WHO Inter-regional Consultation on Patient Safety Incident Reporting and Learning Systems in Africa and the Asia Pacific Regions

22-24 March 2016, Colombo, Sri Lanka

Jointly organized by WHO headquarters and WHO SEARO, with support from the Governments of Japan and Sri Lanka

Meeting Report

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Contents

1. Executive Summary

The Inter-regional Consultation on Patient Safety Incident Reporting and Learning Systems in Africa and the Asia-Pacific Regions, was held on 22-24 March 2016 in Colombo, Sri Lanka. The consultation was jointly organized by WHO headquarters and the WHO South-East Asia Regional Office (SEARO), in collaboration and with the support of the Governments of Japan and Sri Lanka.

The event was attended by representatives from 18 countries: Afghanistan, Bangladesh, Canada, Ethiopia, Ghana, India, Italy, Japan, Malaysia, Morocco, Nigeria, Oman, Philippines, Poland, South Africa, Sri Lanka, Thailand and Vietnam, and two WHO Regional Offices (Eastern Mediterranean and South-East Asia). This was organized as a platform for presenting international experiences and discussing the role of reporting and learning systems (RLSs), considered essential for improving patient safety and the quality of health care. Particular attention was given to resource-limited settings and how RLSs could become operational, for improved patient outcomes and economies of scale.

Structured in four parts, the consultation a) reviewed patient safety success stories at global, regional and national level, b) provided input for the revision of the WHO Implementation Guidelines on Patient Safety Incident Reporting and Learning Systems, through structured discussions, c) reviewed the results of the Minimal Information Model for Patient Safety Incident Reporting and Learning Systems (MIM PS) regional pilot exercise, and d) examined best practices to analyse collected data and enhance useful learning from reporting safety incidents.

The lessons derived from this exercise were formulated into strategic recommendations to develop, implement, support and strengthen patient safety RLSs, as quality and safety surveillance tools and a source of shared knowledge for better care, which is foundational to patient safety strategies.

Recommendations formulated by participants from national health authorities requested the establishment of effective and sustainable national RLSs, drawing on a strong safety culture, increased awareness of a patient safety and quality improvement approach, and well-trained staff. The legal and regulatory framework in force, national dedicated guidelines, standards and tools, should help to ensure feasibility and support implementation.

Leadership and training at all levels is needed, including appropriate training for reporting, data collection, analysis and dissemination.

Global and regional level recommendations stressed the importance of leadership, policy development and partnership in moving forward the patient safety agenda.

WHO's role was seen as vital in this process by producing and providing specific guidance and support to reporting and learning systems (RLS) development and implementation. This work includes finalization of the WHO Draft Guidelines for Adverse Event Reporting and Learning Systems currently under development, continued use of the MIM PS as a simple tool for RLS and the WHO multi-professional Patient Safety Curriculum Guide, as well.

Participants proposed initiating a new World Health Assembly resolution on achieving universal health coverage with a special focus on quality of care and patient safety, with the establishment of a World Patient Safety Day.

2. Introduction

Improving access to meaningful care is closely dependent on how the health care system performs in terms of safety and quality of services. Patient safety incidents resulting from health care system deficiencies continue to bear an important toll on health outcomes and expenditure. RLSs are an important surveillance and awareness-raising tool which assess how health systems are performing. They provide the necessary information to develop corrective actions and prevention strategies. Additionally, they serve as a good educational tool for building a better understanding on the team approaches and coordination required to protect the safety of patients. Implementation and adherence to RLS depend on many local factors, in which legal and regulatory aspects as well as the existing safety culture play a vital role.

The inter-regional consultation was organized as an international platform for presenting and discussing experience and role of reporting and learning systems for patient safety and quality of care, and examine the best practices to enhance useful learning from patient safety reporting systems, with emphasis on resource-limited settings. The consultation brought together representatives from countries participating in the MIM PS field piloting, countries with RLS in different stages of development, and other local and international experts in the field of patient safety and quality improvement. Representatives from 18 countries: Afghanistan, Bangladesh, Canada, Ethiopia, Ghana, India, Italy, Japan, Malaysia, Morocco, Nigeria, Oman, Philippines, Poland, South Africa, Sri Lanka, Thailand and Vietnam, and two WHO Regional Offices (EMR and SEAR) attended the event.

3. Meeting Proceedings

The inter-regional consultation was part of a global project focused on strengthening patient safety and quality of care, through shared experience, and the development and implementation of efficient reporting and learning systems, co-funded by the Government of Japan. The meeting was structured in seven parts, with an inauguration session and six technical sessions.

3.1 Inaugural Session

The event opened with the Sri Lankan National Anthem, and lighting of the traditional burner. Participants were welcomed by the representative of Sri Lanka Ministry of Health, Dr L. Siyambalagoda, Deputy Director-General, Public Health Services, who underlined the long-standing and successful collaboration between Sri Lanka and WHO.
The representative of the Japanese Ministry of Health, Labour and Welfare, Dr Shin Ushiro, Japan Council of Quality for Healthcare, in his welcome address, similarly underlined the long history of support and collaboration between the Japanese Government and WHO in the field of quality and safety improvement. He emphasized that the experience brought and shared by attendees of the meeting would add valuable insights towards implementation of national RLS.

The WHO Representative for Sri Lanka, Dr Arturo Pesignan, in his welcome note, reflected on the magnitude of the problem, and the fact that most countries share common quality and safety challenges, even if the scale may differ. The shared experiences and the expert input from meeting participants in the finalization of WHO dedicated RLS guidelines would fall on fertile ground for building on previous WHOwork and support inter-country collaboration.

Dr Neelam Dhingra-Kumar, Coordinator of the Patient Safety and Quality Unit at WHO headquarters, stressed the importance of RLS in correcting the breakdowns of the system and strengthening patient safety and quality of care, and introduced the objectives of the event. The inter-regional consultation aimed to foster information exchange on field experience in implementing reporting and learning systems, obtain input for the WHO Implementation Guidelines on Patient Safety Incident Reporting and Learning Systems under development, review the results of the minimal information reporting format (MIM PS) usability as a tool for broader use and field adaptation, and review methods of data analysis pending on context and investigation capacity. Stemming from the three days discussions, a number of strategic recommendations will be developed to further enhance reporting and learning for patient safety.

The event was chaired by Dr L Siyambalagoda, Deputy Director-General, Public Health Services, Sri Lanka Ministry of Health. Each technical session had a dedicated Chair (see Annex 1: Programme of Work).

Keynote speech: The patient safety journey in Sri Lankan hospitals

Sri Lanka spends 3.4% of its GDP on health, which corresponds to yearly health expenditure of US$ 119 per person (2014 data). Health care facilities are spread across the country to ensure access within a 3 km radius for every inhabitant. Historically, work focusing on health care quality and safety in Sri Lanka started in 1989 and was strengthened in 2000. Progress was steadily recorded and the policy of health care quality and safety was developed 2012. The Care Quality Improvement programme is centrally driven, locally led, clinically oriented and patient centered. The roadmap for quality improvement (total quality management) went through five phases, with deep roots in stakeholders' attitudes. Strategic directions have been developed around seven key result areas: patient satisfaction, managerial systems and process improvement, clinical effectiveness, risk management and safety, establishing a culture for quality improvement, staff development and welfare and research for quality and safety. The institutionalized programme was supported by clinical and national guidelines for quality and safety and sustained work on developing a quality and safety culture. The manual for master trainers in health care quality and safety advanced local capacity. Surveillance mechanisms including reporting of adverse events and 23 mandatory indicators were established. As a result, infection rates were reduced, and quality of care was improved, including a reduction in waiting times. The accreditation council was recently formed. Several low-cost initiatives to strengthen patient safety (e.g. visual control scene, colour coding system) were implemented. An environmentally-friendly initiative was started to ensure clean hospital environments. Sri Lanka has provided training for staff in 35 countries in Asia and Africa on these initiatives. The motto in use has been 'Patients are safe in our hands'.

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

Roundtable – Global and regional overview on patient safety and quality improvement, and reporting and learning systems

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

Global overview on 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) promoted action at global level. WHA55.18 resolution on Quality of Care: patient safety prompted the initiation of the World Alliance for Patient Safety and WHO patient safety programme. WHO has provided leadership and strategic directions in matters critical to safety, by enhancing global awareness, 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 Safer Care' focused on hand hygiene and preventing health care associated infections. The second Global Patient Safety Challenge 'Safe surgery saves lives' promoted the WHO Surgical Safety Checklist. The next Global Patient Safety Challenge dedicated to medication safety will be launched in 2017. Multiple interventions were designed and supported in their field implementation, through political and technical advice, supported by effective collaboration. The best practice for patient safety and quality network that was initiated following the Oman hosted meeting earlier in February is a good example of fostered information exchange and cooperation. The Patient Safety Global Summit organized by the United Kingdom in March, and the WHO Global Consultation on Patient safety to follow in Italy in September are awareness raising mechanisms for enhanced commitment to the global patient safety movement. Empowered patients receiving safe and quality care from competent professionals in conducive environments with measured outcomes constitute the vision of WHO's dedicated work.

Patient safety in the Eastern Mediterranean region: Current situation and perspectives

The regional patient safety strategy is being developed around five axes built around the quality improvement cycle, to enhance the safety of patients and services. The 22 countries of the region are highly diverse, and each intervention has to be customized to context. Up to 80% of hospital admissions are associated with harm, with a 62% preventability rate, based on a recent prospective study. Medication safety is also a real problem in the Region. The Patient Safety Assessment manual and toolkit is one of the tools developed to help identify the causes of the problem. The Patient safety friendly hospital initiative is promoting harmonized standards (updated to cover patient safety) and a team approach for improvement. Implemented in three phases, it reached 14 hospitals, in both the public and private sectors. It is not yet institutionalized (due to equivocal commitment). Work on the institutionalization of patient safety and quality improvement interventions appears to have the required legal and regulatory background in place, but supportive structures (including staff) lag behind. A tool to assess quality and safety and primary care level (34 core indicators) was developed and piloted. A meeting on health care accreditation will follow in December 2016. Work on patient engagement and education is progressing, particularly through the WHO Patients for Patient Safety network. Interventions are developed and deployed transversally between technical areas to support in a sustainable manner patient safety and quality of care as a cross-cutting theme.

Regional overview on patient safety: South East Asia Region

The Region counts 11 countries, many with dense populations, more than 20 official languages (over 700 dialects in India) and an average spending on health of 3.7% of GDP (between 1.4 and 11.4) reflected in a wide diversity of health systems. Several resolutions were issued over the last 10 years, promoting quality and safety in health care, and SEA/RC/RS Patient safety contributing to sustainable universal health care was endorsed in 2015. Major regional initiatives focused on building capacity of human resources for health. The WHO Patient Safety Multi-Professional Curriculum Guide was tested and adopted in Bangladesh, India, Sri Lanka and Thailand. The SEAR Medical Council Network recently endorsed the curriculum to be introduced in all medical schools. A dashboard patient safety assessment tool developed for regional purposes was recently piloted in Sri Lanka. The Regional Strategy for Patient Safety was developed and adopted during the Regional Committee in 2015. The Regional Plan 2016-2020, including cross sectional approach to patient safety and quality of care, is being developed for universal access to health care through people centered integrated health services. Prevention of health care associated infections is an important focus area. The regional framework covers all levels of care, and has four pillars: service delivery infrastructure, human resources, information and evidence, and experience sharing and network, with multiple interventions planned for each pillar.

Discussion: Several issues were raised following the three presentations, and comments were grouped according to topic, for a better overview of emerging considerations.

A fair safety culture was considered a critical issue for establishing effective RLS and ensuring staff adherence to reporting procedures. Building trust between partners is important, through documentation support and assistance for improvement. A non-punitive approach is required to foster RLS and to ensure that the system is used for learning purposes and not for retaliation. Without leadership commitment, the system will reduce learning and focus on reporting only. The primary care level and the private sector also require increased attention for implementing effective RLS. To ensure these issues are correctly addressed in context, wider consultation at national level should be foreseen.

The multi-professional Curriculum Guide in the South-East Asia Region underwent a step-wise process of endorsement. The Councils are the strongest regulatory body of medical professionals responsible for licensing; there are also several nursing councils. The curriculum was already endorsed for medical schools. The WHO Multi-Professional Patient Safety Curriculum Guide was adapted to local requirements. This process was undertaken by several countries/ regions and does not necessarily require many funds. Innovative approaches, shared knowledge and collaborative centers can help in shaping the existing materials to local needs. The use of networks, as an information sharing lucrative mechanism should be maximized. There are several networks operating at various levels in EMR and SEAR, as well as in other WHO regions.