African Partnerships for Patient Safety (APPS): APPS Community and Patient Engagement (ACE Approach)

Julie Storr

Webinar 5 of 6
APPS Webinar Series
Review of Webinar 4

1. Outlined the current and future mechanisms for sharing patient safety improvement experience within and between the APPS network

2. Articulated 10 key lessons from APPS partners over the last four years

3. Through sharing of the 10 key lessons, described how the collective wisdom and experience can benefit those starting the patient safety partnership journey

4. Introduced the APPS Evaluation Framework

Webinar 5 - Objectives

1. Analyze the critical importance of community and patient engagement for patient safety improvement;
2. Describe an overview of the ACE approach and associated “Implementation Pack”;
3. Outline current collaborative activities on patient and community engagement.
Overview

- People centered care
- Universal Health Coverage
- Community Engagement
- APPS Approach & experiences

Building a community engagement approach for patient safety improvement

Rachel Gandhi, Shamirah R. Syed, Paul Rutter, Joyce Dixon Hightower and Edward Kelley

the demands of the
PART 1: JOINING THE DOTS

Community and Patient Engagement and Patient Safety Improvement
Human Rights

- Article 25 of the Universal Declaration of Human Rights guarantees that everyone has the right to medical care and necessary social services.

- Agreed to by all countries the article is the basis for health laws, policies and plans.
"What good does it do to offer free maternal care and have a high proportion of babies delivered in health facilities if the quality of care is sub-standard or even dangerous?"

Margaret Chan,
World Health Assembly - May 2012

Strengthening patient engagement and community/civil society participation is central to UHC – but remains a challenge
Definitions are important

| ENGAGEMENT | A process of working collaboratively with and through groups of people…a powerful vehicle for behaviour change for health improvement |
| PARTICIPATION | Participation – often interchangeable with community engagement |
| EMPOWERMENT | A continuum that goes beyond engaging, implying a sense of power and control. |

More information is available in the APPS Approach Resource available at http://www.who.int/patientsafety/implementation/apps/resources/ACE-package.pdf?ua=1
Patient and family engagement

Described as one element underrepresented in intervention packages in delivering improved health care in both developing and developed countries (Wachter, 2007, pp. 225–235).

http://www.ttwud.org
The linkage between APPS Community Engagement and global perspectives

The APPS Approach to Community Engagement is about creating an appropriate interface between APPS hospitals, community health structures and community members to strengthen patient safety.
Supports hospital partnerships establish an effective interface between community, local health structures and the hospital
Recap: Situational Analysis

- APPS Approach and ACE Implementation Resource outline a comprehensive strategy for meaningful involvement in each of the steps in the journey.
Supported by a suite of tools and resources
PART 2: Evidence into policy and practice

The APPS Community Engagement (ACE) Approach and Implementation Pack
Recap

It’s all about nurturing and developing relationships between hospitals, community health structures and citizens to improve Patient Safety.
Supported by:

- Collating Best Practice
- Community Engagement in other WHO programmes
- Learning from practical experience
- Provides hospitals with systematic help in developing & maintaining community engagement.
Community Engagement….

“…is the process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest, or similar situations to address issues affecting the well-being of those people. It is a powerful vehicle for bringing about environmental and behavioural changes that will improve the health of the community and its members.”

CDC/ATSDR Committee on Community Engagement 1997
Levels of participation

- Passive
  - Attending program activities
  - Being consulted on a program
  - Selecting leaders and other resource persons
  - Participating in analysis/evaluation
- Active
  - Setting program objectives
  - Decision-making on actions
  - Initiation of new activities
  - Advocating for policy and other macro changes
# Community Engagement Opportunities for Hospital Partnerships

<table>
<thead>
<tr>
<th>Partnership Plan Areas</th>
<th>Areas of Potential Community Engagement</th>
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<tbody>
<tr>
<td><strong>Hand Hygiene and Health Care Associated Infections</strong></td>
<td>Technical guidance offered in the WHO Guidelines on Hand Hygiene in Health Care for patient engagement in improving hand hygiene compliance.</td>
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<tr>
<td><strong>Situational Analysis</strong></td>
<td>As part of the situational analysis a mapping process of current engagement mechanisms and local community opportunities can be established.</td>
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<tr>
<td><strong>Strong Partnerships</strong></td>
<td>Inclusion of patient and community perspectives in APPS implementation can strengthen not only the Hospital Partnerships but also the status of the programme nationally and within the communities in which the hospitals are located.</td>
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<tr>
<td><strong>Facilitating Patient Safety Spread</strong></td>
<td>Working with communities will allow knowledge, education and training to be disseminated more broadly within local communities and stakeholder groups.</td>
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<td><strong>Sustainability</strong></td>
<td>The APPS Sustainability Strategy emphasizes the &quot;human element&quot; of sustainability as vital. Community engagement allows a focus on the human element at the local level, thus strengthening long-term APPS sustainability.</td>
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<tr>
<td><strong>Evaluation</strong></td>
<td>Communities can play an important role in providing a mechanism for feedback and monitoring of performance.</td>
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The 7-Step ACE Approach

1. Know the community
2. Establish an enabling environment
3. Raise patient safety awareness
4. Collect community knowledge and perspectives on patient safety
5. Establish effective communications mechanisms
6. Ensure community perspectives feed into evaluation and improvement
7. Develop a community ripple effect
8. Establish an APPS Community Engagement Advisory Board
ACE Approach integrates with the APPS cycle

1. Know the community **(APPS cycle Step 2: Needs Assessment)**
2. Establish an enabling environment
4. Collect community knowledge and perspectives on patient safety
7. Develop a community ripple effect – Cross Cutting throughout the APPS Cycle
8. Establish an APPS Community Engagement Advisory Board

APPS cycle Step 3 & 4: Gap Analysis & Action Planning
1. Know the community

- Map local key players (primary care, the community, civil society, etc.) and relationships;
- Map existing organizations and mechanisms for community partnerships;
- Identify community perspectives on patient safety based on social constructs and cultural reality;
- Identify the role of the family and the household in providing safe care.
Step 1 – How this links to Situational Analysis

Relevant Questions

Section 4:
• Does the hospital have any links with civil society and community that can be utilized for increasing awareness of patient safety?

Section 10:
• Does the hospital have any outreach programmes working in the community?
2. Establish an Enabling Community Engagement Environment

- Within the hospital, create buy-in, commitment and understanding;
- Facilitate, 'enable' and support community members to participate;
- Foster the emergence of dynamic community leaders;
- Have a clear, jointly agreed vision of the engagement process and a common agenda.
Step 2 – How this links to Situational Analysis

Relevant Questions

Section 4:
• Are there any mechanisms in place to sensitize health professionals on the necessity and means through which patients and community can be engaged on patient safety issues?

Section 10:
• Has the hospital involved patients and community in priority setting, service planning and patient safety improvement?
• Does the hospital have a committee to plan and develop partnerships between patients/families?
3. Raise Patient Safety Awareness - locally and nationally

- Feed into existing mechanisms, health campaigns and programmes with patient safety knowledge;
- Construct education and training;
- Promote, advocate for and influence patient safety policy;
- Use community mechanisms to promote understanding of patient safety at the grassroots level.
Step 3 – How this links to Situational Analysis

Relevant Questions

Section IV

• In the last year has the hospital participated in any community focussed activities to raise awareness?

• Are there any mechanisms within the hospital to inform patients of their rights?

• Any mechanisms for informing patients and families about patient safety?
4. Collect Community Knowledge and Experiences

Take opportunities to collect personal experiences of medical harm, patient safety and healthcare experiences to support dissemination of learning.

Develop case studies for education, training and initiative development.

Document and capture engagement process so others can learn in the future.
Step 4 – How this links to Situational Analysis

Relevant Questions

Section IV

• Are there any mechanisms for patients and health professionals to share ideas and concerns?
5. Ensure Robust Communication Mechanisms

Design and develop communication and dissemination materials in collaboration with those to whom they are intended to address.

Ensure effective channels of communication between the community and the partnership hospital.

Work with the media to share lessons and support positive coverage of patient safety messages.
Step 5 – How this links to Situational Analysis

Relevant Questions

Section IV
• Is there a system to obtain patient consent before procedures?

Section X
• Has a survey been undertaken on the way information is handled between health professionals and patients/families?
• Is there a designated member of staff responsible for patient complaints?
• Does the hospital have regular meetings with key local community/civil society players to interface and exchange concerns?
6. Feed into Monitoring and Evaluation

Develop mechanisms which allow community feedback loops to influence the monitoring and development of APPS activities.

Use community members and networks to monitor, evaluate and hold patient safety initiatives to account on delivery of agreed objectives.
Step 6 – How this links to Situational Analysis

Relevant Questions

Section X

• Are there any mechanisms in use for involving patients and community members in feedback?
7. Develop a Community Ripple Effect

Create a network of community stakeholders to develop a national "community ripple effect" on patient safety.

When possible work through formal partnerships with already established community organizations to disseminate learning nationally.

Ensure APPS community engagement mechanisms are in alignment with national policies and strategies on community engagement.

Consider APPS community engagement from the perspective of an integrated health care system.
Step 7 – How this links to Situational Analysis

Relevant Questions

Section IV

• Does a Patient Safety Rights Declaration or Charter exist?
8. Establish an APPS Community Engagement Advisory Board

- Map community engagement experts at the programmatic level.
- Invite individuals to be members of the Community Engagement Advisory Group to continuously refine the APPS approach to community engagement.
Cross-cutting work: WHO Patients for Patient Safety

• **Patients for Patient Safety (PFPS)** a programme that brings together patients, providers, policy-makers and those effected by harm, who are dedicated to improving health-care safety through advocacy, collaboration and partnership.

• A network of Patient Champions

http://www.who.int/patientsafety/patients_for_patient/en/
The ACE Implementation Pack

**Key Points**

1. Include community engagement from the start.

2. Communities need to be empowered and understand their rights and responsibilities so they can ‘demand’ better services.

3. “Patient Guardians” have a unique role and are critical in the response to overburdened health work force.

4. Acknowledge that there is a scarcity of human and financial resources for community engagement activities - weave it into partnership planning.

5. Community engagement has momentum and can strengthen the technical elements of patient safety improvements being undertaken.

6. It is never too late to start!
The science and art behind the APPS Approach to Community Engagement (ACE)
PART 3: Experiences

1. Partnership hospital experiences
2. APPS-PFPS-IAPPO experiences
3. Reverse innovation in Baltimore
Some highlights

Gondar, Ethiopia:
• Patient and family interviews highlighted need for more effective communication

Senegal and Malawi:
• Local radio used to share patient safety messages

Ghana:
• Community driven change is gathering momentum

Uganda:
• ACE work links with amplification and training; Inclusivity and demand built in; Community health worker training
SPECIFIC EXAMPLES RELATING TO ACE 7 STEPS
Step 1 : Know the community

COU Kisiizi Hospital, Uganda

- Mapping exercise to establish existing mechanisms
- Listing all outreach clinics, local social groups, the reach of the health insurance scheme run by the hospital were all mapped as opportunities, along with the role of the hospital within the community such as having a primary school and church on the same site.

Kamuzu Referral Hospital, Malawi

- Using community to connect with district level health institutions was critical.
Step 2: Establish an enabling community engagement environment

Hospital Fann, Senegal

- Connected with local community - two community representatives placed on APPS Advisory Board at the hospital.

Kamuzu Referral Hospital, Malawi

- Two representatives from national patient and consumer organizations on the APPS Board within the hospital.
- Guardians invited to join department meetings at regular intervals.
STEP 3: Raise Patient Safety Awareness – locally and nationally

COU Kisiizi Hospital, Uganda

- Several outreach clinics provided good awareness raising opportunities.

Kamuzu Referral Hospital, Malawi

- Hand hygiene and infection prevention and control awareness event at local market
- Knowledge sharing on patient safety with patients, families and guardians through morning meetings at hospital entrance

Gondar University Hospital, Ethiopia

- Poster campaign with local school children on hand washing.
Step 4: Collect Community Knowledge and Experiences

Gondar University Hospital, Ethiopia,

• With their UK Hospital partner support, lead nursing staff took time to walk through the hospital and ‘interview’ patients and families about their experiences.

• Positive benefits and reception from staff and patients.
STEP 5: Ensure Robust Communication Mechanisms

Hospital Fann, Senegal
• Worked with local radio to open up communication with the surrounding community on patient safety issues.

Kamuzu Referral Hospital, Malawi
• Patient suggestion boxes to promote ideas sharing.
• Patients able to call hospital leaders directly with concerns or complaints—numbers displayed on notice boards in waiting areas.
• Guardians invited to department and ward meetings.
STEP 6: Feed into Monitoring and Evaluation

Kamuzu Referral Hospital, Malawi

• Evaluation mechanism includes patient guardian contributions to hand hygiene compliance monitoring.

• The intent is to include patients and their families in a partnership to monitor and drive patient safety action.
Eventually health care workers will change to the demands of the people
STEP 7: Develop a Community Ripple Effect

Kamuzu Referral Hospital, Malawi
• Working closely with Consumer Association of Malawi and the Malawi Health Equity Network - representation on Hospital APPS Board

Gondar University Hospital, Ethiopia
• National Patient Safety Charter displayed at the Hospital entrance.

COU Kisiizi Hospital, Uganda
• Work with national patients’ rights organization
How international collaboration is supporting ACE

Patient centered, community focused safer healthcare

PFPS

APPS

IAPO
PFPS and IAPO

1. WHO Patients for Patient Safety (PFPS)

2. International Alliance of Patients’ Organizations (IAPO)
WHO Patients for Patient Safety

- Raises awareness…of patient safety & patient involvement
- Informs and educates communities to help prevent adverse events in healthcare
IAPO

Helps build patient-centred healthcare by:

1. Partnerships with patients’ organizations

2. Advocacy – emphasis on a strong patients’ voice to influence international, regional and national health agendas and policies

3. Building cross-sector alliances
Joint mission statement to progress the interconnectivity of the programmes

IAPO, PFPS and APPS Mission Statement
2012-2013
Project CONNECT

- Community-based Organizations Neighborhood Network Enhancing Capacity Together

- Led by team of researchers at the Johns Hopkins Bloomberg School of Public Health and community leaders in East Baltimore.

*Figure 1: Five Baltimore Zip Codes Surrounding Johns Hopkins*
Project CONNECT: Main Goal

To build and sustain partnerships between the Johns Hopkins Community Health Partnership (J-CHiP) program and CBOs that are rooted in bi-directional communication and learning, in order to support community health and well-being.
Project CONNECT: 3 Study Aims

1. Adapt the APPS Community Engagement Approach to 5 East Baltimore zip codes to develop an intervention that strengthens bidirectional flow of information between two Johns Hopkins hospitals, Johns Hopkins primary care clinics, 10 selected Community Based Organizations (CBOs), and residents of surrounding neighborhoods.

2. Apply the co-developed intervention to the 10 CBOs and J-CHiP frontline staff.

3. Evaluate the effectiveness of the intervention on patient, CBO and J-CHiP outcomes.
Approach

Stakeholder engagement from design of study to implementation

- Community leader/CBO director as a co-Principal Investigator
- Community leader as a co-investigator

Adaptation of WHO’s African Partnerships for Patient Safety (APPS) Community Engagement Approach (ACE)

Ongoing community engagement built-in to intervention development, deployment and dissemination

Ongoing stakeholder engagement with J-CHiP frontline staff and CBO leadership
PART 4: Be part of the approach
Creation of strong links between APPS hospitals and the community can stimulate patient safety spread and strengthen the implementation and sustainability of patient safety improvement.

APPS Compendium of Experiences
7 Concluding Thoughts on Community Driven Patient Safety Change

1. Need to make patient safety "demand-driven" from the bottom up.
2. Engagement of influential community leaders is key.
3. Need to start early with priming hospital staff (as well health professionals working in the community) on the importance of CE
4. Communities are significantly untapped mechanism for improving patient safety – an under-developed asset
5. Engagement must be integrated from the start – community engagement is not an add-on
6. Remains a huge challenge
7. But, a systematic, step-wise approach is critical – ACE Approach provides a way of organizing efforts!
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 Overall and Registration Mechanism

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<tr>
<th>Time</th>
<th>Summary</th>
<th>Lecturer</th>
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<tbody>
<tr>
<td>14:00-15:00 GMT = 2200 UTC</td>
<td>This webinar introduces participants to patient safety and the programme as a whole. The webinar covers core patient safety concepts. It also describes how a partnership-based approach can be utilized to improve patient safety. The webinar defines clear mechanisms of engagement with the WHO programme through registration.</td>
<td>Sharla Spaul &amp; Edward Kibele</td>
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7 November 2013: Webinar 2 - APPS Improvement Framework

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<tr>
<td>14:00-15:00 GMT = 2200 UTC</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 paid on how to undertake a hospital patient safety situation analysis. Partnership planning tools are explained through an examination of the APPS 8-step process.</td>
<td>Sharla Spaul</td>
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5 December 2013: Webinar 3 - National Patient Safety Policy in the African Region

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<tr>
<td>14:00-15:00 GMT = 2200 UTC</td>
<td>This webinar explores 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 catalyse policy change are described.</td>
<td>Joyce Highower</td>
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9 January 2014: Webinar 4 - APPS Lessons and learning for implementation

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<td>14:00-15:00 GMT = 2200 UTC</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 these lessons mean for those starting the partnering journey are provided.</td>
<td>Julie Stedman</td>
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6 February 2014: Webinar 5 - APPS Community & Patient Engagement (ACE Approach)

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<tr>
<td>14:00-15:00 GMT = 2200 UTC</td>
<td>This webinar analyses the critical importance of community and patient engagement for patient safety improvement. An overview of the ACE Approach and associated “Implementation Pack” is provided. Current collaborative activities on patient and community engagement are described.</td>
<td>Julie Stedman</td>
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6 March 2014: Webinar 6 - APPS Evaluation Synthesis

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<tr>
<td>14:00-15:00 GMT = 2200 UTC</td>
<td>This technical webinar will present findings from a sustainability evaluation on an existing model of partnership, including the benefits approach, patient safety improvement and national spread of patient safety change.</td>
<td>Julie Stedman</td>
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Please visit our website to find out more about the programme and access our resources

www.who.int/patientsafety/implementation/apps

Email: appsprogramme@who.int

THANK YOU