

# Utilizing Hospital-to-Hospital Partnerships to Strengthen IPC

## Dr. Shams B. Syed, WHO African Partnerships for Patient Safety, Geneva

### A Webber Training Teleclass

World Health Organization | Patient Safety  
A World Assembly for Safer Health Care

### Utilizing hospital-to-hospital partnerships to strengthen IPC

Dr. Shams Syed  
Lead, African Partnerships for Patient Safety (APPS)  
WHO Patient Safety Programme

Hosted by Paul Webber  
paul@webbertraining.com

www.webbertraining.com August 29, 2013

### 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.

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# 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,  
Having considered the report on quality of care: patient safety;<sup>1</sup>  
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



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### Safety Policy – Re



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**WHO AFRO Regional Committee**  
Yaoundé, Cameroon



September 2008

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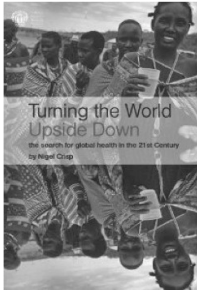
**WHO AFRO Regional Committee**  
Yaoundé, Cameroon

|   |   |  |
|---|---|--|
| 1. Develop and implement national policy for patient safety         | 2. Improve knowledge and learning in patient safety | 3. Raise awareness   |
| 4. Address the context in which health services & systems developed | 5. Minimize healthcare-associated infection         | 6. Protect health-care workers                             |
| 7. Ensure health-care waste management                              | 8. Ensure safe surgical care                        | 9. Ensure appropriate use, quality and safety of medicines |
| 10. Promote partnerships.   | 11. Provide adequate funding                        | 12. Strengthen surveillance and capacity for research      |

September 2008

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**Turning the World Upside Down**



- Shared learning
- Co-development

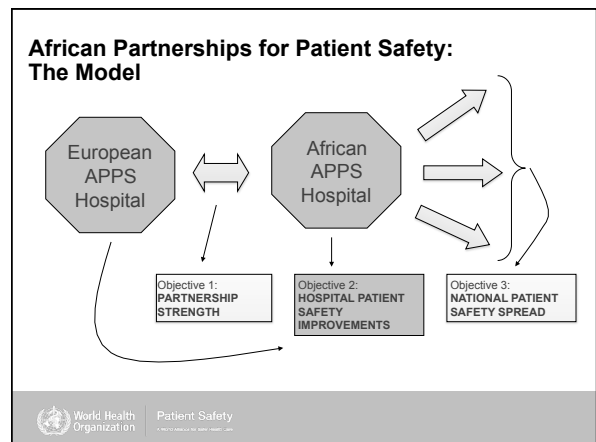
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**Co-development built in to programme design**



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A partnership model for hospital improvement



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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

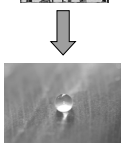


## Sociological Perspectives

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

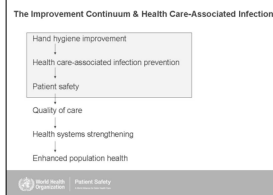


Patient safety improvement....striving for simplicity on the far side of complexity through partnerships

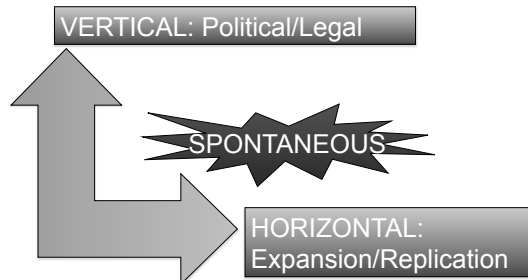


|   |   |  |
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## The Improvement Continuum and APPS



Context specific national spread



Spread can be lively!



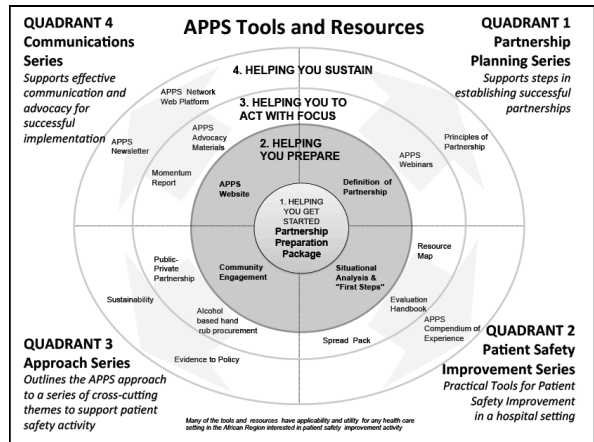
- Change in rural Ugandan hospital
- Presidential award
- World Health Assembly 2012
- Change can be contagious!

# Utilizing Hospital-to-Hospital Partnerships to Strengthen IPC

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| Patient Safety Improvement - Emerging Learning from APPS Implementation |   |
|---|---|
| Learning Area   | Learning Point  |
| <b>Simplicity vs. Complexity</b>  | Patient safety interventions need to be simplified as far as possible. Effective sustainable implementation requires front-line African realities to shape interventions, while keeping to evidence based practices – this is a difficult balance.                                  |
| <b>Patient Safety Teams</b>   | Early formation of a patient safety team is critical on either arm of the partnership to drive change. With time, specific teams need to be formed for specific patient safety action areas.  |
| <b>Action Areas</b>   | The number of patient safety action areas tackled in the initial phase should be focused – it is more important to have fewer action areas but more focused action.   |
| <b>Systematic Process</b>   | The 6-step patient safety improvement cycle outlined by APPS should form the basis of patient safety improvement. The 6-step cycle should be communicated widely within the hospital to enhance understanding of the importance of step-wise incremental change.                    |
| <b>Measurement</b>  | It is critical to measure progress over time. Overall patient safety status can be periodically assessed through repeat patient safety situational analysis. More granular information on the status of specific patient safety areas can be gained through periodic audits.        |
| <b>Patient Safety vs. Systems</b>                                       | Patient safety cannot be seen in isolation of quality improvement or improving the entire health facility. Patient safety should be communicated to audiences as a tangible entry point to improve the health facility and the system that it is a part of.                         |
| <b>Knowledge and Learning</b>   | Patient safety interventions need to be implemented within an environment that is simultaneously focused on patient safety knowledge and learning. An intervention can be perceived as “disjointed” unless health professionals understand the nature of patient safety as a whole. |
| <b>Basic Infrastructure</b>   | Attention is required to basic infrastructure issues at the same time as patient safety interventions. Partnership working can form a channel for action in relation to basic equipment necessary for patient safety advancement.   |



| Traditional versus partnership based approach |   |  |  |
|---|---|--|--|
| Criteria of comparison                        | Traditional   | APPS   |  |
| <b>Frontline Needs</b>                        | Technical support to deliver patient safety improvement in specific action area in African hospital | Technical support to deliver patient safety improvement in specific action area in African hospital and securing mutual benefits to partner hospital |  |
| <b>Human resource requirement</b>             | WHO staff time for “vertical” technical assistance in selected health facilities                    | Front line experts from partnership hospitals through “donated” time (institutional or personal)   |  |
| <b>Implementation parameters</b>              | Frequency of interaction  | Usually one-off  | Continuous <u>sustained</u> engagement                   |
|   | Nature of interaction   | Response to technical request  | Technical “ <u>human interaction</u> ” – passion channel |
|   | Financial factors   | Substantial costs of WHO expert engagement.  | <u>Travel costs</u> for partnership exchanges.           |

### 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.

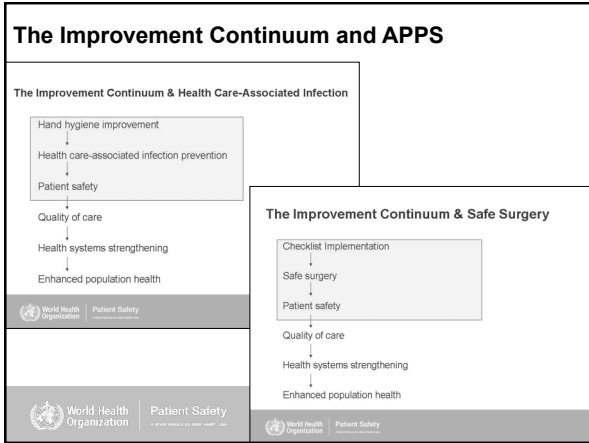
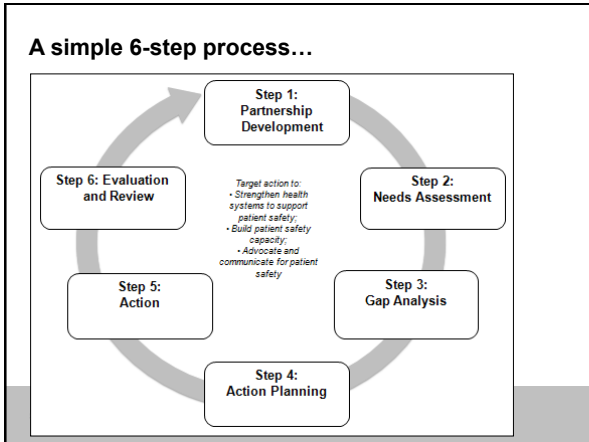
| World Health Organization<br>SIXTY-SIXTH WORLD HEALTH ASSEMBLY<br>Provisional agenda item 18  |  | A6627<br>15 March 2013 |
|---|--|------------------------|
| <b>Progress reports</b>   |  |                        |
| Report by the Secretariat   |  |                        |
| <p>66. To broaden the spread of the Secretariat’s action and integrate safety interventions, the African 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,<sup>1</sup> has created a network 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 African Region.</p> |  |                        |

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

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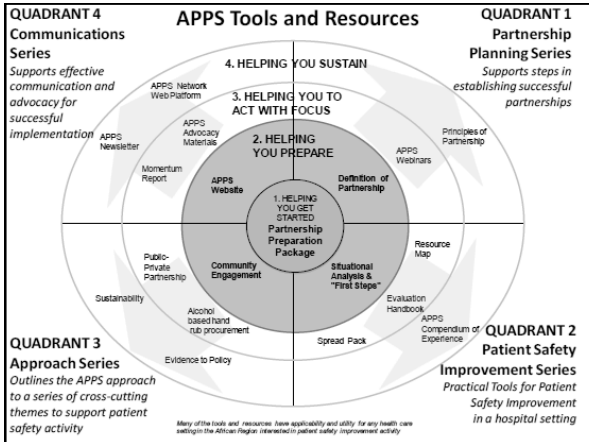
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**Helping you get started...**

- 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



**Step 1: Partnership Development**

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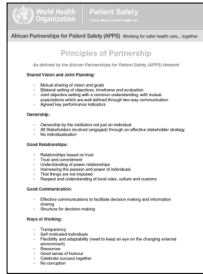
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### Developing principles from the bottom up...

- Shared vision & joint planning
- Ownership
- Relationships
- Communication
- Ways of working




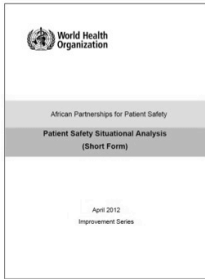
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### Step 2: Needs Assessment

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### Patient Safety Situational Analysis

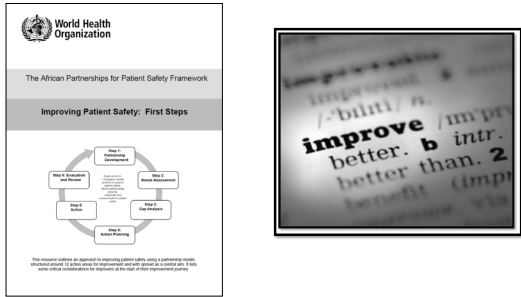
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### Step 3: Gap Analysis


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### Improving Patient Safety – First Steps



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The African Partnerships for Patient Safety Framework  
Improving Patient Safety: First Steps

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### Step 4: Acting Planning

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# Utilizing Hospital-to-Hospital Partnerships to Strengthen IPC


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Annex 2: Hospital Partnership Plan (HPP) – Template

|   |   |
|---|---|
| <b>SUMMARY INFORMATION</b>  |   |
| Name of partner hospital (Africa)   | Name of APPS lead (Africa)  |
| Name of partner hospital:   | Name of APPS lead (partner hospital):   |
| Date of Situational Analysis (SA)   | Names of individuals completing the HPP:  |
| Action Areas to be addressed  | <ul style="list-style-type: none"> <li>Project 1: Health care associated infections <input type="checkbox"/></li> <li>Project X:</li> </ul> |
| For each action area complete the template below. Use as many forms as required depending on the additional action areas addressed. |   |
| Project number and action area  |   |
| Brief description of project  |   |
| Project goal(s)   |   |
| Project outcome(s)  |   |
| Project outputs   |   |
| Main activities   |   |
| Beneficiaries   |   |
| Stakeholders  |   |
| Monitoring and Evaluation   |   |
| Sustainability and spread   |   |
| Risks   |   |
| Project Management and Support  |   |
| Approved by   |   |
| Date of approval  |   |



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African Partnerships for Patient Safety (APPS)




## Step 5: Action

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African Partnerships for Patient Safety (APPS)

## Patient Safety Resource Map

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African Partnerships for Patient Safety (APPS)

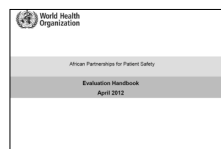


## Step 6: Evaluation & Review


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### 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



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African Partnerships for Patient Safety (APPS)




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

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Registering with African Partnerships for Patient Safety (APPS)



**Register as APPS Implementers if you are a hospital-to-hospital partnership involving an African hospital**

**Registration will require:**

- General Information**
  - Name, partnership contact details; focus of partnership work; length of partnership.
- Written Commitment**
  - Completed APPS Situational Analysis; pledge to implementing APPS Framework for Improvement; and annual feedback.

**APPS will**

- Connect partnerships with APPS Focal Hospitals and others in-country; circulate quarterly APPS Newsletter; invite participation in the APPS Online Community; host APPS Webinars; and develop an APPS Implementers Network.

**Register as APPS Community Members if you are**

- An individual interested in patient safety improvement
- An African hospital not in a partnership
- An organization interested in patient safety (not a hospital)

**See 'rest of the world' for more details on registration if you fall into these 3 categories**

**Registration as APPS Community Members requires:**

**General Information**

- Name; contact details; type of institution; partnership details if available; areas of interest in patient safety

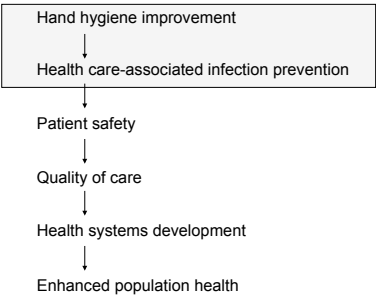
**APPS will**

- Send you the quarterly APPS Newsletter; invite you to join the APPS Online Community; Invite you to join APPS Webinars and provide information on events and publications of interest

REGISTER NOW! [www.who.int/patientsafety/implementation/apps](http://www.who.int/patientsafety/implementation/apps)

## Hospital partnerships & IPC systems


### The Improvement Continuum & Hand Hygiene



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

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### APPS: Kisiizi-Chester



- Patient safety action areas**
  - HCAI
  - Health care waste management
  - Safe surgery
  - Medication safety
- Partnership Activities**
  - Reciprocal partnership visits
  - Regular partnership calls
  - Technical input via email
- Achievements**
  - HCAI training/capacity building & HH implementation
  - HCWM system & infrastructure changes
  - Safe surgery systems
  - Drug and therapeutics committee established
  - Computerized pharmacy system
  - Patient safety training manual developed
  - Presidential award!

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### Hand hygiene and hospital infection control



- Worker training
- Product innovation
- Culture change
- Measurement

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### Kisiizi, Uganda – Innovative Processes



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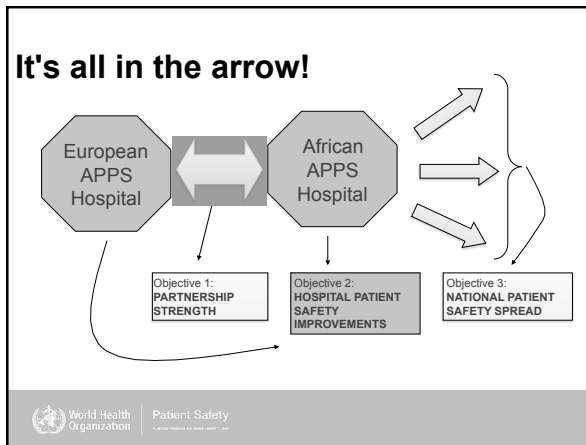
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Learn more!

**IMPLEMENTING INFECTION CONTROL THROUGH A PATIENT SAFETY PARTNERSHIP APPROACH IN AFRICA**  
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 Julie Storr ..... October 9, 2013

## Reverse innovation in global health systems



## What are the key benefits of partnering with developing countries?

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**Developed-developing country partnerships: Benefits to developed countries?**  
 Shamsuzzoha B Syed<sup>1</sup>, Viva Dadwal<sup>1</sup>, Paul Butler<sup>2</sup>, Julie Storr<sup>2</sup>, Joyce D Hightower<sup>3</sup>, Rachel Gooden<sup>1</sup>, Jean Carlet<sup>1</sup>, Sepideh B Nejad<sup>1</sup>, Edward T Kelley<sup>1</sup>, Liam Donohue<sup>1,2</sup> and Didier Pittet<sup>1,2\*</sup>

\* Corresponding author: Didier Pittet [dider.pitet@who.int](mailto:dider.pitet@who.int)

<sup>1</sup> African Partnerships for Patient Safety, WHO Patient Safety, WHO Headquarters, Avenue Appia, 1211, Geneva 27, Switzerland  
<sup>2</sup> Infection Control Programme and WHO Collaborating Centre on Patient Safety, University of Geneva Hospitals and Faculty of Medicine, 4 Rue Gabrielle Perret-Gentil, 1211, Geneva 14, Switzerland  
<sup>3</sup> National Patient Safety Agency, 4-8 Maple Street, London, W1T 5HD, United Kingdom

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|                  |   |
|------------------|---|
| 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

**Table 2** Ten areas of health care where developed countries have the most to learn from the developing world

|    |   |
|----|---|
| 1  | Providing services to remote areas        |
| 2  | Skills substitution                       |
| 3  | Decentralisation of management            |
| 4  | Creative problem-solving                  |
| 5  | Education in communicable disease control |
| 6  | Innovation in mobile phone use            |
| 7  | Low technology simulation training        |
| 8  | Local product manufacture                 |
| 9  | Health financing                          |
| 10 | Social entrepreneurship                   |

## What is the applicability of these concepts to IPC practice?

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

## 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"

Journal of Globalization and Health 2013, 12:10

Open Access

**Developed-developing country partnerships: Benefits to developed countries?**

Stamatiou E, Syed S, Vira Devalia, Paul Fuller, Julie Swan, Sara D Highmore, Rachel Gaudin, Jean Caron, Sophie Ragnin Hagel, Edward T Foley, Liam Stranahan, and Oliver Hepp\*

**Abstract**

Developing countries can generate effective solutions for today's global health challenges. This paper reviews evidence that has led to the development of partnerships with a global, developed-developing country partnership. Standard database and web-based searches were conducted for publications in English between 1980 and 2012. Studies considered for a paper also relating to international cooperation between developed and developing countries were selected for further analysis. Of 207 articles related through initial screening, 46 were included in the final analysis. The results were further broken down by geographic location that the partnership within each system. "Developed" countries. The information spanned all 171 high-income countries, 106 low-income, and 106 middle-income countries. The most common factors developing world were identified and include: rural health service delivery, lack of infrastructure, deterioration of health systems, complex and changing epidemiology, and communication and control strategies in their own and the technology available during and post-product manufacturing health financing and local entrepreneurship. We have seen the emergence of knowledge from developing country experience and offering transfer to developed countries. This paper reviews the evidence that has led to the development of partnerships with a global, developed-developing country partnership. However, the global pool of knowledge in this area is rich and further work needs to be undertaken to enhance understanding of health innovation efforts from more globally. A potential method for creating partnership benefits is needed—this is perhaps the single most immediate need in planning for and meeting the full potential of international cooperation between developed and developing countries.

**Keywords:** Developed countries, Developing countries, Partnerships, Learning, International cooperation, Health, Low-mortality, Global health.



## Co-innovation in global health: Next Steps

BioMed Central BioMed Central blog  
The Open Access Publisher

Reverse innovation in global health systems: the knowledge pool emerges

Stamatiou E, Syed S, Vira Devalia, Paul Fuller, Julie Swan, Sara D Highmore, Rachel Gaudin, Jean Caron, Sophie Ragnin Hagel, Edward T Foley, Liam Stranahan, and Oliver Hepp\*

Innovation today is moving in all directions and coming from all places. Can health innovations designed for a developing country setting be applied in a developed country setting?

We are pleased to announce the upcoming launch of the *Globalization and Health* series on "reverse innovation in global health systems" on August 30, 2013. This call for papers has not only generated an immense interest from all corners of the world, but also pushed boundaries to challenge and rethink traditional practices within our health systems. It is our hope that the ongoing series will help catalyze worldwide synergies in developing a robust knowledge-base on the bi-directional flow of knowledge and innovations between low, middle, and high-income countries. For us, this endeavour is rooted within, and intrinsically interconnected to, a broader global movement aimed at recognizing the real potential of low and middle-income countries in contributing to health system challenges everywhere.

The journal continues to accept submissions for publication in the series on an open and on-going basis.


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

See <http://www.globalizationandhealth.com/>

THANK YOU

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**Coming Soon**

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 Provonost, 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/schedule1.php](http://www.webbertraining.com/schedule1.php)

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