

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.