African Partnerships for Patient Safety (APPS):

The Development of Patient Safety Policy in the African Region

Dr Joyce Hightower

Webinar 3 of 6
APPS Webinar Series
Review of Webinar 2

1. Described the APPS Improvement Framework

2. Explained the APPS 6-step process for partnership planning & implementation

3. Defined key tools & resources that can be used in each of the 6 steps

4. Explained how to conduct a hospital patient safety situational analysis

Webinar 3 – Objectives

1. Outline the linkage between "spread" and national patient safety policy.

2. Examine a WHO pilot tool for developing national patient safety policy in the African Region.

3. Describe policy context in different countries in Africa through case studies.

4. Articulate key lessons on patient safety policy change.
"Spread" and policy
What is policy?

"A course or principle of action adopted or proposed by a government, party, business, or individual; the written or unwritten aims, objectives, targets, strategy, tactics and plans that guide the actions of a government or an organization."

How are partnerships and policy linked?

Objective 1: PARTNERSHIP STRENGTH

Objective 2: HOSPITAL PATIENT SAFETY IMPROVEMENTS

Objective 3: NATIONAL PATIENT SAFETY SPREAD
What is Spread?

- Spread can be considered to be the **process** of disseminating methods of practice between institutions and individuals at the same or different hierarchical levels.
- It is a **deliberate process** to increase the impact of **innovative** health service **improvements** to benefit a wider population and change policy & system development in a **sustainable** way.
Dimensions of Spread

VERTICAL: Political/Legal

SPONTANEOUS

HORIZONTAL: Expansion/Replication
Why consider spread?

• Planning for spread allows the maximum number to benefit from the partnership.
• By addressing horizontal and vertical spread, healthcare delivered outside the partnership can benefit from shared expertise.
• A receptive policy environment is a critical success factor.
Improvement through partnerships can spread!

Designed to assist partnerships to stimulate patient safety improvements in other healthcare settings through interactions with other organizations and people.
"Brokerage inherent in hospital-to-hospital partnerships can boost relationships between “evidence” and “policy” communities and move developing countries towards evidence based patient safety policy."
WHO pilot tool for developing national patient safety policy in the African Region
Why this Tool?

• This tool was developed to facilitate the task of Members States in the African Region to promote national patient safety through developing comprehensive and effective national patient safety policy and strategy.

• The outlined process should ideally be a part of the encompassing national health policy and strategic plan development and not create stand alone regulating or reporting mechanisms.
Flowchart: Key steps of process

1. Is there a perceived need for national patient safety policy?
   - YES
     - Has a national patient safety analysis been conducted?
       - YES
         - Carefully examine the findings of the analysis
         - Develop a national patient safety policy
         - Develop a national patient safety strategic plan
         - Conduct regular monitoring and evaluation of progress
       - NO
         - Conduct national analysis of patient safety
         - Revise and update the strategic plan
   - NO
     - Carefully consider the importance of patient safety in the national health system and its relevance to quality
Four main activities in developing patient safety policy and strategy:

1. Conducting a national patient safety situation analysis
2. Developing a national patient safety policy
3. Developing a national patient safety strategic plan
4. Revising and updating the strategic plan
Conducting a national patient safety situation analysis:

• A situation analysis is the first milestone in the process of formulating a national patient safety policy.

• The situation analysis should be analytical, strategic and relevant to the overall national health policy

1. reviewing the existing national policy for relevant elements on patient safety

2. identifying patient safety gaps at different levels
Focus on both the national policy and the patient safety systems at the health facility level

- Who are the key stakeholders in developing a national patient safety system?
- Is there a national patient safety policy?
- Is there a national policy that addresses any patient safety area? If so, which one of the 12 action areas does it address?
- Is there a national patient safety strategic plan?
- Has a systematic nationwide assessment of patient safety been conducted for health institutions?
- Has any health facility conducted a patient safety assessment?
- Has any health facility conducted an assessment in any of the patient safety areas?
- Are any patient safety indicators being used at the institutional level for ongoing monitoring of quality of care?
- What funding is allocated for patient safety activities?
Developing a national patient safety policy

National patient safety policies should reflect the main aspects and standards of the national health system and should be based on attainable and proven practices aimed at meeting the needs of the nation and in consideration of local contexts.

1. selecting and fostering stakeholders’ participation
2. engaging community and civil society organizations
3. selecting assessment indicators
1. Selecting and fostering stakeholder participation

Once national priorities are identified, a core group should:

• Review the context, recommended solutions, reference documents and new policy;

• Address each of the priority points listed by identifying the category of stakeholders indicated and develop a strategy for their engagement;

• Develop a timeline and national goals to coordinate and harmonize the activities of all the stakeholders, with dates for monitoring and evaluation.
2. Engaging community and civil society organizations

Various modalities should be put in place to foster active participation of all constituent groups such as the government, nongovernmental organizations, the civil society and the private sector.

• to ensure the right approaches are adopted for the specific circumstances of the country

• to ensure that structures, resources and skills to make the changes and additions needed for implementation of the strategic plan are available

• to provide mechanisms for regular and effective monitoring and evaluation to inform the strategic plan’s refinement.
3. Selecting assessment indicators

- Relevant mechanisms required to ensure indicator alignment with national plans for poverty reduction & MDGs.
- Priority patient safety assessment mechanisms in the strategic plan should be aligned with the national health plan.
- All three aspects of WHO safe care approach are addressed:
  - patient quality (what patients want)
  - professional quality (why patients and health professionals need to follow best practices)
  - management quality (safe, efficiency and clear regulations)
Developing a national patient safety strategic plan

A national patient safety strategic plan must identify the priorities over a set time span. It must clearly define the orientation of the implementation and operational plans and the future strategic directions.

1. setting priorities
2. creating a time line
3. implementing the plan
4. monitoring and evaluating implementation of the policy
<table>
<thead>
<tr>
<th>WHO health building blocks</th>
<th>Patient safety (PS) action areas</th>
<th>Related millennium development goals (MDGs) &amp; Post-2015 Agenda</th>
<th>African Union health strategy</th>
<th>Country health development partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Leadership and governance</td>
<td>1. PS and health services and systems</td>
<td>All health related MDGs</td>
<td>Health systems operations</td>
<td>A range of in-country health development partners support work in areas that are directly or indirectly connected to the 12 patient safety action areas</td>
</tr>
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<td></td>
<td>2. Develop and implement national policy for PS</td>
<td>All health related MDGs</td>
<td>Policies and legislation</td>
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<td></td>
<td>3. Knowledge and learning in PS</td>
<td>All health related MDGs</td>
<td>Human resources</td>
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<td>4. PS awareness raising</td>
<td>All health related MDGs</td>
<td>Community participation and empowerment</td>
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<td></td>
<td>10. PS partnerships</td>
<td>MDG 8 – Partnership development</td>
<td>Strengthening partnerships</td>
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<tr>
<td>II. Service delivery</td>
<td>5. Health care-associated infections</td>
<td>MDG 4 – Child mortality</td>
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<td></td>
<td>6. Medical products, vaccines and technologies</td>
<td>MDG 5 – Maternal health</td>
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<td>7. Health care waste management</td>
<td>MDG 6 – Communicable diseases</td>
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<td></td>
<td>8. Safe surgical care</td>
<td>MDG 4 – Child mortality</td>
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<td></td>
<td>9. Medication safety</td>
<td>MDG 5 – Maternal health</td>
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<td>MDG 6 – Communicable diseases</td>
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<td>III. Health workforce</td>
<td>6. Health worker protection</td>
<td>MDG 6 – Communicable diseases</td>
<td>Human resources</td>
<td></td>
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<tr>
<td>IV. Medical products, vaccines and technologies</td>
<td>7. Health care waste management</td>
<td>MDG 6 – Communicable diseases</td>
<td>Commodity security and supply systems</td>
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<td></td>
<td>9. Medication safety</td>
<td>MDG 6 – Environmental sustainability</td>
<td></td>
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<td>V. Health financing</td>
<td>11. PS funding</td>
<td>All health related MDGs</td>
<td>Financing, resource allocation and purchasing of health services</td>
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<tr>
<td>VI. Health information</td>
<td>12. PS surveillance and research</td>
<td>All health related MDGs</td>
<td>Health management information and research</td>
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MDG 5 – Maternal health  
MDG 6 – Communicable diseases  
All health related MDGs | 4 African traditional medicine | A range of in-country health development partners support work in areas that are directly or indirectly connected to the 12 patient safety action areas |
|                            | 8 Safe surgical care            | MDG 4 – Child mortality  
MDG 5 – Maternal health  
MDG 6 – Communicable diseases | 2d Commodity security and supply systems |
|                            | 9 Medication safety             | MDG 4 – Child mortality  
MDG 5 – Maternal health  
MDG 6 – Communicable diseases | 2c Human resources |
|                            | 4 PS awareness raising         | MDG 6 – Communicable diseases |                             |                                   |
|                            | 6 Health worker protection      |                                |                             |                                   |
1. Setting priorities

- Following the endorsement of the national patient safety policy, a strategy for its implementation must be developed based on the priorities and set time frame.

- To promote ownership and ensure success of the strategic plan formulation process, all health-related sectors such as water, sanitation, education, transport, agriculture, planning and finance should be involved in every step.

- Involvement of all national stakeholders is a prerequisite for success. It not only promotes ownership but enables the process to capture relevant priorities and expectations.
2. Creating a time line

- Decide on the approach
- Decide on the duration of the drafting process
- Adoption
- Dissemination
- Monitoring
- Evaluation
- Results dissemination and feedback mechanisms
- Revision of Strategic Plan (if necessary)
3. Implementing the plan

After the adoption of the national patient safety strategic plan document, a plan should be developed for its dissemination to all stakeholders. Effective implementation is based on a plan which clearly...

• Defines roles & responsibilities for each stakeholder
• Defines deadlines and expectations
• Articulates chain of command, streams of supplies & resources
• Outlines monitoring measures, indicators & reporting periods
• Identifies mechanisms for data collection, analysis & feedback
4. Monitoring & evaluating implementation of the policy

Monitoring

The national patient safety policy implementation is monitored through the national patient safety strategic plan. Formative monitoring is essential to ensure policy-plan harmony.

Evaluation

Evaluation of the patient safety strategic plan assesses the impact of activities implemented and the overall rate of implementation, taking into account the finances made available and the type of activities undertaken and their level of implementation.
Monitor & evaluate the national patient safety strategic plan

This process should identify mechanisms, indicators, costing methods, and reporting periods and methods for effective feedback on decisions on future activity and strategy

1. Conduct midterm review
2. Carry out end-term evaluation
Revising and updating the strategic plan

• If results are not as expected at the midterm review, an investigation should be made to see if there is an inherent flaw in the plan or misunderstanding.

• Evaluation findings should determine the options for resolving the problem and plans should be made to revise the original timeline, output expectations or outcomes.

• Any necessary revisions must be disseminated to maintain harmonization & synergy across the implementation process.
Using the Policy and Strategy Tables

• Not necessary for each African country to redefine the key points of each patient safety issue it is facing.

• Utilizing the 12 patient safety action areas provides a common platform for policy development.

• Each of these action areas has been a subject of attention internationally and has contributed to the available evidence base.

• Policy points and guidelines for patient safety in the African Region need to take into consideration the issues and challenges found in African contexts.
# Twelve patient safety action areas

<table>
<thead>
<tr>
<th>1. Develop and implement national policy for patient safety</th>
<th>2. Improve knowledge and learning in patient safety</th>
<th>3. Raise awareness</th>
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</thead>
<tbody>
<tr>
<td>4. Address the context in which health services &amp; systems developed</td>
<td>5. <strong>Minimize healthcare-associated infection</strong></td>
<td>6. Protect healthcare workers</td>
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<tr>
<td>10. Promote partnerships.</td>
<td>11. Provide adequate funding</td>
<td>12. Strengthen surveillance and capacity for research</td>
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</tbody>
</table>
### Patient Safety Policy and Strategy Tables

<table>
<thead>
<tr>
<th>ACTION AREA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extracted quote from AFRC58.8</td>
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</table>

<table>
<thead>
<tr>
<th>List of resource reference documents</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Topic</th>
<th>Policy point and Strategy</th>
<th>Health Facility Activities</th>
<th>Institutions, Professional Bodies, including schools, and CSO Activities</th>
<th>Community Activities</th>
</tr>
</thead>
</table>

1. [Diagram element 1]
2. [Diagram element 2]
3. [Diagram element 3]
4. [Diagram element 4]
5. [Diagram element 5]
6. [Diagram element 6]
5. Health Care-Associated Infections

Technical report AFR/RC58/8 recommendation 5
The implementation of simple measures such as improved hygiene conditions, health care waste management and safe use of injections, invasive devices and blood transfusions will minimize health care-associated infections. Hand hygiene has a very high impact on morbidity and mortality and is the most effective infection control measure. It should be promoted as the entry point for subsequently enforcing other essential preventive measures. WHO and partners have published numerous tools and guidelines on management of health care workers, blood safety, injections and hand hygiene; these could be adapted to national contexts and subsequently implemented.

Resources
- Guide to implementation of the WHO multimodal hand hygiene improvement strategy, Geneva, World Health Organization
<table>
<thead>
<tr>
<th>Topics</th>
<th>Policy Points and Strategies</th>
<th>Health Facilities’ Activities</th>
<th>Institutions, Professional Bodies, Including Schools &amp; CSOs’ Activities</th>
<th>Community Activities</th>
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</thead>
<tbody>
<tr>
<td>1. Hand hygiene as the entry point to reducing health care associated infections (HAI)</td>
<td>A Improved hand hygiene adherence will be a national priority.</td>
<td>i Each institution will have adequate resources and supplies for hand hygiene.</td>
<td>i Professional schools will integrate in training and education concepts related to hand hygiene and the importance of hand hygiene.</td>
<td>i Key community leaders will collaborate with all relevant stakeholders to conduct hand hygiene campaigns in schools and communities.</td>
</tr>
<tr>
<td>2. Infection prevention and control capacities and activities will be prioritized within health care settings.</td>
<td>B Infection prevention and control capacities and activities will be prioritized within health care settings.</td>
<td>i Training of staff will be mandatory and part of orientation for new staff and aligned with the national policy.</td>
<td>ii Annual refresher training will be conducted as appropriate per health care workers’ responsibilities in line with the national policy.</td>
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</tbody>
</table>
Policy context in African countries – case studies
Case Study 1: Senegal

An office in the Ministry of Health was originally responsible for “Hospital Hygiene”. Mandate was expanded to include not only hand hygiene, but waste management and safe surgery, thus creating a combined patient safety approach to service delivery improvement.
Case Study 2: Ethiopia

Ministry of Health technical working group on patient safety comprised all health related international NGOs. Resulted in a single national patient safety training curriculum & policy.
Case Study 3: Mali

Ministry of Health "planning cell" consisting of a small group of experts adapted international patient safety policies and submitted this to the MMOH and stakeholders for consideration.
Case Study 4: Uganda

Ministry of Health quality improvement unit utilized the experience of APPS partner hospitals to establish best practice models for national policy.
Case Study 5: Sub-Regional Drivers!

Implementation Driving Policy – from linear to triangular!
Key lessons: patient safety policy change
1. There is no need to reinvent the wheel


- Some countries have achieved significant advances in development of national policy and regulations.

- Logical for many countries finding themselves in similar contexts to take advantage of the work already done, to gain time and save effort in creating their country-specific policy.
2. Tools really do make work easier & more time efficient

The guide for National Patient Safety Policy and Strategic Plan can facilitate

- a systematic step-wise process in policy development
- the selection of policy points to ensure that the national patient safety policy developed is comprehensive and adequately detailed
- the process of developing and revising the national patient safety strategic plan
- provide details on indicators of policy effectiveness at the point of care, since patient safety above all is concerned with the practical aspects of health care delivery at the frontline.
3. Think "cross-cuts" in all patient safety endeavors!

Paying attention to the crosscutting nature of the 12 domains and the multilevel approach of each of the points, will result in a well-harmonized and concerted approach involving the government, community members, local and international organizations and the education sector.
4. Patients and communities can drive change

Passionate community members whether in organized groups or as individuals are one of the greatest unused or underused resources the health service system has available for patient safety change.
Please visit our website to find out more about the programme and access our resources

www.who.int/patientsafety/implementation/apps

THANK YOU
African Partnerships for Patient Safety (APPS)

Webinar Series

What is it?
APPS is hosting a series of open webinars starting in October 2013. These free technical webinars are for anyone interested in patient safety improvement using hospital-to-hospital partnerships. The webinars will also be of use to all those interested in patient safety improvement in the African Region, even if not currently involved in a hospital-to-hospital partnership. Each session will last one hour. The slides of the presentations as well as the recordings will be made available on the APPS website and the APPS Platform.

3 October 2013: Webinar 1 – APPS Overview and Registration Mechanism

<table>
<thead>
<tr>
<th>Time</th>
<th>Summary</th>
<th>Lecturer</th>
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<tbody>
<tr>
<td>12:00-13:00 GMT</td>
<td>This webinar introduces participants to patient safety and the APPS programme as a whole. The webinar covers core patient safety concepts. It also describes how a partnership-based approach can be used to improve patient safety. The webinar defines clear mechanisms for engagement with the WHO programme through registration.</td>
<td>Shane Syed &amp; Edward Falley</td>
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7 November 2013: Webinar 2 – APPS Improvement Framework

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<tbody>
<tr>
<td>13:00-14:00 GMT</td>
<td>This technical webinar provides information on the APPS Improvement Framework. A range of tools and resources are described in detail. Particular attention is placed on how to undertake a hospital patient safety situational analysis. Partnership planning steps are explored through an examination of the APPS-case process.</td>
<td>Shane Syed</td>
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5 December 2013: Webinar 3 - National Patient Safety Policy in the African Region

<table>
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<tbody>
<tr>
<td>13:00-14:00 GMT</td>
<td>This webinar examines the development of patient safety policy in the African Region. A WHO tool for developing national policy is examined. The policy context in different countries in Africa is described through case studies. Key lessons on how APPS partnerships can catalyze policy change are described.</td>
<td>Joyce Hitchower</td>
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9 January 2014: Webinar 4 - APPS Lessons and Learning for Implementation

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<tr>
<td>13:00-14:00 GMT</td>
<td>This webinar draws on the significant experience in partnership hospitals participating in APPS over the last 4 years. Key lessons are synthesized. Reflections on what those lessons mean for those starting the partnership journey are provided.</td>
<td>Julie Blist</td>
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6 February 2014: Webinar 5 - APPS Community & Patient Engagement (ACE Approach)

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<thead>
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<tr>
<td>13:00-14:00 GMT</td>
<td>This webinar analyses the critical importance of community and patient engagement for patient safety improvement. An overview of the ACE Approach and its associated “Implementation Pack” is provided. Current collaborative activities on patient and community engagement are described.</td>
<td>Julie Blist</td>
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6 March 2014: Webinar 6 - APPS Evaluation Synthesis

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<td>13:00-14:00 GMT</td>
<td>This technical webinar will present findings from a summative evaluation from all learning to date from the programme. This includes a careful examination of transferable lessons on utilizing the partnership-based approach, patient safety improvement and national spread of patient safety change.</td>
<td>Julie Blist</td>
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