Meeting Report

FOURTH HOSPITAL QUALITY AND PATIENT SAFETY MANAGEMENT COURSE

21–25 March 2017

Saitama, Japan

World Health Organization
Western Pacific Region

WORLD HEALTH ORGANIZATION

REGIONAL OFFICE FOR THE WESTERN PACIFIC

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MEETING REPORT

FOURTH HOSPITAL QUALITY AND PATIENT SAFETY MANAGEMENT COURSE

Convened by:

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NOTE

The views expressed in this report are those of the participants of the Fourth Hospital Quality and Patient Safety Management Course and do not necessarily reflect the policies of the conveners.

This report has been prepared by the World Health Organization Regional Office for the Western Pacific for Member States in the Region and for those who participated in the Fourth Hospital Quality and Patient Safety Management Course in Saitama, Japan from 21 to 25 March 2017.

CONTENTS

Keywords

Patient safety / Hospital-standards / Health services/ Hospital administration

SUMMARY

Hospitals are health-care institutions that deliver complex health care and services. Member States have recognized the importance of improving safe and effective hospital service delivery and several have incorporated good quality and patient safety practices into their national plans and hospital policies. However, more needs to be done to help build capacity for hospital quality and patient safety management.

To further strengthen the capacity of senior hospital managers in the Western Pacific Region, the World Health Organization (WHO) Regional Office for the Western Pacific organized the Fourth Hospital Quality and Patient Safety Management Course from 21 to 25 March 2017 in Saitama, Japan, in collaboration with the National Institute of Public Health (NIPH) and the National Center for Global Health and Medicine (NCGM), with funding support from the Ministry of Health, Labour and Welfare, Japan, through Japan's voluntary contribution. The training course was attended by 15 participants, respectively from Cambodia (4), the Lao People's Democratic Republic (3), Mongolia (4) and Viet Nam (4).[1]

Employing participatory methods to encourage interaction between participants, the course covered a range of topics including people-centred care; engaging individuals and families in service design and delivery; adverse events/patient safety incident reporting and learning systems; preventing and controlling infections; patient registration and patient information system; medication safety; and measuring safety and quality, with reference to WHO's joint work with the Organisation for Economic Co-operation and Development (OECD) on hospital performance indicators. Site visits to four hospitals (Kitasato University Hospital, St. Luke's International Hospital, Shinkatsushika Hospital and NCGM) enabled participants to learn both the "what" and the "how" of quality and patient safety practices in hospitals.

Taking advantage of the opportunity presented by the course, the WHO Interregional Meeting on Hospital Management took place on 24–25 March to discuss various initiatives to strengthen hospital management in different regions. Two joint sessions were arranged to encourage interactions among the participants of the two meetings. The course participants appreciated the opportunity to learn about initiatives relating to hospital management training from the staff of WHO headquarters as well as from the Regional Offices for Africa and the Eastern Mediterranean.

[1] The previous three courses were conducted in 2014, 2015 and 2016. The first course was attended by 13 participants from five countries (three each from Cambodia, Fiji, the Lao People's Democratic Republic and Mongolia and one from Viet Nam), the second by 13 participants from four countries (three each from Cambodia, Fiji, the Lao People's Democratic Republic and Mongolia and one from the WHO country office in Mongolia), and the third by 16 participants from four countries (four each from Cambodia, the Lao People's Democratic Republic, Mongolia and Viet Nam).

1. INTRODUCTION

1.1 Meeting organization

The Fourth Hospital Quality and Patient Safety Management Course was attended by 15 participants, respectively from Cambodia (4), the Lao People's Democratic Republic (3), Mongolia (4) and Viet Nam (4). Participants were country senior hospital managers, at the level of director or chief executive medical/nursing officer, working on hospital quality and patient safety issues. See Annex 1 for the list of participants.

The course was conducted over 4.5 days, comprising presentations by representative from the World Health Organization (WHO) and the National Institute of Public Health (NIPH), temporary advisors and key resource persons, to introduce key concepts and ideas for discussion and participatory activities such as group discussions and presentations, experience sharing, group work, learning simulations and field visits to four hospitals in Japan. The field visits to local hospitals were intended to provide the participants with opportunities to learn how the concepts introduced are implemented in service delivery in practice. See Annex 2 for the programme of activities.

Key concepts covered include:

- Equity in access to health services – leaving no one behind
- Patient safety and quality improvement practices
- Development of people-centred health services
- Leadership and governance in hospital management
- Patient safety in traditional, complementary and alternative medicine (field visit to Kitasato University Oriental Medicine Research Center)
- Healthcare accreditation (field visit to St. Luke's International Hospital)
- Patient, family and community engagement (field visit to Shinkatsushika Hospital)
- Strengthening systems and services for patient safety and risk management (field visit to the National Center for Global Health and Medicine (NCGM)
- Hospital management for improving patient safety and health care quality.

1.2 Meeting objectives

The objectives of the course were to:

1) apply concepts and tools to improve and monitor quality of hospital care and patient safety;
2) learn how to engage individuals, families and communities in health service design and delivery to improve quality and health outcomes; and
3) develop an action plan for improving quality of care, patient safety and people-centred care in their hospital.

2. PROCEEDINGS

2.1 Day 1: Improving hospital safety and quality for equity in access to health services – leaving no one behind

Welcome

The course was formally opened by Dr Kazuya Shimmura, President of the NIPH, and Mr Hiroyuki Yamaya, Director of the Office of International Cooperation, Ministry of Health, Labour and Welfare, Japan. Ms Nittita Prasopa-Plaizier, Technical Officer, WHO Regional Office for the Western Pacific, read the opening remarks of Dr Shin Young-soo, WHO Regional Director for the Western Pacific (see Annex 3). Dr Tomofumi Sone, Vice President of the NIPH, and senior staff of the NIPH and the National Center for Global Health and Medicine (NCGM) added their welcomes.

Equity in access to health services – leaving no one behind

The concepts of equity and quality were introduced within discussions on universal health coverage (UHC) and the Sustainable Development Goals (SDGs). The WHO Regional Office for the Western Pacific framework *Universal Health Coverage: Moving Towards Better Health* and the *Regional Action Agenda on Achieving the Sustainable Development Goals in the Western Pacific*[2] were presented as overarching references and guidance for countries to accelerate progress towards UHC and SDG implementation. The UHC action framework identifies five interrelated attributes of a high-performing health system: quality, efficiency, equity, accountability, and sustainability and resilience. The Regional Office video on UHC was shown to illustrate the concepts of equity and quality. Achieving UHC requires reorienting health services and reducing barriers to access so as to reach all population subgroups, leaving no one behind.

Patient safety and health-care quality

Patient safety is defined as "the avoidance, prevention and amelioration of adverse outcomes or injuries stemming from the process of healthcare" (Charles Vincent, 2006)[3]. Globally, about one in ten admitted patients experiences an adverse event or patient safety incident. The concept, principles and some examples of patient safety were discussed and further explained by the "basketball" video quiz. Participants were asked to count the number of times the ball was thrown between players. The answers varied greatly. Many did not notice the "gorilla" (i.e. an actor in a gorilla suit) that walked among the players while the ball was being passed around. An analogy to patient safety is that, in focusing on specific tasks, health-care providers sometimes overlook tasks deemed to be external to their main tasks, thus missing signs of risks or opportunities to prevent adverse events. It is therefore important that health-care professionals listen to other team members as well as patients and families as they may be one of the few who notice the "gorilla" (i.e. unexpected risks).

Hospital patient safety and quality management are critical for achieving quality, a key attribute in the regional UHC action framework. Safety and quality have implications for how people access health services. When services are delivered in ways that respond to people's needs and that recognize their personal and cultural values and preferences, people are more likely to seek services and feel empowered to engage and provide feedback. Hospital management is an avenue to improve safety and quality by increasing accountability in organizational governance, as well as leadership, capacity and

[2] Universal Health Coverage: Moving Towards Better Health Action Framework for the Western Pacific Region http://iris.wpro.who.int/bitstream/handle/10665.1/13371/9789290617563_eng.pdf

[3] Charles Vincent. Patient Safety: second edition (2010). Wiley-Blackwell

competencies of health-care providers, and patient and community engagement for health-literate and collaborative patients and communities.

People-centred health services

The regional UHC action framework characterizes a high-performing health-care system by its five interrelated attributes: quality, efficiency, equity, accountability, and sustainability and resilience. The policy framework of the WHO Regional Office for the Western Pacific (2007)[4] articulates the concept of people-centred health care, highlighting the need to engage and empower individuals, families and communities and strengthen the capacity of health-care providers, organizations and systems.

In 2015 and 2016, the Regional Office convened policy round-table discussions respectively on service delivery and people-centred health services. The discussions encompassed patient safety, quality, health-care financing and regulations. They focused on the transformation of governance and redesigns of service delivery models that rebalance the role of health-care providers, policy-makers and individuals/communities as well as on ensuring robust governance mechanisms to enable integrated, people-centred policy and planning.

Dr Clive Tan shared Singapore's journey towards UHC and how the Government had used a people-centred health-care approach to address health sector challenges such as a rapidly ageing population, a rise in noncommunicable diseases (NCDs), fragmented, curative-focused services, etc. The reoriented health-care system focuses on empowering people to promote health and well-being, strengthening primary and community-based services, and optimizing resources by improving the quality of care.

In the discussions that followed, participants commented that Singapore's journey towards people-centred health services, though impressive, could be difficult to replicate in their countries. Family doctors are key health providers for people-centred integrated care in Singapore; several participants shared that their countries lack family medicine subspecialists. Even with sufficient clinical capacity, it may be challenging to improve service quality as hospitals are overcrowded and health-care providers lack sufficient time for quality improvement activities. In addition, providers' salaries are too low to maintain their motivation to achieve good-quality services.

Ageing and health

Rapid population ageing has important implications for service delivery. Globally, older people are more likely to have NCDs or chronic conditions, resulting in increased need for health services. Integrated services that emphasize health promotion and preventive health can engage and motivate people to stay active and practise healthy lifestyles.

A simulation session on being an older person was organized for participants to experience age-related declines in their body functions, such as difficulties in seeing, hearing or moving around. Participants performed activities of daily living using specialized equipment such as vision goggles, knee splints, and weighted vests and experienced how their bodies coped with these restraints. Participants then shared their emotional reactions, which ranged from feeling "uncomfortable" to "unhealthy" to "scared". The key message was to think about "people-centred" services for aged people. Putting themselves in older people's shoes could encourage them to develop appropriate health services.

[4] People-centred health care: a policy framework. Manila: Regional Office for the Western Pacific; 2007 (http://www.wpro.who.int/health_services/people_at_the_centre_of_care/documents/ENG-PCIPolicyFramework.pdf; accessed 24 August 2017).

Patient, family and community engagement

Engaged and empowered individuals and communities are key to improving patient safety, health care quality and people-centred health services. Patients who have high levels of health literacy feel empowered to play an active role in their own health and self-care, provide feedback about health care, and share experiences for systems improvement and organizational learning. Empowered and collaborative communities play a key role as peer supports and resources for patients and families. Patients for Patient Safety (PFPS)[5], a global network of patient advocates, illustrated how the patients' voices can contribute to the development of patient safety and people-centred health services and policies globally and nationally.

Sharing of country experiences

Participants worked in groups to discuss health-care issues and challenges in their respective countries. Each group then presented their results for discussion. Below is a summary of the issues raised.

Resources:

- Financial resources: to varying degrees, both urban/district hospitals are underfunded
- Lack of basic infrastructure and equipment: hospital rooms/beds, laboratory equipment, diagnostic or therapeutic equipment, e.g., CT scan machines, autoclaves, endoscopic machines, etc., especially in district hospitals and rural health centres.

Capacity:

- Shortages of health-care providers (e.g. doctors, nurses and other allied health professionals)
- Weak knowledge and skills among health-care providers for accurate diagnosis and effective treatment, and low awareness about professional ethical conduct/practices
- Frequent changes of leadership.

Systems:

- Lack of guidance on hospital quality and patient safety management, standardized clinical guidelines, and responsibility to conduct root cause analysis
- Insufficient information systems, weak Internet connection, weak information technology systems
- Insufficient health education for the public
- Weak regulation of the private sector, including private pharmacies
- Weak primary care, weak referral systems.

Services:

- Patient safety issues: adverse events/patient safety incidents
- Quality: diagnostic errors, no triaging process, incorrect recording of patient information, staff do not perform as per their job descriptions, availability of medicines without prescriptions from pharmacies, etc.
- Low access to services, challenges in implementing UHC: low health insurance coverage, concentration of patients in big hospitals, resulting in inequities in access
- Availability: district hospitals do not have the full set of services
- Inadequate services for displaced populations
- Insufficient communication/cooperation among staff and between staff and patients
- Passive patients/low health literacy.

[5] http://www.who.int/patientsafety/patients_for_patient/en/

Potential improvement strategies:

- Improve the quality of services: shorten patient waiting time and length of stay in hospital, simplify processes from registration until payment
- Develop or implement quality and patient safety guidelines
- Improve medication safety: ensure clear instructions are given to patients, i.e. doctors' prescriptions that can be understood by patients; follow the five rights (right patient, right medication, right dose, right time, right route)
- Upgrade hospital policy, nursing care and service quality
- Conduct training for hospital managers, empower health-care providers, improve cooperation between health-care providers and communities
- Manage excessive workloads: manage patient expectations.

2.2 Day 2: Traditional medicine & quality improvement

Traditional medicine, patient safety, people-centred and integrated services

The site visit to Kitasato University Oriental Medicine Research Center provided participants with opportunities to learn about patient safety and patient safety reporting, as well as traditional medicine. The director of the centre provided an overview of the hospital's services and *Kampo* medicines. The hospital pharmacists made presentations on patient safety issues and challenges related to *Kampo* medicines, including combined use of *Kampo* and allopathic medicines, delays in detecting side-effects, information sharing of side-effects, and patient safety reporting. Thereafter, participants took a guided tour of the hospital (including the hospital pharmacy and museum).

The presentations were informative and generated active discussions. Key take-home messages included:

- Quality control: Japan imports herbal medicines from many countries. To ensure quality of components and raw ingredients, herbal medicines need to meet the requirements set by the the Ministry of Health, Labour and Welfare (MHLW).
- Prevention of prescription errors: Only qualified doctors can prescribe herbal medicines; medicines are dispensed in transparent sachets to enable double-checking of the contents.
- Patient-centred treatment: Patients receive detailed consultations about their treatment and can choose between traditional and modern medicines. Patients also receive information about self-care as they sometimes need to decoct herbs themselves.
- Reporting system: The hospital implements a reporting system for patient safety incidents related to traditional medicines. Key factors contributing to the prevention of patient safety incidents include the sharing of information about and early detection of patient safety incidents and side-effects.
- Quality management and integration: Participants recognized the importance of quality management of services and medicines (e.g. storage of drugs) as well as the integration of traditional medicines into modern systems of service delivery.

Health-care accreditation, measures and indicators, and patient safety

The visit to St. Luke's International Hospital continued the learning from Japanese good practices in patient safety and quality improvement. It included a guided tour of the hospital and presentations by the hospital's Vice President (who is also Director of the Quality Improvement Center) and the Patient Safety Manager. The hospital tour included observation of infection prevention and control systems

and practices, such as 24-hour monitoring of hand-washing practice in wards through video cameras and a patient library/learning centre for improving the health literacy of patients and families.

Patient safety and quality improvement are part of hospital management with the Quality Improvement Center, a body especially created to coordinate improvement activities. The Quality Improvement Committee leads hospital-wide implementation of quality and safety. It meets monthly to ensure that the hospital's performance meets accreditation standards. The hospital has developed quality indicators, building on and adapting internationally verified indicators to assess hospital performance in three categories: 1) hospital administration, 2) clinical effectiveness, and 3) patient safety. To demonstrate transparency and accountability, the hospital makes annual reports on quality improvement accessible to the public and the results of quality monitoring accessible to staff. The presentations were well received by the participants and generated robust discussion.

Key success factors:

- Systems approach: Patient safety and quality are enshrined in core principles of hospital management and implemented systematically.
- Clear process: Clear goals and purposes articulate what the quality indicators will measure and why.
- Strong leadership commitment: The Quality Improvement Committee is chaired by the hospital's President.
- Resources: Resources are allocated and a structure/mechanism exists to support implementation.
- Clinical practices: The hospital develops and implements clinical practices. Each department selects and defines clinical practice guidelines to be used and selects at least one indicator for assessment. The indicators are selected by frontline staff, not management

Key discussion points:

- Resources and motivation of health-care providers are key. In low- and middle-income countries, although hospital staff may have knowledge about quality and patient safety, implementation is hampered by weak motivation. A safety and quality culture has not yet been developed. Collection of needed data is difficult, as hospital staff do not report patient safety incidents, due to a punitive rather than a positive continuous quality improvement culture.
- Many participants were inspired by the quality improvement and patient safety performance and experiences at St. Luke's. However, they noted that many practices involved modern technology and infrastructure not available in their countries.
- A key take-home message was the importance of quality improvement indicators and patient safety culture.

2.3 Day 3: Hospital leadership and governance & patient, family and community engagement

Leadership and governance; patient, family and community engagement

The morning session involved facilitated discussions and group work for participants to reflect on the previous days' activities, especially the site visits to hospitals. Several concepts, including leadership, hospital management, hospital governance, hospital accreditation and effective teamwork, were discussed. Below is a summary of topics covered in the discussion.

- Planning and prioritization: what is important and knowing the resources.
- Accountability: what it means to different people.
- Orientation for new staff: basic package of information that staff must know; a refresher briefing can be helpful for existing staff.

The discussion identified attitudes, knowledge and skills of hospital managers and leaders as shown in Table 1.

Table 1. Characteristics of health-care leaders and managers

Attribute	Leaders	Managers
Attitude	• Think big, have vision • Respectful care • Equal treatment of all staff, transparency and mutual respect	• Supportive hospital culture, safety culture • Constructive incentives and motivation • Objectivity and transparency • Consideration of people, community and staff needs and values • Being adaptable and open to change
Knowledge	• Understand resources – financial and human resource • Brainstorming and ideation • Know disaster preparedness and business continuity plan	• Hospital vision and mission, organization structure • Relevant rules, regulations • Quality and safety frameworks and tools • Health services planning, evaluation and research • Staff of hospital • Key resources: staff, stakeholders, partners
Skills	• Ability to communicate vision, and inspire and motivate others • Decision-making: ability to delegate, assign responsibility and accountability • Prioritization, setting goals and standards • Listening: engage and build trust in team and community • Establish and facilitate hospital management network • Consensus building, advocacy • Change management • Leading quality improvement as part of hospital management	• Ability to create and navigate supportive work environment • Management - time, service planning, financial planning, project management, work prioritization, decision-making • Teamwork • Multidisciplinary and team work • Lead a quality management project • Setting goals and standards • Listening to and engaging people, patients, communities, staff

Patient safety; patient, family and community engagement

The afternoon involved a visit to Shinkatsushika Hospital, to learn how patient safety and quality improvement initiatives can be embedded into hospital systems and processes. The hospital's service delivery concept is "…to contribute to society by providing friendly services that have no lies". The hospital's policy includes "[e]stablishment of mutual understanding and trust with patients, based on patient safety and communication".

Ms Ikuko Toyoda presented an overview of the hospital's patient safety programme. Ms Toyoda works with communities and has played an important role to bring the voice of patients to health care. She told an inspiring story of her journey as a patient advocate. After losing her son in 2003 due to a patient safety incident, she embarked on an advocacy campaign to raise awareness about patient

safety and called for the establishment of an agency to investigate patient safety incidents. She later became a staff member of the hospital supported by the strong leadership of the hospital director and is now its patient safety manager.

The hospital prioritizes patient safety and engagement with patients, families and the community. The medical safety committee meets once a month. The patient support system includes workshops with families who experience patient safety incidents. Despite staff shortages, safety management activities are maintained.

Participants took a guided tour of three areas of hospital, followed by an interactive discussion with hospital staff from different departments on the numerous good patient safety and people-centred practices of the hospital.

Key success factors for improving patient safety and quality of services:

- Priority: The Patient Safety Management Office has a core function in the hospital with allocated resources, a clear mandate and line of reporting.
- Communication: The Patient Safety Management Office communicates with and provides information to patients and the public, which helps alleviate clinicians' workloads and helps patients navigate services and liaise with clinicians. It also serves as a neutral body to capture staff concerns and convey them to the hospital management.
- Staff competency: Examples include the dialysis ward with licensed clinical engineer technicians and a drug-dispensing room with qualified pharmacists.
- Environment: Physically clean with effective infection prevention and control measures as well as user-friendly room arrangements (e.g., the Patient Support Office House).
- Teamwork: The Patient Support Office House is used for staff orientation and training with staff assigned to work in teams. The team-based orientation has helped to strengthen staff relations and teamwork.
- Logistics: Inventory of medicines includes special labelling of high-alert drugs in storage.

2.4 Day 4: Patient safety & hospital management training

Patient safety, quality improvement, patient safety incident reporting

The whole-day visit to the NCGM started with presentations by Dr Yukio Hiroi, Vice Director, and by NCGM staff on the improvement of safety management in the centre. Dr Hiroi asked participants to look beyond the cutting-edge technology and focus on the underlying concepts (what problems are being addressed) and functions (what is being measured). Participants took a guided tour of the hospital to observe facilities and practices in the hospital reception area, out-patient department (OPD), a laboratory, the medical imaging unit and the pharmacy. In the early afternoon, participants conducted a role-play demonstration of a patient safety incident in a ward and an interactive discussion afterward. The case study was a near-miss incident involving aspirin.

Thereafter, participants reflected in a plenary discussion on what they had learnt. Key learning points included:

Key observations from guided tour:

- Reception: patient identification, reception by type of hospital visits
- OPD: prevention of miss-identification of patient, risk assessment and preventive measures for patient falls

- Laboratory: measures to prevent loss and misidentification of blood samples, tools for quality control, quality indicators (waiting time for blood tests, percentage of successful blood draws with one stick)
- Radiology: patient identification by time-out of a multidisciplinary team, prevention of patient falls according to risks, manuals of standardized measures and procedures
- Pharmacy: drug shelf management and quadruple check system – 1) auto-check of doctor's order by electronic ordering system; 2) check of doctor's order in pharmacy department, 3) check at dispense, and 4) final check at packaging.

Reflections on role play in case study of a near-miss incident involving aspirin:

- Engaging patients in their own treatment can help prevent patient safety incidents.
- Doctors should tell nurses when changing prescriptions and update patient prescriptions on the medical records immediately.
- Communication is important to ensure sharing of patient information among the care team.
- The importance of TeamSTEPPS™ tools (evidence-based team training) - patients or nurses ask doctors if they have questions, nurses can point out any abnormality, doctors show appreciation when potential mistakes are pointed out, by using "CUS" words (Concern, Uncomfortable, Safety issue).
- Staff receive a "thank you" when sharing experiences of near-miss or adverse events. This encourages them to report patient safety incidents.
- Debriefing helps with information sharing and preventing future errors. It is another tool suggested in TeamSTEPPS™.
- A role-play demonstration/simulation is an effective training modality.
- Participants noted that many of these concepts and practices were new to them and that they would introduce them upon returning to their countries.

Taking advantage of the opportunity presented by the course, the WHO Interregional Meeting on Hospital Management took place on 24–25 March in the same venue as the training course. The meeting discussed various initiatives to strengthen hospital management in different regions.

Joint sessions were arranged to encourage interaction among the participants of the two meetings. In the afternoon session, the course participants were joined by experts from WHO headquarters and the WHO Regional Offices for the Eastern Mediterranean and Africa, who shared their experiences about hospital management training in other WHO regions. For the WHO Regional Office for the Western Pacific, Dr Clive Tan gave information about the hospital management training workshop, conducted by WHO in Fiji in 2015, for 18 senior hospital leaders and managers from Fiji, Kiribati, Samoa, Solomon Islands, Tonga and Vanuatu.

The participants appreciated the opportunity to learn about initiatives relating to hospital management training in other countries as well as in other regions .

2.5 Day 5: Teamwork and action planning & conclusion

Teamwork and action planning

In this interactive session, participants engaged in discussions and worked in groups. The first part of the session focused on evidence-based team training ("team chain"). In the second part, participants developed work plans of activities they would implement upon return to their countries (see Table 2). Key messages included:

Teamwork:

- Leadership should maximize each member's strengths and put the right person in the right job.
- Role delineation is important for each team member to learn and improve, connect with each other, and decide roles.
- Debriefing is important, as is planning before starting.
- Resource utilization: Efficient use of resources is key.
- Monitoring leadership, includes monitoring each other's role and the state of activities are important.
- Mutual support: The team chain strength is determined by its weakest part.
- Communication: All above activities require effective communication.

Table 2. Action plans by country

Country	**Action plan**
Cambodia	Improve capacity and quality of health-care providers: • Improve teamwork • Conduct training four times per year • Share information • Develop good leaders. Share with colleagues and directors the experience and lessons from this training workshop: • Train nurses in OPD • Communicate, especially with doctors and pharmacists; promote discussions. • Train young/junior doctors in particular • Identify gaps in patient engagement, such as by observation, through patient feedback, i.e. encourage staff to ask for patients' opinions.
Lao People's Democratic Republic	At Setthathirath Hospital • Allocate budgets for safety management. • Conduct training: o 3 months: introduction, hospital management o 6 months: evaluation o 1 year: training of staff, learn from Thailand. At Mittaphab Hospital: • First, identify needs and problems, then measure using indicators to evaluate progress • Evaluate neurosurgery by monitoring.

Country	Action plan
Mongolia	Short term • Translate lecture materials and presentation from this training course. • Organize lunchtime seminars (meetings) for hospital directors and quality managers in the capital city • Organize training of trainers • Develop a questionnaire for assessment; conduct an assessment to pool hospitals • Review the orientation package for new staff. Long term • Develop programmes on patient safety • Reorganize pharmacy department in two hospitals • Renew and establish OPD in two medical safety hospitals • Renew patient safety incidence recording system.
Viet Nam	Adverse event reporting system: • Collaborate with the quality management board • Conduct a workshop • Leaders should encourage people to report adverse events because people are afraid of repercussions of reporting • Share information between facilities. Patient safety: • Patient identification • Conduct observational survey and perform cross-/uniformed check (every 3 months) • Hand hygiene: regular check, training, focus on priority facilities first • Surgical checklist: assessment every 3–6 months • Communication: focus on team; rules for between duty shifts.

The Fourth Hospital Quality and Patient Safety Management Course 2017 was closed with the participants receiving acknowledgement certificates from the Vice President of NIPH.

3. CONCLUSIONS AND RECOMMENDATIONS

3.1 Conclusions

The course helped strengthen participants' capacity in hospital patient safety and quality management as well as collaboration between the WHO Regional Office for the Western Pacific and WHO collaborating centres and partners in the Region. Participatory methods, field visits and interaction with WHO focal points taking part in the Interregional Meeting strengthened participants' learning outcomes. The course provided a forum to share experiences; exchange ideas; learn about hospital management, patient safety and health-care quality; and develop plans of actions. Future challenges include ensuring effective implementation of the plans that participants developed at the end of the course.

Key issues emerging in countries include increasing staff workloads, poor service quality and safety, weak links with primary health care, difficulty in reaching disadvantaged groups, as well as weak awareness and capacity among service providers and managers. Several action plans presented focused on strategic approaches such as raising awareness, training staff, engaging colleagues and stakeholders in projects and activities, and contributing to national policy dialogue.

Participants supported the idea of developing a network of participants of the training course to continue the sharing of information and experiences, indicating that support from WHO would be helpful.

3.2 Recommendations

3.2.1 Recommendations for Member States

1) Member States are encouraged to enable the course participants to implement their action plans for hospital patient safety and quality management at the hospital level.

2) Member States are encouraged to facilitate the course participants' involvement in national level committees and initiatives in hospital quality, patient safety and people-centred care.

3) Member States are encouraged to collect, collate and share case studies of good practices in hospital management, patient safety and quality improvement practices.

4) Member States are encouraged to support the creation of a national hospital patient safety and quality management network.

3.2.2 Recommendations for WHO

1) WHO is requested to support Member States in strengthening health leaders' capacity by continuing capacity development training and in creating a positive organizational culture for sustainable changes in quality and patient safety practices and people-centred health services.

2) WHO is requested to facilitate the collection and dissemination of regional experiences and implementation of good practices for quality and safety improvement and people-centred and integrated care at the system level.

3) WHO is requested to support the monitoring and evaluation of the impact of hospital patient safety and quality management courses on implementation at the hospital level.

ANNEXES

ANNEX 1. List of participants, temporary advisers, observers, Secretariat and resource persons

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ANNEX 2. Programme of activities

Time	Activities	Facilitators
Day 0: 20 March 2017		
	Secretariat Meeting [NIPH meeting room or Toyoko-Inn]	
Day 1: 21 March 2017		
0830-0900	Registration	
0900-0920	Welcome and Opening Remarks - Dr Kazuya Shimmura, President, National Institute of Public Health, Japan - Mr Hiroyuki Yamaya, Director, Office of International Cooperation, Ministry of Health, Labour and Welfare, Japan - Ms Nittita Prasopa-Plaizier, Technical Officer, Education and Capacity Development, Integrated Service Delivery, Division of Health Systems, World Health Organization Regional Office for the Western Pacific	Dr Kenichiro Taneda
0920-0930	Group Photo	
0930-0945	Introductions	Dr Kenichiro Taneda
0945-1030	Session 1: - Introduction and Overview of WHO/WPRO strategies/activities on Hospital Management and Patient Safety	Ms Nittita Prasopa-Plaizier Dr Clive Tan Dr Kenichiro Taneda Dr Shinichiro Noda
1030-1100	Tea Break	
1100-1230	Session 2: Re-designing health services to be more people-centred - How does that lead to improved health outcomes? The key takeaways from Sep 2016's WPRO Roundtable on People-Centred Integrated Health Services - Engaging communities	Ms Nittita Prasopa-Plaizier Dr Clive Tan
1230-1330	Lunch	
1330-1400	Briefing on facility visits, program and learning objectives	Dr Kenichiro Taneda Dr Shinichiro Noda
1400-1500	Session 3: Re-designing health services to be more people-centred (continued.) - The vulnerable population in the aging society: to understand high-risk patients - the Elderly simulation	Ms Nittita Prasopa-Plaizier Dr Clive Tan Dr Kenichiro Taneda Dr Shinichiro Noda
1500-1530	Tea Break	
1530-1700	Session 4: Sharing country experiences - By member states (Cambodia, Mongolia, Viet Nam, Lao PDR) - Group-work on learning objectives and needs assessment for each hospital	Ms Nittita Prasopa-Plaizier Dr Clive Tan Dr Kenichiro Taneda Dr Shinichiro Noda
Evening	Dinner Reception Remarks by NIPH President and Vice President	

Day 2. 22 March 2017		
0815-0930	Travel to - Kitasato University Oriental Medicine Research Center by bus	
0930-1200	Session 5a: Patient safety - as an example in Traditional Medicine	Kitasato staff and Dr Kenichiro Taneda
1200-1300	Lunch at Kitasato University	
1300-1400	Travel to St. Luke's International Hospital by bus	
1400-1700	Session 5b: Leadership and governance in Hospital Management - How to monitor and measure safety and quality - How to prevent and control hospital infections - Hospital Accreditation	Dr Yasuhiro Komatsu and St. Luke's International Hospital staff Dr Kenichiro Taneda
Day 3. 23 March 2017		
0900-1145	Reflections on the previous day and discussions on the related topics - Hospital accreditation - Patient Safety Curriculum Guide: Topic 4 "Being an effective team player" - Others	Ms Nittita Prasopa-Plaizier Dr Clive Tan Dr Kenichiro Taneda Dr Shinichiro Noda
1145-1215	Lunch	
1215-1330	Travel to Shinkatsushika Hospital	
1330-1600	Session 6: - Engagement with individuals in hospital management - Efficiency as an example of a small-capacity hospital	Shinkatsushika Hospital staff Ms Nittita Prasopa-Plaizier Dr Clive Tan Dr Kenichiro Taneda Dr Shinichiro Noda
1600-1630	Debriefing of visit to Shinkatsushika Hospital	Ms Nittita Prasopa-Plaizier Dr Clive Tan Dr Kenichiro Taneda
Day 4. 24 March 2017 (At NCGM)		
0900-0940	Session 7a: Welcome, briefing/orientation and presentations at NCGM - Mr Mitsuaki KAMATA, Director General, Bureau of International Health Cooperation - Dr Yukio HIROI, Vice Director of hospital and chief of Medical Safety and Risk Management Department - Dr Shinsuke MURAI, Medical Officer, Bureau of International Health Cooperation	NCGM Dr Shinsuke MURAI
0940-0950	Tea Break	
0950-1200	Session 7b: Facility visits: Reception, OPD, Laboratory, X-ray	NCGM
1200-1300	Lunch	
1300-1430	Session 7c: - Role play in case study of a near-miss incident - Reflection on the role play	NCGM
1430-1500	Tea Break	
1500-1630	Session 8: Joint session with the inter-regional meeting participants. Presentations by: - Dr Ann-Lise J.M. Guisset (WHO/HQ) - Dr Niño Dayanghirang (WHO/AFRO) - Dr Hamid Ravaghi (WHO/EMRO) - Dr Clive Tan (represented WHO/WPRO)	NCGM Ms Nittita Prasopa-Plaizier Dr Kenichiro Taneda Dr Shinichiro Noda
1630-1800	Reception with the participants in the inter-regional meeting	

Day 5. 25 March 2017		
0830-1000	Session 9a: Roundtable discussions on strategies for Hospital Management to improve quality and patient safety in each member states	Ms Nittita Prasopa-Plaizier Dr Clive Tan Dr Kenichiro Taneda Dr Shinichiro Noda
1000-1030	Tea Break	
1030-1150	Session 9b: Sharing by participants on action plans and priorities (preferably with target timelines)	Dr Kenichiro Taneda Dr Clive Tan
1150-1200	Session 10: Summary and Conclusions	Ms Nittita Prasopa-Plaizier
1200-1230	Closing	Dr Tomofumi Sone

ANNEX 3.

Opening remarks of Dr Shin Young-soo, WHO Regional Director for the Western Pacific

Dr Kazuya Shimmura, president of the National Institute of Public Health, Japan;

Mr Hiroyuki Yamaya, representative from Japan's Ministry of Health, Labour and Welfare;

Participants of the fourth Hospital Quality and Patient Safety Management Course, representatives of WHO collaborating centres, invited experts and colleagues;

Ladies and gentlemen:

1. First, I would like to extend a very warm welcome to you all – participants, facilitators and organizers – to the fourth Hospital Quality and Patient Safety Management Course. Dr Shin Young-soo, WHO Regional Director for the Western Pacific, regrets not being able to join us due to prior commitments. He has asked me to convey his regards and deliver these words.

2. This training course acknowledges the importance of improving quality, safety and effectiveness of hospital services for achieving universal health coverage (UHC). Training opportunities for senior hospital leaders are limited in several countries. The previous three courses helped strengthen leadership and technical capacity for hospital quality and patient safety management and also created an informal network of change agents among the countries you represent.

3. Preventable adverse events pose a heavy burden to patients, their families and communities at large. They also affect the morale and security of health workers and increase costs to the health-care system. We have heard about the increased incidence of violence toward health care providers. Patient safety incidents, such as medication and blood transfusion errors, wrong-site surgeries and health-care-associated infections, are caused by unsafe practices, which in turn are underpinned by poor management practices and system failure.

4. We know that most patient safety issues are preventable. Success depends on good organization governance, competent management and skilled health-care professionals, and a whole-of-system approach. In 2015, at the Sixty-sixth session of the Regional Committee, Member States endorsed the regional framework, *Universal Health Coverage: Moving Towards Better Health*. This framework recognizes quality as one among five core health system attributes that need to be strengthened to accelerate UHC progress. It suggests practical actions that can guide progress towards better quality and patient safety.

5. I am pleased that this year's course has been re-designed to be more interactive and learner-centred. We will try to maximize your participation in identifying your challenges and developing solutions that are practical and suitable for your contexts. To optimize your learning and networking opportunities, I hope you will immerse yourself in the course and participate fully in all the activities, including group work, site visits to hospitals and social events.

6. We have expanded the set of facilitators to include experts from the National Institute of Public Health, the National Centre for Global Medicine, and other institutions within Japan as well as from Singapore. Additionally, staff from WHO headquarters and other WHO regions, who are focal points for hospital management, are joining to share their perspectives and expertise.

7. Engaging and empowering individuals, families and communities as active partners in health is essential in achieving quality and people-centred UHC. As hospital managers, you are increasingly expected to integrate patient, family and community engagement into hospital

service delivery. This year's course also includes sessions on engaging individuals, families and communities.

8. Time is also allocated to field visits. You will visit hospitals to observe quality and patient safety initiatives first-hand, talk to managers of these programmes, and learn not just the "what", but also the "how".

9. I recall my years as a hospital administrator and understand very well the challenges you face. Making changes to the system is difficult—and changing behaviour is equally, if not more, difficult. We face complex challenges. While advanced treatment modalities, new medicines and medical technologies enhance service delivery, they also increase costs. The rapid pace of population ageing, the rise of noncommunicable diseases and emerging diseases and infections further challenge our resource-limited health-care systems.

10. We need innovation – to do things differently – to improve effectiveness, efficiency, quality and patient safety in our hospitals by improving the management of systems and processes and strengthening the capacity of our health workforce.

11. In conclusion, I would like to, once again, thank the National Institute of Public Health for their continued partnership in co-organizing this course. I would also like to acknowledge the important contributions of the National Centre for Global Health and Medicine and St Luke's University, which are also WHO collaborating centres. I thank also WHO colleagues from headquarters and WHO regions for sharing your knowledge and experiences.

12. Finally, a special word to the participants: thank you for your active participation. I wish you a successful learning journey, and I look forward to your continued commitment to improving quality and patient safety in your country. As always, WHO stands ready to collaborate with Member States to help achieve universal health coverage, and good health and well-being for all.

13. Thank you.

Fourth Hospital Quality and Patient Safety Management Course
21–25 March 2017
Saitama, Japan

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