

Patient Safety Conference 2019

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Patient Safety in Extreme Adversity

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Learning objectives

- 1) Recognize the importance of ensuring safer care in settings of extreme adversity
- 2) Explore the knowledge and learn from key actors working in settings of extreme adversity in relation to Quality and Safety in Extreme adversity
- 3) Identify challenges and priorities for Patient Safety and Quality in Extreme adversity
- 4) Describe an action framework for PS and Quality in Extreme adversity



Ensure healthy lives and promote well-being for all at all ages

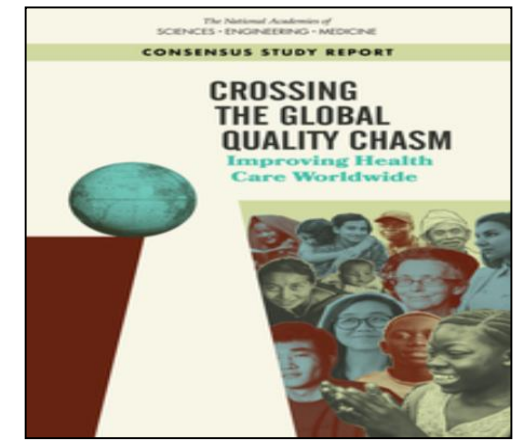
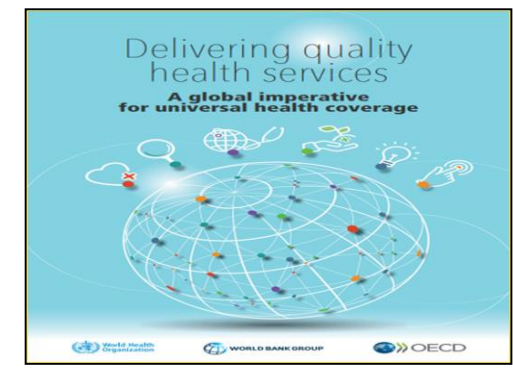
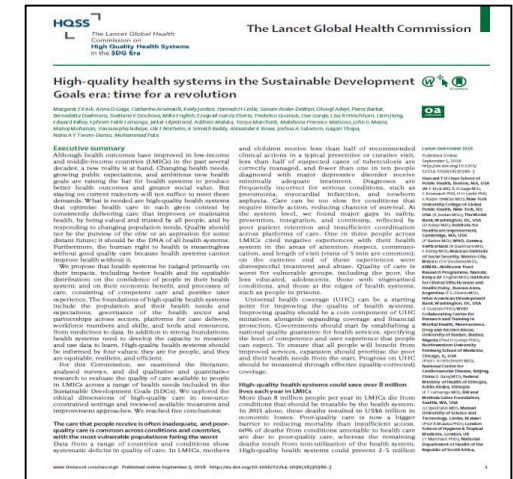
Target 3.8 Achieve **universal health coverage**, including financial risk protection, access to **quality** essential health-care services and access to safe, effective, **quality** and affordable essential medicines and vaccines for all.

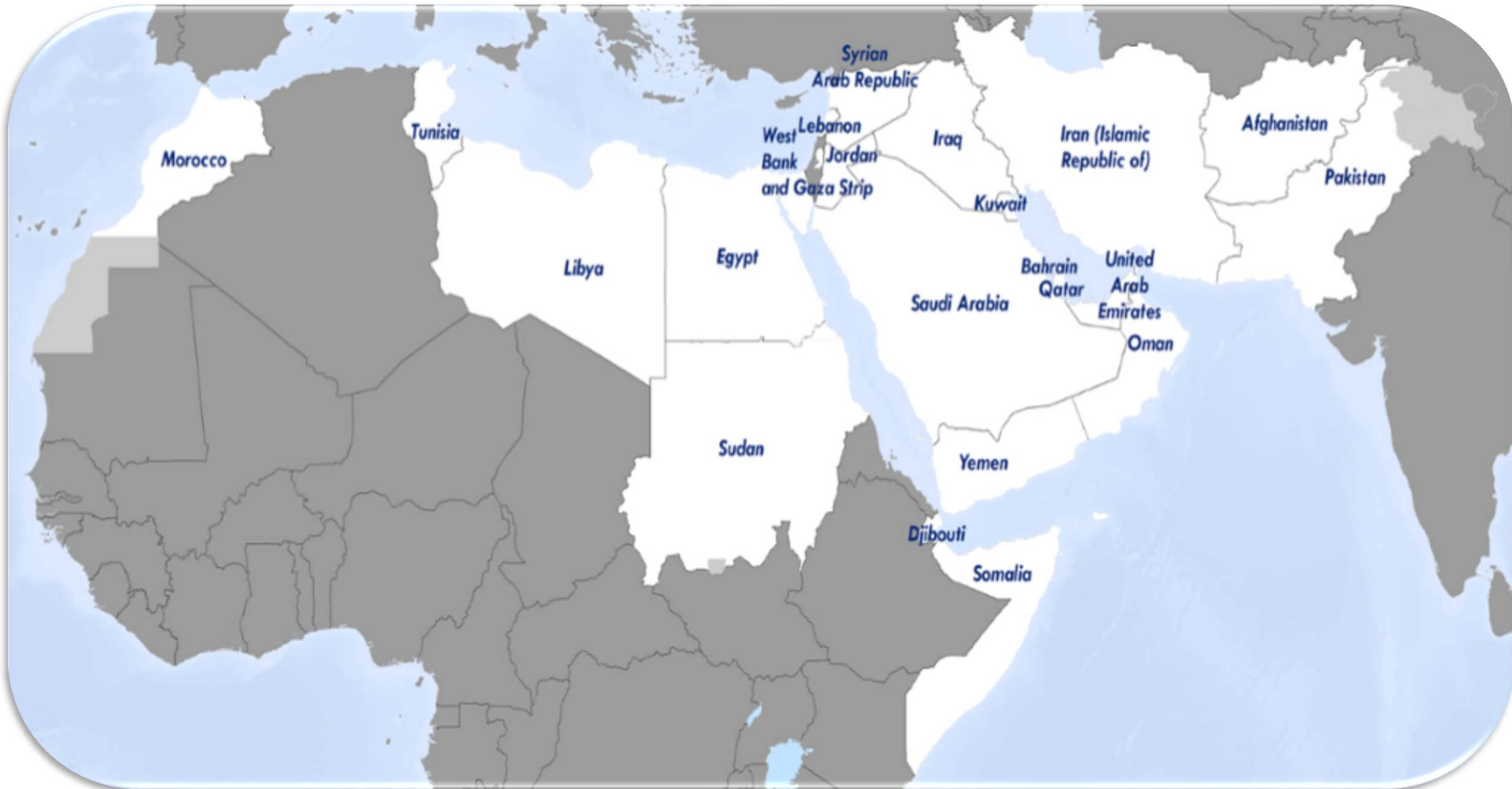
Universal Health Coverage

Ensuring that all people and communities can use the promotive, preventive, curative, rehabilitative and palliative health services they need, **of sufficient quality to be effective**, while also ensuring that the use of these services does not expose the user to financial hardship.

2018 – Three major reports

- Affirm quality central to universal health coverage
- Focus on LMIC (with new data analyses)
- Identify major gaps:
 1. Quality in extreme adversity /FCV/ emergencies
 2. Informal health care sector
- Recommend to address Quality and Safety in Extreme Adversity and informal sectors





1: Commenting and comparing between health care systems in the EM region during stable and conflict circumstances, http://www.uwomj.com/wp-content/uploads/2017/12/vol86no2_13.pdf

2: Alwan A. The cost of war. Available from: <https://www.who.int/mediacentre/commentaries/war-cost/en/>.

EMR Context

- Globally “2 billion people” live in countries where development outcomes are affected by fragility, conflict, and violence”
- By 2030, nearly 50% of global poor will live in fragile and conflict-affected situations is projected to reach nearly 50%.
- 8 EMR countries with 10 graded emergencies
- 76 million people affected
- 30 million displaced population (for decades)

An action Framework



Quality and Safety in Extreme Adversity: scope of activities

1

- Draft QSEA action framework

2

- Experts consultations

3

- Field vetting/validation and piloting in countries

4

- Publications/NQPS supplement

5

- Compendium of tools & resources

6

- Technical support at field level: governments, NGOs

Results' themes stratified

Themes	Decision makers	Managers	Health Providers	NGOs
Major themes	Efficiency and people-centeredness	Efficiency	Effectiveness	Accessibility
QEA Definition	<ul style="list-style-type: none"> - Safety - Life saving - Evidence-base practice - Efficiency 	<ul style="list-style-type: none"> - Cost effectiveness of the services - Health records - Aiming at population's desired health outcomes 	<ul style="list-style-type: none"> - Sustainable protocols - Patient-centeredness - Following guidelines 	<ul style="list-style-type: none"> - Advocacy for applying quality - Best practice measures - Resources and communication
Challenges	<ul style="list-style-type: none"> - Developing evidence-base policies - Lack of the strategic thinking and planning 	<ul style="list-style-type: none"> - Lack of commitment, capacity and capabilities of policy makers to ensure quality and safety measures 	<ul style="list-style-type: none"> - Absence of quality protocols - Threatening the safety of health professionals - Destroyed infrastructure 	<ul style="list-style-type: none"> - Lack of coordination between different health-related sectors - Lack of policy makers' power to apply quality guidelines
Development tools	<ul style="list-style-type: none"> - Capacity building - Strategic planning 	<ul style="list-style-type: none"> - Restructuring of health facilities - Collaborations and communication strategies - Adapting guidelines and protocols 	<ul style="list-style-type: none"> - Establishing efficient work environment - Providing sufficient workforce to foster applying quality tools - Teams' safety considerations 	<ul style="list-style-type: none"> - Ensuring equality as a tool of quality of care - Giving channels for collaborations and open the space for contributions

Service Priorities

- Based on literature, interviews, experience, field technical reports

• Medical needs/clinical conditions

- Trauma and violence related injuries
- Non-Communicable Diseases
 - CVD, diabetes, cancer
- Infections; Community and HAI
- Respiratory diseases (Pneumonia, COPD)
- Infectious diseases (Malaria, TB, HIV)
- Malnutrition -children and infants
- Interpersonal violence/SGBV
- Palliative and end-of-life care

• Populations

- Women's health
 - reproductive, maternity/neonatal
- Children's health
 - Preventive and curative
- People with disabilities
- Elderly

Universal goals for quality

WHO NQPS handbook; WHO-WB-OECD Report (2018)

1. Assuring access and basic infrastructure

2. Shape the system environment

3. Reduce harm to patients/populations

4. Improve front-line clinical care

5. Engage/empower patients, families and communities

**“illustrative” Contextual Challenges:
Review of global literature**

Poor and eroding infrastructure

Barriers to procurement /maintenance of equipmt/technologies

Inadequate and mal-distributed resources of all types

Funding ---adequate and stable financing

Workforce –deficient skills/qualifications and demoralized

Harm to patients because unsafe or inappropriate care

Poor infection prevention and control in crisis situations

Personal safety and security for patients and workers

Breakdown of formal education/ prof development /training

Breakdown of primary care and referral networks

Attention/ adherence to existing standards of care inadequate

Lack understanding about quality concepts and methods

Lack of patient follow-up

Ensure access and basic infrastructure

Shape the system environment

Reduce harm to patients/populations

Improve front-line clinical care

Engage and empower patients, families and communities

Quality of Care Actions List

Goals	Action
Engage and empower patients, families and communities	<ul style="list-style-type: none">● Patient's rights, complaints , ombudsman programs● Formalized community engagement and empowerment● Patient and family education● Peer support and counseling● Patient experience of care measurement● Patient self-management tools

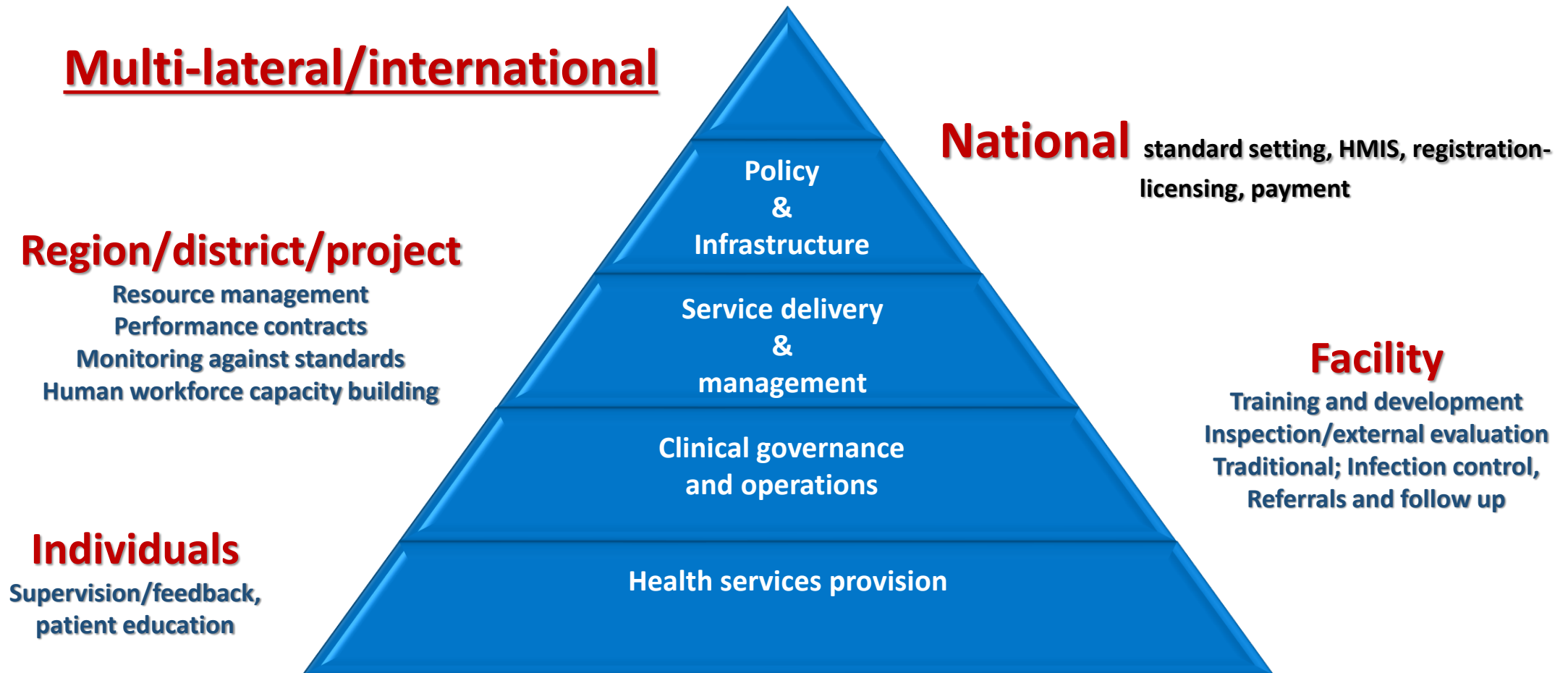
Goal	Action
Assure access and basic infrastructure	<ul style="list-style-type: none">● Assuring structural capacity and essential inputs<ul style="list-style-type: none">○ Facilities, WASH, power/electricity, human resources , lab etc● Negotiated terms for providing care to patients, including: security, safe transport and evacuation, use of facilities, infrastructure● Mobile surgical and medical teams and care units● Remote management of health projects● Assure safety and security; workforce, patients/families● Transfer of facilities to NGOs, etc. for continued operations● Special programs for unmet needs; ex. neonates in conflict● Health information systems for:<ul style="list-style-type: none">○ surveillance, patient records (portable/transmittable), M and E● Procurement and supply chain management

Goal	Action
Shape the system environment	<ul style="list-style-type: none">● Assessing basic system and facility readiness (ex. SAR)● Define package of basic health services● Workforce recruitment and retention● Assessment/verification of qualifications of workforce● External evaluation/accreditation● Accountability mechanisms for health care quality● Performance reporting/quality indicators/scorecard● Performance-based contracting/commissioning● Funding and financing methods context; cash transfers, user fees, PBF● Oversight of private sector provision of care

Goal	Action
<p>Reduce avoidable harm</p>	<ul style="list-style-type: none"> ● Ensure basic infrastructure power, water, sanitation, security, emergency transport ● Infection prevention and control ● External inspection against minimum standards and accreditation of humanitarian health providers <ul style="list-style-type: none"> ○ EMT verification by WHO ● Safety protocols and tools <ul style="list-style-type: none"> ○ Safety checklists; ex. surgery, safe childbirth, emergency readiness, patient friendly hospital, etc. ○ Medication Safety <ul style="list-style-type: none"> ▪ quality control, prescribing appropriateness, adherence) ● Adverse event reporting and risk management

Goal	Action
Improve front line clinical care	<ul style="list-style-type: none">● Improve access (7/24) mobile services and transport● Strengthen referral network● Clinical decision support tools (Ex. triage)● Standards and protocols w/ training and monitoring● Routine use of quality monitoring, ex. Clinical audit● Staff training and supportive supervision● Electronic/Digital tools and programs, Examples:<ul style="list-style-type: none">○ Patient digital medical records○ Telemedicine○ Diagnostic tools○ patient support/education using mobile phones

“Roadmap” –creating coordinated capacity for improvement at multiple levels



Expert consultation on Quality and Safety in EMR



Some essential quality-enhancing factors

- Quality and Safety **for** Extreme Adversity
- The role of **private sector** on providing health care
- **Accountability** of actions taken for tackling identified challenges
- The value of **community engagement** in providing an integrated people-centered health care
- The orientation regarding **Minimum Healthcare Services Platform (MSP)**
- **Preparedness** and in-advance reliable planning for emergencies

ACTORS	ACTIONS
Government	<ul style="list-style-type: none"> • Essential benefits package • Standard setting for clinical care • Contracting with NGOs for service delivery
Health Care Providers (NGO, government or private)	<ul style="list-style-type: none"> • Peer review-adherence to clinical standards/guidelines
Health Care Facilities	<ul style="list-style-type: none"> • Infection control • Adverse events/medical errors reporting (ex. Medication errors)
Civil Society Communities	<ul style="list-style-type: none"> • Monitoring performance and promoting transparency (ex. Community score cards) • Peer support workers
Patients and Families	<ul style="list-style-type: none"> • Use of available self-management tools
International (UN Agencies)	<ul style="list-style-type: none"> • Validation of capabilities/capacity • Negotiation/coordination with/of actors
Development Partners/Donors	<ul style="list-style-type: none"> • Standardization of basic accountability mechanisms

Patient Safety gaps

- Prioritizing “**saving lives**” as the ultimate goal of health care services in EA
- Adaptation of **guidelines and protocols**
- **Availability of resources**
- **Human-factor – Safety of health professionals**
- Issues of **gender inequality and discrimination**
- How to ensure **infection prevention and control in EA** (minimum standards for IPC)

Next steps

- Testing of the action framework for action in two priority countries in the Eastern Mediterranean region: Done in Libya and planned in Palestine (Dec 2019).
- Enrich the compendium of tools for Quality and Safety in Extreme adversity (ongoing)
- WHO training workshop for regional and country office staff to sensitize key health systems and health emergencies colleagues to the core concepts, tools, and approaches to address quality in extreme adversity
- The action framework to be submitted for endorsement by MSs in the next Regional Committee



Questions



References

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