Report from the Fifth Meeting of WHO Patient Safety Programme (PSP) and Industry Representatives

with invited representative from University Hospitals, Geneva (WHO Collaborating Centre on Patient Safety, Infection Control and Improving Practices)

26 September 2012
World Health Organization (WHO) Headquarters, Geneva, Switzerland

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1. Introduction

This Fifth Meeting, held on 26 September 2012, was convened to continue the collaborative discussions and exploration of potential projects between WHO and all parties signed up to Private Organisations for Patient Safety (POPS). The meeting was opened by Dr Ed Kelley and Professor Didier Pittet, as well as introductions from all in attendance.

Professor Pittet highlighted the importance of this group in the short and long term, stating that it is a key group in reaching all institutions around the world to support patient safety. It is unique and ground breaking as a WHO piece of work and well received, despite the time it can take to go through due process at WHO, in order to ensure transparent and sound working practices between all parties.

For further information on POPS, its origins, aims and previous meetings, please go to www.who.int/gpsc/

2. Summary of Fifth Meeting proceedings

Dr Ed Kelley outlined specific WHO financial processes and introduced the PSP Finance Officer who is managing receipt of payments from participating companies. The Financial Officer outlined the current position and allowed time for questions where money transfers to WHO for POPS participation have still not been received, in order that these can progress.

Professor Pittet delivered a presentation updating participants on WHO SAVE LIVES: Clean Your Hands, every 5 May, country engagement and results from the global WHO Hand Hygiene Self-Assessment Framework. Dr Benedetta Allegranzi then followed with a presentation on the WHO hand hygiene in outpatient, home-based care and long-term care facilities document and objectives for WHO Clean Care is Safer Care programme work going forward.

Key points following the first presentations:
- Participants were asked to support promotion of WHO tools including those outlined
- Participants were encouraged to read the WHO hand hygiene in outpatient, home-based care and long-term care facilities document to understand its adaptation and applicability - any follow-up questions can be submitted to the WHO team via the POPS platform
- Participants were asked to promote a forthcoming ECCMID course and ICPIC 2013 Conference in Geneva.

It was noted that following the meeting, presentations and other key documents discussed would be made available on the POPS platform (see later point in the report for further information on the platform.) Presentations and documents were issued on the platform the following day, on 27 September 2012).

Julie Storr from the WHO African Partnerships for Patient Safety (APPS) presented a summary update of APPS activities including where gaps in availability of alcohol-based handrub are being addressed and where need still exists. Questions followed on where local production of alcohol-based handrub takes place. Dr Allegranzi outlined a recent survey of local production that has been undertaken and will shortly be published. Professor Pittet reiterated that University Hospital Geneva can quality check locally produced products, based on content (level/quantity testing). It was highlighted that APPS is a key priority; patient safety must improve in Africa.
Sir Liam Donaldson, WHO Envoy for Patient Safety who attended the meeting for a short time as a visitor, spoke to the group and again highlighted the importance of the work and that it is ground breaking. He gave examples of issues regarding certain behaviours in health care, including towards health-care infections and drew on the parallel of compliance with the WHO Surgical Safety Checklist. "People are not responding to the fact that failure to perform hand hygiene is a life or death matter" and he continued that despite success, more time and commitment is still needed to ensure consistent and reliable behaviours.

Following the morning break, Claire Kilpatrick and a representative from a marketing design company presented the proposal for a public facing campaign to continue to promote and improve hand hygiene in health care.

Comments and discussions on this proposal:

- Sir Liam challenged on "where is the power for change" and "how will the public be engaged; the right language is critical, what will the term "Zero Hospitals" mean to the public?"
- Question on how we will 'market' the campaign - purely digital or consider other traditional media (papers/tv/radio) coverage who could be eager to cover this topic
- A point was made on considering the age of health-care users
- A point was made on a potential vision for mobile phone messaging to support developing countries, as well as the usefulness of audio podcasts that can be taken from any videos made
- It was highlighted that WHO is the world's media, messages from WHO will be powerful, video is also very powerful
- The viral effect was noted, not everyone needs to see the web pages or hear it first hand as messages will be 'passed on'; different approaches reach different people
- The potential for celebrity endorsement was discussed
- A campaign that will be acceptable to all regions/countries is critical
- Hospitals are compared against each other on different topics now and in different ways, it was asked how we could/ would join all of these together to avoid confusion and allow the public to go to one or two sites rather than many different web sites to find information about standards of hospitals, e.g. hand hygiene, on use of the WHO Surgery Checklist, etc
- The registration process for hospitals and other health-care facilities for the campaign has to be very clear
- Hospitals cannot be quality assured through the campaign; this must be clear. If assurance was ever to be given, it would be through WHO Hand Hygiene Self-Assessment Framework results.

Final input to the public facing campaign will be sought via the POPS platform; interaction via this medium is critical going forward as it is the main mode of communication for all those involved in POPS

The launch of the proposed public facing web site was discussed and a timeline was outlined, including steps still required within WHO; the beginning of January was noted.

The newly designed POPS logo was presented and discussed. Explanations were given on use of the logo, once it is finally agreed within WHO. No comments were received on the logo itself but it was agreed that a set of words to describe the association with WHO alongside using the logo is essential so that every participant says the same thing and there is no unfair advantage.

During this part of the meeting Claire Kilpatrick also presented the provisional plans for 5 May 2013.

It was noted that POPS participants were key advocates for 5 May and exact proposals for their support should be outlined by New Year 2013.

An introductory presentation to an alcohol-based handrub production and distribution survey was given by Claire Kilpatrick; data collection fields and aim of the project were outlined.

Keys points following this presentation:

- Include information on foam, liquid, gel, alcohol type and %, in mls
- Can those involved be listed/acknowledged - participants will be asked if they want to be
• Predicting and modelling is an advantage of this exercise - may help forecast future global need, while considering patient outcome/safety
• Number of actual facilities could be hard to provide; definition of hospital/health-care facility agreed (although overall global number is still an estimate); agreement that all should be included in survey
• Hard to capture point of care dispensers versus non point of care dispensers
• Following much discussion, agreed that survey will commence shortly and will capture 2011 data. In 1st quarter 2013 participants will be asked for 2012 data
• It was asked if anyone could submit 2005/historical data; if so, this would be split from other data analysis but would be helpful considering WHO Clean Care is Safer Care was launched in 2005.

POPS platform use discussion took place, to reiterate the importance of this site/medium for everyone. How to engage in the platform and any key issues with this were covered. Post meeting support was outlined to ensure all participants could be part of the platform.

Plans for how all project proposals will be prepared and issued on the platform were outlined, including a suggested timeline to take into account collaborative discussions and approvals.

A discussion ensued on how new companies will join POPS and be integrated to established working.

A summary of previous/other POPS project ideas, including research and electronic monitoring was presented by Claire Kilpatrick and Dr Allegranzi.

Key points following this presentation:

• A reminder regarding the role of POPS participants in education and awareness raising as previously discussed and highlighted in previous meetings was emphasised - this was linked with WHO SAVE LIVES: Clean Your Hands and any new public facing campaign.
• Dr Allegranzi noted that the automated system being used in Australia may become a WHO pilot project for other countries; the Australian campaign are offering this technology for use by WHO. Other similar tools were discussed as well as the importance of having a tool that is underpinned by the WHO 5 Moments and the need for inter-rater reliability checking, whatever tool is used
• Professor Pittet and Claire Kilpatrick highlighted the need for work ensuring hand hygiene is embedded into all procedures.

Meeting Conclusion

Discussions on future meetings took place and while travel can be difficult, face-to-face meetings were approved as the preferred option with timings aimed at suiting the majority.

The next meeting will be scheduled for end Jan/early Feb 2013; preferably a Friday or Monday. Virtual meetings to progress projects will also take place as required.

A future plan to have the group more engaged in arranging parts of the meeting with clear objectives and outcomes will also be explored.

WHO thanked a USA participant for joining by phone and GoToMeeting for the afternoon part of the meeting.

WHO agreed to keep the group informed via the platform on the progress with launching project proposals.

Dr Kelley and Professor Pittet thanked everyone sincerely for their participation in the meeting.