MEETING REPORT

ACCELERATING HEALTH-CARE QUALITY AND SAFETY IMPROVEMENT IN TRANSITIONAL ECONOMY MEMBER STATES

COLLABORATIVE WORKSHOP 1

Convened by:

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC

Melbourne, Australia
12–14 September 2018

Not for sale

Printed and distributed by:

World Health Organization
Regional Office for the Western Pacific
Manila, Philippines

November 2018
NOTE

The views expressed in this report are those of the participants of the Accelerating Health-Care Quality and Safety Improvement in Transitional Economy Member States – Collaborative Workshop 1 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 Accelerating Health-Care Quality and Safety Improvement in Transitional Economy Member States – Collaborative Workshop 1 in Melbourne, Australia from 12 to 14 September 2018.
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KEYWORDS:
Delivery of health care – standards / Universal coverage / Regional health planning
SUMMARY

The World Health Organization (WHO) Regional Office for the Western Pacific supports Member States to improve the quality, safety and patient-centredness of health services, through policy dialogue, technical support, training workshops, and convening Member States to share experiences and learn from each other and from experts.

The Regional Office is now implementing a regional initiative to support transitional economy Member States to improve health-care quality and safety to attain universal health coverage (UHC). This multi-country problem-solving approach builds on previous regional and country-level support but highlights the possibility of a systems approach to secure links between policy and implementation, as well as strengthen institutional arrangements for quality and safety.

Accelerating Health-Care Quality and Safety Improvement in Transitional Economy Member States – Collaborative Workshop 1 was held in Melbourne, Australia, from 12 to 14 September 2018. It is the first of three planned collaborative workshops as part of activities in implementing the regional initiative on securing national systems for quality and safety. Participants were 19 senior government officials and hospital managers with responsibilities relating to hospital quality and patient safety from Cambodia, China, the Lao People’s Democratic Republic, Mongolia and Viet Nam. The workshop built upon the participants’ knowledge and practical skills to identify, adapt and apply practices for quality and safety improvement in their countries and encouraged them to develop a PDSA (plan-do-study-act) plan for improving quality and safety to be implemented for the next six months.

The key aims for further actions identified by countries are as follows:

<table>
<thead>
<tr>
<th>Country</th>
<th>Aim statement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cambodia</td>
<td>To improve infection prevention and control (IPC) and medical waste disposal in primary health care facilities</td>
</tr>
<tr>
<td>China</td>
<td>To standardize the measurement process (standard operating procedure) for patient assessment and to reduce incident rate of venous thromboembolism (VTE) in hospitals</td>
</tr>
<tr>
<td>Lao People’s Democratic Republic</td>
<td>To collect and analyse baseline data of health-care quality and patient safety in five provinces using national indicators of 5 goods and 1 satisfaction</td>
</tr>
<tr>
<td>Mongolia</td>
<td>To have a set of quality and safety standards</td>
</tr>
<tr>
<td>Viet Nam</td>
<td>To increase by 20% the quality and safety capacities at two central hospitals</td>
</tr>
</tbody>
</table>

The workshop consisted of interactive sessions facilitated by experts during which participants developed plans for their PDSA cycle to remain closely engaged in further activities, including implementing the planned rapid field tests in their countries and participating in the second and third collaborative workshops.
1. INTRODUCTION

1.1 Background

Quality is core to universal health coverage (UHC) and a key attribute on which health systems need to improve their performance. Improving service quality and safety is part of national health plans, strategies and policies and has been a stated priority for transitional economy Member States. However, efforts have been fragmented and uncoordinated, as many countries lack a system building approach as well as an institutional culture of continuous quality improvement.

The WHO Regional Office for the Western Pacific is implementing a regional initiative to support transitional economy Member States to improve health-care quality and safety to attain UHC. The initiative is based on a multidisciplinary science-of-improvement approach comprising capacity-building, innovation, rapid cycle field testing and spread.

Accelerating Health-Care Quality and Safety Improvement in Transitional Economy Member States – Collaborative Workshop 1 was held in Melbourne, Australia, from 12 to 14 September 2018. This workshop is the first of three planned collaborative workshops, which are convened as part of activities in implementing the regional initiative on securing national systems for quality and safety. A total of 19 participants attended: four each from Cambodia, China, the Lao People’s Democratic Republic and Mongolia and three from Viet Nam. They included health professionals working at different levels of health care, including policy-makers, hospital executives/directors, and national experts on information, measurement and reporting related to quality and safety.

1.2 Meeting objectives

The collaborative workshop brought together participants who have been part of the regional initiatives to improve service quality and patient safety over the past five years. Prior to the workshop, they completed a stocktake of health-care quality and safety in their respective countries.

The objectives of this workshop were:

1) to discuss the results of the collaborative situational assessments of current quality and safety improving efforts in countries;

2) to co-develop innovative solutions to improve quality and safety based on country priorities for subsequent rapid cycle field testing; and

3) to agree on next steps in field testing the identified solutions and needed technical support.

2. PROCEEDINGS

The workshop commenced with Ms Uhjin Kim, Technical Officer, Integrated Service Delivery delivering opening remarks on behalf of Dr Shin Young-soo, WHO Regional Director for the Western Pacific. She also presented the agenda and objectives of the collaborative workshop and encouraged participants to actively engage in the discussion.

2.1 Quality and safety for universal health coverage

In the first session, Dr Vivian Lin, Temporary Adviser, provided an overview of the quality and safety issues with regard to UHC. She started by defining UHC and quality so that participants have a clear
understanding about the agenda. She addressed the quality component and its current dynamics in Member States.

Following the presentation, Ms Uhjin Kim also shared pre-assessment results of the country situational analysis. The common challenges faced by the five participating countries were identified by system and facility level, respectively.

**At system level: governance, regulation, financial levers, and monitoring and reporting**

- All countries have quality and safety units and departments. However, clear governance and accountability mechanisms need to be established across all levels of service delivery.
- Most countries have national minimum standards for health-care facilities and an accreditation or external quality assurance system for hospitals.
- Only a few have capacity for health technology assessment (HTA) for informed decision-making on designing benefits packages and implementing strategic purchasing.
- Some countries have quality and safety indicators, but regular collection and monitoring is lacking.
- Most do not have a public reporting system for accountability and transparency. Although reporting of adverse events, adverse drug reactions and medication errors is required, this rarely occurs.

**At facility level: care environment, clinical governance, respectful care and care coordination**

- Facility infrastructure varies across sectors, locations and levels.
- Most countries do not have pre-service training focusing on quality improvement and patient safety, though they offer continuous medical education.
- Shared decision-making by health-care providers, patients and their families need to be further encouraged.
- Most countries do not have a system to regularly review pathways and individual patient journeys to understand where flow is impaired.

Dr Shams Syed, Coordinator of the Quality Systems and Resilience Unit at WHO headquarters, presented the WHO national quality policy and strategy (NQPS) and an overview of the NQPS initiative. He introduced how quality has been stressed as core to UHC and WHO actions for delivering quality health services. The NQPS initiative was developed to raise awareness, knowledge and skills in low- and middle-income countries, addressing eight elements: 1) national health priorities, 2) local definition of quality, 3) stakeholder mapping and engagement, 4) situational analysis, 5) governance and organizational structure, 6) improvement methods and interventions, 7) health management information and data systems, and 8) quality indicators and core measures.

Dr Abha Mehndiratta, Director of the Institute for Healthcare Improvement (IHI) in India, gave a presentation on quality improvement collaboratives. She stressed the importance of collaboration based on the Breakthrough Series Collaborative learning system process, which encompasses six key elements: 1) topic selection, 2) faculty recruitment, 3) enrolment of participating organizations and teams, 4) learning sessions, 5) action periods and 6) model for improvement. Examples of improvement in various of health-care issues include the National Primary Care Collaborative in the United Kingdom of Great Britain and Northern Ireland and reducing waiting times in primary care clinics in the United States of America. Participants were able to learn how the system is used through good examples of implementation in various contexts of health care.
Finally, Ms Margaret Banks from the Australian Commission on Safety and Quality in Health Care (ACSQHC) shared Australia’s experience in quality and safety, particularly measurement, standardization and clinical governance. She showed indicators for monitoring quality and safety at a national level as well as the aims of measurement. She also emphasized the importance of variation controls in health care and standardized practices to provide appropriate care.

2.2 WHO session at International Forum on Quality and Safety in Healthcare: Securing national systems for quality and safety in transitional economies in the Western Pacific

WHO facilitated a session at the International Forum on Quality and Safety in Healthcare, which is jointly organized by IHI and the British Medical Journal (BMJ). At the session titled “Securing national systems for quality and safety in transitional economies in the Western Pacific”, each representative presented results of their presituational assessment in quality and safety in their own country. Using spider diagrams to visualize the strengths and challenges at system and facility levels, each country illustrated the current issues in its health system and service delivery.

Cambodia’s standards and guidelines related to clinical care and respectful care for patient are well implemented in general. However, communication challenges exist between providers and with patients. At the system level, governance and regulation are well organized, whereas the systems for financing, reporting and monitoring require more strengthening.

China has established systems for health-care quality and safety at both the system and institutional levels. However, a corresponding payment system for health-care services is still under development.

The Lao People’s Democratic Republic has identified ensuring quality and safety as a priority, but key challenges persist. At the facility level, infection prevention and control (IPC), clinical practice guidelines and safety checklists were some key interventions identified to strengthen quality. At the system level, the financing mechanism and regular monitoring of patient experience need to be further strengthened.

Mongolia has concrete regulation and governance mechanism for quality and safety. Laws and action plans are in place; in addition, the quality division of the Ministry of Health is responsible for monitoring and improvement nationwide. However, it is difficult to adopt performance-based financing under the current health insurance scheme, and the hospital accreditation system requires strengthening.

Viet Nam’s national plans and regulatory system to ensure quality and safety have been well established. However, the country faces several implementation challenges, including disaster management plans and adverse event reporting. The reporting and monitoring system and care coordination need further strengthening.

2.3 Situation analysis

The second day started with a session for diagnosing the health-care system and service delivery flow related to quality and safety. Participants were given three case scenarios regarding outbreak, mass drug administration and referral. They were asked to demonstrate how the countries currently respond using Lego blocks and to describe the situation based on the failure mode and effects analysis (FMEA) approach. The following table summarizes the five countries’ FMEA.
Table 1. Summary of FMEA by country

<table>
<thead>
<tr>
<th>Cambodia</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Failure mode</strong></td>
<td>A person with hypertension does not get treatment/assessment at local health clinic</td>
</tr>
<tr>
<td><strong>Failure effect</strong></td>
<td>• Person may not have needs met</td>
</tr>
<tr>
<td></td>
<td>• Person may seek help from wrong health-care provider</td>
</tr>
<tr>
<td></td>
<td>• Person may buy medicine at private pharmacy</td>
</tr>
<tr>
<td><strong>Failure cause</strong></td>
<td>• Lack of transportation</td>
</tr>
<tr>
<td></td>
<td>• Lack of staff</td>
</tr>
<tr>
<td></td>
<td>• Staff do not have right skills</td>
</tr>
<tr>
<td></td>
<td>• Clinics may not have diagnostic equipment</td>
</tr>
<tr>
<td><strong>Current process control</strong></td>
<td>• Clinics provide some means of transportation</td>
</tr>
<tr>
<td></td>
<td>• Nurses trained to recognize hypertension on the job</td>
</tr>
<tr>
<td></td>
<td>• Clinical guidelines are in place</td>
</tr>
<tr>
<td><strong>Recommended actions</strong></td>
<td>• Improve training of midwives and nurses</td>
</tr>
<tr>
<td></td>
<td>• Increase equipment availability at clinics</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>China</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Failure mode</strong></td>
<td>Failure to treat diabetes</td>
</tr>
<tr>
<td><strong>Failure effect</strong></td>
<td>• Lack of capacity of health workers</td>
</tr>
<tr>
<td></td>
<td>• Delayed treatment</td>
</tr>
<tr>
<td><strong>Failure cause</strong></td>
<td>• Human factors: medical staff and patient</td>
</tr>
<tr>
<td></td>
<td>• Lack of transportation</td>
</tr>
<tr>
<td></td>
<td>• Lack of equipment</td>
</tr>
<tr>
<td></td>
<td>• Inappropriate use of medicine</td>
</tr>
<tr>
<td></td>
<td>• Cost control and financing management</td>
</tr>
<tr>
<td></td>
<td>• Lack of medical error management</td>
</tr>
<tr>
<td><strong>Current process control</strong></td>
<td>• Diagnosis/treatment guideline</td>
</tr>
<tr>
<td><strong>Recommended actions</strong></td>
<td>• Reliable supply of medicine and test kits</td>
</tr>
<tr>
<td></td>
<td>• Follow protocol</td>
</tr>
<tr>
<td></td>
<td>• Better equipment and referral system</td>
</tr>
<tr>
<td></td>
<td>• Better training for medical staff</td>
</tr>
<tr>
<td></td>
<td>• Health literacy training for patient</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lao People’s Democratic Republic</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Failure mode</strong></td>
<td>• MERS (Middle East respiratory syndrome) outbreak</td>
</tr>
<tr>
<td></td>
<td>• Not isolated during transport from airport to hospital</td>
</tr>
<tr>
<td></td>
<td>• Delayed diagnosis</td>
</tr>
<tr>
<td><strong>Failure effect</strong></td>
<td>• Spread virus</td>
</tr>
<tr>
<td><strong>Failure cause</strong></td>
<td>• Lack of capacity of health worker in the clinic to suspect MERS</td>
</tr>
<tr>
<td></td>
<td>• Not enough laboratory capacity to confirm the virus</td>
</tr>
<tr>
<td></td>
<td>• Insufficient screening system as very few cases</td>
</tr>
<tr>
<td><strong>Current process control</strong></td>
<td>• No screening system at airport</td>
</tr>
<tr>
<td></td>
<td>• Only rapid diagnostic test at the hospital</td>
</tr>
<tr>
<td><strong>Recommended actions</strong></td>
<td>• Set temperature monitoring machines at the airport</td>
</tr>
<tr>
<td></td>
<td>• Set up screening system at airport</td>
</tr>
</tbody>
</table>
In the second part of the situational analysis, participants drew fishbone diagrams based on their FMEA. The issues and challenges were identified more specifically by category: governance, regulation, financing, and reporting and monitoring at the system level; and care environment, clinical governance, respectful care and care coordination at the facility level. Accountability for governance and risk management quality assurance by regulation or policy were commonly referenced at the system level, whereas clinical guidelines, resource and equipment management, shared medical information and patient satisfaction were pointed out at the facility level.

### 2.4 Quality and safety improvement approaches

Dr Anuwat Supachutikul, Chief Executive Officer of the Healthcare Accreditation Institute in Thailand, provided an overview regarding health accreditation, particularly from the perspective of improving quality. He emphasized that health accreditation is used for learning and improving processes and not for inspection. He added that support at the system level is critical for the smooth running of training, evaluation and quality management. He also introduced possible self-assessment tools for countries to consider as starting points of health accreditation. Examples are work process analysis, listening to patient experience, value stream mapping, indicator monitoring and self-assessment of standard compliance.

Mr Nick Lord, Programme Manager at the Australian Health Practitioner Regulation Agency (AHPRA), introduced the role of regulation in improving health workforce performance and promoting respectful care. In order to manage performance in hospitals, Australia not only has an internal system at the facility level, but also national regulation and a management system at the system level. For instance, the Government has a national registration and accreditation scheme to manage the health-care workforce and the quality of service provided to patients. If necessary, the scheme provides training courses for health providers also. The pharmacy regulation covers pharmacists, pharmaceuticals and pharmacies, thereby guaranteeing a certain level of quality and safety. In addition to introducing the regulations and policy, Mr Lord presented good examples of the way Australia responds to problems at the national level.

Lastly, Ms Margret Banks spoke about successful collaborative initiatives in Australia. She shared good practices of three multistrategy programmes, which are patient experience, cognitive impairment and antimicrobial stewardship. Australia has used the Australia Patient Experience Question Set (AHPEQS), which consists of 20 dimensions, to collect patients’ views of their various experience. To provide better service in cognitive impairment, specific guidelines (clinical care standards) and health promotion materials were developed to recognize, understand and take action on the issue. In terms of antimicrobial stewardship, Australia has worked on both utilization and appropriateness of

<table>
<thead>
<tr>
<th>Viet Nam</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure mode</td>
</tr>
</tbody>
</table>
| Failure effect | • Not provided correct treatment  
• Not isolated the patient |
| Failure cause | • Lack of information about MERS  
• Doctor’s lack of training about MERS  
• Not showing typical symptoms |
| Current process control | • Identify consultant at outpatient department if patient has fever |
| Recommended actions | • Training and guidelines  
• Health promotion: posters, mass media  
• Screening for MERS at airport |
antibacterial use. Clinical guidelines and surveillance data are regularly published also to increase awareness among clinicians and patients.

2.5 Prioritization and designing systems for improvement

Prior to designing work plans covering the next six months, the participants were asked to prioritize their aims and areas that need work using a matrix table. They considered both the impact and feasibility of the activities that they can expect to be implemented. Through group discussions with temporary advisers, each country was able to establish its project aims. Countries had different priorities and different aims.

In the session on designing systems for improvement, Dr Abha Mehndiratta addressed quality planning, quality control and continuous quality improvement. She helped participants consider goal setting for quality improvement. In addition, she encouraged participants to consider how the group discussions and results over the past two days could be developed into concrete activity plans. Dr Mehndiratta identified essential criteria when designing an action plan, including measurement methods. Lastly, she added how the set goal and plan could be implemented and improved using a plan-do-study-act (PDSA) cycle.

In the subsequent group work session, participants designed action plans based on their situation analysis and decided their aim statement. A summary of the country action plans for the next six months is shown below.

Table 2. Summary of action plan by country

<table>
<thead>
<tr>
<th>Cambodia</th>
<th>Aim</th>
<th>Achievement goal by March 2019</th>
<th>Key milestones</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>To improve infection prevention and control (IPC) and medical waste disposal in primary health care facilities</td>
<td>80% of 42 health centres in three provinces (Kampong Speu, Kompot, Kampong Thom) will have hand-washing facilities, clean water, medical waste containers and proper labelling.</td>
<td>1. Conduct training on IPC for health centre focal points 2. Develop action plan for each health centre 3. Implement action plan 4. Conduct assessment of achievement</td>
<td>1. National network meeting to discuss the plan 2. Consultative meeting with stakeholders 3. Conduct training on IPC for health centre focal points 4. Develop action plan for quality improvement in health centres 5. Implement action plan 6. Conduct assessment of achievement</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Key milestones</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Conduct training on IPC for health centre focal points</td>
<td>1. National network meeting to discuss the plan</td>
</tr>
<tr>
<td>2. Develop action plan for each health centre</td>
<td>2. Consultative meeting with stakeholders</td>
</tr>
<tr>
<td>3. Implement action plan</td>
<td>3. Conduct training on IPC for health centre focal points</td>
</tr>
<tr>
<td>4. Conduct assessment of achievement</td>
<td>4. Develop action plan for quality improvement in health centres</td>
</tr>
<tr>
<td></td>
<td>5. Implement action plan</td>
</tr>
<tr>
<td></td>
<td>6. Conduct assessment of achievement</td>
</tr>
</tbody>
</table>
### China (1)

| Aim | To standardize the measurement process (SOP) for patient assessment. |
| Achievement goal by March 2019 | - |

| Key milestones | 1. Set up measurement indicators and system (initial)  
2. Pilot hospitals and evaluation  
3. Guideline for implementation at a larger scale  
4. Finalize the SOP and the measurement indicators |
| Activities | 1. National network meeting to discuss the plan  
2. Initial experts analysis and measurement and confirm participating pilot hospitals  
3. Implementation at participating hospitals  
4. Further evaluation and refresh the SOP  
5. Implementation at a larger scale  
6. Final evaluation stage and SOP nationwide |

### China (2)

| Aim | To reduce the incidence of venous thromboembolism (VTE) in hospitals. |
| Achievement goal by March 2019 | Reduce incident rate by 10%. |

| Key milestones | 1. Set up standards for measurement indicators  
2. Set up standards for assessment process  
3. Medical staff training: handbooks and courses  
4. Educational resources made available to improve patients’ health literacy |
| Activities | 1. Understand current situation  
2. Set up goal  
3. Analysis  
4. Set up response policies and action points  
5. Implementation  
6. Outcome, evaluation and further areas for improvement |

### Lao People’s Democratic Republic

| Aim | To collect and analyse baseline data of health-care quality and patient safety in five provinces using national indicator of 5 goods and 1 satisfaction by the end of March 2019. |
| Achievement goal by March 2019 | - |

| Key milestones | 1. National patient safety committee established  
2. Final set of national indicator for quality and safety  
3. Create pool of assessors  
4. Agreement on collaboration with provinces |
| Activities | 1. National network meeting to discuss the plan  
2. Decree from the Ministry of Health (Organize meeting plan  
3. Comparison national indicators with WHO standard indicators  
4. SOP/manual of baseline survey  
5. Training of assessors  
6. Collaboration with provincial health care section |
Mongolia

Aim

To have a set of quality and safety (Q&S) standards by March 2019 (Plan for 1) starting to develop Q&S standards, and 2) consulting and piloting of accreditation indicators)

Achievement goal by March 2019

1. Have draft of Q&S standards
2. Consultations and piloting of indicators for hospital accreditation

Key milestones

1. Stakeholder meeting
2. Workshops
3. Discussion and consultation
4. Pilot

Activities

1. National network meeting to discuss the plan
2. Invite consultant from ACSQHC
3. Discuss and consult indicators of hospital accreditation
4. Discuss and consult hospital Q&S indicators
5. Set Q&S standards
6. Consult and pilot draft Q&S standards and indicators as well as accreditation indicators
7. Analyse pilots
8. Start detailed implementation of “Health care Q&S strategy 2018–2022”

Viet Nam

Aim

Increase 20% of quality and safety capacities at two central hospitals by the end of March 2019

Achievement goal by March 2019

- 

Key milestones

1. October 2018: National network meeting
2. December 2018: Workshop 1 by WHO Regional Office
3. March 2019: Workshop 2 by WHO Regional Office

Activities

1. National network meeting to discuss the plan
2. Policy issue circular by Ministry of Health
3. International workshop by Ministry of Health
4. National workshop by network
5. Person in charge of Quality Management/Patient Safety participate in training course at the hospitals
6. Conduct training course at the hospitals
7. Data collection at the hospitals
8. Hospital network meeting

2.6 Leadership and team building

At the last session of the final day, participants analysed potential stakeholders for support and collaboration to implement their established action plans. Dr Sally Fawkes provided a session titled “Leadership for improvement: from ‘what’ to ‘who’ to make it possible to accelerate action”. She emphasized the role of participants who will lead national collaborative networks. It started with panel discussions among the temporary advisers, Ms Banks, Mr Lord, Dr Mehdiratta and Dr Supachutikul. Each adviser shared their experience, leadership style, collaboration with other people and organizations, challenges, and suggestions for participants.

Dr Fawkes also covered the concepts of leadership and networks. She introduced various kinds of leadership styles – authoritative, coaching, democratic, affiliative, pace-setting and commanding –
and different management studies’ definition of “network”. In the group work, participants mapped network members and conducted a force field analysis, which deals with leadership barriers, enablers and incentives. Each group presented their network mapping showing relationships among national and international stakeholders. Participants also added strategies to enhance relationships and maximize the benefits of a national network for their respective action plans.

3. CONCLUSIONS AND RECOMMENDATIONS

3.1 Conclusions

Improving health-care quality and patient safety is core to UHC. However, countries face challenges both at system and facility levels; specifically governance, regulation, financial levers, and monitoring and reporting at the system level, and care environment, clinical governance, respectful care, and care coordination at the facility level.

Based on the situational analysis and prioritization exercise, each country developed specific and measurable aims with six-month PDSA plans up to March 2019. More specifically, by country:

- Cambodia aimed to improve IPC.
- China aimed to achieve two goals on developing standards for patient assessment and reducing hospital-associated venous thromboembolism.
- The Lao People’s Democratic Republic aimed to generate baseline data for quality health care in five provinces.
- Mongolia aimed to improve quality and safety standards for hospital accreditation.
- Viet Nam aimed to increase safety incident reporting at two hospitals.

Participants agreed to formally and effectively engage each other, specifically:

- Participants will share the plans they developed with their national quality and safety collaborative.
- Upon implementing the plans, participants will return and report at the second workshop on the challenges and successes.
- WHO will provide technical support to Member States to implement the plans.

3.2 Recommendations

3.2.1 Recommendations for Member States

Member States are encouraged to consider the following:

1) Discuss with their national quality and safety collaborative the PDSA plans developed and designate roles and responsibilities.

2) Take action and implement the PDSA cycle.

3) Report back on the progress and share learnings at the second workshop to be held in December 2018.
3.2.2 Recommendations for WHO

WHO is requested to consider the following:

1) Support Member States to implement the PDSA plans at the country level.

2) Facilitate the collection and dissemination of country experiences including good practices and challenges on improving health-care quality and safety.

3) Support Member States to review, refine and implement the PDSA plans throughout the second and third collaborative workshops.
ANNEXES

Annex 1. List of participants, temporary advisers, observers and Secretariat

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## Annex 2. Programme of activities

<table>
<thead>
<tr>
<th>Time</th>
<th>Day 1 – Wed 12 Sep</th>
<th>Time</th>
<th>Day 2 – Thu 13 Sep</th>
<th>Time</th>
<th>Day 3 – Fri 14 Sep</th>
</tr>
</thead>
<tbody>
<tr>
<td>08:40 – 09:00</td>
<td>Registration</td>
<td>09:00 – 10:30</td>
<td>2.1 Situational analysis 1</td>
<td>09:00 – 10:30</td>
<td>3.1 Designing systems for improvement</td>
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<tr>
<td>09:00 – 09:45</td>
<td>1.1 Opening Session</td>
<td></td>
<td>· Instruction on Failure modes and effects analysis</td>
<td></td>
<td>How to design an improvement collaborative – Abha Mehndiratta</td>
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<tr>
<td></td>
<td>· Welcome remarks</td>
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<td>· Group work</td>
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<td>Group work</td>
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<tr>
<td></td>
<td>· Objective of the meeting – Uhjin Kim, WPRO</td>
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<td>· Mapping critical steps for failure modes along the patient journey</td>
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<td>· Setting the goal</td>
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<tr>
<td></td>
<td>· Administrative announcement</td>
<td></td>
<td>· Reporting back</td>
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<td>· Co-designing innovative solutions</td>
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<tr>
<td></td>
<td>· Introduction and icebreaker</td>
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<td>· How to measure improvements</td>
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<td></td>
<td>· Group photo</td>
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<td></td>
<td>Plenary – reporting back</td>
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<tr>
<td>09:45 – 10:15</td>
<td>Morning tea</td>
<td>10:30 – 10:45</td>
<td>Morning tea</td>
<td>10:30 – 10:45</td>
<td>Morning tea</td>
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<tr>
<td>10:15 – 12:45</td>
<td>1.2 Quality and safety for UHC</td>
<td>10:45 – 12:00</td>
<td>2.2 Situational analysis 2</td>
<td>10:45 – 12:00</td>
<td>3.2 Refining improvement plans</td>
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<tr>
<td></td>
<td>Improving quality and safety to achieve UHC – Vivian Lin, La Trobe University</td>
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<td>· Group work</td>
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<td>Group work</td>
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<td></td>
<td>Common challenges faced by transitional economies in the Western Pacific – Uhjin Kim</td>
<td></td>
<td>· Challenges at facility and system levels</td>
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<td>· How in-country network will implement the PDSA cycle (process design, driver diagram, roles, resource allocation, monitoring and feedback)</td>
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<tr>
<td></td>
<td>Mobility break</td>
<td></td>
<td>· Identification of implementation bottlenecks</td>
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<td>Plenary – reporting back</td>
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<tr>
<td></td>
<td>Policy and strategy to improve quality and safety – Shams Syed, WHO HQ (video presentation)</td>
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<td>· Plenary – reporting back</td>
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<td></td>
<td>Quality Improvement collaborative: success from around the world – Abha Mehndiratta, IHI</td>
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<td></td>
<td>Quality and safety improvement efforts in Australia – Margaret Banks, ACSQHC</td>
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<tr>
<td>12:45 – 13:45</td>
<td>Lunch</td>
<td>12:00 – 13:00</td>
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<td>12:00 – 13:00</td>
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<tr>
<td>13:45 – 14:15</td>
<td>Move to BMJ forum via tram</td>
<td>13:00 – 14:15</td>
<td>2.3 Quality and Safety improvement approaches</td>
<td>13:00 – 15:00</td>
<td>3.3 Leadership and team building</td>
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<td></td>
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<td></td>
<td>Hospital accreditation as a lever to improve quality – Anuwat Supachutikul, HAI</td>
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<td>Leadership for improvement – Sally Fawkes, La Trobe University</td>
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<td>Improving health workforce performance and promoting respectful care – Nick Lord, AHPRA</td>
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<td>Building the collaborative team at the frontline</td>
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<td></td>
<td>Mobility break</td>
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<td>Group work</td>
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<td></td>
<td>Successful collaborative initiatives in Australia – Margaret Banks</td>
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<td>Leading and motivating the national network for change</td>
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<tr>
<td>14:30 – 15:00</td>
<td>Registration at BMJ forum</td>
<td>14:15 – 14:30</td>
<td>Afternoon tea</td>
<td>15:00 – 15:15</td>
<td>3.4 Closing session</td>
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<tr>
<td>15:00 – 16:00</td>
<td>WHO session at the BMJ forum</td>
<td>14:30 – 15:00</td>
<td>Afternoon tea</td>
<td>15:15 – 16:00</td>
<td>· Next steps</td>
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<td></td>
<td>F6- Securing national systems for quality and safety in transitional economies in the Western Pacific (10 min) – Uhjin Kim</td>
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<td>· Looking ahead to collaborative workshop 2</td>
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<td>Country presentation (5 mins per country)</td>
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<tr>
<td>16:15 – 17:00</td>
<td>K4-Keynote: Breaking down barriers in medicine to improve children’s lives</td>
<td>15:00 – 16:15</td>
<td>2.5 Helpdesk</td>
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<td>· Helpdesk</td>
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<td>· Country team – Temporary advisor discussions</td>
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<tr>
<td>16:30-17:00</td>
<td>Tour of AHPRA</td>
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<tr>
<td>17:00-19:00</td>
<td>Welcome reception</td>
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</table>
Annex 3. Opening remarks on behalf of Dr Shin Young-soo, WHO Regional Director for the Western Pacific

Good morning ladies and gentlemen:

1. I am very pleased to welcome you all to the first collaborative workshop for accelerating healthcare quality and safety improvement in transitional economy Member States in the Western Pacific Region.

2. Dr Shin Young-soo, WHO Regional Director for the Western Pacific, regrets not being able to join us due to previous commitments. He has asked me to send his regards and deliver these words.

3. All people and communities, everywhere in the world, should have access to safe and high-quality health services – promotive, preventive, curative, rehabilitative or palliative – without facing financial hardship. This is the vision of universal health coverage.

4. WHO’s regional action framework *Universal Health Coverage: Moving Towards Better Health* recognizes quality as one of five core health system attributes that need to be strengthened to accelerate progress towards UHC and to realize the vision of the 2030 Agenda for Sustainable Development.

5. While efforts to achieve UHC have focused on expanding coverage of essential health services and financial protection, health outcomes would remain poor if services were unsafe and of low quality.

6. Every year, millions of patients die or are injured because of unsafe health care. However, most incidents related to medication errors or health care-associated infections are preventable.

7. Ensuring patient safety is the first step, but preventing harm is not enough. High-quality care should be safe, effective, efficient, timely, integrated, equitable and people-centred.

8. Quality does not come automatically. Quality needs to be built into the foundations of the health system. It is a product of continuous and complex interventions at the facility and health system levels.

9. We need to invest in the care environment and the workforce. Proven interventions and practices need to be implemented. These include infection prevention and control, treatment protocols, checklists, education, reporting and feedback, performance benchmarking and facility accreditation.

10. Member States in the Western Pacific Region are making efforts to improve and institutionalize a culture of quality and safety across their health systems.

11. The regional collaborative workshop builds on previous efforts in the Member States to secure links between policy and implementation, and strengthen institutional arrangements for quality and safety.

12. This workshop is the first of three planned regional collaborative workshops looking at the existing efforts and challenges in our Member States. Most of you have been involved in the country-level networks and have already met to take stock of the progress and current issues in your countries. At this workshop, we hope you will share your experiences and learn from each other. You will identify gaps and implementation bottlenecks, and develop innovative solutions for implementation on your return home.
13. As always, WHO stands ready to support our Member States to achieve universal health coverage, good health and well-being for all. We hope this multidisciplinary approach to continuous quality improvement will result in better health outcomes in countries as part of their progress towards UHC.

14. I thank you for your active participation and wish you all a fruitful workshop.

15. Thank you.