What is the High 5s Project

The High 5s Project was launched by the World Health Organization (WHO) in 2006 to address continuing major concerns about patient safety around the world. The High 5s name derives from the Project’s original intent to significantly reduce the frequency of 5 challenging patient safety problems in 5 countries over 5 years.

The Mission of the High 5s Project is to facilitate implementation and evaluation of standardized patient safety solutions within a global learning community to achieve measurable, significant and sustainable reductions in challenging patient safety problems.

The High 5s Project is a patient safety collaboration among a group of countries and the WHO Collaborating Centre for Patient Safety in support of the WHO World Alliance for Patient Safety.

The countries that initiated the High 5s Project were Australia, Canada, Germany, the Netherlands, New Zealand, the United Kingdom, and the United States. Ministers of health and leaders of six of these countries signed formal letters of support in 2007. France, Saudi Arabia, and Singapore have subsequently joined the Project.

The project has been supported by the U.S. Agency for Healthcare Research and Quality, WHO, and the Commonwealth Fund and is coordinated by the WHO Collaborating Centre for Patient Safety which is led by The Joint Commission and Joint Commission International.

Scope of the High 5s Project

The major components of the High 5s Project include the development and implementation of problem-specific Standardized Operating Protocols (SOPs); creation of a comprehensive Impact Evaluation Strategy; collection, reporting, and analysis of data; and the establishment of an electronic collaborative learning community.

The High 5s Project is designed to generate learning that will permit the continuous refinement and improvement of the SOPs, as well as assessment of the feasibility and success of implementing standardized approaches to specific patient safety problems across multiple countries and cultures. Achievement of the Project goals is expected to provide valuable lessons and new knowledge to support the advancement of patient safety around the world.

Five SOPs have been developed to support the Project. These SOPs address:
- Concentrated Injectable Medicines
- Medication Accuracy at Transitions in Care
- Correct Procedure at the Correct Body Site
- Communication Failures during Patient Handovers
- Addressing Health Care-Associated Infections
The first three SOPs will be included in the initial implementation of the High 5s. The remaining two SOPs have been deferred to a later time. Each SOP summarizes the problem, the strength of evidence that supports the solution, potential barriers to adoption, potential unintended consequences created by the solution, patient and family roles in the solution, and references and resources.

The Impact Evaluation Strategy includes on-site observation of SOP implementation; the use of SOP-specific performance measures; use of an event analysis framework to identify occurrences that may represent SOP failures; and baseline and periodic hospital safety culture surveys. The evaluation strategy seeks to identify the factors underlying the adverse events of concern, match these factors against those that the SOPs are trying to prevent, and track changes in the safety cultures of the participating hospitals. A sophisticated information management system will support the data collection and analysis efforts, and a data quality monitoring protocol has been established to assure the validity of the Project results.

Lead Technical Agencies

In this multi-country collaboration, Canada has led the development of the Medication Accuracy at Transitions in Care SOP; the United Kingdom has led the development of the Concentrated Injectables SOP; and the United States has led the development of the Correct Site Surgery SOP. All of the participating countries have provided technical expertise in the development of the implementation and evaluation frameworks that are integral to the SOPs.

Beyond their roles in the Project’s developmental work, the LTA in each country is actively recruiting participating hospitals, and will coordinate, monitor and support the implementation of the SOPs in these hospitals as well as facilitate the collection of data from the hospitals.

Following completion of LTA and hospital training, the Project will be implemented in participating hospitals in the autumn of 2009. Participating hospitals will be given high visibility and recognition for their willingness to implement and evaluate the SOPs and for their leadership in working to standardize patient care processes.

For further information about the High 5s Project, please contact: WHO Collaborating Centre (LCaisley@jcrinc.com) or the World Health Organization (leotsakosa@who.int).