











# **Patient Safety**

Global Ministerial Summit 2017

















## **WS1: Political Core Messages to the Ministers**



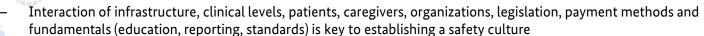
#### 1. Reduce failure cost and invest in failure prevention

- Failures are costly: personally to patients, financially, politically, morally investments can be profitable and are much needed
- Requires adequate data on performance

#### 2. Patient Safety strategies need to be founded in an evidence-based approach and the total set should create value

- To be effective, efficient, appropriate, transferable, and sustainable
- Individual strategies should be implemented and evaluated in the broader context of sectors, settings, systems, states, and organizations, and aligning clinical and corporate risks

#### 3. Patient Safety requires strong leadership and communication competence at all levels



- Safe communication, support of staff and partnering with patients and care companions are important and helpful
   factors when building a sustainable patient safety culture
- Health system leaders should invest in supporting patients and health care workers to help them practice effectively,
   prevent and recover from patient safety failures







## WS2: Political Core Messages to the Ministers



#### L. Patient safety is a universal issue, but poses special challenges for LMICs

- Inadequate allocation and use of resources, infrastructure and human resources, lack of respect for patients rights, compliance with patient safety standards
- Dedicated investment and a comprehensive policy on patient safety is needed

### 2. Patients, families and communities are a powerful resource for patient safety

- Increase health literacy, empower patients to ask questions
- Patient-reported experiences and outcomes should be part of country data approaches

#### 3. Strengthening data concerning patient safety is crucial for:

Motivating a culture of change to inform policy and programming, identify capacity-building gaps, increase accountability and involve leaders, based on evidence











## WS3: Political Core Messages to the Ministers



- The patient has to be in control of his/her data
- Recognize the need for ongoing changes in training and healthcare education curricula

## 2. Recognize the primacy of patients' welfare with regard to data sharing

- Value and quality of data and algorithms have to be understood and assured
- Patient-centered approaches/patient engagement are paramount

#### 3. Translating data into effective improvement strategies

- Develop, support and make transparent the evidence base
- Use routine data to improve patient safety now















## WS4: Political Core Messages to the Ministers



- There is a <u>significant burden of disease</u> due to HAI (Healthcare Associated Infections). Sepsis is the most severe manifestation. HAI and Sepsis can be reduced by IPC (Infection Prevention and Control Programs).
  - The WHO core components for IPC provide good evidence and recommendations for effective interventions to reduce AMR and HAI.
  - Policy makers have a crucial role in the enforcement and implementation of IPC.
  - Standardised <u>monitoring and feedback</u> of IPC activities is crucial.
    - Surveillance and measuring the burden of HAI and of sepsis as well as the degree of implementation of IPC core components are
      essential.
    - Self-Assessment on the national and facility level is a valuable tool to evaluate the status of IPC, including sepsis prevention programs, and to identify and focus on gaps in the implementation of core components
  - 3. Effective and modern IPC should be <u>patient-centered and cost effective</u>. Further research is needed.
    - Hand hygiene and the prevention of sepsis are good examples of a need to educate/inform, not only professionals but also patients (patient participation)
    - Increase awareness and knowledge to prevent and detect sepsis earlier (public information about available data, preventive measures and symptoms.







# **WS5: Political Core Messages to the Ministers**



- 1. Continuous improvement of patient safety is only possible by systematically involving patients, their relatives and caregivers as partners.
- 2. Sustainable implementation of best practices for patient safety requires sufficient resources for clinical staff to lead those efforts.
- 3. Patient safety requires integrated leadership at all levels starting at the political top to lead the culture change.





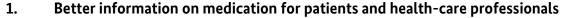








## WS6: Political Core Messages to the Ministers



- An up-to-date medication plan (schedule) is necessary for all patients with polypharmacy
- Ensuring patient comprehensibility of the medication plan (regimen/schedule) is strongly recommended.



- The complete medication (Rx/OTC) has to be checked regularly for potential safety risks
- 3. Ensure adequate (human) resources to avoid medication errors
  - In primary as well as secondary care and at transitions in care
  - E.g.: pharmacists can improve medication safety on hospital wards and on admission or discharge from hospital















## Global Launch: Political Core Messages to the Ministers



 Medication-related harm is a global pandemic that has been documented for 60 years and continues to kill and cause illness amongst patients

#### 2. Patients are harmed because:

- Medicine naming, packaging and labelling causes confusion
- Errors are made in prescribing and administering medicines
- The patient is badly informed and disempowered
- 3. Today WHO has launched its third Global Patient Safety Challenge: Medication without Harm



