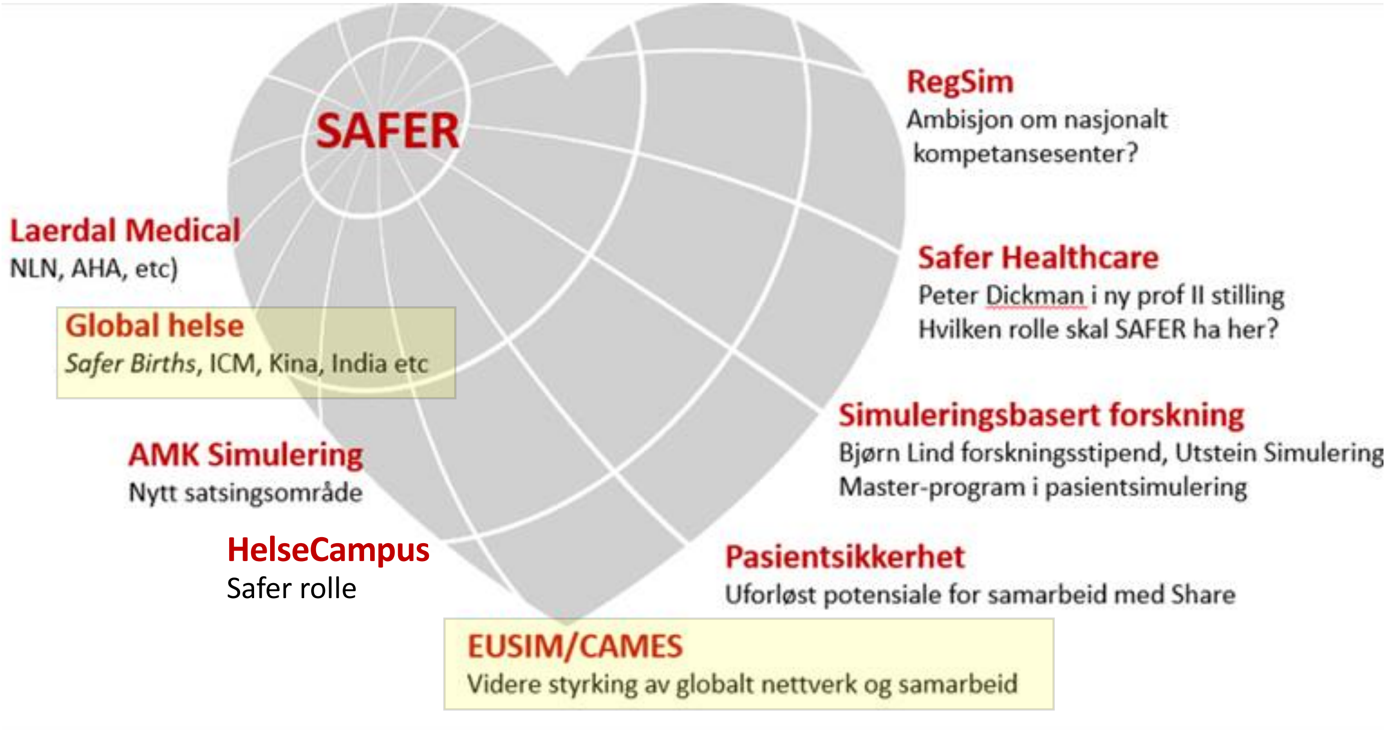
SAFER Julesymposiet 2018

Global
Resuscitation
Alliance



Survive & Thrive 5 års rapport

- 14 land-rapporter
- Sammendrag av 60 publiserte artikler om simuleringsbasert undervisning med Helping Babies og Helping Mothers Survive kursene i lavressurs land

www.surviveandthrive.org

Hva er oppnådd?

- Simuleringsbasert undervisning er innført i 80 fattige land
- 500,000 fødselshjelpere har blitt bedre opplært og utstyrt

.

50 mill. *safer* fødsler hvert år

Hva har vi lært?

- Dødeligheten ved fødsel i fattige land, kan halveres *ved god gjennomføring av kursprogrammene*
- Regelmessig praksis/gjentrening og QI er avgjørende for overføring av opplæring til klinisk pasientbehandling.

Dette videreføres nå bl.a. i
***50,000 Happy Birthdays* programmet**

* Large scale studies in Tanzania, Uganda, Ghana, Bangladesh and Nepal. For annotated bibliography of 60 papers

Best Practice pasient-simulering - i rike land


2012, e1–e22, Early Online

MEDICAL TEACHER

WEB PAPER

Comparative effectiveness of instructional design features in simulation-based education: Systematic review and meta-analysis

DAVID A. COOK[1,2], STANLEY J. HAMSTRA[3], RYAN BRYDGES[4], BENJAMIN ZENDEJAS[2], JASON H. SZOSTEK[2], AMY T. WANG[2], PATRICIA J. ERWIN[2] & ROSE HATALA[5]

[1]Mayo Medical School, USA, [2]Mayo Clinic College of Medicine, USA, [3]University of Ottawa, Canada, [4]University of Toronto, Canada, [5]University of British Columbia, Canada

Abstract

Practice points

- Evidence supports the following as best practices for simulation-based education: range of difficulty, repetitive practice, distributed practice, cognitive interactivity, multiple learning strategies, individualized learning, mastery learning, feedback, longer time, and clinical variation.
- Future research should clarify the mechanisms of effective simulation-based education: what works, for whom, in what contexts?
- Direct comparisons of alternate simulation-based education instructional designs can clarify these mechanisms.

1. Feedback
2. Repetitive Practice
3. Distributed Practice
4. Curriculum Integration
5. Clinical variation
6. Range of difficulty
7. Individualized learning
8. Multiple learning strategies
9. Defined Outcomes
10. Valid simulator

Samme Best Practice i Lav-ressurs land?

Fra «Utstein»- møtet på på SAFER i juni2015

PLOS | ONE

RESEARCH ARTICLE

Successful implementation of Helping Babies Survive and Helping Mothers Survive programs—An Utstein formula for newborn and maternal survival

Hege L. Ersdal[1] *, Nalini Singhal[2], Georgina Msemo[3], Ashish KC[4,5], Santorino Data[6], Nester T. Moyo[7], Cherrie L. Evans[8], Jeffrey Smith[8], Jeffrey M. Perlman[9], Susan Niermeyer[10], on behalf of the participants in the Utstein consensus process: How to implement successful Helping Babies Survive and Helping Mothers Survive programs[¶]

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¶ Membership of the participants in the Utstein consensus process is provided in the Acknowledgments.
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Citation: Ersdal HL, Singhal N, Msemo G, KC A, Data S, Moyo NT, et al. (2017) Successful implementation of Helping Babies Survive and Helping Mothers Survive programs—An Utstein formula for newborn and maternal survival. PLoS ONE 12(6): e0178073. https://doi.org/10.1371/journal.pone.0178073

Editor: Umberto Simeoni, Centre Hospitalier Universitaire Vaudois, FRANCE

Received: November 14, 2016

Accepted: May 5, 2017

Published: June 7, 2017

Data Availability Statement: All relevant data are within the paper.

Funding: The Utstein consensus meeting was sponsored by the Laerdal Foundation. The authors received no specific funding for this work. The funding source had no role in data analysis, data interpretation, writing of the report, or in the decision to submit the paper for publication.

Competing interests: The authors have declared that no competing interests exist.

Abstract

Globally, the burden of deaths and illness is still unacceptably high at the day of birth. Annually, approximately 300.000 women die related to childbirth, 2.7 million babies die within their first month of life, and 2.6 million babies are stillborn. Many of these fatalities could be avoided by basic, but prompt care, if birth attendants around the world had the necessary skills and competencies to manage life-threatening complications around the time of birth. Thus, the innovative Helping Babies Survive (HBS) and Helping Mothers Survive (HMS) programs emerged to meet the need for more practical, low-cost, and low-tech simulation-based training. This paper provides users of HBS and HMS programs a 10-point list of key implementation steps to create sustained impact, leading to increased survival of mothers and babies. The list evolved through an Utstein consensus process, involving a broad spectrum of international experts within the field, and can be used as a means to guide processes in low-resourced countries. Successful implementation of HBS and HMS training programs require country-led commitment, readiness, and follow-up to create local accountability and ownership. Each country has to identify its own gaps and define realistic service delivery standards and patient outcome goals depending on available financial resources for dissemination and sustainment.

Best -Practice implementation steps

1. Secure Ministry of Health buy-in
2. Form a working group for planning, training and monitoring
3. Develop national roll-out plan, for pre-service and in-service training, in both public and private sector
4. Provide learning materials & equipment at time of training
5. Identify and support local leaders and champions
6. Establish Low Dose High Frequency refresher training
7. Establish facility level QI teams
8. Monitor performance
9. Establish a system for reporting and feedback
10. Engage HCPs, families and the broader community

PLOS | ONE

RESEARCH ARTICLE

Peer-assisted learning after onsite, low-dose, high-frequency training and practice on simulators to prevent and treat postpartum hemorrhage and neonatal asphyxia: A pragmatic trial in 12 districts in Uganda

Cherrie Lynn Evans[1☯‡*], Eva Bazant[1☯‡], Innocent Atukunda[2‡], Emma Williams[1‡], Susan Niermeyer[3], Cyndi Hiner[1], Ryan Zahn[4], Rose Namugerwa[5], Anthony Mbonye[6], Diwakar Mohan[7‡]

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☯ These authors contributed equally to this work.
‡ CE and EB are primary authors on this work. IA, EW, and DM also contributed equally to this work.
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Citation: Evans CL, Bazant E, Atukunda I, Williams E, Niermeyer S, Hiner C, et al. (2018) Peer-assisted learning after onsite, lo…

PLOS ONE | https://

PEDIATRICS®
OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

Newborn Mortality and Fresh Stillbirth Rates in Tanzania After Helping Babies Breathe Training

Georgina Msemo, Augustine Massawe, Donan Mmbando, Neema Rusibamayila, Karim Manji, Hussein Lesio Kidanto, Damas Mwizamuholya, Prisca Ringia, Hege Langli Ersdal and Jeffrey Perlman

Pediatrics; originally published online January 21, 2013;
DOI: 10.1542/peds.2012-1795

Uganda 70,000 fødsler på 124 fødesentre

62% reduksjon i asfyksi-dødsfall
34% reduksjon i dødfødte
47% reduksjon i retained placenta
17% reduksjon i livstruende blødning

Tanzania, 80,000 fødsler på 8 sykehus

47% reduksjon i asfyksi-dødsfall
24% reduksjon i dødfødte

Hva skal være Safers Internasjonale ambisjoner ?

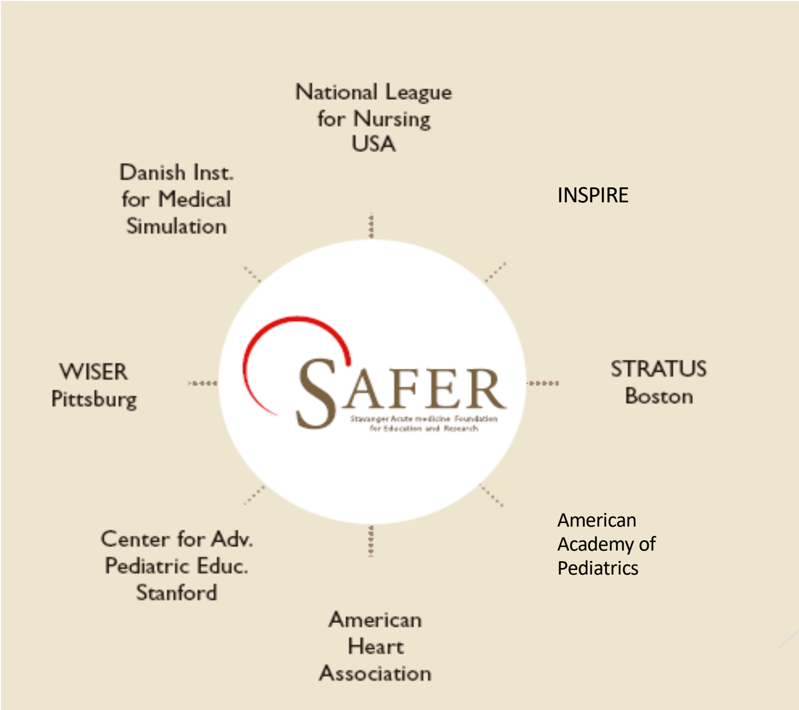
EU-Sim – 20 land?

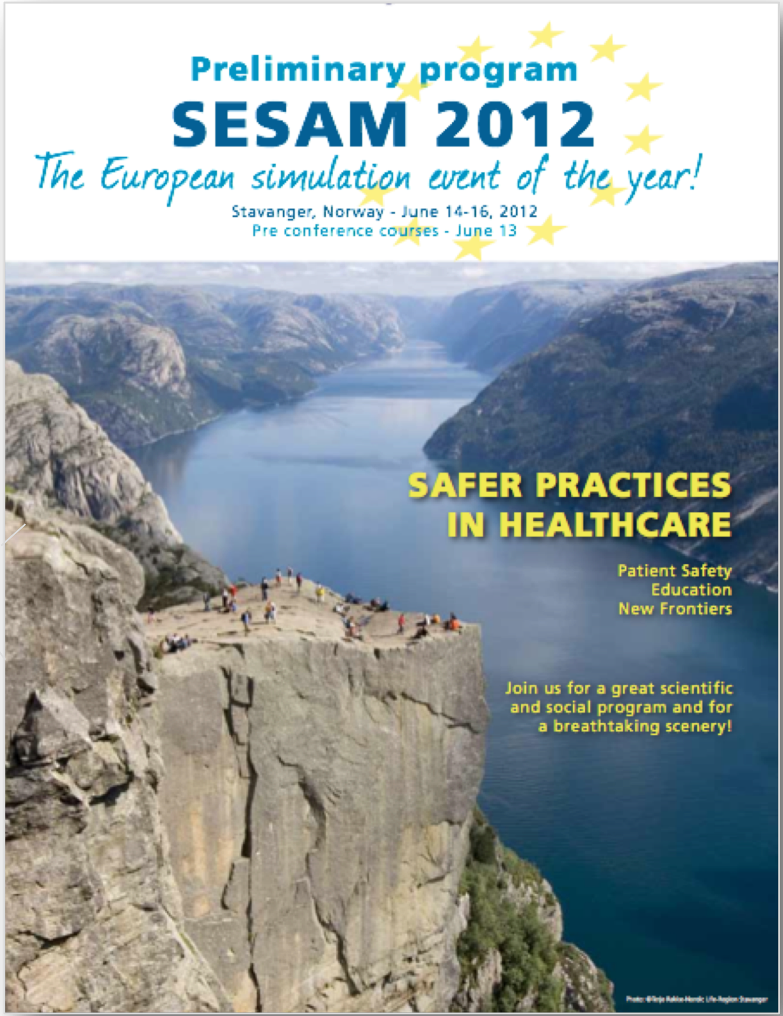
Tomsk Russland

Mbarara Uganda

Haydom Tanzania

India





Problem nr 1: Dårlig kvalitet helsetjenester


Articles

Mortality due to low-quality health systems in the universal health coverage era: a systematic analysis of amenable deaths in 137 countries

Margaret E Kruk, Anna D Gage, Naima T Joseph, Goodarz Danaei, Sebastián García-Saisó, Joshua A Salomon

The Lancet Global Health Commission

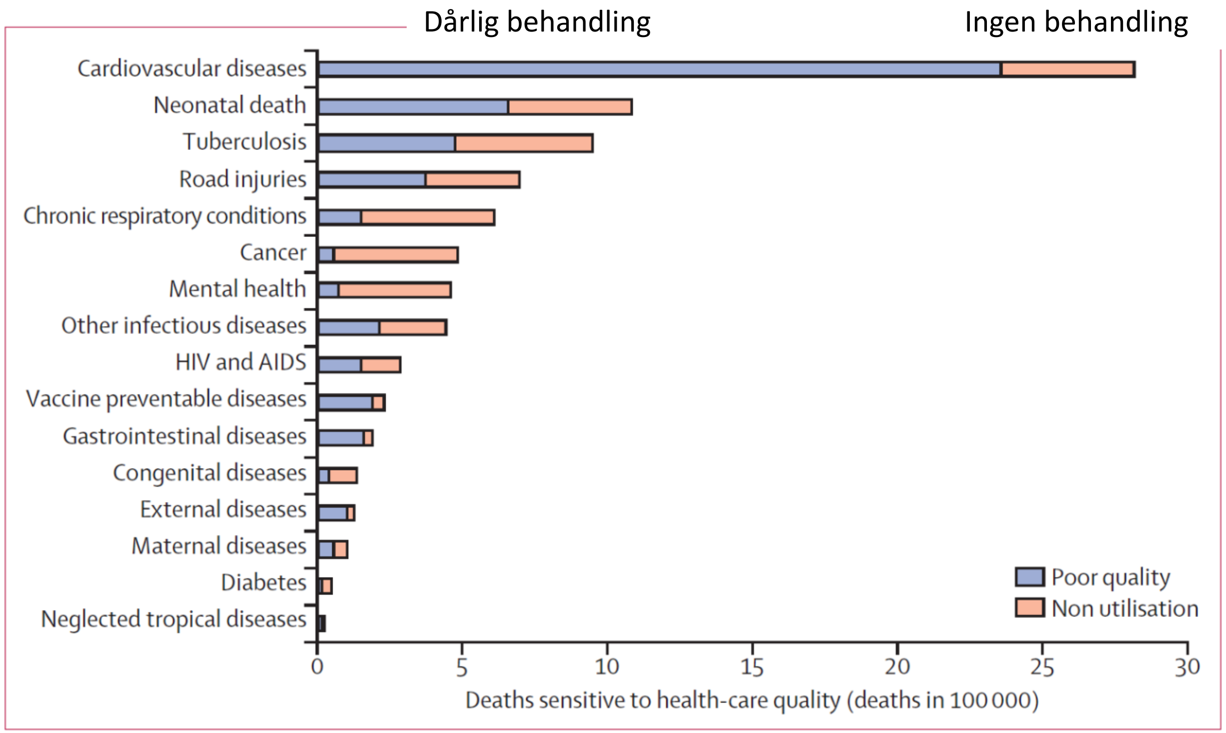
The Lancet Global Health Commission on High Quality Health Systems in the SDG Era

High-quality health systems in the Sustainable Development Goals era: time for a revolution

Executive summary

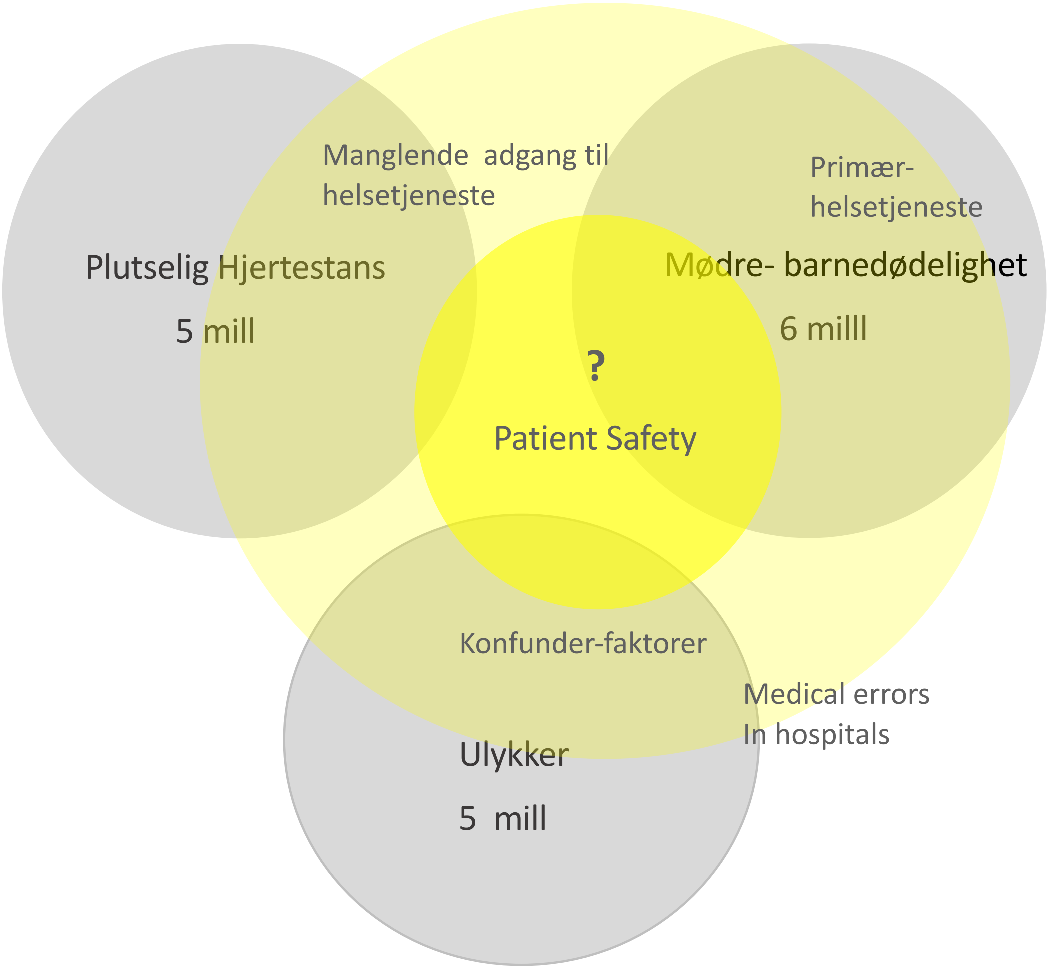
High-quality health systems could save over 8 million lives each year in LMICs

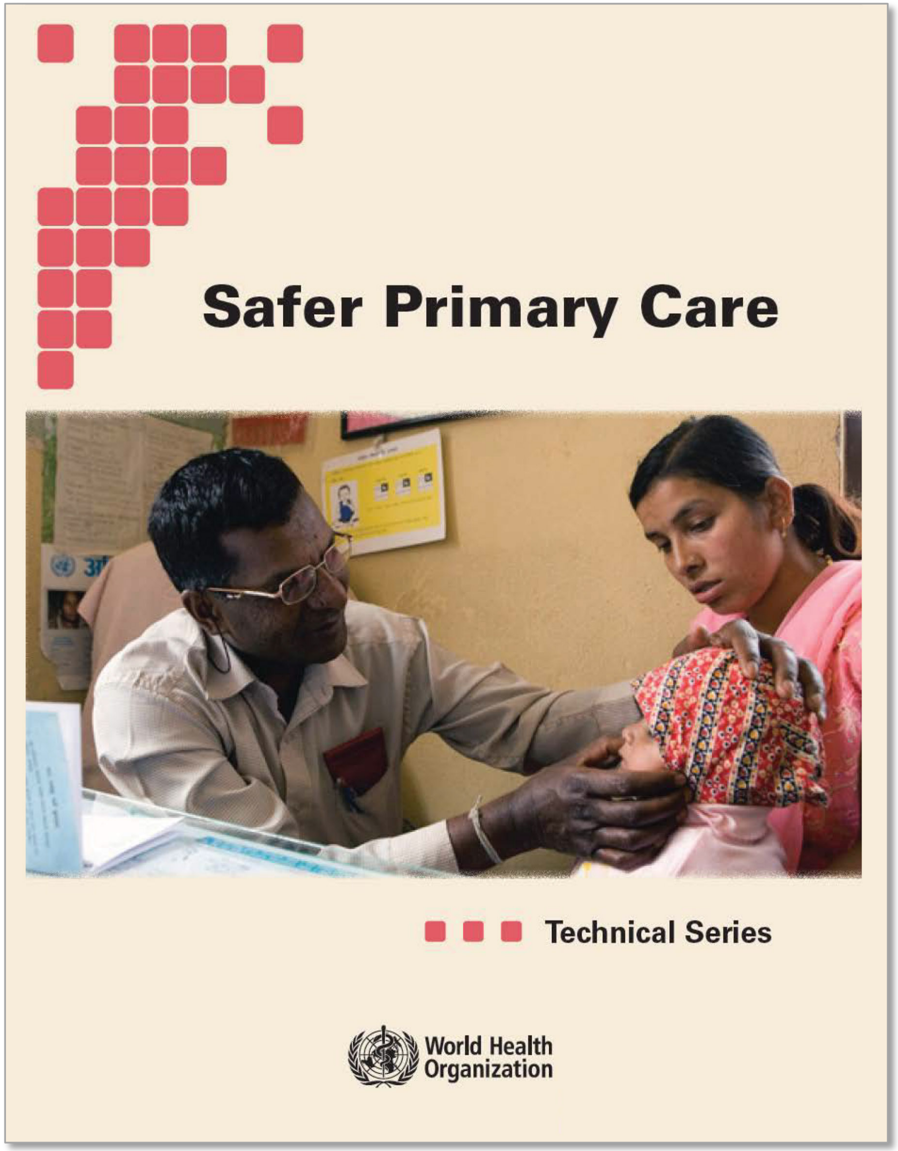
Flere dør av dårlig behandling enn mangel på behandling



“Every 4th death is untimely”

Peter Safar - 1967




Safer Primary Care
Technical Series
World Health Organization


MEASURING PATIENT SAFETY
Opening the Black Box
April 2018
OECD
BETTER POLICIES FOR BETTER LIVES

Safer India?

Safer India?

India Nursing Council	**Akkrediterings-ansvarlig for**	
	4,500 sykepleierskole	**Bemanner 25,000 primary health**
	3,000 hjelpepleierskoler	**centers og 125,000 sub-senters**
EMRI Ambulanservice	11,500 Ambulanser	
	Dekker 750 mill innbyggere	
CARE Hospitals	5. største private sykehuskjede	
	Planlegger å etablere 16 simuleringssentre	
PediStars	Stiftelse for pediatrisk simulering	
	Forgreninger til over 50 sykehus	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