

## Autumn Edition 2013

## In-country Activity

**Dr Shams Syed is  
Programme Manager  
for African  
Partnerships for  
Patient Safety**



Welcome to the autumn edition of APPS News for 2013. I am delighted to share a range of exciting updates within our expanding network across the world. Since the last edition we have seen a steady increase in the number of registrations to the APPS Community and as you can see in this edition we have already expanded beyond the African Region and institutions from ten countries are now part of this growing global network. The last few months have also seen significant progress in the WHO Region of Africa in getting patient safety on the regional and national agenda – building on the commitment already made over recent years. I am sure you will be interested to learn about the important policy and strategy developments that culminated in a workshop in Harare earlier in September. And as you will note from this edition – there is a lot going on! As ever, we hope you enjoy the read!

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## AMPLIFYING THE APPS PROGRAMME: The Cascade Effect

*This news piece was prepared by Alia Fry, Church of Uganda, Kisiizi Hospital, U.S. Peace Corps Volunteer, Uganda 2011-2013. Church of Uganda Hospital, Kisiizi is part of the first wave of APPS hospitals, with a well established partnership with The Countess of Chester Hospital England.*

Initiating and maintaining patient safety programmes presents unique challenges and difficulties to specific facilities. As implementers of the APPS program, our great hope is that within our respective areas we can share our lessons learned and promote the importance of infection control and patient safety (ICPS).

## Sensitisation:

Church of Uganda Kisiizi Hospital started this process in February 2013 with a “Sensitization Day” attended by in-charge and supervisory staff from health centre IVs, hospitals, schools of nursing/clinical sciences, and district level staff from Kabale and Rukungiri districts in southwest Uganda. The purpose of this day was to inspire stakeholders to establish patient safety programs within their units. This one

day workshop introduced regional clinicians to the WHO APPS program and the specific areas that Kisiizi Hospital had targeted in its partnership: Healthcare Acquired Infections (HCAI), Safe Surgical Checklist, Safe Prescribing, and Waste Management.

An introductory video message for the day prepared by Dr. Shams Syed set the scene. Throughout the workshop the benefit of having a sensitization day was shown as in-charges and district level staffs were engaged and validated the necessity of a patient safety program with their comments. The evaluation reinforced the success of the day.



Those attending were requested to select key staff members from their units who would effectively head or train other staff on patient safety/infection control topics. These staff were then invited to a further two day “Training of Trainers” workshop a month later. There was a 100% take-up rate for this programme.

## Training the Trainers:

The majority of the attendees at the second workshop were different from those attending the Sensitisation ensuring a broader coverage of trained staff within the region. The overview of the programme was similar to the Sensitisation Day, but with sessions modified to allow for in-depth discussion, group activities, and creation of action/implementation plans for their own facilities. These were very practical covering issues such as the provision of adequate water for hand hygiene, segregation and safe management of clinical waste and use of the WHO Safe Surgery checklist. The event was also positively evaluated. The workshop was capped with each attendee creating an action plan on ICPS for their facility.

A noted benefit to the workshop was the presence of staff from Ndola Hospital, an urban teaching hospital in Zambia, sponsored by WHO to attend. Ndola Hospital, a second wave APPS partner has worked as part of APPS with Guys and St Thomas' NHS Foundation Trust in England and their participation provided valuable perspectives and alternative strategies for success as seen in their facility.



## Follow up monitoring and evaluation:

Kisiizi Hospital planned to follow-up the training with visits to the different facilities later to determine how much of their individual action plans they had achieved. In June 2013, three months after the Training workshop, hospital staff performed the first round of follow-up visits in Kabale district. Close communication with the District Health Officer and staff ensured value at the district level and strengthened the handover of the ICPS program.

All hospitals and six out of the seven health centre IVs were reviewed in the district. The results were very encouraging with all

achieving 50% or greater completion of their action plans. Very tangible improvements were witnessed with a direct benefit to standards of patient care. It is also believed that the follow-up was instrumental in reassuring staff at these facilities that their work in Patient Safety/Infection Control was appreciated. We intend to visit the units in Rukungiri district for a similar follow up imminently.

## Big picture:

An abstract of this work was one of seven international presentations at the "Implementation Academy" of the Second International Conference on Prevention and Infection Control [ICPIC]. This took place in June 2013 in Geneva and Kisiizi won first prize!



We have now been asked to participate in a new joint WHO / Johns Hopkins University programme, the Surgical Unit-based Safety Programme [SUSP], which focuses on minimising complications and wound infections in elective surgery patients.

We are also involved as one of five WHO "learning laboratories" in different parts of the world looking at linking of patient safety to the drive to "universal health coverage". Our community health insurance scheme is creating a lot of interest as it has the remarkable total of around 35,000 members up to 50km from Kisiizi paying an annual premium of only 3 – 4 pounds sterling. Encouragingly the scheme balanced its books for the financial year to 30<sup>th</sup> June 2013 even though there is no external donor support. As the motive for the programme is to serve the poor rather than to make a profit, it is enthusiastically supported by the leaders of the 173 groups on the scheme and we are looking at how to use this structure to improve health promotion. We are piloting the use of local-language videos that we are making here

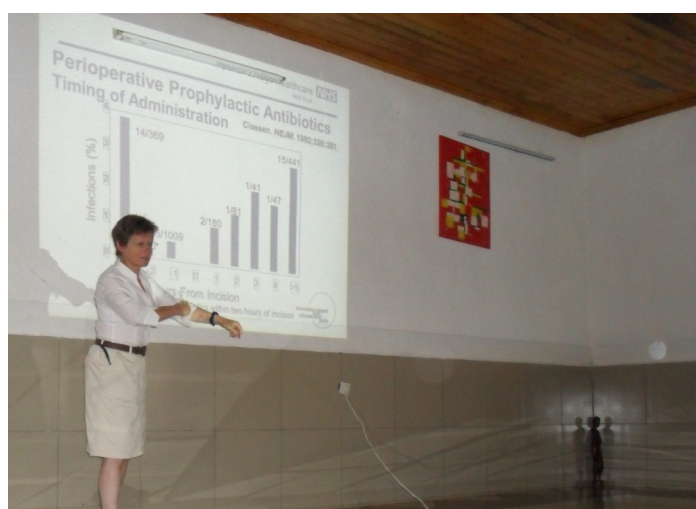


to facilitate and enhance health promotion training and will also aim to use them in church groups and schools with the potential to reach over a quarter of a million people in the next couple of years.

## Objective 2: Patient Safety Improvement

### Imperial and CHUB

In June a team from Imperial College Hospital visited CHUB, Rwanda. The visit was considered a success on both arms of the partnership and included a heavy focus on hand hygiene training. Future visits will build on the work already started on surveillance of health care associated infection. In addition to the APPS part of the work, the Imperial-Butare partnership is also part of the THET scheme and a visit took place to Butare during September as part of this work. A final APPS supported visit to Rwanda is on track for the end of 2013. The photographs showed here highlight the training on perioperative antibiotic prophylaxis and hand hygiene improvement.



*Dr Annette Jepson leads a discussion on antibiotic prophylaxis*



*The infection prevention and control nurses, Imperial College facilitate a hand hygiene workshop*

### Ipswich visits Beira

The team from Beira-Ipswich met in Beira, during May 2013. This was the second visit of the Ipswich team to Beira Central Hospital (HCB) and the visiting team consisted of Peter Donaldson, surgeon and associate medical director for clinical governance and patient safety at Ipswich Hospital, England, Caroline Vergo, senior infection control nurse at Ipswich Hospital and Derek Bartle, senior risk and governance manager at Ipswich Hospital. In Beira, the hospital director, Dr Cesar Macome, greeted the team at the opening meeting and Dr Elvira, the APPS lead, HCB was supported by a number of colleagues.

The visit enabled a review of progress against the partnership action plan since the Beira visit to Ipswich in October 2012. It also allowed for progress with the two existing projects (hand hygiene and safer surgery) and to investigate the feasibility of addressing safe waste management with emphasis on the introduction of a systematic approach to pest and rodent control. There was also an advocacy component of the visit in that the APPS team on both arms of the partnership promoted and championed patient safety and in particular the surgical checklist. There was a strong element of spread and visits were made to other clinics in the locality.



*Hand hygiene promotion at Beira*

During the visit, Derek Bartle provided a short demonstration of the use of the Pulse Oximeter donated by Lifebox. There were two in use in the critical care unit and it is hoped that the provision of an additional device will encourage the clinicians to undertake more monitoring of the patients in their care. The partnership had been able to provide translations of the Lifebox teaching package.

The visit was successful and energized the partnership with a number of tangible actions arising related to securing adequate supplies of hand hygiene products, the joint production and editing of a patient safety newsletter and a range of actions to support the partnership plan.

### Cumbria University Hospitals NHS Trust showcases partnership work with Tanzania

North Cumbria University Hospitals have set up a photographic and information board about the Trusts broader link with Mbeya Referral Hospital, Tanzania, of which APPS is one part. Staff, patients and visitors are able to read about how the link with Mbeya Referral Hospital began, the benefits of the scheme to both Cumbrian and Tanzanian partners, and how to get involved.

The photographs below enable you to get a feel for the vivid nature of the display.



*Dr Clare Hamson views the partnership display in the atrium of North Cumbria University Hospitals*



*Senior infection prevention nurse Ann Tye training on hand hygiene improvement with staff from Mbeya*

## Harare Workshop on policy and strategy

### Objective 3: Patient Safety Spread

The National Patient Safety Policy and Strategic Planning Workshop held in Harare, Zimbabwe (September 9-13) was the epicenter of some historic patient safety capacity-building and spread in Africa, co-sponsored by WHO AFRO and APPS.

This unique workshop focused on raising awareness, knowledge, and skills concerning patient safety and service delivery. The main objective of the workshop was to provide guidance for development of national patient safety policy and strategic plans for the representatives of the 21 countries present. The 5-day meeting allowed participants to learn the process of patient safety activity planning, monitoring, evaluation and refinement. Country teams consisting of focal points from the Ministry of Health, WHO Country Offices and focal hospitals worked together to define a clear way forward for their respective countries but also focused on cross-country learning and developing a platform to continue to develop national patient safety policies and plans.

The passion was high as the participants worked past hours, committed to developing the framework as completely as possible in the supportive environment of expert technical advisers and experienced APPS wave 1 and 2 hospital implementers. Look out for the full workshop report on the APPS website.



*Certificate of attendance given to Deputy Permanent Secretary of Health Mauritius*





Attendees of the event in Harare

## APPS England update

### Objective 3: Patient Safety Spread

#### Meeting of APPS England partners to discuss plans for sustainability and spread

In July 2013 an informal meeting of APPS England partners and stakeholders met in London to coincide with a visit of APPS Programme Lead Dr Shams Syed. The meeting allowed for cross partner updates and provided an opportunity to network and share lessons learned from English partners, discuss the next phase of APPS and explore the possibilities of creating a more formalized network of partnerships with the potential to, for example, bid for funding for future work. Partners shared updates on recent partnership activities. In particular there was healthy discussion around the potential technological innovations that some of the partners are using to assist with audit and feedback using tablets – watch this space!



Yvonne Connolly, APPS Lead St Georges NHS Trust, Dr Shams Syed and Andrew Jones, THET

## Patient Solidarity Day 30 October 2013

### Thematic Feature

#### Improving lives through patient-centred care



As you may know, on 30 October 2013 patients and other healthcare stakeholders across Africa will come together to celebrate the first ever regional Patient Solidarity Day. The theme of the day is: "Improve lives through patient-centred healthcare". APPS News readers are encouraged to celebrate this important day. A Patient Solidarity Day Toolkit is available to offer guidance on how to celebrate and create an impact with Patient Solidarity Day. The toolkit provides a range of tools that can be adapted for local use in campaigns. The toolkit contains template materials, as well as strategic and implementation guidance. It is available to download at: [www.patientsolidarityday.org](http://www.patientsolidarityday.org). There is also a photo competition, with full details on the website. The day is being promoted through social media, those on Twitter can support by following @PatientSolDay and use the hashtag #PSD2013

## APPS collaborates with POPS

### Objective 2: Patient Safety Improvement

#### Helping to support local production of alcohol-based handrub

Private Organisations for Patient Safety (POPS), a collaboration formally launched in 2012, is the first ever, in-house private sector interactive platform, actively engaging industry in the area of infection prevention and control at WHO.



## Private Organizations for Patient Safety

To date a total of 14 companies are committed to POPS until July 2014 and results are promising with the first project on volume sales of ABHR where all companies have provided data that has resulted in recommendations to address country gaps in reliable, affordable ABHR availability. The POPS ABHR

survey results were presented at ICPIG 2013 in Geneva and an interview with the programme lead can be seen here <http://www.youtube.com/watch?v=2t2fQZhUDxM>

The next phase of the work is a collaborative project with APPS to address the short-term lack of available and affordable hardware (bottles, lids and brackets) required to increase access to life-saving hand sanitizers across the hospitals participating in APPS in the WHO Region of Africa. Two companies are currently exploring how to develop what is being referred to as a “bottle-bank” and further updates will be provided as the collaborative progresses. Find out more about POPS on the WHO website <http://www.who.int/gpsc/pops/en/index.html>

## THET Conference 2013

### Objective 2: Patient Safety Improvement

#### September conference promotes shared learning

This annual two-day event brought together over 150 health professionals from a variety of different disciplines to explore topics, share experiences and debate the issues at the heart of effective delivery of health partnership projects in low and middle-income countries. With the theme ‘Learning from each other’, this year’s event was extremely interactive.

As well as more traditional plenary or ‘story telling’ sessions, the conference used a variety of different set-ups to encourage sharing and learning such as; group discussions or networking sessions based on geographic or clinical area and 90 minute master classes focused on the practical demands of managing health partnerships. THET will be publishing content from the conference at <http://www.thet.org> soon but, until then you can watch a video with one of the conference speakers, Dr Mitra of the Kolkata-Brighton Partnership <http://www.youtube.com/watch?v=mvk2hzNEWg> and access the THET Resource Library to

hear more about experience in implementing Health Partnership projects <http://www.thet.org/hps/resources> in Uganda, Malawi and Zambia.



*THET attendees making the most of the opportunities to learn and share knowledge during the conference*

## Call for abstracts - Clinical Audit Today

### Objective 2: Patient Safety Improvement

A special issue of Clinical Audit Today is being guest edited by Dr Emmilie Aveling, who many readers of APPS news will be familiar with, due to her interest in implementation of patient safety interventions in African hospitals and her involvement in a number of the APPS partnerships.

This special edition responds to the increasing emphasis being placed on the quality and safety of healthcare in low and middle income countries and the growing recognition of the need to develop reliable systems for the collection, review and use of clinical records and data in these countries.

The call for abstracts acknowledges that for those working in resource-constrained settings, clinical audit presents considerable context-specific challenges.

**The APPS Team encourage all partners and members of the APPS community to consider sharing experiences of audit, by submitting a piece to the Journal**

The goal of Clinical Audit Today in producing this special issue is to contribute to the development of clinical audit in

resource- constrained settings as a tool for improving the quality and safety of healthcare.

The aim of the special issue is to provide a forum to:

- Showcase clinical audit work that is being carried out in resource constrained settings
- Provide an opportunity for hospital and/or research staff from low- and middle-income country hospitals involved in audit to share their work with an international audience
- Illustrate how data collection and measurement can be used to support improvement efforts in resource-constrained settings
- Reflect on the challenges of audit and how routine collection and use of data for healthcare improvement may be enhanced in LMIC hospitals.

**“Audit is powerful, but only if the data lead to action”.**

*South African “every death counts writing group”*

As is highlighted in the box, the data generated through audit is potentially very powerful and can contribute to improvement action. The journal is therefore seeking papers from clinical audit reports, including the full cycle of audit, intervention, re-audit, papers which offer an overview of the audit activity in a hospital (or service), the local history or experience of audit and/or the role of international collaboration in local audit efforts and papers which may combine audit report with reflections on the challenges of completing audits (including the full cycle of audit, intervention and re-audit) in resource-constrained settings.

Given the aims of the special issue, Clinical Audit Today will prioritise inclusion of papers led by practitioners from low- and middle-income country hospitals.

**Clinical Audit Today**

**Contact:** Dr Emmilie Aveling (eea5@le.ac.uk) if you would like to

discuss a proposed paper for inclusion in the special issue.

Those wishing to submit a manuscript in response to this call for papers must send Dr Emmilie Aveling a short proposal (maximum of 300 words) that outlines the plan for a full manuscript by email (eea5@le.ac.uk) by **December 1st 2013**.

# WHO Hand Hygiene Pilot Study published

## Objective 2: Patient Safety Improvement

### WHO's hand-hygiene strategy - feasible and sustainable across a range of settings

In September the results of the pilot testing of WHO's multimodal strategy for improvement of hand hygiene was published in the Lancet Infectious Diseases. The quasi-experimental study assessed the effect of WHO's strategy for improvement of hand hygiene in five countries between December, 2006, and December, 2008, at six pilot sites (55 departments in 43 hospitals) in Costa Rica, Italy, Mali, Pakistan, and Saudi Arabia. The study assessed hand hygiene compliance, knowledge and long term sustainability and concluded that implementation of WHO's hand-hygiene strategy is feasible and sustainable across a range of settings in different countries and leads to significant compliance and knowledge improvement in health-care workers, supporting recommendation for use worldwide. Find out more details from the abstract in Lancet Infectious Diseases

[http://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(13\)70163-4/abstract](http://www.thelancet.com/journals/laninf/article/PIIS1473-3099(13)70163-4/abstract)

# IPNET-K/ICAN Conference

## Objective 2: Patient Safety Improvement

### Integrating IPC in healthcare programs

From November 6<sup>th</sup>-8<sup>th</sup> in Mombasa, Kenya, the infection Prevention Network Kenya (IPNET-Kenya) joins together with the Infection Control Africa Network (ICAN) to host a regional infection prevention and control scientific conference. With speakers from Africa, India and Europe and a scientific programme that covers many hot topics in infection prevention and control (including TB, HIV, antibiotic resistance, waste management and sterilization, disinfection and hand hygiene) this promises to be a valuable conference for any healthcare facility committed to building strong infection prevention and control systems. Further information is available here <http://www.icanetwork.co.za/docs/joint-ipnet-k-ican-conference>



# New Mental Health Challenge

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## Objective 2: Patient Safety Improvement

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### Turning the World Upside Down

This month sees the launch of Turning the World Upside Down – Mental Health Challenge, an open competition to celebrate projects, practices and ideas from low and middle income countries, which could be effectively applied to the major health challenges faced by high income countries.

By visiting the Turning the World Upside Down website (details at the end of this article) you can submit a case study to share your work and have the chance to pitch your idea to a high profile panel and win the Turning the World Upside Down - Mental Health Award. The goal of the challenge is to collect, promote and celebrate alternative approaches to mental health from low and middle income countries.

Turning the World Upside Down - Mental Health Award is a collaboration with the Centre for Global Mental Health, Institute for Healthcare Improvement, Maudsley International, Mind, and NYU's Program in Global Mental Health.

The challenge acknowledges mental health conditions as the greatest contributor to years of life lost to disability worldwide. As you can read on the website they worsen the course of most medical conditions and stand in the way of key drivers for social improvement. Both high and low-income countries face the challenges associated with mental health conditions and seeks to learn from countries with fewer resources, that are increasingly cultivating their own unique climate for innovation and the development of practical solutions. By changing the flow of information the Challenge organisers believe it is possible to turn the global mental health world upside down, driving new and needed change, and offering perspectives and solutions to these same challenges in high-income countries. If you are interested and involved in working to improve mental health care find out more here <http://www.ttwud.org/mentalhealth#.UIV-gBayxzY>

# APPS Registration update

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## Objective 3: Patient Safety Spread

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### Join the growing movement – help spread the word

Following the launch of the web-based registration mechanism mentioned in the last edition of APPS News we are delighted to announce that we have to date received registrations from health care institutions in Eritrea, Guinea-Bissau, India, Kenya, Lesotho, Mauritius, Nigeria, Norway, Peru, Portugal, South Africa, Spain, Sudan, Uganda, United States of America, United Kingdom and Zimbabwe.

As a reminder, the new mechanism allows two different categories of registration:

For those working in hospital-to-hospital partnerships involving an African hospital there is the option to register as an **APPS Implementer** which requires the partnership's commitment to implementing the APPS patient safety improvement framework through the model of partnership.

For those not yet working in a partnership, or working with hospitals outside Africa and any other individuals or health organizations interested in patient safety registration is available as an **APPS Community Member**.

Registration allows access to the APPS online community where experience and lessons are shared and thematic patient safety discussions held. All registrants receive the APPS Quarterly Newsletter. APPS Implementers are connected with other hospitals in their countries of focus, that are involved in APPS and in particular the Focal Hospitals that have been participating in the programme with intensive support since 2009.

Help to build an active, interactive global movement on patient safety and quality improvement by sharing details of the registration with colleagues in your existing networks and encourage them to visit <http://www.who.int/patientsafety/implementation/apps/registration/en/index.html>



# Partnerships a major focus moving forward

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## Objective 3: Patient Safety Spread

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### Global gathering on the future of patient safety discusses APPS

The Johns Hopkins Armstrong Institute for Patient Safety and Quality held a 3-day Forum on Emerging Issues in Patient Safety (September 23-25). This inaugural event aimed to discover new ways of thinking about how to meet key patient safety challenges of the next five to 10 years, as well as to identify untapped opportunities for collaboration that can speed improvement. The Symposium convened thought leaders and experts from all sectors that influence health care. WHO was represented by Sir Liam Donaldson, Edward Kelley and Shams Syed. Multiple sessions had a specific focus on how healthcare & hospital partnerships can be utilized in catalyzing and sustaining global patient safety change. As a result, numerous US based health institutions are now engaging directly with APPS through the new open registration mechanism. To find out more about this important Symposium see the Armstrong Institute website [http://www.hopkinsmedicine.org/armstrong\\_institute/](http://www.hopkinsmedicine.org/armstrong_institute/)

## APPS Webinar series

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### General update from the APPS Team

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### October 2013 sees the launch of a new series of APPS webinars

APPS will run a series of webinars during the second half of 2013 in line with the APPS Implementation Plan 2013. The webinar series will be hosted as open sessions for anyone interested in utilizing hospital-to-hospital partnerships for patient safety improvement. Each session will last an hour. Recordings will be made available on the APPS website, APPS Platform and in CDs/USBs for distribution as required.

There will be one webinar each month and the first of these took place on October 3<sup>rd</sup>. All members of the APPS web platform have been sent details on how to join. Webinar 1 provided an overview

of APPS and details on the APPS Registration Mechanism. Future topics include: The APPS Improvement Framework; National Patient Safety Policy in the African Region; APPS – Lessons and Learning for Implementation; APPS – Community and Patient Engagement (ACE Approach) and concludes with APPS Evaluation Synthesis in March 2014.

To register for the APPS webinars and to download webinar 1, follow this link <http://www.who.int/patientsafety/implementation/apps/webinars/en/index.html>

## Future APPS News

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### General update from the APPS Team

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### And finally – send us your news!

The next edition of APPS News will be shared at the end of 2013 and a reminder for contributions will be sent out at the end of November. However, please feel free to send any contributions or news you have in the coming months and we will ensure it goes into the next edition.

You can also continue to ask questions, share experiences and achievements on the APPS network web platform which you can access at: <http://ezcollab.who.int/login>