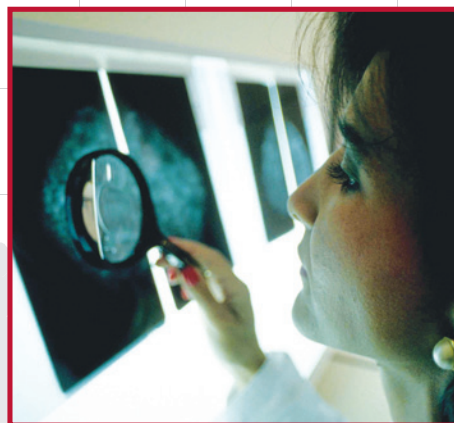


IBEAS: a pioneer study on patient safety in Latin America

Towards safer hospital care



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Towards safer hospital care

Patient Safety
A World Alliance for Safer Health Care

RESEARCH
Better knowledge for safer care

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FOREWORD

Every year, tens of millions of patients worldwide suffer injury or die as a result of unsafe health care. In various parts of the world, a concerted effort is being made to identify the main health-care risks, pinpoint the causes, and develop and implement effective solutions to these problems. Understanding the situation is the first step towards preventing risks and reducing the burden of disease associated with health-care incidents. The IBEAS study is the first large-scale study to be carried out in Latin America, to assess the extent of the issues that can occur in hospitals due to unsafe care. This important effort recognizes the complexity of the sector and highlights the commitment of its leaders to the health and well-being of their patients.

The hospitals that decided, in a coordinated manner, to collaborate in the IBEAS study have demonstrated their firm commitment to safer care and to the improvement of their health systems. The task undertaken in this project has been wide-ranging and significant. A collaborative model has been established in which 58 centres and research teams from **Argentina, Colombia, Costa Rica, Mexico** and **Peru** participated, under the leadership of their respective Ministries of Health, thereby enhancing the critical mass of professionals trained in patient safety, which is enormously important for the future of the sector in Latin America.

The technical guidance provided by the principal investigators, supported by the Quality Agency of the Spanish Ministry of Health, Social Policy and Equity, has helped to create synergies on both sides of the Atlantic in the area of patient safety, based on previous experiences in Spain. The collaboration fostered by the Pan American Health Organization and the World Health Organization offers a model for new international projects. The political, social and institutional momentum generated around the IBEAS study is significant and, we would like to think, unstoppable.

This document contains the main findings of the IBEAS study. It also presents some of the risks associated with harm, the prevention of which will contribute to improving patient safety. Its lessons and key messages are applicable beyond the borders of the participating countries and are therefore a model and a guide for other parts of the world.

Congratulations to all those who have contributed to this study.



Dr David Bates

External Programme Lead for Research, WHO Patient Safety



INTRODUCTION

*Every year, tens of millions of patients throughout the world suffer injuries or die as a result of **unsafe medical care**.*



Despite the intention of health services to prevent or cure diseases, all too often health care itself causes harm to its users. Certain infections, injuries due to medical procedures, amputations of the wrong organ or limb, poisoning or even death resulting from erroneous dosages, are all classified as hospital-related harmful incidents or adverse events.

Such incidents lead to suffering, disability and often devastate lives, not to mention the considerable economic resources that are expended on protracted hospital stays and unnecessary care, and the loss of profit and credibility suffered by the health system itself.

Much of the current thinking about ways to avoid such incidents and improve patient safety comes from the most developed countries. We need to expand our horizons to include the situation in countries with emerging economies as a prerequisite for proposing solutions.

The Latin American Study of Adverse Events (IBEAS) is the first study on hospital-related harmful incidents to be carried out on a large scale in Latin America. The lack of previous studies in the Latin American context poses a difficult challenge, but at the same time highlights the importance of the IBEAS study as a first essential step towards improving patient safety.



Some reasons to think about patient safety

- It is estimated that **1 in 10 inpatients will experience a harmful incident** during their stay in hospital. This statistic has been recorded in medium- and high-income countries, but no analogous statistic currently exists for countries with emerging economies, although it is thought that the extent of the problem in these countries could be even greater.
- According to estimates, every day **1.4 million people** worldwide suffer from an **infection acquired in a health-care setting**.
- In some countries, **1 in 10 hospital admissions** is due to **adverse reactions to medication**.
- Even more serious, around **half of these harmful incidents could have been avoided** if existing health-care standards had been applied. Sometimes **small gestures**, such as hand washing or systematically using a checklist, can help save many lives.
- Harmful incidents can be devastating for the patients affected: in addition to the **physical and mental harm**, injuries can result in temporary or permanent inability to work, and in extreme cases in death.
- In **some countries**, it has been calculated that **the annual economic cost** of harmful incidents runs into **several billion US dollars**; as well as causing patients to take time off work, the number of additional days spent in hospital is increased and significantly more resources are expended (more medication, more surgical interventions, more diagnostic tests and more treatment in general).
- For all the above reasons, the lack of patient safety is now considered a **global public health issue** and efforts should therefore focus on dealing with the problem.
- Every person and institution directly or indirectly responsible for ensuring patient safety (not just **health workers**, but also **managers** and **policy-makers**) are key to establishing a culture of safety.
- **Properly informed patients** can also help to improve their own safety.



*The lack of safety in health care is currently thought of as a **global public health problem**.*

The IBEAS study in Latin America

*The **main objective** of the IBEAS study was to assess the patient safety situation in a number of Latin American hospitals.*



Accordingly, the objectives of the study were:

- To gain insights into the **magnitude** of the problem;
- To **assess the frequency, severity, timing** and **probable cause** of the identified harmful incidents;
- To assess how such incidents **could have been avoided**, and **identify their determinants**.

Although Latin American countries have certain common features, they are also characterized by an important socio-cultural diversity. To get a better idea of the situation, therefore, large-scale studies needed to be carried out in a number of countries. Research was therefore carried out in **58 hospitals (11 379 patients)** in the following **five countries**: Argentina, Colombia, Costa Rica, Mexico and Peru. **These five countries had the courage to take part** in the study knowing that they would expose the possible failings of their hospitals to general scrutiny.

But the most important benefit for the participating hospitals was that the experience enabled them to pioneer a culture of patient safety. As we were able to confirm, this culture came into being from the outset of the study and occurred mainly in the following

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