



Twinning Partnerships for Improvement (TPI): Catalysing Change at global, national and local levels

28 June 2018

Global Learning Laboratory for Quality UHC



Agenda

Welcome and framing of the webinar

Dr Shams Syed

Introduction to WHO Twinning Partnerships for Improvement

Ms Katthyana Aparicio Reyes
Ms Melissa Kleine Bingham

Twining partnerships at the facility level in Liberia

Mr Samuel Seeigbeh

Twining partnerships at the organizational level - the ESTHER Alliance

Ms Claudia Aguirre

Twining partnerships to develop health worker capacity - professional development

Ms Joy Kemp

Learning Objectives

The webinar will allow participants to:

- Learn about how to use the WHO TPI Preparation Package and its complementary document on Action Planning;
- Understand how twinning partnerships can influence national direction on quality.
- Orient participants to the learning mechanisms put in place by the implementers of twinning partnerships
- Hear direct from the frontlines on the experience and realities of working in partnership and the impact it can have on behaviour change.

WHO Twinning Partnerships for Improvement (TPI)

Setting the Scene



Ensure healthy lives and promote well-being for all at all ages



Strengthen the means of implementation and revitalize the global partnership for sustainable development

Universal Health Coverage (UHC) means that all people and communities can use the promotive, preventative, curative, rehabilitative and palliative health services that they need, of sufficient **quality** to be effective, while also ensuring that the use of these services does not expose the user to financial hardship.

Joint Report: WHO-World Bank-OECD

Box 6.1 High-level actions by key constituencies for quality in health care

All governments should:

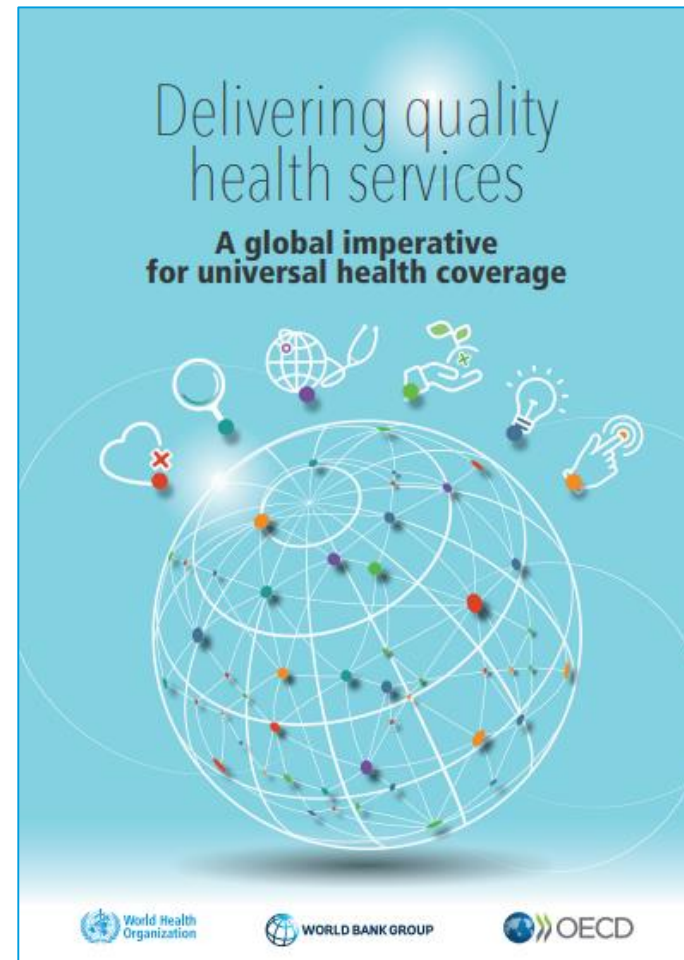
- have a national quality policy and strategy;
- demonstrate accountability for delivering a safe high-quality service;
- ensure that reforms driven by the goal of universal health coverage build quality into the foundation of their care systems;
- ensure that health systems have an infrastructure of information and information technology capable of measuring and reporting the quality of care;
- close the gap between actual and achievable performance in quality;
- strengthen the partnerships between health providers and health users that drive quality in care;
- establish and sustain a health professional workforce with the capacity and capability to meet the demands and needs of the population for high-quality care;
- purchase, fund and commission based on the principle of value;
- finance quality improvement research.

All health systems should:

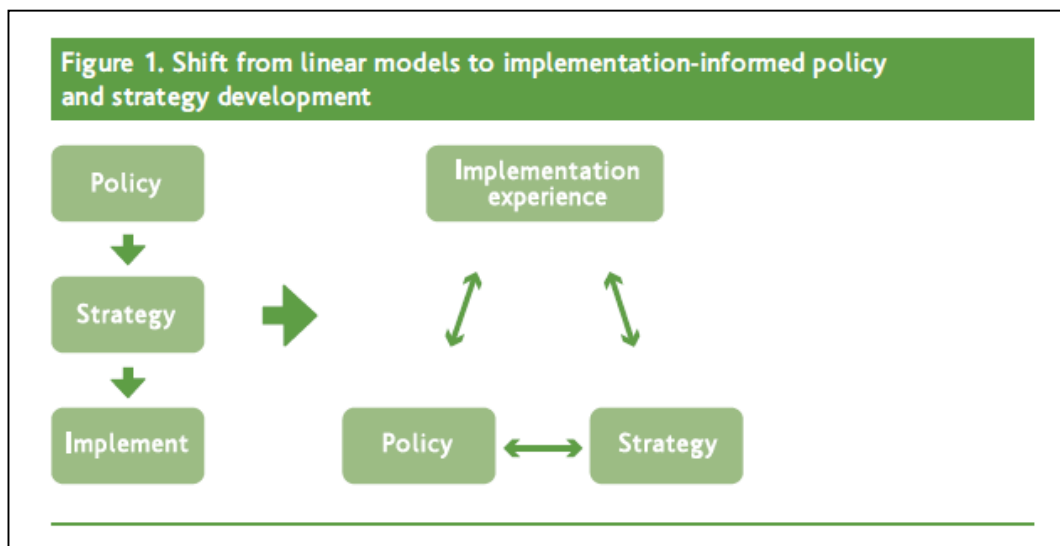
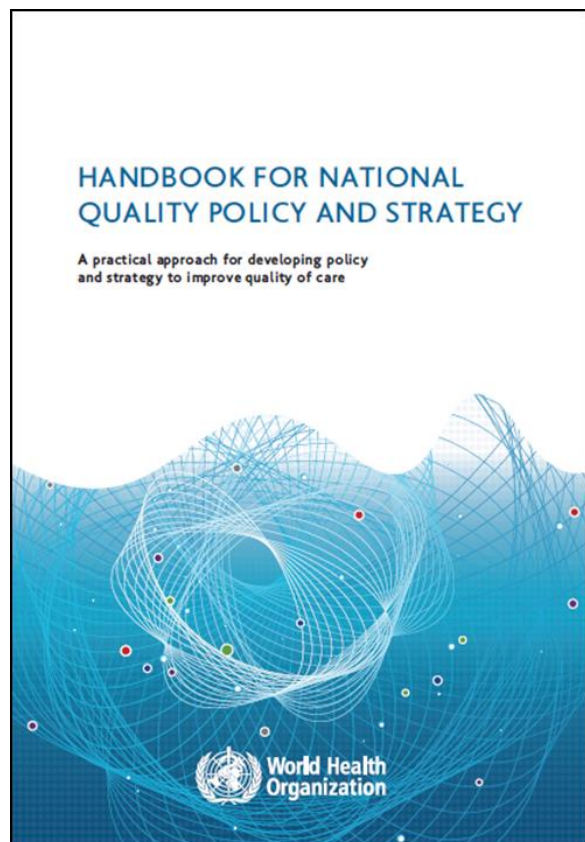
- implement evidence-based interventions that demonstrate improvement;
- benchmark against similar systems that are delivering best performance;
- ensure that all people with chronic disease are enabled to minimize its impact on the quality of their lives;
- promote the culture systems and practices that will reduce harm to patients;
- build resilience to enable prevention, detection and response to health security threats through focused attention on quality;
- put in place the infrastructure for learning;
- provide technical assistance and knowledge management for improvement.

All citizens and patients should:

- be empowered to actively engage in care to optimize their health status;
- play a leading role in the design of new models of care to meet the needs of the local community;



The National Drive for Quality



Access here: http://www.who.int/servicedeliverysafety/areas/qhc/nqps_handbook/en/

Recognizing the Value of Institutional health Partnerships


**Global Catalyst Group
for
Institutional Health Partnerships**

Position Statement


MARCH 2014


The Global Catalyst Group for Institutional Health Partnerships provides a "bridge" between multiple organizations across the world experienced in the partnership based approach to improvement.


The overall purpose of the group is to promote the utility of institutional health partnerships in strengthening health systems and in delivering effective health services through resources, positions statements and collaborative activities.




APPS
African Partnerships for Patient Safety

 American College of
Healthcare Executives
for leaders who care

 International
Hospital
Federation

 THE
EUROPEAN
ESTHOP
ALLIANCE

 **THET**
PARTNERSHIPS FOR GLOBAL HEALTH

Institutional Health Partnerships, as described in this Position Statement, have the capability to address the critical shortage of adequately and appropriately trained health workers in developing countries. They are able to develop capacity through institutional and peer-to-

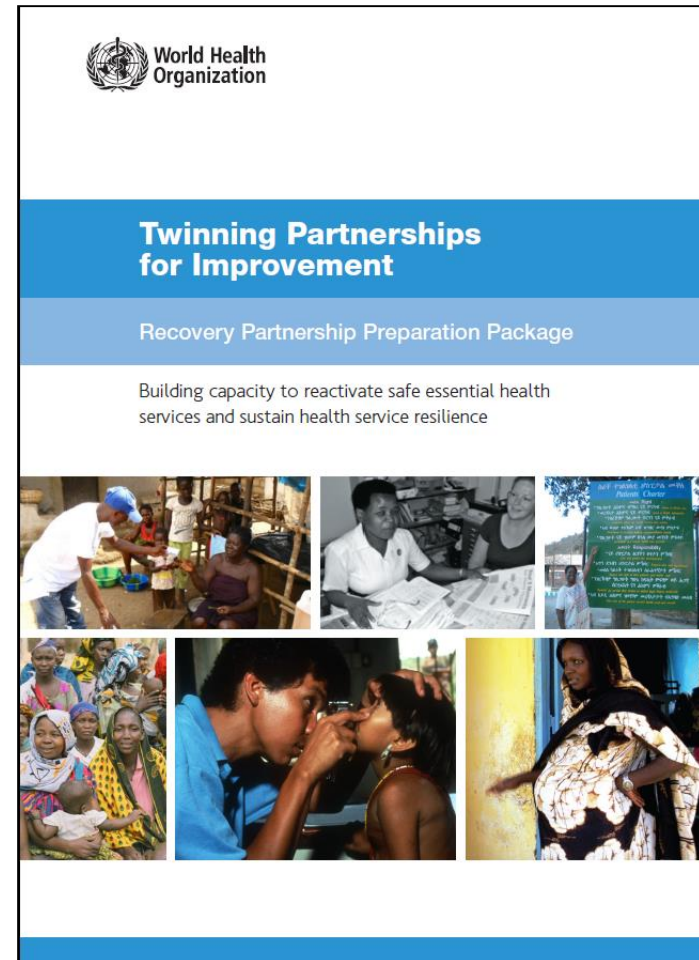
peer relationships in a sustainable way. A principle-centred approach is at the heart of health partnerships. Respect and the promotion of the principles of the Paris declaration on Aid Effectiveness (ownership, alignment, harmonization, managing for results,

mutual accountability) together with the principles of high quality partnerships (reciprocity, equal responsibility, equity, respect, capability, transparency and ethics) provide the fundamental building blocks of effective health-care partnerships.

- Institutional health-care partnerships can play a critical role in multiple areas of global health systems strengthening as the global health arena develops rapidly.
- Hospital-to-hospital partnerships have been utilized for technical exchange between health workers and in catalysing improvement in health care for a number of decades.
- Institutional health-care partnerships (including hospital partnerships) provide a mechanism to motivate and develop the health workforce.
- Such partnerships are key in establishing long lasting inter-individual professional relations that can support capacity development beyond the scope of projects.
- Institutional partnerships provide a channel for bi-directional learning and co-development in rapidly evolving global health systems.



The Evolution of TPI



What is TPI?

WHO Twinning Partnerships for Improvement (TPI)

Building partnership, assessing needs, implementing action, driving change

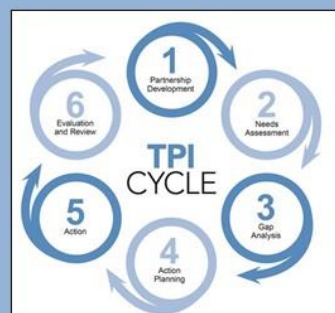
What is TPI?

- Twinning Partnerships for Improvement (TPI) focuses on institution-to-institution partnerships in catalyzing health service improvement.
- The hospital-hospital model developed by 'African Partnerships for Patient Safety' (APPS) provides the foundation on which TPI has been developed. This centers on a 'doing while learning' approach.
- As a global network of twinning partners develops there is an opportunity to learn from and share learning across the TPI network.
- The approach promotes collaboration, co-development and sharing - of both tacit and explicit knowledge - for enhancing replication of successful results.

Objectives of TPI



- Fostering strong bidirectional *partnerships* between health institutions.
- Implementing *improvements* based on needs identified at the frontline of service delivery.
- Shared learning and the *spread* of improvement experiences with the national health system and beyond.



TPI 6 Steps

- ❖ Step 1: **Partnership development.** Initial connection and commitment of both arms of the partnership.
- ❖ Step 2: **Needs assessment.** Baseline assessment undertaken through structured but adaptive process.
- ❖ Step 3: **Gap analysis.** Priority areas of improvement are identified carefully through the partnership.
- ❖ Step 4: **Action planning.** 2-year partnership plan developed, considering the national context and institutional priorities.
- ❖ Step 5: **Action.** Partnership work focused on improvement activities within the partnership plan.
- ❖ Step 6: **Evaluation and Review.** Taking stock on all aspects – partnership, improvement & spread – to build next cycle.

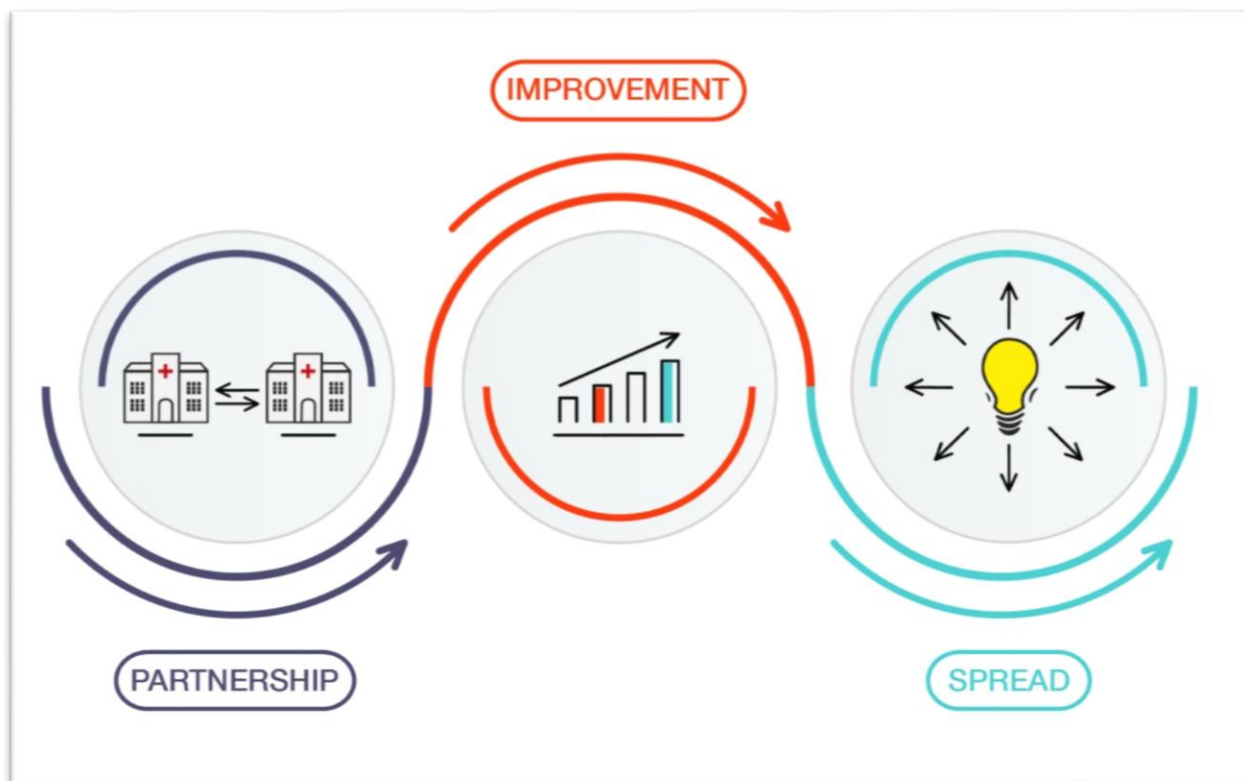
Demonstrating Impact

The approach provides a measurable technical improvement process that uses a validated set of tools which has demonstrated progress in focused areas when a twinning partnership approach is utilized.

Potential of TPI

TPI can be applied in multiple ways – within countries; between countries within the same continent; and between countries across continents. Twinning partnerships bring a unique opportunity to catalyze improvement in service delivery and support the move towards quality within the context of universal health coverage. It places human interaction between health workers at the core of the improvement approach while being closely connected to the national context.

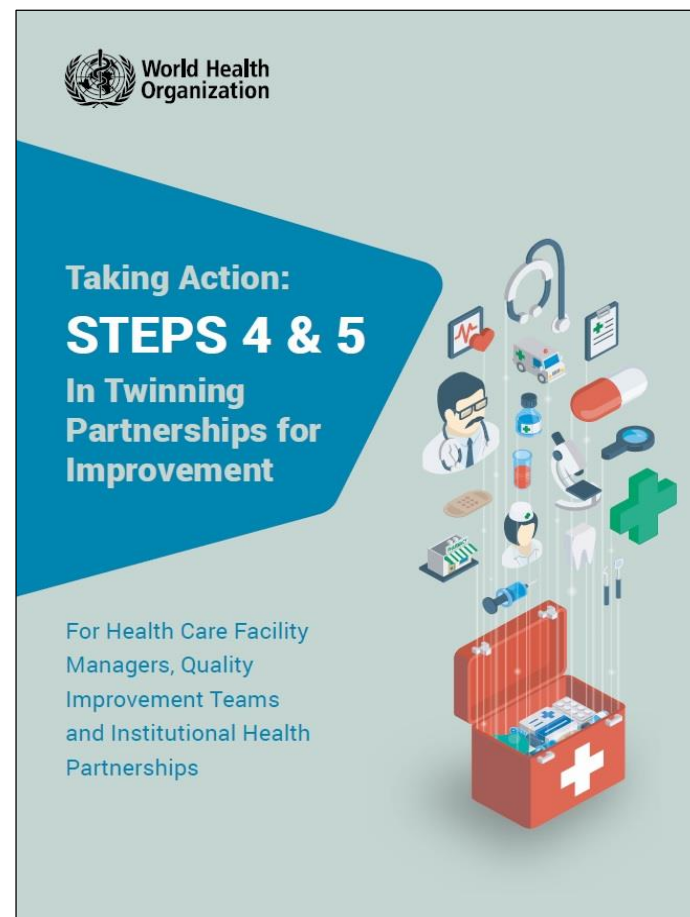
TPI Objectives



WHO Twinning Partnerships for Improvement

Focusing on the value of institution to institution partnerships in catalysing health service improvement.

Twinning Partnerships for Improvement



TPI Objectives

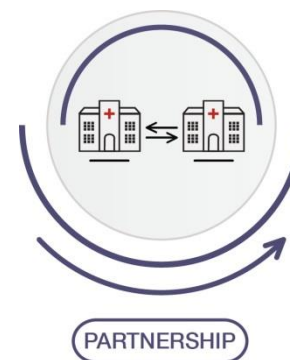
What is a partnership?

"Partnership can be defined as a collaborative relationship between two or more parties based on trust, equality, and mutual understanding for the achievement of a specified goal. Partnerships involve risks as well as benefits, making shared accountability critical."

APPS Definition of a Partnership

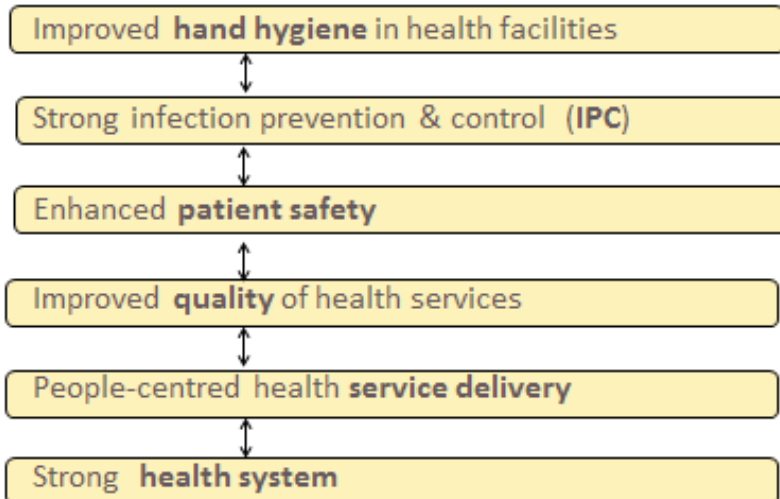


Foster strong bidirectional partnerships between health institutions



TPI Objectives

An improvement continuum...focused clinical intervention to strong health systems



Brings changes to
improve
healthcare
services



TPI Objectives

Context Specific National Spread

VERTICAL: Political/Legal

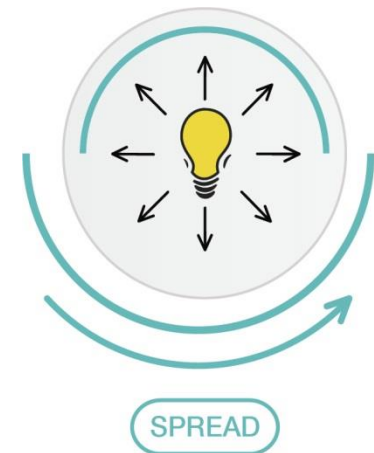
SPONTANEOUS

HORIZONTAL:
Expansion/Replication

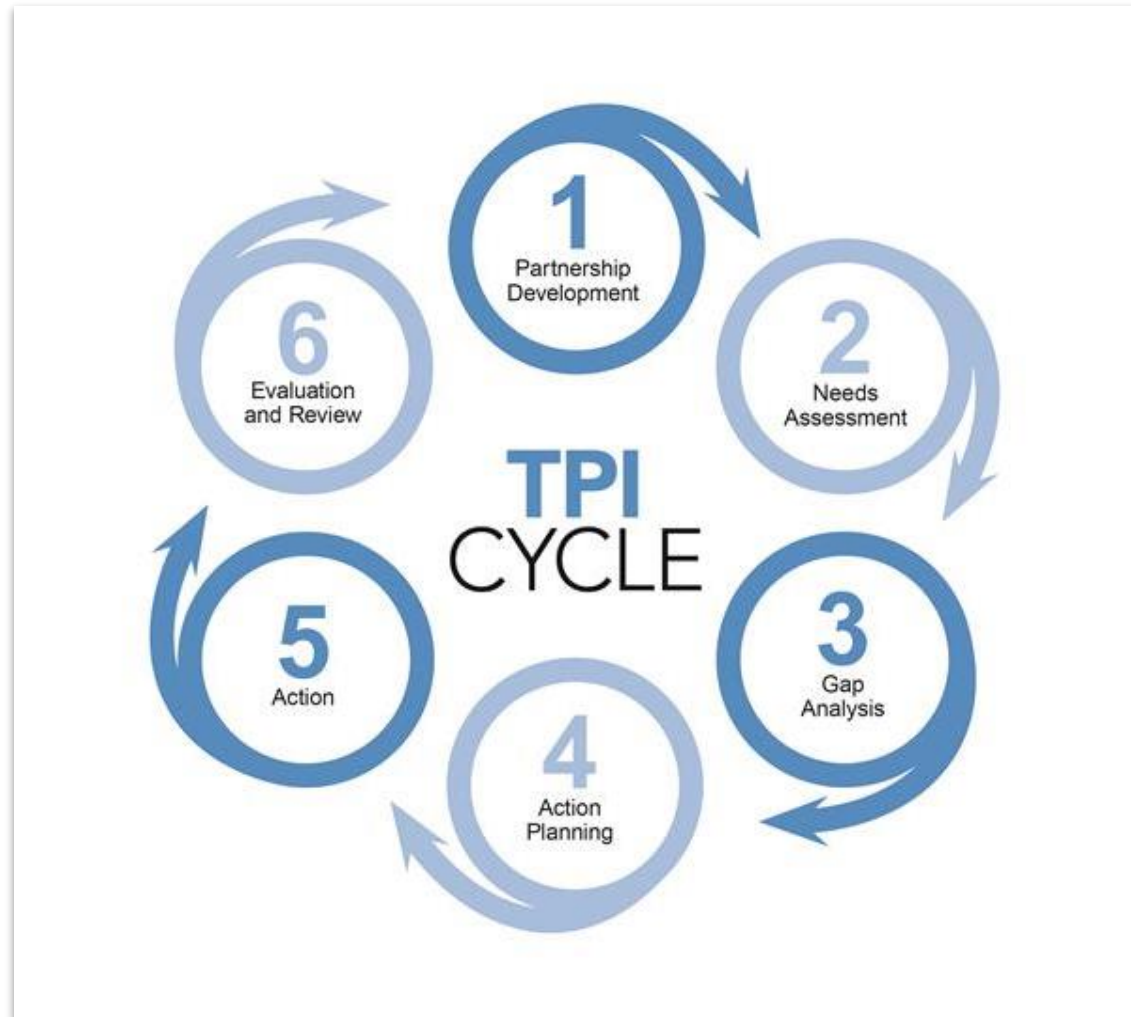


World Health
Organization

**Allows
knowledge and
learning to flow**



TPI 6-Step Model



Step 1: Partnership Development



What is a partnership?

"Partnership can be defined as a collaborative relationship between two or more parties based on trust, equality, and mutual understanding for the achievement of a specified goal. Partnerships involve risks as well as benefits, making shared accountability critical."

APPS Definition of a Partnership



Step 1: Partnership Development



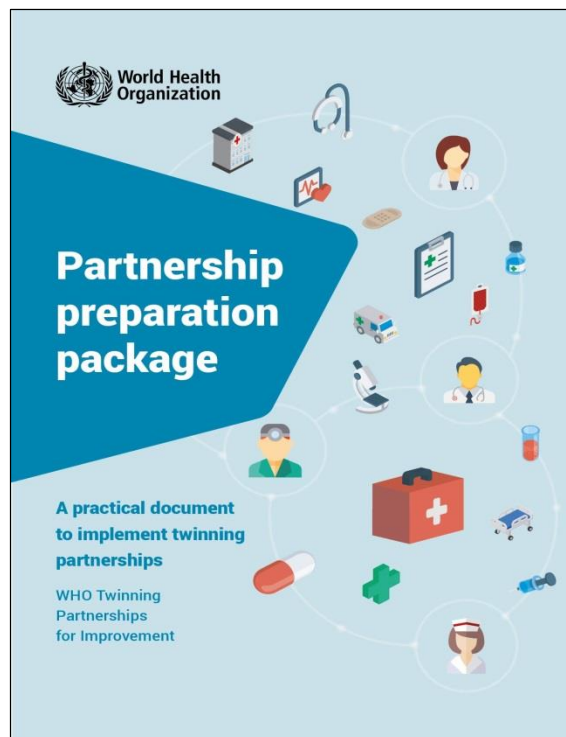
Step 1: Partnership development

This is the beginning of the formal establishment of a fully functioning, communicative twinning relation between two or more health institutions. Both arms of the partnership agree to work together to improve the quality of health care, focusing on different aspects of service delivery, including clinical care.

A requirement of successful partnership implementation is to have a stable funding structure. This has to be defined from the beginning, as the activities that the partners will undertake will depend on the availability of human and financial resources. Partnerships established through international cooperation⁷ can benefit from direct funding of one arm of the partnership. In other cases, partners can agree to share the costs or compete successfully for external funds. This requires the partners working together to identify potential sources of funding and develop joint proposals. Whatever model of funding is applied to implement the activities of the partnership, it is vital that partners agree on clear systems and procedures.

Main activities

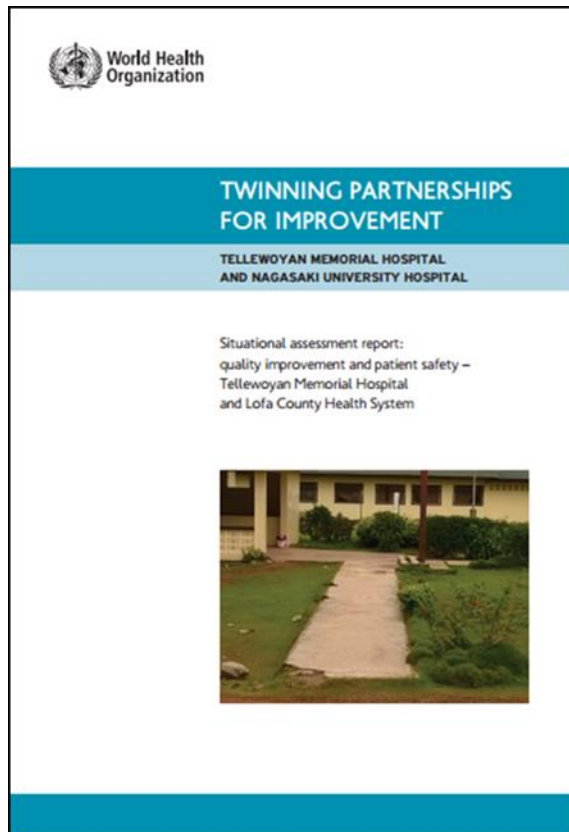
1. Secure formal management and leadership agreement on both sides of the twinning partnership to take joint action. This can be done through a written statement of understanding across the institutions, such as a letter of commitment.
2. Identify a twinning lead and deputy at each partner institution. Ideally the Quality Improvement Officer should be the designated lead. In the absence of a Quality Officer, a focal point responsible for quality and safety can be designated instead.
3. Ensure the engagement of multi-disciplinary staff committed to being part of the "improvement team". For example, a dedicated person that collects data and monitors evaluation activities. Involving motivated staff will make the change process happen smoothly and positively influence staff who resist change.
4. Consider the suggested definition of partnership; refine and agree on it across the twinning partners, as a foundation for moving forward.
5. Negotiate with managers to secure protected time for the improvement team to work on the identified technical action areas.
6. A kick-off meeting with the twinning teams is recommended for the teams to get to know each other. If an in-person meeting is not possible, the alternative is a virtual meeting.
7. Establish a schedule of regular communication (a minimum of once a month is recommended) using a variety of methods (telephone, SMS, text messaging, email, skype, etc.).
8. Establish a budget for the planned activities, including overheads.



Outputs:

- ___ Exchange of letters between institutional management as required.
- ___ Agreement of a definition of the twinning partnership.
- ___ Team members on each arm of the partnership selected and contact details exchanged.
- ___ Communication plan drawn up.
- ___ Kick-off meeting notes indicating potential areas of work, next steps and a tentative date for conducting the needs assessment.
- ___ Official designation of a lead and deputy trained in the approach using the outline provided in this preparation package.

Step 2: Needs Assessment



Drive change through structured (but adaptive) situational analysis to identify deficits and assets.

Step 2: Needs Assessment



Step 2: Needs assessment

The **needs assessment** allows for the baseline needs of the health facility to be identified and understood. This forms the basis for the gap analysis and ultimately, guides all future improvement activities of the partnership.¹⁰

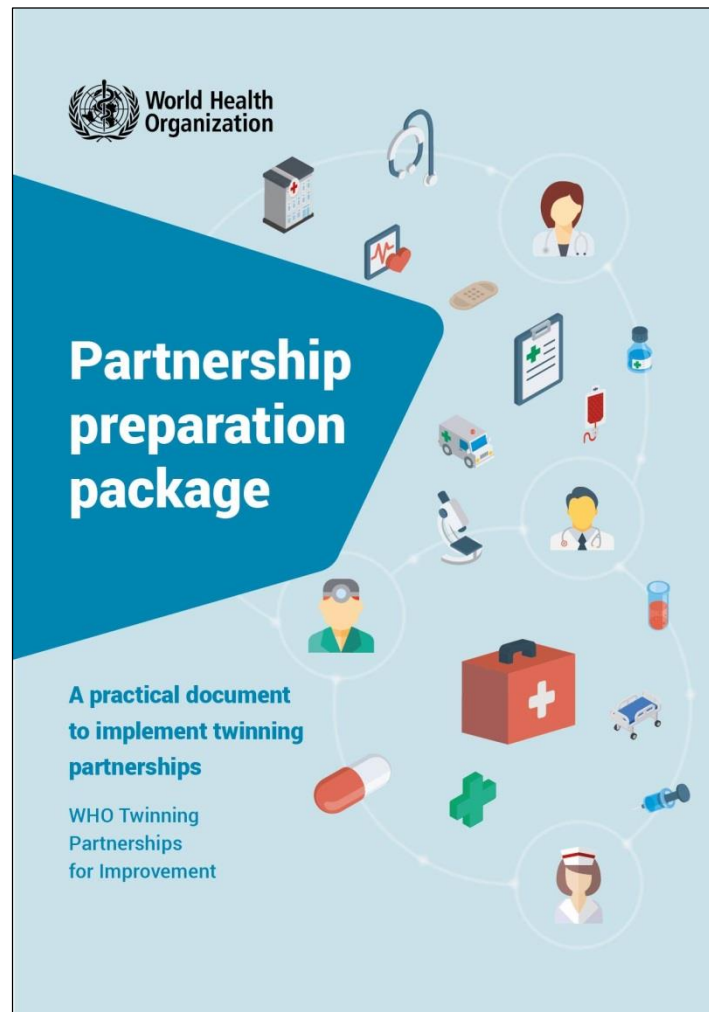
Main activities

1. Conduct a desk review on existing national, sub-national and institutional documents on quality of health services. Possible documents include: national health sector policy/plan, national quality policy or strategy.
2. Identify experienced and motivated leads to coordinate the assessment, as well as their assessment team members. The composition of the team will depend on the scope of the assessment, the time and resources available. Ideally the team should include a member from the district health management, the health care facility management and an expert of the technical area to be assessed.
3. All members of the assessment team should be briefed before starting the assessment and have an overview of the expected results of the exercise, including the data collection process.
4. Communicate to other facility staff about this exercise as it requires the collaboration of other teams when collecting data, ensure buy-in from the start and discuss confidentiality.
5. Undertake a specific needs assessment within the selected technical area using appropriate assessment tools. Examples of themes that could be assessed are:
 - a. infection prevention and control
 - b. patient safety and health worker safety
 - c. essential surgical care
 - d. waste management
 - e. water, sanitation and hygiene (WASH)
 - f. maternal and newborn care
 - g. health workforce.
6. Consider the use of a standardized tool to complete the needs assessment. See annex 3, as an example of the tool developed and then used for the TMH needs assessment.

Consider any assessments that have been undertaken in any of these areas in the past 6-12 months and gather together assessment results and expertise that can be a source of valuable learning.

Outputs:

— Completed baseline and situational analysis report appropriate to technical area of focus.



Step 3: Gap Analysis



Figure 3: Resource and activity constraints affecting quality of care at TMH

| | | |
|---|--|--|
| Resources (inputs) <ul style="list-style-type: none"> • Insufficient health workforce • Inadequate water supply • Limited energy(electricity) • Lack of training • Limited tools and resources • Lack of incentives (e.g allowance for transportation) • Limited laboratory capacity • Low levels of fuel for generator and ambulance services • Shortage of drugs and medical supplies | Activities (processes) <ul style="list-style-type: none"> • Weak monitoring and evaluation of improvement activities • Poor referral systems in TMH/Lofa County • Poor maintenance and repair of infrastructure and equipment • Weak mechanisms to capture process of how and what care was delivered | Results (output/outcomes) <ul style="list-style-type: none"> • Inadequate resources and activities mentioned earlier have direct implications on: • Health services delivery • Health behaviour change • Change in health status • Client satisfaction |
|---|--|--|

Table 4: TMH hand hygiene score sheet

| Component | Score |
|------------------------------|---------------|
| System change | 25/100 |
| Training and education | 25/100 |
| Evaluation and feedback | 10/100 |
| Reminders in the workplace | 40/100 |
| Institutional safety climate | |
| for hand hygiene | 30/100 |
| Total score* | 130/500 (26%) |

- **Drills down to key constraints for improvement.**
- **Applies standardized approach on specific technical areas.**
- **Helps prioritization within a set of priorities.**

Step 3: Gap Analysis

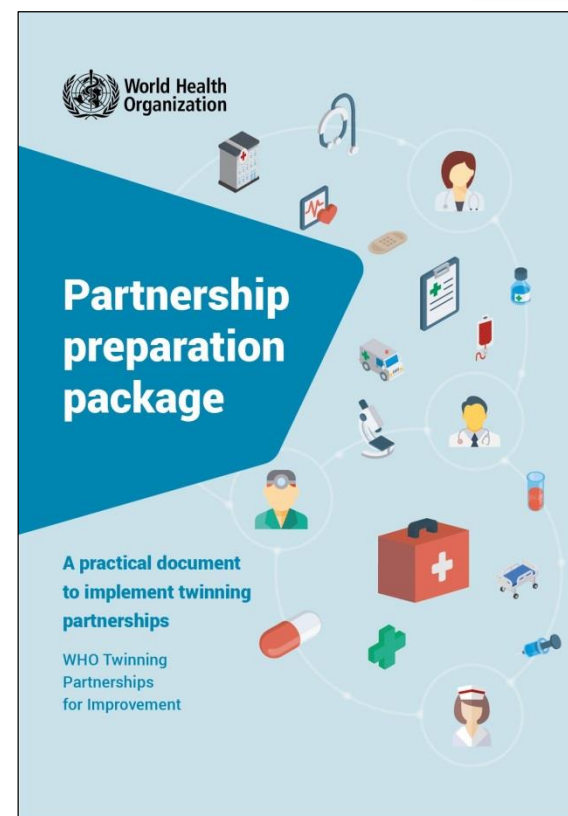


Step 3. Gap analysis

The **Gap analysis** is a review of the needs assessments and reveals key priority areas for improvement action. The systematic gap analysis is the foundation for action planning that can help partners to implement a more focused improvement effort. While analysis can reveal several gaps, not all of them would be appropriate for addressing within the context of the partnership. It is recommended to choose two or three areas of priority intervention to ensure that the desired improvements can be made.¹¹

Main activities

1. Organize a face-to-face or virtual meeting with the improvement teams of each arm of the partnership to discuss the results of the situational analysis conducted in Step 2.
2. Analyse and interpret the data and information collected.
3. Using the findings of the baseline and situational analysis, develop a list of gaps that require improvement action and whenever possible, the causes of the gaps.
4. From the list of gaps, identify priority areas based on urgency and the human and financial resources available.
5. Define the indicators to be included in the improvement plan.
6. Focus on small-scale, simple actions.
7. Outline specific steps that can be taken to fill the gaps.
8. Organize a meeting with senior leadership to secure endorsement and approval of the findings of the gap analysis and the priority areas identified.



Outputs:

- A gap analysis report containing the current situation and desired improvements. This report should outline what constitutes the gap and the factors contributing to it.
- A list of priorities and indicators based on the capacities of both arms of the partnership to address the gaps identified.

Step 4: Action Planning



- **Collective and systematic planning for maximal impact.**
- **Parameters of success defined jointly within the partnership.**
- **Technical “injections” from WHO.**

Annex 4. TPI Planning Template

| SUMMARY INFORMATION | |
|--|---|
| Name of twinning institution 1: | Name of lead: |
| Name of twinning institution 2: | Name of lead: |
| Name and date of situational analysis/baseline assessments used: | Names of individuals completing the plan: |
| Technical action areas for focus: <i>Partners to consider specific areas to work on, based on situational analysis (experience highlights the need to focus on 2-3 areas maximum)</i> | Example: <i>Project 1: Infection prevention and control</i> <i>Project 2: Knowledge and competency on quality improvement.</i> |
| For each action area, complete the template below. Use as many forms as required depending on the additional action areas addressed. | |
| Project number and action area | • E.g. Project 1: Infection prevention and control |
| Brief description of project | • Provide a 1-2 sentence outline of the project |
| Project goals | <ul style="list-style-type: none"> • List the change the project will contribute to in 1-2 sentences. • Where possible, link to national and/or local policies and plans including the national direction on quality. • Try to emphasize how the goals of the project respond to the needs identified in the baseline assessment. |
| Project outcome(s) | <ul style="list-style-type: none"> • Describe the improvement that you hope will result from the project. • Outcomes often relate to changes in practice or health outcomes. • The outcomes should contribute to the achievement of the goal. |
| Project output(s) | • The direct results of the project e.g. 20 people trained in infection control. The outputs should lead to achievement of the outcomes. |
| Main activities | <ul style="list-style-type: none"> • List all planned activities. For each activity, briefly outline what will be done, where and who will be involved on each side of the twinning partnership, how long it will take, methods to be used, and associated costs. • List technical exchange schedule (e.g. Fortnightly skype connection, monthly leads 1-to-1, 6-monthly visits, ...) |

Step 4: Action Planning

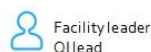


Step 4: Action planning

Step 4: Action planning. The bulleted actions detailed below provide specific activities that may be applicable to your QI goals. The dual focus of action planning is to build a workable plan of activities and to establish strong personal relationships that will help to sustain a productive partnership. Action planning builds on the situational assessment on quality at the chosen facility (Step 2) and the gap analysis (Step 3) to set the priority areas and actions that the partnership will take.

Action planning brings partners to a jointly agreed written plan of action. This action plan is grounded in the gap analysis and sets clear short-term and long-term targets for the twinning partnership. In this step, it is also important to focus upon communication, spread, and budget.¹

01 Hold a team meeting at the partnership facility



- Identify and confirm key team members at the partnership facility (does not need to be an exclusive list)
 - Facility leader or manager to endorse the partnership
 - QI team leader with dedicated time for the project
 - Technical/clinical/subject matter expert
 - Measurement and evaluation leader
 - Community/patient representative
 - QI team staff to provide technical and administrative support
- Ensure consensus and common understanding of key definitions
- Outline preparation activities
 - Review activities taken to date on Steps 1 to 3 of the 6-step cycle
 - Ensure team is prepared with priority areas already identified
 - Assess ground level interest and capacity
 - Estimate expected costs in terms of personnel, time and money.

Outputs:

- Complete written 2-year Partnership Plan
- Complete written 6-month initial short-term action plan

Annex 4. TPI Planning Template

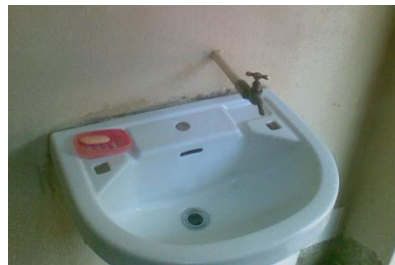


Taking Action: STEPS 4 & 5 In Twinning Partnerships for Improvement

For Health Care Facility
Managers, Quality
Improvement Teams
and Institutional Health
Partnerships



Step 5: Action



- **Partnership Activities**
 - Reciprocal partnership visits
 - Partnership calls
 - Cross-partnership technical exchange
 - National spread activities
- **Partnership Outputs – Examples**
 - Systematic training/capacity building
 - Hand hygiene improvement
 - Waste management improvement
 - Enhanced preparedness for outbreaks
 - Culture of improvement strengthened
 - Catalyze structural changes
 - Community engagement for local momentum
 - Influence national policy through experience
 - Leadership development
 - Bidirectional benefits!

Step 5: Action




Step 5: Action

On completion of the Partnership Plan, partners begin to implement it. The actions in Step 5 are intended to provide action-oriented approaches for seven main activities. Action is the start of implementing the agreed improvement activities set out in the action plan. By this stage, partners have established and strategized methods of action and have secured communication channels for ongoing partnership action. Reviewing progress every six months will allow corrective measures to be taken if needed. The improvement team should carry out regular and planned monitoring reviews using the indicators previously defined. During action, a method for tracking the budget is advised.

01 Put Partnership Plan into action with partners

- Ensure continuous consensus regarding action between partners
- Ensure continued alignment with national and sub-national efforts to strengthen quality of health services
- Ensure that partners working within the same facility are continuously aware of improvement activities
 - Align existing improvement efforts already under way at the facility level
- Mark the moment of initial action on both arms of the partnership
 - Choose a date.

 QI lead
Top leader
Partner leads

Outputs:

- Develop a series of reports outlining action and progress in Partnership Plan
- Conduct mid-term review of implementation activities

Annex 4. TPI Planning Template

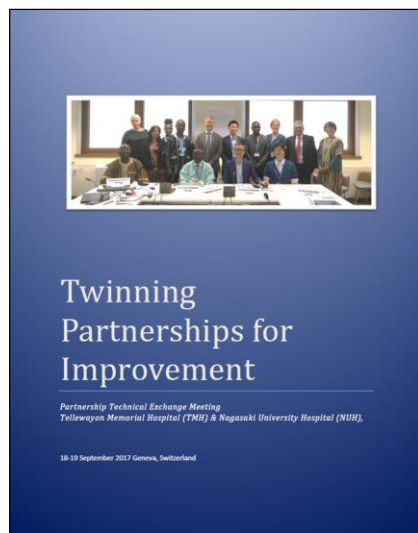
 World Health Organization

Taking Action: STEPS 4 & 5 In Twinning Partnerships for Improvement

For Health Care Facility Managers, Quality Improvement Teams and Institutional Health Partnerships



Step 6: Evaluation and Review



- Takes stock at the end of a partnership cycle.
- Partnership strength, improvement and spread considered.
- Next partnership cycle can build on previous.
- Builds knowledge for wider global application.



Step 6: Evaluation and Review



Step 6: Evaluation

Evaluation and review enables twinning partnerships to assess the impact of both their technical improvement work (against their baseline) and the strength and functioning of their twinning relations. This reflects on the strengths and gaps of the partnerships so that refinements can be made.

Monitoring and evaluation are key components for a successful partnership and must be implemented from the outset of the partnership cycle. This step marks the closure of the cycle and allows the partners to review and assess how well the partnership has met its objectives, but also the partnership's true impact. The evaluation is the final stage, but the monitoring has taken place thorough the cycle and the results will inform the overall assessment. In addition to local review meetings and partnership discussions, each twinning partnership provides periodic monitoring reports (6-month reports; 1-year repeated baseline assessment; and a 2-year review).

Some suggest an external evaluation by specialists to ensure objectivity and others suggest using the teams within the project to gather optimal learning. A combination of the two approaches can generate better results and partner satisfaction. Whatever is decided, the partners should be involved in the exercise; specialists should be responsible for certain aspects of the evaluation, and the evaluation and monitoring process must be planned for at the beginning of the partnership.

By including the three objectives as an underpinning structure of the evaluation, a successful evaluation reflects on the strength of the partnership, the priority areas of improvement, along with its spread.

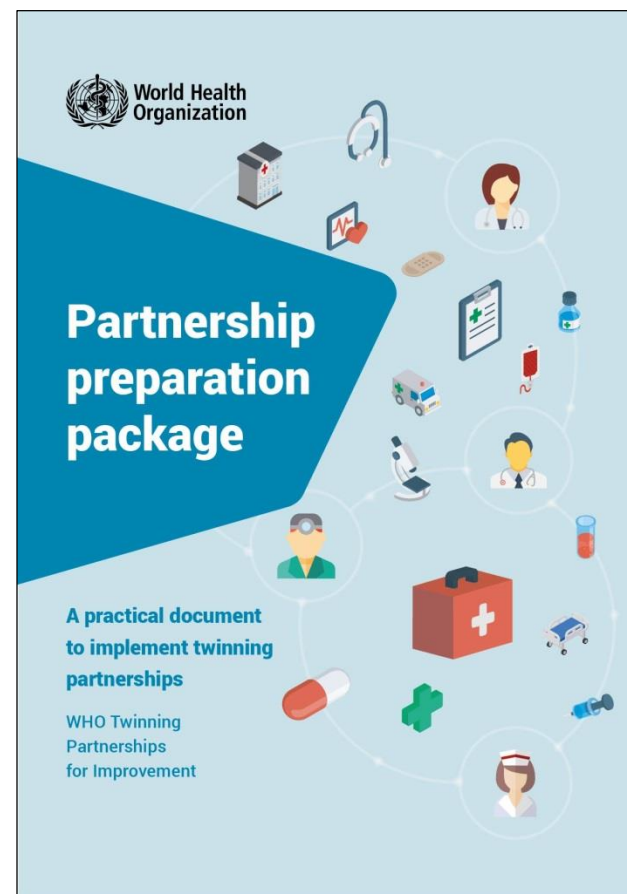
Main activities

Initial evaluation planning activities should be conducted in earlier parts of the 6-step partnership cycle. This planning activity should include consideration of:

- key indicators on the effectiveness of the improvement effort
- assessment of partnership strength
- spread beyond the partnership
- training on evaluation approaches for those involved in the partnership
- periodicity of reporting.

Outputs:

- For a 2-year project, three monitoring reports should be generated and shared across the partnership and with hospital leaders outlining action and progressing towards achieving the Partnership Plan (at 6 months, 1 year and 2 years).
- Repeated baseline assessment/situational analysis.
- Evaluation Report.



Question & Answer



Twinning partnerships at the facility level in Liberia



Samuel Seeigbeh
Infection Prevention and Control/Physician
Assistant
Tellewoyan Memorial Hospital

1. Why are twinning partnerships effective in catalyzing improvement?



Samuel Seeigbeh

Infection Prevention and Control/ Physician
Assistant
Tellewoyan Memorial Hospital

2. How have institutional partnerships led to improvement in your setting at the facility level?



Samuel Seeigbeh

Infection Prevention and Control/ Physician
Assistant
Tellewoyan Memorial Hospital

3. In your setting, please give us an example of how you have used any or all steps within the 6-step model?





Twinning partnerships at the organizational level at the ESTHER Alliance



Claudia Aguirre
Deputy General Secretary
ESTHER Alliance for Global Health
Partnerships

1. Why are twinning partnerships effective in catalyzing improvement?



Claudia Aguirre
Deputy General Secretary
ESTHER Alliance for Global Health
Partnerships

2. What are the mutual benefits of both partners in a twinning partnership?



Claudia Aguirre
Deputy General Secretary
ESTHER Alliance for Global Health
Partnerships

3. In your setting, please give us an example of how you have used any or all steps within the 6-step model?





Twinning partnerships with the Royal College of midwives, UK



Joy Kemp, MSc, PGCLT HE, FHEA, CTCM&H, RM, RGN
Professional Advisor
The Royal College of Midwives, UK

1. Why are twinning partnerships effective in catalyzing improvement?



Joy Kemp, MSc, PGCLT HE, FHEA, CTCM&H, RM, RGN
Professional Advisor
The Royal College of Midwives, UK

2. How have institutional partnerships led to improvement in your setting?

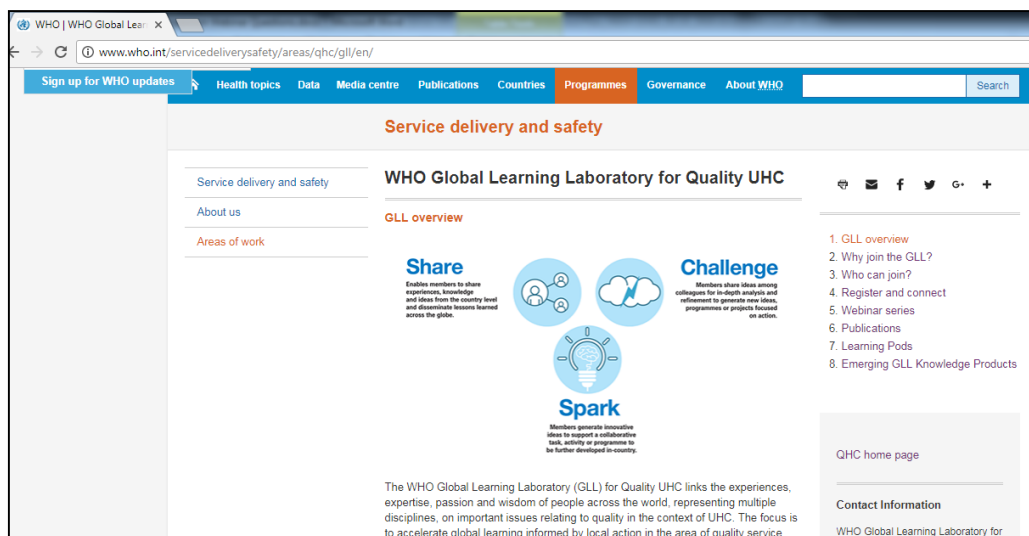


Joy Kemp, MSc, PGCLT HE, FHEA, CTCM&H, RM, RGN
Professional Advisor
The Royal College of Midwives, UK

3. In your setting, please give us an example of how you have used any or all steps within the 6-step model?



Questions & Answers



Global Learning Laboratory for Quality UHC: To register and learn more:
<http://www.who.int/servicedeliverysafety/areas/qhc/gll/en/index3.html>