

Partnership Planning Workshop Report



Geneva

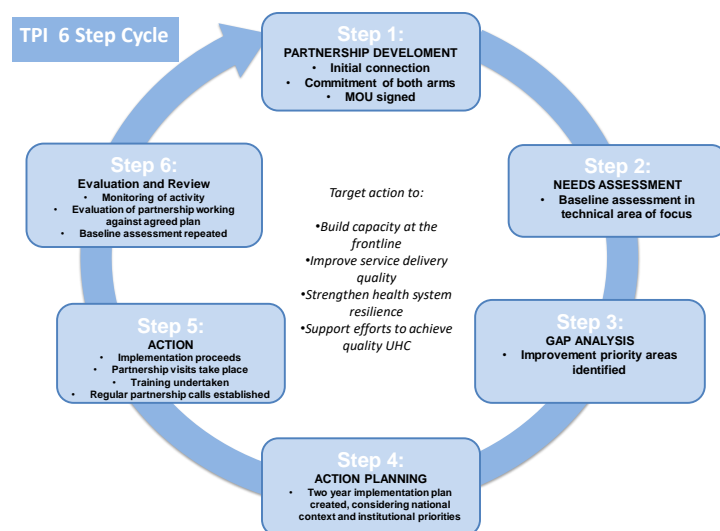
30 November – 2nd December 2016

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1. Background

This report provides an overview of sessions, presentations and discussions held during the Twinning Partnership for Improvements (TPI) Partnership Planning Workshop between Nagasaki University Hospital, Japan with Tellewayon Memorial Hospital, Lofa County, Liberia. The workshop was the first



meeting of this new hospital to hospital partnership. It took place at the headquarters of WHO in Geneva from the 30 November to 2 December 2016. The meeting was the follow up to a Situational Assessment on quality (Step 2) undertaken at Tellewayon Memorial Hospital in October 2016. The assessment provided the baseline on which to analyse the gaps (step 3) and build a plan of activities (step 4) to improve the quality of care at Tellewayon based on the TPI systematic 6-step cycle.

Small teams from each of the two hospitals came together along with a representatives from the Lofa County Health Team and Ministry of Health of Liberia. The workshop also included the WHO HQ staff of the UHC and Quality Unit, Service Delivery and Safety Department as well as a representative of the WHO Liberia office.

Country	Name and Role
Tellewayon Memorial Hospital, Liberia	Dr Musa Zuanah – Medical Director Ms Sarah Fania – Director of Nursing Mr Lousina Farwenel – Hospital Business Manager
Nagasaki University Hospital, Japan	Professor Koichi Izumikawa – Infectious Diseases and Infection Control Dr Masato Tashiro – Infection Prevention and Control Doctor
Ministry of Health, Liberia	Mr Philip Bemah - Director Quality Management Unit
Lofa County Health Team	Mr Edmund Eisah - County Health Team

The workshop was held for 3 days and was primarily focused on establish a strong personal basis for a fruitful and sustainable partnership as well as identification of priority areas for quality improvement action and the development of a Partnership plan of activities for the coming 3 to 6 months.

2. Sessions

Day 1 - Wednesday 30 November

Welcome and Introduction

The workshop was opened by Dr Edward Kelley, Director of the Service Delivery and Safety department at WHO. Dr Kelley welcomed the group. He outlined how in many ways we are lagging behind in many areas and that WHO needs to work better across different approaches in order to enhance learning. This includes working across social media and embracing different ways of learning. Twinning Partnerships is one such mechanism for enhancing learning through a different approach for WHO.

Ms Ritsuko Yamagata, Director Health Team 2, Human Development Department at JICA joined the group by phone and welcomed the workshop participants on behalf of JICA. She shared their support for the work and that although their efforts in Liberia are small they are keen to be part of this TPI project between the two countries.

Participants were then invited to introduce themselves.

Setting the Scene for Action: UHC, Quality and Twinning Partnerships for Improvement

Presentation by Dr Shams Syed

This session provided an overview of the TPI approach to quality improvement. A revision of the TPI 6 step cycle was given as well as a brief reflection on the definition of quality being used by WHO which highlights care being **Safe, effective, people-centred and timely** as well as **equitable, integrated and efficient**.

The history of the development of TPI was shared and the work undertaken as part of the African Partnerships for Patient Safety (APPS) programme since 2009 which focused on technical areas within patient safety.

Discussion followed with the group and included a more detailed consideration of the other countries that can provide solid examples of how the partnership approach works. It was confirmed that partnerships were in action in around 20 countries, triggered by WHO regarding patient safety.

Day in the life of Tellewayon Memorial Hospital and Nagasaki University Hospital

Chaired by: Nana Mensah Abrampah and Maki Kaijwara

This session provided an opportunity for each arm of the partnership to share the experience of their hospitals. The session opened with an overview of the Liberian context regarding quality

improvement activities at the national level. This included the work of the quality management unit and the plans to embed the new strategy as well as develop a policy for quality. Dr Zuanah then presented the current situation in TMH. The hospital has 135 beds and over 200 staff and provides outpatient services as well as inpatient services including paediatrics, Obs/Gyn, dental, radiology, general surgeries and internal medicine. Dr Zuanah also outlined some of the challenges they face in improving the quality of their care. There are some efforts underway in this area and some mechanisms in place for learning and communication including daily handover meetings, weekly presentations and the improved compliance with pathographs project.

Colleagues from Nagasaki University then shared an overview of the hospital in Japan. The hospital has 1600 staff, 22 wards and 862 beds. Their experience with infection prevention and control and their surveillance programme in HAI was described as well as how they developed a network of co-supportive hospitals across Nagasaki.

Discussion was lively and focussed on the mechanisms for guideline development in Liberia which is MOH led, the emphasis on the need to look at processes as well as inputs in order to ensure successful outcomes and the importance of regional collaborations and expertise to monitor small organizations. Priorities in QI need to be identified but the challenge of understanding the resources and methodologies was highlighted as well as the difficulties in changing people's behaviour and sustaining that.

Working in Partnership

Chaired by: Andrew Jones (THET)

This session was led by Andrew Jones from Tropical Health and Education Trust (THET) in the UK.

He presented a brief overview of the work of THET and the years of experience they have gained in supporting hospital to hospital partnerships and focussing on building health care worker capacity. He stressed the importance of the relationship between the partners as the rock on which to build the sustainable technical work.

Katthyana Apacio, TPI lead (Francophone), shared the foundation of Principles of Partnership built by the partners from the African Partnerships for Patient Safety (APPS) programme that WHO ran previously. **Shared vision and joint planning, ownership, good relationships, good communication and ways of working.** Katthyana went on to share some learning and tips from the APPS French partnerships which included:

- Resources are often a constraint
- Infrastructure
- Effective and regular communication
- Collaboration and Comprehension of successes and failures
- Joint decision making
- Support from Leadership and Management
- Interventions have to be adapted and implemented accordingly for the settings

“Partnership is a mindset, it’s not a formula”

“It’s about relationships, not systems”

Brief discussion focussed on the importance of the team working within the cultural and time difference challenges and acknowledging the importance of agreed upon communication methods that everyone is committed to supporting and maintaining.

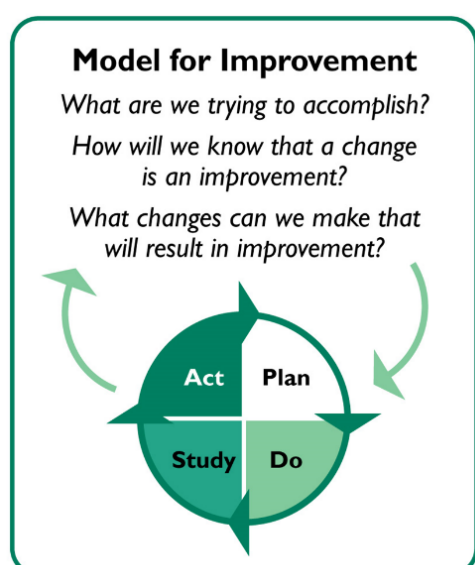
The participants were invited to share on a joint list what they hoped to gain from this partnership and the comments shared are below:

Hopes from the TPI partnership between Nagasaki and Tellewayon hospitals

- Exchange programme for training
- An improved patient safety at THM that will be cascaded to other health facilities in Liberia
- Transparent and trusted partnership
- Learn more about quality and exchange knowledge
- Learn how people responded to the Ebola outbreak and think about how to apply 5s Kaizen
- Trusted partners
- Training for equipment management

Setting Priorities for Quality Improvement

Chaired by: Shams Syed and Nana Mensah Abrampah



A presentation was shared with the group that highlighted the importance and theoretical concepts underpinning quality improvement efforts. This provided the group with the opportunity to consider the question “where to start...?”

Several models of improvement were shared including 5s Kaizen TQM which has been led by Japan and implemented in 738 facilities across 28 countries.

Some basic principles as well as a prioritization checklist were highlighted, the importance of understanding improvement as a process with multiple **inter-dependent steps** that are executed by different people. The session also emphasized the importance of measuring for success. Learning from the quality improvement process and evaluation to inform future scale-up must be a critical component of a quality improvement initiative.

Tellewayon Memorial Hospital – Situational Assessment

Chaired by: Dr Musa Zuanah, Nana Mensah Abrampah and Dirk Horemans

The team presented a review and findings from the recent situational assessment mission that was undertaken at Tellewayon Memorial Hospital in Lofa County. The assessment was undertaken by a multi-level WHO team including participation from country and regional offices of WHO.

A full report was shared with all the participants and can be requested from the team at WHO HQ. Within that report was a summary of recommended areas for action both in the immediate and longer term. The group were able to talk through some of these and begin to think about the priority areas for action by the partnership. It was also an opportunity for Japanese colleagues to ask questions on the different areas of identified need. In particular interest was given to the IPC efforts. Dr Musa was also able to update the group on some of the activities they have already initiated based on the assessment since it was concluded in October 2016. This included identifying a specified IPC lead and including them on the QM team.

For the full report from the assessment please email abrampahmn@who.int

Partnership Planning



The remainder of the day was spent in the first stages of planning. A template was provided as a foundation on which the twinning partnership could begin discussions alongside the situational assessment report. **See Appendix I for the template.**

By the end of the discussion IPC and Waste management were highlighted as the initial priority areas of focus.

The MOH representative and the County Health Team (Lofa County) were also able to use a planning template for beyond the hospital work as part of the wider partnership work planning. **See Appendix II for the template.**

Summary of the day

Chaired by Shams Syed.

A brief overview of the day's sessions was provided before wrapping up for the day.

Day 2 – Thursday 1 December

Communication: The Heart of Partnerships & Quality Improvement

Chaired by Rachel Gooden

This session was rolled over to Day 2 of the workshop due to the importance of the partnership planning time on Day 1.

A brief presentation was shared which highlighted the key considerations regarding the importance of communication within and across the partnership. This included i) Cross Partnership Communication – how often, what is the best method, use of social media tools, ii) advocacy about the work of the partnership within arm of partnership and beyond – in order to ensure buy-in and commitment and potential resource mobilization and iii) how the partnership can contribute to overall WHO resource development and in particular the Global Learning Laboratory for quality UHC.

The partners had the chance to discuss and agreed that the best method to communicate would be through email, given the 9 hour time difference. It was pointed out that this would work well as Japan can respond to emails while Liberia is asleep and visa versa. WHO agreed to support the logistical arrangement of a monthly teleconference call between the two arms.

Learning from Liberian experience to build the partnership

Chaired by: April Baller and Rachel Gooden



This session provided an opportunity to bring together several of the partnerships that are currently working through WHO with Liberia. After an initial welcome and overview provided by Dr Philip Bemah from the Liberian Ministry of Health and a presentation on the work of JICA in Liberia, each partnership presented some of the work they have been doing with colleagues in Liberia.

Mai Suzuki, JICA Liberia:

Ms Suzuki shared some of the projects that JICA are currently undertaking in Liberia. Of particular relevance was the work with Monsterrado County Health team to build management and accountability capacity - Management Capacity Development for Health Services. The project concentrates on building capacity in planning, management, monitoring and supervision. It also has a focus on strengthening the community health plans and then disseminating good practices. This work could have significant benefits for the county health work being undertaken in Lofa County alongside the partnership work at Telleywayon Memorial Hospital. Connecting this work with Lofa was highlighted as an important follow up point.

Lopa Basu, John Hopkins, USA and Dr Sherman, JFD Hospital, Liberia:

Dr Basu shared the work of the Hopkins-JFD partnership alongside Dr Sherman. She was able to outline how the partnership had initiated its work before the Ebola outbreak and actually the partnership was part of a multi-way partnership with Uganda and Sudan as well. In a similar process, they had developed a specific partnership plan which focused on IPC, Safer Surgery and Waste Management. Some initial training on hand hygiene had been undertaken by Hopkins colleagues in the partner hospital in Uganda which JFD colleagues had also participated in. The partners meet monthly via teleconference and are planning the next visit to JFD in Liberia in January 2017.

One of the areas that was shared was their experience of learning and knowledge sharing across the partnership – both ways. The concept of ‘bi-directional’ learning was really important to the partnership and Hopkins staff felt as much benefit from the exchange.

It was pointed out that JFD/Hopkins are keen to strengthen connections with Tellewayon/Nagasaki and co-ordinate where there are opportunities for joint efforts. Hopkins/JFD are interested in undertaking a similar quality improvement focussed assessment that has been completed by Tellewayon and using the same tool that was developed for that process.

Jean-Marc, Expertise France, partnered with JFK Hospital, Monrovia:

Jean-Marc from University Hospital of Rennes in France has a partnership through Expertise France with JFK in Liberia and was able to share a brief overview of some of the work they have undertaken over many years. In particular they have focussed on training and technical assistance to staff and particularly worked on IPC and the quality of care. Recent focus has been on bedside training and particularly concentrating on nursing staff.

When asked how the partnership had managed to sustain the work for so many years, Jean-Marc explained that they are constantly looking for funds and it is a challenge. They are currently looking for funding at the moment to expand some of the training efforts.

Discussion with the presenters was fruitful with everyone agreeing there are many opportunities to bring their efforts together and learn from each other’s experiences. The MOH of Liberia is keen to ensure connections are maintained and WHO is happy to support the on-going connections between the overseas partners (ie. France, USA and Japan). Key areas of discussion were around sustainability of partnership work and how foreign technical injections can support the wider MOH leadership and efforts particularly in IPC.

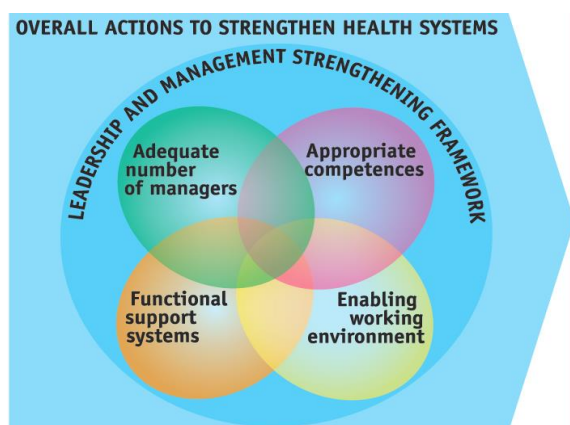
TECHNICAL INJECTION SESSIONS

1. Management and Planning

Led by WHO SDS colleagues Ann-Lise Guisset and Dirk Horemans

This session focused on management and planning responsibilities and capacity building of subnational level health institutions with a focus on hospitals. Referencing to the WHO “Leadership and Management Strengthening Framework” see below,

<http://www.who.int/management/strengthen/en/index.html> the presentation provided a) an overview of important structural and environmental aspects influencing hospital management; b) a



Improved health services and sector goals e.g. MDGs

a framework of management competencies based on 5 domains and 27 subdomains developed by the International Hospital Federation and used for identifying competencies requiring capacity building; and c) different management capacity building approaches applicable to the Liberian context. Applying the hospital competency identification framework to TMH was proposed as a possible partnership activity.

2. Water, Sanitation and Hygiene (WASH) and IPC

Led by WHO WASH colleagues – Maggie Montgomery and Arabella Haider

The session outlined some of the work WHO is leading on WASH including the tool WASH FIT and some of the assessments undertaken in Liberia and Ethiopia. In particular, IPC and WASH Common Indicators were ratified by the three Ebola-affected countries and these represent an opportunity to strengthen the IPC-WASH interface. The WASH FIT tool may also be a helpful evaluation tool for the TPI partnership to consider. The team highlighted that there is currently a colleague within the WASH team focussing on strengthening mechanisms around waste management. WHO does have a document that highlights standards for waste management and stresses the importance of segregating waste.

The main follow-up point discussed was the possibility of a WHO engineer that could support Tellewayon and the work of the partnership with Nagasaki around the waste management and infrastructure elements around the hospitals' water supply. A review of the IPC and WASH common indicators and WASH FIT tool would also be a valuable follow-up point.

3. Patient Safety and IPC

Led by Neelam Dhingra-Kumar and Sara Tomczyk

An overview of the patient safety work at WHO was provided and highlights from the different technical aspects given. This included in particular the work on medication safety being developed and how the TPI efforts may want to access the developing support in this field of safety. Work on patient safety teaching/curriculum, safer surgery and the implementation of the WHO safe surgical checklist were also shared.

The extensive work on IPC was reviewed. In particular, the launch of the Core Components for IPC programmes was stressed as important guidance for the developing work of the TPI partnership. Two follow-up points were highlighted. First, both Tellewayon and Nagasaki expressed interest in focusing on hand hygiene as a starting point for their hospital IPC programme. Continued use of the hand hygiene self-assessment framework and a review of the extensive hand hygiene implementation resources online could facilitate this work. Second, the possibility of Tellewayon as a pilot site for the IPC Core Component implementation tool development was also discussed as a follow-up point.

4. Building Quality through effective Community Engagement

Led by: Asiya Odugleh-Kolev

This critical element of quality improvement was brought to the participants with a presentation and analysis of how thinking in community engagement is being developed at WHO within the UHC and Quality unit efforts. Stress was given in particular to the 'methodology' of community engagement and the importance of preparing staff to receive and provide engagement both with other health professionals, family members and community. The work and training on engagement undertaken by WHO was also shared. Connectivity on this area with Liberia was highlighted and the importance of considering this as the partners move forward in their efforts around IPC and waste management.

There was also an opportunity to hear from WHO colleagues on the work undertaken on patient and family engagement with the development of the Patient and Family engagement framework

underway as well as the work of a WHO programme – Patients for Patient Safety which works with patients and families around the world who have been affected by a patient safety incident and who are now working with health systems to strengthen them and learn from the errors of their experiences.

5. Evaluation & Measurement

Led by: Sun Mean

The importance of measuring quality improvement efforts was greatly discussed during this session with WHO expertise in this field available to challenge the partners thinking about quality indicators and the importance of measuring the impact and effect of their efforts.

It was agreed further development of thinking in terms of the facility level would be important and Sun Mean was happy to help to review the plans and provide further input into the development of a simple set of quality improvement indicators for the work.

Partnership Planning



The remainder of the day was spent in partnership planning time. The partners were able to discuss the priorities for activity and the key areas they would need to develop. Detail was developed around waste management improvements and IPC/Hand hygiene strengthening.

For the draft partnership plan please see Annex III

Day 3 – Friday 2 December



Market Place

After an initial welcome this session was an open session which invited in technical experts from across WHO. The selected technical programmes were engaged based on areas of critical needs identified during the workshop as well as needs identified by the situational assessment undertaken at Tellewayon. It

included the following technical programmes and colleagues:

Table	Technical Area	Table Hosts
1.	Surgery	Walter Johnson
2.	Patient Safety	Katherine Hayes
3.	Quality of maternal, newborn care and Midwifery	Fran Mcconville
4.	IPC	Sara Tomczyk
5.	Measurement	Sun Min Kim
6.	WASH	Arabella Hayter

Time was spent by each of the partners to visit a variety of ‘stalls’ run by the different technical teams to access, review and ask questions regarding WHO work and tools. Resources were available for partners to look through and take away and WHO experts were on hand to answer questions, talk through resources and guide partners’ thinking on particularly areas of work.

Discussion was non-stop throughout the morning and individuals were able to gain direct one-to-one input. **A detailed overview of the session is reflected in Annex V.**



Final Partnership Planning

The remainder of the workshop was spent in partnership planning time. The partners were able to continue to complete their partnership plan and discuss the priorities for activity and the key areas they had chosen to focus on given all the technical support and information they received during the whole workshop.

For the draft partnership plan please see Annex III

Closing reflections

This final session welcomed Dr Ed Kelly, Director for Service Delivery and Safety at WHO and Dr Hajime Inoue. All the participants were able to reflect on the content of the whole workshop and

listen to the thoughts from the visitors. Discussion on the importance of WHO supporting this methodology of implementing improvement was highlighted. Emphasis on how this could be seen as ‘something new’ for WHO was supported by both Dr Kelley and Dr Inoue.

Both Dr Izumikawa, Nagasaki University TPI Lead and Dr Zuanah, Tellewayon Memorial Hospital TPI Lead shared their commitment and appreciation of the workshop and their enthusiasm for the development implementation of the partnership plan that they had now developed.

3. Next steps and follow up

Action Point Area	Details	Follow up person
Cross Liberia Collaboration	<ul style="list-style-type: none"> Email connection across the group Co-ordination – cross TPIs, with MOH and with JICA and work in MCHT 	WHO MOH Liberia and WHO Liberia
Management and Planning	<ul style="list-style-type: none"> To embed this into partnership working Lofa CHT:JICA link up 	5s Kaizen – Nagasaki WHO Liberia
Monitoring and Evaluation	<ul style="list-style-type: none"> Quality Indicators to be shared with participants SARA 2016 Liberia to be added to key reference documents 	WHO HQ
WASH	<ul style="list-style-type: none"> Follow up with WHO engineer regarding getting water tank at TMH running Follow up on guidelines and protocols on waste management Share examples from Ethiopia report 	WHO HQ team WASH
IPC and Patient Safety	<ul style="list-style-type: none"> Share tools for implementation of IPC Core Components when available in late Spring Follow-up on hand hygiene implementation resources Stock of technical documents and think of how to make readily available 	WHO HQ team IPC
Partnership Planning	<ul style="list-style-type: none"> Tidy up the partnership plan and share with partners Compile report from workshop and disseminate Trigger partnership visit planning Completion of partnership visit approval form 	WHO HQ team WHO HQ team WHO HQ team Ko and Musa

4. Appendices

APPENDIX I: TPI Partnership Planning Templates

1: Twinning Partnerships Planning Template

SUMMARY INFORMATION	
Name of twinning institution 1:	Name of lead:
Name of twinning institution 2:	Name of lead:
Name and date of situational analysis/baseline assessments used:	Names of individuals completing the plan:
Technical Action Areas for Focus: e.g. IPC or WASH or Waste Management (Partners to consider 3 or 4 specific areas to work on based on situational assessment).	Example: Project 1: Health care-associated infections/infection prevention and control Project 2: Establish functioning waste management system
For each action area complete the template below. Use as many forms as required depending on the additional technical action areas addressed.	
Project Number and action area:	<ul style="list-style-type: none"> E.g. Project 1: Health Care-Associated Infection/infection prevention and control
Brief description of project	<ul style="list-style-type: none"> Provide a 1-2 sentence outline of the project
Project goals	<ul style="list-style-type: none"> List the change the project will contribute to in 1- 2 sentences. Where possible, link to national and/or local policies and plans including the National Health Strategic Plans and early recovery planning. Try to emphasize how the goals of the project respond to the needs identified in the baseline assessment.
Project outcome(s)	<ul style="list-style-type: none"> Describe the improvement that will result from the project. Outcomes often relate to changes in practice or health outcomes. The outcomes should contribute to the achievement of the goal.

Project output(s)	<ul style="list-style-type: none"> The direct results of the project e.g. 20 people trained in infection control. The outputs should lead to the achievement of the outcomes.
Main activities	<ul style="list-style-type: none"> List all planned activities. For each activity, briefly outline what will be done; where and who will be involved on each side of the twinning partnership; how long it will take; methods that will be used; and associated costs. List technical exchange schedule ie. Fortnightly skype connection, Weekly leads 1to1, 6 monthly visits, ... Is a visit planned in conjunction with this project? (if yes, list likely human and financial costs.) Twinning visit plans for year 1 should be thought through in detail. Plans for year 2 may be more general. Include a draft timeline. What mechanisms are planned to allow receipt of just-in-time input to technical issues? How will you connect with WHO efforts to support quality improvement?
Beneficiaries	<ul style="list-style-type: none"> Include information about the people who will benefit (directly and indirectly) from the project e.g. lab technicians; hospital managers; nurses and different groups of patient and community members. Describe how they will benefit and provide realistic estimates of how many people in each group will benefit. Will benefits span both sides of the twinning partnership?
Stakeholders	<ul style="list-style-type: none"> Identify the key stakeholders and their interest in the project (e.g. other department, district and national health offices) i.e. any individual or group that may exert influence over the project activities and outcomes (across both arms of the partnership). Consider the local community and key stakeholders, including patients and families who could contribute and add value to the planned efforts, providing a fresh perspective to the re-establishment of safe services. Outline which stakeholders the twinning partnership will report to and how often.
Monitoring and evaluation	<ul style="list-style-type: none"> Define key indicators to be used to monitor whether the outcomes of your project have been achieved. Provide an overview of your monitoring and evaluation plans, providing an outline of methods, who will be involved, how the process will be managed, and how partners will learn together.
Sustainability and spread	<ul style="list-style-type: none"> Describe how long the activities will continue and what the plans are for long- term funding. What benefits will continue after the initial 2 year project ends and how? List your plans for building on project achievements. Describe how you will actively disseminate new information gathered and consider activities to support vertical, horizontal and spontaneous spread opportunities.
Risks	<ul style="list-style-type: none"> Identify potential risks associated with the plan e.g. key personnel moving on, changing institutional priorities, conflict between twinning partners and how you will manage each of these risks. List external risks and how you will manage them (e.g. ICT breakdown, problems with visas, political uncertainty).

Project management and support	<ul style="list-style-type: none"> • Outline project responsibilities including division of responsibilities across the twinning partnership. • Provide details of the key personnel involved in each arm of the partnership. • Consider key management questions: What systems will be used to manage finances in both locations? Who will have the main responsibility for budgets? How will you ensure that communication is effective and that all partners know what is happening?
Approved by	
Date of approval	

2: Twinning Partnerships Visit Proposal Template

The visit proposal template should be completed once a visit has been agreed to ensure that the visits have clear objectives and contribute to the overall partnership planning.

Twinning Partnership (list both institutions within the partnership):	Institution 1: Institution 2:
Name of person completing the Visit Proposal Form:	
Purpose of visit - describe which Partnership project(s) the visit relates to:	
What are the start and end dates of the proposed visit?	Start date: End date:
Is the visit aligned with existing in-country activity with no duplication of training or policy development work?	Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/>
Does the visit clearly meet the needs of the twinning partner institutions?	Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/>
Briefly describe the expected outcomes of the planned visit (outcomes are clear, realistic and logical):	

Briefly describe the outputs of the planned visit (outputs are clear, realistic and logical):	
Briefly describe any risks you think might be associated with the visit:	
List the estimated cost of the visit:	
Briefly describe how the proposed visit will contribute to monitoring and evaluation of the Partnership Plan:	
List the number of people involved in the proposed visit and their role in achieving the visit objectives:	
Has the visit been jointly planned and agreed across the partnership?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will the visit offer potential benefits to both twinning partners (if yes, describe briefly)?	Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/>
Briefly describe how the visit will help achieve sustainability and spread of effective essential health service delivery.	

3: Twinning Partnerships Action Report Template

The Action Report Template allows key outputs of each period of the partnership to be documented, lessons learned and actions arising logged. This is part of developing a strong, effective, action focused partnership and contributes to partnership governance.

Twinning Partnership (list both institutions within the partnership):	
Name of person completing the Action Report:	
Time period covered by the progress report?	Report Number: Dates covered in this progress report:
Key actions undertaken	
Key achievements resulting from action taken	
Key challenges faced	
Date of next expected progress report	Date:

APPENDIX II: Beyond the Hospital Planning Template

TPI Beyond the Hospital – Planning Template

SUMMARY INFORMATION	
Name of organization/institution:	Name, role and contact of lead (person completing):
Type of organization/institution: (government/non-government/development partner /faith-based/private)	Level of organization/institution (national, district or county):
Current activity underway in Quality Improvement (QI) within your organization(with relevance to the TPI) :	Key resources/policies/strategies in place in your organization to support quality improvement efforts:
Any items arising from the facility-level (hospital/clinic/health centre/post) needs assessment that are noteworthy for your organization:	

AREAS FOR CONSIDERATION:	
1. How can TPI support your efforts in QI?	
2. How can you ensure that TPI efforts in QI contribute to national and sub-national priorities?	
3. How can your organization/institution support the spread of successful TPI approaches locally, regionally & globally?	
4. Who are the key stakeholders & partners involved in supporting QI activities at the level of your organization?	
5. How can the identified stakeholders and partners be engaged in the QI effort of TPI to ensure a coordinated approach?	

6. What reporting and accountability mechanisms at your level can support the TPI partnership?				
7. How can you support building awareness and momentum around TPI partnership?				
8. What monitoring and evaluation aspects should be considered for your organization to support quality improvement efforts at the facility-level?				
9. What are the potential strengths, weaknesses, threats, opportunities and potential challenges you envisage in your organization for supporting TPI?	Strengths	Weakness	Threats/ Challenges	Opportunities
10. How can your organization/institutions contribute to sustainability of proven TPI interventions?				

11. Are there other areas you wish to consider?	
12. What will be your five next steps on your return home?	

APPENDIX III: Tellewayon – Nagasaki Partnership Plan

SUMMARY INFORMATION	
Name of twinning institution 1: Tellewoyan Memorial Hospital – Liberia	Name of lead: Dr Musa Zuanah
Name of twinning institution 2: Nagasaki University Hospital	Name of lead: Dr Koichi Izumakawa
Name and date of situational analysis/baseline assessments used: October 2016	Names of individuals completing the plan: Dr Koichi Izumakawa – NUH Dr Zuanah - TMH Dr Masato Tashiro - NUH Mr Farwenel - TMH Ms Sarah Fania - TMH
Technical Action Areas for Focus: e.g. IPC or WASH or Waste Management 1. IPC and WASH 2. Waste Management	Example: Project 1: Infection Prevention and Control and Water, Sanitation and Hygiene
For each action area complete the template below. Use as many forms as required depending on the additional technical action areas addressed.	
Project Number and action area:	Project 1 (PR1): Infection Prevention and Control Project 2 (PR 2): Waste management
Brief description of project	PR1: This project is focused on utilizing an improvement framework to enable the partnership to develop sustainable improvements in hand hygiene & general aspects of infection prevention & control. Evidence-based guidance & project resources will be used to measure success & disseminate good practice both domestically & internationally

	<p>PR2: This project is focused on reviewing and undertaking significant improvements in the waste management using a 5s Kaizen approach to improve processes and systems within the hospital. This will be carried out in line with existing national frameworks, guidance and examples. Evidence based guidance and resources will be used to measure the success and disseminate good practices both domestically & internationally</p>
Project goals	<p>PR1: A measurable reduction in healthcare associated infections through improvements in knowledge, attitudes and practice in infection prevention and control, which are both sustainable and can be replicated across a range of health care providers. A fundamental goal is to 'spread' initiatives/interventions wherever there is evidence to support their efficacy, effectiveness and sustainability, both locally and to inform, as well as be informed by, national policy where applicable.</p> <p>PR2: A measurable improvement in waste management processes, guidance, knowledge and practice across all staff at the hospital. A fundamental aim of the project is to embed sustainable waste management procedures throughout the institution.</p>
Project outcome(s)	<p>PR1:</p> <ul style="list-style-type: none"> • Strengthened infection prevention and control organizational structure and culture in line with national direction • Strengthened production facility of ABHR to meet the needs of the hospital • Adaption and implementation of infection prevention and control policy, education, audit and surveillance in line with the national direction. • Embedded new mechanisms for behavioural adaptation within the hospital. • A demonstrable reduction in healthcare associated infections from the baseline. • A demonstrable improvement in hand hygiene compliance from the baseline. <p>PR2:</p> <ul style="list-style-type: none"> • Strengthened processes and procedures regarding waste management for both health care staff and patients/families.
Project output(s)	<p>PR1:</p> <ul style="list-style-type: none"> • Quality Management team grounded in with IPC • Hospital policy and protocol development as required on key technical issues identified • Clear process, checklists/reminders and 'Standard Operating Procedures' (SOPs) on IPC technical areas as required • Established mechanisms for on-going learning and active feedback loops • Increased production of ABHR, resulting in improved hand hygiene processes (given the water limitations at the hospital)

	<ul style="list-style-type: none"> • 100% staff using ABHR • 100% staff trained and educated appropriate to their needs to ensure that they have the understanding to maintain the required standards identified within local/national policy. • Training/education frameworks established utilising a training the trainer model to facilitate the delivery of the required training and address staff education needs locally with a view to scale up. <p>PR2:</p> <ul style="list-style-type: none"> • Clear processes and SOPs regarding safe waste management both at the ward level and in the hospital as a whole. • 100% of staff trained and education mechanisms developed to teach patients and families. • Effective and proper use of the new incinerator (Incinerator is due to be built)
Main activities	<p>PR1:</p> <ul style="list-style-type: none"> • Regular monthly teleconferences supplemented by structured partnership visits. Emerging technical needs will also be addressed through email communication. • Development of staff training and advocacy programme on hand hygiene for staff at TMH • Reviewing production process to work out how to increase production and validate efficacy of ABHR at the hospital • Establish appropriate process for dissemination of ABHR at the ward level • Adapt national policy on the development of quality management teams including development of Terms of Reference (TOR) for the TMH quality management team, including IPC • Consider necessity for health worker vaccination and associated issues related to health worker protection • Consider and adapt 5S-Kaizen methodology as part of TPI • Development of a robust audit process including pertinent tools to monitor both alcohol hand rub production processes and hand hygiene in clinical practice, providing baseline data and evidence of improvements while measuring the sustainability of key actions. • Strengthen WASH within the hospital in line with national efforts to support IPC strengthening (consider WASH FIT implementation) • Ensure that the establishment of surveillance systems are linked into national and regional systems. • Explore potential quality improvement efforts on priority subject areas that emerge during technical exchange visit • Arrange and plan a partner exchange visit to run as below <p>26 Feb – 7 March 2017 for NUH team to visit TMH. The visit will include:</p> <ul style="list-style-type: none"> ▪ TPI lead ▪ TPI deputy lead ▪ IPC expert doctor and nurse ▪ Leadership (VP) ▪ Medical students (supported by Nagasaki) <p>Middle of March (TBA- NHU would like to have TMH team at the regional Infection control meeting in Nagasaki on 17 March) Tellewoyan hospital to visit Nagasaki. The visit will include:</p>

	<ul style="list-style-type: none"> ▪ TPI lead ▪ TPI deputy lead ▪ IPC lead <p>PR2:</p> <ul style="list-style-type: none"> • Review current waste management practice and consider the 5S-KAIZEN processes • Establish hospital regulation & protocols to manage waste safer both for patients and health care workers in the hospital with applying 5S-KAIZEN, WASH facility guideline, and other available tools. i.e, changing layout of the number and place of bins. • Undertake any necessary staff and patient/family training in order to ensure new methods and systems are sustainable.
Beneficiaries	<p>PR1 and PR2:</p> <ul style="list-style-type: none"> • The population who utilise the facility – positive impact on morbidity and mortality for service users, reducing lengths of stay, reducing costs and improving quality of life post-hospitalisation • Health care staff in TMH benefit from improved, safer working practices, with systems and processes being implemented to ensure they are protected from exposure to communicable diseases • Broader impact beyond TMH to Lofa county and beyond • Both partners benefit from sharing skills and expertise • Ministry of Health in Liberia – Implementation experiences to be shared enabling the partnership to contribute to national health policy implementation • Government of Japan – Direct opportunities to know how domestic experience in health care works in the context of global health to investigate more contribution to global health • Hospitalstaff in NUH – TPI provides an opportunity for staff in Nagasaki to benefit from involvement, in particular in relation to professional development and leadership
Stakeholders	<p>PR1 and PR2:</p> <ul style="list-style-type: none"> • The partnership hospitals • Nagasaki UH – NEKKEN(Nagasaki University Institute of Tropical Medicine) • WHO technical teams, • Collaborating partners involved in quality • Ministry of Health • Country health team • Academic institutions • Media • Religious Institutions

	<ul style="list-style-type: none"> • Private companies • JICA
Monitoring and evaluation	<p>PR1 and PR2:</p> <ul style="list-style-type: none"> • HH compliance monitoring using validated methodology • Re-conduct HH self-assessment framework during & after TPI • Develop simple mechanism to track HAIs • Develop simple mechanism to monitor correct safe waste management processes. From collection to transportation (internally and externally). Including handling, segregation, treating, storage and disposing. • Develop simple quality indicators in the hospital based on technical priorities identified from the TPI
Sustainability and spread	<p>PR1 and PR2:</p> <ul style="list-style-type: none"> • Ensure strong linkage and exchange with other existing quality improvement initiatives within TMH and other health partnerships in Liberia • Link hospital partnership activities with national quality strategies in Liberia and wider MOH efforts • Strengthen community engagement between hospital and surrounding communities and other facilities within Lofa County • Ensure integration of QI strategy between county and hospital • Ensure Nagasaki U to link with hospitals in Nagasaki and wider Japan • Utilize JP hospital network to share information on the partnership work • Host the advocacy events both in Liberia and Japan • Ensure President/VP of Nagasaki U to meet the Liberian team • Ensure Minister or CMO to meet JP team • Ensure strong engagement of JICA Liberia FO • WHO to continue to nurture and facilitate the partnership • Embed strong learning mechanism into TPI. As improvements are undertaken, document the “how to” of such approaches.
Risks	<p>PR1 and PR2:</p> <ol style="list-style-type: none"> 1. Sustainability of the partnership 2. Time (9-hour difference) 3. Communication between hospitals 4. Distance 5. Good will evaporate 6. Language barrier

	7. Change in personnel on either arms of partnership 8. Inadequate sharing of information between different levels of the health system 9. Another infectious disease outbreak
Project management and support	PR1 and PR2: <ul style="list-style-type: none"> • Designate TPI lead, sub-lead, and team members (TPI team) • Ensure catalytic fund available through WHO country office • Have monthly call hosted by WHO • WHO to support partner exchange visits through March 2017 • Commitment to respond to email communication • investigate and operationalize online-based platform for document sharing • WHO to support strengthening of knowledge architecture(library)at TMH • WHO to support documenting the improvement experience through a series of knowledge mechanisms (e.g case studies/action briefs/knowledge briefs/peer reviewed publication etc)
Approved by	
Date of approval	

Partnership Workshop

Twinning Partnerships for Improvement

30 November – 2 December 2016

WHO Headquarters, Geneva

Room – L10

This Workshop convenes the partners from Nagasaki University Hospital, Japan and Tellewyan Memorial Hospital, Lofa County, Liberia to meet four key objectives with three associated deliverables:

Objectives

1. To build and strengthen the new TPI partnership.
2. To develop the basis for quality improvement through a focus on key technical areas and the translation of a situational assessment into an action-focused partnership plan.
3. To provide the foundation for spread and sustainability of quality improvement thinking at the hospital, county and national levels that feeds into partnership plans.
4. To develop working Partnership Plan.

Deliverables:

1. Agreed partnership plan that outlines the detailed work for the next 6 months between Nagasaki and TMH.
2. Clear county health plan for supporting, implementing and spreading partnership activity beyond TMH across Lofa County.
3. Outline of implementable quality improvement activities to support national quality strategy and broader partnership activity across Liberia.

Wednesday 30 November: CONTEXT SETTING AND PARTNERSHIP DEVELOPMENT

COFFEE AVAILABLE ON ARRIVAL

10.00 Welcome and Introduction

Chaired by: Rachel Gooden

Session allows a formal welcome by

- Shams Syed, Co-ordinator UHC and Quality Unit
- Ms Ritsuko Yamagata (Ms), Director, Health Team 2, Human Development Department Japan International Cooperation Agency (JICA)

followed by introductions of all participants

10.15 Setting the Scene for Action: UHC, Quality and Twinning Partnerships for Improvement

Presentation by: Shams Syed

Objectives

1. Update on actions on quality improvement at WHO.
2. Recap on the TPI approach to quality improvement.
3. Define Workshop objectives.

Allow time for discussion and questions on the key areas of work.

10.45 Day in the life of Tellewayon Memorial Hospital and Nagasaki University Hospital

Chaired by: Nana Mensah Abrampah and Maki Kajiwara

This session will provide an opportunity to share experiences.

Objectives

1. Sharing of national level quality improvement activity in both Liberia and Japan
2. To gain an understanding of the life of the two partner hospitals and the frontline realities of health care across the two countries.

12.00 Working in Partnerships – Round table discussions

Chaired: Andrew Jones (THET)

Opportunity to discuss how to work in partnership including principles of partnership developed through APPS. The session will explore expectations & hopes; the role of innovations and the bi-directional nature of the partnership-based approach.

Objectives

1. To gain an understanding of how to work in a successful and sustainable partnership
2. Share expectations and hopes for the partnership.

12.45 Lunch

13.30 Setting priorities for quality improvement

Chaired by Shams Syed and Nana Mensah Abrampah

An opportunity to cover critical areas in quality improvement and the basic principles of prioritization, why we need to prioritize, sustainability and designing for scale-up from the beginning.

Objectives

1. Provide overview of QI models and techniques
2. Cover basic principles of improvement such as understanding processes & systems, developing solutions by teams, testing and measuring changes and learning for improvement.
3. Review and acknowledge where the partnership is in that process in terms of Step 2/3 of partnership cycle
4. Consideration of QI and tools including HSOPS (hospital safety culture survey) that will be implemented in JFD. A focused technical discussion on assessments and links to QI improvement activities will be critical.

14.00 Tellewayon Memorial Hospital – Situational Assessment

Dr Musa Zuanah, Nana Mensah Abrampah and Dirk Horemans

Presentation of the situational assessment findings at Tellewayon Memorial Hospital and gap analysis/priority identification.

Objectives

1. To understand the process undertaken for the assessment.
2. To have a clear picture of the broader context in which TMH sits.
3. To review the key findings and update on activity since mission.
4. Share expectations and hopes for the partnership
5. Identify initial priorities for focus

15.00 Partnership Planning – 1

Chaired by: Rachel Gooden and Katthyana Aparicio Reyes

First Partnership planning session using the TPI planning template. Brainstorming initial thoughts.

15.30 Coffee Break

15.45 Partnership Planning – 2

Partnership group work alongside TPI team members to develop their partnership plan.

Objectives

1. Review current thoughts and plans in the template post technical input session.
2. MOH and County perspectives have opportunity to develop own plans for action

16.30 Communication: The Heart of Partnerships & Quality Improvement

Chaired by Rachel Gooden

Objectives

1. Gain an overview of how strong partnership communication can be planned for from the onset of partnership activities.
2. Advocating and communicating the partnership work across the hospital and county on both arms of the partnership
3. Consider how the county and national context could support this.
4. Overview of partnership visit process

17.15 Summary of the Day

Round up of day 1.

Ed Kelley, Director of Service Delivery and Safety, WHO will be present.

Facilitated by Shams Syed

Thursday 1 December: TECHNICAL INJECTIONS AND PLANNING

9.00 Learning from Liberian experience to build the partnership

April Baller and Rachel Gooden

Examples of other partnership work shared from Johns Hopkins/Jackson F. Doe and Esther France. Opportunity to hear from JICA on activity in Liberia and opportunities for partnership support.

Objectives

1. Learn of other activity across Liberia on QI and patient safety and have discussion.
2. Highlight opportunities for joint working and outline next steps for cross learning.

10.30 Technical Injection 1: Management and Planning

Dirk Horemans and Ann-Lise Guisset

This session will provide a particular focus on management and planning as part of quality improvement.

Objectives

1. Provide opportunity to deep dive in the area of management trainings across both facility and county-level.

11.00 Coffee Break

11.15 Technical Injection 2: Technical Injection – WASH and IPC

Sara Tomczyk and Maggie Montgomery

The session will focus specifically on waste management and addressing limited water infrastructure and supply. Key linkages with IPC will be highlighted.

Objectives

1. Opportunity to deep dive into this technical area and consider *real implementable* activities in line with partnership plans

12.00 Technical Injection 3: Patient safety and IPC

Neelam Dhingra-Kumar and Sara Tomczyk

Consider what can be achieved on Patient Safety including medication safety, laboratory strengthening and immunization of health workers and IPC including the core components that need to be in place at the health care facility level.

Objectives

1. Consider the possible quick-wins in patient safety and IPC and specific activities that are easily implementable into the partnership plan.
2. Opportunity for Japanese colleagues to share an overview of 5s Kaizen concept

12.30 Lunch

Individual lunch within WHO and time to connect informally

13.15 Technical Injection 4: Building Quality through effective Community Engagement.

Led by: Asiya Odugleh-Kolev

Objectives

1. Gain an overview of how community engagement activities can strengthen the partnership efforts.
2. Describe how patient & family engagement approaches can be incorporated with wider community engagement efforts.

13.45 Technical Injection 5 – Evaluation & Measurement

Led by: Sun Mean

Monitoring and Evaluation will be considered as part of the improvement planning process from the onset.

Objectives

1. Consider the measurement of success for the partnership work in the improvement areas identified.
2. Discuss possible resources available to support this area within the partnership plan.

14.30 Partnership planning and timeline development

Continued work on the detailed partnership plan.

15.00 Afternoon Break

Group photo on the roof top

15.30 Partnership planning and timeline development

Continued work on the detailed partnership plan

16.30 Summary of the Day – opportunity to share and review work so far

- 17.00 *Led by Shams Syed*

Friday 2 December: MARKET PLACE AND PLANNING

9.30 – 11.30

Open session with colleagues from across WHO in a variety of technical areas available with resources and 'implementable' ideas' to share and answer questions from the participants.

Subject areas will include:

- *Quality of maternal & newborn care*
- *Surgery*
- *Communicable Disease*
- *Patient Safety*
- *Midwifery*
- *IPC*
- *TB:*
- *Malaria*

11.30 – 12.00 Partnership Plan Completion

Final discussions, planning and completion of the partnership plan.

12.00 – 12.30 Final Reflections and Next Steps

Ed Kelley to join and round off the workshop

APPENDIX V: Market Place Session Overview

Friday 2 December: MARKET PLACE

Location: Salle G (8th Floor)
9.30 – 11.30

A market place is a type of knowledge management mechanism that allows for matching of needs with expertise. It is a face-to-face forum in which participants present their issues of concern. Ideas, tools & approaches are exchanged on how best to address specific issues. The market place is an open session allowing participants to engage in free-flowing, open dialogue in a variety of technical areas. Table hosts present & share resources and implementable ideas with participants soliciting input into ongoing areas of work.

Table	Technical Area	Table Hosts
7.	Surgery	Walter Johnson
8.	Patient Safety	Katherine Hayes
9.	Quality of maternal & newborn care/ Midwifery	Fran Mcconville
10.	IPC	Sarah Tomczyk
11.	Measurement	Sun Min Kim
12.	WASH	Arabella Hayter

Participants:

Liberia (7): MOH/Quality Management Unit Lead, Lofa County representative, Tellewoyan Memorial Hospital (TMH) Medical Director, TMH Hospital Director, a member of the clinical staff and WHO Country Office Representative.

Nagasaki University, Japan (3): Director and two assistant professors from the Infection Control and Education Center.

Andrew Jones (1): Head of Partnerships, Tropical Health and Education Trust (THET), UK.

Format:

The purpose of this market place is to facilitate exchange of knowledge, resources and actions that can support the implementation of the TPI action plan developed for the twinning partnership initiative between TMH and Nagasaki University Hospital. Participants are free to choose technical programmes of greatest relevance and interest.

The 120 minute session will allow for participants to freely rotate the room and engage in insightful dialogue with table hosts.

Agenda: 120 minutes

09:30	Introduction <ul style="list-style-type: none">Rapid introduction to market place session
09:40	Market Place <ul style="list-style-type: none">Participants rotate freely around room, engaging in dialogue with table hosts.¹
10:30	Coffee break
10:35	Market place continued

¹ As session is open. No maximum time has been allocated per table. However, ideal maximum time at each table should be 20 minutes.

	<ul style="list-style-type: none"> Participants rotate freely around room engaging in dialogue with table hosts
11:30	Close

Set up:

- 8 tables around the room.
- Tables should be far enough apart so people can hear those speaking at their own table clearly.
- Each technical areas will have an assigned table.

Guide for table hosts:

- Introduce yourself and have participants introduce themselves.
- Briefly ask group members to share key insights from the week, providing an overview of the action plan developed earlier in the week.
- Have participants share their experience/thoughts relevant to the technical programme.
- Discuss “implementable” ideas and resources of relevance to the action plan developed accounting for context.

Resources:

Ahead of the marketplace, table hosts are encouraged to read:

- Advanced draft report of the situational assessment conducted in Tellewoyan Memorial Hospital
- Twinning Partnership for Improvement Preparation package.

Table hosts are also encouraged to bring and share hard copies of documentation of relevance to the objectives of the workshop.

Room layout:

