Patient Empowerment in Safety: WHO Initiatives for 2011

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26 January 2011
WHO – PSQWG Country Collaborations

**High 5s Project**
- Collaborative hospital improvement (9 countries) project with:
  - UK
  - Netherlands
  - Germany
  - France
  - JA – Sharing Best Practice

**International Classification of PS**
- Ongoing collaboration on ontological mapping and conceptual framework with institutions in:
  - Spain
  - France
  - Belgium
  - JA Implementation and Measurement of Practice

**Other key activity areas**
- WHO Reporting and Learning Community of Practice – JA Measurement Work Package
- WHO Patient Safety Curriculum Project – JA Establishing Culture of Mutual Learning
- WHO Patient Safety Evaluation Programme (Evaluation Project Office at Johns Hopkins) – JA Evaluation
- WHO Global Communities in Research in Patient Safety; Safe Surgery; Infection Control – JA Dissemination

**Patients for Patient Safety**
- See subsequent
Developing tools to support patient/consumer health literacy

a WHO Europe project initiated through the Dutch partnership agreement
The aim of the project: developing tools to support patient/consumer health literacy

- To examine the links between
  - patient rights (policy oriented approaches) and
  - patient safety (improvement oriented approaches)

- To identify means in improving patient safety by enhancing patient empowerment and health literacy

- To start small: produce targeted guidance and applied tool supporting patient/consumer empowerment
The entry points: to patient safety, rights and health literacy
The conceptual model: on factors influencing patient participation in preventing errors

**HCW related factors**
- Accept new role
- Train in HCW-patient rel
- Support from institution
- Perceived lack of time
- HCW professional category
- Beliefs
- Demographic variables
- Type of problem

**Patient related factors**
- Accept new role
- Health literacy
- Legitimacy
- Relevance/stakes
- HCW professional category
- Beliefs
- Demographic variables
- Disease severity

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The expected outcome: promote change by building understanding, shaping expectations and reducing costs

- Safety as a shared responsibility, with the patient co-producer of health (proactive/active approach in the process of health promotion, protection and care)
  - Information on potential risks of various nature
  - Involvement in decision making/ choice
  - Patients trained to be vigilant/ knowledgeable for increased safety compliance
  - A potential alert checklist for patient safety information
The partnership:

• An initial expert group bringing together minds and experiences from FRA, ITA, NET, POL, UK, as well as European Patients forum and patient safety champions

• Supported through WHO HQ Patient safety work and dedicated WHOCC SWI (framework development and piloting)

• Close collaboration with the
  – EC Health Care & quality team
  – EC funded projects/initiatives such as HANDOVER, JAPS

On the longer term linked to patient and health care worker learning communities (GRLC)

1. Identify hazards
2. Analyze & Prioritize hazards
3. Mitigate risks
4. Evaluate Effectiveness of Risk reduction

Source: adapted from Pham JC, Gianci S, et al, Establishing a Global Community for Incident Reporting Systems, Qual Safe Health Care. (in press)
The next steps:

• Final agreement of revised conceptual framework and research methodology
• Test application to 3 selected technical areas of work
• Background research on potentially supportive legal mechanisms to promote patient empowerment and foster dialogue with the health care profession, as part of quality improvement strategies
• Flexible project re-evaluation/reshape following preliminary research results (to ensure fitness for purpose)
• For more information: vha@euro.who.int
Mother and Baby Safer Care Tool

(Mother and Baby mCheck)
The very beginning....

Success of the checklist
Concept of a patient held checklist

**Aim**: to increase safety during the high-risk postnatal period for mothers and babies by:

- Ensuring safe discharge from skilled care and
- Facilitating a mother’s decision to access skilled care in a timely and appropriate manner
NPSA led scoping exercise

Mothers and Babies…
Tool Development

Initial ‘listening exercise’

• **9 countries:** Mexico, Uganda, China, UK, Indonesia, Australia, Poland, Egypt and Argentina

• **Questionnaire:** Factors preventing parents seeking medical advice, Information currently given after birth, Wish list for additional information, Greatest worries

• **Response:** 49 individual structured responses, summary comments from Egypt and Argentina and a summary of 121 respondents from Indonesia

• **Conclusions:** dissatisfaction with level of information provided at point of discharge from skilled care, parents want more info about common danger signs, parents would feel comfortable to ask questions about mother or baby’s health if they knew what to ask
Tool Development

• A clear need and desire for a simple patient safety tool to help mothers identify common danger signs in themselves or their new baby in the early postnatal period
Tool Development

- Exercise 1 – The tool box
- Exercise 2 – Feedback on the revised draft of the tool
- Exercise 3 – Exploring feasibility of mHealth adjunct through simulation/role play
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- Exercise 2 – Feedback on the revised draft of the tool
- Exercise 3 – Exploring feasibility of mHealth adjunct through simulation/role play
- Ongoing – Developing set of partner countries and organizations
For more information

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• Web sites

■ www.who.int/patientsafety
■ ICPS
■ Reporting and Learning
■ Patient safety curriculum
■ High 5s
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