Welcome to the 21st PFPS NEWS. As the first newsletter of 2012, this edition is packed with articles about patient safety activity around the world! Read about PFPS workshops in Latin America, a launch event for the new PFPS network in Ghana and a new partnership initiative in Israel.

PFPS Workshops held in Colombia and Mexico
Evangelina Vazquez Curiel, PFPS Champion Mexico and Coordinator, Panamerican PFPS Network.

The Colombian workshop
On 1 November 2011, following a call out for applications from patients who had suffered adverse harm in health care, the Health Ministry brought together 15 patients to attend the first Colombian PFPS workshop. Both the Health’s Ministry of Bogota and the Ministry of Social Protection of Colombia have intensively worked to involve patients in efforts to improve patient safety.

The workshop introduced patients to the topic of patient safety and Dr Hernan Rodriguez, Quality Consultant for PAHO-Colombia, outlined the work of PFPS in his opening speech. Dr Francisco Restrepo, then working for the Ministry of Health, followed by briefing participants on the efforts and progress of WHO Patient Safety in Colombia. PFPS External Lead, Margaret Murphy, gave a moving speech via video in which she described the avoidable death of her son, and how it made her to realize the importance of patient safety and get involved in the PFPS programme. She described current patient safety work in Ireland and the huge importance of patient participation in this effort.

I then shared information about the workshops that have taken place at world and regional levels, as well as the activities we are involved in and how the work of patients in the region has evolved. It was then important for everyone to listen to the stories shared by the new patient champions, such as the story of a baby girl born prematurely and medicated with epinephrine instead of vitamin K, which caused her death.

Amongst the activities of the workshop was a videoconference with a patient group (Antioquia’s Patients for Patient Safety Network) in Medellin City, Colombia, in which we discussed their work and focus on health literacy. We also held a videoconference with the Canadian PFPS Lead, Denise Klavano, who described her experience as a patient advocate and took some questions about the participation of patients who have experienced an adverse event, as well as the progress taking place in Canada regarding open disclosure.

It was a very insightful and successful workshop. All the affected patients that were invited signed an agreement to say they will work to support patient safety efforts beside WHO-PAHO and the Ministry of Health. The group will now work to form its own identity and finalise the particular areas of patient safety they will advocate for.

The Mexican workshop
The following week the Mexican workshop was held at Juarez Centro Hospital in Mexico City, as part of the 4th International Week of Integration and Development of the Mexican Ministry of Health. It was opened by the Mexican PAHO Quality Consultant, Dr. Jacques Girard, who reaffirmed his support for the Mexican patients who are part of the Patient Network, as well as their work to improve patient safety. WHO Mexico have provided much needed, continuing support to the Patients for Patient Safety Mexican network.

Continued on Page 2...
Patient groups call for further research into the development of patient-centred health-care indicators worldwide


IAPO's Patient-Centred Healthcare Indicators review identifies and explores current efforts to measure the patient-centredness of health-care providers, organizations, national health systems and other stakeholders involved in health-care provision. Many of these stakeholders highlighted the need for clarity about what it is to be patient-centred, how to measure it and track progress.

Key health stakeholders from over thirty countries working across diseases and borders came together at IAPO's Global Patients Congress, to enable engagement and understanding of key policy issues affecting patients in the international arena. Over 80 patient groups were represented, as well as health-care professionals, academics, representatives from international and government organizations and industry.

On the final day of the congress, PFPS held the session, Are we making a difference? The impact of PFPS in Africa. Initial results from a study into the impact of the new PFPS network in Africa were shared. Regina Kamoga then gave her personal reflections on the impact of her advocacy efforts as a PFPS Champion in Uganda. Finally, Kathy Kovacs Burns, PFPS Champion and researcher from Canada, gave a critique of the Evaluation process, highlighted common themes of achievements and Challenges across the network and advised participants on proactive ways to evaluate their own advocacy efforts.

More information on the indicators review and the Congress can be found at: www.globalpatientscongress.org

To read the thoughts of Congress participants, visit: www.twitter.com/IAPOtweets or search for IAPO on Facebook

…Continued from page 1

Medication safety has proved to be a critical aspect of the Mexican Patients’ Networks efforts this year. Sandra Rivera, an expert in this area, discussed various situations in which a patient could be harmed by medication error.

Dr Acosta Gio, an expert in the prevention of health care-associated infections, spoke about the Multi-Professional Patient Safety Curriculum Guide that has been developed as part of the education of health professionals, in order to prevent adverse events.

We also gained feedback from other countries within the Panamerican and Global Networks who joined us virtually. They shared their proposals and discussed their recent activities. Randall Madrigal, PFPS Champion from Costa Rica, talked to us about his experience as a patient and his vision as a lawyer, with a focus on human rights. Again, I discussed the global, regional and national workshops that I have attended and the evolution of the Panamerican Network. As in previous years the Mexican Association of Nursing at the Vanguard for Women’s Care also contributed to our workshop, this year presenting their progress in promoting patient safety in the maternal-child health area.

Among other things, these workshops reflect the efforts of the health ministries towards improving patient safety. I can’t express enough my admiration for the effort and participation given by the patients who have experienced adverse events. It is thanks to them that we will have a new group of champions that have vehemently fought to prevent adverse events individually or with the support of their associations, who now work in conjunction with the representatives of health systems and experts on those themes in their countries. We will certainly see more positive results from those alliances soon.

For more information email Evangelina at pacienteportpaciente@hotmail.com

"Patient-centred healthcare and patient engagement are no longer ‘nice-to-have’ ideas but truly at the core of healthcare mandates, programmes and initiatives. But we cannot truly meet the needs of patients without clearly defining the actions, outputs and processes that need to be implemented.”

Durnahne Wong-Risger, IAPO Chair
Championing Patients for Patient Safety Initiatives in Ghana

Theme of the launch: The role of patients, families, health-care professionals, policy-makers, civil society organizations, media and community stakeholders, in promoting patients’ rights and reducing infection and other avoidable harm in health care.

PFPS Champions, Christine Kugbeadzor (CEO GLOWA), Alex Adusei and Susana Wumbee (MoH)

Since the first WHO African Regional Patients for Patient Safety Workshop held in 2011, the three Champions from Ghana have been busy advocating for patient safety. With funds raised through the World Bank Centre for Development Partnership, they organised a two-day workshop to bring together key stakeholders working on maternal and child mortality issues in the Volta region of Ghana. During the workshop they also launched the officially registered Patients for Patient Safety Advocacy Network, Ghana Chapter, GHAPSANET. Key stakeholders attended, including health-care workers, NGOs, Women’s groups, policy-makers, local and national leaders and the media. The objective of the workshop was to discuss the issues surrounding maternal/neonatal mortality and proposed activities included creating a forum for information dissemination and dialogue, developing a participatory (all-inclusive) strategic plan and taking responsive actions to vigorously pursue the enhancement of mothers and newborn babies’ chances of survival and good health.

It is hoped the workshop will produce a robust network of health champions / advocates to promote team building and accountability in the region. Organiser of the workshop and host of the PFPS Ghana network, GLOWA (Global Action for Women’s Empowerment), will generate a database of best practices, resources, protocols and workable systems that have the potential to reduce health care errors and infections among mothers and their newborn babies in the region.

Workshop participants agreed on a number of important factors including, the need to create a more friendly environment in health-care facilities, for women to access health care to check their reproductive health, and for mothers and families to be educated to identify the danger signs especially during pregnancy and after delivery.

During the workshop, the official GHAPSANET launch was also held. GHAPSANET exists to promote patients’ rights and advocate against all preventable health-care errors in health-care facilities across Ghana. GHAPSANET will act as a voice for all, but especially for those who are currently unheard.

Host and PFPS Champion, Christine Kugbeadzor, gave the welcome address, briefing participants on the aims and objectives of PFPS and background to why PFPS Ghana had been formed by the three PFPS Champions. Fellow Champions, Alex Adusei and Mrs Susana Wumbee, shared with participants the draft PFPS Entebbe Declaration and key issues highlighted at the African PFPS Workshop.

The first project that GHAPSANET wishes to undertake in Ghana is the Infection Control Campaign starting from the Volta, Ashanti and Greater Accra regions. This project will target health-care service providers and civil society who currently fail to properly observe hand hygiene protocols.

GHAPSANET hopes to use social mobilisation techniques and behaviour change communication (BCC) skills to create platforms for information dissemination, sensitisation, dialogue and advocacy among all key stakeholders for voluntary compliance to hand hygiene protocols and to reduce infection rates. Participants called on all, including corporate institutions, to give the resources required (financial, material and technical) to enable implementation of this all-important project.

“Solutions do exist and the time to act is now!!!!

For more information please email Christine at glowa_ghana@yahoo.com
ISQua Conference, ‘Patient Safety: Sustaining the Global Momentum’ Hong Kong, September 2011
Jo Groves, IAPO CEO and PFPS Steering Group Member & Steph Newell, PFPS Champion, Australia.

WHO Patient Safety and Patients for Patient Safety were active in sharing international patient safety initiatives at the International Society for Quality in Healthcare’s (ISQua’s) 28th international conference. Stephanie Newell, PFPS Champion, Jo Groves, PFPS Steering Group Member and CEO of the International Alliance of Patients’ Organizations, Edward Kelley, WHO Patient Safety, and Madeline de Rosas-Valera, WHO Western Pacific Regional Office were involved in numerous sessions highlighting the role of patient engagement to improve patient safety initiatives.

The conference brought together over 1900 delegates from over 60 countries, including academics, health professionals, policy-makers and others. Participants shared information on a wide range of initiatives, working to improve the quality and safety of health care in a number of areas. ISQua is committed to including the patient voice in its work and they discussed models for patient engagement in developing the quality and safety of care. PFPS looks forward to working with ISQua to continue to build on patient engagement at the next ISQua conference.

Surgical ward care – How to enhance clinical safety? In this session, Jo Groves was invited to present on the potential for patient involvement in the development of quality and safe ward care. She explored new innovative methods currently being investigated to improve the quality and safety of surgical care, including the use of simulated wards in training which can focus on issues including team working, attention to procedure and safety and the potential for patient involvement in the development of quality and safe ward care at an individual patient level.

‘Driving organisational improvement whilst gaining a better understanding of the patient experience’ In the closing plenary, Jo Groves highlighted how IAPO works to support the re-orientation of health systems around the world to address patients’ expressed needs and preferences. The key elements of successful models for patient engagement were shared along with a number of examples including a case study from IAPO Member, the Alliance for Patients’ Mutual Help Organizations, showing how they have impacted on national policies in Hong Kong and the international work of PFPS to support the inclusion of the patient voice in WHO’s patient safety initiatives.

Transforming Care for Improved Patient Care Experience “You have given me tools which I can use as soon as I return to my organisation to start partnering with patients in a meaningful way, thank you!” This was one of the appreciative comments received by Australian Stephanie Newell, PFPS Champion, and Dr Karen Luxford, Director of Patient Based Care Clinical Excellence Commission, after they ran a workshop on improving safety and quality by focusing on the patient care experience in partnership with patients.

The highly interactive workshop provided information, tools and strategies on how to partner with patients, their families and carers to improve the patient experience and the safety and quality of care. Workshop participants were orientated to the principles and benefits of partnering with patients in their own health-care and also in the governance structures of the health-care organisation. Participants examined their own organisation to identify opportunities and consider areas for enhancing processes and practices. Real world case studies which included the Australian PFPS Workshop provided vivid illustration of the transformational impact of partnership in action. Find out more about the ISQua conference at www.isquaconference.org

From local to global, raising the patient voice in communities worldwide - IAPO and the Philippine Alliance of Patient Organizations (PAPO) Patient Group Meeting Manila, The Philippines, 12 October 2011

The International Alliance of Patients’ Organizations (IAPO) and 21 patient representatives from the Metro Manila areas met to explore the relationships between the work of patient groups at the international, regional, national and local levels. Patient representatives discussed their national health-care issues, describing how the costs of health care are too high and patients with chronic conditions often have difficulty accessing treatment regularly. Continued on page 5...
Participants stated that patients require empowerment through education and information and, while patient groups can provide some of this, these need support and recognition in order to have an impact. The need for patient involvement in policy-making and the recognition of the patient as an important health-care stakeholder was described as key to improving health care in the Philippines. Participants at this meeting expressed clear commitment to working together on common issues and supporting each other in their work.

For more information contact: info@patientsorganizations.org

Renovation of operating theatres in Egyptian University Hospital

Nagwa Metwally, PFPS Champion, Egypt

Two years ago during a regular visit to the Ain Shams University Hospital I was approached by the Director and asked to help raise funds for the renovation of all nine operating theatres in the gynaecology unit of the medical school. The renovations were much needed and would help save lives.

At first, I was daunted, knowing it would be incredibly difficult to raise the huge sums of money required. After many sleepless nights, endless discussions and several generous donations I managed to scrape together the funds – over four million Egyptian pounds (US$660,000) for the infrastructure alone! We also managed to supply all the necessary equipment for two of the theatres. After managing to overcome obstacles, the theatres are now ready.

I insisted that before opening the theatres - all health-care professionals using the theatres be given training in infection control and should agree to follow the relevant safety procedures, in particular the WHO Surgical Safety Checklist. To persuade them to make this pledge was no easy task. As I’m sure many of you have found through your own work, people will generally try to resist change. Eventually, the head of the unit decided that adhering to the Surgery Checklist should be obligatory.

It is a struggle to try and change attitudes but I hope this article will inspire others who believe in our noble cause - giving the right to everyone, rich or poor, to receive safe treatment – never to give up. I continue to ensure that my recommendations are implemented and I hope that the new operating theatres will be a good model for safe surgery.

For more information contact Nagwa at: nagwa0@gmail.com

SHEVET Launch

SHEVET was established in 2009 by two PFPS Champions – Yael Applbaum and Sara Yaron, to promote and support cooperation between care-givers and patients and their families. SHEVET is a dynamic organization of patients and physicians who are jointly taking active roles to improve patient safety in Israel.

The cooperation is designed to increase the safety of medical care, prevent errors in treatment and mitigate the damage done following medical error. Medical error will first and foremost affect the patient and family, but its effects are felt well beyond, among the doctors and other caregivers involved, and throughout the entire system.

In 2011, participants joined to witness the launch of SHEVET, the Patient-Physician Partnership for Safer Healthcare. The audience listened to endorsements and good wishes from leaders within Israel's health-care system. The speakers included the Director General of Israel's Health Ministry, the Director General of Assaf HaRofeh Hospital, where the event was held, and the Head of Medical Policy Division of the Israeli Medical Association. Then followed talks emphasizing the various aspects of partnership in patient safety and within the operative triad of the medical world: Doctors, patients and the medical care itself.

Margaret Murphy, PFPS Champion and External Lead, arrived from Ireland to contribute support and ideas to SHEVET's public debut. Her "Nothing About Me, Without Me" remarks received enthusiastic applause. Audience members heard from a mother who knows what it's like to live with the ongoing misery of knowing that your loved one has suffered or died due to (innocent) mistakes, medical neglect, medical malpractice and/or even medical indifference.

This was followed by a dramatic presentation about comprehending the cascades of anguish for doctors who've caused an adverse medical event which has lead to complications, worsening illness or death. They can often be abandoned by colleagues and administrative staff, which is not conducive to resolving present or developing problems and hinders opportunities for preventing future medical mistakes.

Continued on page 6…
In the discussion following the presentations, new ideas from the audience complemented the original plans. Next on the agenda of the partnership is a brainstorming session with all those who signed up to join the partnership and will be followed by a workshop for patients in preparation for their joining the professional conference of the Israeli Forum for Patient Safety.

SHEVET will play a central role in improving the safety of patient care. It will also increase awareness and willingness of health-care institutions in the country to collaborate with patients and their families to promote safety in treatment. The Shevet founders, a group of physicians and patients, believe promotion of this partnership will help create a health-care safety revolution within Israel.

For more information: www.shevet4patientsafety.org or email yaron-i@bezeqint.net

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**Improving health care in low and middle income economies:**

*Salzburg Seminar, April 2012*

*PFPS Champions Robinah Kaitiritimba, Uganda and Hussain Jafri, Pakistan*

This prestigious seminar was attended by quality improvement experts from several developed and developing countries and Robinah and Hussain's participation provided the patients' perspective on how health outcomes could be improved by involving patients as equal partners.

One of the key issues discussed was patients' preferences vs patients' needs. Robinah and Hussain reiterated the critical need for patient care to respond to patient preferences as a right. ‘(Robinah)…I pointed out that in under resourced countries, or at least in Uganda, sometimes patients' choices are driven by gender and cultural connotations, sometimes resulting in choices that can cause harm…’

Robinah gave an example of a group of pregnant women in Luweero District, Uganda, who they had helped by linking them to health centers to try and ensure their delivery was supervised by skilled health-care workers. After a successful delivery, one of the mothers visited a traditional birth attendant who decided to make an incision below the baby's tongue, supposedly to cure the baby's tongue tie. The baby bled profusely and gasped and died within about 30 minutes. ‘.'

‘(Robinah)... In my view, this is a clear example of a case in which a patient must be informed and helped to make safe choices to ensure survival and quality care

Sir Liam Donaldson shared the tragic story of a young woman who was unaware she was expecting twins and had died unnecessarily of complications during childbirth, which Robinah felt perfectly demonstrated the importance of the community’s role within a safe health system, something in her view not properly reflected by the WHO building blocks (see diagram below). ‘Many of the factors that led to the death of this young woman have origins at the community/family level. What are a community's responsibilities/roles? Particularly in poor resource settings, it is important that the community helps already over-burdened health workers, often working in dysfunctional settings, to shoulder the responsibilities of providing safe health-care….I believe community education should be an independent building block, not somewhere within another (WHO system) building block…'

Hussain presented during the session on Quality Improvement in Health Systems Strengthening, on the role of community and civil society mobilization in health system strengthening. ‘...In a significant recognition of the role of patients and community, participants of the seminar called on WHO to expand its “six building blocks of health systems” and add “community mobilization and patient perspective” as the seventh block of health systems.

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*SYSTEM BUILDING BLOCKS*

- Service Delivery
- Health Workforce
- Health Information Systems
- Access to Essential Medicines
- Financing
- Leadership/Governance

*OVERALL GOALS/OUTCOMES*

- Improved Health (Level and Equity)
- Responsiveness
- Social and Financial Risk Protection
- Improved Efficiency

*THE SIX BUILDING BLOCKS OF A HEALTH SYSTEM: AIDS AND DESIRABLE ATTRIBUTES*
African Network for Patient Safety takes the lead to achieve MDGs

Garance Upham, Member RIPAQS, Chair PHM France and Disability & Economics Circle and Member of PFPS Steering Committee

From Algeria, Togo, Burkina Faso, Benin, Ivory Coast, Senegal and Guinea Conakry, many representatives of patients’ organizations, along with Ministry of Health (MoH) representatives and professionals in the field of infection control, were in Geneva at ICPIC (International Conference on Prevention and Infection Control) in July 2011. Their inclusion was thanks to the joint efforts of RIPAQS (INPIQS International Network for Planning and Improving Quality and Safety in Health Systems in Africa) and of the Swiss health authorities working on patient safety with Professor Didier Pittet (External Lead, Clean Care is Safer Care Programme). The special Africa session was opened by the President of the Swiss Confederation, Mrs Micheline Calmy-Rey. One of the many action-oriented achievements of this meeting was the participation of the Minister of Health of Benin, Professor Dorothee Kinde Gazard, with whom the organisation of a West African Francophone MoH meeting on patient safety was scheduled for 2012.

The scientific side meeting, with representatives from 17 African countries, achieved its objective to present work, experiences and practices of African care givers in the fight against health care-associated infections, and the move towards improved patient safety. A scourge on African health-care systems, hospital-acquired infections need urgent attention if the MDGs are to be met, especially on reducing maternal and child mortality.

After the successful PFPS meeting in Uganda in 2011, it is hoped the French-speaking African countries will soon enjoy the benefits of a PFPS meeting. Community leaders and MoH officials have very actively engaged in furthing the issue of patient safety for the past five years with a flurry of activities in each country, a sure demonstration that civil society can be a key supportive element of MoH to make health-care systems stronger and safer.

The achievements of the RIPAQS network - anchored with the MoH Focal Point for Patient Safety in the Ivory Coast, Dr Frank Mansour Adeoty, and West African League of Patients Associations based in Togo, Mrs Falliatou Tchanile, represents an outstanding example of what can be achieved in countries in terms of work supportive of WHO guidelines and programmes.

The full report in French and English are available. Please email: garance@safeobserver.org

Memorial event for Yves Chartier, among the first contributors to patient safety

Garance Upham

On May 22 this year, a memorial event was held in Geneva to pay tribute to the work of Yves Chartier. Yves was a French engineer who had been involved in the launch of the WHO Patient Safety Programme back in 2004 and who sadly died in a mountain accident last January. Yves was a specialist in waste management and infection safety. The event and journal honouring Yves' work and memory were titled: Water- Sanitation- Hygiene- Injection Safety- Natural Ventilation- Waste management- Infection control: An ecological approach to HIV/AIDS and Antibiotic Resistance.

Devoted to patient safety and the attainment of health for all, Yves shared the values of the People’s Health Movement and he was highly regarded by many at WHO and in France for his outstanding accomplishments and commitment to global health and patient safety.

Chairing the event were high-level government officials from France and Benin, also NGO leaders and senior staff from many departments at WHO. The speakers stressed his outstanding contributions such as his collaborative work with USAID “How to integrate WASH Water Sanitation Hygiene in the HIV/AIDS program”, a key element to promoting patient safety for people living with HIV in resource-poor communities. An "International Journal of People's Health" was put together and is available on the Safe Injection Global Network WHO linked newsletter (http://signpostonline.info/sign-links/people's-health-movement-france).

The Journal and event were made possible thanks to the support of the French Ministry of Health, and the organizing of People's Health Movement France.
African Partnerships for Patient Safety launch of the second wave

Building on the success of the first wave, the African Partnerships for Patient Safety programme (APPS) launched its "second wave" of English-speaking partnerships in November 2011. The second wave partners have conducted a baseline patient safety situational analysis and have developed a work plan for the next two years.

SECOND WAVE PARTNERSHIPS
- St George's (London, UK) – Kumasi (Ghana)
- Ipswich (UK) – Beira (Mozambique)
- Imperial College (London, UK) – Butare (Rwanda)
- North Cumbria (UK) – Mbeya (Tanzania)
- Guy’s & St Thomas’ (London, UK) – Ndola (Zambia)

As APPS moves forward, it will continue to evaluate and learn from the challenges and realities of African hospitals, both within and across Partnerships. Tools and resources co-produced with first wave hospital partnerships are now available for use by any African hospital engaged in patient safety improvement. These resources will also be shared with ministries of health and regional institutions and can be downloaded from the programme website or by contacting the team.

APPS hospitals continue to engage with their local communities and several hospitals have community members as part of their patient safety improvement teams.

Partners are working through hospital outreach programmes to engage with community members, raise awareness of patient safety and spread good practice, particularly regarding hand washing and health care-associated infections.

For more information email appsprogramme@who.int

New Strategy for Patient Safety Programme

The Patient Safety Programme has launched the new Strategy for 2012-2015 which will focus on providing global leadership for patient safety by pledging:

1) to harness knowledge expertise and innovation;
2) to improve patient safety in health-care settings;
3) To engage health-care systems, NGOs, civil society and the expert community in the global endeavour of making health-care safer

There will be more information on this in the PFPS news later on this year!

For more information about the WHO Patient Safety Programme go to www.who.int/patientsafety

Update - Mother Baby mCheck

The 7-day mother baby mCheck tool has moved into the next phase of development following the latest round of focus groups held in nine countries led by a number of PFPS Champions. The tool is now been modified and the mHealth component will be developed and tested in India.

There will be a more detailed update in the next edition of PFPS News. For more information please email leea@who.int
Next time...

The PFPS Newsletter will be returning to quarterly editions providing a shorter, more up-to-date review of patient safety news from around the world.

The next edition will feature a report from the first ever virtual PFPS workshop in Canada, a look at the latest developments with the WHO Patient Safety medical education work, and feedback from the Global Health Policy Summit being held on 1 August 2012 in London!

If you have any news to share for the next newsletter please send your contributions to Anna, at leea@who.int before 25 September 2012.

Announcements!

Dr Charles Denham wins Nightingale and Codman 2011 World Patient Safety Day Award

Becky Martins, PFPS Champion, USA

The Nightingale and Codman award is presented each year to honour those who represent the values and furtherance of their patient safety work. Florence Nightingale and Dr Ernest Codman represented the values, character and pioneering evidence-based practice that placed patient safety and quality outcomes above all else. In recognition of his pioneering and innovative patient safety and quality improvement work, Dr Denham has been voted the 2011 recipient of the award.

Dr. Denham has devoted much of his career to patient safety and health-care performance improvement, including developing the first patient-provider partnership panel of authors for collaborative review of national safe standards of care and practice, published in the National Quality Forum Safe Practices for Better Healthcare (2009). Dr Denham is an outspoken advocate of health-care improvement, safe standards and practices that chase zero preventable patient harm and transparency in health-care.

World Patient Safety Day is held on 25 July annually. Patients, families, health-care providers and consumer groups join together in a moment of silence and candlelight vigil; online, at home, work - in memory of patients and families who have lost their life or quality of life due to medical errors - and in tribute to those who work to improve the quality and safety of health care for future patients. The event now draws participants from more than 41 States in the USA and numerous other countries too.

For more information: www.patientsafetyday.com

Welcome Philippa!

We have recently welcomed Philippa Kennedy, our new volunteer, to the PFPS team here in London. Philippa graduated from the University of Bristol (UK) with a Biology degree and is hoping to study Globalisation and Development at SOAS (London) later this year. She is also currently working for the Institute of Global Health Innovation at Imperial College, London, where she is helping to coordinate The Global Health Policy Forum to be held in London on 1st August.

Journal Article - What happens when things go wrong?

Dale Ann Micalizzi, PFPS Champion from the US, has co-authored an insightful article published in the Journal Pediatric Anesthesia in January. Here is a short summary;

When a patient is injured or dies during anesthesia care, both the family of the patient and the health-care providers suffer. The family needs to know what happened. The family can benefit from personal contact with the involved physicians. Apology to the injured is very important. The health-care providers must report adverse events. Systematic review of adverse events can provide improved patient safety. Mechanisms exist to support the health care providers recovering from these (potentially) devastating experiences, but useful support is often not immediately available.

Read the full article here: