The APPS Spread Pack is designed to assist partnership hospitals to stimulate patient safety improvements in other health-care settings through interactions with other organizations and people.

The resource is also useful for those interested in spreading patient safety thinking that are not currently participating in APPS directly.
A series of APPS resources have been co-developed and utilised by the first wave of hospital partnerships participating in the APPS programme. Although focused on a partnership model, these resources can be useful to any hospital committed to creating safer health care for patients. These resources may also be of utility to decision makers involved in planning for patient safety.

WHO/IER/PSP/2012.1

© World Health Organization 2012

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

The mention of specific resources does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use.
**Introduction**

Spreading patient safety across the nation and region is essential to improving care for as many patients as possible in partnership countries both in Africa and Europe. By using the APPS Spread Pack to help design the method of sharing patient safety learning and expertise, partnership hospitals can have a much greater impact on the health of citizens in their country than if improvements are limited to a local area.

APPS teams within partnership hospitals focus on three core objectives (figure 1). One of these objectives is to achieve **national & regional spread of patient safety improvement.**

Spread can be considered in two ways.

- **Horizontal spread**: Spread between similar individuals and organisations.

- **Vertical spread**: Spread from an individual or organization to an individual or organization up or down the hierarchy of influence.

A planned spread strategy allows safety activities to be spread in a planned and effective manner so that the maximum number of patients benefit from the partnership. The greatest advantage to patients occurs when improvements are made across a large number of hospitals, community health centres and whole health-care systems. By using methods of spreading patient safety that address horizontal and vertical spread, health care that is delivered outside the partnership can benefit from the shared expertise that it brings.
This spread package provides a straightforward approach that can be used by APPS partnerships as they:

1. Develop and agree their partnership plans.
2. Make their plans for spreading patient safety thinking and action from the Partnership Hospital through to a range of external partners.
3. Review and refine these partnership plans throughout the life of the partnership.

It can be used throughout the 6-Step improvement journey that APPS is framed around.

Throughout this package, signposts direct readers to APPS resources available to help develop a spread plan for their partnership. For example, “Improving Patient Safety – First Steps” provides an approach to improving patient safety using a partnership model, structured around 12 action areas for improvement and with spread as a central aim. It lists some considerations for hospitals and health facilities that are at the start of their improvement journey. The information within this pack is critical to spread of patient safety thinking.

Spread activity planning will also be informed by the APPS Electronic Platform (for hospitals participating in an APPS partnership), the APPS Website, and discussions with the APPS Core Team.
Resources for APPS Spread

APPS supporting documents, including those relating to spread are to be found on the APPS Electronic Platform. This resource is available to partnership hospitals and acts as a system to exchange information between all institutions currently involved in the programme. It contains many of the supporting documents that are signposted to in this package.

The APPS Website [http://www.who.int/patientsafety/implementation/apps/en/] contains many key documents, including reports of planning meetings and relevant international events. It also links to other programmes within WHO Patient Safety. This information is available to anybody with access to the internet, and is not restricted to partnership institutions.

The APPS Core Team is a virtual group of professionals working across Europe and Africa. They are responsible for coordinating the programme, and are a resource for anyone involved with APPS. The core team is able to answer questions about the programme and assist in steering partnerships towards achieving their spread aims.

In summary, the APPS Spread Pack:

- Presents the need for a deliberate strategic approach to patient safety spread
- Shows where additional information to help design a spread plan can be found
- Presents core principles of spreading patient safety
- Outlines the APPS 4-step approach to horizontal spread and the APPS 3-step approach to vertical spread and how to achieve these
- Describes the people and organisations that can be targeted in order to spread safety ideas throughout the health-care system
- Discusses some supporting principles of spread including community engagement and sustainability
- Describes how to strengthen the link between the evidence for patient safety and health policy
- Outlines 8 simple steps in hospital patient safety action planning and signposts to useful resources to support this process
- Outlines a series of one-page patient safety action briefings for a range of audiences
- Highlights some successful case studies
CORE PRINCIPLES
What is Spread?

Spread can be considered to be the process of disseminating methods of practice between institutions and individuals at the same or different hierarchical levels. It is a deliberate process to increase the impact of innovative health service improvements to benefit a wider population and change policy and system development in a sustainable way. We focus on patient safety spread here, but other successful innovations could follow a similar pattern.

There are several dimensions to the “spread process” worth highlighting. First, a “deliberate process” refers to the spread of practice in a planned and guided manner, rather than letting innovation spread in a haphazard way.

Second, “innovative health service improvements” are those changes made in the partnership hospitals that have been shown to be successful at a local level. Successful innovations are those that are supported by locally generated evidence of lasting effectiveness and achievability.

Third, “sustainable way” means that the innovation can be made to be long lasting by influencing change in all departments that have a role in implementing improvements, for example the financial section, the managerial hierarchy and education and training departments.

A recent report explores the features of effective spread planning. It describes some common features of successful spread, some approaches for spread that can be successful in different settings and some lessons that can be learned from large scale programmes to help spread be more effective. Central to the report is the idea that any spread plan must consider three aspects:

1. Individual buy-in and adoption
2. Whole facility adoption – connecting with the strategy and priorities of an organization
3. Health system adoption – involving senior leadership and aligning changes with system facilities and policies

1. Options for Large-scale Spread of Simple, High-impact Interventions. Massoud M, Donohue K and McCannon C. USAID & URC. September 2010
The document provides examples of a series of models that have been used in the past to successfully spread health-care innovations. These include concepts such as, Natural Diffusion, Executive Mandates, Extension Agents, Emergency Mobilization, Collaborative approaches, Affinity Groups and Wave Sequence.

The report shows how a combination of different spread methods can be used to tackle spread on an individual, institutional and system wide scale. It is unlikely that one approach will satisfy all these requirements; however the **APPS Approach** has been developed to include elements from all of these methods.

The report also examines many examples of successful spread in health care. These include some key considerations:

1. **Positive results** from improvements can drive large scale spread

2. **Standardize components** of the innovation, but allow for modification

3. Allow health-care workers to **make changes in their work themselves** by equipping them with the necessary tools and skills

4. **Use existing networks** and groups to identify and supply important resources

The core of the APPS approach to spread is based on work carried out by ExpandNet, a global network with expertise in scaling up health innovations to reach more people, more quickly, and more sustainably. The network has worked alongside the WHO in several projects. The work has been considered carefully by APPS.

These core documents and resources, including both the ExpandNet framework and the report from URC provide the foundation for the APPS approach.

The science of spread is complicated and inexact. It may take many years for even the most straightforward of changes to take hold across a large system, but by planning how spread is managed and taking the above points into account, the chances of success can be greatly increased.
Targets for Spread

In 2009, the APPS Partnership Implementation Workshop was held in Kampala, Uganda. Teams from each of the African, Swiss and English hospitals in the first wave of the programme attended the workshop together with key WHO staff and partners from the National Patient Safety Agency (London, England) and Tropical Health and Education Trust (THET). One of the many tasks the group completed was the identification of people and organisations that need to be included when devising a plan for the spread of patient safety ideas and innovations. Based on the list constructed at the workshop APPS has identified key targets for spread. These are as follows:

- Health Professionals
- Hospital Leadership
- Ministry of Health
- Community Groups
- International & National NGOs
- Universities and Academics
- Development Agencies
- Private Foundations
- Media
- Passionate Individuals
- General Public
The APPS Approach

The APPS Approach for patient safety spread is a simple series of steps that can be taken to facilitate successful, sustainable spread of patient safety innovation.

It is divided into Horizontal and Vertical Spread. **Horizontal spread** refers to spreading safety activities across people and organizations at the same level in the hierarchy of a health-care system (four steps). **Vertical spread** refers to spreading safety ideas up or down the hierarchy, for example influencing government Ministries (three steps). The core principles of these steps are described here.

**Horizontal Spread**

**Step 1: Make an improvement in your hospital, keeping in mind the need for spread**

Successful spread starts with the achievement of a clear improvement in your own hospital. Achieving this shows that hospitals know how to make changes, gives them credibility and allows the collection of data to demonstrate that change can be successful. Characteristics that enhance the “spreadability” of patient safety improvements can be considered in terms of the problem and the solution. The problem needs to be clearly evident. The solution needs to be clearly defined, credible and require resources that hospitals can easily access.

**Step 2: Broadcast your improvement message**

This can be achieved by conferences, presentations, media, professional journals and networks or through word of mouth and firsthand accounts. There are 5 key tips to successfully broadcasting the improvement message:

1. **Combine** real first hand data, the evidence base and first hand experiences
2. Present the message to **encourage action** so that the audience understands what you have done and that they are able to do something themselves
3. Use the best **storyteller** for each audience; professionals for conferences, patients for the general population
4. Present the problem so it is **meaningful** to the audience. Present whichever arguments matter most for your audience
5. Give audiences **clear next steps** so they can begin to make changes themselves
Step 3: **Make it as appealing as possible for others to copy your improvement**

People in other institutions will need to be motivated to reproduce the innovation, perhaps by the potential for research or becoming a member of a network. Communicate these appealing benefits clearly to the audience.

Step 4: **Build a network to sustain and grow spread**

Building a network provides a social system to continue the spread of safety changes and enhances sustainability. If the partnership hospital remains the main focal point of patient safety, then the effective spread of the innovation is limited by the time and resource that the partnership hospital has available and could lead to the unit being overwhelmed.

**Vertical Spread**

Working with the APPS core team and with the WHO country office is likely to be important for partnerships to achieve vertical spread. In fact early experience shows that successful vertical spread can be well attained by APPS hospitals working in partnership with the APPS Project Manager for the African Region and the APPS core team.

Step 1: **Make an improvement in your hospital, keeping in mind the need for spread**

Successful spread starts with the achievement of a clear improvement in your own hospital. Achieving this shows that hospital know how to make changes, gives them credibility and allows the collection of data to demonstrate that change can be successful. Characteristics that enhance the “spreadability” of patient safety improvements can be considered in terms of the problem and the solution. The **problem** needs to be clearly evident. The **solution** needs to be clearly defined, credible and require resources that hospitals can easily access.

Step 2: **Grow your network of influence**

The second step to successful vertical spread is to access the key individuals in government, and related institutions, who have the power and influence to spread patient safety improvement. This has three parts; identifying **who** the key individuals are; accessing these key individuals; and ensuring sustained **engagement**.

Step 3: **Communicate the need for improvement, offering clearly defined solutions**

This can be achieved by demonstrating the evidence of a problem, and showing clearly defined, credible and resource realistic solutions. This evidence can comprise data collected at baseline evaluation and first hand and patient stories.
SUPPORTING PRINCIPLES
Community Spread

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 programmes.

Patients and caregivers see things that busy health-care workers often do not; safety can be improved if patients are included as partners in safety initiatives. Empowerment – where communities are given the ability to make decisions and stimulate changes to patient safety themselves – is the ultimate goal. Practitioners need to be considerate in their community engagement approach, supporting community members whose abilities and education will vary but who wish to contribute to spreading patient safety thinking and action.

Many case studies highlight strategies to engage communities in health-care changes. Examples include: sharing key messages through campaigns; raising awareness of specific health care improvements; focusing on patient rights in health care; effective consultation and involvement of patients in decision-making; building skills to undertake partnerships in health interventions on an equal basis; and community focused monitoring of care quality. Civil society itself has already achieved advances in people’s health through campaigning and advocating for change at the regional and national level. These experiences may provide useful examples of successful strategies to involve communities in health care.

APPS has developed an eight step approach to develop effective, meaningful and sustainable community engagement between hospitals and communities.

1. Know the Community
   - Map key people, organizations and mechanisms for community partnerships
   - Find out community views about patient safety
   - Identify the role of the family and the household in providing safe care in the local community

2. Establish an Enabling Community Engagement Environment
   - Create commitment and understanding to sustainable community engagement within the APPS hospital.
   - Enable and support community members to participate in safety activities.
   - Encourage community leaders for patient safety who ‘champion’ messages.
   - Have a clear vision of the community engagement process and define roles, responsibilities and clear processes for interaction with the community.
3. Raise Patient Safety Awareness – locally and nationally
   • Use existing health campaign networks to spread patient safety knowledge.
   • Build education programmes for patient safety awareness in the community.
   • Advocate for patient safety policy development at all levels of the government.
   • Use community mechanisms to promote patient safety at the grassroots level.

4. Collect Community Knowledge and Experiences
   • Collect patient experiences of medical harm, patient safety and health-care experiences.
   • Develop case studies for education, training and programme development.
   • Document the community engagement process so other patient safety programmes can learn from them.

5. Ensure Robust Communication Mechanisms
   • Design communication materials in collaboration with the community.
   • Ensure effective routes of communication between the community and the APPS hospital.
   • Work with the media to support positive coverage of patient safety messages.

6. Feed into Monitoring and Evaluation
   • Use the community to monitor, evaluate and hold safety initiatives to account on delivery of agreed objectives.

7. Develop a Community Ripple Effect
   • Create a network of community stakeholders.
   • Work through already established partnerships to spread learning throughout the national community.

8. Establish an APPS Community Engagement Advisory Board
   • Map community engagement experts
   • Invite expert and motivated individuals to be members of the Community Engagement Advisory Panel.

Community engagement is cross cutting and should thread throughout each aspect of the APPS Partnership Plan, particularly in relation to spread.
Sustainability

This section outlines key points to assist patient safety innovations and improvements endure over the long term; this is closely related to the other dimensions of spread outlined in this pack. In order to enhance sustainability, the partnership needs clear objectives and flexibility. This should be considered in the initial stages of building a partnership plan.

The partnership hospitals should think about which specific change is to be sustained, what the measured outcome for the change will be and which professional relationships will enable the changes to be made and sustained. Coordination with national priorities and programmes are of fundamental importance. The ultimate aim is for the “routinization” of patient safety thinking into systems.

The APPS programme has developed 10 approaches (and associated trigger questions) to help the partnership design changes that are sustainable. By using the APPS approach, partnerships will be able to design patient safety activities that will have a lasting impact on patients both in their hospital and across their country.

1. **Parallel planning:**
   - Is planning for implementation and sustainability occurring at the same time?

2. **Assessment of local conditions:**
   - Have the local conditions within which APPS activities will take place been carefully looked at to help in programme planning?

3. **Clear aims and objectives:**
   - Are the aims and objectives of APPS activities clearly understood by both APPS partners?

4. **Understanding change principles:**
   - Do planned changes include some principles of change management in order to help guide objectives and actions?
5. **Awareness of the external context:**
   - Are APPS improvement activities aligned with local, regional and national health systems plans?

6. **Managerial and leadership support:**
   - Has the support of the appropriate leaders, managers and decision makers been secured?

7. **Stakeholder engagement:**
   - Have APPS stakeholders at the national, regional and global levels been identified and engaged?

8. **Resources:**
   - Have required human and financial resources been examined and incorporated into planning?

9. **Ability to adapt:**
   - Is the need for flexibility in APPS implementation recognized?

10. **Evaluation:**
    - Are plans in place to conduct ongoing APPS evaluation using the Evaluation Framework?

Sustainability is a cross cutting issue and should thread throughout each aspect of the APPS Partnership Plan, particularly in relation to spread.
Evidence Policy Strengthening

Successful spread requires strong connections between patient safety evidence and policies established by health-care organizations and government departments. This includes translating the global body of patient safety evidence as well as evidence generated in partnership hospitals into policy. In order to achieve this, APPS hospitals should as far as possible build on existing evidence-policy platforms.

The process of evidence-policy linkage is a complex one with many factors playing a role. APPS has outlined an approach with 7 components and associated activities to help to tackle this complex area.

1. Integrate "Evidence-Policy" Considerations
   - Ensure evidence-policy considerations are included in all APPS activities
   - Use the partnership plan to outline specific evidence-policy strengthening activities.
   - Encourage the use of evidence-based patient safety interventions and policies at the hospital level.

2. Conduct Rapid Stakeholder Analyses
   - Map the key evidence-policy interface stakeholders and potential champions
   - Conduct a stakeholder analysis to plan an approach to engaging stakeholders.

3. Synthesize Previous Evidence-Policy Experiences
   - Identify evidence-policy experiences in each country.
   - Identify key learning points from these experiences to guide partnership activity.
   - Form close links with institutions (such as universities or NGOs) that have an interest in the evidence-policy interface.

4. Establish or Strengthen Existing Evidence-Policy Platforms
   - Identify existing national evidence-policy platforms and develop the interface alongside them.
   - When national platforms do not exist attempt to learn from the experiences within the wider African Region.
   - Establish communication between evidence generators and policy makers.
5. Facilitate the use of "Evidence-Policy" Tools

- Work with existing evidence-policy platforms to establish an evidence-policy toolkit
- Use the evidence based tools available for specific patient safety issues.

6. Feed the Knowledge Pool

- Highlight the importance of an evidence-policy plan to direct the generation of evidence on safety.
- Use an evaluation mechanism that can provide feedback on the effectiveness of evidence-policy strengthening.
- Document and share experiences with other health-care facilities.

7. Generate a Ripple Effect

- Create a network of champions from both the policy and evidence arenas to provide strong leadership
- Develop close linkages with a range of stakeholders to disseminate learning on strengthening the evidence-policy interface.
- Ensure APPS evidence-policy mechanisms are aligned with national strategies on policy making.

Forging strong links between evidence and policy can benefit patient safety spread and sustainability. Significant time investment is required – using the seven approaches above can allow patient safety improvements to be embedded into evidence based policy for patient safety.
HOSPITAL PATIENT SAFETY ACTION PLANNING
When a hospital or health-care service decides to make patient safety improvements, the challenge can seem to be difficult to manage. With a simple structured approach to defining the problem, identifying the resources needed to find answers, testing and implementing solutions and spreading the innovations, the task can be made much more straightforward. To help health facilities tackle the problem, APPS suggests 8 steps that provide a road-map for hospital patient safety action. Careful consideration of Improving Patient Safety – First Steps can be at the core of effective planning.

1. Develop the Core Hospital Team
   - Identify key individuals that have an interest in patient safety to form a core team.
   - Share key information on patient safety within this core team.
   - Hold a first meeting with key individuals aiming to secure endorsement for patient safety action at the hospital (understand that this team will expand and evolve over time).

2. Secure Commitment for Patient Safety Action
   - Develop a one page justification for patient safety action at the hospital.
   - Arrange to meet the decision making body of the facility to present the case for action and potential ways to improve the patient safety (use APPS patient safety materials).
   - Agree on who should be project lead with senior hospital decision makers.

3. Construct a Brief Overview of Patient Safety at Hospital
   - Undertake a rapid patient safety situation analysis, using the APPS situational analysis short form.
   - Feedback all findings to the core team and key decision makers.

4. Develop Project Initiation Document
   - Work with the core team to draft and finalize a Project Initiation Document (outlining the proposed work areas and to enable a focused discussion).
   - Seek endorsement and approval from key hospital decision makers.
5. Conduct Patient Safety Situational Analysis

- Undertake an in-depth patient safety situation analysis, using the APPS situational analysis long form. Work with the entire core team to collect this information – each individual has areas of expertise on which they have specific knowledge and ability to collect additional information.

- Maintain periodic feedback to the core team, as well as key decision makers.

6. Develop Project Plan

- Work with the core team and key decision makers to draft and finalize a Project Plan (with full details of implementation).

- Obtain endorsement of the Project Plan from key hospital decision makers.

7. Implement Project

- Use the Project Plan to guide implementation of patient safety improvements.

- Meet regularly with the core team to ensure problems are identified and tackled promptly and effectively.

- Keep key decision makers informed at all stages of project implementation - maintain feedback of early successes as well as key challenges.

- Celebrate initial successes within the hospital to generate interest and momentum for the project.

8. Learn, Reflect and Refine

- Conduct regular project reviews using Checkpoint Reports.

- Ensure findings from evaluation are used to demonstrate successes and identify areas for improvement in patient safety intervention

- Ensure Project Plan is refined based on feedback

- Share knowledge and experience gained through the project with those outside the hospital – become a hospital that is leading patient safety change.
PATIENT SAFETY ACTION SHEETS
10 things Health Professionals can do now to improve patient safety

- Bring together a group of interested individuals in your organization to act as a driver for change in patient safety

- Understand the patient safety situation at your hospital or health facility in coordination with hospital leadership.

- Engage with the APPS team to learn how patient safety can be improved in your facility

- Develop a plan of action to tackle patient safety areas highlighted in your situational analysis

- Consider key patient safety resources and decide which are suitable for tackling safety areas highlighted in the situational analysis

- Record your experiences so that others around the world and locally can learn

- Contact your Ministry of Health and enquire what action is planned to improve patient safety in health care

- Write in local medical and nursing journals and other media highlighting the problem of patient safety and calling for national action

- Consider whether you are in a position to influence policy development for your institution, region or national government

- Build patient safety considerations into the delivery of all health interventions

APPS Resources
APPS has developed a range of resources to facilitate patient safety action at the institutional, regional and national level available on the website.

Specific Resources
The APPS Improvement Series triad:
1. Situational Analysis
2. Improving Patient Safety – First Steps
3. Resource Map
10 things the Ministry of Health can do now to improve patient safety

- Identify those within the Ministry and nationally that need to be involved in patient safety and safer health system delivery - bring together a group of interested individuals to drive patient safety change

- Support hospitals to undertake a Situational Analysis of the patient safety environment in coordination with hospital leadership

- Develop a plan of action to tackle patient safety areas highlighted by participating hospitals at the national level

- Consider key patient safety resources and decide on suitable resources that could support national efforts in patient safety

- Record your experiences so that others around the world can learn e.g. local case studies and present at conferences and/or meetings

- Promote patient safety thinking throughout the Ministry of Health and national health system

- Identify key decision-makers with the power to influence change and consider the best methods to engage them

- Identify advocacy activities to raise awareness of patient safety across the health care system especially with health care workers and local health management

- Influence policy development and propose patient safety policies

- Build patient safety into local, national or regional plans

12 Action Areas

- National patient safety policy
- Knowledge and learning in patient safety
- Patient safety awareness raising
- Patient safety and health services and systems development
- Healthcare-associated infections
- Health-care worker protection
- Health-care waste management
- Safe surgical care
- Medication safety
- Patient safety partnerships
- Patient safety funding
- Patient safety surveillance and research

APPS Resources
APPS has developed a range of resources to facilitate patient safety action at the institutional, regional and national level available on the APPS website.

Specific Resources
The APPS Improvement Series triad:
1. Situational Analysis
2. Improving Patient Safety – First Steps
3. Resource Map
10 things Community Groups can do now to improve patient safety

- Bring together a group of interested individuals from your community organization or population to drive patient safety change.

- Assess the understanding and needs regarding patient safety from within your community by speaking with community members & patients.

- Meet health care staff to understand patient safety issues from their point of view and reflect on how the community can support them to improve the safety of care.

- Look at the key patient safety resources and consider which resources could support your efforts in your local community.

- Record your experiences so that others around the world can learn. Send these records to the APPS team.

- Contact your Ministry of Health and enquire what action is planned to improve patient safety in health care. Consider whether you are in a position to influence policy in your country.

- Identify champions and decision-makers with the power to influence change. Consider the best methods to engage them.

- Carry out activities to raise awareness of patient safety.

- Register as a contact for participation in international or regional patient safety campaigns through APPS.

- Build patient safety into local community plans.

12 Key Action Areas
- National patient safety policy
- Knowledge and learning in patient safety
- Patient safety awareness raising
- Patient safety and health services and systems development
- Healthcare-associated infections
- Health-care worker protection
- Health-care waste management
- Safe surgical care
- Medication safety
- Patient safety partnerships
- Patient safety funding
- Patient safety surveillance and research

APPS Resources
APPS has developed a range of resources to facilitate patient safety action at the institutional, regional and national level available on the APPS website.

Specific Resources
Community Engagement: The APPS approach
10 things National & International NGOs can do now to improve patient safety

- Recognize that patient safety can act as an effective entry point to health systems strengthening
- Convene a group of interested individuals either in your organization or across your target population to drive change in patient safety
- Undertake an assessment of the understanding and needs regarding patient safety from within your target population
- Assess your ability to support patient safety activity in your programme countries through the APPS approach and any potential cross-collaboration opportunities in training and knowledge sharing at the national or regional level
- Consider key patient safety resources and decide on suitable resources that could support your efforts either within the organization or in your programme work
- Record and share your experiences so that others around the world can learn
- Connect with Ministries of Health to enquire what action is planned to improve patient safety in health care, and advocate for patient safety as an effective entry point to strengthening systems
- Identify key decision-makers with the power to influence change and consider how best to engage them for patient safety change
- Consider mainstreaming patient safety in your own organization’s work programme
- Consider whether you are in a position to influence policy development in your programme countries or regional networks

12 Action Areas
- National patient safety policy
- Knowledge and learning in patient safety
- Patient safety awareness raising
- Patient safety and health services and systems development
- Healthcare-associated infections
- Health-care worker protection
- Health-care waste management
- Safe surgical care
- Medication safety
- Patient safety partnerships
- Patient safety funding
- Patient safety surveillance and research

APPS Resources
APPS has developed a range of resources to facilitate patient safety action at the institutional, regional and national level available on the APPS website.

Specific Resources
The APPS Improvement Series triad:
1. Situational Analysis
2. Improving Patient Safety – First Steps
3. Resource Map
10 things Universities & Academics can do now to improve patient safety

- Recognize that patient safety can act as an effective entry point to health systems strengthening
- Encourage and enable innovative research projects in patient safety improvement
- Incorporate patient safety teaching into undergraduate health-care professional education
- Use any influence at the national level to include patient safety in the national research agenda and health-care policies.
- Learn about the current state of patient safety across the health-care system within your country
- Assist hospitals in your country to carry out evaluations of patient safety projects
- Support the implementation of patient safety projects with academic expertise
- Identify an Academic Patient Safety Champion to pioneer priority changes in national policies and research
- Collaborate with institutions within your own nation and abroad to share research and learning in patient safety
- Act as a bridge between industry and donors to fund patient safety research and evidence generation

12 Key Action Areas

- National patient safety policy
- Knowledge and learning in patient safety
- Patient safety awareness raising
- Patient safety and health services and systems development
- Healthcare-associated infections
- Health-care worker protection
- Health-care waste management
- Safe surgical care
- Medication safety
- Patient safety partnerships
- Patient safety funding
- Patient safety surveillance and research

APPS Resources

APPS has developed a range of resources to facilitate patient safety action at the institutional, regional and national level available on the APPS website.

Specific Resources

Strengthening the Evidence-Policy Interface: The APPS Approach

The APPS Improvement Series triad:
1. Situational Analysis
2. Improving Patient Safety – First Steps
3. Resource Map
10 things Development Agencies can do now to improve patient safety

- Recognize that patient safety can act as an effective entry point to health systems strengthening
- Assess your countries of focus and how programming could be strengthened by a focus on patient safety
- Consider collaboration with other organizations around patient safety activities
- Assess the agency’s capacity to support projects that strengthen patient safety initiatives
- Consider key patient safety resources and decide on suitable resources that could support national efforts in systems strengthening
- Promote the issue of patient safety and mainstream patient safety thinking throughout the Agency and its programming
- Identify key decision-makers at the national level with the power to influence change, and consider how best to engage them in patient safety
- Raise awareness of patient safety across the agency and within country programmes
- Consider the agency’s influence on policy development both within your agency and in your country programmes propose patient safety policies.
- Build patient safety into local, national or regional plans.
10 things Private Foundations can do now to improve patient safety

- Recognize that patient safety can act as an effective entry point to health systems strengthening and can save lives

- Assess your organizations' capacity to support the implementation of safer health care practices in developing countries

- Consider collaboration with other organizations that carry out patient safety activities

- Assess your organization's capacity to promote, manage or fund projects that improve patient safety

- Integrate patient safety thinking into your organization's work and assess the impact it has for patients - share this information with APPS.

- Identify champions and key decision-makers within your networks at national level with the power to influence change. Consider the best methods to engage them

- Raise awareness of patient safety across your organization, regionally, internationally, and within Governments

- Register as a contact for participation in patient safety activities with APPS

- Consider the organizations' influence on policy development.

- Build patient safety into local, national or regional plans that you are involved with.

12 Action Areas

- National patient safety policy
- Knowledge and learning in patient safety
- Patient safety awareness raising
- Patient safety and health services and systems development
- Healthcare-associated infections
- Health-care worker protection
- Health-care waste management
- Safe surgical care
- Medication safety
- Patient safety partnerships
- Patient safety funding
- Patient safety surveillance and research

APPS Resources

APPS has developed a range of resources to facilitate patient safety action at the institutional, regional and national level available on the APPS website.

Specific Resources

The APPS Improvement Series triad:
1. Situational Analysis
2. Improving Patient Safety – First Steps
3. Resource Map
10 things the Media can do now to improve patient safety

- Use APPS as a resource for broadcasting and printing information about patient safety
- Find out what is being done to address patient safety issues in hospitals in your country and spread stories of these activities
- Regularly broadcast and print stories of patient safety success in your country to generate momentum for further improvement
- Meet with patient safety advocates and stakeholders to decide how the media can spread the patient safety message and raise awareness
- Meet health care staff to understand patient safety issues from their point of view. How can the media support them to improve the safety of care?
- Help patient safety programmes present their success in a way that eases its broadcast by the media.
- Identify a media aware spokesperson within the community to speak on their behalf about patient safety
- Work with the Ministry of Health to report on national action to improve patient safety in health care
- Look at the WHO Media Centre web pages to help in creating stories to broadcast patient safety messages
- Report on patient safety stories from other African countries to highlight how countries can improve patient safety together.

12 Key Action Areas
- National patient safety policy
- Knowledge and learning in patient safety
- Patient safety awareness raising
- Patient safety and health services and systems development
- Healthcare-associated infections
- Health-care worker protection
- Health-care waste management
- Safe surgical care
- Medication safety
- Patient safety partnerships
- Patient safety funding
- Patient safety surveillance and research

APPS Resources
APPS has developed a range of resources to facilitate patient safety action at the institutional, regional and national level available on the APPS website.

Specific Resources
The APPS Improvement Series triad:
1. Situational Analysis
2. Improving Patient Safety – First Steps
3. Resource Map
10 things Passionate Individuals can do now to improve patient safety

- Bring together a group of interested individuals from your community to drive patient safety change
- Assess the understanding and needs regarding patient safety from within your community by speaking with community members & patients
- Contact your Ministry of Health and enquire what action is planned to improve patient safety in health care
- Consider whether you are in a position to influence policy in your country
- Contact your local hospital and ask what they are doing to improve patient safety
- Ask to take part in any community consultation activities or to sit on any community patient safety panels
- Look at your hospital’s patient safety action plan and any opportunities to become involved in delivering changes
- Contact local media to highlight patient safety stories for broadcast
- Learn about the current state of patient safety across the health-care system within your country
- Look at the APPS Website to learn the background of patient safety across the world and how it impacts on patients

12 Action Areas
- National patient safety policy
- Knowledge and learning in patient safety
- Patient safety awareness raising
- Patient safety and health services and systems development
- Healthcare-associated infections
- Health-care worker protection
- Health-care waste management
- Safe surgical care
- Medication safety
- Patient safety partnerships
- Patient safety funding
- Patient safety surveillance and research

APPS Resources
APPS has developed a range of resources to facilitate patient safety action at the institutional, regional and national level available on the website.
10 things the General Public can do now to improve patient safety

- If you go to hospital, ask about patient safety
- If you have a story about good patient safety, tell your local hospital
- Contact your local hospital and ask what they are doing to improve patient safety
- Contact your government and ask what action is planned to improve patient safety in health care
- Ask to take part in any community engagement activities
- Listen to the radio or watch the television for stories about patient safety
- Tell other members of your community about patient safety
- Learn about the current state of patient safety across the health-care system within your country
- Consider whether you are in a position to influence policy in your country
- Ask to look at the APPS Website to learn the background of patient safety across the world and how it impacts on patients

12 Key Action Areas

- National patient safety policy
- Knowledge and learning in patient safety
- Patient safety awareness raising
- Patient safety and health services and systems development
- Healthcare-associated infections
- Health-care worker protection
- Health-care waste management
- Safe surgical care
- Medication safety
- Patient safety partnerships
- Patient safety funding
- Patient safety surveillance and research

APPS Resources

APPS has developed a range of resources to facilitate patient safety action at the institutional, regional and national level available on the website.
APPS CASE STUDIES
Ethiopia

APPS activities in Ethiopia are an example of national patient safety spread. While the 1st wave APPS Gondar-Leicester partnership began working on the first two core APPS objectives (partnership strength and improving hospital patient safety), the third core objective (spread of patient safety), was planned for later. However, an opportunity arose through the APPS Project Manager for Africa to strategically work on spread at a national level. This involved working with the APPS core team and with the WHO country office to achieve coordinated national spread of patient safety improvement approaches through the Ethiopian Ministry of Health. The APPS partnership had been primed on the importance of thinking about spread from an early stage. As in the process outlined in this package, the organizations and individuals were targeted for both vertical and horizontal spread.

**Horizontal Spread** (Spread between similar individuals and organisations)

As a WHO programme, APPS was able to identify organizations focused on international health activity in the country. A stakeholder meeting was organized to present a proposal for collaboration and harmonization of activities concerning patient safety in the country. Individuals across the country recognized for their leadership in the area of health care quality were identified. University Hospital heads were invited to a Ministry of Health funded forum. Patient safety problems and proposed solutions were presented to this group of health service leaders. The experience of the Gondar-Leicester partnership was reported and stimulated thinking. Subsequently, four hospitals were designated by the Ministry of Health for a pilot patient safety project. Planning for support of the Federal Ministry of Health National Patient Safety Pilot project was completed. This was a two year patient safety plan which led to national regulation adoption, a national training manual, a national protocols and processes reference book and cascade training in all regions of Ethiopia. A network of patient safety improvers now exists across Ethiopia.

**Vertical Spread** (Spread from an individual or organization to an individual or organization up or down the hierarchy of influence):

As a policy and technical assistance provider to the Ministry of Health, the WHO Country Office was galvanized by the APPS into a team (consisting of individuals from several units) to provide patient safety technical assistance. The real experiences and challenges at Gondar Hospital provided a credible view point of the potential for patient safety action. The WHO Country Office provided an effective conduit to high level decision makers. Several Ministry individuals were trained in patient safety concepts; national and regional workshops were held. Participation on the Advisory Committee for the Directorate of Medical Services and Nursing Standards Revision provided an opportunity to contribute to the creation of written policy, strategy and planning across the health care system.

In less than two years, strategic spread and advocacy activities has seen patient safety develop from an obscure concept to become a pillar of health quality improvement. It is now an integrated part of the national MOH’s 5-year priorities to improve health in Ethiopia. The MOH has initiated, supported, evaluated and monitors patient safety activity in 3 additional university hospitals and has plans to scale this up further. In addition, patient safety is included as a budget item for a range of health NGOs; in fact, it has catalysed harmonization and collaboration of NGO activities. This provides a solid platform for future sustainability.