

Patients for Patient Safety News

November 2012

Welcome to the 22nd PFPS newsletter! Read the latest news about PFPS work and Patients for Patient Safety activities around the world, including highlights from the first PFPS Virtual Workshop in Canada, and PFPS Champion activities in Ghana, China and the UK.

First Virtual PFPS Workshop in Canada

Donna Davis, PFPS Champion, Canada

On February 25 2012, Patients for Patient Safety Canada (PFPS) held a very successful virtual conference and the first virtual WHO Patients for Patient Safety Workshop. From across Canada, 20 members of PFPS connected using virtual meeting technology.

Financial limitations meant that a face-to-face conference was not possible and we started to

PFPS exists as a programme of the Canadian Patient Safety Institute, and after obtaining their support for this virtual meeting, we then sought approval from the WHO PFPS team to hold the first virtual PFPS workshop, and worked with PFPS to ensure the meeting agenda closely followed their guidelines for a face-to-face country workshop.

A committee was formed eight months prior to support workshop planning. With the guidelines of PFPS in mind, we invited and were thrilled to secure the following presenters; Margaret Murphy, PFPS Lead Advisor, Ireland; Linda Kenney, Co- founder and President, Medically Induced Trauma Support Services, USA; Eric Bergman, Founder, At Ease With the Media, Canada, and Paula Beard, Executive Director of Patient Safety, Alberta Health Services, to present at the conference. Our members were inspired and re-energized hearing the presentations, which were rich in learning, advice and encouragement to continue to represent the patient/ family voice in the health-care community. We also had an interactive session where all members took part in determining the PFPS goals and strategic direction for the next 3-5 years. The discussion continued in the months following the virtual meeting via email and surveys, culminating in defining a commonly agreed set of priorities and objectives.

Virtual meeting objectives

- To offer members the opportunity to become WHO designated PFPS Champions. (The workshop welcomed nine new Patient Champions).
- To review and discuss current PFPS goals and strategic priorities.
- To enable current PFPS members to become better advocates for patient safety.
- To discuss and further explore opportunities for members to get involved in PFPS.
- To provide other educational opportunities for our members such as media training or public speaking.

movement. We realised that a virtual meeting could be a great way to do this.

Look inside:

- GLOWA Safe Motherhood Project
- Healthier Together Programme
- Global Health Policy Summit



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Scheduled breaks throughout the event gave the attendees the opportunity to stretch and refresh themselves with food and drink.

In a member survey conducted following the virtual conference, the members enthusiastically voiced their satisfaction with the event, feeling it had been very

worthwhile, educational and stimulating, and had achieved the meeting objectives.

Through our computers, in the comfort of our homes, we were able to reach out to each other across the miles and around the globe sharing our thoughts, hopes and vision for making "Every Patient Safe".

For more information on this virtual workshop please email Donna at dfddavis3@gmail.com

Patients for Patient Safety Education for Chinese Health Professionals

Mingming Zhang, PFPS Champion, China



The importance of patient safety has been increasingly recognized by the Chinese government health authorities. Many patient safety activities, including education and

research, have been undertaken mainly from the perspective of health-care professionals. PFPS Champion, Professor Mingming Zhang from the Chinese Evidence-Based Medicine Centre was invited to give lectures on patient safety at the National Continuing Education Workshop organized by The First Affiliated Hospital of Guangzhou Jinan University in 2010.

The second such workshop was held on November 11-14, 2011, and both Mingming and Professor Marilyn Walton, Expert Advisor for the WHO Patient Safety Curriculum for Medical Schools were invited as the key lecturers for the workshop. Professor Walton's lectures included "The WHO Patient Safety Curriculum" and "Building capacity to teach patient safety". Mingming lectured on the "Patients for Patient Safety Programme" and "Current Patients for Patient Safety research". Around 100 health-care professionals, with different specialties, attended the workshop. Mingming thinks that PFPS should be initiated in China among health-care professionals and patients. By raising awareness of the importance of patient involvement in patient safety among health-care workers, we can better ensure the quality of health services and improve patient safety.

For more information please email Mingming at mingming-zhang@163.com

Risk Management and Patient Safety Improvement in Yemen

Mohammed Albaadani, PFPS Champion, Yemen

PFPS Champions from Yemen, Mohammed Albaadani and Nasr Ali Ahmed, together with online tutor Professor Miguel Recio from the Spanish Ministry of Health and Social Policy, recently conducted a patient safety project at Alhyat Charity Korean hospital in Sanaa, Yemen, between October 2009 and April 2010. The team recently discussed their work at the Union of Risk Management of Preventative Medicine World Congress 2012 in London.

The objective was to improve patient safety and to minimise and/or prevent the occurrence of errors and system breakdowns that harm patients, through continuous proactive and reactive risk management activities. They did this by implementing a comprehensive risk management plan. The project was supervised online by tutors from the Ministry of Health and Social Policy, Spain, who also prepared the Risk Management curriculum and tools.

Through the project, risks were identified and analysed and risk management and contingency plans developed for the selected health centre.

Risk management is a key component of patient safety and it should be implemented, monitored and updated continuously to ensure patient safety.



For more information on this project please contact Mohammed at albaadanim2@hotmail.com

Safe Motherhood Project in Ghana

Christine Kugbeadzor (CEO GLOWA), PFPS Champion, Ghana

Global Action for Women's Empowerment (GLOWA), a Ghanaian NGO working towards equitable health care for women and children, has been involved in a reproductive health education programme for safe motherhood in the Volta region of Ghana.

GLOWA, in collaboration with the Ghana Health Service, international, national and local partners, is



undertaking this project aimed at enhancing the health status of pregnant women, ensuring safe delivery and promoting healthy mothers and newborn babies for the first 28 days after birth,

through the creation of a Maternal and Neonatal Health Fund and Maternal Waiting Home.

Phase 1

- Organisation of consultative and strategic planning meetings with key stakeholders
- Radio advocacy, Queen-mothers' forum, midwife education for creating friendly environments for mothers, community sensitisation outreaches, promotion of hand hygiene, safe driving and first aid education of ambulance drivers.
- Identification of issues, including inadequate professional health workers and equipment; illiteracy; deeply rooted socio-cultural beliefs/practices; antenatal care visits and immunisation coverage below target; high abortion and teenage pregnancy rates; low acceptance rate of family planning; the 3 delays:
 - o Delays by family before accessing health care
 - o Delays in reaching the health facility due to poor road conditions
 - o Delays in providing necessary care at health facilities.

Phase 2

Addresses two key recommendations from the first phase in order to institutionalise them in a geographically remote community

- Institutionalising a Maternal and Neonatal Health (MNH) Fund which will take care of vulnerable expectant mothers in emergency situations
- Establishing a Maternal Waiting Home (MWH) for vulnerable mothers providing access to skilled delivery under the supervision of the midwife.

The key outcomes so far include the launch of the Maternal and Neonatal Health Fund and Maternal Waiting Home project, a commitment from communities to make monthly contributions to the fund and agreement from a Dzolokpuita area midwife to extend her services to the Vane area. We have also started reproductive health education classes and antenatal care outreach for pregnant women, nursing mothers and their spouses in four clusters in the Avatime traditional area of the Volta region.

Under the project, the entire Vane Health Centre is being rehabilitated, with a Maternal Waiting Home attached to the health centre. It will be equipped with modern equipment and shall offer health services, reproductive health education, antenatal care clinics, supervised delivery (on 24 hour call), neonatal/child care, ambulance service alongside patient safety and mothers' rights activities. Two Ghana Private Road Transport Union drivers are being lobbied to render emergency ambulance services for Vane Health Centre at subsidized costs.

GLOWA is lobbying individuals, partners, women's groups, churches, and corporate institutions to contribute towards the construction and running of the Maternity Waiting Home.

For more information please email Christine at glowa_ghana@yahoo.com



Patient Safety in Indian Health-Care Settings - Abstract

Dr Nanthini Subbiah, Indian National Institute of Health and Family Welfare and Mr A. Jeganathan, Associate Professor, Maimar College, Pune, India

The Indian health-care delivery system has both strengths and weaknesses in terms of patient safety, with many state-of-the-art hospitals and highly skilled professionals. Yet health indicators are unfavourable overall in the country.

India has among the highest levels of maternal and neonatal mortality in the world. The delivery of health care is challenged by a wide range of safety problems including inadequate staffing, overcrowding, poor hygiene standards, and a lack of resources, motivation, policy and guidelines. Major reasons for medical errors include the absence of evidence-based information, policy guidelines and proper monitoring,

lack of skilled staff, unsafe injection practices, and poor waste management. Availability of policy, evidence-based information, patient information leaflets for procedures, establishing a patient safety culture, etc., are essential for improving patient safety in the health-care setting.

Most medical errors occur due to system failure and not due to mistakes by health professionals alone. It is important to identify the factors responsible for medical errors in the system, learn from mistakes made and take measures to prevent them in future.

For more information on the full article please email Nanthini at nanthini_subbiah@yahoo.co.in

Healthier Together Programme in the UK

Peter Metherall, PFPS Champion, UK

In 2011, I was asked to join the Patient and Public Advisory Group (PPAG) for a review of health services covering five hospitals and a population of 1.6m. This was a valuable opportunity to ensure that members of the public and patients could have their voice heard.

Called the Healthier Together programme, the review is led by a partnership of hospitals and commissioners, both the outgoing Primary Care Trusts and the new Clinical Commissioning Groups. The programme aims to improve quality and safety and ensure health services are set up to succeed despite considerable challenges.

The five hospitals are of similar size and face rising best practice standards, staff shortages in key areas, such as Accident and Emergency, and rising demand as the population grows and people live longer. Commissioners are challenged with securing the best possible care for patients at a time of 'flat budgets'. Getting the best value with the resources available to them is paramount.

The PPAG has an independent Chair and a wide membership, including representatives from hospitals' governing bodies, NGOs, members of the public and representatives from minority and harder to reach groups. The group provides robust assurance to the Programme Board on communications and patient and public engagement processes.

The PPAG meets monthly to discuss, assess and advise on public facing communications and the programme's emerging recommendations for change. We have shaped the development of the programme's underpinning principles, the assessment criteria that will be used to narrow down options ahead of a consultation, and at our meeting we hold the programme's leadership to account on issues that we know are important to local people.

Nearly 10 000 people have had direct contact with the Healthier Together programme either by surveys, roadshows, public events, stakeholder events or new media.

I feel confident that the programme has benefited from our input which has meant that the patient remains central. Whatever changes are proposed by the clinicians leading the programme, we are working hard to ensure they are shaped by the views of local people.

For more information on this project please email Peter at petermetherall@btinternet.com



Launch of the Global Health Policy Summit

August 2012, London, UK

On 1 August, the Institute of Global Health Innovation at Imperial College, in partnership with the Qatar Foundation, launched the Global Health Policy Summit at the Guildhall in London. The Summit brought together over 500 ministers, policy-makers, and health leaders from over 40 countries to discuss innovation needed to meet the health challenges of the future.

Patients must come off the sidelines and onto the pitch. Empowering citizens and patients to help prevent and manage their own conditions, facilitated by new tools and technologies, has great potential for improving outcomes and reducing ever-increasing demand on health systems.

- The Global Health Policy Summit Report

The Summit featured plenary speeches by members of the Royal family of Qatar, Jordan, and the UK, the British Prime Minister, Donald Berwick, Sir Andrew Witty, CEO of GSK, and many others.

The key challenges in health care were discussed during eight panel sessions including maternal health, ageing

societies, primary care, digital innovation in health care, non-communicable diseases, technology, innovative delivery models and financing health systems.

One of the key shared themes that emerged was the need to recognise the value of patients in helping to manage their own conditions. Speakers agreed that we must facilitate this management by empowering patients with appropriate policies and tools.

Her Highness Sheikha Moza Bint Nasser, Chairperson of the Qatar Foundation, announced that the 2013 Global Health Policy Summit would take place in Qatar, once again bringing together health innovators and reformers from around the world to exchange ideas, learn from international experience and collaborate in developing new solutions.

For more information on the event or to download the working group reports, go to www.globalhealthpolicyforum.org/index.html or email philippa.kennedy@imperial.ac.uk

“Despite variations in context, our shared study and mutual learning about healthcare policy, organization, and delivery can help each nation, and should. We know more together than we do separately”

- Don Berwick MD, MPP, KBE, President Obama's former Administrator of the Centers for Medicare & Medicaid Services



QUASER — Quality and Safety in European Hospitals

In early September, several PFPS champions and other patient representatives from across Europe were invited to attend the QUASER (Quality and Safety in European Union Hospitals) Stakeholder Meeting in London, together with payers, providers and the QUASER team. QUASER is a three-year EC funded project investigating the relationships between organisational and cultural factors and quality in European Hospitals, specifically looking at clinical effectiveness, patient safety and the patient

experience. There was much discussion of how to assess and monitor quality and safety in hospitals across Europe. The patient representatives

asked for more attention to patients' issues in hospitals and the inclusion of the patient experience in quality improvement programmes.

Later in September, Margaret Murphy, PFPS Lead Advisor, attended the QUASER Expert Advisory Board meeting to discuss the development of the evidence-based guide for hospitals to implement quality improvements and framework to assess hospital quality, and to discuss feedback from the stakeholder workshop. The QUASER team acknowledged the significant contribution by the PFPS champions involved in the stakeholder workshop.

The team will now work with workshop participants and the advisory group to finalise an early version of the guides and plan for dissemination.

For more information please email pfps@who.int



Planetree and Patient-Centred Care Awareness Month

Planetree is a non-profit organization which aims to provide more personal and patient-centred care in health-care facilities around the world helping to transform organisational cultures into ones where care is organised around the needs of the patient.

October was Patient-Centred Care Awareness Month, a global awareness-building campaign that occurs every October to commemorate progress toward making patient-centred care a reality and to build

momentum for further progress through education and collaboration. This year's theme is "Building Patient Confidence" which health care organizations around the world can contribute towards by empowering patients, strengthening current practices and spreading awareness about their mission.

Read more about Planetree and last month's Patient-Centred Care Awareness Month, including how to participate next year at: www.planetree.org

WHO Patient Safety Programme

7-Day Mother Baby Safety mCheck – Project Update

The mCheck Tool is a PFPS initiative which aims to empower mothers and their families to seek care for postnatal complications in a timely and appropriate way, by using a simple checklist during the high-risk seven days immediately following childbirth.

The mCheck tool has been developed in a participatory way involving a number of PFPS champions around the world. Work began with a needs assessment to determine if such a tool would be useful. The latest phase has involved focus group discussions led by a number of PFPS Champions in Australia, China, Costa Rica, Egypt, Mexico, Pakistan, Poland, Uganda and the US. Harnessing their local networks of stakeholders including mothers, fathers, grandmothers, midwives, obstetricians and community health workers, the patient champions gathered feedback on the images representing mother/baby danger signs, the wording used and format of the tool.

Feedback suggested that for some danger signs the images alone could be sufficient for most mothers to understand, whilst other signs needed a simple explanation to accompany the image. This supports the intention for active dissemination of the tool

through skilled health providers, with a brief educational intervention upon discharge. The focus groups also indicated how vital it will be to adapt the tool to use language and phrases appropriate to the local setting.

Feedback from focus groups also confirmed that it is difficult to clearly display urgency and severity of danger signs on the tool and suggested that the mHealth component to the tool could be useful in this respect and support decision-making. The mHealth component will be designed to strengthen the delivery of the paper-based checklist, using existing mHealth tools already proven to be effective.

A small grant has been awarded to conduct formative research on the mCheck tool, including usability testing and initial impact evaluation on health-seeking behaviour in Karnataka, India. The project team will be working to better understand how to best scale up the tool if it is successful in improving appropriate health-seeking behaviour.

For more information please email Anna at leea@who.int

PFPS discuss strategy in London

PFPS Lead Advisor, Margaret Murphy, was in London on 27 September for meetings with PFPS staff, Nittita Prasopa-Plaizier and Anna Lee, to discuss the PFPS network and implementation of the new Strategic Plan. This was also an opportunity for Nittita, in her new role as WHO Technical Lead for PFPS, to be briefed on PFPS activities to date and to discuss development of work-plans aligned with the new direction of the WHO Patient Safety Programme.

Nittita and Anna also met with the African Partnerships for Patient Safety programme staff to discuss how to better work together on engaging patients and communities in Africa, and then with IAPO (International Alliance of Patients Organizations) to discuss ongoing and future collaborative work.



Announcements!



Dr Edward Kelley appointed as Coordinator of WHO Patient Safety Programme

Since 2007, Ed has been in the position of Head of Strategic Programmes for the Department, managing all external relations and a number of the major initiatives. Prior to joining WHO, Ed was Director of the US National Healthcare Reports and was Head of the OECD's Health Care Quality Indicators Project. Ed worked for many years in West and North Africa and Latin America with the US Agency for International Development on quality of paediatric health care.

PFPS looks forward to working with Ed in his new role and to supporting the department to coordinate, facilitate and accelerate patient safety improvements around the world.

Nittita Prasopa-Plaizier appointed as PFPS Programme Manager and Technical Lead

In her new role, Nittita will be responsible for advocacy and will coordinate relationships between WHO Patient Safety and civil society and WHO Patient Safety Collaborating Centres.

Nittita joined WHO Patient Safety in 2007 as a technical officer in the Research Programme. Since then, she has developed and managed the WHO Patient Safety Research Small Grants programme, supporting 24 research projects in 22 countries, has spent three years as a member of the WHO Research Ethics Review Committee and has worked closely with the International Society for Quality in Health Care (ISQua) coordinating WHO's activities with ISQua.



Nittita has 20 years' experience in public health, working in different roles with both government and non-government sectors, including as a public health specialist in refugee camps in Thailand and as an epidemiologist and senior project manager with research institutions and the Health Department in Australia.

Barbara Farlow joins ISQua Board as an Honorary Advisor

Barbara is a PFPS Champion from Canada, who having suffered an adverse event in her family, has spent seven years contributing the patient perspective to health-care committees and research groups. She finds her involvement with health care the most challenging yet rewarding work she has ever done, and is excited to contribute to such a dynamic and important organization as ISQua (International Society for Quality in Health Care).

For more information please contact Barbara at b_farlow@hotmail.com or visit www.isqua.org



Welcome Sarah!

Sarah Harper is working as a volunteer with the PFPS team in London. She has recently graduated from the University of Bristol (UK) with a BSc in Economics, and is gaining experience before starting a Masters next year in International Development. She has a strong interest in the African Region, having worked in Kenya, Cameroon, South Africa and Mozambique.



Welcome Hannah!

Hannah Sainsbury has joined the PFPS team in London working as a volunteer. She recently graduated from the University of Cambridge (UK) with a BA in Archaeology and Anthropology and is now hoping to pursue a career in Global Health. Hannah has a particular interest in Asia after travelling and working in South East Asia and Nepal.



Next time... The PFPS Newsletter is now running quarterly. The next edition will be released February 2013. If you have patient safety news to share for the next edition, please send contributions to pfps@who.int before **4 January 2013**. Please keep contributions to a maximum of 600 words and provide photos if available.