One of the greatest challenges today is about delivering safer care in complex, pressurized and fast-moving environments. In such environments, things can often go wrong. The response to patient harm has moved away from blaming the culprits in individual acts of negligence, towards putting in place integrated systems that minimize opportunities for errors to occur in the first place.

Above all, Patient Safety lies at the heart of high-quality people-centred care.

Dr Margaret Chan
Director General
World Health Organization

Global/Regional Resolutions and Declarations on Patient Safety

- 2002 WHA55.13 Quality of care: patient safety
- 2002 EM/RC/47/8 Quality assurance and improvement in health system
- 2004 WHA57/18 Launch of World Alliance for Patient Safety
- 2005 EM/RC52/4 Eastern Mediterranean regional strategy for enhancing patient safety
- 2006 WHO/WAPS London Declaration on Patient for Patient Safety
- 2006 SEA/RC59/R3 Promoting patient safety in health care
- 2007 SEA/RC60/18 The Jakarta Declaration on Patient for Patient Safety in SEAR Countries
- 2007 PAHO/CE140.R18 American regional policy and strategy for ensuring quality of healthcare, including patient safety
- 2008 AFR/RC58/8 Patient safety in African health services: issues and solutions
- 2009 EHHRW/RC57/R.8 Jordan Declaration on Patient Safety
- 2015 SEA/RC68/14 Patient safety contributing to sustainable universal health coverage
Implementing the Patient Safety Framework

Mission: Facilitating sustainable improvements in patient safety and risk management in health care

- Improved patient safety
- Reduced risks and harm
- Better health outcomes
- Enhanced patient experience
- Lower costs

WHO Global Patient Safety Challenge

- Essentially a programme of change aimed at improvement and risk reduction
- Covers a topic that addresses a major and significant aspect of risk to patients receiving health care, relevant to every country
- Blends evidence-based interventions with multi-modal implementation strategies
- Seeks to achieve widespread engagement and commitment; they span the needs of all countries
- Most impressive when develop the features of a social movement

Guiding principles of the "Global Challenge"

- Broad goal and simple tools — standards and guidelines created as backbone package to improve safety in the targeted area
- Easiest means to institute improvements that had a profound impact in the diverse range of settings where implemented
- Produce beneficial changes in all environments and settings and reduce patient harm in a straightforward and visible way
- Applicability of the tools and recommendations - a key element so that all Member States could rise to the Challenge
- Ability to measure and evaluate impact

1st WHO Global Patient Safety Challenge

- 1st Challenge - Clean Care is Safer Care, addressed hand hygiene as a means to prevent the spread of health care-associated infection

2nd WHO Global Patient Safety Challenge

- 2nd Challenge - Safe Surgery Saves Lives, focused on improving the safety of surgical care in order to prevent errors, avoid injury and save lives

WHO Global Patient Safety Challenges have:

- Galvanized global commitment on important aspects of patient safety
  - Healthcare associated infection, surgical safety
- Widely promoted the concepts of patient safety more generally
- Promoted novel approaches
  - Multimodal strategy, including behaviour change
  - Checklists
3rd WHO Global Patient Safety Challenge

- 3rd Challenge planned to be launched in 2017 - Medication Safety to address unsafe medication practices, and to improve medication safety across the world

Why focus on Medication Safety?

- Medication safety is a worldwide issue
- Unsafe medicines, ADR and medication errors - leading cause of injury in developed and developing countries
- It is estimated that >50% of all medicines over the world are prescribed, dispensed or sold inappropriately
- Adverse events involving medication practice between 11% and 39%; ADE are often the most frequent type of serious adverse events

Why focus on Medication Safety?

- Several studies in the high income countries demonstrate the magnitude, seriousness and preventability of these events
- Statistics in low- and middle-income countries are limited and vary widely, true burden of unsafe medication practices is grossly underestimated
- Worldwide, the cost associated with medication errors has been estimated as 42 billion USD annually, which is almost 1% of total global health expenditure

Aim of Global Patient Safety Challenge - MS

- Not to set a low bar that all Member States can easily achieve, rather to provide a set of defined actions or tools that represent a ‘challenge’ to improve medication safety
- Harness political commitment, clinical resolve and patient engagement to address important medication safety issues including
  - medication management safety with safe policies and systems for prescribing, dispensing, administering and monitoring medicines, avoidable medication errors
  - improved patient and caregiver participation with a focus on vulnerable groups - children and the elderly
### Global Patient Safety Challenge - Medication Safety

#### Specific Objectives

1. Analyze the global baseline of medication errors and strengthen the global monitoring system to facilitate the tracking of medication errors.
2. Develop a multi-modal strategy to engage governments, front line health-care staff and patients and caregivers to improve medication safety—by developing a framework to target the medication use system to improve prescribing, transcription, preparation, dispensing, administration and monitoring practices.

3. Develop guidelines, tools, materials and technologies to promote and support, in particular for flagship elements of high-risk medications, polypharmacy and transitions of care.
4. Engage key stakeholders, partners and industry to actively pursue efforts to improve medication safety.

#### Objectives of the Planning meeting

1. Review the scope of the problem of medication safety, in particular of medication errors.
2. Review of initiatives of WHO and other partners on this topic; examine current gaps and the scope a potential challenge that could address these gaps.
3. Identify key elements for the framework and strategic plan to plan, launch and implement the Challenge.
4. Identify key partners and stakeholders in the Challenge.
5. Review scope of work of the Steering Board and Working Groups.

---

- WHA 2016 Side Event
  - "Addressing the Global Challenge of Medication Safety", May 2016
  - Sponsored by Poland, Malaysia, Oman and Sri Lanka
  - "Medication without harm"
Objectives of the WHA Side Event on MS

- Understanding the problem
  - Emphasize global burden of unsafe medication practices and highlight obstacles to safe medication use and practices
  - Connect to patient’s perspective and discover importance of avoiding harm in prevention of medication errors
- Creating solutions
  - Strengthen systems and practices of medication by unifying efforts of patients, professionals and leaders
  - Share experiences and address barriers to reduce medication-associated harm from policy-makers, experts and patient

Objectives of the Working Groups meeting

1. Evaluate the scope and aspects of harm related to medication safety that are generated
   - through the relationship with patients, medicines, health professionals, systems and practices
   - for different stages - prescribing, preparing, dispensing, administering and monitoring medications
2. Review evidence, experience and best practices in reducing risks from medications and improving medication safety within the scope of work of the five Working Groups:
   - Patients and Public, Medicines, Health Professionals, Systems and Practices, and Monitoring and Evaluation

Objectives of the Working Groups meeting

3. Identify tools, materials, technologies and specific deliverables to be produced by each Working Group
4. Map the key stakeholders globally and nationally that will be important within the scope of work of the Working Groups.
5. Develop a communication plan for coordination between Working Groups
6. Discuss development of global campaign
7. Put forward ideas for a five-year draft action plan and timeline

One of the studies selected:

- Administration errors (35%)
- Transcription errors (15%)
- Dispensing errors (14%)
- Prescribing errors (7%)

Cause of Medication Errors

- Patient safety and quality of care in developing countries in Southeast Asia: a systematic literature review
Therapeutic Groups

- **Anti-infectives**
  - Aminoglycosides (e.g., gentamicin, vancomycin) & amphotericin
  - Allergy to antibiotics
- **Potassium & other salts/solutions**
  - Potassium, magnesium, and calcium salts & hypertonic sodium chloride
- **Insulins**
  - Soluble insulins
- **Narcotics (e.g., opioids & sedatives)**
  - Opioids (e.g., morphine, diamorphine), benzodiazepines & propofol
- **Chemotherapeutic agents & immunosuppressives**
  - Etoposide, vincristine, and methotrexate
- **Heparins & oral anticoagulants**
  - Heparins (unfractionated [UFH] & low molecular weight [LMWH])
  - Vitamin K antagonists (e.g., warfarin) & New Oral Anticoagulants (NOACs) (e.g., apixaban, dabigatran, edoxaban & rivaroxaban)

**Why is change required?**

**RESPOND TO MASSIVE DEMOGRAPHIC CHANGE**

Why focus on Transitions of Care?

- **Hospital (admission, transfer, discharge)**
- **Community, residential etc (admission, transfer, discharge)**
- **As an out-patient (changes to medication)**

**Scope of the Problem**

- Medication errors can occur at any stage of the medication use process, namely during prescription, transcription, preparation, dispensing, administration and/or monitoring
- Only 25.8% of errors were detected before they advanced to the subsequent stage
- Stopgaps at each stage in the process, error that reaches the patient is not due to the inappropriate actions of one person, but rather a combination of factors that result in a system failure
- As a result, systematic changes and process improvement as a whole should be the focus of the Challenge

**Transitions of Care**

- Patient transitions to different physical location, or interacts with a healthcare professional
  - Where medication needs to be known and may be changed
- Hospital (admission, transfer, discharge)
- Community, residential etc (admission, transfer, discharge)
- As an out-patient (changes to medication)
Global Patient Safety Challenge - Medication Safety

- Being designed and developed with the strategic leadership, advice and guidance of Sir Liam Donaldson, WHO Envoy for Patient Safety
- Coordinated by Patient Safety and Quality Improvement Unit, in the WHO Service Delivery and Safety Department
- In close collaboration the WHO Essential Medicines and Health Products Department

Steering board

Five Working Groups

- Patients and Public – Helen Haskell – CPSI - Sandi Kossey
- Medicines – Michael R. Cohen – David U
- Health Professionals – Anita Donley
- Systems and Practices – Neville Board
- Monitoring and Evaluation – Aziz Sheikh

Participants in Medication Safety

<table>
<thead>
<tr>
<th>Patients</th>
<th>Medicines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health professionals</td>
<td>Systems</td>
</tr>
</tbody>
</table>

- The Challenge will engage with each of these aspects, and aim to tackle the fundamental problems that each currently suffers

WHO is looking to all interested parties to engage, participate and support the Challenge

Thank you