

Summary report on the

# Regional meeting on patient safety and health care quality in Eastern Mediterranean Region: from assessment to improvement

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Tunis, Tunisia  
14–16 June 2015



**World Health  
Organization**

Regional Office for the Eastern Mediterranean

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## **1. Introduction**

The regional meeting on patient safety and health care quality in the Eastern Mediterranean Region: from assessment to improvement was held from 14 to 16 June 2015 in Tunis, Tunisia. It was organized by the World Health Organization (WHO) Regional Office for the Eastern Mediterranean in collaboration with the Ministry of Health of Tunisia. It was attended by health care representatives from 19 Member States, including national patient safety focal points, and by international, national and regional experts on accreditation, quality and patient safety in health care, representatives from civil society and WHO staff from headquarters and the Regional Office.

The main objectives of the meeting were to:

- Update participants on the current situation and progress made in the area of healthcare quality and patient safety across the Region;
- Stimulate uptake of the Patient Safety Friendly Hospital Initiative with the introduction of the patient safety toolkit;
- Collect feedback on a newly developed framework for quality assessment and improvement in primary health care facilities; and
- Secure country commitment towards taking quality improvement work forward and establish a road map for future activity.

The meeting was opened by Dr Sameen Siddiqi, Director Health System Development WHO Regional Office for the Eastern Mediterranean, who delivered a message from Dr Ala Alwan, Regional Director for the Eastern Mediterranean. In his message, the Regional Director noted that the meeting was an opportunity for WHO and countries to come together to share information and successful experiences. He referred to regional commitments to strengthening health systems as a strategic priority and to ensuring universal health

coverage and emphasized the need for the further development of accountable, credible and sustainable health care systems. Dr Rafla Tej, Director of Primary Care, Ministry of Health of Tunisia, welcomed the participants on behalf the Minister of Health of Tunisia. She highlighted the importance of quality improvement in health care as a cross-cutting issue in all programmes and at primary, secondary and tertiary care levels. She noted that WHO had led many initiatives to improve safety and quality and there was now a need to customize these to individual country-specific requirements. There was also a need for sharing lessons learnt across different stakeholders and for ensuring sustainability of interventions.

## **2. Summary of discussions**

There is great diversity across the Region in terms of investment and expenditure on health care, access to health care services, and quality of care. These differences among countries imply a need for tailoring strategic directions to the individual needs in quality and safety of health care services accordingly. Opportunities identified for improvement included the need for greater political commitment to improving health care quality and safety, addressing information gaps by developing tools to assess outcomes and measure progress, increasing patient involvement and community empowerment, and strengthening existing quality and safety programmes (such as the patient safety friendly hospital initiative, the primary health care quality initiative, and health care accreditation initiatives).

Discussions underscored that current systems of service provision are fatally flawed. New models are needed that enable greater access to care and more effective healthcare reforms. These will need to be more patient-centred, focused on preventive and primary care, and

aligned with the needs of the substantial proportion of populations now living with long-term noncommunicable diseases.

Developing a quality strategy and roadmap should be the focus of local efforts with the overall aim of achieving universal health coverage globally. A strong underlying vision with quality as a core component will be central to achieving this.

Necessary culture change can be an important barrier to health care quality improvement initiatives, while appropriate financing and resources can stimulate quality improvement. Political commitment and private and public sector collaboration are essential prerequisites for driving local quality improvement initiatives. This will also need to involve developing overall regulatory mechanisms including the accreditation of professionals, and development of incentives and sanctions. There is significant potential to draw on existing international experiences, although some adaptation will be needed for the Region.

Progress is being made in terms of implementing the patient safety friendly hospital initiative across the Region. For example, the initiative became part of a systematic programme that ensures mandatory compliance with 20 critical standards in hospitals across the Islamic Republic of Iran. Palestine has introduced the initiative in all public hospitals. It is also now implemented in four private hospitals in Qatar supported by the Supreme Council of Health. Moreover, Afghanistan is currently planning the implementation of a patient safety programme based on the initiative in three pilot hospitals in Kabul.

In order to promote further roll-out of the initiative, participants stressed the need for sustained commitment of the local ministries of health. Local leadership was seen as crucial to achieving good results as, due to the variety of countries in the Region, there was a concern that it is difficult to have common guidelines for all countries. However, it was also felt that there are some national clinical guidelines that could be similar across countries (e.g. hand hygiene, injection safety, waste management, patient involvement).

A lack of engagement of senior medical staff was also identified as a barrier for implementation. For example, in the Islamic Republic of Iran there is a lack of incentives for physicians and they do not feel ownership of the quality improvement processes.

All agreed that learning from each other and from existing initiatives is extremely important. It was reiterated that patient safety has to become a political priority and the WHO can help to achieve better political buy-in. What is now needed is to appropriate the local projects as mainstream and as a requirement, so progress can be achieved at scale and to ensure sustainability.

The patient safety toolkit represents a package that includes practical guidance on the recommended steps that field teams could follow for the implementation of a patient safety programme at the operational level. It also covers generic and specific patient safety tools that local teams could refer to address patient safety priorities. The toolkit is a hands-on instrument for improving patient safety, aimed at health care facilities and health authorities in the development and implementation of patient safety programmes. The toolkit was positively received from the participants and it is expected that it will



be very useful across countries. It would be good if countries would set up events at national levels to promote its use.

The WHO Patients for Patient Safety Programme provides a platform for patient involvement in health care by facilitating and fostering collaboration between patients, families, communities, health care providers and policy-makers. The panel discussion allowed representatives from local patient advocacy associations to discuss experiences and exchange ideas on the ongoing challenges associated with the implementation of patient empowerment initiatives. Pakistan, Egypt, Qatar, and Morocco gave examples of their existing patient engagement efforts. Panel members stated that successful initiatives require passion, active listening skills, education and training for health care professionals (including students and societies), awareness creating campaigns, and active partnerships with patients. Awareness arising of patient engagement initiatives amongst healthcare providers was viewed as an important activity.

Two different approaches to patient engagement initiatives were discussed, including those led by governments and those initiated by civil society. There were some concerns that patient engagement was too far removed from issues surrounding patient safety, and all agreed that patient care should ultimately be in the realm of the professional.

Most agreed that patients need to be informed and actively be involved in their care. Health system responsiveness is an important part of this and deserves more attention in the Region. The session concluded with the presentation of a recommended roadmap for promoting the initiative and practical advice for identifying patient safety champions. Suggested steps include: getting long term political commitment, identifying a leader to move the initiative forward,

finding a manager to get things done, knowing one's ability/capacity and asking for if needed, knowing one's target group of people able to move things forward, and not waiting with setting the agenda for the first meeting.

The group work included deliberations surrounding the roll-out of patient safety initiatives in the Region. It allowed participants from different countries to draw a comprehensive picture surrounding the priorities and gaps as well as the necessary actions to support and sustain patient safety interventions.

Health care associated infections and injection safety were seen as priority areas relevant across countries and the discussion underscored the importance of reinforcing prevention and control measures. Some practical guidance on how to reinforce preventive measures at the operational level was presented using a multimodal strategy involving managers and front-line practitioners. Ideally, these should work together to implement interventions that suit their own setting. In addition participants were provided with an overview of the new WHO policy and strategies to reduce the unsafe therapeutic use of injections.

Participants discussed how patient safety improvement can be characterized by collaborative efforts across countries. Partnerships for Patient Safety is a WHO patient safety programme concerned with building sustainable hospital to hospital patient safety partnerships. The programme acts as a channel for patient safety improvements that can spread across countries, uniting patient safety efforts. Illustrative examples were discussed, such as the WHO African Partnerships for Patient Safety where sustainable, tangible improvement in patient safety and service delivery have been noted across all partnerships

with an emphasis on structures and processes. Another example is the partnership between King's College Hospital London and Shifa Hospital Gaza for the support for the development of trauma care services in Gaza, with a particular focus on the newly established limb reconstruction service.

After a review of global experiences with quality and accreditation programmes in primary care, participants were reminded about the definitions surrounding the regulatory mechanisms for quality and safety, as well as underlying principles and rationale for the implementation of accreditation programmes at the national level. Regional experiences with the implementation of the accreditation and quality improvement were reported by participants from the Islamic Republic of Iran, Jordan, Saudi Arabia and Qatar.

The Regional Office has launched an initiative that aims to develop a quality measurement tool of core quality indicators and standards in primary care. The indicators are intended to improve service provision and help countries move towards universal health coverage. A total of 35 indicators were selected through a combination of literature reviews, expert opinions, a Delphi study, pilot tests in several primary care facilities and feedback from quality and primary care focal points in the Region. A minimum data set was developed for each indicator to facilitate measurement at the operational level. The developed tool will enable primary health care field teams to perform a self-assessment that identifies gaps, sets priority actions and improves the quality of primary care facilities. It could also be used for monitoring and reporting on the quality of the delivered services, as well as for benchmarking among similar facilities.

This meeting was an additional opportunity to collect feedback from the quality and primary care focal points before implementation of the tool at the operational level. It was agreed that the tool will initially be implemented in a sample of 10 primary health care facilities in the Islamic Republic of Iran, Morocco, Oman, and Tunisia, and five facilities run by the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA). A group work session invited feedback on the validity, importance and feasibility of the proposed indicators. Participants were also encouraged to recommend any additional indicators to be included in the list. This exercise resulted in a finalized list of core indicators.

The meeting concluded by highlighting that the role of regional patient safety and quality of care initiatives is to support and complement rather than to replace country-level initiatives.

### **3. Recommendations**

#### *To ministries of health*

1. Nominate a quality and safety focal point at the Ministry of Health to coordinate the relevant initiatives.
2. Identify 2–3 hospitals as demonstration pilot sites for the implementation of the patient safety friendly hospital initiative.
3. Undertake baseline assessment of patient safety at the selected hospitals as starting point using WHO patient safety assessment manual.
4. Organize workshops on quality and safety and engage staff at national and subnational level.
5. Develop a 12-month action plan for improving quality and safety and incorporate into the collaborative work plan for 2016–17.

6. Prepare a progress report including challenges, achievements and way forward to institutionalize quality and safety and present it to the regional event within next 12 months.

*To WHO*

7. Advocate with Ministers of Health to support patient safety and quality improvement initiatives. This should also involve nominating quality and safety focal points in the ministries of health and selecting hospitals/primary care facilities to implement initiatives.
8. Maintain the network of quality and safety experts from within and outside the Region.
9. Disseminate tools and instruments to promote quality and safety developed by WHO and provide regular updates to the focal points on recent patient safety developments.
10. Finalize the primary health care quality improvement framework including a core list of indicators, metadata and user guide.
11. Develop or adapt instruments for patient engagement and involve patient safety champions.
12. Engage regularly with countries through focal points in order to develop action plans.
13. Organize regional consultations on the principles and practice of health care accreditation at the macro (policy) level and on enhanced patient engagement.



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