

Collaborating to make a difference

The High 5s initiative

BACKGROUND

The provision of safe care continues to present daunting challenges around the world. To address this problem, the **Action on Patient Safety – High 5s** initiative seeks to leverage the implementation of five standardized patient safety solutions that would have a broad impact in preventing catastrophic adverse events in health care. This initiative received initial funding from the Commonwealth Fund. The project is coordinated by the WHO Collaborating Centre for Patient Safety led by the Joint Commission and Joint Commission International. It builds on the established partnership of the Commonwealth Fund with Australia, Canada, Germany, the Netherlands, New Zealand, the United Kingdom and the United States of America (Box 8).

The objective of the *High 5s* initiative is to achieve a significant, sustained and measurable reduction in the occurrence of five patient safety problems, over five years, in at least seven countries, and to build an international collaborative learning network that fosters the sharing of knowledge and experience in implementing innovative standard operating protocols (SOPs). The project is best characterized as applying standardized patient care processes to improving patient safety and in evaluating the impact of these.



WHO Collaborating Centre on Patient Safety, designated as the Joint Commission, Chicago, USA



"The High 5s project is a truly collaborative effort, with all participants sharing what they've learned as they implement the standard operating protocols. This project could make a sustained contribution by taking patient safety solutions to the next level and eventually making them available around the world."

Dennis S. O'Leary,
M.D., former President,
The Joint Commission



PROGRESS DURING 2006-2007

Since its launch in late 2006, the *High 5s* initiative has made significant progress in the development of SOPs and of a multi-faceted evaluation model. The first year of the *High 5s* initiative has seen three major accomplishments:

- 1. A project structure and high-level work plan has been developed. The lead technical agencies and experts within each of the seven participating countries have been identified, and their roles and responsibilities, along with those of the Collaborating Centre, have been codified.
- 2. SOPs for five patient safety solutions have been created using a staged development process that engaged both content experts and leaders of patient safety initiatives in participating countries.
- 3. A comprehensive impact-evaluation strategy, drawing on international expertise in the areas of patient safety indicators, event analysis, culture assessment and economic evaluation has been developed.

Development of a project structure

When the *High 5s* initiative was launched, a *High 5s* steering group was established to determine the overall architecture of the initiative and to guide its implementation. This steering group is composed of senior leaders from the lead technical agencies within the participating countries, the World Alliance for Patient Safety, and the WHO Collaborating Centre. The steering committee has developed a work plan and set milestones to guide evaluation of the project.

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LEAD TECHNICAL AGENCIES IN THE PARTICIPATING COUNTRIES

Lead Technical Agencies during the development phases:

- 1. Australia: Australian Commission in Safety and Quality in Healthcare
- 2. Canada: Canadian Patient Safety Institute
- 3. Germany: German Coalition for Patient Safety
- 4. The Netherlands: Dutch Institute for Healthcare Improvement –CBO
- 5. New Zealand: Population Health Directorate, Ministry of Health
- 6. United Kingdom: National Patient Safety Agency
- 7. United States of America: Agency for Healthcare Research and Quality

Creation of standard operating protocols

The SOPs that have been created for the five solutions selected, build on corresponding international solutions that were issued by the WHO Collaborating Centre for Patient Safety in the spring of 2007. The solutions are the following:

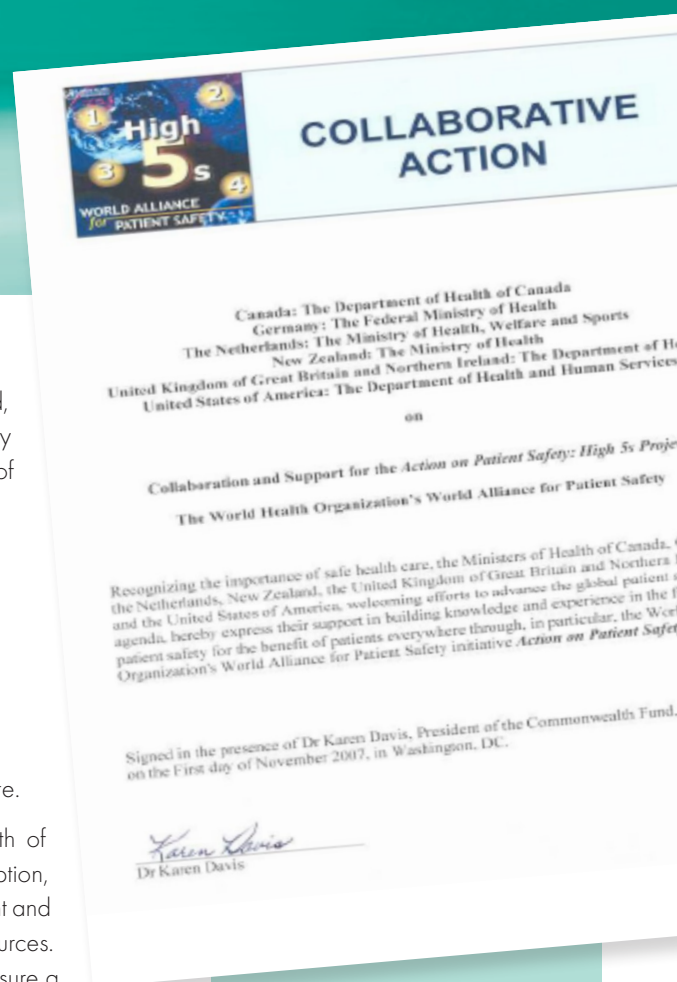
- Managing concentrated injectable medicines;
- Assuring medication accuracy at transitions in care;
- Communication during patient care handovers;
- Improved hand hygiene to prevent health care-associated infections;
- Performance of the correct procedure at the correct body site.

Each international solution summarizes the problem, the strength of evidence that supports the solution, potential barriers to adoption, potential unintended consequences created by the solution, patient and family roles in implementing the solution, and references and resources. The SOPs define the precise key steps that should be taken to ensure a uniform implementation of the solutions in participating hospitals, in the countries involved in the *High 5s* initiative.

During 2007, each of the initial draft SOPs for the five patient safety solutions selected for inclusion in the project was further developed and enhanced by a lead technical agency or expert reviewer. The WHO Collaborating Centre then coordinated a comprehensive review of the five SOPs by the lead technical agencies in participating countries. The final SOPs are currently in the process of being ratified by the *High 5s* steering group.

Impact evaluation design

In addition, an impact evaluation subgroup of the steering group has been created to address the design of the project's evaluation strategy. Several expert work teams have been established in the key areas of the evaluation strategy. The impact evaluation subgroup serves as the coordinating body for the work teams and strives to ensure that their evaluation design efforts are appropriately integrated with each other. The intent of the evaluation strategy is to identify the principal factors underlying patient safety indicator events and actual adverse



Box 9

SIX COUNTRIES TAKE FORMAL STEPS TOWARDS PREVENTING PATIENT SAFETY PROBLEMS

A group of six countries formally agreed to develop and implement standardized protocols related to patient safety solutions over the next five years, at the Commonwealth Fund's 2007 International Symposium on Health Care Policy. The *High 5s* signing ceremony was attended by patient safety leaders and advocates from around the world, including Sir Liam Donaldson, Chairman of the World Alliance for Patient Safety, World Health Organization, Dr. Carissa Etienne, former Assistant Director of the Pan American Health Organization, Dr. Dennis O'Leary, former President of the Joint Commission and other PAHO experts, Dr. Karen Davis, President of the Commonwealth Fund and Robin Osborn, Vice President and Director, International Program in Health Policy and Practice, also from the Commonwealth Fund, among many others.



events, match these factors against those that the SOPs are attempting to prevent, track changes in the safety culture within participating hospitals, and measure the economic impact of SOP implementation. The resulting data are to provide the basis for continuous refinement of the SOPs.

Six countries agree to implement the SOPs

As part of the Commonwealth Fund's 2007 International Symposium on Health Care Policy, which brought together ministers of health of the Commonwealth Countries, the top health leaders from Canada, Germany, the Netherlands, New Zealand, the United Kingdom and the United States of America, met in Washington, D.C, in November 2007 and agreed to undertake collaborative action to implement the *High 5s* standardized protocols, by signing a letter of intent (Box 9). The ministers of health formally recognized the critical and urgent need to act in cooperation and unison to solve and prevent major but avoidable patient safety problems.

World Alliance for Patient Safety Alianza Mundial para la Seguridad del Paciente

Improved Hand Hygiene to Prevent Health Care-Associated Infection



The problem:

- The burden of health care-associated infections in terms of human suffering and cost, is huge and can be significantly reduced through improved hand hygiene

The solution:

- Determine the best systems to support hand hygiene in health care
- Educate care givers
- Provide the necessary materials and equipment hand hygiene
- Measure and provide feedback to care givers about their compliance
- Provide reminders to facilitate hand hygiene
- Facilitate a culture of safety and hygiene

