



**World Health
Organization**

Patient Safety

A World Alliance for Safer Health Care

African Partnerships for Patient Safety (APPS)

Partnership Implementation Workshop

Kampala, Uganda: 20-23 October 2009



Working for Safer Health Care - Together

Contents

	Page
Executive Summary	3
Workshop Objectives	4
Summary of Proceedings	5
i) Patient Safety and African Partnerships for Patient Safety	5
ii) Principles of Partnership – Re-visited	6
iii) Patient Safety Situational Analysis Feedback	6
iv) Partnership Planning	9
v) Community Representatives: What does patient safety mean to us?	9
vi) Technical Session 1: Infection Control	11
a. General Participants	
b. Infection Control Participants	
vii) Technical Session 2: APPS Patient Safety Resource Map	14
viii) Technical Session 3: APPS Evaluation	15
ix) Partnership Planning: Reflection and Refinement	16
x) Resource Clarification	16
xi) Technical Session 4: Amplification – What does it mean in reality?	17
xii) Technical Session 5: Communicating APPS	18
xiii) Partnership Plans: Reflection and Refinement 2	20
xiv) Launch: First Wave Partnerships	20
Appendices	22
Appendix A: Communicating APPS: Sticky Questions	

Executive Summary

“If we are committed on achieving the Millennium Development Goals without paying attention to patient safety we will not go that far”

(Dr Joaquim Saweka, WHO Representative, Uganda)

The Partnership Implementation Workshop forms an important milestone in African Partnerships for Patient Safety. Teams from each of the African, Swiss and English hospitals in the programme attended the workshop to work together across their partnerships to create programme plans for implementation over the coming two-years. Key internal WHO staff and partners from the National Patient Safety Agency (London, England) and Tropical Health and Education Trust International (THET) were also there.

Each partnership hospital fed back findings from their patient safety situational analyses. Participants then had the opportunity to develop and refine their two-year hospital partnership plans and to gain technical support in key areas including infection control, community engagement, communications and patient safety amplification (scale-up). They were also oriented to a patient safety resource map and were able to trial a set of evaluation tools.

One of the key events of the Workshop took place during the afternoon of Day 3 – the launch of implementation for the six first wave APPS partnerships. Keynote addresses were given by representatives from the Ugandan Ministry of Health, the WHO Country Office and from the National Patient Safety Agency (NPSA) of England and Wales. Professor Didier Pittet, APPS Expert Lead, addressed the attendants and also relayed a personal message from Sir Liam Donaldson, Chair WHO Patient Safety. The launch also included a ceremonial exchange of partnership plans between the African hospital teams and their European partners.

Discussions were varied and participants fully engaged with commitment and enthusiasm to make their plans a reality in their hospitals. Key discussions around available resources were addressed and individual support provided for each partnership to move forward.

Workshop Objectives

The workshop had five objectives, with each session having its own specific objectives, aligned to the overall workshop objectives, listed below:

1. To bring together first wave partnership hospital teams to finalize and activate two year Partnership Plans.
2. To provide technical support to partnerships in their final preparations for implementation.
3. To assess specific support and technical needs for each Partnership Plan.
4. To consider opportunities and areas for “amplification” and effective communication around APPS work in each hospital.
5. To formally launch APPS implementation.

Summary of Proceedings

This multi-country Workshop brought together participants from six African countries (Cameroon, Ethiopia, Malawi, Mali, Senegal and Uganda) as well as their partner hospitals from England and Switzerland. The core APPS team as well as representatives from NPSA and THET from England were present.

The Workshop was formally opened by Dr Joaquim Saweka, WHO Country Representative in Uganda and welcome was also expressed by Dr Amoni from the Ugandan Ministry of Health. The common theme emerging from the opening was the critical need to construct and deliver focused action on patient safety with a view to meeting the needs of front line realities.

The week-long Workshop was chaired by Dr Ed Kelley (Coordinator - WHO Patient Safety Programme) and Dr Jean-Bosco Ndiokubwayo (Patient Safety Focal Point, WHO African Regional Office). The chairs facilitated discussion and clarified questions relating to the development of two-year partnership plans and implementation of the APPS programme. Participants explored the programme vision and the principles of partnership on which implementation will be built; took part in technical sessions on key areas of work including infection control, communications and evaluation; and worked in partnership groups to develop two-year patient safety partnership plans for both African and European hospitals.

i) Patient Safety and African Partnerships for Patient Safety

Led by: Dr. Ed Kelley, Coordinator, WHO Patient Safety Programme,
Dr Jean-Bosco Ndiokubwayo, Patient Safety Focal Point, WHO AFRO
Dr Shams Syed, APPS Programme Manager

Summary

The session gave an introduction to patient safety from the global, regional and programmatic perspectives. Three presentations were delivered by Drs. Kelley, Ndiokubwayo and Syed. First, an introduction to patient safety was provided by Dr. Kelley that outlined key global patient safety issues, as well as the work of WHO Patient Safety in responding to these issues. He highlighted that patient safety was a new global concept with local contexts and that APPS signifies the transition from awareness raising to implementation. Dr Kelley set the scene for the workshop by stating that safety is the most basic of human rights irrespective of context. Second, issues and actions on patient safety in the African Region were summarized by Dr. Ndiokubwayo, placing emphasis on the 12 patient safety action areas endorsed by all 46 governments in the WHO African Region. Key achievements in the patient safety movement in the African Region were highlighted and the need for systematic and rapid action at both the national and institutional level emphasized. Lastly, an overview was provided of African Partnerships for Patient Safety by Dr. Syed. The three core APPS objectives were outlined; first, to build and strengthen partnerships between hospitals in Africa and Europe focusing on patient safety; second, to implement patient safety improvements in each partnership hospital; and third, to facilitate the spread of patient safety improvements across each country. It was emphasized that APPS is a significant part of WHO's response to the increasing momentum for action on patient safety across Africa. The APPS vision, scope of work, agreed framework for action and key next steps were outlined.

ii) Principles of Partnership – Re-visited

Led by: Julie Storr, APPS Project Manager, England
Rachel Heath, APPS Community Engagement Technical Officer

Summary

The session was opened by Sandra Kemp, APPS Focal Point, University Hospitals of Leicester, England and Dr Tonny Tumwesigye, APPS Focal Point, COU Hospital Kisiizi, Uganda. They presented the core principles of partnership developed during the initial meeting of APPS Focal Points held in Geneva in May 2009. These included sharing a clear vision, having shared ownership, trust, respect, commitment and transparency. They called for additional thoughts from participants who were given an opportunity to review the current 'Principles of Partnership'. They also shared their thoughts on how, their own partnerships have developed with regard to these principles since the first workshop, both commenting that APPS had strengthened partnership communication and working over the last 6 months. They highlighted that APPS was a vehicle for "harnessing the passion and power of individuals" and that "respect for local rules and customs was at the core of partnership working". Relationships were considered to be central to effective working.

Julie Storr and Rachel Heath then moved the session into a discussion on the importance of organizational culture and the importance of creating a patient safety culture. Participants considered the following questions in their hospital groups:

1. The term culture is often used in the context of organizations such as hospitals – what is meant by this?
2. What does a culture of patient safety mean to you?
3. How will you/your hospital know when it has achieved a culture of patient safety?

Julie Storr also provided a brief overview of some key patient safety culture concepts including the importance of no-blame, an open and transparent systems approach and reviewed the use of the 'Swiss Cheese Model' in developing patient safety.

Discussion/Feedback

Discussion raised important issues regarding culture of an organization, considering how individuals' beliefs and values form the basis of an organizational culture. Key elements to a successful culture of patient safety that were highlighted included strong management and leadership, embedded patient safety policies and having good communication mechanisms for staff.

iii) Patient Safety Situational Analysis Feedback

Led by: Dr Joyce Hightower, APPS Project Manager, WHO AFRO

Summary

This session allowed each of the Partnership Hospitals to provide summary feedback on the situational analyses process they had undertaken and an overview of the findings. Ten presentations were made, one from each of the participating APPS partnership hospitals. A few common themes emerged from these presentations.

1. Each partnership hospital (including European partners) acknowledged the importance of a systematic patient safety analysis at their institution, utilizing the 12 key action areas as a starting point.

2. Many hospitals discovered key patient safety issues in their system that were unexpected.
3. Many similar patient safety issues were discovered by the African hospitals.
4. Conducting the situational analysis had many intangible benefits, including patient safety awareness raising.

Hospital Specific Findings:

A summary of some hospital specific findings are given below. A synthesis of the findings from the ten Situational Analyses findings will be produced by the APPS core team in the coming months.

African Partner	European Partner
<p>Kamuzu Central Hospital, Lilongwe, Malawi</p> <ul style="list-style-type: none"> • The process of completing the analysis was step wise: 1. Brief hospital management team and MOH officials; 2. Formation of Task Force; 3. Development of Action Plan; 4. Distribution of tasks in data collection; 5. Consolidation of data and report produced; 6. Presented report to hospital management. • Key issues: Inadequate human resources (no full time IP staff); poor infrastructures (inadequate sinks, running water); inadequate and/or erratic supplies for IPC (no paper towels, liquid soap, alcohol gel); inadequate information, education and communication materials; and lack of community involvement in planning of IPC activities • Loss of momentum from team members and inadequate funding highlighted as challenges. 	<p>South Tees Hospital NHS Foundation Trust, Middlesbrough, England</p> <ul style="list-style-type: none"> • APPS and specifically carrying out the situational analysis reinvigorated the link with Kamuzu Central Hospital • Analysis generated as many questions as it did answers, which was useful to stimulate thinking. • A well established infection control team and structure was highlighted. • The 7000 staff at the hospital provide a huge potential human resource to utilize for patient safety. • The issue of patient safety is a top priority well supported by hospital management as outlined in the hospital's patient safety strategy.
<p>University of Gondar Hospital, Gondar, Ethiopia</p> <ul style="list-style-type: none"> • The process was described: included discussions performed on individual basis; group focused discussion with departments; examining policy documents; completion of inventories on availability of soap, sinks, towels etc.; and direct observations of activities. • Three key infection control findings: Hand hygiene not a routine practice and alcohol rubs not available; no regular surveillance of HCAI; and health worker protection not enforced, and system hardly exists • Three benefits of conducting the analysis: created an awareness of key patient safety issues that can be easily implemented e.g. hand washing; helped revise the general safety practices of the institution; and helped uncover 	<p>South Tees Hospital NHS Foundation Trust, Leicester, England</p> <ul style="list-style-type: none"> • Established an Advisory Board who were asked to complete the situational analysis • People asked for more guidance and had lots of questions. Learning point for next time would be to take the time to explain and brief everyone involved on APPS. • Key findings: a) basics are in place, b) there is a full time Infection Control team and c) Training and Education in IPC should be for all staff and include raising awareness with patients and public. • Needs highlighted included a Patient Safety strategic plan, <i>can't do it on our own</i>, need to involve patients and the community and several policies and protocols in need of being updated. • There were several benefits to carrying out the Situational Analysis: provided lots of information, it

<p>availability of policy documents and guidelines at national and local levels</p> <ul style="list-style-type: none"> The clinical audit system highlighted as a key potential resource. 	<p>serves as a baseline for moving forward and it helped to increase awareness amongst staff.</p> <ul style="list-style-type: none"> Drawbacks were related to the amount of time it took to complete and difficulties in engaging staff.
<p>COU, Kisiizi Hospital, Kisiizi, Uganda</p> <ul style="list-style-type: none"> The hospital is a small deeply rural institution and the analysis was the first of its kind. Findings considered by senior management and fed into 5 year strategic plan (2009-2014). Situational Analysis highlighted several community based projects that could be utilized to strengthen APPS work, including a community insurance scheme; power project, mobile clinics, weekly HIV/AIDS care, links to orphanages, community rehabilitation services and a nursing school community engagement project. The community insurance scheme is the biggest scheme in East Africa. 	<p>Countess of Chester Hospital Chester, England</p> <ul style="list-style-type: none"> There was a clear challenge getting people on board to complete the Situational Analysis. Analysis showed lots of work has been done and was reassuring in showing minimal gaps Trust and Board engaged. Process allowed the hospital to map itself against WHO, it helped identify remaining gaps and it was well categorized. Chester's key resources included expert knowledge within it's staff and good IT services that could support the partnership.
<p>Yaounde Central Hospital, Yaounde, Cameroon</p> <ul style="list-style-type: none"> APPS committee includes 13 members representing all areas of the hospital Key challenges: inadequate staffing, lack of patient safety understanding, no national patient safety policies, lack of finance. Hygiene around hospital was generally good. Highlighted pharmacy needed better recording and documentation systems. Key issues to focus on included training and sensitization, health care worker protection and hand hygiene. Closing comment: Patient Safety is a priority in the North but also in the countries of the South. Even without resources and funding we can reach our objective. There is a lot we can do. 	<p>Hôpitaux Universitaires de Genève Geneva, Switzerland</p> <ul style="list-style-type: none"> Analysis completed by several persons according to the topic - would not have been possible without coordinating role of APPS-HUG liaison officer. Key findings on health care associated infections: national surveillance system is poor; professionals assume conformity to international/national/regional regulation; lack of institutional guidelines on antimicrobials; all HCWs not immunized against HBV; & patient/community partnerships are poor. Major benefit of analysis was gaining an understanding of existing/non existing assets and weaknesses, as well as available means/resources. Potential resources included: previous experience in Africa (RAFT, 1st GPSC, auditing facilities), as well as safety knowledge and skills (incident reporting /analysis, crew resource management).
<p>CHU Hospital Gabriel Touré, Bamako, Mali</p> <ul style="list-style-type: none"> Senior leadership support critical for process as was the visit from an APPS core team member. Information collected from all 13 services at the hospital. Key conclusions included an insufficient focus on documentation and clear deficiencies in a wide range of patient safety areas. A key resource was the knowledge related to the production of ABHR. 	<p>Hôpitaux Universitaires de Genève Geneva, Switzerland</p> <ul style="list-style-type: none"> AS ABOVE

<p>University Hospital Fann, Dakar, Senegal</p> <ul style="list-style-type: none"> • Analysis showed several mechanisms that can be utilized including community open days, free consultations, mobile health caravans, and suggestion boxes. • A key issue highlighted was the need to improve waste management processes. • Unreliability of electricity was highlighted 	<p>Hôpitaux Universitaires de Genève Geneva, Switzerland</p> <ul style="list-style-type: none"> • AS ABOVE
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iv) Partnership Planning

Summary

This session was the first of several sessions during the Workshop which allowed each of the six hospital partnership teams to work together on the development and refinement of their draft implementation plans. APPS Team members were on hand to provide individual support and guidance.

v) Community Representatives: What does patient safety mean to us?

Led by: Rachel Heath, APPS Community Engagement Technical Officer and Dr Paul Rutter, Clinical Advisor, APPS

Summary

This session was specifically for six Community Representatives from each of the African Hospital Partnership teams and was an informal open discussion based session. It provided an opportunity for reflection and sharing of perspectives on patient safety from the community point of view. Each participant was asked to briefly share their own experience of local healthcare system and work they are currently involved in to empower communities. The group then discussed potential opportunities for their involvement in the implementation of the APPS programme.

“The Workshop was for a change, and I am leaving as a changed person... the workshop was very timely for my community and country. People have lost their sense of safety under the pretext of poverty. Hand washing does not need much.”

Magdalene Wango,
Community Representative,
Cameroon

Discussion/Feedback

There was a rich discussion and everyone had the opportunity to share their thoughts. Several key issues and challenges within health care were highlighted as being important from the community perspective:

- There needs to be somewhere to take complaints and **report** incidents
- **Medication Safety** considered a very high priority for community members and patients, especially given difficulties with drug access and counterfeit medicines
- **Understaffing** in local health care centres
- **Cost** of services
- Patient safety is just **not talked about** – what happens inside hospitals can be a mystery
- Strong sense that communities need to be able to **participate in health care planning** that will affect them
- **Safety of blood** transfusions is vital and is a significant patient safety issue

- Treatment needs to build on engagement/partnership with **patients & families**
- **Counseling** services needed for patients
- Importance of **communication** between healthcare workers and families/patients/communities
- Clear **policies** that communities, patients and families are made aware of and can understand
- An overwhelming agreement that communities need to better understand their **rights as patients**
- Access to clean and safe **water**
- Acknowledgement of **strong power relations between staff and patients/communities**
- Clear and good **patient/community information** needs to be provided
- Need to bridge the gap between healthcare workers and community through facilitation and community based meetings
- Having **suggestion boxes** available for feedback is a good step forward
- Constructive engagement is essential through **dialogue**
- Opportunities exist for **community campaigns** to be mechanism for awareness raising and education
- **Hygiene and infections** was a big issue, especially given families are often providers of care both at home and in hospitals
- Role of **Patient Charters** was considered but most countries do not have one – Uganda shared their new one that is about to be endorsed

Suggestions and Ideas

The group was keen to add their voice to the work of the Hospital teams with regard to patient safety improvements and some of the suggested actions included:

- Educating and training communities in patient safety issues
- Empowering patients and communities to take some responsibility to be part of their health care treatment and journey
- Utilize suggestion boxes. Some success in Uganda allowing community members to share their thoughts and concerns – but it has to be well established and monitored by hospital management
- Community meetings to share key messages and facilitate communication between community and hospitals
- Raising awareness in the hospital and in the community settings of the importance of hand washing
- Being informed at the hospital welcome desk about hand hygiene and providing permission to patients to ask health care workers to wash their hands
- Ensuring community members sit on hospital boards and committees
- Ensuring community education and training materials on patient safety issues are developed with community member involvement

Actions

The Community Representatives left this session understanding from each other the importance of community engagement in improving patient safety. All acknowledged a need to translate these conceptual discussions into concrete action points within partnership plans. This will allow the energy that is so clearly palpable within this group of community representatives to be channeled to maximum benefit.

vi) Technical Session 1: Infection Control

The initial joint session was for both general and infection control participants. The session outlined the WHO Core Components for Infection Prevention and Control Programmes (2008). These components are defined as *“of the utmost importance, being basic, indispensable and necessary for any IPC programme to meet its objectives”* The necessity for general and infection control participants to work closely together to improve infection prevention and control systems was emphasized.

a. General Participants

Led by: Dr Shams Syed, APPS Programme Manager
Dr Sepideh Bagheri Nejad, APPS-HUG Liaison Officer

Summary

Dr. Syed highlighted two key areas in his presentation. Firstly he discussed the utility of hand hygiene improvement as an entry point to health systems improvement. He highlighted the continuum stretching from hand hygiene improvement to health care-associated infection prevention to patient safety to quality of care to health systems development to enhanced population health. Secondly, he provided some details on 8 core components of infection prevention and control programmes; **1.** Organization; **2.** Technical guidelines; **3.** Human resources; **4.** Surveillance; **5.** Microbiology laboratory; **6.** Environment; **7.** Monitoring and evaluation; **8.** Links with public health or other services.

Dr Sepideh Bagheri Nejad then provided participants with an overview of implementation tools related to hand hygiene. She described in detail the WHO Save Lives: Clean Your Hands Improvement Toolkit.

Discussion/Feedback

A rich discussion followed. Professor Pittet highlighted the importance of implementing simple and affordable solutions with a focus on systems change through stimulating institutional action. Hand hygiene improvement, he opined, was one such simple solution. He reflected on previous global work that had required institutional leadership traversing three stages: tolerance; endorsement and finally commitment. He emphasized that "tools are empty without people" and that "adaptation of tools" is critical to "adoption" basing his comments on the scientific literature on the diffusion of innovations.

Dr Ndiokubwayo emphasized hand hygiene was a global problem requiring action at the global, regional, sub-regional, country and institutional levels. He highlighted the importance of supporting transfer of knowledge and skills between partners in Africa. The regional policy arena was also considered critical and there is a potential for the issue to be revisited at a future WHO AFRO Regional Committee Meeting.

Each partnership representative gave some valuable perspectives, reflecting on action already taken since the May APPS Workshop. Kisiizi Hospital (Uganda) has sensitized the hospital staff to issues related to hand hygiene and the necessity for systems change accompanied by ABHR use at the point of care. Gondar University Hospital (Ethiopia) has established a committee focused on infection control and has initiated discussions with a private company to produce ABHR. Kamuzu Central Hospital (Malawi) emphasized the need to have a sustainable supply of ABHR and minimize waste. Yaoundé Central Hospital (Cameroon) emphasized need for building

training systems and to learn from previous experiences with other programmes. Fann Hospital (Senegal) reported national work on hand hygiene and the importance of aligning institutional change with national change, focused on developing support for health systems change. Gabrielle Touré Hospital (Mali) reported the use of hand hygiene days as a useful way to translate planning into action.

Community perspectives were also highlighted by many participants. Family and friends, a critical element of care for patients in African hospitals, can provide support to hand hygiene improvement. Mali highlighted that the language of "ablution" in Muslim speaking countries is integral to daily activities and can be utilized to encourage hand hygiene and is cost free. Creating solutions developed by communities is a "powerful source for change based on a strong foundation." The rights based approach to infection control was emphasized by both Ugandan and Ethiopian community representatives.

Sustainability was a recurrent theme in discussions. Karen Peachey (THET) emphasized the need to discuss resource considerations in detail throughout planning for implementation. Cameroon shared a local proverb - "Hang up your bag where you can remove it". Professor Pittet highlighted the "need to balance right resources for right action". Dr Kelley emphasized the WHO role is to be a catalyst for change and not to support infrastructure. Gondar Hospital (Ethiopia) emphasized the need to "incorporate patient safety into all hospital activities and to own it."

b. Infection Control Participants

Led by: Julie Storr, APPS Project Manager, England
Dr Joyce Hightower, APPS Project Manager, WHO AFRO

Summary

The session focused on the commonalities and possible learning across the partnerships and raised the following key issues:

- The WHO Multimodal Hand Hygiene Improvement Strategy is a "ready to go" framework with tools for addressing behaviour change within health care.
- Both external sources of expertise/tools and internal expertise/resources across APPS partnerships can also be utilized.

Discussions were structured around some of the key themes emerging from the WHO Core Components paper:

Organization:

- Infection prevention and control committees have been established and mechanisms should be strengthened within APPS to ensure lessons learned are shared across the partnerships.
- Succession planning and sustainability should be addressed at the outset and there should not be an over-reliance on individuals.
- Job descriptions already developed for infection prevention roles within Africa should be shared and while the sharing of European job descriptions is welcome and will be helpful, existing African adaptations should be the focus of future work.
- Consideration should be given to developing and sharing local and national resources related to the organizational components of infection prevention.
- The issue of task shifting was raised, highlighting that infection prevention is not the work of doctors alone but of everyone that works at the hospital, the family members that help in the care and patients themselves. It was

acknowledged that permission and training must be given for all to participate in the improvement of care especially infection prevention and control.

Patients should be allowed to ask the care giver about hygiene practices and should feel free to acquire knowledge to help other patients.

- It was acknowledged that the challenge is around creating posts which do not currently exist, since in many countries the process (including securing funds) can be slow. Assistance and advice from WHO is welcomed.

Resources:

- Acknowledgement was given to previous work in this area which should be a foundation for action e.g. the work and resources of JHPIEGO.
- The Patient Safety Resource Map is intended to act as a repository for all resources which might assist in strengthening infection prevention capacity.

Policies and guidelines:

- Consensus that sharing of existing and in-development guidelines within Africa is critical and further work is required on facilitating this.
- Guidelines and policies from outside the African region might be adaptable/transferable, but careful work is required to ensure fit for purpose.

Infrastructures:

- There was an acceptance that while resources are a challenge, this does not mitigate against developing a strong case for e.g. mobile sinks as an initial solution to more deep-rooted constraints relating to establishing long-term solutions to water supply problems.

Laboratory support:

- Laboratory successes do exist within APPS eg the Cameroon sub-regional network. This has the potential to be a source of learning for the entire programme.

Discussion/Feedback

It emerged from group discussions that while resources are a constraint and the need to undertake surveillance is considered important, the adoption of existing simple solutions should form the focus of collective work and existing resources (and resourcefulness) including internal expertise across the partnerships should be valued from the outset.

In summary, this short session provided an opportunity for some initial discussions on how to **strengthen infection prevention**. There was overwhelming agreement that **sharing of existing expertise, learning and experience** will go a long way to benefiting the implementation phase now and in future waves of partnerships. The precise mechanisms concerning exactly how to ensure this occurs and the role of APPS as facilitators is one of the key outcomes of the debate. The programme has the commitment to build capacity and establish networks and is now moving into the **making this happen** phase of work.

Actions

- The Core Components document will be shared across the partnerships.
- APPS core team to consider developing mechanisms to facilitate learning and sharing of e.g. job descriptions and development related to establishing organizational arrangements for infection prevention e.g. utility of the APPS web platform, together with the Patient Safety Resource Map.

vii) Technical Session 2: APPS Patient Safety Resource Map

Led by: Julie Storr, APPS Project Manager, England

Summary

An outline of the goals, process and findings to date associated with the development of the Patient Safety Resource Map was presented. The ultimate goal is to log the relevant resources for patient improvement mapped across the 12 Patient Safety Action Areas. Resources included within the first draft include Alerts; Bulletins; Case studies; Directives; Experts; Guidance; Guidelines; Guides/How To kits; Manuals; Opinion leader; Policies; Tool/toolkit and Training resources. Information has been sourced from WHO Patient Safety, other WHO departments, NPSA, HUG, WHO AFRO and over time resources will be logged from the partnership hospitals.

The map is constructed across four levels, each building on the former (see diagram below):



Discussion/Feedback

Comments were invited from workshop participants, particularly related to:

- Strategies for obtaining information
- Mechanisms to ensure that map will be useful and beneficial

The core APPS team acknowledged the inevitable lag time in making the resource map available to implementers in a timely manner. This is an artifact associated with being pioneers or early implementers – indeed First Wave Partners in their role as early implementers are aiding the broader programme by assisting with in-use construction of many of the APPS products.

As the map develops, novel ways will be explored to ensure that it contains useful, timely information with one possibility being the transformation of the map into a “wiki” i.e. online resource which partners can add to as they become aware of new resources and as implementation progresses. One suggestion from participants was to use the map to log academic publications associated with the programme. This will be considered within the broader context of the APPS publications strategy.

Actions

Next steps are summarized below:

- Feedback from the Partnership Implementation Workshop will inform the finalization of the map and a rapid process of refinement is planned in accordance with the existing need for a map to guide implementation activity
- Finalization will include the incorporation of additional resources from HUG, NPSA and WHO AFRO
- Working version 1 will be produced in hard copy and online for First Wave Partners
- Dissemination will be driven by the core APPS team in the coming months.
- Ongoing review and refinement will occur throughout 2010 based on in-use feedback.

viii) Technical Session 3: APPS Evaluation

Led by: Dr Paul Rutter, Clinical Advisor, APPS

Summary

This session consisted of a short plenary presentation and a workshop.

Plenary

Dr Rutter highlighted the importance of data to the success of APPS. 'Evaluation' is not a separate strand of work, but is an approach that needs to be integral, often central, to the programme. It allows partnerships individually, and the programme as a whole, to have clear demonstrable evidence of achievement. Gathering data can also assist in the process of improvement itself, especially when these data are fed back to colleagues. The discipline of data collection also focuses the mind on objectives, and allows us to adjust course if a particular objective is not being fulfilled.

Dr Rutter also presented the APPS evaluation framework, which had been refined since the Partnership Representatives Workshop in Geneva in May 2009, based on the input provided by the first wave partnerships. The framework centres on measuring progress against the three APPS core objectives: i) Partnership strength, ii) In-hospital patient safety improvements, iii) National and regional patient safety spread.

Workshop

In rotation, each partnership group was introduced to each of the draft tools for measuring the structure, process and outcome indicators related to the hand hygiene action areas, utilizing a 3-2-1 approach. The indicators (3 structure, 2 process and 1 outcome) had been developed through consultation with partnerships at the Partnership Representatives Workshop in Geneva in May 2009, as well as through in-country engagement. This is the core action area for all hospitals. It also provides an example of the approach that can be taken to evaluation within other action areas.

Structures: Ms Rachel Heath and Dr Ed Kelley introduced participants to a tool adapted from WHO Patient Safety's Clean Care is Safer Care programme, which allows an observer to calculate the following ratios for each area in the hospital: sink:bed ratio, alcohol handrub dispenser:bed ratio, and sharp generation site:sharp disposal container ratio. Participants also tested an Excel spreadsheet, which allows these data to be readily calculated and displayed.

Processes: Dr Sepideh Bagheri Nejad and Ms Julie Storr introduced participants to a tool adapted from WHO Patient Safety's Clean Care is Safer Care programme, which allows observation of healthcare workers' hand hygiene compliance. Dr Ed Kelley and Ms Rachel Heath introduced a tool to record a hospital's consumption rate of alcohol handrub and soap. Participants also tested the spreadsheet's functionality with these data.

Outcomes: Dr Shams Syed and Dr Joyce Hightower led discussions of a possible tool to monitor wound infection rate.

Participants had the opportunity to examine the tools and ask clarifying questions.

Discussion/Feedback

The proposed approach to evaluation was well received. Participants gave numerous examples of the importance of evaluation, including the value of being able to share data in the scaling up process.

Detailed feedback was noted for each of the tools tested.

Actions

Each hospital was given a draft of the Evaluation Handbook, which contains the evaluation framework and the draft evaluation tools. Further feedback was invited. The framework and tools will be refined based on the discussions during the workshop session. An updated evaluation handbook will be published in English and French and circulated to partnership hospitals in early 2010.

ix) Partnership Planning: Reflection and Refinement

Summary

This session was the second session during the Workshop which allowed each of the six hospital partnership teams to work together on the development and refinement of their draft implementation plans. Community Representatives provided feedback to their group on their session from the day before and the groups worked on further refinements. APPS Team members were on hand to provide individual support and guidance.

x) Resource Clarification

Led by: Dr Shams Syed, APPS Programme Manager

Summary

This session provided information on resource availability for APPS activities. Dr. Syed highlighted three key principles; first, the need to balance right resources for right action through careful planning; second, a drive to institutionalize activities within health system planning; and third, the need to harness both "resources" and "resourcefulness".

The six core functions of WHO were summarized as focusing on: **1.** leadership; **2.** research; **3.** setting norms and standards; **4.** articulating policy options; **5.** technical support and catalyzing change; and **6.** monitoring health trends. It was highlighted that APPS fits most closely with the core function focused on "providing support, catalyzing change and building sustainable institutional capacity."

It was highlighted that APPS seeks to catalyze change through supporting well planned activities (the focus of this workshop). Limited resources are available for a number of key areas including: technical cooperation on hand hygiene and infection control; supporting the initial purchase/production of ABHR; reciprocal travel between partnerships to meet clear objectives; support for in-country spread activities; and finally to support information, communication and technology in partnership hospitals.

xi) Technical Session 4: Amplification – What does it mean in reality?

Led by: Dr Shams Syed, APPS Programme Manager

Summary

This session focused on one of the three core APPS objectives - to facilitate the spread of patient safety improvements across each country. A background technical document had been circulated for this session. Dr. Syed defined some key terms including "scaling up" and "amplification" and discussed their inter-relationships. He went on to discuss why scale up and amplification is important. The ExpandNet framework for scaling up was described. Nine steps to developing a scaling up strategy were outlined, including the consideration of both vertical and horizontal scale up potential. The evidence-policy interface was emphasized to be at the core of scaling up and the work of WHO EVIPNet was highlighted. Finally, issues related to application to the APPS partnership plan were reflected upon.

Discussion/Feedback

A rich contribution was provided by each of the partnerships. Gondar University Hospital (Ethiopia) emphasized that scale up success in Ethiopia was highly dependant on the success at Gondar and that the only way to demonstrate this is through rigorous evaluation. Kamuzu Central Hospital (Malawi) highlighted that "nothing exists in isolation" and that hospital scale up was dependant on community ownership, recognizing rights and obligations. Yaoundé Central Hospital (Cameroon) emphasized the need to have a close and continuous relationship with key decision makers for vertical scale and that any change needs to be institutionalized to stimulate horizontal scale up. University Hospital Fann (Senegal) emphasized the need to harmonize scale up activities across the 6 partnerships to achieve greater momentum and at the same time taking scale up activities "to the base - the community". Gabrielle Touré Hospital (Mali) re-iterated the need for simultaneous engagement with governments, other hospitals and the community. A special focus on understanding beliefs on patient safety could also aid scale up efforts. Kisiizi Hospital (Uganda) highlighted the need to create a balance between research and implementation to nurture efforts focused on scale up. Hôpitaux Universitaires de Genève (Switzerland) highlighted the need to define the exact roles of each APPS team member in terms of scale up. Many participants raised the need for "multi-dimensional thinking" when considering scale up strategies, emphasizing that there would need to be different approaches based on different environments.

xii) Technical Session 5: Communicating APPS

Led by: Rachel Heath – APPS Community Engagement Technical Officer

Summary

This session provided a brief overview of the APPS Communication Framework, outlining need for consistent APPS messaging at the local, national, regional and global level. The need for communication support to achieve core programme objectives through key messages, advocacy materials, website resources and appropriate stakeholder engagement was emphasized. These mechanisms can protect APPS against risks at all levels, particularly given the political and economical context (local and national) that the programme is working in.

Participants were divided into groups based on language, with English-speaking (Anglophone) participants and French-speaking (Francophone) participants working in small groups to discuss the specific communication issues for their localities and addressed the following questions:

1. What messages would you like to convey locally – especially regarding the benefits of participating in the APPS programme?
2. Who do you think are the key stakeholders at the local and national level to communicate to about APPS (think about different categories of stakeholders – primary/secondary and internal/external)?
3. How do you think you will best communicate about APPS – what are the best methodologies you can utilise?
4. Are there any challenges you foresee to communicating about your participation in APPS?

Discussion/Feedback

Participants developed some detailed thinking on each of the four questions:

Anglophone participants	Francophone participants
1. Messaging focused on benefits:	
<ul style="list-style-type: none"> • Reduce infections to decrease morbidity and mortality • In the end, effective patient safety action will free resources for other action • Improve health care and health systems through use of guidelines, standards, protocols & other resources. • Improve confidence in systems. • Develop community as a critical partner and develop joint ownership of work. • Cross country learning/sharing through an effective exchange platform • Develop a culture and tradition of good practice • Part of global work focused on knowledge transfer across partnerships 	<ul style="list-style-type: none"> • Training opportunities for staff who deliver care • For behaviour change leading to saved lives • For practical improvements at the frontline • Facilitates development of safety and quality policies
2. Key Stakeholders	
<ul style="list-style-type: none"> • The community • Civil society organizations • Health care workers 	<ul style="list-style-type: none"> • Hospital management • Ministries • Communities and community leaders

<ul style="list-style-type: none"> • Patients • District health officials • Ministry of Health • Media • Neighboring health institutions • WHO Country Office • NGOs • Donor organizations • Partner hospital • Within and surrounding the hospital 	<ul style="list-style-type: none"> • University training centres • Local Government and Administration • Other vertical programmes
3. Best Communication Methods	
<ul style="list-style-type: none"> • Meetings • Local language advocacy materials • Media (radio, TV, etc) • Press conferences • Publications • Internet • Presentations (medical associations, nursing associations, training institutions) 	<ul style="list-style-type: none"> • Through Departments of Strategy and Planning • Hospital level oral and written communication, reports, meetings, flyers, posters etc. • Ministry and Administration level reports and meetings • Community level flyers, radio and TV mechanisms and focus groups
4. Communication Challenges	
<ul style="list-style-type: none"> • Lack of time and money • Culture and tradition may be challenged • Competing priorities • Inadequate communication infrastructures • Need for political will • Differences between different parts of the health system (district vs. tertiary) • Skepticism and resistance to change 	<ul style="list-style-type: none"> • Overload of work • Need to establish a good communication strategy • Sustainability of communication mechanisms • Capacity and resources to support effective communication.

Sticky Questions

The session finished with the opportunity for participants to work in pairs and discuss specific 'sticky questions' that those involved with APPS may be asked about the programme and their participation in the work. A range of interesting ideas were shared by participants. This covered some key principles of working on patient safety within a global community, which were aptly captured by Dr. Francis Banya from Kisiizi Hospital (Uganda): "When you are standing you must be careful not to fall. We cannot say I am ok and that is it. Working together on patient safety is a moral and social responsibility for us all." The importance of human contact to facilitate joint learning between front line professionals and the opportunity to build safe systems together over the long term were highlighted. Fiona Carr (NPSA) highlighted the need to develop pro-active messages for use at the local and national levels. For a full list of the sticky questions discussed (and some responses) see [Appendix A](#).

xiii) Partnership Plans: Reflection and Refinement 3

Summary

This session was a further opportunity during the Workshop which allowed each of the six hospital partnership teams to work together on the development and refinement of their draft implementation plans. APPS Team members were on hand to provide individual support and guidance.

“Good partnership working has led, I believe, to the development of a sound draft plan which can now be strengthened and implemented”

Sarah Hoyle – Countess of Chester Hospital, England

xiv) Launch: First Wave Partnerships

Chaired by: Dr Jean-Bosco Ndhokubwayo, Patient Safety Focal Point
WHO African Region

Summary

This session marked the official launch of implementation for the six first wave APPS partnerships. Keynote addresses were made by Mrs Fiona Carr (NPSA), Dr Joaquim Saweka (WHO Country Representative Uganda), Dr. Anthony Mbonye (Ministry of Health Uganda) and Professor Didier Pittet (APPS Expert Lead). A personal message of support was relayed from Sir Liam Donaldson, Chair WHO Patient Safety. The ceremony was facilitated by Dr. Ndhokubwayo.

Message from Sir Liam Donaldson - Chair, WHO Patient Safety

I am sorry that I cannot be with you in person to witness the launch of this valuable initiative. African Partnerships for Patient Safety is a key strand within the World Health Organization’s Patient Safety programme. Its aims are profoundly important - to ensure that patient safety receives its rightful prominence within African health care, and to find solutions to patient safety problems in the region. The importance of this work cannot be overstated.

Today sees the launch of the six first wave partnerships between African and European hospitals. These will achieve great benefit for the hospitals and countries involved in them. But this also marks the start of a vision that is truly great – to form partnerships, focused on improving patient safety, that involve all 46 of the countries in WHO’s African region. Improvements to make care safer for patients take time and commitment. I welcome the energy that the first wave of hospitals has demonstrated in accepting the challenge. You are at the start of a vital endeavour. I wish you all well.

Fiona Carr shared the full support and commitment of NPSA to the programme. She explained how APPS fits within the UK Government Global Health Strategy and highlighted the opportunity for learning to occur both in Africa and England. She acknowledged the passion and dedication of those involved with APPS.

Dr. Mbonye emphasized that patient safety was key to the Ugandan Ministry of Health. He highlighted key areas requiring attention including: safety standards; medication safety; safe equipment; health worker safety; safety evaluation mechanisms and developing knowledge and learning on patient safety. He highlighted that key health professional associations need to be fully included in programme implementation.

Dr. Saweka emphasized the need for programme implementation to have an impact on progress towards the Millennium Development Goals, in particular those related to child and maternal mortality. He highlighted that the APPS first wave will "set the path and marching orders for patient safety". He thanked all the participants "on behalf of the many lives that will be saved."

Professor Pittet recalled that it had just been one year since the WHO AFRO Regional Committee in Yaoundé, Cameroon, when 35 countries pledged commitment to tackle health care-associated infections in their countries. APPS, while very ambitious is clearly needed, and is a translation of a dream into reality but based on front line realities. Prof Pittet emphasized APPS believes in "working for safer health care...together" and places particular importance on the last word - "together". He called on all participants to maintain energy, commitment, and passion recognizing that those in this room are the origin of a new movement.

After the addresses there was a ceremonial exchange of partnership plans between each partnership. APPS Focal Points shared a few words on behalf of their hospitals. The launch ended with the sharing of several new key advocacy materials including the new APPS website and information booklet.

Appendices

Appendix A: Communicating about APPS: Sticky Questions and Responses

1. Why was your particular hospital chosen?
 - Built on existing strong link
 - Strongly supported by leadership
 - Some work already conducted on patient safety issues
2. Why is APPS built on a partnership approach – what does that add?
 - Human contact between front line professionals
 - Opportunity to build safe systems together over the long term
 - Can learn from each other
3. Will they fund a new building/operation room/lab/ward? What will we get from this?
 - Participation in and learning from a regional and global effort to improve patient safety
4. What will we in the National Health System in the UK gain from APPS?
 - Can learn from resourcefulness in African health systems
 - Participation in a global movement
 - NHS is not perfect, there is still much to learn and "when you are standing you must be careful not to fall"
 - Fulfilling moral and social responsibility to the global community.
5. How can we sell the benefits of participation in APPS locally?
 - Health workers themselves will benefit from preventing health care-associated infections
6. Why are you concentrating on infection control?
 - Global issue with potential to significantly decrease morbidity and mortality through carefully planned action
 - Savings associated with infection prevention can be utilized for other issues
7. If you opened your local press to a bad media headline regarding your participation in APPS – how would you handle it?
 - Organize meeting with the press with clear agenda and some pre-prepared key messages

- Focus on the concrete benefits of the program
 - Be proactive with the media to deliver messages "without any fear" as the work is well planned and focused on health care improvement
8. This is just another project, they'll come give us more work to do and then leave us?
- Acknowledge that it is more work, but it will bring huge benefits
 - Part of a programme focused on rolling out improvement work to all African nations
 - "As health workers it is our role to protect ourselves and those that we care for"
9. We don't have a patient safety problem here.
- Everyone can improve patient safety
10. Why should we involve community or patients – we're the doctors, we have the knowledge.
- If able to engage the community, they will advocate for your work in patient safety, strengthening the movement
 - Health care is delivered in a range of venues, and only a small percentage is in hospitals.
11. How can we sustain this programme when we don't have the capacity/resources/staff are doing this as volunteers?
- Harness the passion of individuals
 - Clearly express the long term benefits of the program
 - Utilize available APPS resources effectively