African Partnerships for Patient Safety (APPS): Relevant to a Ghanaian Medical Superintendent?

Dr. Shams Syed & the KATH team

Ghana, November 2012
Outline

- Programme genesis
- Canvass, paint and painters
- What about KATH?
- What it means for a Medical Superintendent?
Programme Genesis
Quality of care: patient safety

The Fifty-fifth World Health Assembly,

Having considered the report on quality of care: patient safety;¹

Concerned that the incidence of adverse events is a challenge to quality of care, a significant avoidable cause of human suffering, and a high toll in financial loss and opportunity cost to health services;

Noting that significant enhancement of health systems’ performance can be achieved in Member States by preventing adverse events in particular, and improving patient safety and health care quality in general;

Recognizing the need to promote patient safety as a fundamental principle of all health systems,
Putting safety on the world's agenda
WHO Surgical Safety Checklist

**Surgical Safety Checklist**

**Before induction of anaesthesia**
(with at least nurse and anaesthetist)

- Has the patient confirmed his/her identity, site, procedure, and consent?
  - Yes
  - Not applicable

- Is the site marked?
  - Yes
  - Not applicable

- Is the anaesthesia machine and medication check complete?
  - Yes

- Is the pulse oximeter on the patient and functioning?
  - Yes

- Does the patient have a:
  - Known allergy?
    - No
    - Yes
  - Difficult airway or aspiration risk?
    - No
    - Yes, and equipment/assistance available
  - Risk of >500ml blood loss (15%kg in children)?
    - No
    - Yes, and two IV/central access and fluids planned

**Before skin incision**
(with nurse, anaesthetist and surgeon)

- Confirm all team members have introduced themselves by name and role.
- Confirm the patient’s name, procedure, and where the incision will be made.
- Has antibiotic prophylaxis been given within the last 60 minutes?
  - Yes
  - Not applicable

**Before patient leaves operating room**
(with nurse, anaesthetist and surgeon)

- Nurse Verbally Confirms:
  - The name of the procedure
  - Conclusion of Instrument, sponge and needle counts
  - Specimen labelling (read specimen labels aloud, including patient name)
  - Whether there are any equipment problems to be addressed

To Surgeon, Anaesthetist and Nurse:
- What are the key concerns for recovery and management of this patient?

This checklist is not intended to be comprehensive. Additions and modifications to fit local practice are encouraged.

Rented 1/2009 ©WHO, 2009
Safe Surgery saving lives

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>Checklist</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cases</td>
<td>3733</td>
<td>3955</td>
<td>-</td>
</tr>
<tr>
<td>Death</td>
<td>1.5%</td>
<td>0.8%</td>
<td>0.003</td>
</tr>
<tr>
<td>Any Complication</td>
<td>11.0%</td>
<td>7.0%</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>SSI</td>
<td>6.2%</td>
<td>3.4%</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Unplanned Reoperation</td>
<td></td>
<td></td>
<td>0.047</td>
</tr>
</tbody>
</table>

36% reduction in complications
40% reduction in SSIs

<table>
<thead>
<tr>
<th>1. Develop and implement national policy for patient safety</th>
<th>2. Improve knowledge and learning in patient safety</th>
<th>3. Raise awareness</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Address the context in which health services &amp; systems developed</td>
<td>5. Minimize healthcare-associated infection</td>
<td>6. Protect healthcare workers</td>
</tr>
<tr>
<td>10. Promote partnerships.</td>
<td>11. Provide adequate funding</td>
<td>12. Strengthen surveillance and capacity for research</td>
</tr>
</tbody>
</table>

- HAI prevalence: 2.5-14.8%
- HAI incidence: 5.7-48.5%
- SSI incidence: 2.5-30.9 per 100 oper. pts
- SSI incid. in clean wounds: 6.5 - 20.2%
- SSI incid. in dirty wounds: 44.1 - 83.3%
- UTI prevalence: 0.7 and 4.5%
- HAP prevalence: 1.7 and 2.9 %
- VAP incidence: 50 per 100 vent. pts
Shaping the programme – painters!

University Hospitals of Leicester NHS Trust, England
Countess of Chester Hospital, Chester, England
James Cook University Hospital, Middlesbrough, England
Hôpitaux Universitaires de Genève (HUG), Switzerland
University of Gondar Hospital, Ethiopia
Church of Uganda (CU), Kisoro Hospital, Uganda
Yaoundé Central Hospital, Cameroon
CHU Hospital Gabriel Touré, Bamako, Mali
Kamuzu Central Hospital, Lilongwe, Malawi
Three Core Objectives
African Partnerships for Patient Safety

Objective 1: PARTNERSHIP STRENGTH

Objective 2: HOSPITAL PATIENT SAFETY IMPROVEMENTS

Objective 3: NATIONAL PATIENT SAFETY SPREAD
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
Context specific national spread

The Tanzania Quality Improvement Framework in Health Care
2011 - 2016

October 2011

Working in Synergy at WHO

WHO COUNTRY COOPERATION STRATEGY
2010-2015

TANZANIA
Canvas, paint & painters!
Patient Safety Situational Analysis
Patient Safety Teams – A Critical Ingredient
APPS: Kisiizi-Chester

Patient safety action areas
1. HCAI
2. Health care waste management
3. Safe surgery
4. Medication safety

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

Achievements
- HCAI training/capacity building & HH implementation
- HCWM system: simple steps & infrastructure change
- Safe surgery system: Kisiizi checklist
- Drug and therapeutics committee established & medicines systems developed
- Patient safety training manual developed
- Presidential award!
Kisiizi, Uganda – Innovative Processes
The Improvement Continuum and APPS

**The Improvement Continuum & Health Care-Associated Infection**

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

**The Improvement Continuum & Safe Surgery**

- Checklist Implementation
- Safe surgery
- Patient safety
  - Quality of care
  - Health systems strengthening
  - Enhanced population health
A simple 6-step process...

Step 1: Partnership Development

Step 2: Needs Assessment
- Target action to:
  - Strengthen health systems to support patient safety;
  - Build patient safety capacity;
  - Advocate and communicate for patient safety

Step 3: Gap Analysis

Step 4: Action Planning

Step 5: Action

Step 6: Evaluation and Review
What about KATH?
"Second Wave" APPS Partnership Workshop – November 2011

'APPS harnesses the power of human interactions between front-line health workers in high income and developing countries to accrue benefits for both arms of the partnership'
APPs: KATH (Kumasi) - St. George's (London)

• Patient safety action areas
  1. HCAI
  2. Safe surgical care
  3. Health care waste management

• Partnership Activities
  - First systematic patient safety situational analysis in a hospital in Ghana
  - Patient safety partnership plan finalized for implementation in each action areas
  - Formation of patient safety action teams
  - Partnership visit from KATH to St. George's – technical exchange!
  - Adaptation of safe surgery checklist
  - Development of IPC audit tools and workforce development in IPC
  - Strengthening of health care waste management system
What it means for a Medical Superintendent?
A simple 6-step process...

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APPs Triad

1. Look at where the gaps are
2. Identify critical areas for action
3. Locate the resources that will help you improve

Situational Analysis

The APPs Approach

Resource Map

Improving Patient Safety - First Steps
About the Situational Analysis

• **Purpose?**
  – Rapid baseline information collection by African hospitals.

• **Structure?**
  – 3 parts
    • Part 1 – explanations;
    • Part 2 – general hospital demographics;
    • Part 3 – the 12 patient safety action areas.
African Partnerships for Patient Safety
Resource Map
Prototype version 1
English
April 2010
What do we mean by a Resource?

• Guidance
• Policies
• Publications
• Templates
• Toolkits
And not to forget…
Benefits to "developed" countries!

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

Next steps!
- Advancing the knowledge pool
- Special theme issue expected in 2013
"We must never forget the importance of high-quality clinical care."

"What good does it do to offer free maternal care and have a high proportion of babies delivered in health facilities if the quality of care is sub-standard or even dangerous?"

World Health Assembly - May 21, 2012
THANK YOU