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Pandemic Preparedness and Patient Safety

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Avian Influenza Action Plans

A global meeting between the World Health Organisation (WHO), the Food and Agriculture Organisation, the World Organisation for Animal Health and the World Bank, held 7-9 November 2005, defined an action plan to control avian influenza in animals and limit the threat of a human influenza pandemic. The H5N1 influenza virus is currently circulating in animals in Asia and has been identified in parts of Europe. Human exposure to the H5N1 virus risks the emergence of a new pandemic virus. In his opening speech on the 7th November, WHO Director General, Lee Jong-wook, distinguished between seasonal flu, avian flu and human pandemic influenza. Although he stated that there was no current outbreak of human pandemic influenza anywhere in the world, he warned “the signs are clear that it is coming. The 1918 pandemic resulted from a changed avian flu virus. Since its appearance in Hong Kong in 1997, highly pathogenic H5N1 avian flu has spread to 15 countries in Asia, and Europe.” The World Bank estimates that the needs of affected countries could potentially reach US$1 billion over the next 3 years. The meeting was attended by more than 600 delegates from over 100 countries and concluded an action plan covering six key areas: control at source in birds, surveillance, rapid containment, pandemic preparedness, integrated country plans, and communications.

Source: www.who.int November 2005.

The need for critical care units and intensive care physicians to be closely involved in contingency planning at a national level has been highlighted recently in the UK. In an article in *Anaesthesia* in October 2005, Drs David Menon, Bruce Taylor and Saxon Ridley pointed out that an epidemic would result in an increased number of admissions, both to hospitals and to intensive care units, and criticised the Department of Health’s “UK Influenza Pandemic Contingency Plan” for not considering the impact of a pandemic on critical care services. Dr Menon and colleagues (2005) modelled this potential impact for the UK, using software developed by the Centre for Disease Control and Prevention (www.cdc.gov/flu/flusurge.htm). Their study showed that for a 25% attack rate and 8-week pandemic duration, the demand for ventilatory support would exceed 200% of present capacity. Demand also remained unsustainably high in models with more favourable scenarios. The researchers concluded that current critical care bed capacity in England would be unable to cope with the increased demand provided by an influenza pandemic, highlighting the need for appropriate critical care contingency planning. Dr Bruce Taylor has now been asked to set up a UK Critical Care Contingency

Planning group, which will plan for expansion of critical care capacity to meet this need.

Sources: Anaesthesia 2005; personal communication with

Bruce Taylor, November 2005.

World Alliance for Patient Safety

The Who World Alliance for Patient Safety comprises heads of agencies, policy-makers and patients' groups with the aim of advancing the patient safety goal of "First do no harm". Chaired by Sir Liam Donaldson, the Alliance launched the Global Patient Safety Challenge 2005-2006, “Clean care is safer care”, in October 2005. The Alliance reports:

• that healthcare associated infection affects 1.4 million worldwide in hospitals at any given time,

• between 5% and 10% of patients admitted in modern hospitals in developed countries acquire one or more infections, and that

• the risk of healthcare acquired infection is 2 to 20 times higher in developing countries.

The Challenge tackles healthcare acquired infections, which promote drug resistance, increase costs and pose risks to patients, relatives and healthcare workers.

Sourced from www.who.int November 2005, where documents on actions of the Challenge and the "WHO guidelines on hand hygiene in

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healthcare" are available.

Patient Safety in Michigan

Michigan Health & Hospital Association's (MHA) Keystone Centre for Patient Safety & Quality has completed a 15 month project to improve ICU patient safety. *Keystone: ICU* is a collaborative of more than 120 Michigan ICUs and 70 Michigan hospitals. Using a predictive model and data collected from participants between March 2004 and June 2005, the total savings were estimated to be:

• Patient Lives Saved - 1,578

• Hospital Days Saved - 81,020

• Health Care Dollars Saved - $165,534,736

Central IV line infections were reduced by nearly 50%, 68 out of the 127 participating ICUs reported zero bloodstream infections or ventilator-associated pneumonias for six months or more, and overall ventilator associated pneumonia rates continue to decrease. MHA Keystone Centre was established in March 2003, and brings together hospitals, national experts and best practice evidence to improve patient safety. Co-leaders of the ICU project are Chris Goeschel RN MPA MPS, executive director of the MHA Keystone Centre, and Peter Pronovost MD PhD FCCM, internationally recognized patient safety expert from the Quality and Safety Research Group at Johns Hopkins

University.

Source: www.MHAKeystoneCenter.org November 2005.

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