



Partnership to Improve Patient Safety and Quality of Care

PASQUALE

Duration

2019–2022

Budget/year

approx. 250,000 EUR

Partner countries

Guinea

Côte d'Ivoire

Challenges addressed by the project

Patient safety is defined by the absence of adverse events and constitutes a fundamental principle of health care. Approximately two thirds of all adverse events occur in low- and middle-income countries. These events affect all medical specialties, with 27% of adverse events occurring during surgery and 12% presenting as nosocomial infections. To address this challenge the World Health Organization launched the Global Patient Safety Challenges (GPSC). PASQUALE 1 focused on the first GPSC “Clean care is safer care”, and PASQUALE 2 continues by addressing the second GPSC “Safe surgery saves lives”.

Objectives

The main objective of the project is to improve patient safety in the respective partner institutions. The following sub-objectives are pursued:

- » Improvement of hand hygiene practices (HH) via compliance and knowledge promotion of healthcare workers as well as the support of local production of alcohol-based hand-rub (ABHR) (continuation of PASQUALE 1)
- » Increase patient safety in the surgical setting by adapting, implementing and correctly applying the WHO Surgical Safety Checklist (SSC)
- » Safe medical device reprocessing by providing sterilisers and instructions for correct use
- » Implementation of an error management system through cross-hierarchical cooperation

Overview of activities

PASQUALE 2 is divided into four phases:

Phase 0 is the preparatory phase, in which a documentation sheet for postoperative complications is introduced in all surgical departments. This complication sheet is based on a similar sheet provided by the American College of Surgeons. In addition, local sterilisation and anaesthesia resource capacity/practices will be determined using pre-existing questionnaires.

Phase 1 is the pre-interventional phase, which consists of a baseline evaluation. The application of the WHO SSC will be monitored and post-operative complication/death rates will be recorded.

Phase 2 represents the interventional phase. After the analysis of phase 1 data is completed, it consists of adapting the SSC to local conditions and of implementing training sessions for its application. To improve patient safety in a sustainable way, foundations are laid to implement the SCC in the partner institutions in the sense of a “system change”. Further, regular audits are introduced to discuss surgical complications and deaths.



Supported by:



on the basis of a decision
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COVID-19 training in Hôpital Régional de Faranah (HRF) Guinea



Local team for production of alcohol-based hand-rub at Centre Hospitalier Universitaire de Bouaké, Côte d'Ivoire



Local production of of alcohol-based hand-rub

Phase 3 serves to evaluate the project interventions and includes the comparison of baseline and follow-up evaluations. Additionally, the scientific evaluation provides the opportunity to adapt and expand the project interventions. The results of the project will be reported to partners and associated institutions as well as being published.

Partner institutions

- » Hôpital Régional de Faranah (HRF), Guinea
- » Centre Hospitalier Universitaire de Bouaké (CHU), Côte d'Ivoire

Supporting institution in Germany/Contact

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