Ministers for Patient Safety

RECOMMENDATIONS
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1. Adapt known **best practices in patient safety** to fit the local context.

2. Include patient safety in all health professions school curricula, with integrated multidisciplinary (team-based) simulation practices.

3. To develop a standardized taxonomy for patient safety (national, regional & /or citywide) and consider the development of an International Classification of Adverse Events in alignment with ICD.
RECOMMENDATIONS

4. Develop a robust regulatory process that ensures safe use of Digital Health and Medical Technology.

5. Integration of Patient Safety as an essential requirement of Universal Health Coverage Without Harm, at all levels of care (primary, secondary and tertiary).

6. Develop patient safety policies that include strategies and interventions adapted to the context of extreme adversity.
RECOMMENDATIONS

7. Invest and provide international support to Africa Centre for Disease Prevention and Control (CDC) to improve surveillance, emergency response, and prevention of infectious deadly diseases.

8. Implement the WHO IPC core components at the national and facility levels, in synergy with other programs (e.g. AMR, Sepsis, WASH and others).

9. Establish national evidence-based healthcare workforce staffing ratios and skill mix (ICN®-SPSC White Paper) to ensure safe provision of care for patients and healthcare professionals (Second Victim Programs).
RECOMMENDATIONS

10. Develop national patient safety strategies following effective consultation with citizens, patients and their families, health care staff, system leaders and providers, while promoting health literacy for effective decision-making.

11. Integrate practical approaches to safety developed by non-healthcare industries (aviation, oil and gas, nuclear, transportation) into provision of care.

12. Develop patient safety policies that include structures and processes specifically designed to the context of Primary Healthcare.
Thank You