



Awareness raising workshop on quality and safety in health care

Summary report

Ashgabat, Turkmenistan, 26-28 May 2009

Address requests about publications of the WHO Regional Office for Europe to:

Publications
WHO Regional Office for Europe
Scherfigsvej 8
DK-2100 Copenhagen Ø, Denmark

Alternatively, complete an online request form for documentation, health information, or for permission to quote or translate, on the Regional Office web site (<http://www.euro.who.int/pubrequest>).

© **World Health Organization 2009**

All rights reserved. The Regional Office for Europe of the World Health Organization welcomes requests for permission to reproduce or translate its publications, in part or in full.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either express or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use. The views expressed by authors, editors, or expert groups do not necessarily represent the decisions or the stated policy of the World Health Organization.

CONTENTS

	<i>Page</i>
Introduction	1
Opening session	1
Meeting content	2
Thematic presentations	2
• Occupational health: preventing and dealing with exposures	
• Role of the chief nurse in the management of the operation room	
• Infection control in the surgical hospital	
• Understanding and learning from errors	
• Role of the environment in health care associated infections	
• Patient safety: an indicator for quality of care	
• The 'Clean care is safe care' initiative	
• Patient safety solutions: universal tools for universal problems	
• The role of patients in improving the quality and safety of care	
National reports	8
• Injection safety	
• Waste management	
• Blood services	
• Reproductive health	
Conclusions and recommendations	11
Priorities of action	12
Recommendations	13
Annex 1: evaluation of the meeting	14

Introduction

The ‘Awareness raising workshop on quality and safety in health care’ was aimed to respond to the expressed interest of national health authorities and efforts already undertaken towards developing a quality and safety strategy in Turkmenistan. Emphasis was placed on the complex issues to be addressed in translating quality and safety integrated approaches into practice, within the framework of health system strengthening.

Three key entry points were used to emphasize the need for integrated interventions and promoting systems’ approach, focused on

- a) quality and safety principles, strategic steps, measurement
- b) quality and safety of health care (focus on prevention of nosocomial infections)
- c) patient safety

The main objectives of the workshop were:

- To raise awareness towards the need to strengthen the quality and safety of health care services using health system’s perspective, and introduce various measurement tools and indicators to assess and monitor the process of improvement;
- To record progress achieved by different national initiatives, and enhance implementation of WHO and international recommendations for prevention of nosocomial infections, including maternal and neonatal care, blood safety, injection safety, waste management;
- To provide a common platform for discussion, shared experience and information exchange between the multiple stakeholders involved, and commonly define next steps in the process of strengthening quality of care and patient safety in the local context

Opening session

The meeting was opened with the welcome notes of Dr. Hashimova Aina, chief expert therapeutic and preventive management of the Ministry of Health and Medical Industry, who noted the timelines and technical relevance of this meeting in the context of the health reform undertaken by the Turkmen health services.

It was attended by 60 participants coming from various levels of decision making and fields of health care, and from all over the country (more than half coming from the provinces – velayats), and was hosted by the conference centre of Ak Altyn Hotel, in Ashgabat.

A team of facilitators comprising experts from Bulgaria, Georgia and the Russian federation, as well as the WHO Regional Office for Europe including its Country Office shared their experience during the event.

The meeting benefited of the successive chairing from a local team of professionals, comprising:

Dr. Aina Hashimova, chief expert, Therapeutic and Preventive Management, Ministry of Health and Medical Industry of Turkmenistan (MHMIT),

Dr. Aliyev Sofia Guseynovna, chief expert, Division of Surveillance and Parasitology, State Sanitary and Epidemiological Service, MHMIT,

Dr. Aksakova Maral, chief. Division of Surveillance and Parasitology, State Sanitary and Epidemiological Service, MHMIT,

Dr. Mekhri Durdieva, chief expert, Tuberculosis Prevention Centre, MHMIT

Dr. Rossitza Vatcheva Dobrevska undertook the task of rapporteur for this event.

Meeting content

The meeting with a duration of three days was structured around thematic presentations and national reports. For the benefit of the report, these will be grouped accordingly.

Thematic presentations

Occupational Health: preventing and dealing with exposures

Transmission of Healthcare Associated Infections (HCAI) can occur in various ways: from healthcare worker to patient, from patient to healthcare worker, from patient to patient, involving airborne, droplet, blood borne transmission, vector borne or contaminated sources (water, food, equipment).

Health care workers need therefore to undertake appropriate risk assessment during patient care and adopt preventive measures avoiding unnecessary exposure and potential infection transmission/ contamination during clinical procedures.

Standard/routine precautions apply to all patients in health care settings, involving general measures designed to reduce infection spread, and include risk assessment.

Hand hygiene and protective equipment (based on risk assessment: gloves; gown, facial protection); respiratory hygiene and cough etiquette; environmental cleaning and disinfection, including equipment; prevention of needle stick injuries, waste disposal; are all key safety measures.

Blood borne pathogens include hepatitis B and C; and HIV. Risk is related to frequency of infectious markers in the general population, frequency of exposure and unsafe practices. All over the world, health care workers have been found to be at increased risk for blood borne diseases, often 3-4 times higher than their local population. Contamination risks can be reduced by applying standard safety precautions, hepatitis B vaccination of health care workers, and post exposure prophylaxis (PEP) based on the clinical risk assessment.

Infection control practices in hospitals; safe injection practices and management of sharps, as well as increased levels of awareness at community level, and the strong emphasis on hand hygiene should be at the core of every public health intervention.

Role of the chief nurse in the management of the operating room

The ability and willingness of the team of nurses, doctors and other professionals in working together to achieve common goals is indispensable to the success of health care.

The Chief nurse oversees the nurses within the respective department & institution, with the aim to maintain and improve the health of patients. For effective supervision of the Chief Nurse must have good interpersonal skills, confidence, authority, sufficient intellectual ability to solve problems and a high degree of flexibility. Part of its responsibilities should include

- Mentoring - demonstrates best practices, using single-loop (explanations and instructions) and double-loop learning (listening and asking strategic questions)
- Training - intensive training to help in implementing best practices
- Teamwork –nurses trust and support each other, each knowing her & his role in the team
- Conflict management - resolve conflicts through negotiation and cooperation

The Chief nurse must promote and protect the changes towards better quality and safety work, directing and supervising the team of nurses to achieve efficient treatment, care and prevention activities and improve the health of patients.

Infection control in the surgical hospital

It is a recognized fact that health care associated infections represent one of the most important problems of medical facilities, requiring sustained efforts for their control and prevention. The surgical hospitals are particularly exposed to this threat to the very nature of their activities.

Potential causes which impact the spread of health care associated infections could be

- The evolving technologies leading to use of sophisticated equipment and complex steps for cleaning, disinfection and sterilization
- The lack of efficient ventilation systems in the operating unit
- The turnover of nurses impeding on the efficiency of working procedures
- The surgical patient, and particularly the elderly
- The increased consumption of antibiotics leading to resistant microorganisms
- The mobility of staff and patients increasing the number of contacts
- The inadequate choice and use of disinfectants

Several medical institutions have developed infection control committees to create a healthy environment for patients and provide protective asepsis.

Specialized infection control nurses are trained for this purpose. The infection control nurse communicates with managers and staff in various departments, to understand the peculiarities of each service, and achieve prevention of infections as a result of practical cooperation.

Nurses in general play a leading role in the process of infection control, and by virtue of their professional duties have closer contact with patients. To effectively apply the principles of asepsis is important to understand how infection occurs, and the means to prevent it. A nursing education program is therefore critical, to enhance the necessary knowledge.

Implementation of the principles of protective asepsis and in particular hand hygiene, is one of the basic things to be done at health care and community level, for better health.

Understanding and learning from errors

The capacity and capability to capture comprehensive information on adverse events, errors and near-misses, its analysis and use as a source of learning is a major element of programmes dedicated to improve patient safety and quality of care.

It is important to recognize that there are human factors which predispose to error such as: limited memory capacity, shortage of time, fatigue, stress, hunger, illness, language or cultural factors, hazardous attitudes. Medical error is a complex issue, but error itself is an inevitable part of the human condition

Therefore improving performance should bare in mind all the possible short comings that could interfere in the process, and first and foremost:

- Know the ways to learn from errors;
- Participate in an analysis of an adverse event;
- Practise strategies to reduce errors.

Removing error traps is one of the main functions of error management. Learning from error is more productive if it is considered at an organizational level, and particularly if it is based on a highly structured system approach to indentifying, reporting and analyzing incidents.

Several reporting systems (mandatory or voluntary) have been developed around the world. They vary in their nature, scope and complexity. Some are open-ended and attempt to capture adverse events and near-misses along the entire spectrum of care delivery. Others focus on particular types of adverse events or on technologies or process of care where errors and adverse events can occur (e.g. medical devices, blood transfusion, medication use). Reporting is seen as an important instrument in the learning process – the reporting and learning culture.

Role of the Environment in Health Care Associated Infections

The health-care environment contains a diverse population of microorganisms, of which some represent significant pathogens for susceptible individuals.

Eight criteria are used to evaluate the strength of evidence for an environmental source of infection and related means of transmission of infectious agents (fomite: any inanimate object or substance capable of carrying infectious organisms and hence transferring them from one individual to another, Wikipedia definition). The eight criteria, listed in the order of strength of evidence, are as follows:

1. The organism can survive after inoculation onto the fomite.
2. The organism can be cultured from in-use fomites.
3. The organism can proliferate in or on the fomite.
4. Some measure of acquisition of infection cannot be explained by other recognized modes of transmission.
5. Retrospective case-control studies show an association between exposure to the fomite and infection.
6. Prospective case-control studies may be possible when more than one similar type of fomite is in use.
7. Prospective studies allocating exposure to the fomite to a subset of patients show an association between exposure and infection.
8. Decontamination of the fomite results in the elimination of infection transmission.

Health-care activities generate waste - a reservoir of potentially harmful micro-organisms which can infect hospital patients, health-care workers and the general public. Other potential infectious risks include the spread of, sometimes resistant, micro-organisms from health-care establishments into the environment, and can also cause injuries (e.g. radiation burns, sharps-inflicted injuries), poisoning and pollution.

Improvements in health-care waste management rely on

- Building a comprehensive system, addressing responsibilities, resource allocation, handling and disposal,
- Awareness raising and training about risks related to health-care waste, and safe and sound practices;
- Selection of safe and environmentally-friendly management options, to ensure protection from hazards when collecting, handling, storing, transporting, treating or disposing waste.

Patient safety: an indicator for quality of care

Patient safety is one of the nation's most pressing health care challenges. In European hospitals, 1 in 10 patients is subject to harm, while the 1999 report of the American Institute of Medicine estimates that as many as 44,000 to 98,000 people die in U.S. hospitals each year as the result of lapses in patient safety.

Patient safety reflects the need for change towards a culture of safety as an integral component of the quality of health care. Raising awareness (without creating a blame culture) and increasing confidence in the system require visible commitment to safety and quality improvement. Shared responsibilities and accountability will increase interdisciplinary collaboration and communication, but will also require continuous education of staff to strengthen skills and

improve performance. Organizational learning will be fostered by an open, non-punitive environment, with flexible thinking, ready to integrate and use evidence-based knowledge

The economies of scale resulting from reducing failure are expected to be generated by integrating services, teamwork, enhanced communication and patient and consumer involvement – an overall systemic perspective and intervention chain that benefits health and the economy.

Concerted efforts are essential to develop active networks of providers able to share experiences, facilitate effective and efficient health care and support patient empowerment and public education, with the patient as subject and actor in health system performance and outcome.

The “Clean care is safe care” initiative

In October 2004 WHO launched a patient safety programme in response to World Health Assembly Resolution WHA55/18/2002 urging WHO and Member States to pay the closest possible attention to the problem of patient safety. Its establishment underlined the importance of patient safety as a global health-care issue.

Global patient safety challenges cover a significant aspect posing substantial risk to patients, relevant to all health care settings in all countries. The 1st Global Patient Safety Challenge identified by the WHO World Alliance for Patient Safety was dedicated to clean care: clean hands; clean products; clean practices; clean equipment; clean environment. This involves integrated interventions towards improving blood safety, injection safety, clinical procedures, water and sanitation, waste management etc. The challenge is focused on prevention of health care associated infections promoting hand hygiene as the key basic intervention.

Clean Care is Safer Care works in partnership with the global health community and others to ensure that sustained hand hygiene improvement remains on the national and international health agenda contributing to a significant reduction in the burden of disease attributable to health care-associated infections. Political commitment aligned in supporting this pledge, recorded 120 countries committed to address health care associated infections (87% world population coverage) to date.

To further enhance the momentum of the 1st challenge launched in 2005, support health-care workers to improve hand hygiene and stop the spread of infection, the 1st global celebration day of the SAVE LIVES: Clean Your Hands initiative was held 5 May 2009. An updated hand hygiene manual was made available, as well as toolkits and training materials for the implementation of the related multimodal strategies. Published research suggests that multimodal, multidisciplinary strategies that focus on system change offer the greatest chance of success in terms of hand hygiene improvement and infection reduction.

Patient safety solutions: universal tools for universal problems

The WHO Patient Safety programme considered the identification and development of patient safety solutions as one of its key directions of work. With the support of its WHO Collaborating Centre for Patient Safety Solutions (the Joint Commission and Joint Commission International) the work on developing and disseminating solutions for patient safety was initiated.

The patient safety solutions address specific interventions supported by evidence, where good process design can prevent (potential) human errors and minimize the risk of harm in various health care settings. According to the agreed definition, a Patient Safety Solution is defined as any system design or intervention that has demonstrated the ability to prevent or mitigate patient harm stemming from the processes of health care.

To date 9 patient safety solutions have been released as follows:

- Look-alike, sound-alike medication names,
- Patient identification,
- Communication during patient hand-overs,
- Performance of correct surgical procedure at correct body site,
- Control of concentrated electrolyte solutions,
- Assuring medication accuracy at transitions in care,
- Avoiding catheter and tubing mis-connections,
- Single use of injection devices,
- Improved hand hygiene to prevent health care associated infections.

Work is continuing under the guidance of and international experts steering committee on further development of implementation supportive tools, as well as additional solutions identification.

The role of patients in improving quality and safety of care

Patients' involvement in the health care process plays an essential role in raising awareness of medical error and advocating for urgent change to prevent patient harm. It acknowledges that patients and families are an untapped resource of information and that the patient experience is a valuable learning tool.

Patients for Patient Safety, one of action areas of the WHO patient safety programme, is designed to ensure that the perspective of patients and families, consumers and citizens is included as full partners in reform initiatives, and learning can be used to inform systemic quality and safety improvements.

Networking enables sharing experience and lessons learned, fostering knowledge and building a collective voice to create safer patient centered health-care systems, and a solid patient safety culture.

The SPEAK UP initiative, aimed to strengthen patient's voice, is summarized below:

- **S**peak up if you have questions or concerns: it's your right to know
- **P**ay attention to the care you are receiving
- **E**ducate yourself about your diagnosis, test and treatment
- **A**sk a trusted family member or friend to be your advocate
- **K**now what medications you take and why you take them
- **U**se a health-care provider that rigorously evaluates itself against safety standards

- Participate in all decisions about your care.

National reports

The national reports have been grouped in one section to allow a better understanding of the local progress in the field and enable a comprehensive view of various and related interventions, facilitating further integrated planning.

Several national reports were presented during the event. The content of these reports is summarized below.

Injection safety

Injection safety has been given increased attention in Turkmenistan. Several normative dedicated documents were developed to support strategic directions for safe immunization practices

High quality vaccines and injection equipment in line with international standards and certified by WHO were purchased and supported by a number of nationally deployed interventions, such as

- equipment provision including cold chain for the safe storage of vaccines,
- vaccine depots at velayat level,
- provision of disposable syringes
- safe disposal of sharps
- surveillance schemes

Training and education of staff for safe injection use has been done with the support of international and national experts, in line with WHO recommendations and safe injection strategies.

All health workers at risk, have been vaccinated against hepatitis B virus, in 2005 (e.g. Ashgabat and Mary velayat). Starting 2009, anti-hepatitis B vaccination became free of charge throughout the country.

The National Program for safe handling and disposal of medical waste in health care was developed in accordance with WHO recommendations, and approved, while the Guidelines for the safe treatment of medical waste in Turkmenistan have been recently finalized.

Important progress has been achieved, but the national system to ensure the safety of injections requires sustained efforts for its implementation and continuous improvement in the light of new data. The continued attention to this matter by the Government of Turkmenistan and close cooperation with international partners makes the task feasible.

Waste management

As a by product of health care, medical waste poses human health risks associated with infection but also a serious risk to pollution. Acknowledging these problems, the Ministry of Health and Medical Industry of Turkmenistan has initiated work towards the development of a national

waste management programme, with WHO support starting 2005. An interagency working group was created with the technical assistance of international consultants, and several documents were developed, such as:

- The national programme for the safe disposal of medical waste
- The action plan for the safe disposal of medical waste 2007-2015
- Budget proposal for short term activities for the safe disposal of medical waste (2007-2008)
- Proposal for long term budget activities for the safe disposal of medical waste (2007-2015)
- Recommendations for the safe disposal of medical waste in Turkmenistan

The implementation of the national programme for the safe disposal of medical waste is done with the support of the Interagency Coordinating Committee under the leadership of the Ministry of Health and Medical Industry, which also ensures active interaction between various stakeholders and the evaluation of the programme.

Training of the personnel, as well as different population groups, is conducted according to the formally approved instruction manual on 'Rules for collection, storage and disposal of medical establishments'.

Various key stakeholders are involved such as

- Ministries: the Ministry of Economy and Development, Ministry of Finance in the financial planning and budget allocation; the Ministry of Nature Protection, Ministry of Construction in the development of normative documents and evaluation of the programme ,
- State institutions/ bodies: the State Project Institute, the State Committee on Statistics, the State Medical Institute: development of normative documents and training materials
- Local committees in Ashgabat and velayats: active participation in the development of strategies for the elimination of waste, and recycling ; alignment with the sanitary norms sites and allocation of places for medical waste; monitoring of transportation and disposal
- Public and international organizations: technical advice; sponsorship, support in implementation.

Blood services

A single nation-wide blood service was established in the country, to ensure successful development of blood transfusion therapy. The structure and operations performed by the national blood service are covered by dedicated regulatory framework (orders, instructions, methodological documents), approved by the Ministry of Health and Medical Industry of Turkmenistan.

The national blood service has comprises 4 velayat blood banks, 38 offices and 18 ambulatory blood transfusion departments. Branches and offices of blood transfusion services exist in all cities, and in many large medical institutions.

The main task of the blood service is to ensure the safety of donated blood, and its availability to the clinics. This covers the whole blood chain and requires a well organized programme for

regular donation from voluntary non remunerated donors, screening of donated blood for transfusion transmissible infections and blood grouping, appropriate preparation and use of blood according to national standards, all performed by trained staff.

In recent years the national blood supplies were collected mostly from voluntary unpaid donors, and in special cases from family donors. A panel of active donors is available for rare blood groups. About 85% of collected blood is separated into components (fresh frozen plasma, red cell concentrate, platelets, leucocytes, cryoprecipitate, albumin).

All donated blood is screened for syphilis, hepatitis B and C, HIV, brucellosis, and malaria. The level of bilirubin is also regularly measured. Laboratories for testing of infectious markers have been equipped within the framework of a USAID support programme. All blood units testing positive for transfusion transmissible infections are autoclaved prior to discard.

The national blood service is fully funded from the state budget. Due to increased attention given by the president to this issue, the reconstruction of health care facilities was initiated in all velayats. Blood banks located in the refurbished hospitals were provided with the newest equipment for blood collection, testing and processing. A new blood centre is currently under construction in Ashgabat, expected to respond to highest quality and safety requirements.

To complement the report on blood services, a SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis was performed involving all participants. The SWOT analysis is a tool helping to identify the best ways in which the planned interventions could be implemented, and how to capitalise on existing opportunities, while avoiding potential threats.

The results of the group work are compiled in the table below.

<p>STRENGTHS</p> <ul style="list-style-type: none"> ▪ The national blood service with national coordination and control ▪ A network of blood banks and a hierarchy (central, velayat. etrap.) ▪ Work developed on a common principle (type of research, order of study) in all laboratories, and blood banks in the country ▪ Laboratory monitoring and protocols analysis ▪ Provision of laboratory equipment ▪ Regular seminars 	<p>WEAKNESSES</p> <ul style="list-style-type: none"> ▪ No national committee on blood transfusion ▪ No formal system of standard protocols ▪ No regular training (?) ▪ No specialists at district level ▪ No internal and external quality control ▪ Bio-waste management not organized in etrap ▪ Shortage of laboratory disposables (vacuum tubes) ▪ No quarantine procedures for collected blood
<p>OPPORTUNITIES</p> <ul style="list-style-type: none"> ▪ Building better blood banks with complete laboratory ▪ Conduct seminars at district level and encourage experience exchange ▪ Promotion campaigns for blood donation 	<p>THREATS</p> <ul style="list-style-type: none"> ▪ The risk of trauma and the risk of contamination ▪ Unjustified prescription of blood transfusion

Reproductive health

The main objectives of the reproductive health (RH) programme are to ensure health care quality at primary care level, including free advice and qualified information, and access to disease prevention and care. Starting 1997, continuous efforts have been done in this respect, with the opening of various RH centres, and since 2000, coordinated work was initiated to integrated family medicine with reproductive health.

This work has been regulated by a number of orders from the Ministry of health and medical industry, and developed with the support of UN programmes..
A national strategy on RH was developed and approved by the Government of Turkmenistan in 2000.

The National Centre for reproductive health coordinates the implementation of the strategy, including supplies of contraceptives. To improve the management of the supply of contraceptives a new programme is being implemented in 2009.

The Turkmen Government fully supports the RH service, as an important tool in reducing maternal morbidity and mortality, reducing the number of abortions and related pathology. With the 20.06.2007 ministerial order, the list of essential medicines has been expanded to 357 titles, including contraceptives.

The Law on the protection of citizens (2002) clearly reflects access to reproductive health services for families, including men and adolescents. Progress has been made in the field of maternal and child health, reducing abortions, maternal and infant mortality

Particular attention has been given to the 'Safe motherhood programme', supported by the ministerial order VG/17/19.12.2006 A series of guidelines have been developed with international support (USAID, UNICEF, CDC, WHO), and staff has been trained on a regular basis during the last years, reaching important numbers in both local trainers and trained specialists. Education of specialists was also conducted at work, in pilot hospitals. As result of implementing acquired knowledge, 62 hospitals received the status of «hospital friendly for children» representing 95% of all obstetric institutions.

In 2009, the law «On protection and breastfeeding promotion, and requirements for products child nutrition » and a new ministerial order 90/24.03.09.on the «Organization of sanitary-epidemiological work of the maternity houses» under the program «Safe Motherhood» were adopted.

As the main provisions of the national strategy on RH (adopted in 2000) are nearing completion, its content and plan of action will be reviewed and refined during 2009, to better respond to modern developments and current country needs.

Conclusions and recommendations

Quality and safe medical care is a recognized priority of action, and all areas of work presented (injection safety, blood safety, bio waste management, pat saf) aiming to the benefit of the

patient. The existing guidelines and national safety policies recently developed require their gradual translation into practice at all levels of care.

Addressing health care associated infections is protecting both the patient and health care provider. Clean care is safe care, the core message of the 1st patient safety challenge is as valid today as several centuries ago. Simple measures like cleaning hands, for which national guidelines are developed, are part of the interventions that need to be strongly supported within and outside health care.

Adaptation of international experience and development of national protocols are important steps in the process. Rational use of antibiotics for example, require treatment protocols/ and guidelines to improve patient outcome, prevent risk exposure and respectively anti microbial resistance. Strengthening the blood service and its clinical interface including rational use of blood is another key intervention to be considered.

Update medical curricula and establishing programmes of continuous education for medical and paramedical staff, with emphasis on prevention of nosocomial infections and safety interventions are needed.

Interactive methods of training are needed to support the quality improvement challenges, addressing the health care profession, but also the public and the decision making level. Media should be used in the process of disseminating information and a positive image of the various interventions required by health care, as well as patient involvement.

A baseline situation analysis and choice of a specific set of indicators will enable to identify the gaps, develop a plan of action and monitor progress for improved availability and access to safe care

Priorities of action

National level:

- Baseline assessment + indicators,
- Evaluation of hospital performance including reporting of complications
- Reduction of unnecessary transfusions
- Training

Local level:

- Prevention of health care associated infections XXXXXXXXXX
 - Compliance with hand hygiene in the inpatient clinic XXX
 - Control of medical waste XXX
 - Strengthening control XX
 - Revising working protocols X
- Increased supply of disposables X
- Establish database on errors X

Recommendations

To Participants

- Impart knowledge gained during the workshop with colleagues and patients as applicable
- Evaluate current practice, revise daily working protocols and strengthen hand washing practices
- Ensure that national guidance bio waste management is applied at the working place

To Health authorities

- Support campaigns for raising awareness of the population using the Centre for health information (introduce in school curricula, develop advertising materials)
- Establish a working group for baseline assessment + indicators, evaluation of hospital performance including reporting of complications
- Develop national strategic plan of action for strengthening quality and safety of care

To WHO

- Further support the expansion of the national programme for waste management
- Technical support for the baseline analysis of the health care system and indicators' development
- Building local capacity to improve prevention of nosocomial infections (including blood safety)

Annex

EVALUATION FORM

It is to be noted that the meeting benefited from a wide but very diverse audience, coming from the capital and provinces, from various levels of care, as well as different levels of decision making.

To better assess the appropriateness of the meeting content and the relevance of presentations to the audience, an evaluation was performed using a score from 0 minimum value to 5 maximum value, for the following questions

1. Is this meeting useful for your work 0 1 2 3 4 5
2. Did you find the programme interesting 0 1 2 3 4 5
3. What was your general impression on the technical content of the presentation 0 1 2 3 4 5
4. Which topic did you consider the most relevant for your work
5. Which topic did you consider the less relevant for your work
6. Which topic you consider was missing from this workshop
7. Do you have any suggestions or thoughts you would like to share

The evaluation was anonymous and was performed at the end of the meeting. 47 completed forms were returned.

The evaluation results confirmed that the successful completion of this activity. The following conclusions could be drawn (score 0 to 5, with 0 minimum and 5 maximum value)

- 93,60% participants rated the meeting as very useful for their work
(65,95% score 5 + 27,65% score 4)
- 89,35% participants rated the programme as very interesting
(59,57% score 5 + 29,78% score 4)
- 87,22% participants rated the technical content of presentations as very high
(57,44% score 5 + 29,78% score 4)

The most relevant subjects for their work are listed below in the order of frequency quoted by participants

- Hand hygiene and 'Clean care is safe care' (1st patient safety challenge)
- Quality and safety strategy and indicators
- Patient safety
- Waste management
- Blood safety
- Injection safety
- Infection control in surgery and role of the nurse

Environmental safety
Turkmen achievements in the safety field
Maternal health

It is to be noted that an important number of participants did indicate all subjects as interesting and relevant for their daily work.

When looking at the less relevant subjects quoted (even if mentioned on a random basis), these reflect the various backgrounds of participants, and therefore replicate some of the titles listed above.

The topics considered to be missing from the programme were

Testing for hepatitis viruses and treatment of infection
Infectious complications of parenteral treatments
Experience related to new aspects in medical waste management Including disinfectants
Modern aspects in working with patients : the relationship between doctor and patients
Legal and financial aspects of quality and safety
Development of indicators
Radiation safety,
Shared experiences from other countries
More printed materials and CDs

The following suggestions were made

The organization of more seminars
Regularly, and focused on the topics discussed
On a regional basis, separate for district and national level
With selection of participants in relation to the topics
Also for midwives and nurses

Focus of selected topics such as laboratory procedures, blood safety antimicrobial resistance,, quality of care, patient safety (all phases from patient admission to release)

It was also suggested that participants should list anonymously errors in practice, and these to be discussed as part of working group or plenary sessions as part of the learning process.

Workshop methodology should consider
More case studies, and video presentations
Interactive sessions including role play
Shared experience from other countries

Meeting presentations to be translated, printed and disseminated