



Federal Ministry  
of Health



# Patient Safety

## Global Ministerial Summit 2017

2nd Global Ministerial Summit on Patient Safety

29 – 30 March 2017, Bonn



## 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

- Interaction of infrastructure, clinical levels, patients, caregivers, organizations, legislation, payment methods and fundamentals (education, reporting, standards) is key to establishing a safety culture
- 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

### 1. 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

- 1. Improve the digital health literacy of patients, professionals, manufacturers and the system**
  - 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

1. There is a **significant burden of disease 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**.
2. Standardised **monitoring and feedback** 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 **patient-centered and cost effective**. 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**)



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## 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

- 1. Better information on medication for patients and health-care professionals**
  - 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.
- 2. Creation of a framework for quality assurance and optimal use of the medication plan**
  - 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

1. 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*