



*Making Safety a Reality  
Practical Solutions for Africa  
Seven Steps to Safety*

Peter Lachman  
CEO ISQQua

## Seven steps to take

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1. Culture
2. Be person centred
3. Study the problem
4. Plan for safety
5. Reliability
6. Choose the problem and solution
7. Understand the context

# Step 1

# Understand Culture

# Culture is key

Increasing  
informedness  
or mindfulness

**Generative**  
Safety is how we do business here

**Proactive**  
We work on problems  
we still find

**Calculative**  
we have systems in place to  
manage all hazards

**Reactive**  
Safety is important - we do a lot  
when something happens

**Pathological**  
It is ok as long as nothing happens

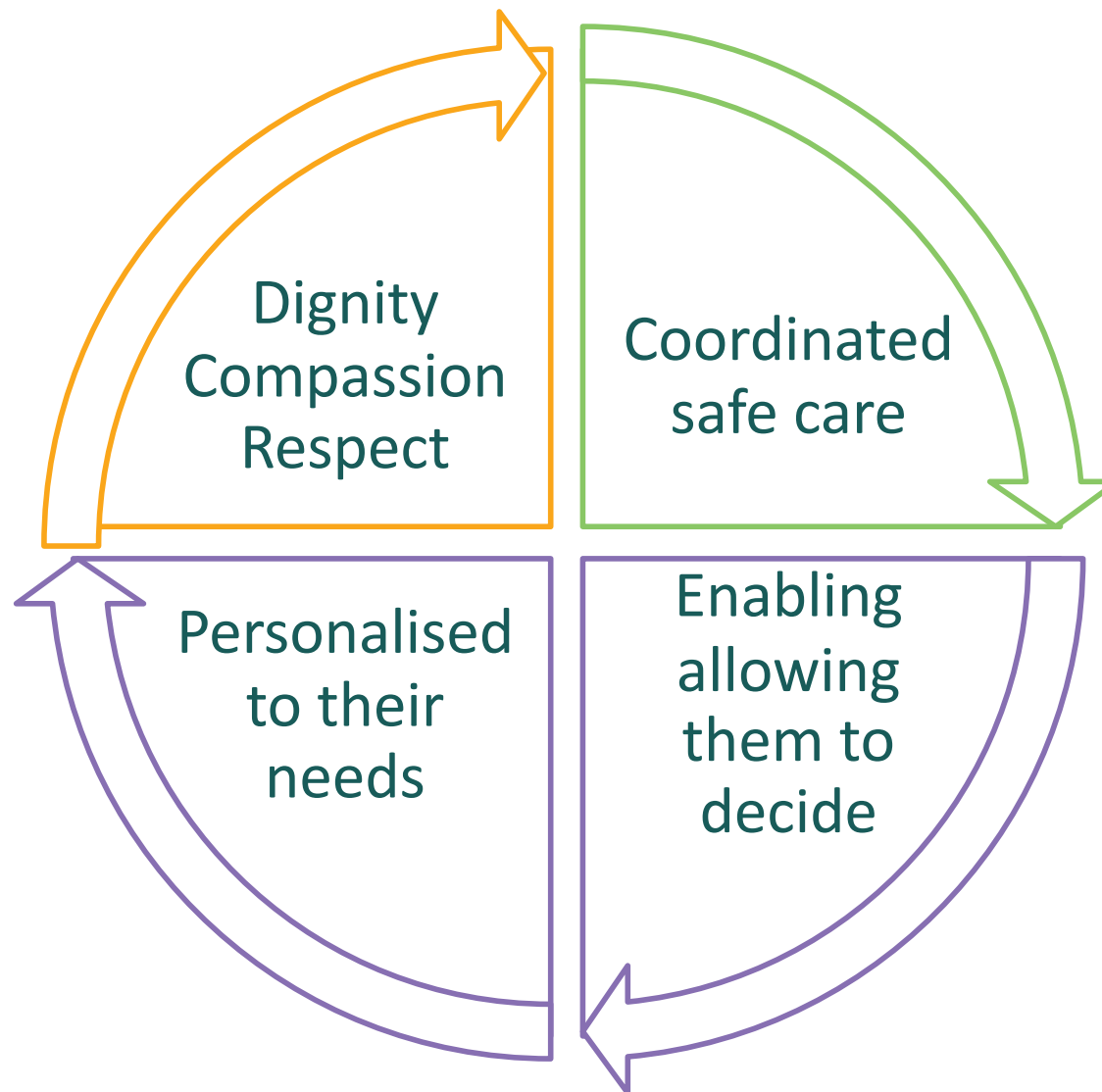
Increasing information

## Step 2

**Understand what people  
or the patients want**

# Ask “What really matters to people”

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# Step 3

# Study the problems

## The reality of healthcare

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- Limited resources and allocation
- Overworked staff
- Increasing burden of demand
- Acceptance of status quo and tradition
- Process issues
- Knowledge issues



Can we be safe in resource  
poor settings ?

Yes  
if we want to be safe

# Step 4

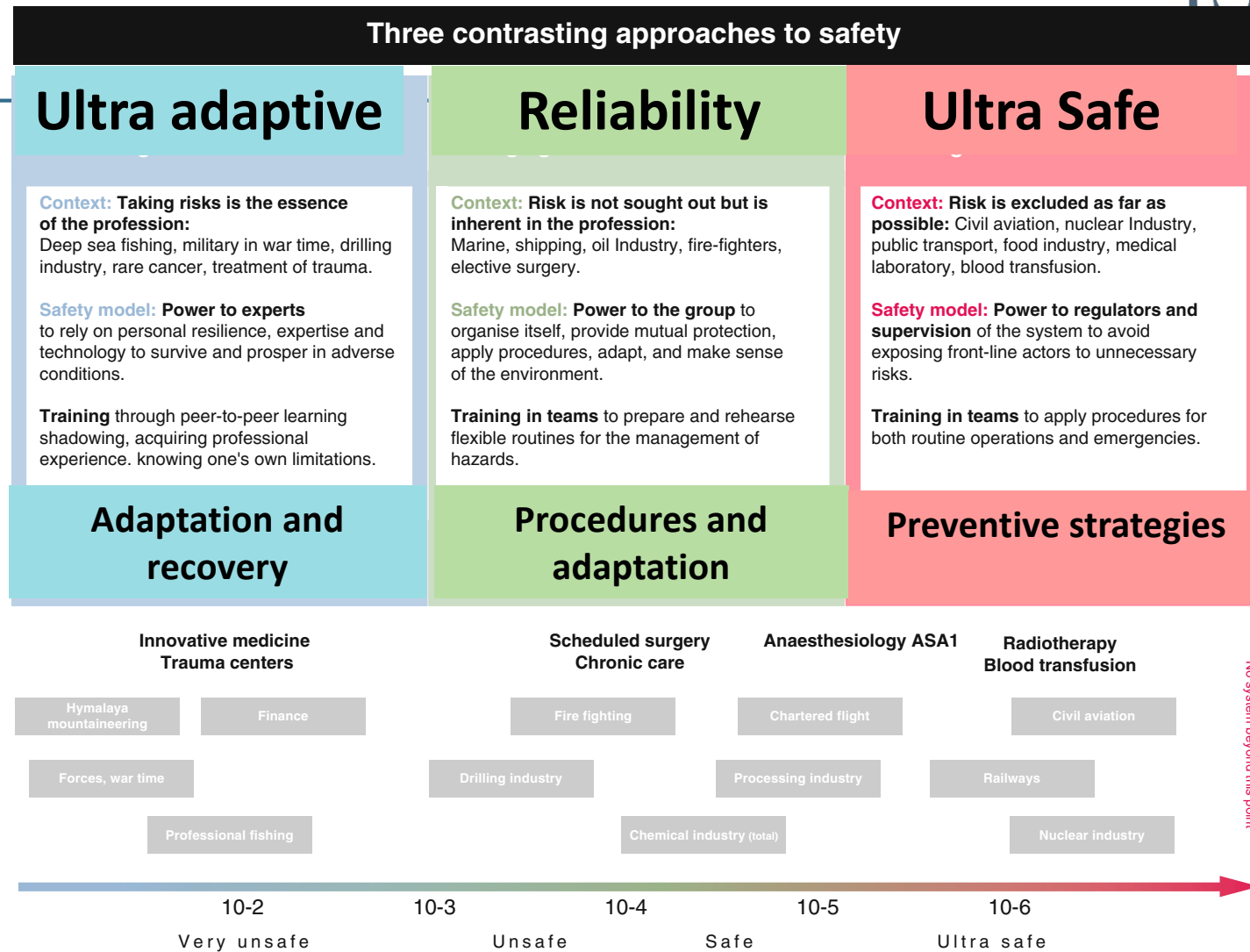
## Plan for safety

# We need to plan for safety ref Juran

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## Three Approaches to the Management of Risk

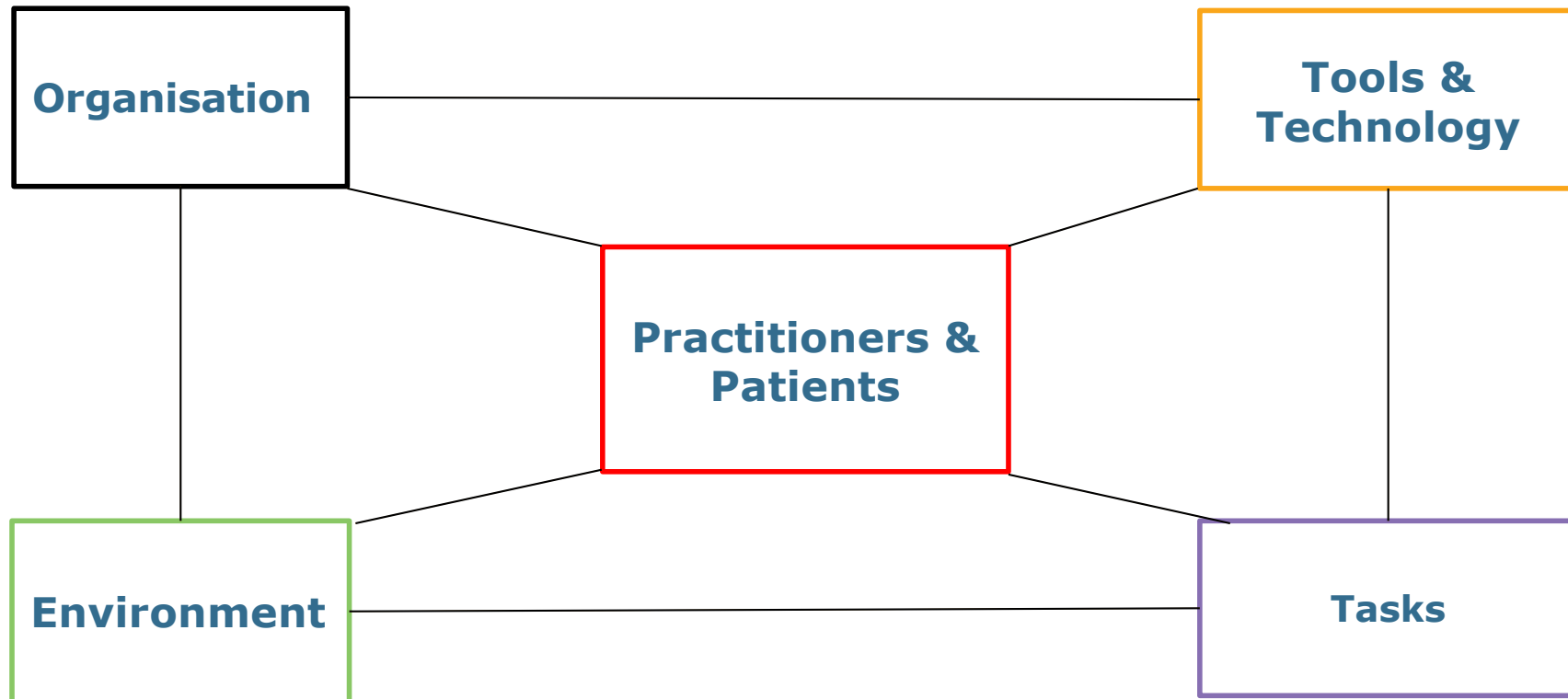


**Fig. 3.1** Three contrasting approaches to safety

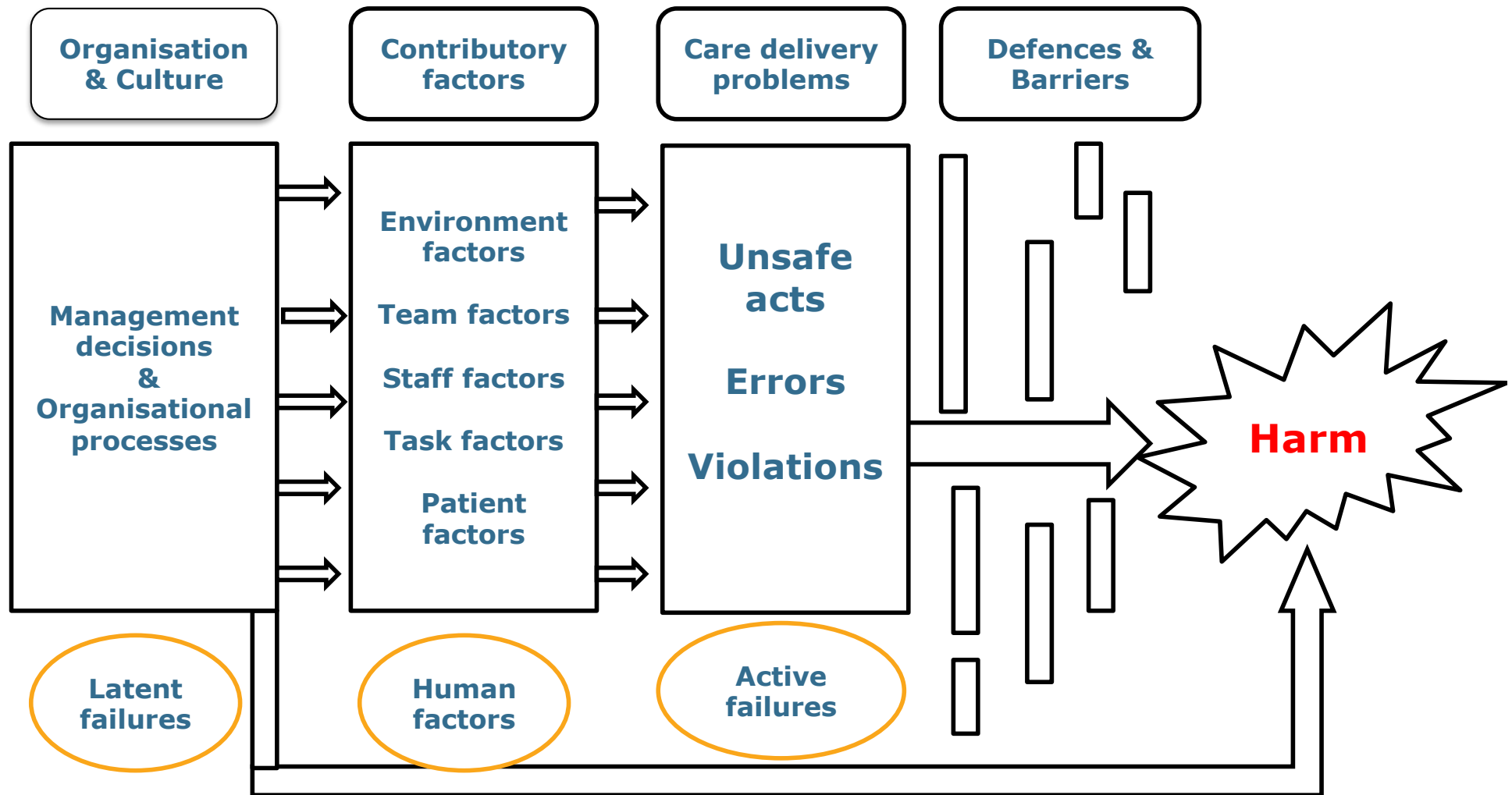
Charles Vincent René Amalberti Safer Healthcare Strategies for the Real World

# Understand the human factors

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# Understand a framework for harm



**Step 5**

**Consider reliability of  
care one patient at a  
time**



## Actions to take

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- ❑ Small errors are signs of larger problems
- ❑ Pay attention to what's happening on the front-line
- ❑ Do not simplify .... But don't make it complex
- ❑ Commitment to learn and build resilience
- ❑ The experts are patients and their providers of care in the front line

# A framework to assess real time safety



Source: Vincent C, Burnett S, Carthey J. *The measurement and monitoring of safety*. The Health Foundation, 2013. [www.health.org.uk/publications/the-measurement-and-monitoring-of-safety](http://www.health.org.uk/publications/the-measurement-and-monitoring-of-safety)

# Be aware all the time

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Every 6- 8 hours in real time assess on a team talk or “huddle”

1. The safety of the clinical area in terms of safety theory
2. The reliability of care
3. Predict the safety for the next period
4. Assess the risk to each patient
5. Meeting lasts no more than 10-15 minutes

**Step 6**

**Choose Key areas to  
work on**

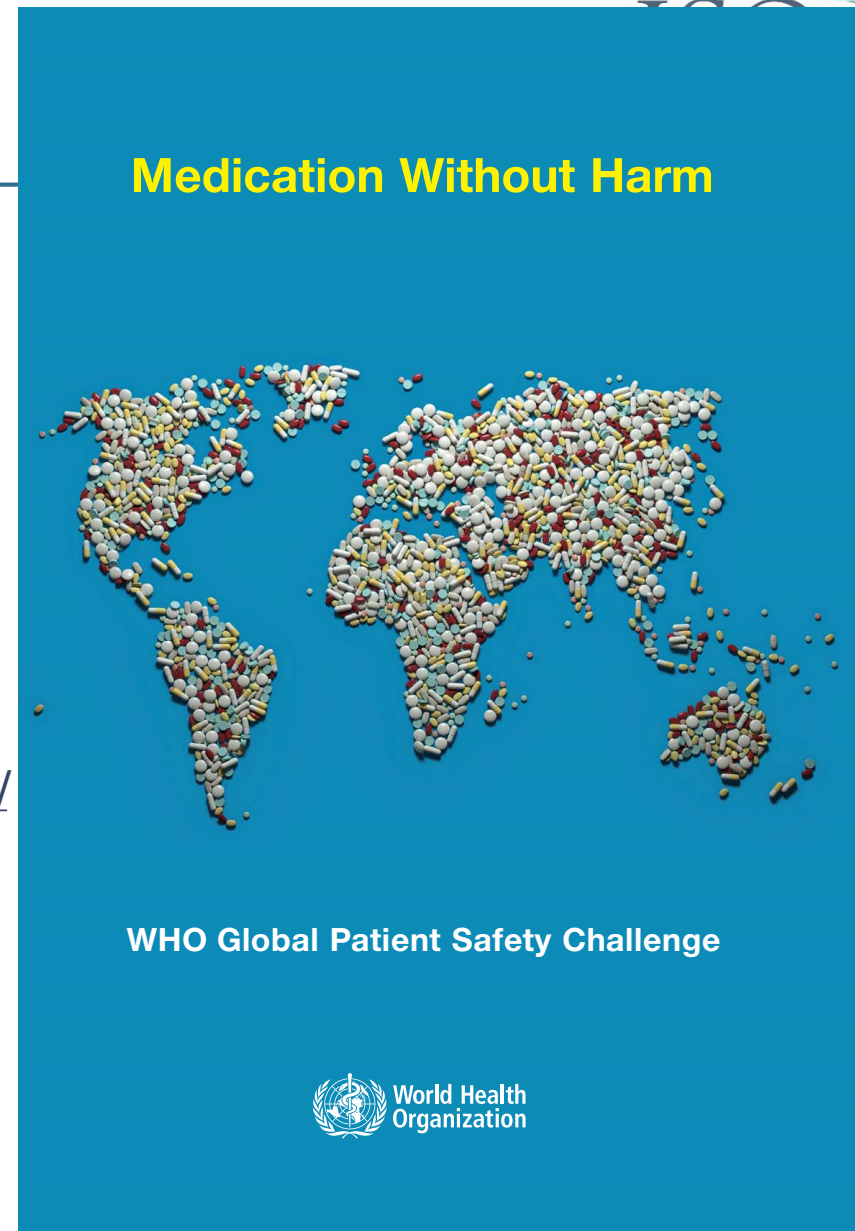
# Medications

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<http://www.who.int/patientsafety/en/>

[http://www.who.int/topics/patient\\_safety/en/](http://www.who.int/topics/patient_safety/en/)

<https://www.youtube.com/watch?v=MWUM7LIXDeA>



# Maternal and Child Health

BEFORE BIRTH

## WHO Safe Childbirth Checklist



1 On Admission	
<p><b>Does mother need referral?</b></p> <input type="checkbox"/> No <input type="checkbox"/> Yes, organized	<p>Check your facility's criteria</p>
<p><b>Partograph started?</b></p> <input type="checkbox"/> No, will start when $\geq 4$ cm <input type="checkbox"/> Yes	<p>Start plotting when cervix <math>\geq 4</math> cm, then cervix should dilate <math>\geq 1</math> cm/hr</p> <ul style="list-style-type: none"> <li>• Every 30 min: plot HR, contractions, fetal HR</li> <li>• Every 2 hrs: plot temperature</li> <li>• Every 4 hrs: plot BP</li> </ul>
<p><b>Does mother need to start:</b></p> <p><i>Antibiotics?</i></p> <input type="checkbox"/> No <input type="checkbox"/> Yes, given	<p>Ask for allergies before administration of any medication            Give antibiotics to mother if any of:</p> <ul style="list-style-type: none"> <li>• Mother's temperature <math>\geq 38^\circ\text{C}</math></li> <li>• History of foul-smelling vaginal discharge</li> <li>• Rupture of membranes <math>&gt; 18</math> hrs</li> </ul>
<p><i>Magnesium sulfate and antihypertensive treatment?</i></p> <input type="checkbox"/> No <input type="checkbox"/> Yes, magnesium sulfate given <input type="checkbox"/> Yes, antihypertensive medication given	<p>Give magnesium sulfate to mother if any of:</p> <ul style="list-style-type: none"> <li>• Diastolic BP <math>\geq 110</math> mmHg and 3+ proteinuria</li> <li>• Diastolic BP <math>\geq 90</math> mmHg, 2+ proteinuria, and any: severe headache, visual disturbance, epigastric pain</li> </ul> <p>Give antihypertensive medication to mother if systolic BP <math>&gt; 160</math> mmHg</p> <ul style="list-style-type: none"> <li>• Goal: keep BP <math>&lt; 150/100</math> mmHg</li> </ul>
<input type="checkbox"/> <b>Confirm supplies are available to clean hands and wear gloves for each vaginal exam.</b>	
<input type="checkbox"/> <b>Encourage birth companion to be present at birth.</b>	
<input type="checkbox"/> <b>Confirm that mother or companion will call for help during labour if needed.</b>	<p>Call for help if any of:</p> <ul style="list-style-type: none"> <li>• Bleeding</li> <li>• Severe abdominal pain</li> <li>• Severe headache or visual disturbance</li> <li>• Unable to urinate</li> <li>• Urge to push</li> </ul>

This checklist is not intended to be comprehensive and should not replace the case notes or partograph. Additions and modifications to fit local practice are encouraged. For more information on recommended use of the checklist, please refer to the "WHO Safe Childbirth Checklist Implementation Guide" at: [www.who.int/patientsafety](http://www.who.int/patientsafety).

BEFORE BIRTH

## WHO Safe Childbirth Checklist



2 Just Before Pushing (Or Before Caesarean)	
<p><b>Does mother need to start:</b></p> <p><i>Antibiotics?</i></p> <input type="checkbox"/> No <input type="checkbox"/> Yes, given	<p>Ask for allergies before administration of any medication            Give antibiotics to mother if any of:</p> <ul style="list-style-type: none"> <li>• Mother's temperature <math>\geq 38^\circ\text{C}</math></li> <li>• History of foul-smelling vaginal discharge</li> <li>• Rupture of membranes <math>&gt; 18</math> hrs</li> <li>• Caesarean section</li> </ul>
<p><i>Magnesium sulfate and antihypertensive treatment?</i></p> <input type="checkbox"/> No <input type="checkbox"/> Yes, magnesium sulfate given <input type="checkbox"/> Yes, antihypertensive medication given	<p>Give magnesium sulfate to mother if any of:</p> <ul style="list-style-type: none"> <li>• Diastolic BP <math>\geq 110</math> mmHg and 3+ proteinuria</li> <li>• Diastolic BP <math>\geq 90</math> mmHg, 2+ proteinuria, and any: severe headache, visual disturbance, epigastric pain</li> </ul> <p>Give antihypertensive medication to mother if systolic BP <math>&gt; 160</math> mmHg</p> <ul style="list-style-type: none"> <li>• Goal: keep BP <math>&lt; 150/100</math> mmHg</li> </ul>
<p><b>Confirm essential supplies are at bedside and prepare for delivery:</b></p> <p><i>For mother</i></p> <input type="checkbox"/> Gloves <input type="checkbox"/> Alcohol-based handrub or soap and clean water <input type="checkbox"/> Oxytocin 10 units in syringe	<p>Prepare to care for mother immediately after birth:            Confirm single baby only (not multiple birth)</p> <ol style="list-style-type: none"> <li>1. Give oxytocin within 1 minute after birth</li> <li>2. Deliver placenta 1-3 minutes after birth</li> <li>3. Massage uterus after placenta is delivered</li> <li>4. Confirm uterus is contracted</li> </ol>
<p><i>For baby</i></p> <input type="checkbox"/> Clean towel <input type="checkbox"/> Tie or cord clamp <input type="checkbox"/> Sterile blade to cut cord <input type="checkbox"/> Suction device <input type="checkbox"/> Bag-and-mask	<p>Prepare to care for baby immediately after birth:</p> <ol style="list-style-type: none"> <li>1. Dry baby, keep warm</li> <li>2. If not breathing, stimulate and clear airway</li> <li>3. If still not breathing:             <ul style="list-style-type: none"> <li>• clamp and cut cord</li> <li>• clean airway if necessary</li> <li>• ventilate with bag-and-mask</li> <li>• shout for help</li> </ul> </li> </ol>
<input type="checkbox"/> <b>Assistant identified and ready to help at birth if needed.</b>	

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AFTER BIRTH  
WHO Safe Childbirth Checklist



3

Soon After Birth (Within 1 Hour)

Is mother bleeding abnormally?

- No  
 Yes, shout for help

If bleeding abnormally:

- Massage uterus
- Consider more uterotonic
- Start IV fluids and keep mother warm
- Treat cause: uterine atony, retained placenta/fragments, vaginal tear, uterine rupture

Does mother need to start:

Antibiotics?

- No  
 Yes, given

Ask for allergies before administration of any medication  
Give antibiotics to mother if placenta manually removed or if mother's temperature  $\geq 38^{\circ}\text{C}$  and any of:

- Chills
- Foul-smelling vaginal discharge

If the mother has a third or fourth degree of perineal tear give antibiotics to prevent infection

Magnesium sulfate and antihypertensive treatment?

- No  
 Yes, magnesium sulfate given  
 Yes, antihypertensive medication given

Give magnesium sulfate to mother if any of:  
• Diastolic BP  $\geq 110$  mmHg and 3+ proteinuria  
• Diastolic BP  $\geq 90$  mmHg, 2+ proteinuria, and any: severe headache, visual disturbance, epigastric pain

Give antihypertensive medication to mother if systolic BP  $>160$  mmHg  
• Goal: keep BP  $<150/100$  mmHg

Does baby need:

Referral?

- No  
 Yes, organized

Check your facility's criteria.

Antibiotics?

- No  
 Yes, given

Give baby antibiotics if antibiotics given to mother for treatment of maternal infection during childbirth or if baby has any of:  
• Respiratory rate  $>60$ /min or  $<30$ /min  
• Chest in-drawing, grunting, or convulsions  
• Poor movement on stimulation  
• Baby's temperature  $<35^{\circ}\text{C}$  (and not rising after warming) or baby's temperature  $\geq 38^{\circ}\text{C}$

Special care and monitoring?

- No  
 Yes, organized

Arrange special care/monitoring for baby if any:

- More than 1 month early
- Birth weight  $<2500$  grams
- Needs antibiotics
- Required resuscitation

Started breastfeeding and skin-to-skin contact (if mother and baby are well).

Confirm mother / companion will call for help if danger signs present.

Responsibility for the interpretation and use of the material in this checklist lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use. For more information visit [www.who.int/patientsafety](http://www.who.int/patientsafety).

AFTER BIRTH  
WHO Safe Childbirth Checklist



4

Before Discharge

Confirm stay at facility for 24 hours after delivery.

Does mother need to start antibiotics?

- No  
 Yes, given and delay discharge

Ask for allergies before administration of any medication

Give antibiotics to mother if any of:

- Mother's temperature  $\geq 38^{\circ}\text{C}$
- Foul-smelling vaginal discharge

Is mother's blood pressure normal?

- No, treat and delay discharge  
 Yes

Give magnesium sulfate to mother if any of:

- Diastolic BP  $\geq 110$  mmHg and 3+ proteinuria
- Diastolic BP  $\geq 90$  mmHg, 2+ proteinuria, and any: severe headache, visual disturbance, epigastric pain

Give antihypertensive medication to mother if systolic BP  $>160$  mmHg

- Goal: keep BP  $<150/100$  mmHg

Is mother bleeding abnormally?

- No  
 Yes, treat and delay discharge

If pulse  $>110$  beats per minute and blood pressure  $<90$  mmHg

- Start IV and keep mother warm
- Treat cause (hypovolemic shock)

Does baby need to start antibiotics?

- No  
 Yes, give antibiotics, delay discharge, give special care

Give antibiotics to baby if any of:

- Respiratory rate  $>60$ /min or  $<30$ /min
- Chest in-drawing, grunting, or convulsions
- Poor movement on stimulation
- Baby's temperature  $<35^{\circ}\text{C}$  (and not rising after warming) or baby's temperature  $\geq 38^{\circ}\text{C}$
- Stopped breastfeeding well
- Umbilicus redness extending to skin or draining pus

Is baby feeding well?

- No, establish good breastfeeding practices and delay discharge  
 Yes

Discuss and offer family planning options to mother.

Arrange follow-up and confirm mother / companion will seek help if danger signs appear after discharge.

Danger Signs

Mother has any of:

- Bleeding
- Severe abdominal pain
- Severe headache or visual disturbance
- Breathing difficulty
- Fever or chills
- Difficulty emptying bladder
- Epigastric pain

Baby has any of:

- Fast/difficult breathing
- Fever
- Unusually cold
- Stops feeding well
- Less activity than normal
- Whole body becomes yellow

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# Quality, Equity, Dignity A Network for Improving Quality of Care for Maternal, Newborn and Child Health

## GHANA



Summary of implementation readiness	
1. National QI approach	2/11
2. Selection of learning sites	2/6
3. QI management and response system	1/6
4. QI coaching system and structures	0/5
5. Measurement	7/8
6. Orientation to districts and facilities	0/3
7. National learning hub	0/5

Response: yes  
 < 50%    50% - 80%    > 80%

1. National Quality Improvement Approach	
National Standards on MNH QoC developed/available	MBFHI Guide completed, integrated WHO MNH QoC standards. Draft in process for Newborn
National package on QI interventions agreed upon through review and consultation	Some districts have interventions ongoing.
Key interventions in national QI package developed (specify type of interventions)	4 districts: interventions are guided by of EMEN and WHO standards. The QI process involve formation of QI teams, baseline and ongoing assessments, Plan-Do-Study-Act (PDSA) Cycle and structures to sustaining change
* leadership and organization management	National Quality Management Unit established to complement existing Institutional Care Division. MBFHI governing structure established in 4 districts
* QI coaching	MBFHI coaches trained (UNICEF) Pilot collaborative with the Regional Health Directorate of Accra to train QI teams in 5 districts (support: Uboru) GHS Improvement Coaches trained in 93 districts across SHA-supported regions: 79 districts are implementing improvement projects and providing QI coaching and mentoring support (support: USAID Systems for Health)
* clinical mentorship	To start in Uboru supported districts Clinical mentors in all MBFHI districts Clinical mentors also in USAID supported districts
* audit and feedback	Perinatal audits in some districts
* improving data systems	MBFHI districts: weekly data submission and data analysis Integrated coaching to improve service delivery/ data quality in 110 districts across USAID SHA supported regions Support Health Information Technical Bloc Camps at national level to address systems level gaps in DHIMS 2
* learning networks/systems, including learning collaboratives	MBFHI: Collaborative learning system established among 3 hospitals through weekly teleconference Support learning networks in 4 regions: NLR, VR, WR and GAR in the areas of MNCH, ETAT, malaria and family planning (USAID SHA support)
* performance based financing	In some districts
* policy/strategy development support	National Quality Healthcare Strategy Developed. NQS technical committee undergone training in QI. QI training for CEOs (high impact leadership course) planned QMU, MOH/Quality Management Unit) set up

Core Demographic Data	
Population (thousands)	27,410 <sup>1</sup>
Family rate per woman	4.2 <sup>2</sup>
Total institutional maternal deaths (2016)	933 <sup>3</sup>
Neonatal mortality rate (per 1,000 live births)	29 <sup>4</sup>
Stillbirth rate (per 1,000 total births)	22.7 <sup>4</sup>

Coverage of Key interventions	
Demand for Family Planning satisfied (%)	472 <sup>5</sup>
Antenatal care (4 or more visits, %)	87 <sup>5</sup>
Skilled Birth Attendance (%)	76 <sup>5</sup>
Cesarean Section Rate (%)	13 <sup>5</sup>
Early Initiation of Breastfeeding (%)	56 <sup>5</sup>
Exclusive Breastfeeding rate (%)	52 <sup>5</sup>
Postnatal visit for baby (within 2 days, %)	83 <sup>5</sup>
Postnatal visit for mother (within 2 days, %)	81 <sup>5</sup>

2. Selection of Learning Sites	
Criteria for selection of learning districts developed and agreed	
Criteria for selection of learning sites/facilities developed and agreed	
Learning districts selected (specify name and any supporting partners)	Some districts with QI interventions already ongoing are being considered. New districts to be selected when funds available to carry out interventions.
Learning sites/facilities selected (specify name and any supporting partners)	
Baseline situational analysis at learning sites conducted	MBFHI: Baseline assessments conducted and quarterly assessments been conducted. Some districts with QI interventions already ongoing carried out baseline assessments based on selected interventions. As new districts are selected standardized baseline assessment will have to be carried out.
Initial resource provision to learning sites	None on a national scale. MBFHI: Training, equipment and improvement on WASH facilities being provided

4. QI Coaching System & Structure	
A pool of QI coaches/experts developed/available	In selected districts MBFHI coaches trained (UNICEF) Pilot collaborative with the Regional Health Directorate of Accra to train QI teams in 5 districts (support: Uboru) GHS Improvement Coaches trained in 93 districts across SHA-supported regions: 79 districts are implementing improvement projects and providing QI coaching and mentoring support (support: USAID Systems for Health)
Clinical mentorship program approach agreed and developed	To start in Uboru supported districts Clinical mentors in all MBFHI districts Clinical mentors also in USAID supported districts
Nationally agreed ToR for QI coaches	
Nationally agreed ToR for clinical mentors	
Support system for QI coaches and clinical mentors agreed	

3. QI Management and Response System	
Existing structures to be utilized for supporting QI activities reviewed and identified	To be agreed
Rules and responsibilities within existing structures for supporting QI activities agreed	To be agreed
* local person with specified ToR for QoC at national level	Yes, head of QMU and head of ICQ
* local person with specified ToR for QoC at district level	In some districts.
* local person or team with specified ToR at facilities	In some districts.

5. Measurement	
National monitoring framework for MNCH QoC developed	Framework available, but needs further work
Core set of QoC indicators for agreed for national level reporting	Under development (current intervention sites have indicators they are reporting on)
Common set of QI aims across districts agreed	
System of reporting agreed and necessary tools developed	
* information flow	
* standardized reporting formats	
* roles and responsibilities	
* review mechanisms	

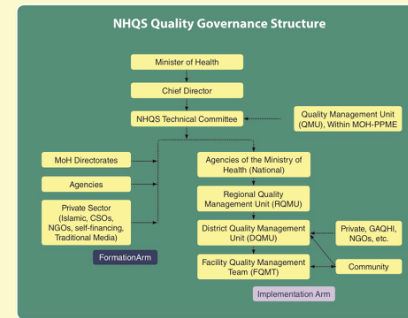
6. Orientation to Districts & Facilities	
Orientation package (on the above) for learning districts developed	Only in certain districts
Orientation to learning districts completed	Only in certain districts
Orientation to learning sites/ facilities completed	Only in certain districts

Yes    No    Being developed

### Examples from Implementation

**Key documents for Quality MNCH**

- References**
1. Countdown to 2035, 2015 report See <http://countdown2030.org/>
  2. Ghana DHS 2014
  3. DHIMS 3 Family Health Division Annual Report
  4. UNICEF Maternal and Newborn Health Disparities in Ghana, 2016 <https://data.unicef.org/resources/maternal-newborn-health-disparities-country-profiles/>
  5. All other data received from the relevant Ministry of Health and WHO Country Offices.





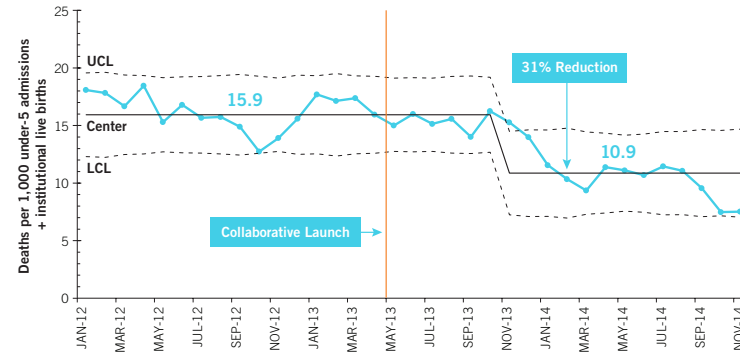
# Lessons Learned from Ghana's *Project Fives Alive!*

A practical guide for designing and executing large-scale improvement initiatives

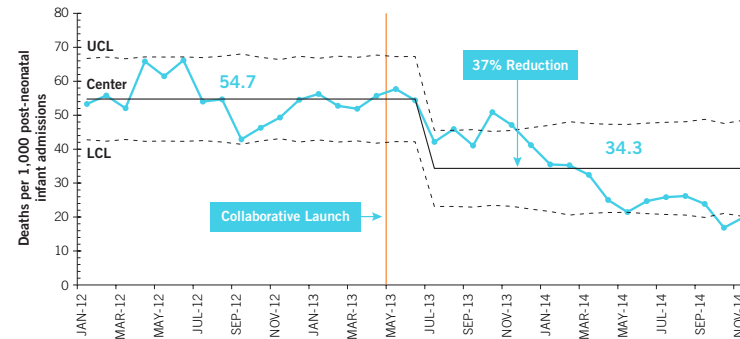


**Project Fives Alive!**  
A Partnership of the National Catholic Health Service (NCHS) and the Institute for Healthcare Improvement (IHI) to reduce under-5 mortality in Ghana

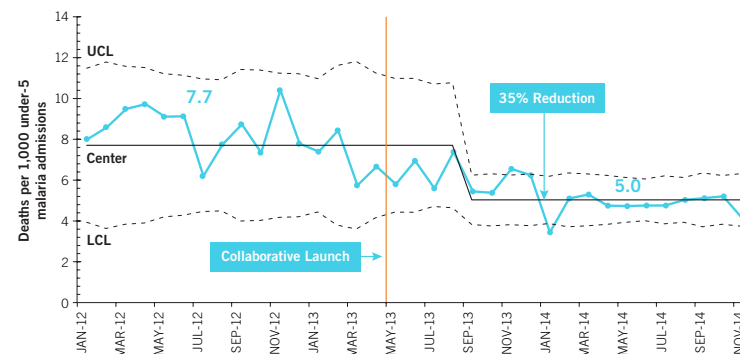
Under-5 Mortality Rate in 134 Hospitals across Seven Regions



Post-Neonatal Infant (1 to 11 Months) Mortality Rate in 134 Hospitals across Seven Regions



Under-5 Malaria Case Fatality Rate in 134 Hospitals across Seven Regions



# Safer Surgery

WORLD ALLIANCE FOR PATIENT SAFETY

SAFE SURGERY SAVES LIVES

SECOND GLOBAL PATIENT SAFETY CHALLENGE

 World Health Organization | Patient Safety  
At World Alliance for Patient Safety

## Surgical Safety Checklist

Before induction of anaesthesia	Before skin incision	Before patient leaves operating room
<p><small>(with at least nurse and anaesthetist)</small></p> <div style="background-color: #e0f2f1; padding: 5px; margin-bottom: 5px;"> <p>Has the patient confirmed his/her identity, site, procedure, and consent?</p> <input type="checkbox"/> Yes         </div> <div style="background-color: #e0f2f1; padding: 5px; margin-bottom: 5px;"> <p>Is the site marked?</p> <input type="checkbox"/> Yes  <input type="checkbox"/> Not applicable         </div> <div style="background-color: #e0f2f1; padding: 5px; margin-bottom: 5px;"> <p>Is the anaesthesia machine and medication check complete?</p> <input type="checkbox"/> Yes         </div> <div style="background-color: #e0f2f1; padding: 5px; margin-bottom: 5px;"> <p>Is the pulse oximeter on the patient and functioning?</p> <input type="checkbox"/> Yes         </div> <div style="background-color: #e0f2f1; padding: 5px; margin-bottom: 5px;"> <p>Does the patient have a:</p> <p>Known allergy?</p> <input type="checkbox"/> No  <input type="checkbox"/> Yes         </div> <div style="background-color: #e0f2f1; padding: 5px; margin-bottom: 5px;"> <p>Difficult airway or aspiration risk?</p> <input type="checkbox"/> No  <input type="checkbox"/> Yes, and equipment/assistance available         </div> <div style="background-color: #e0f2f1; padding: 5px;"> <p>Risk of &gt;500ml blood loss (7ml/kg in children)?</p> <input type="checkbox"/> No  <input type="checkbox"/> Yes, and two IV/central access and fluids planned         </div>	<p><small>(with nurse, anaesthetist and surgeon)</small></p> <div style="background-color: #e0f2f1; padding: 5px; margin-bottom: 5px;"> <p><input type="checkbox"/> Confirm all team members have introduced themselves by name and role.</p> </div> <div style="background-color: #e0f2f1; padding: 5px; margin-bottom: 5px;"> <p><input type="checkbox"/> Confirm the patient's name, procedure, and where the incision will be made.</p> </div> <div style="background-color: #e0f2f1; padding: 5px; margin-bottom: 5px;"> <p>Has antibiotic prophylaxis been given within the last 60 minutes?</p> <input type="checkbox"/> Yes  <input type="checkbox"/> Not applicable         </div> <div style="background-color: #e0f2f1; padding: 5px; margin-bottom: 5px;"> <p><b>Anticipated Critical Events</b></p> <p>To Surgeon:</p> <input type="checkbox"/> What are the critical or non-routine steps?  <input type="checkbox"/> How long will the case take?  <input type="checkbox"/> What is the anticipated blood loss? <p>To Anaesthetist:</p> <input type="checkbox"/> Are there any patient-specific concerns? <p>To Nursing Team:</p> <input type="checkbox"/> Has sterility (including indicator results) been confirmed?  <input type="checkbox"/> Are there equipment issues or any concerns?         </div> <div style="background-color: #e0f2f1; padding: 5px;"> <p><b>Is essential imaging displayed?</b></p> <input type="checkbox"/> Yes  <input type="checkbox"/> Not applicable         </div>	<p><small>(with nurse, anaesthetist and surgeon)</small></p> <div style="background-color: #e0f2f1; padding: 5px; margin-bottom: 5px;"> <p><b>Nurse Verbally Confirms:</b></p> <input type="checkbox"/> The name of the procedure  <input type="checkbox"/> Completion of instrument, sponge and needle counts  <input type="checkbox"/> Specimen labelling (read specimen labels aloud, including patient name)  <input type="checkbox"/> Whether there are any equipment problems to be addressed         </div> <div style="background-color: #e0f2f1; padding: 5px;"> <p><b>To Surgeon, Anaesthetist and Nurse:</b></p> <input type="checkbox"/> What are the key concerns for recovery and management of this patient?         </div>

This checklist is not intended to be comprehensive. Additions and modifications to fit local practice are encouraged. Revised 1 / 2009 © WHO, 2009

# Infections

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## **Health care-associated infections**

**10%** of patients get an infection while receiving care.

## **Surgical site infections**

More than 50% of surgical site infections can be antibiotic-resistant.

## **Impact of infection prevention and control**

Effective infection prevention and control reduces health care-associated infections by at least 30%.

<http://www.who.int/infection-prevention/en/>

# THE ECONOMICS OF PATIENT SAFETY

Strengthening a value-based approach to  
reducing patient harm at national level


Luke Slawomirski, Ane Auraaen  
and Niek Klazinga



MARCH 2017

# Step 7

## Understand the Context



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“Safety” is the ability of a system to sustain required operations under both expected and unexpected conditions.

**Safety is what we do every day**

Hollnagel E., Wears R.L. and Braithwaite J. From Safety-I to Safety-II: A White Paper. The Resilient Health Care Net

Published simultaneously by the University of Southern Denmark, University of Florida, USA, and Macquarie University, Australia.

## Seven steps to take

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1. Culture
2. Be person centred
3. Study the problem
4. Plan for safety
5. Reliability
6. Choose the problem and solution
7. Understand the context

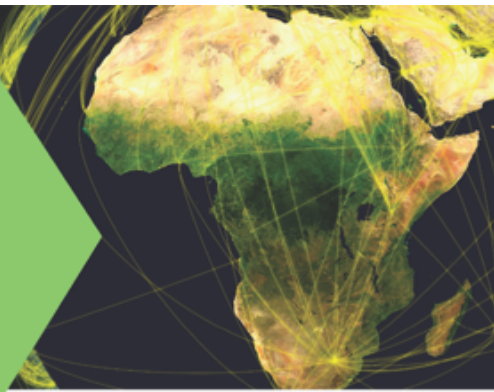
# Daily questions to ask at all levels

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- **What did we do well?**
  - So we can replicate
  
- **Past harm**
  - Has patient care been safe in the past?
  
- **Reliability**
  - Are our clinical systems and processes reliable?
  
- **Sensitivity to operations**
  - Is care safe today?
  
- **Anticipation and preparedness**
  - Will care be safe in the future?
  
- **Integration and learning**
  - Are we responding and improving?



# Join ISQua's African Community of Practice



## About ISQua's African Community of Practice

Set up in 2016, ISQua's African Community of Practice includes quality improvement specialists working in health and social care settings across Africa.

With regular online meetings, members can exchange quality improvement strategies, discuss their successes and challenges, and learn how best practices can be applied to their own organisations.

This group is open to anyone interested in furthering QI work and initiatives in Africa.

### Countries involved to date:

Algeria	Nigeria
Botswana	Rwanda
Ghana	South Africa
Kenya	Sudan
Malawi	Uganda
Mozambique	Zambia
Namibia	Zimbabwe

### WEBINARS

Watch recordings of the Community's previous meetings where they share their country's planned or completed quality improvement strategies and join the discussions in our live webinars

### NETWORK

Exchange information and share learning on issues that are specific to your region; highlight concerns and support each other

### ISQua

Join our Membership and Fellowship programme, and register for our annual conference at reduced rates

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If you are interested in joining the network, please visit [ISQua.org/interest-groups/communities-of-practice](https://isqua.org/interest-groups/communities-of-practice) or email [ccurran@isqua.org](mailto:ccurran@isqua.org)

