

Au revoir... see you again...

Nittita Prasopa-Plaizier



Patients' stories of health care harm touch people's hearts. The stories of the experiences of how patients and families can and do turn tragedy into compassion and motivation for change inspire people and help to raise awareness of the need to improve patient safety and health care quality. The PFPS Newsletter is a form of WHO media used to tell the stories of patients and families who 'champion' for safe and more people-centred health care and services. PFPS newsletters bring together not only inspiring stories, but also a group of people – the PFPS champions – who work tirelessly, often voluntarily, to bring the patient voice to the forefront of service delivery design and policy-making.

I have had the honour of working with you – PFPS champions – sharing your inspiring stories to advocate for and support patient and family engagement in many countries across the world. We have engaged all groups of stakeholders to ensure these 'stories' reach far and wide. However, my journey as the PFPS Programme Manager has now ended. This edition will be the 13th and last PFPS Newsletter for which I serve as lead editor. I have taken a new role in the WHO Western Pacific Regional Office (WPRO) to strengthen the capacity of health care professionals and policy-makers to deliver safe and quality care and services.

The seed of PFPS was sown over 10 years ago by dedicated and passionate patients and families, alongside supportive policy-makers. The former PFPS Steering Committee (Sue Sheridan, Margaret Murphy, Garance Upham, Marty Hatlie and Jo Groves), along with the help of many PFPS champions, helped nurture our PFPS tree with love and care during difficult times. The PFPS Advisory Committee (Margaret Murphy, Helen Haskell, JS Arora, Evangelina Curiel, Martin Hatlie, Hussain Jafri, Robinah Kaitiritimba, Regina Kamoga, Denice Klavano, Nagwa Metwally, Stephanie Newell, Christine Perera) has further expanded our family of champions.

Today, the PFPS tree bears a lot of fruit, with seven new national PFPS networks created. PFPS champions are well recognized and many have become part of global policy-making and international dialogues. Patient and family engagement has been acknowledged as forming an integral part of integrated, people-centred health care and services.

I hope to see the PFPS tree continue to grow. I will be championing for patient safety and health care quality in the Western Pacific countries and help grow the PFPS tree in this part of the world.

So I am not saying 'goodbye', but 'au revoir – see you again soon'. You see, though I take a different route, my destination remains the same as yours – to achieve safe, quality and people-centred health care. I hope to meet you again at different junctions of the road and when we meet, I hope we can share our success stories.

It takes incredible strength, courage and compassion to persevere with championing for change, with great optimism. PFPS champions are incredibly inspiring people. It has been my great privilege to have been part of the PFPS family. Au revoir... see you at the next stop on the road towards patient safety.

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PFPS Geneva

Patient, Family and Community Engagement and Empowerment, WHO Mission to the Sultanate of Oman

Jenny Westad, Felicity Pocklington, Nittita Prasopa-Plaizier

Nittita, Felicity and Jenny, representing WHO PFPS, participated in a World Health Organization's (WHO) mission to the Sultanate of Oman on 23-27 October 2016. The mission was a joint effort between the WHO Service Delivery and Safety Department (SDS) at headquarters in Geneva and the Health System Development Department in the WHO Eastern Mediterranean Regional Office (EMRO). It was hosted by the Sultanate of Oman's Ministry of Health (MoH) and supported financially by the WHO Country Office.

The mission responded to a request from the Directorate-General of Quality Assurance Centre (DGQACO), MoH, which recognizes the importance of patient, family and community engagement/empowerment in improving patient safety and the quality of health systems and service delivery. DGQACO wishes to include this concept in its ninth national strategic plan (2016-2020). The main purposes of the mission were to raise awareness about the importance of patient, family and community engagement/empowerment and to assess the preparedness and perspectives among health care providers.

The mission consisted of three major activities – 1) focus group discussions with health care providers, 2) a two-day interactive workshop on 'Patient and Community Engagement and Empowerment' and 3) field visits to two community health. The results of the focus group discussions fed into the discussion of the two-day interactive workshop attended by approximately 30 health care providers, safety and quality focal points and senior government officials. The field visits to the 'healthy village' of Qumaira and a primary health care clinic in an urban area close to Muscat, aimed to provide better understanding of how community health centres function in providing services and engaging the community. The 'Healthy Village' demonstrates well organized community health care systems, active community engagement through holistic and intersectoral approaches linking health care to education and social support sectors. The volunteers in Qumaira are motivated and their connections to community health centres provide opportunities for strengthened and systematic community engagement.

To see more photos from this trip, please visit:

<https://drive.google.com/open?id=0B3cOiNRekmn7RldUMW05TENkMjA>



33rd ISQua Conference

Nittita Prasopa-Plaizier



This 33rd ISQua International Conference, 16-19 October 2016, held in Tokyo, Japan, was the last for Nittita as the designated technical officer for WHO-ISQua official relation. As part of her transition, Nittita was involved in many activities, participating in numerous meetings. These included the ISQua International Accreditation Programme (IAP) Council meeting and the WHO-ISQua high-level leadership meeting.

As in previous years, WHO organized technical sessions within the conference programmes. For this 33rd ISQua International Conference, WHO held three sessions:

- “Implementing integrated people-centred health services: Engaging providers and patients with the WHO Framework”;
- “Health systems and security: Building resilient public health, infection prevention and community health systems through quality UHC”;
- “Measuring quality of health services in the context of the Sustainable Development Goals”.

WHO sessions at ISQua serve as a forum to advocate for and disseminate WHO policy, as well as provide opportunities to engage health care professionals, global experts and government officials, which helps strengthen WHO’s collaboration with individuals and their respective organizations. This year, experts from Australia, Japan and the US were among the panelists on WHO sessions.

Additionally, Nittita also participated as a speaker in a panel session on “Social prescription and patient-doctor Partnership”, organized by the National Institute of Public Health, Japan, and the Japan Council for Quality Health Care (JQ).

Patient and family empowerment for better patient safety

Nittita Prasopa-Plaizier

Nittita participated in the Conference entitled “Patient and Family empowerment for better patient safety” in Brussels, Belgium, on 8-9 November 2016. The conference was

organized by the European Patients’ Forum (EPF), an umbrella organization for patients’ organizations/groups. Its members (67 organizations) are both non-disease specific (national level) and disease-specific (EU level). EPF’s work focuses on public health and health advocacy across Europe.

The main objectives of this conference were:

- to raise awareness across Europe about the importance of patient safety and of empowering patients and families;
- to provide a platform for discussion of specific issues regarding patient empowerment in the context of safety from a number of different viewpoints;
- to identify knowledge gaps and opportunities for further research;
- to develop a set of ‘core competencies’ for patients and families in the area of engaging for patient safety, which will support implementation of the EU Council Recommendation on patient safety.

Nittita was invited to deliver a keynote address at the second plenary session. The theme of the presentation was to explore the challenges and opportunities for patient empowerment in the area of patient safety. The content covered topics such as the role of health care professionals, the patient safety culture and the role of transparency and accountability in health care systems.

Webinar: You’re kidding, right? Patients to help with antimicrobial resistance?

Katthyana Aparicio

PFPS, in collaboration with PFPS Canada, organized its third and last webinar of 2016, on 8 December. The theme was about antimicrobial resistance since it is one of the greatest threats to human health, and is rising to dangerously high levels in all parts of the world. While it is normal for microbes to develop resistance to drugs, the way antimicrobials are currently being used is accelerating this process, and as a result, common infections and minor injuries are becoming increasingly dangerous to our well-being. We all need to be aware about this as it is now urgent to change the way antibiotics are prescribed and used. Organizations across the world are taking action and making progress on this issue, but is there anything patients, their families and patient advisors can also do to help?

The webinar was attended by more than 140 people. This interactive session provided on the latest findings published on this topic and a wide range of resources and tools, that were made publicly available after the session.

Kim Neudorf, a PFPS champion from Canada and co-author of ***Engaging patients in antimicrobial resistance and stewardship***, presented the findings of this article. Garance Upham, PFPS champion from France, provided a global perspective and Robinah Kaitiritimba, PFPS champion from Uganda, talked about the situation in developing countries.

This webinar also had special guests who provided valuable insights into the discussion, Warren McIsaac from the Mount Sinai Family Health Team, Jeanine Thomas, PFPS champion from the USA (Founder of MRSA Survivors Network) and Greg German, Medical Lead of Antibiotics Stewardship for PEI (Prince Edward Island, Canada).

A recording of the session and the tools and resources discussed are available for those who were unable to participate in the live webinar. Please click [here](#).



Welcome and Goodbye to Sarah Thomas Broome

Katthyana Aparicio



Sarah joined the PFPS Team in October last year. Sarah comes from Sydney, Australia, and has just completed her undergraduate, Bachelor of Science from the University of Melbourne. While considering her career

options, she hoped that her internship with WHO would provide learning opportunities and guidance on her career decision.

Sarah contributed closely to two main projects. The first involved reviewing and synthesising the information collected through the Patients for Patient Safety (PFPS) Webinars. The second was reviewing the key messages from the “Communicating Radiation Risks in Paediatric Imaging” that was published last year and synthesizing them for future patients and the public radiation safety communication tool being developed.

Sarah’s contribution to the PFPS family was very much appreciated, and we wish her all the best on the next steps of her career.

Nicole Gonzalez end-of-volunteering presentation

Felicity Pocklington

Nicole Gonzalez who, you might remember, joined the PFPS team in September last year, as a volunteer, finalized her mandate on the 9 December. She therefore gave a presentation to colleagues within the Service Delivery and Safety department.



Nicole had been volunteering with the team for three months, on two deliverables. Firstly, synthesizing the current documentation available for the mCheck tool into an information brief. The mCheck is a patient-held checklist tool of the most common risks mothers and babies face during the first seven days after delivery. Secondly, analysing results of a scoping review on patient experience and satisfaction and creating documentation based on the scoping review’s results.

This was a great presentation, and we wish you all the best, Nicole in your future endeavours! Many thanks for all of the hard work.

Update from AFRO



World Health Organization



UGANDA ALLIANCE OF PATIENTS' ORGANIZATION



Patient Solidarity Day
One voice. United. Universal.

PATIENTS' SOLIDARITY DAY

Theme: Leave No One Behind: Sustainable Patient-centred Universal Health Coverage for All by 2030

On December 03, 2016, patients from across the world will come together to celebrate the Patients' Solidarity Day (PSD). In Uganda PSD 2016 will be celebrated on Wednesday 7th December, 2016, at Kalagala Health Centre IV in Luwero District, from 9.00am to 4.30pm. This is a unique opportunity for patients, patients' groups and other key healthcare stakeholders to stand together and proclaim that patient-centred universal health coverage is essential and that no-one can be left behind.

Joshua Wamboga, a board member at International Alliance of Patients' Organizations and Executive Director, Uganda Network of AIDS Service Organizations (UNASO) said "It's unfortunate that as a country, we are experiencing low absorption of available funds in the health sector which is heavily impacting on Access to treatment. I urge all stakeholders to take corrective & collective actions to reverse this trend".

The Uganda Alliance of Patients' Organizations (UAPO) in Partnership with the World Health Organization (WHO) and Uganda Ministry of Health, are organizing this annual event. Other

partners include Medical Access and AMICALL. The event will bring together patients' members of the community and partners including NGOs, Healthcare professionals, academic institutions, religious, political, local leaders, the private sector, Media and the general public.

The major aim of the event is to raise awareness of the critical role of meaningful patients' involvement in achieving patient centred UHC: speaking with one voice, regardless of disease condition, religion or Nationality. It recognizes that all patients share common problems. Dr. Diana Atwine, the Permanent Secretary Ministry of Health will be the guest of honor.

UAPO is a National, patient-driven, independent, organization. It brings together patient organizations from different disease areas including epilepsy, sickle cell, cancer, diabetes, mental health and substance abuse, Hepatitis B, HIV and AIDS etc.

UAPO members include: Community Health & Information Network (CHAIN) as the lead organization) and secretariat, Epilepsy Support Association Uganda (ESAU), Sickle Cell

Association Uganda (SAU), Uganda Women's Cancer Support Organization (UWOCASO), Action Group For Health, Human Rights HIV and AIDS (AGHA), National Organization of People Living with Hepatitis (NOPLHB), The Aid Support Organization (TASO), Uganda Network of AIDS Service organizations (UNASO) and National Care Center (NACARE).

The activities of the day will include: Presentations by key healthcare stakeholders, branding of health promotional materials, Compassion or donating to patients in wards, Health Camp (providing health care services at the venue) e.g. general medical care, Cancer screening, HIV Counselling and Testing (HCT), Hepatitis B and Sicklecell screening, dental services, educational and awareness campaigns, exhibitions by partners showcasing their services. Medical Face International and Kalagala Health centre IV, Prefar, Mildmay and Reproductive Health Uganda (RHU) and UHMG will be providing healthcare services. Kampala Pharmaceutical Industries (KPI), Rene Industries Ltd and Abacus Parenteral Drugs Ltd (APDL) have donated medicines for the medical camp. Patients will be provided with refreshments courtesy of Ntaka Bakery Ltd, HEMA Beverages Ltd and Delight (U) Ltd.

Free legal services will also be provided by Platform For Labor Action (PLA). Health Education on prevention and management of disease, radio talk shows and many more). Over 1,000 people are expected to attend and receive health care services.

We call upon all patients, patients' organisations, and health-care stakeholders to:

- Leave no one behind in contributing to patient centered Universal Health Coverage (UHC)
- Support the call for UHC for all
- Meaningfully involve patients in decision making to ensure no-one is left behind
- Healthcare stakeholders to be accountable for their commitments to achieve UHC
- Uganda Government and pharmaceutical industry must work towards improving access to affordable and high quality medicines and ensuring that patients everywhere get the care they need, when they need it.

References:

1. www.iaopo.org

2. www.patientsorganization.org

For more information, please contact: Mariam Regina Namata Kamoga - Chairperson UAPO Email: regina@chainproject.co.ug, John Amanya - Coordinator UAPO Email: jamanya21@gmail.com; +256776009040; +25670164040

Uganda

Patients' Solidarity Day

Regina Kamoga

Since its inception in 2011, a Patient Solidarity Day takes place every year, in Uganda, in December. This year, Uganda organized a number of activities to commemorate this day on 7 December 2016 at Kalagala Health Centre IV in Luwero District. The event was co-organized by the Uganda Alliance of Patients' Organizations (UAPO), the Ministry of Health and the WHO Country Office. Regina Kamoga, who is chair of UAPO, of the Community Health and Information Network (CHAIN) and of the Patients for Patient Safety (PFPS) Uganda, played a central role in organizing this event, which gathered more than 700 people.

The central theme of the Patient Solidarity Day 2016 was 'leave no one behind'. It was an unique opportunity for patients, families, health care professionals and other stakeholders to emphasize the importance of making health care and services more people-centred, to achieve universal health coverage. The activities on the day included a health camp i.e. providing health services such as HIV counselling and testing, Hepatitis B and Sicklecell screening, and dental services also. Key health care professionals delivered presentations to the public as part of the educational and awareness-raising campaigns.

It was a successful collaboration between PFPS Uganda, MoH and the WHO Country Office. A press release was issued, which included the statement "Meaningfully involve patients in decision-making to ensure no-one is left behind".

Update from AMRO/PAHO

Canada

PFPSC Canada celebrates 10 years!

Ioana Popescu

"Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has." (Margaret Mead)

This article celebrates, thanks and honours the small group of Canadian Patient Champions that has indeed changed the world. In October 2006, these individuals gathered in Vancouver to begin establishing a Canadian network of patient safety champions, which later became Patients for Patient Safety Canada (PFPSC) - now the patient-led programme of the Canadian Patient Safety Institute (CPSI) and the Canadian arm of the global Patients for Patient Safety network. Each member has a personal story of heartache, loss, grief and frustration, but together they are able to look beyond these personal events to reflect on ways where, through collaboration, improvements are possible.

These people are leaders. In the past 10 years, PFPSC grew from a small group of committed individuals into a strong community of over 70 members, recognized at the Canadian and international levels as partners in health



Anne Lyddiatt

Deb Prowse

Kathy Kovac-Burns



Sabina Robin

Sharon Nettleton

Theresa Malloy-Miller

care improvement. It has been a long and tortuous road. The achievements of these dedicated individuals, and those of PFPSC, reads like a wish list of which many other organizations, and even other countries, can only dream. Disclosure language and legislation, rapid response teams, never events and hospital harm measurement and resource, to name but a few. The contributions of these courageous people have shaped not just the initiatives



Barb Farlow

Carol Kushner

Susan Shallcross

listed above, but also the culture of patient engagement and patient-centred care across Canada and the world. But there is so much more left to do until every patient is safe...



Ed Kry

Sandy Koropas

They have stayed the course and worked tirelessly to ensure that the patient and family voice is heard, and, indeed, becomes entrenched in every aspect of the health care continuum.

They have told their stories and OUR story and now we need everyone to join us in telling these stories of partnership, so we can make care safe for all. Watch their videos and read their stories [here](#)

We cannot get back what was lost, we cannot change what was done, but we *can* work together for the future fulfilment of our vision, *Every Patient Safe*.



Darrell Horn

Durhane Wong-Reiger

Hospital Harm Measurement and Resource

Over the past decade, there have been large improvements in how patient safety incidents are approached in Canada and worldwide, yet patients are still being harmed all too frequently.

Collaboration between the Canadian Institute for Health Information and CPSI over the past five years has cumulated in the development of a new hospital harm measure and hospital harm improvement resource. The joint report, [Measuring Patient Harm in Canadian Hospitals](#) was released on 26 October 2016. Together, the measure and the [improvement resource](#) serve as a new, readily available tool that hospitals can use to improve the safety of their patients and reduce the occurrence of harm. Each component of the improvement resource has a section on the importance for patients and families, featuring a patient experience – see one example [here](#).

Two members of Patients for Patient Safety Canada were involved in the development of this report. The tragic story of Herbert, PFPSC member Carole Jukosky's father, connected the statistics to the lived experience of one patient and his loving family, and vividly which paints a clear picture of why this work is so important.

Donna Davis, another PFPSC member, is a member of the working group and brought the patient/family voice to the table as the report was created. She was also the patient/family voice when the announcement was made public. In her words, “I believe [the Hospital Harm measure](#) is valuable information we never had before and I believe [the Improvement Resource](#) will be helpful for clinicians to improve care at the bedside. Using this tool, I believe we will be closer to achieving the mission of Patients for Patient Safety Canada, “Every Patient Safe”.



Donna Davis (3rd from left) at the public release of the Hospital Harm Measure

Costa Rica

Engagement on Radiation Safety

Randall Madrigal

Randall Madrigal (PFPS champion, Costa Rica) was invited to bring the patient's voice to the Ibero-American Conference on Radiological Protection in Medicine, held in Madrid, on 18-20 October 2016. He participated in the session on Radiological Diagnosis and Dental Radiology and was able to contribute, not only from the patient perspective, but also from the legal side since patient safety issues in this particular area are linked to the right to health protection as a fundamental human right.

The conference was rich with helpful information. The panellists identified issues relating to unjustified radiological interventions, insufficient optimization and the lack of diagnostic reference levels (DRLs), which is the management of a patient's dose in diagnostic radiology, using the principle of optimization. Lack of education and continuous training in radiation protection health care providers, along with a weak culture of radiation protection in health systems and ineffective regulation are among the problems in radiodiagnosis. Solutions suggested by the panellists included:

- strengthen regulatory framework around the use of ionizing radiation in medicine;
- adopt/adapt guidelines for prescribers and use technological support;
- integrate radiation protection into pre-and postgraduate education;
- use adverse event reporting systems;
- raise awareness on the benefits and risks of use of ionizing radiation;
- strengthen regulatory systems and bodies, including the role of ministries of Health in enforcement and monitoring.

Engagement of different stakeholders and protection of health care workers and patients were recognized as key to achieving safe use of radiation in medicine.

Ecuador

First Patient Safety Conference

Evangelina Vazquez

The first ever patient safety conference took place in Guayaquil, Ecuador, on 14-16 September 2016. Several activities were carried out to promote patient safety, with Evangelina Vazquez, Coordinator of the Mexican and Latin American PFPS network, invited to participate. The event was organized by the Teodoro Maldonado Carbo Specialties Hospital (HTMC) to promote safe care practices and accountability among health professionals. This was the first full-day event dedicated to patient safety that has been organized by medical doctors in the country. Dr Claudia Galloso, an expert on infection prevention and control from the Hospital San Isidro de las Lomas, Buenos Aires, Argentina, was invited as special guest speaker, along with Evangelina.

The conference covered key nine aspects of patient safety, namely:

- right patient identification
- effective communication
- high-risk medication safety
- health care-associated infections
- patient's falls
- prevention of pressure ulcers
- safe surgeries
- prevention of adverse events
- use of protocols and guides/guidelines



An interesting activity entitled the “Patient Safety Information Garden” was inaugurated during the event and was open to the public in the garden of the hospital. The idea was to institutionalize a culture of patient safety among doctors, nurses, administrative staff, users, patients and families. Other activities included promotion of patient safety in the various media, including radio, TV and press. Meetings with policy-makers led to a commitment to increase networks of patients and families, promote evidence-based medicine and to create a group of patient safety researchers.

* The name of the event is “Primera Jornada de Seguridad del Paciente”.

Mexico

Alethse de la Torre

The Ministry of Health of Belize and the Karl Heusner Memorial Hospital (KHMHA) jointly organized the Fourth National Safe Intravenous (IV) Therapy course, on 3-7 October 2016. The course aimed to strengthen the capacity of health care providers regarding safe IV therapy, health care-associated infections (HCAI) and patient-centred care, as part of efforts to improve the quality of care and service delivery for patients and families.

The course, led by Dr Alethse de la Torre, from the Salvador Zubirán National Institute of Medical Sciences and Nutrition (INCMSNZ), who is also a PFPS Champion, in the Mexican network, brought together 21 participants including KHMHA nurses, pharmacists and MOH nurses. This was the first safe IV-course in Belize to include pharmacists.

Patient Safety Symposium

Evangelina Vazquez

The PFPS Mexican network organized a patient safety symposium at the Latin American Congress of Healthcare Associated Infections on 12 October 2016. Attended by about 250 participants, the symposium featured five presentations on topics related to patient safety.

Evangelina Vazquez Curiel, Coordinator of the Mexican and Latin American PFPS networks, presented an overview of the PFPS Global Network, the importance of patient engagement in health care and challenges faced by patients in Latin America. Martha Huertas Jimenez, a head nurse at the Salvador Zubiran National Institute of Medical Sciences and Nutrition, discussed the challenges in involving patients and their families in hospital committees. Dr Enriqueta Barido Munguia, a surgeon who has been an active advocate for the prevention of surgical site infections in Mexico, presented strategies to engage patients to reduce the risk of surgical site infections. Dr Esperanza Gallardo, an epidemiologist, talked about the importance of improving health literacy as a strategy to prevent and control outbreaks of emerging diseases like Zika and Chikungunya in remote areas across Mexico. The final presentation by Dr Alethse de la Torre, a PFPS Champion, Mexico, discussed strategies and methods to evaluate the implementation of programmes that include the patient's participation.

Seventieth Anniversary of the Salvador Zubirán National Institute of Medical Sciences and Nutrition

Alethse de la Torre (champion from the Mexican network) participated in the XLIII Nursing Conference held on 7-8 October 2016 to celebrate the 70th Anniversary of the Salvador Zubirán National Institute of Medical Sciences and Nutrition. She was a panellist in a session discussing the rights of families and care-givers. Family members are considered informal care-givers to the patients. While there are patient rights charters, there is no charter of rights provided to the patient's family, involved as informal care-givers.

Her presentation looked at some of the issues faced by families during a patient's hospitalization. A question 'are the rights of care-givers violated during hospitalization?' was raised, followed by a tense discussion. In general, there is no support to families and in many cases they sleep on the street during the patient's hospitalization to stay in close proximity of their family member. It was recognized that action needed to be taken to address

these issues. The discussion resulted in a decision to create shelters and dining rooms to accommodate families, to ensure their access to information, especially information about the prevention of hospital acquired infections.

Update from EMRO

Egypt

Nagwa Metwally

Invited by the Institute for Healthcare Improvement (IHI) of Cairo, Nagwa Metwally (PFPS champion, Egypt) presented the Egyptian Quality Improvement projects at the HIH Diploma of Quality Conference, held in Cairo on 21 December 2016. The aim was to share with the audience, composed of doctors and pharmacists, the 2016 projects, which were developed through collaboration with the Arab Medical Union (AMU), the United Nations High Commissioner For Refugees (UNHCR) and the Arab Centre for Quality and Qualification of Hospitals for Accreditation (ArCQQA).

The partnership between AMU and UNHCR aims to establish a hybrid, innovative approach to developing quality improvement courses for health professionals. The goal was to deliver quality improvement projects within selected government hospitals and primary health care units providing services to refugees. The course aimed to train 50 health care professionals on healthcare quality improvement, using the IHI Open School Curriculum designed to improve the quality of service delivery at the workplace, through quality improvement projects. The IHI Open School Curriculum includes improvement capability, patient safety and introduction to triple aim for populations (framework for optimizing health systems performance by simultaneously accomplishing three critical objectives: the health of the population, enhance health care patient experience and reduce the per capita cost of care); health care leadership; person-and-family-centred care.



Morocco

A full day of training on hand hygiene

Said el Kharrasi

The Ibn Sina Teaching Hospital in Rabat, Morocco, with the support of the International Kidney Federation (FMAIRTO, original French name: Fédération Marocaine des Associations de Soutien des Insuffisants Rénaux et de Transplantation d'Organes), organized a training day for health care workers and patients on hand hygiene, on 17 November 2016 at the Mohammed V Foundation Training Center. The aim was to raise awareness about the importance of hand hygiene and to raise awareness among health care workers and patients about the use of water and soap or alcohol handrub as a simple way to prevent health care-associated infections. The event was successful and welcomed around 120 participants composed of medical doctors, nurses and patients. More events will be organized in 2017 and we look forward these!



diagnosis. In Pakistan, it is estimated that there are around one million Dementia patients, the big majority of which remains undiagnosed. Expanding coverage of services for increasing numbers of people with dementia can only be achieved – and a crisis averted – by boosting capacity, and the efficiency with which care is delivered.

The report highlights that dementia care being provided mainly by specialist doctors is a key barrier to progress. Greater involvement of non-specialist primary care staff could quickly unlock capacity to meet the increasing demand for dementia care, and could make the cost of care per person up to 40% lower. Primary care services will need to be strengthened and supported to take on this role, through specialists providing guidance and support.

The report was launched in Pakistan by Alzheimer's Pakistan through a press conference organized at Lahore Press Club on 20 September 2016. Addressing a press conference, Dr Hussain Jafri, Secretary General (PFPS, Pakistan) said, *"The goal of both improving rates of diagnosis and making the health system more efficient was critically important to the report, including a clear recommendation that we monitor the outcomes of dementia care so that people with dementia and their care partners can be better informed about the quality of care available."* He further said that *"this landmark report highlights the need to redesign and repurpose dementia care services for the challenges of the 21st Century."*

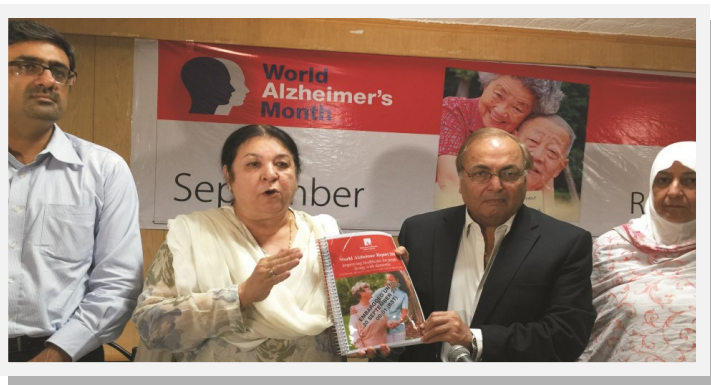
Pakistan

World Alzheimer Report 2016

Hussain Jafri

A new report from Alzheimer's Disease International, authored by researchers at King's College London and the London School of Economics and Political Science (LSE), reveals that most people with dementia have yet to receive a diagnosis, let alone comprehensive and continuing healthcare. The *World Alzheimer Report 2016: Improving health care for people living with dementia*, calls for concerted action to increase the coverage of health care for people with dementia worldwide.

Dementia affects 47 million people worldwide and this number will treble by 2050. Currently, only around half of those in high-income countries, and one in ten or less in low-and middle-income countries have received a



World Alzheimer's Month (WAM)

September is the Global World Alzheimer's Month, where an international campaign to raise awareness and challenge stigma. Since 1994, Alzheimer associations across the world mark World Alzheimer's Day on 21 September, and the theme for World Alzheimer's Month 2016 was "Remember Me". Alzheimer's Pakistan organized a series of activities during World Alzheimer's Month, this year, which included seminars, lectures, sports competitions and awareness stalls.

In this regard, one of the most important events organized was a grand quiz for medical students, entitled a “Healthy Lifestyle Reduces the Risk of Dementia”. The purpose of holding such activities is to promote awareness about the disease among medical students. Thirteen medical colleges from all over the country participated in the grand quiz. In the first stage, an awareness campaign was run throughout the month of September for Alzheimer’s, encouraging students from medical colleges to register for the quiz. A preliminary quiz was held at all the 13 medical colleges across Pakistan, after which the top five students from each medical college were selected for the grand finale. The successful students were invited to the finale of the grand quiz on 29 September 2016 in Lahore.



A famous TV personality, Mr Adeel Hashmi was Quiz Master at the finale of the grand quiz. The finale saw tough competition between the 13 participating medical colleges. The finale started with Round 1, in which a written quiz was taken and four teams (Central Park Medical College, Lahore, Islamic International Medical College, Rawalpindi, Khyber Medical College, Peshawar and Rawalpindi Medical College) qualified for the next round. In Round 2, the above mentioned four teams fought against each other and Khyber Medical College, Peshawar and Islamic International Medical College, Rawalpindi qualified for the last round. The third and final round of the finale witnessed strong competition with Islamic International Medical College, Rawalpindi winning the quiz and Khyber Medical College, Peshawar taking the runner-up spot.

All the participating medical colleges were given awards and certificates of participation. Moreover, the winning teams were also awarded trophies and special prizes.

We congratulate Pakistan for raising awareness about a sensitive topic through such a fun and entertaining event!

Update from EURO

France

Copper as a way to fight AMR

Jean-Pierre Hulot

Copper and copper alloys are recognized for their antimicrobial qualities. Germs are rapidly killed on contact with metallic copper surfaces. The potential use of copper and copper alloys as an antibacterial material in health care settings has therefore gained increased attention. One medical clinic in France, Arago Clinic, was fitted throughout with handrails and door handles made from hygienic antimicrobial copper.

Copper is a powerful antimicrobial with rapid, broad-spectrum efficacy against bacteria and viruses, and has been shown to kill disease-causing pathogens, including MRSA, CRE and VRE, influenza A, *E.coli* and norovirus. It shares this benefit with a range of copper alloys—such as brasses and bronzes—forming a family of materials collectively called ‘antimicrobial copper’.



These surfaces help reduce the spread of antimicrobial resistance. One explanation is that the surface of copper cells prevent the length ways transfer of antibiotic-resistant bacteria, which is a horizontal gene transfer. Work by Professor Bill Keevil at the University of Southampton has also shown that this gene transfer cannot occur on copper surfaces¹. A multi-centre clinical trial funded by the US Department of Defence found that replacing high-touch surfaces in ICUs with antimicrobial copper equivalents reduced the average number of microbes by 83% and the incidence of infection by 58%².

The use of antimicrobial copper touch surfaces' therefore, helps increase infection prevention and control measures and improve patient safety. However, it is important to note that it does not replace good infection prevention and control measures and other good hygiene practices, such as hand washing, or rubbing as well as cleaning and disinfection of the environment.



“Le Lien”, France’s main patient advocacy group, brought this novel protection to our attention,’ says Dr Olivier Charrois, Surgeon and Risk Manager at Arago. ‘The clinic’s refurbishment was an opportunity to use it wherever bacteria can be transferred by touch’.

Click [here](#) to see a video on use of copper in Arago clinic

¹ <http://www.schoolscience.co.uk/documentdownload.axd?documentresourceid=241>

² <http://www.antimicrobialcopper.org/sites/default/files/upload/media-library/files/pdfs/uk/articles/hm-2015.pdf>

Future PFPS News

Share your news with us!

PFPS News: Contributions for the next PFPS News are invited. The deadline for submissions is 15 July 2017.

PFPS Community of Practice: You can also continue to ask questions, share experiences and learning on the PFPS platform at: <http://pfps-communities.net>. If you have problems accessing the CoP, please contact Katthyana Aparicio at pfps@who.int.

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