



WORLD ALLIANCE FOR PATIENT SAFETY

2006-2007  
P R O G R E S S R E P O R T



World Health  
Organization



# World Alliance for Patient Safety

**PROGRESS REPORT 2006-2007**





Patient safety cannot be improved without a range of valid reporting, analytical and investigative tools that identify the sources and causes of risk in a way that can then lead to preventive action. There is also a need for an international standardization of terminology in definition, common methods of measurement and evaluation, and the compatible reporting of adverse events. The Alliance is working with an extensive group of international agencies and experts to address these challenges.

Dr Timothy Evans  
Assistant Director-General  
Information, Evidence and Research (IER)

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# Introduction

The World Alliance for Patient Safety is now entering its fourth year of operation. It has been a remarkable three years as international interest and concern about unsafe health care has grown rapidly.

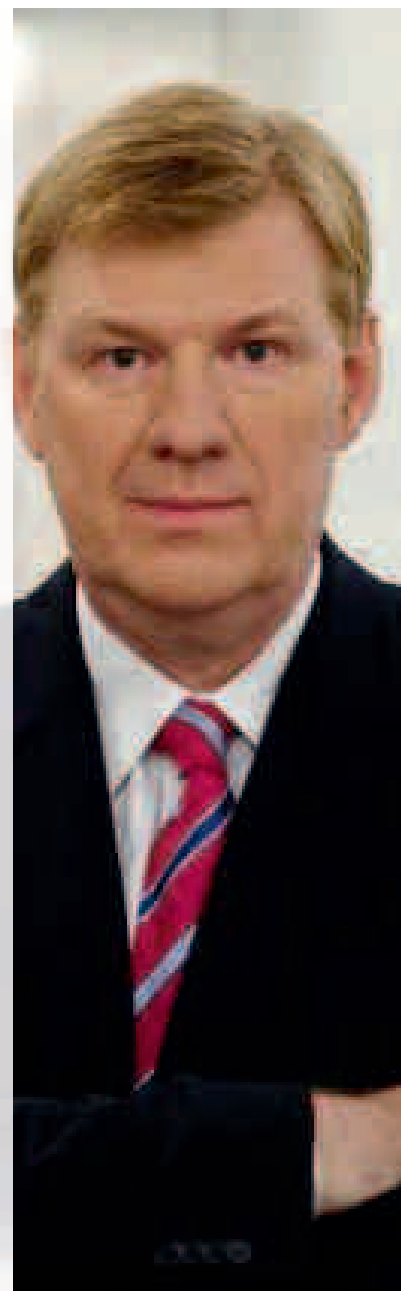
The Alliance's inaugural programmes each started with clear objectives, outstanding leaders and well-defined workplans. As each programme has developed, implementation has been further strengthened and all the initial goals have been met or exceeded. In particular, the first Global Patient Safety Challenge, '*Clean Care is Safer Care*', has achieved remarkable results.

Countries covering over 78% of the world's population have pledged to formally commit at ministerial level to reduce the risk of health care-associated infection in their health systems.

The World Alliance brings together the best of the World Health Organization's style of working and ability to get things done, exert influence, build coalitions of the willing and engage the world's experts. The Alliance has been fortunate to draw on these strengths. As a result, the engagement and commitment of Member States has been unprecedented, hundreds of experts have given freely of their time, leading professional bodies and non-governmental organizations around the world have joined the movement. Individuals from all over the world are now involved in our day-to-day activities.

Patients, family members and health care consumers have been vital contributors to the Alliance's work since its outset. We remain proud that we try at all times to put them at the centre of our work. We also encourage all health systems and every health organization around the world to do so.

Active engagement of consumers is not easy. It is not simply something where a box can be ticked. It is about changing values and attitudes as well as behaviour. Yet, the potential rewards are rich. Health services with patients and their families involved in advising, planning, designing and delivering care will be much safer than if they are simply passive bystanders or ritual consultees.







This 2006-2007 Progress Report and the Forward Programme for 2008-2009 provide a full stock-take of the Alliance's work and an account of the new directions that work will take as the global portfolio of action and ideas on patient safety expands.

The Progress Report sets out another significant challenge that has been with us from the beginning: how can we show that we are being successful? Engagement, commitment and activity are vitally important and, as the report demonstrates, these are firmly established. We need, though, to go further and show that we are making a real difference to the people who experience health care around the world.

We will not rest until we can demonstrate that we are saving lives and reducing harm in measurable ways. That is why we are very pleased to have gained the agreement of Johns Hopkins University for the establishment of an evaluation unit to be led by Professor Peter Pronovost, and his Quality and Safety Group, who will work alongside all of our programme leads to ensure that "evaluation" is a core component of everything we do. This will enable our success to be judged in concrete and visible terms.

We start this report with an essay by Professor Peter Pronovost about the project he led in Michigan, which had at its heart the question, "how do we know we are safer?"

Making care safer, doing less harm and consigning to the history books some of today's risks of health care remain the Alliance's reason for being. We look forward to continue working with everyone on the inspiring agenda set out for our next Forward Programme.

*Sir Liam Donaldson  
Chair  
World Alliance for Patient Safety*



# Matching Michigan



Professor Peter Pronovost,  
Director, Quality  
and Safety Research  
Group, Johns Hopkins

## Eliminating central line-associated bloodstream infections

In 1988, a year when 350 000 people worldwide contracted polio, the World Health Organization (WHO) committed to eradicating the disease. Success was remarkable. By 2004, there were only 1170 cases of polio worldwide, 760 of which were in a single country.

The maturing field of patient safety has lacked such a success story. The Keystone Intensive Care Unit (ICU) project has sought to change that. Professor Peter Pronovost and his staff from the Johns Hopkins Quality and Safety

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CHANGE MODEL			
	SENIOR LEADERS	TEAM LEADERS	STAFF LEADERS
ENGAGE	How does this make the world a better place?		
ENLIGHTEN	What do we need to know?		

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