFFECTS IN HOSPITAL CARE

"IBEAS" (Ibero-American Study of Adverse Events) is an initiative of the World Alliance for Patient Safety – WHO, the Pan American Health Organization, and of the Ministry of Health and Consumption of the Government of Spain. The study pursues estimates the magnitude, importance, and impact of Adverse Events (AE), and also the analysis of the characteristics of the patients, and of care associated with the appearance of avoidable AE. To this end, the ‘investigators’ will identify areas and priority problems that are used to prevent, minimize, and mitigate AE. This will increase the number professionals involved in patient safety. Finally, the results of the Latin American study of AE will be incorporated into the global research agenda at various organizational and assistance levels, and also the objectives and activities headed toward the improvement of patient safety.

IBEAS is a cross sectional observational study. The basis of the study is the review of clinical histories of all patients of any age admitted in participating hospitals at the time of the study (a week in September 2007), regardless of etiology, specialty, or service. In addition, a 10% sample of the subjects included in the prevalence study were selected randomly. A retrospective review will be carried out on this 10% in order to estimate the incidence of AEs. In this first edition of IBEAS approximately 60 hospitals of 5 countries will participate, which include: Argentina, Colombia, Costa Rica, Mexico, and Peru, adding to an approximate total of 14,000 beds.

The first working meeting of IBEAS took place in Buenos Aires, Argentina at the end of March 2007. The research teams have adhered to the established timetable so we hope to be able to communicate results in March 2008.

REGIONAL REVIEW ON QUALITY AND PATIENT SAFETY

This review identifies the main institutions and programs devoted to quality of health care services in each country. The project, initiated in October 2006, has the collaboration of SUPPERS and ITAS, accrediting bodies of health services in Argentina. The resulting data will be available by the end of 2007 and will serve as fundamental input for the Regional Quality Observatory. In a similar way, this Study has created the possibility to construct a methodology and some instruments that can be very useful for the future operation of the Observatory, both at the Regional level and in its country nodes.

As specific support for the "Sylvia Ceballos" Network a component of Regional Review of Patient Organizations is included in this...
Finally, to be able base our actions on the best available evidence, the Project has worked during last year on systematic review of the literature on quality initiatives published in Latin America. The initial objective was broad; the search intended to review the scientific literature on quality originated in Latin America, including evaluation, accreditation, improvement cycles, self-evaluation, guidelines for clinical practice, and safety of the patient. For operational reasons, and given the volume of information, the search was divided into different categories, generating revisions and specific search strategies for large categories. The review has currently been concluded with regard to patient safety. The results indicate that of 377 articles related to "Medical Errors" and "Adverse Events", a total of 55 articles ended up being selected. These articles have been summarized and included in evidence tables (detailed information of this work is available in our SharePoint). A relevant methodological finding is the need in our environment for consideration of local literature, not included in traditional databases such as PubMed, but in regional databases such as LILACS. Ignoring LILACS entails ignoring relevant information, close to the reality of Latin America.

We hope to publish soon the results of this work in recognized scientific journals. The consultant responsible for this line of work is Babak Mohit.