

Inter-Regional Technical Consultation on Best Practices in Patient Safety and Quality of Care in the African and Asia Pacific Regions

Jointly organized by
WHO headquarters and the WHO Eastern
Mediterranean Regional Office
in collaboration with and with the support of
the Governments of Japan and Oman

8-10 February 2016, Muscat, Oman



WHO/HIS/SDS/2016.19

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Executive summary

The Inter-Regional Technical Consultation on Best Practices in Patient Safety and Quality of Care, which took place on 8-10 February 2016 in Muscat, Oman, was jointly organized by WHO headquarters and WHO's Eastern Mediterranean Regional Office (EMRO), in collaboration and with the support of the Governments of Japan and Oman. Its aim was to create an international network for sharing of best practices, experiences and knowledge among the key stakeholders in the area of patient safety and quality of care from different regions of the world.

A total of 100 participants and experts from 22 countries, including senior policy-makers from ministries of health, and representatives from key institutions, agencies and stakeholders in patient safety and quality of care joined the consultation.

The three days of work provided a common platform for dialogue and information exchange on international experiences and know-how, and enhanced critical reflection on contextually successful processes to promote patient safety, and how patients can be further involved in these improvement processes.

Drawing from the country presentations, and discussions of the event, the premises of the global network in the area of patient safety and quality of care were agreed, and a number of key recommendations were formulated.

Leadership commitment for patient safety: Patient safety and quality of care should be considered a health priority and given the required resources for scaling up successful patient safety implementation programmes and interventions.

Evidence to inform policies and practice: Effective reporting and learning systems must be established as a live monitoring mechanism for safety and quality of care, and a tool to learn from errors, supported by a set of indicators to evaluate the needs and monitor progress achieved.

Knowledge and reinforced technical capacity: Training in patient safety and communication, using tools such as the WHO patient safety multi-professional curriculum guide should be part of under- and post-graduate health care staff curricula and included in continuous professional development programmes.

Patient empowerment and engagement for patient safety: Building the capacities of patients as informed partners in safer care includes establishing a basic level of health literacy and ensuring effective patient and community engagement in the process of health care.

Institutionalization for sustainability: Institutionalization mechanisms include the availability of resources, having a culture of reporting and improvement, developing know-how and a receptive environment for patient safety, with the active involvement of patient communities.

Effective communication means: Developing a communication strategy for patient safety through trustworthy and effective media channels, needs preliminary steps of building understanding of the media on the root causes of safety problems.

Encouragement of best practices sharing and applying: The Global Patient Safety and Quality Network will be established as a common platform for communication, alert and sharing of best practices in patient safety and quality of care to promote efficient and cost-effective solutions.

Introduction

Safety and quality of care contribute to improved health service delivery and population health. Health services can today treat and cure ever more diseases, but the toll of preventable healthcare related patient harm is also high.

There is already a wealth of experience (shaped around knowledge, information and tools) available in the field of patient safety and quality of care. A result of multiple initiatives undertaken at the national and international level to help establish safety and quality management systems in health care, this wealth of experience, best practices and lessons learned needs to be shared, to enhance progress and collaborative approaches in implementation.

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The event was attended by more than 100 participants and experts from 22 countries/territories: Cambodia, China, Egypt, India, Iran, Italy, Japan, Jordan, Kenya, Mongolia, Morocco, Oman, Occupied Palestinian territory, Philippines, Saudi Arabia, Sri Lanka, Sudan, Thailand, Tunisia, United Republic of Tanzania, Uganda and Zambia. The participants included senior policy makers from ministries of health, and representatives from key institutions, agencies and stakeholders in patient safety and quality of care at national, regional or hospital level and professional bodies.

Meeting proceedings

This consultation was part of the initiative for establishing the WHO Global Patient Safety and Quality Network as a platform for shared experience, knowledge and collaboration, in response to an increasing high-level interest for strengthening patient safety and quality of care across the world.

The meeting was structured into six parts, with an inauguration session and five technical sessions.

Inaugural session

During the inaugural session of the meeting, opened with verses from the Quran, participants were welcomed by Dr Ahmed Al Mandhari on behalf of the Ministry of Health Oman, as host country, Dr Sameen Siddiqi on behalf of WHO and Dr Shinten Sakurai on behalf of the Government of Japan, which co-funded the event. All speakers emphasized the importance of patient safety and quality of care on the political agendas and the need to share experience and use existing resources and know-how to promote its implementation.

Dr Neelam Dhingra, WHO HQ, introduced the objectives and modus operandi of the event. Drawing from the existing huge range of safety and quality of care strategies and interventions, and the need to create a global platform of technical awareness and shared knowledge in this complex field, so that existing experience is properly used, the meeting's objectives included: provision of a common platform for dialogue and information exchange on local initiatives in preventing health care-related harm; critical reflection on contextually successful processes that could strengthen patient safety and quality of care; stimulating patient and family engagement in patient safety and quality of care improvement; using the latest evidence from international experiences, including monitoring and alert mechanisms in this field. Establishing the premises of the global network in the area of patient safety and quality of care by consolidating multi-stakeholder approaches and support to meaningful access to health services and care was the ultimate expected outcome of this consultation.

The international consultation was chaired by Dr Ahmed Al Mandhari. The chairs of the technical sessions (see Annex 1, programme of work) guided the thematic discussions.

Key note speech: Implementing the patient safety and quality agenda in Oman

Mapping the progress achieved and lessons learned in the process of developing and implementing patient safety and quality of care processes in Oman was the keynote speech of this inaugural session.

The Oman Ministry of Health was established in 1971, and prompted the high-speed development of the health care system. Phase one (cycles of three five-year plans) saw the establishment of the health service infrastructure, that in phase two expanded geographically, and then national health service programmes were initiated. Health services were decentralised and phase three concluded recently with a record of health care reforms that established milestones in training and education of health care professionals, quality of care and patient safety and research. Phase four which began this year, foresees work on national accreditation, patient safety and patient engagement. All this work led to a substantial increase in access to services and quality of prevention and care delivered. The number of hospital beds, public and private hospitals and health care workers has increased greatly since the 1970s. Infant mortality and under-five mortality has decreased dramatically, with similar downward trends being recorded for severe diseases like leprosy, malaria, and TB.

Patient safety and quality started in 2007, with the Directorate for Patient Safety and Quality being set up in 2010, and the Directorate General for the Quality Assurance Center in 2014. There is a good electronic patient file system, and the patient safety assessment manual is currently being implemented in five hospitals. Following the situational analysis performed in 2011, a 'Health vision 2050' was developed to guide the process of continuous improvement of health care services for improved population health.

Session 1: Advancing the patient safety and quality of care agenda across the world

This session provided an overview of current progress in patient safety and quality of care globally, through WHO lens.

Global overview of the patient safety and quality improvement journey

The magnitude of the patient safety problem (e.g. 1 in 10 patients harmed, 14 out of 100 patients affected by health care-associated infections) prompted action at the global level. Resolution WHA 55.18 on Quality of care: patient safety prompted initiation of the World Alliance for Patient Safety and subsequently the WHO patient safety programme. WHO has thus been providing global leadership and strategic direction in matters critical to safety, by enhancing awareness across the world, developing guidance and tools, fostering collaboration and best practice networks to support translation into practice of this work. The First Global Patient Safety Challenge 'Clean Care is Safe Care' focused on hand hygiene and reducing health care-associated infections. The Second Global Patient Safety Challenge 'Safe Surgery Saves Lives' promoted the WHO surgical safety checklist. A Patient Safety Global Summit was organized by the UK in March 2016, as a declaration of commitment to the global patient safety movement. A WHO Global Consultation on Patient safety will follow. The Third Global Patient Safety Challenge, dedicated to medication safety, will be launched in 2017.

Discussion: Participants considered medication safety as a global patient safety challenge and raised the issue of existing differences in regulatory frameworks (e.g. prescriptions and free access to certain groups of medicines) between countries, as part of it.

Regional overview on patient safety and quality improvement in WHO regions

African Region overview

The African Region counts 47 countries and hundreds of local languages, other English, French, Portuguese and Spanish. It is subject to major health system challenges, and generally has limited resources. The recent Ebola epidemic highlighted a number of health system weaknesses, with life loss of both patients and health care workers. A guide for developing national patient safety policy and quality plans was produced and its translation into practice advances slowly. Ongoing national initiatives include an assessment of patient safety standards in Kenya. The most used patient safety tools have been the hand hygiene/infection prevention and control ones, and the surgical safety checklist. Patient health literacy and engagement face important cultural barriers, however, and so remain long-term endeavours. Capacity-building/training in patient safety of different audiences (health care workers, patients and communities), and the patient safety regional network are top priorities for the regional patient safety agenda.

Discussion: The issues of coordination between field stakeholders, as well as obsolete infrastructure and insufficient supplies in particular resource-limited settings in particular

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