Capacity Building for Patient Safety Research

Minutes of the 1st meeting
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Improving Patient Safety Globally: Research Challenges for health in developing countries

Research helps to unveil and measure the risks and harm of health care and to identify solutions. A number of studies, mostly in well developed countries, have shown that the rate of injured hospital patients ranges between 4 to 16%. Some studies in developing countries have illustrated the risks caused by substandard drugs and faulty equipment. There is indeed a growing body of research on patient safety, but its extent and significance is still limited. This is true everywhere, but it is more acute in developing and transitional countries. There are many reasons to suspect that unsafe care disproportionately affects poor and vulnerable populations, but the current research levels do not allow to identify the most pressing knowledge gaps.

There are many constraints to the expansion of research. Most are related to limited infrastructure, including funding, and the human and institutional capacity. Obviously this is again more acute in poor and less developed countries. It is well recognized that the data infrastructure for health research in many developing countries is very limited, but also, in many instances, the allocation of research funding does not target the problems that account for the highest disease burden. Often, national research programmes lack directions and also have weak governance and management structures. Another significant limitation relates to the scarcity of trained personnel and to the barriers to knowledge translation and implementation.

The WHO World Alliance for Patient Safety intends to analyse and propose recommendations leading to strengthen the capacity for patient safety research worldwide and to mainstream research into health systems. The WHO World Alliance set up an advisory expert working group, involving national and international experts involved in health research and policy-making, to produce recommendations on these issues by mid 2007 (membership is in Annex 1). This document summarises the conclusions of the first meeting of the expert working group held in Bangkok, Thailand, on 10-11 December 2006.

Summary of recommendations

Developing countries will benefit from basic information about the extent and nature of the problem of patient safety. The group recommended actions in this direction, but
recognized the barriers created by the mostly prevailing cultures of blame and denial. Many health systems are not yet sensitive to the harm caused by health care and also in most instances the magnitude of patient harm is unknown. Research can help to overcome these limitations, but in most developing and transitional countries, research is undervalued and its potentials as a learning tool are not fully developed. Based on the experience of some developed countries in awareness raising through research, the expert group encouraged undertaking research studies in developing and transitional countries. The group recognized the valued of spreading out the health and economic burden of health care and pleaded for actions leading to cultural changes at country and regional levels.

The infrastructure for health research of most developing and transitional countries is in general weak. The purpose of the meeting was to identify directions for invigorating research capacity. The expert group highlighted the following major directions for strengthening research capacity in developing and transitional countries: (a) integrating patient safety research within existing health systems structures and programs; (b) developing leaders for patient safety research; (c) fostering networking; and (d) mobilizing resources.

(a) Integration of patient safety research within health systems structures and programmes

The experience of some global initiatives established as vertical programs in many developing and transitional countries illustrates the drawbacks of such strategy in terms of sustainability, governance and coordination, equity grounds, and efficiency. The group strongly supports the greater and effective integration of any patient safety actions, including research activities, within the existing infrastructure of health care systems. Patient safety research programmes will likely be most effectively run by integrating them within related health research programmes. Likewise, the uptake of research findings will be best ensured through partnerships with relevant national stakeholders, including patients and industries. The goal is to mainstream patient safety into health systems policies and actions.

The expert group considered that effective strategies include placing research for patient safety highly among the national research priorities, and attracting the support of higher relevant research constituencies, such as Medical Research Councils.
In many countries, Health Care Quality programmes offer organizational structures, skilled workforce and linkages across the health care system, which can contribute to deliver patient safety research programs. Such arrangements if properly targeted and managed could be successful in delivering patient safety research activities. The use of objective and measurable targets and indicators may facilitate the focus of activities. Quite often research studies are not properly followed up. This situation undermines the credibility and sustainability of research programs. Mainstreaming research for patient safety requires mainstreaming knowledge translation. It is therefore crucial that health systems develop policies and strategies to adopt the findings of patient safety research studies from its early stages. The expert group recommended assessing the opportunities for developing adequate strategies at country level and suggested the strengthening of the existing quality and management units to that purpose.

(b) Developing leaders for patient safety research

Patient safety research can only be strengthened through a workforce capable of envisioning, advocating for, planning, designing, conducting and undertaking research, and also of implementing results and mobilizing follow up actions. It is therefore essential to nourish and develop research leaders and the human resource capacity.

Education needs for patient safety research would include higher educational degrees, such as doctorates and masters. But to target a wider audience it would mostly need to focus on practical short-courses and in-service programs. The goal would be to enable the current workforce to update their skills and participate in research activities on a cost-efficient manner. The needs for education on research also include the domains of leadership, priority setting, research management, multidisciplinary research, writing and communication strategies. The expert group recognized that the target audience encompasses researchers, but also policy-makers, practitioners, the civil society, and the media and patient groups.

Many possible and complementary alternatives for building human capacity for research were discussed at the meeting. It was acknowledged that most countries have some health researchers and that all regions carry some training programs for research on patient safety. The examples of the Tohoku University in Japan and of the research networks such as AMREF and INCLEN more globally, the recently launched Patient Safety Scholars program of the WHO World Alliance jointly with the Johns Hopkins University, and the fellowship program of the Agency for Health Care Research and
Quality of the United States, were mentioned as illustrations. But the needs for furthering educating researchers and research managers are vast. The expert group recommended that countries should explore the most suitable and cost-efficient options for building up the existing resource level, primarily using existing resources within the regions. The goal would be to mainstreaimg patient safety around existing individuals, professional groups and institutions. Furthermore, the notion of developing educational centres of excellence per region was also strongly supported.

(c) fostering networking
Professional networking brings about great benefits to individual researchers. Networks gather greater intellectual input, favour complementing and supporting capacity, and bring greater visibility and interest for its members. Professional networks may also be helpful in providing supportive professional environments and support to otherwise isolated professionals and may have some positive effect against brain drain. Networks may facilitate twining between north and south institutions and be effective in raising capacity in developing countries. Networks require certain conditions to operate with success, such: transparency, shared understanding of roles internal to the network, shared objectives and agreed processes, and dialogue across members. Additionally, they require adequate funding, support structures including information technologies, and leadership.

Many networks in developing countries suffer from weak leadership, insufficient funding and infrastructures, and lack capacity to convey research results into health systems. Nevertheless some others are rather successful and offer platforms which could be used to carry out new collaborative projects in the field of patient safety. The group consider that fostering professional networking on patient safety, primarily through existing networks but also through new ones as needed, should be considered a priority of international organizations, existing networks and professional bodies. There is need for greater advocacy at the level of existing health research networks, local professional bodies, and other stakeholders such the pharmaceutical industry and groups involved in international clinical trials, and also for resource mobilization.

The group also proposed to foster exchange of information and communication through a global observatory for research on patient safety. The observatory could be instrumental in facilitating a worldwide virtual community of patient safety researchers and research institutions.
(d) Mobilizing resources

Developing countries suffer generally from weak leadership, research systems and policies, inadequate funding, scarce capacity and infrastructure, poor linkages and utilization of findings, and, at the same time, many other competing research priorities, such as are HIV/AIDS and malaria. But the current research levels are insufficient to inform on the many existing gaps.

Health services research and evaluation, including research for patient safety, is not well perceived and valued in its right importance in many countries. Moreover, the importance for patient safety in general, in the presence of other competing issues such as access to essential care, needs to be further explained.

There is an urgent and compelling need for raising awareness and mobilizing resources towards patient safety and patient safety research.

The expert group pleaded for a targeted international fund for patient safety research and increased resources from international and national organizations. Currently, a number of international funding organizations, such as the European Commission, are increasingly supporting research on patient safety as are some other national commissioning bodies. But additional funds are needed to bring capacity for research on patient safety to the levels required to fill the most pressing knowledge gaps. The group favoured advocating for more funds, and exploring the options for public and private partnerships. It also recognized the important role of the WHO World Alliance in raising awareness. But recognized as well the important role that national health systems can play if mobilizing and targeting local funds towards patient safety research needs.

Research funding needs to show effectiveness in improving patient safety in order to gain credibility and sustain interest. It is therefore important that funds be matched against target accomplishment, and that research implementation programs are very closely related to monitoring programs. The group strongly supported the notion of developing and using indicators and measures to monitor achievement on patient safety. This goal calls for the need for data infrastructure strengthening, one of the important limitations of many developing and transitional countries.

But it also calls for targeting research efforts to meet the patient safety needs of countries. Resource allocation needs of a process to establishing country and regional
priorities for research. A number of international organizations, including the WHO, the International Forum for Health Research and the Council for Health Research and Development, are promoting research priority setting at country level. The WHO World Alliance for Patient Safety has established a series of global priorities for research on patient safety. But countries need to assess the adequacy of such global priorities and adapt them to their needs. Financial efforts will be needed to advocate and train on this particular process.

The expert group stressed the benefits of setting up a research grant program to foster research projects on patient safety according to some agreed priorities. Such a program could additionally foster capacity development by using competitive criteria for allocation and by fostering collaboration between developed and developing and transitional country research institutions and researchers.

**Final conclusions**

Mainstreaming research actions and initiatives to foster capacity through existing institutions and health systems, greater advocacy and resource mobilization at the international and national level, maximizing education opportunities at local and regional level, fostering exchange and cooperation through networks and collaborative arrangements, using performance indicators to monitor success and priority setting to inform funding allocation, and using the international institutions to raise awareness and set up global platforms for exchange of information, research grant programs, and educational centers of excellence; these were the main conclusions of the two day meeting.

The group agreed a compelling paper is needed to disseminate these messages to appropriate audiences.