



Federal Ministry  
of Health



World Health  
Organization



# Patient Safety

Global Ministerial Summit 2017

2nd Global Ministerial Summit on Patient Safety  
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## 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**).



## 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***