



**World Health
Organization**

Meeting Report

**Action on Patient Safety (High 5s) Planning Meeting
WHO Headquarters, Geneva, Switzerland
Joint Commission International, Ferney-Voltaire, France
29-30 September 2006**

Purpose of Meeting

1. To explore patient safety problems and solutions which could be addressed by participating countries
2. To achieve preliminary agreement on priority areas as part of this initiative;
3. To discuss and where possible formalize the commitment from each country to participate and confirm 'in-country' technical leads
4. To develop an action plan which will outline roles and responsibilities of technical leads 'in country' and the WHO Collaborating Centre
5. To agree a launch plan to coincide with The Commonwealth Fund meeting in November 2006.

The agenda for the meeting is included at Appendix One.

The participant list is included at Appendix Two.

The project brief is included at Appendix Three.

Focus of the Project

The goal of addressing and reducing five patient safety problems, monitoring progress, and sharing learning was identified as an important and significant challenge which could build on and complement patient safety initiatives underway in each country. This collaborative project will build on the foundation work of the WHO World Alliance for Patient Safety, the WHO Collaborating Centre for Patient Safety Solutions and work underway in participating countries.

Solutions should design out the potential for harm, provide standardization, create barriers to wrong actions, and facilitate the discovery of errors. In determining which five solutions to address in the project, several key criteria were identified as follows:

1. solutions have a clear focus on significant patient safety problems common to all participating countries;
2. solutions offer an opportunity to measure the size and nature of the particular patient safety problems and progress in addressing them;
3. solutions already exist;
4. solutions have the potential to provide high value and achieve high impact.

As a result of applying these criteria, the following solutions were proposed as the focus of the initiative:

1. Prevention of patient care hand-over errors
2. Prevention of wrong site / wrong procedure / wrong person surgical errors
3. Prevention of continuity of medication errors
4. Prevention of high concentration drug errors
5. Promotion of effective hand hygiene practices

Each solution discussed offers short-term and long-term opportunities for execution. Most long-term opportunities exist at the national policy or industry level, and most short-term mechanisms can be implemented at the individual health care facility level.

Infrastructure development for the implementation of future solutions is a long-term goal and benefit of the *Action on Patient Safety* project. Integration of this project initiative into existing national initiatives will be vital to its success.

Demonstration of innovative or “cutting edge” patient safety practices will appeal to and engage health care providers in participating countries. Over time, the initiative will leverage the knowledge gained by sharing lessons learned through establishment of a patient safety network.

While some of the proposed patient safety solutions are expected to have high impact in developed countries, other solutions were noted to be more relevant to developing or transitional countries. Over time, the project will encourage participating countries to use their established relationships with other nations—particularly developing and transitional countries—to transfer the knowledge necessary to facilitate the systematic implementation of patient safety solutions in these additional countries.

Upon commencement of the project launch and during solution implementation, trade and general press should be targeted to raise awareness of patient safety issues and engage the public.

Other Important Themes

A number of other issues were identified as important in supporting implementation of solutions, in particular the strength of the safety culture within an organisation. Implementing new techniques without also addressing an existing culture can undermine the effectiveness and sustainability of the new techniques. Purposeful attempts to change culture often fail, so patient safety tools can also be used as a catalyst for cultural change.

The importance of demonstrating the economic benefits of safer practices was also highlighted. In order to develop a strong business case for patient safety, the initiative will particularly focus on those solutions which could deliver the highest impact in developed countries for the lowest cost upon implementation.

Reporting proves more successful and accurate when voluntary versus mandatory.

Integration of patient safety competency development into professional education for health care providers was identified as an important long-term strategy to increase awareness of patient safety issues in the international community.

Combating medical error through patient safety initiatives differs from combating a communicable disease, because in the former effort, the enemy lies within the system.

Project Plan

The group developed and reached consensus on the project plan, which includes:

- the identification of solutions,
- a public pledge by participating countries,
- nomination of a lead technical agency in each country to coordinate solution implementation and monitor progress,
- engagement of stakeholders at the country level, engagement of health care facilities,
- establishment of an international network of knowledge sharing, reporting on progress at annual Commonwealth Fund meetings,
- provision of supportive resources at the country level, and;
- eventual knowledge transfer to developing and transitional countries.

A full description of the project plan appears in the Provisional Project Brief (Appendix Three).

Appendix One: Agenda

Action on Patient Safety (High 5s) Planning Meeting

Friday 29 September and Saturday 30 September 2006

WHO Headquarters, Geneva, Switzerland (Friday)

Joint Commission International, Ferney-Voltaire, France (Saturday)

Friday, 29 September 2006

1000 – 1015 Welcome, introductions and overview of the purpose of the meeting.

Setting the Scene

1015 – 1030 The WHO agenda for patient safety– Sir Liam Donaldson and Pauline Philip, World Alliance for Patient Safety

1030 – 1045 Introduction to High 5s – Preliminary Scoping – Pauline Philip and Martin Fletcher, World Alliance for Patient Safety

1045 – 1100 Work Underway on International Solutions: Agreed Priorities, Methods and Current Status of Work – Dr Dennis O’Leary and Ms Karen Timmons, WHO Collaborating Centre on Patient Safety

1100 –1115 Discussion

1115 –1130 Morning Coffee

Country Perspectives

1130 –1300 Brief 10 –15 minute presentations from each country addressing:

1. What are the main patient safety problems you are addressing in your country?
2. What are the main patient safety solutions you are working on in your country?
3. What is the match between the problems you have identified and international solutions work underway through the WHO Collaborating Centre? Do you have new solutions which could be made available internationally as part of the work of the Collaborating Centre?
4. How can the High 5s initiative best add value to patient safety work underway in your country?

1300 –1400 Lunch

1400 –1430 Feedback and discussion on preliminary mapping of priority areas and country interests – Secretariat

What can we learn about implementation of solutions from the experience of others?

- 1430 – 1440 100,000 lives: lessons from the USA campaign – Joe McCann, Institute of Healthcare Improvement, USA
- 1440 –1500 The WHO Experience with Polio - David Heymann, Representative of the Director-General for Polio Eradication
- 1500 – 1530 Discussion – What are the design elements of the High 5s we must get right for success?
- 1530 –1600 Afternoon Coffee

How should we design High 5s to make this relevant in your country?

- 1600 – 1730 Purpose – Who and what is the initiative for?
Goals – Short term and long term
Expectations of countries – What are we asking?
Scope – What problems? What solutions?
What tools and resources are needed?
What coordination is needed within countries and internationally?
Measurement and evaluation – What is success?
- 1730 Summary of Day One and Close
- Evening: Informal dinner

Saturday, 30 September 2006

- 0900 –0915 Recap of Day One

Making it Real

- 0915 – 0930 A proposed action plan for moving forward – Secretariat (based on day one discussions)
- 0930 –1100 Discussion
- 1100 –1130 Morning Coffee

Securing Commitment

- 1130 – 1230 Overview and discussion of proposed launch at The Commonwealth Fund and statement of commitment
- 1230 –1300 Summary of meeting and agreed next steps
- 1300 Meeting close

Appendix Two: Participant List

Chairman	Sir Liam Donaldson Chair World Alliance for Patient Safety The Department of Health Department of Health Richmond House 79 Whitehall London SW1A 2NS United Kingdom
Australia (on behalf of Dr Diana Horvath)	Ms Cath Patterson Minister-Counsellor (Health) Australian Permanent Mission to the United Nations at Geneva
Canada (on behalf of Dr Philip Hassen)	Ms Carolyn Hoffman Director of Operations (ON to BC) Canadian Patient Safety Institute Suite 1414, 10235 – 101 Street Edmonton, Alberta T5J 3G1
Germany	Dr Günther Jonitz Président de la chambre des médecins à Berlin Friedrichstraße 16 D-10969 Berlin
The Netherlands	Dr S. Cule Cucic Dutch Institute for Healthcare Improvement – CBO
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Appendix Three: Provisional Project Brief

Action on Patient Safety (High 5s)

Overview

The provision of safe care continues to present daunting challenges around the world. To address this problem, an “Action on Patient Safety” (High 5s) initiative—supported by the Commonwealth Fund and sponsored by the World Health Organization’s (WHO) World Alliance for Patient Safety—is proposed. This initiative seeks to leverage the implementation of five standardized patient safety solutions that would have broad impacts in preventing avoidable catastrophic adverse events (death or serious injury) in hospitals.

The initiative will build on the established partnership and collaboration built by the Commonwealth Fund with Australia, Canada, New Zealand, the United Kingdom and the United States and the more recent expansion of its international program to include Germany and the Netherlands. The initiative will advance the efforts of the WHO World Alliance to transform and improve the safety of health care around the world. The project will be coordinated by the newly-designated WHO Collaborating Centre for Patient Safety, which is led by the Joint Commission on Accreditation of Healthcare Organizations and Joint Commission International.

Objective

To achieve significant, sustained, and measurable reduction in the occurrence of 5 patient safety problems over 5 years in at least 7 countries and build an international, collaborative learning network that fosters the sharing of knowledge and experience in implementing innovative, standardized, safety operating protocols.

Project Plan

At its meeting on 29 and 30 September 2006, representatives and technical experts from each of the seven countries, WHO and the WHO Collaborating Centre on Patient Safety discussed the overall architecture of the initiative as outlined below.

Phase One – Launch and Development of Standardized Protocols (11/06 – 7/07)

The following 5 solution areas have been selected as the focus of the High 5s initiative. These are derived from the international priorities for solutions development which form the basis for the work of the Collaborating Centre:

- Prevention of patient care hand-over errors
- Prevention of wrong site / wrong procedure / wrong person surgical errors
- Prevention of continuity of medication errors
- Prevention of high concentration drug errors
- Promotion of effective hand hygiene practices

A patient safety solution is defined as any system design or intervention that has demonstrated the ability to prevent or mitigate patient harm stemming from the processes of health care. The intent of this project is to work with the participating countries to further refine these patient safety solutions through the development of standardized operating protocols drawing in part upon the practices of other high reliability industries such as aviation and nuclear energy.

The solutions presented will be evidence-based and will describe in simple terms how to address the risks associated with a particular safety problem. An individual solution will summarize the problem, the strength of evidence that supports the solution, potential barriers to adoption, potential unintended consequences created by the solution, patient and family roles in the solution, and references and other resources. The standardized operating protocols for each solution will provide specific guidance for implementation of the solutions in countries participating in the High 5s initiative.

Launch and Project Initiation (November 2006)

The project will be launched in Washington, D.C. at the November 2006 Commonwealth Fund International Symposium on Health Care Policy, which will bring together Health Ministers and senior government officials of the seven countries. A short formal announcement about the High 5s initiative will be made at the formal dinner on Wednesday 1st November by Sir Liam Donaldson and Dr Dennis O'Leary.

Phase Two – Learning (8/07 -12/09)

Each country will identify a technical lead agency which will lead and coordinate the High 5s initiative at a country level. This agency will in turn enroll approximately ten hospitals per country in this project. These organizations will comprise a learning laboratory, and each will select up to five patient safety solutions from among those identified for inclusion in the High 5s project. Participating hospitals will be given high visibility and recognition within their respective countries for their acceptance of this challenge and for their leadership in standardizing patient care practices.

The technical lead agency within each country will coordinate and support the implementation of patient safety solutions at participating hospitals, and monitor progress of the impacts of the solution(s). The impacts will be measured using a package of tools that will include Patient Safety Indicators, root cause analyses of indicator events and other adverse events, cultural assessments, and economic impact indices. These measures and tools will initially be developed by the WHO Collaborating Centre and then be further shared and agreed upon by the technical lead agencies prior to their application in participating hospitals. Each lead agency will collect data from participating hospitals within each country and submit this data in aggregate to the Collaborating Centre for analysis and tracking.

During implementation, adaptations of the standardized operating protocols will be permitted on an individual hospital or country-specific basis, but any such modifications will need to be communicated to the Collaborating Centre. Where appropriate, the Collaborating Centre may then undertake further modifications to the standardized operating protocols and disseminate these to the participating countries. The learning

process and results will be shared by the Collaborating Centre with all participants through a dedicated project website that is specifically designed to disseminate and exchange knowledge and innovative tools to support effective solution implementation.

Progress will be reported annually at the November Commonwealth Fund meeting of participating countries.

Phase Three: Evaluation and Spread (2010-2011)

Over time, the project will encourage participating countries to use their established relationships with other nations—particularly developing and transitional countries—to transfer the knowledge necessary to facilitate the systematic implementation of patient safety solutions in these additional countries.

Project Coordination and Resources

The Collaborating Centre will serve as the overall project coordinator and provide appropriate support to the technical lead agencies in the participating countries. In so doing, the Collaborating Centre will draft the initial patient safety solutions and standardized operating protocols, propose the tools for assessing project impact, prepare annual project reports, develop and operate the learning website.

The technical lead agencies will serve as coordinators for participating hospitals within each country and provide feedback on the standardized operating protocols, and impact assessment tools. It is expected that any required resources will be provided at a country level.

Additional funding to support the enrichment of this initiative may also be sought from both the public and private sectors through an agreed resource mobilization strategy.