For the continuous search of the International Quality and Safety Goals

Working for educate hospitals and health systems about the most serious problems of quality and patient safety, such as hospital infections, surgery in wrong places, post-surgical infections, and preventing avoidable hospitalizations for heart failure. This is the role of Dr. Mark R. Chassin, president of The Joint Commission and Joint Commission Center for Transforming Healthcare. Member of the Institute of Medicine of the National Academy of Sciences, Chassin ensures that leadership is crucial to increasing the quality and safety in health care.

Read below the full interview with Mark Chassin.

_CBA - How Joint Commission Internacional JCI has contributed to improving the quality and safety in patient care?_

Mark Chassin - Joint Commission International, with our accreditation partner CBA, has been successful in raising the awareness of health care quality and safety in Brazil; introducing Brazil to a set of international standards for quality and safety; and introducing into Brazilian hospitals an internationally accepted method for evaluating quality and safety. The JCI/CBA accredited hospitals now set a benchmark for quality and safety that will guide the thinking and actions of other health care organizations with similar quality aspirations.

_CBA - What are the main challenges to improve the quality and safety in patient care in the world?_

M.C. - Leadership is the key both at a national level and within each health care organization. Leaders help shape a culture of safety in which reporting and learning from errors and near miss incidents is central. Clinical leaders help standardize how care is provided, thus making care safer and more consistent. They demonstrate by example the use of good science and evidence in their efforts to reduce variation in clinical practice. This leadership is not concentrated at the top of an organization but comes
from many sources within an organization. While leadership concepts for quality and patient safety are universal, the way the concepts unfold in a country has a significant basis in the culture of quality and patient safety at the national level and within the health professions.

**CBA - What is your opinion about the quality programs and safety in patient care developed in Brazil? What can be featured in the Brazilian programs?**

M.C. - Brazil is a dynamic, growing and rapidly changing country. The health care community is also changing rapidly by embracing the concepts of quality and patient safety. Brazilian hospitals recognize the patient as a partner in the care process, health professionals embrace good science, and learning is valued.

**CBA - What still needs to improve in Brazil in relation to international targets for quality and safety in patient care?**

M.C. - I believe the challenge for Brazil is in spreading the knowledge and practices related to quality and safety across the health care system. Brazil is a large country with many thousands of health care providers with different levels of quality knowledge and divergent channels of information flow to improve their knowledge. In addition, national quality standards, such as national patient safety goals, would be helpful in spreading good and safe practices to all corners of the health care system.

**CBA - What results are being achieved through implementation of the Millennium International safety and quality Goals? Give us some examples, please, and if possible, tell us some statistics.**

M.C. - Joint Commission International’s 4th Edition of the International Standards for Hospitals contains requirements related to 6 International Patient Safety Goals. These Goals describe focused areas in which organizations can take immediate steps to improve patient safety. They are based on much of the same evidence that lies behind
the Patient Safety Challenges put forward by the World Health Organization. While a Goal may be clear and easy to understand---for example, always using two forms of identification for patients before giving medications, treatments, or drawing blood samples - they are very difficult to implement for every patient, by every staff member, on every shift. Sustaining good practice is also a problem for many organizations. Thus, JCI and the Joint Commission track how many organizations that were surveyed have 100% compliance with all the elements of each Goal. Each Goal has specific components (or measurable elements). For example, the 6 JCI Goals have 24 different measurable elements. JCI has been tracking compliance level and in the first quarter of 2011 only 33% of the organizations surveyed that quarter (24) were in full compliance with all 24 elements. JCI has found that compliance improves with each survey. For example, it is usually lower on the initial accreditation and goes up with each triennial survey. Individual organizations also track their progress in meeting the Goals.

CBA - Regarding the Millennium International, which points are most vulnerable and why: the correct identification of the patient, effective communication, the safety of drugs, safe surgery, health care-associated infections or injuries from falls?

M.C. - Failure to comply with any of the goals can have negative impacts on individual patients and their families. The severity of such preventable harm is highly variable, from minor injury to loss of life. JCI's International Patient Safety Goals help organizations focus on the most common forms of preventable harm to patients, for example, those associated with medication errors – as almost every hospitalized patient receives one or more medications. JCI also helps organizations master all the components of ensuring correct-site, correct-procedure, correct-patient surgery as the impact of such errors is so devastating. The safety issues identified in the International Patient Safety Goals are truly global in scope. Organizations in every health care system around the world are struggling to perfect their systems in these areas to keep patients safe from preventable harm.