

Patients for Patient Safety News

February 2013

Welcome!

Margaret Murphy, Lead Advisor, Patients for Patient Safety (PFPS)

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- Infection Prevention Conference, Benin
- Patient Safety in Slovakia



Happy New Year to all and welcome to the first edition of PFPS News for 2013. We have lots of good news to share with you.

The PFPS Steering Group held a meeting in January. It was a welcome opportunity for the Group to get to know Nittita Prasopa-Plaizier, the new PFPS Technical Lead. Nittita is truly passionate about the work and ethos of PFPS and she will be a wonderful asset, presenting PFPS as an effective network for promoting patient engagement in accordance with the WHO model of partnership and collaboration.

In order to ensure sustainability and increasing champion membership, it has been necessary to address the challenge of holding face-to-face workshops in an increasingly difficult global economic climate. We congratulate PFPS Canada for their creativity in holding a virtual workshop in 2012. The PFPS Ireland workshop took place in January and used a combination of face-to-face and virtual, which proved very successful and will generate additional PFPS champions.

PFPS participation in a WHO paediatric radiation risk communication workshop, and an international conference on radiation protection in Germany last December, was an encouraging example of our collaboration with other WHO Departments. This was a new forum for PFPS and the feedback shows that patient engagement was both welcome and useful.

PFPS is collaborating with WHO's Clean Care is Safer Care team to promote patient participation in this year's 5 May Save Lives: Clean Your Hands campaign. I am also confident that Barbara Farlow's involvement with the International Society for Quality in Health Care (ISQua) and Nittita's role as WHO focal point for ISQua will lead to further collaboration. It is also a significant compliment to PFPS that ISQua has awarded me the designation of ISQua Expert - one of only 70 such designations globally.

I am thankful to all PFPS champions and other advocates around the world who have shared their news in this edition and in the past, and who are working tirelessly to improve patient safety through patient engagement. The PFPS Newsletter is our resource to share and learn from one another. It can stimulate ideas and offer new possibilities for engagement and I encourage you to provide feedback and contribute to future editions.

Call to Action! SAVE LIVES: Clean Your Hands Campaign

In 2013, PFPS is collaborating with the WHO SAVE LIVES: Clean Your Hands campaign, to encourage **patient participation in hand hygiene promotion.**

SAVE LIVES: Clean Your Hands is an annual WHO campaign that was launched in 2009. Every year, the campaign draws global attention to the importance of hand hygiene to prevent the transmission of health care-associated infections, aiming to highlight good practice and stimulate action at the point of care. The SAVE LIVES: Clean Your Hands call to action is

particularly centred on and around 5 May, a day when activities and celebrations on hand hygiene promotion take place worldwide.

This year, the campaign's call to action will focus on patient participation in hand hygiene promotion, as well as hand hygiene monitoring and feedback. Many health-care settings around the world have implemented patient participation programmes and experienced the great added value as well as some

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challenges. Overall, SAVE LIVES: Clean Your Hands leaders and experts believe that patients can play an active and crucial role to achieve safety in health-care delivery through improved hand hygiene practices.



As part of an effective strategy for hand hygiene improvement, SAVE LIVES: Clean Your Hands strongly encourages health-care facilities to implement a true safety culture in which both patients (and their relatives and visitors), and health-care workers work together towards strengthening infection prevention and control, and promoting hand hygiene best practices. To support actions, the campaign has launched a new web page, found [here](#), specifically

related to the patient voice for hand hygiene promotion. Here the campaign calls for hospitals and health-care facilities to work with their patients, with patients' organizations and with the local community to promote hand hygiene and provides ideas, documents and suggestions for action.

With this focus on patient participation, WHO is creating an inventory of videos and stories of patients affected by health care-associated infection and/or involved in hand hygiene promotion. Anyone can and is actively encouraged to contribute their stories.

In the context of the WHO Free Teleclass Series on Infection Control, the next presentation will be on patient participation on 6 March at 1.30 pm NYT. Register [here!](#)

With over 15 000 health-care facilities from 161 countries already registered with SAVE LIVES: Clean Your Hands, and a push for more registrations this year, there is a real chance in 2013 of improving patient engagement in hand hygiene promotion worldwide.

For more information or to get involved and report your contribution; please visit <http://www.who.int/gpsc/5may/en/> and contact pfps@who.int.

The Patient's Role in Reducing a Potential Surgical Site Infection

Michele DeMeo, Independent Health Care and Sterile Processing Professional

One of the most devastating events a patient can experience is to contract an infection during an ordinary procedure. WHO does not yet have official guidelines on the prevention of surgical site infections (SSI) and patients' role, but patients can be involved by preparing for their surgery to help avoid problems like infection.

Patients expect and deserve successful outcomes. What is sometimes missing is the impact of the patients themselves on the outcomes of surgery. This fact, dare I say "risk", can be mitigated with a few reminders and helpful tips. Listed below some considerations of how patients can participate in infection prevention when faced with an impending surgical procedure:

- If possible prepare before arriving at the hospital or the health clinic by bathing well.
- Listen to the care provider's advice just before the procedure. If instructions are not given, these can be useful questions to ask: Can I remove the dressing? How do I remove it safely? Do I need to put anything on it? How long do I keep the bandage on?

What if it gets wet?

- Wash hands before and after touching anywhere near the incision.
- Take medication exactly as prescribed by the doctor.
- Keep the wound as clean as possible. Wear loose fitting clothing that covers the area to reduce the wound from being contaminated.
- Don't expose the incision unnecessarily to show friends or family. It isn't just the germs on your hands that can cause harm.
- Report any odd findings after surgery to a care-giver, such as strange odour, discharge, redness, stinging or swelling sensation. The faster attention can be given to a potential infection, the better.

These simple tips may seem obvious, but they can often be overlooked or forgotten. Patients play a vital role in helping to keep surgery free of infection.

For more information, please contact Michele DeMeo at mddemeo@yahoo.com and find her bio on [LinkedIn](#).

Infection Prevention & Control in Africa: reflections from the CIMSEF conference

Garance F. Upham, France, PFPS Champion and Steering Group member. With additions by Dr Pierre Kariyo, Medical Officer, WHO Inter-Country Support Team Eastern and Southern Africa



CIMSEF, the first Inter-Ministerial Conference on Infection Control and Prevention/Patient Safety in Africa, was held 10–17 December 2012 in Benin, marking an important milestone in patient safety implementation, not only in West Africa but across the continent. The first CIMSEF was attended by 15 West African countries and 5 countries from other regions of Africa namely: Algeria, Gabon, Comoros, Mauritania and Tunisia. In fact, three Ministers of Health (Benin, Comoros and Gabon) and high level delegations from 20 countries attended.



Patient and consumer organizations were given an important role in this conference. The idea of such a conference was initiated by the Benin Minister of Health, Professor Dorothee A. Kinde Gazard, who had pledged to host and organize such an event when she attended the ICPI meeting in Geneva last year. The NGO RIPAQS (International Network for Planning and Improving Quality and Safety in Health Systems in Africa) were asked to provide technical support for organization of the event. Professor Kinde Gazard, who is a pioneer in the field of patient safety and supportive of efforts to give a voice to patients in health systems, highlighted the contribution of Benin's consumer organizations involved in combating adverse events in health care and gave a voice to patients throughout the conference: patients' representatives from Guinea Conakry, Benin, Togo, Ghana, and from outside Africa attended the conference.

While leading the effort to engage Ministries of Health

on patient safety and have them pledge and adopt six documents to this effect, Professor Kinde Gazard expressed the opinion that nothing will replace 'operational and implementation research' and that everyone has to be engaged to bring about real change: nurses, doctors, administrators, researchers and civil society. The Health Minister also supports Universal Health Coverage (UHC). A UN Resolution on UHC was adopted by 91 countries in New York, just as CIMSEF was taking place on Dec 12. West African Health Organisation representative Dr Keita Namoudou argued that patient safety, strengthening health systems, and universal health coverage go hand-in-hand to improving health in Africa.

There was a strong participatory contribution at the conference from all sectors of Benin's health system - universities, hospitals and primary health-care centres and the National Agency for Medical Insurance, as well as representation from WHO/HQ (Dr Luc Noël), WHO/AFRO (Dr Pierre Kariyo) and the WHO representative for Benin (Dr Youssouf Gamatié). There was also a lively and well attended exhibit of the private sector, with many innovators in health devices and equipment in attendance. Many of the 300 participants attending the conference were planning training, research and patient safety activities in their own countries.

This high-level conference was a political opportunity to recognize the urgency of addressing the problem of patient safety in the African Region. The Ministers of Health of Benin, Comoros and Gabon, along with the delegations from 20 African countries committed to making every effort to improve patient safety in their respective countries and present the country's progress at the next CIMSEF. CIMSEF 2 is due to take place in Gabon in 2014. In addition, Professor Kinde Gazard has also expressed support for the organization of a PFPS Francophone Africa workshop that would be hosted in Benin this year.

For a full report: email Garance Upham at Garance@safeobserver.org or go to WHO Benin website link <http://www.afro.who.int/en/benin/press-materials/item/5252-la-cimsef>

Patient Safety in Slovakia

Jolanta Bilińska, PFPS Champion, Poland. With additions by Dr Darina Sedláková, WR (WHO Representative), WHO Country Office, Slovakia



The 3rd Roundtable on Patient Safety in Slovakia took place at the Congress Hall of the Ministry of Health of the Slovak Republic on 27 November 2012 in Bratislava. It was an event with international participation, organised within the framework of the Biennial Collaborative Agreement between the WHO Regional Office for Europe and the Ministry of Health (MoH) of the Slovak Republic for the years 2012-2013.

The aim of the Roundtable was to improve the quality and safety of public health services through an integrated approach focusing on patient, provider and service. Contributing to the success of the meeting was the national coordinator, Dr Peter Bandura, appointed by the Ministry of Health, and the strong organizational and logistical support of the WHO Country Office, through the WHO Representative Dr Darina Sedláková, in collaboration with the MoH and HCSA (Health Care Surveillance Authority - a body assessing the quality and timeliness of health care).

The meeting was opened by Dr Sedláková and Dr Mikloši, Director General of the Health Department of the MoH, followed by a presentation from Dr Valentina Hafner (Patient Safety Focal Point at the WHO Regional Office for Europe), on patient safety strategy at WHO. Topics of the first session of the meeting included the legislative framework for patient safety in the Slovak Republic, reporting systems and learning from adverse events in health care, and the role of insurance.

Discussion then moved on to the introduction of tools to improve the quality of care, risk management in health-care provision, patient safety in primary care, and the patient experience in improving patient safety.

Jolanta Bilińska made a big impression with her presentation on the collaboration of patients at the European level. During the last session panellists discussed the collaboration and integration of individual partners and segments, institutional frameworks, and patient and public engagement.

The Roundtable ended with discussion of the recommendations that arose during the meeting. Proposals included; the need to prepare supportive legal and regulatory mechanisms for the creation of non-repressive reporting and learning systems from adverse events, and the development of a national advisory working group with the participation of a wide variety of health-care stakeholders, such as the MoH, medical and health-related associations, health insurance companies, hospitals, patients' organizations and WHO.

In February 2013 the MoH, with continuous support from the WHO Country Office, established a Patient Safety Unit at the HCSA, to work on development of an action plan to implement the patient safety agenda using existing laws, and the preparation of necessary legislative changes in accordance with the recommendations of the European Commission for patient safety.

As of last year, the Slovak MoH has also been collaborating with the EU Joint Action on patient safety, thus further strengthening the capacity and knowledge on patient safety issues.

For more information, please email pfps@who.int or email Jolanta directly at j.bilinska@nfz-lodz.pl

ISQua Conference 2012

ISQua's 29th International Conference was a big success with 1 230 delegates from 68 countries, over 300 presentations and 370 poster displays. The WHO Patient Safety Programme was one of the official partners, along with the Canton of Geneva and the University Hospitals of Geneva.

A number of PFPS Champions participated and presented, including Barbara Farlow (Canada), Nagwa Metwally (Egypt), Margaret Murphy (Ireland) and Stephanie Newell (Australia). PFPS Champion and Lead Advisor, Margaret gave a presentation during one of the WHO sessions, while Stephanie presented

her poster. The Champions met with WHO Patient Safety staff, including Nittita Prasopa-Plaizier and Anna Lee, and discussed ways of encouraging greater participation of PFPS champions.

ISQua is committed to patient involvement and one of the nine thematic tracks of the conference was devoted to patient-centered care. Presentations on this theme included patient satisfaction surveys, open disclosure, patient involvement in incident analysis and guideline development.

Barabara Farlow's perspective on the conference can be found on the following page.

ISQua Conference: A PFPS Champion's Perspective

Barbara Farlow, PFPS Champion, Canada



I was very impressed with the dedication of all the professionals I met. Many countries in the world were represented and it seemed that the people who travelled the furthest were the most enthusiastic. Many comments in the conference feedback survey requested to hear more from patients!

Dr Margaret Chan, WHO Director-General and Sir Liam Donaldson, WHO Envoy for Patient Safety, gave an incredible presentation in the opening plenary entitled "Safer Health Care in a Global Perspective: The Coming Challenges for WHO and the World". They spoke about disclosure, accountability and the unacceptable rate of harm. During the question/comment period after their talk, I shared with the audience the experience of being a PFPS Champion and that the WHO Patient Safety Programme had initiated our programme. I feel that the engagement of patients by WHO has set an example worthy of others to follow.

The closing speaker was Dr Peter Pronovost from Johns Hopkins University in the US. Dr Pronovost introduced his talk by saying that it takes courage, humility and love to improve health care. He proceeded to demonstrate the need for these traits on

his safety journey to eliminate central line infections. He developed and published evidence that his checklist for insertion of central lines worked, yet other hospitals were not finding the same decrease in infections. A change in the traditional roles and hierarchies of providers was also required. Specifically, nurses needed to be empowered to tell doctors when they missed a step of the checklist. What a challenge this was to implement!

The central line checklist saves as many lives as the number of women who die each year from breast cancer. It is an astounding accomplishment. Dr Provonost clearly stated that the source of his passion to develop and implement the checklist was a promise he made to Sorrel King, whose daughter died at his hospital after a central line infection led to mismanagement of care. He concluded by challenging everyone in the audience to think of what they could do to improve health care.

I left the conference knowing that the story-telling and efforts of all of my patient safety comrades makes a huge difference, directly and from a ripple effect. Keep up the great work!

For more information, please contact Barbara at b_farlow@hotmail.com.

Empowering & Engaging Patients for Better Outcomes

Barbara Farlow, PFPS Champion, Canada

As the newly appointed Honorary Patient Perspective board member of the International Society for Quality in Health Care (ISQua), I was asked to give a webinar in January. ISQua has made it clear that they would like me to contribute a wider patients' perspective than just my own, so it was important for me to reach out to patient advocates to inform my planning.

I had autonomy to choose the topic of my webinar. My goal was for providers who watched the webinar to be left with the impression that there are many opportunities to collaborate with patients for improved outcomes that would not be otherwise possible. I also wanted them to understand the passion and energy of many patients/families who experience harm in the system and who are an ideal catalyst to embrace for change. After much reflection, I decided my webinar would include a review of the literature on patient involvement and a sampling of the achievements of patient advocates.

Thank you to all of the PFPS Champions who contributed. I had so many stories and examples provided, I could not include all of them. There will be more opportunities to publish accomplishments of advocates in the future.

I understand that the webinar had a record number of registrants, and there were several questions at the end. The webinar is available online [here](#).

There is little doubt that there is an increasing focus on involving patients in all aspects of health care. I hope that my webinar contributes to the expedition and facilitation of this involvement.

For more information, please contact Barbara at b_farlow@hotmail.com.



Let us in! Engaging and Empowering
Patient for Better Outcomes

ISQua Webinar January 24, 2013
Barbara Farlow, Honorary Patient Perspective Board member

Involving Patients in Patient Safety in China

Mingming Zhang, PFPS Champion, China

Much attention has been paid to patient safety by the Chinese Government's Health Department. In October 2012, I was invited to attend the "Symposium on Patient Safety and Clinical Risk Monitoring and Management" organized by the Department of Clinical Risk Monitoring and Quality Improvement, Ministry of Health, in Shanghai, China. The purpose of the symposium was to promote patient safety activities in the country by developing effective strategies. All the participants were officials from health departments in different parts of China. I was the only patient representative to be invited. I prepared and gave the presentation entitled "To Improve Patient Safety, Education and Training should be First", which focused on education not only for health professionals, but also patients and the public. This was accepted as a very important topic.



At the end of the year I was also invited to attend the INRUD

(International Rational Usage of Drugs) meeting held in Chengdu, China. The meeting aimed to improve medication safety for elderly people, young mothers and infants. Medication safety in clinical practice in China is a big issue and as a PFPS champion, I plan to do some work in this field; asking patients to get involved, and educating patients on ways they can help improve medication safety.

Advocating for PFPS in China is very important, however, it is also very challenging! Different countries need to have different strategies to implement activities based on their cultures and values. Patient engagement to improve patient safety in my country needs government and funding support, otherwise it is very difficult to initiate. My work so far has focused on the education of health-care professionals and policy-makers at different levels about the PFPS initiative and the importance of patient engagement in patient safety. Health-care professionals are recognizing that patient involvement plays an important role in patient safety improvement.



Patient Safety Activities in Egypt

Nagwa Metwally, PFPS Champion, Egypt

I am one of the founding members of the Egyptian Patient Safety Association. The committee is made up of doctors, nurses, professionals involved in quality management, and volunteers like myself. Since our first meeting in January this year, the committee has met three times and the group is very passionate, with some fantastic ideas and visions for improving patient safety. We have created a plan that will focus on three different areas.

One area is to create a curriculum for nurses that is more accessible, easy to put into practice, and easy to evaluate. The project is being led by a member of the Egyptian Patient Safety Association committee, a professor at the High Institute of Nursing at Ain Shams University, with help from her team at the Institute. Once the curriculum is complete, the team will train nurses across Ain Shams University medical school.

Another area is a 6-month pilot project, which started at the end

of January, aiming to improve the quality of service and establish a patient safety culture in a local hospital. A number of patient safety goals have been outlined, and tasks and responsibilities have been designated to members of the project committee. After 6 months, the pilot project will be evaluated, and if successful, the project will be applied to other hospitals.

Finally, the last area we will be working on is to spread a patient safety culture nationwide. We have put together a project plan, with inspiration from WHO initiatives, and hope to improve medical care outcomes through the implementation of patient safety

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Patient for Patient
Safety

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practices by the empowerment of patients in their medical care. This has been one of my long-term goals so I am very happy that we will be promoting patient safety and the patient voice nationwide. It's just the beginning but it is a very good step forward.

In addition to the work of the Egyptian Patient Safety Association, I also plan to support another project - the training of hospital personnel. If staff, from top management to the smallest worker, are well trained and have a good awareness of patient safety issues, both money and time will be saved. I want to create training centres in hospitals that have committees responsible for the continuous training of staff. If there are any areas of health care that are not functioning correctly or effectively, the committee can complete an assessment of the issue, and then provide staff with the correct training until a good system is established for the safe treatment of patients.



To start this work, I will be looking at two hospitals with a group of around 50 people. I was thrilled when the manager of one of the hospitals asked to be part of this initial group, as it shows they support the idea.

For more information, please contact Nagwa at nagwa0@gmail.com.

Looking back: IAPO's policy work priorities in 2012

The International Alliance for Patients' Organizations (IAPO) works on policy areas such as patient safety, non-communicable diseases (NCD), World Health Organization (WHO) reform and health systems strengthening.

Patient safety

At the World Health Assembly in May 2012, IAPO made an intervention on counterfeit medical products, calling for action to protect patients from unsafe medicines and medical devices. At the Assembly, Member States approved a draft resolution on a new Member State mechanism which proposed international cooperation on counterfeit medical products.

Non-communicable diseases (NCDs)

With chronic disease accounting for over 60% of the global disease burden, NCDs are a key area of IAPO's work. September 2012 marked the one year anniversary since the United Nations (UN) High-Level Meeting on the Prevention and Control of Non-Communicable Diseases, where a Political Declaration on NCDs was adopted. This provided a clear mandate for action.

In May 2012, the World Health Assembly adopted a target to reduce mortality from NCDs by 25% by 2025, demonstrating the increasing political will to take action on NCDs. Since then, IAPO has responded to a

number of consultations on WHO's NCD Action Plan, on multi-sectoral partnerships in tackling NCDs and on the global monitoring framework for NCDs. IAPO has emphasised the importance of involving patients in all policies and strategies to prevent and manage NCDs, highlighting the essential work of our members in providing treatment and care to patients with NCDs.

Health systems strengthening

In recent years, there has been growing support from Member States for Universal Health Coverage, as well as increased discussion on the need for health systems to adapt to the increasing burden of chronic disease and an ageing population. There have been suggestions that Universal Health Coverage could become an overarching health goal in the sustainable development goals (SDGs) due to replace the Millennium Development Goals after 2015. At the 132nd Session of the Executive Board, IAPO made an intervention welcoming the consultative approach in the development of the SDGs and called for a patient-centred approach in the post-2015 agenda.

IAPO has recently responded to WHO's consultation on its reform process, looking at the general programme of work for 2014-19 and WHO's relationship with NGOs going forward.

For further information, contact Rachel Seal-Jones at rachel@patientsorganizations.org

Radiation Protection in Medicine

Nittita Prasopa-Plaizier, PFPS Technical Lead, Maria Perez, WHO Dept. of Public Health and the Environment, Margaret Murphy, PFPS Lead Advisor, and Stephanie Newell, PFPS Champion, Australia



In December 2012, Nittita Prasopa-Plaizier, Margaret Murphy and Stephanie Newell represented the PFPS programme at a workshop "Radiation risk communication in paediatric imaging", at the

"International Conference on Radiation Protection in Medicine", held in Bonn, Germany. The conference was organized by the International Atomic Energy Agency (IAEA), co-sponsored by WHO and hosted by the Government of Germany. It was attended by about 600 people from over 90 countries.

At both events, the different aspects of radiation use in medicine were discussed, including the risks and benefits of medical imaging, related adverse events, and unintended or accidental exposures. The safety of radiation in medicine is underpinned by two principles – "justification" and "optimization". "Justification" aims to minimize radiation exposure by avoiding unnecessary procedures i.e. procedures should be judged to do more good than harm to the patient. The lack of awareness and misunderstanding of radiation risks among health professionals, patients and the community is key to the inappropriate or unjustified use of medical imaging; while overestimation of risks may lead to the avoidance of necessary procedures, underestimation of risks may lead to patients seeking unnecessary procedures. "Optimization" means keeping the doses "As Low As Reasonably Achievable" (ALARA), which is best described as "managing the radiation dose to be commensurate

with the medical purpose". Radiation protection in medicine aims to ensure medical procedures relating to radiation are performed safely through correct indication, dosing and calibration of radiotherapy machines, and strict adherence to procedures.

Margaret presented the patients' perspective to about 60 experts at the workshop organized by WHO's Department of Public Health and the Environment. Nittita worked with Dr Maria Perez to collaborate on the planning and workshop organization. Margaret again presented at a "round table" session at the conference on patients' role in radiation safety.

Stephanie's participation at both events was instrumental. Her personal experience from a breast cancer perspective and involvement in diagnostic imaging accreditation standards development, has contributed much to the understanding of doctors' and experts' about knowledge gaps and the needs of patients receiving radiation procedures.

Participants at both events recognized that patients could play an important role in radiation safety and "justification", particularly in communicating the risks and benefits of radiation by working collaboratively with health-care professionals and experts. For "optimization", patients can help ensure procedures are performed safely by skilled staff and in an optimal environment by contributing to policy, guidelines or standards relating to equipment, procedures and dosing as well as training and development of staff.

For more information, please email Nittita at prasopaplaizier@who.int.

PFPS in European Meeting on Justification of Medical Imaging

In October 2012 Anna Lee participated, on behalf of PFPS, in the HERCA (Heads of European Radiological Protection Competent Authorities) consultation meeting in Brussels, regarding planned actions to improve the justification for medical imaging and reduce unnecessary radiation exposure in Europe.

Having gathered feedback from the PFPS patient network prior to the meeting, on planned proposals for increased information, training and monitoring in the justification process, Anna presented the patient perspective on the planned actions. Also participating were representatives from government, national regulatory bodies, WHO's Department of Public Health

and Environment and societies representing radiographers, radiologists and family doctors. Discussion focused on the lack of awareness amongst patients and family doctors and the need for increased information and training.

HERCA is committed to involving patients moving forward, and is now incorporating all the feedback following the meeting and consultation, in order to finalize the proposals, communicate the forward plan and potential plans for collaboration.

If you would like to know more please email pfps@who.int or for more information on the work of HERCA visit their website www.herca.org.

WHO Patient Safety Programme

African Partnerships for Patient Safety (APPS) announces series of resources and tools – A framework for action!

Earlier this month, the African Partnerships for Patient Safety (APPS), part of the WHO's Patient Safety Programme, announced the availability of a series of resources and tools that have been developed for patient safety improvement activity in the context of African hospitals. The programme catalyses improvements in patient safety through the use of hospital-to-hospital partnerships and facilitates the spread of patient safety improvements across and between countries.

The tools, **co-developed and refined by frontline health professionals** from the 6 hospital-to-hospital partnerships involved in the programme since 2009, are now openly available and although developed with hospital-to-hospital partnerships in mind have **utility and applicability to any health setting** wishing to implement patient safety improvements. The tools focus on four areas: **planning, improvement, approaches and communications**. Key tools include the Partnership Preparation Package, which provides a place to start and an overview of the APPS

framework for action, and the Patient Safety Situational Analysis, which supports base-line assessment of patient safety, allowing priority action areas to be identified for focussed planning, action and evaluation. The resources also include the APPS Approach: Community Engagement, the programme's approach to engaging the local community in improving health services which outlines a 7-step approach within the context of the APPS partnership model.

Built on the basis of **12 key areas prioritised by 48 Member States of the WHO African Region**, the tools allow individuals, partnerships, hospitals and other health-care settings to plan and implement effective improvements in patient safety and quality of services so that patients throughout the region can avoid unnecessary or potential harm associated with health care.

The resources and tools are accessible through the APPS website [here](#) and you can contact the APPS team on: appsprogramme@who.int.

Announcements!

IAPO Mentor Programme 2011- 2012

This month, IAPO have released their Mentor Programme 2011-2012 Report and Guidelines. This is a useful report for patient groups to learn more about how others are working with WHO. Please find it online [here](#).

SAVE LIVES: Clean Your Hands Webinar on Patient Participation

Wednesday 6 March, 13.30 NYT.

Please register at <http://webbertraining.com/schedulep1.php>.

PFPS Canada

PFPS Canada will hold a workshop on 23-24 March, to bring new PFPS champions into the network. A report will be included in the next PFPS News.

For more information, email pfps@who.int.

Next time... The next edition will be released in May 2013. If you have any news on patient engagement in patient safety that you would like to share for the next edition, please email pfps@who.int by 31 March with a short description of what your proposed article will be about, and for a copy of the guidance notes on article submission. The final deadline for articles will then be 23 April 2013.

The information, comments, and opinions expressed in this newsletter do not necessarily reflect those of the World Health Organization, and incidents described have not been verified by WHO. The authors of the articles take responsibility for the content of their contribution and the opinions expressed.