

## Global Priorities for Patient Safety Research

Better knowledge for safer care



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**World Health  
Organization**

**Patient Safety**

A World Alliance for Safer Health Care

# **Global Priorities for Patient Safety Research**

**Better knowledge for safer care**

# Foreword

Research is vitally important to increase the world's body of knowledge about patient safety. How research is conducted, what priorities are determined, and how the results are disseminated can have significant impact on government health policies, the introduction of improved health-care practices and as a result better patient care.



The work commissioned by WHO Patient Safety that underpins the dialogue in this publication, represents the opinions of patient safety experts worldwide. In their deliberations, they analysed results from developing, transitional and developed countries and while there were exceptional differences across the three areas, there were also commonalities.

The priorities outlined in the following pages become even more important when we consider how funding is prioritized for research globally, and how much and to what extent we can influence decision makers at all levels, whether they are involved in policy, administration or are clinicians working at the coal face.

There is no doubt, that the changes required to improve safer care for patients everywhere will come about through the positive energies channelled and endorsed by governments, International organizations or other agencies to support greater levels of research.

I endorse the opinions of the research team that undertook the original study and identified the global priorities for patient safety. How we advocate for greater funding is now our big challenge.

Sir Liam Donaldson  
Chair, WHO Patient Safety

A handwritten signature in black ink that reads "Liam Donaldson".

# Introduction

Patient safety is a global issue affecting countries at all levels of development. Although estimates of the size of the problem are scarce, particularly in developing and transitional countries, it is likely that millions of patients worldwide suffer disabilities, injuries or death every year due to unsafe medical care. Health care-associated infections, misdiagnosis, delays in treatment, injury due to the inadequate use of medical devices, and, adverse events due to medication errors, are common causes of preventable harm to patients. Reducing the incidence of patient harm is a matter for everyone in health care and there is much to be learned and shared between developed nations, developing countries and countries in transition.



Understanding the magnitude of the problem and the main contributing factors is essential in order to devise appropriate solutions. New research will be key to improving safety in health care, and setting global priorities to focus on the most critical aspects of patient safety is essential to yield the maximum possible benefit especially when research funds are limited. This will contribute to improving patient safety and reducing harm.



Most research has been done on hospital (secondary) care in developed countries and these studies show an adverse event rate of about 10%, this is to say, one in every ten patients admitted to hospital suffers an adverse event. Little research has been done in other settings such as primary care, long term care and mental health care. However, the available evidence indicates patient safety in these settings may be as great a problem as in secondary care.

## Research Initiative

WHO Patient Safety brought together a working group of research experts from around the world to focus on identifying research priorities in developing, transitional and developed countries. This work, published in May 2009, provides a crucial focus and starting point for global research into patient safety.



The identification of these priorities enables a more collaborative global approach, finding solutions that can be applied in different countries and thus avoiding duplication of research. Although priorities differ in different parts of the world, there is considerable overlap in priorities between developing countries and countries in transition.

Ranking the issues identifies the stark fact that organizational behaviour is as important as clinical practice and as such should be of interest to researchers in the field of psychology and management.

# Priority Table

There must be a strong emphasis on applied and evaluative research leading to developing or locally adapting effective, appropriate and affordable solutions. Experience shows that while many solutions exist for certain patient safety hazards, many countries cannot apply them as they are costly or inappropriate to the local context and circumstance.

The following table shows the top six research priorities across developing countries, countries in transition and developed countries. It highlights where there are similarities. As such, this is an important starting point, providing a focus where research funds are limited. The WHO Patient Safety expert group is currently developing a method for countries to identify their own priorities.

The full list of 50 priorities and research questions is available at [http://www.who.int/patientsafety/research/priorities/global\\_priorities\\_patient\\_safety\\_research.pdf](http://www.who.int/patientsafety/research/priorities/global_priorities_patient_safety_research.pdf)

**Table 1** Six ranked research priorities

	Developing Countries	Countries with Economies in Transition	Developed Countries
1.	Counterfeit & substandard drugs	Inadequate competence & training skills	Lack of communication & coordination (including coordination across organizations, discontinuity & handovers)
2.	Inadequate competence training & skills	Lack of appropriate knowledge & transfer	Latent organizational failures
3.	Maternal & newborn care	Lack of communication & coordination (including coordination across organizations, discontinuity & handovers)	Poor safety culture & blame-oriented processes
4.	Health care-associated infections	Health care-associated infections	Inadequate safety indicators
5.	Unsafe injection practices	Maternal & newborn care	Adverse drug events due to drugs & medication errors
6.	Unsafe blood practices	Adverse drug events due to drugs & medication errors	Care of the frail & elderly



# Research Questions

Standardized methods for research will be used to answer questions formulated around the identified priorities. This will ensure the validity of the solutions suggested as a result of research.

Table 2 outlines some of the priority topics and potential research questions. The complete list is available for download on the WHO Patient Safety website.

**Table 2** Research topics and research questions

Topic	Research questions
Extent & nature of the problem of patient safety	What are the incidence and prevalence of patient safety problems in various health-care settings?  What is the burden of unsafe care on the general population in terms of morbidity and mortality? What is the burden of unsafe care on special populations, such as the elderly, minorities and children?
Maternal & newborn care Identification design & testing of locally effective and affordable solutions	What are costs and benefits of adapting already established guidelines as opposed to designing new solutions?  What mechanisms are needed to ensure specific solutions are valid, effective and responsive to changing needs and sustainable and measurable over time?  What solutions for preventing common adverse events are effective in low resource situations?
Counterfeit and substandard drugs	How effective are regulatory actions and interventions in addressing this issue?  How much do counterfeit and substandard drugs contribute to the problems of patient safety?

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