Utilizing Hospital-to-Hospital Partnerships to Strengthen IPC
Dr. Shams B. Syed, WHO African Partnerships for Patient Safety, Geneva
A Webber Training Teleclass

Objectives
1. Outline the mechanisms of operation for hospital-to-hospital partnerships.
2. Explore how hospital-to-hospital partnerships can be utilized to leverage changes in IPC systems in low, middle and high income settings.
3. Reflect on the utilization of hospital partnerships as a channel for "reverse innovation" in global health systems, with a specific focus on IPC systems.

Context

World Health Assembly Resolution 55.18
FIFTY-FIFTH WORLD HEALTH ASSEMBLY
WHA55.18
Agenda item 13.9
18 May 2002

Quality of care: patient safety

The Fifty-Fifth World Health Assembly,

_noting the need to promote patient safety as a fundamental principle of all health systems;_
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Turning the World Upside Down
• Shared learning
• Co-development

A partnership model for hospital improvement

Hosted by Paul Webber  paul@webbertraining.com
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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

Sociological Perspectives

- Absolute Interdependence
- Trust
- Mutual accountability
- Collaborative Relationship
- Shared Power

Patient safety improvement....striving for simplicity on the far side of complexity through partnerships

The Improvement Continuum and APPS

Context specific national spread

Vertical: Political/Legal

Spontaneous

Horizontal: Expansion/Replication

Spread can be lively!

- Change in rural Ugandan hospital
- Presidential award
- World Health Assembly 2012
- Change can be contagious!
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#### Patient Safety Improvement - Emerging Learning from APPS Implementation

<table>
<thead>
<tr>
<th>Learning Area</th>
<th>Learning Point</th>
</tr>
</thead>
<tbody>
<tr>
<td>Simplicity vs. Complexity</td>
<td>Patient safety interventions need to be simplified as far as possible. Effective sustainable interventions require a balance between simplicity and evidence-based principles - this is a difficult balance.</td>
</tr>
<tr>
<td>Patient Safety Teams</td>
<td>Early involvement of quality teams is critical to the success of the partnership and shows progress. With time, specific teams need to be formed for specific patient safety actions.</td>
</tr>
<tr>
<td>Action Areas</td>
<td>The number of patient safety action areas included in the initial phase is critical. Initially, 12 action areas were included but more were later added.</td>
</tr>
<tr>
<td>Systematic Process</td>
<td>The 2-step patient safety improvement cycle utilized by APPS shows the focus on patient safety improvement. The 2-step cycle should be communicated widely within the hospital to enhance understanding of the importance of step-wise incremental changes.</td>
</tr>
<tr>
<td>Measurement</td>
<td>It is critical to measure progress over time. Overall patient safety status can be periodically assessed through repeat patient safety situation analysis. When progress is observed, the status of specific patient safety areas can be graphed through continual improvement.</td>
</tr>
<tr>
<td>Patient Safety vs. Systems</td>
<td>Patient safety cannot exist in isolation of quality improvements. Improving the entire health facility. Patient safety should be communicated to staff as a key strategy to improve the health facility and to ensure that it is a part of a broader system.</td>
</tr>
<tr>
<td>Knowledge and Learning</td>
<td>Patient safety interventions need to be implemented within an environment that is enthusiastically focused on patient safety knowledge and learning. The intervention can be sustained as a “safer” culture within health professions sustained over the future of patient safety.</td>
</tr>
<tr>
<td>Basic Infrastructure</td>
<td>Prevention is required to basic infrastructure issues at the same time as patient safety interventions. Partnerships working can have a channel for action in relation to basic equipment readiness for patient safety achievement.</td>
</tr>
</tbody>
</table>

#### Traditional versus partnership based approach

<table>
<thead>
<tr>
<th>Criteria of comparison</th>
<th>Traditional</th>
<th>APPS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frontline Needs</td>
<td>Technical support to deliver patient safety improvement in specific action area in African hospital</td>
<td>Technical support to deliver patient safety improvement in specific action area in African hospital and securing mutual benefits to partner hospitals</td>
</tr>
<tr>
<td>Human resource requirement</td>
<td>WHO staff time for “vertical” technical assistance in selected health facilities</td>
<td>Front-line support from partnership hospitals through“When Time” (institutional or personal)</td>
</tr>
<tr>
<td>Implementation parameters</td>
<td>Frequency of interaction: Usually one-off</td>
<td>Continuous sustained engagement</td>
</tr>
<tr>
<td></td>
<td>Nature of interaction: Technical support to deliver patient safety improvement in specific action area in African hospital and securing mutual benefits to partner hospitals</td>
<td>Technical support to deliver patient safety improvement in specific action area in African hospital and securing mutual benefits to partner hospitals</td>
</tr>
<tr>
<td></td>
<td>Financial factors: Subsidized costs of WHO expert engagement</td>
<td>Travel costs for partnership exchanges</td>
</tr>
</tbody>
</table>

#### Where local meets global...

- Increasing recognition of the partnership based approach
- WHO front page story!
- Human interaction making system change possible.
- Need to learn from local experiences if global systems are to change.

#### Hospital-to-hospital partnerships: mechanism of operation

68. To broaden the scope of the Secretariat’s action and integrate safety interventions, the Africa Partnerships for Patient Safety programme, set up in 2009 in response to a call for action considered by the Regional Committee for Africa at its fifty-eighth session, has created a framework of hospital-to-hospital partnerships that facilitates “bi-directional” patient safety learning involving 14 African and three European countries. Six partnership experiences have stimulated national patient safety change in six countries in the AfriOM Region.
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A simple 6-step process...

Step 1: Partnership Development
Step 2: Needs Assessment
Step 3: Gap Analysis
Step 4: Action Planning
Step 5: Action
Step 6: Evaluation and Review

12 Patient Safety Action Areas
1. Patient safety and health services and systems development
2. Notifiable patient safety policy
3. Knowledge and learning in patient safety
4. Patient safety awareness raising
5. Healthcare-associated infections
6. Healthcare worker protection
7. Health-care waste management
8. Safe surgical care
9. Medication safety
10. Patient safety partnerships
11. Patient safety funding
12. Patient safety surveillance and research

The Improvement Continuum and APPS

Helping you get started...
• For new and existing hospital-to-hospital partnerships
• Presents a step by step framework for action
• For each of the six steps highlights:
  • Main activities
  • Outputs or deliverables
  • Core tools & resources
  • Additional available tools

QUADRANT 1 Partnership Planning Series Supports step by step establishment of successful partnerships
QUADRANT 2 Patient Safety Improvement Series Practical Tools for Patient Safety Improvement in a hospital setting
QUADRANT 3 Approach Series Outlines the APPS approach to a series of core setting themes to support patient safety activity
QUADRANT 4 Communications Series Supports effective communication and advocacy for successful implementation

APPS Tools and Resources

Step 1: Partnership Development

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Developing principles from the bottom up...
- Shared vision & joint planning
- Ownership
- Relationships
- Communication
- Ways of working

Step 2: Needs Assessment

Step 3: Gap Analysis

Step 4: Acting Planning

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Step 5: Action

Step 6: Evaluation & Review

Moving from principles to measurement...

- Patient safety improvement tracked through situational analysis and hand hygiene self assessment
- Domains of partnership strength (& further sub-components) are examined through the APPS partnership evaluation process.
- Spread of improvement tracked

"If I had eight hours to chop down a tree, I'd spend six sharpening my axe."
- Abraham Lincoln

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The Improvement Continuum & Hand Hygiene

- Hand hygiene improvement
- Health care-associated infection prevention
- Patient safety
- Quality of care
- Health systems development
- Enhanced population health

APPS: Kisiizi-Chester
- Patient safety action areas
  1. HCAI
  2. Health care waste management
  3. Safe surgery
  4. Medication safety

- Partnership Activities
  - Regional partnership visits
  - Regular partnership calls
  - Technical input via email

- Achievements
  - HCAI training/capacity building & HH implementation
  - HCAI system & infrastructure changes
  - Safe surgery systems
  - Drug and therapeutics committee established
  - Computerized pharmacy system
  - Patient safety training manual developed
  - Presidential award

Hand hygiene and hospital infection control

- Worker training
- Product innovation
- Culture change
- Measurement

Kisiizi, Uganda – Innovative Processes

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Learn more!

IMPLEMENTING INFECTION CONTROL THROUGH A PATIENT SAFETY PARTNERSHIP APPROACH IN AFRICA
www.webbertraining.com/schedulep1.php
Julie Storr ...... October 9, 2013

Reverse innovation in global health systems

It's all in the arrow!

What are the key benefits of partnering with developing countries?

European APPS Hospital ↔ African APPS Hospital

Objective 1: PARTNERSHIP STRENGTH

Objective 2: HOSPITAL PATIENT SAFETY IMPROVEMENTS

Objective 3: NATIONAL PATIENT SAFETY SPREAD

What are the key benefits of partnering with developing countries?

Service delivery
Chronic care models

Health Workforce
Community health workers

Information
Health technology and medication safety

Medical Products
Kangaroo mother care

Financing
Microcredit

Leadership
Local system performance

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Ten Areas with High Potential

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<th>Area</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service delivery</td>
<td>Community focused approaches to hand hygiene?</td>
</tr>
<tr>
<td>Health Workforce</td>
<td>Training in communicable disease in developing countries?</td>
</tr>
<tr>
<td>Information</td>
<td>Mobile technology use for infection control?</td>
</tr>
<tr>
<td>Medical Products</td>
<td>Alcohol-based hand rub production using local mechanisms?</td>
</tr>
<tr>
<td>Financing</td>
<td>Health-financing strategies for infection control?</td>
</tr>
<tr>
<td>Leadership</td>
<td>How to provide IPC leadership in the face of deep-rooted challenges?</td>
</tr>
</tbody>
</table>

What is the applicability of these concepts to IPC practice?

Co-innovation in global health: Learning from the south?

Review of literature
- Constructing the case
- Both tangible and intangible benefits

Building on this...
- Advance the knowledge pool
- Special series on “reverse innovation in global health systems”

Co-innovation in global health: Next Steps

- Launch August 30, 2013
- Pushed boundaries
- Challenge and rethink traditional practice!

See http://www.globalizationandhealth.com/

THANK YOU

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10 September (FREE ... WHO Teleclass – North America)
PREVENTING CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTIONS: MATCHING MICHIGAN APPROACH APPLIED IN THE USA AND OTHER COUNTRIES
Speaker: Prof. Peter Pronovost, Johns Hopkins University School of Medicine, Baltimore

19 September
NOROVIRUS CONTROL IN HEALTH AND SOCIAL CARE SETTINGS
Speaker: Judy Potter, Royal Devon and Exeter NHS Foundation Trust, UK

26 September
THE ROLE OF THE CLINICAL PHARMACIST IN HOSPITAL PROTOCOLS FOR ANTIMICROBIAL RATIONAL USE
Speaker: Silvana Maria de Almeida, Hospital Albert Einstein, Brazil

30 September (FREE British Teleclass ... Broadcast live from IPS conference)
THE LIFE AND TIMES OF THE URINARY CATHETER
Martin Kiernan, Southport and Ormskirk Hospital NHS Trust

www.webbertraining.com/schedulept.php

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