

## Welcome!

*Helen Haskell*

Welcome to the Summer 2017 Patients for Patient Safety newsletter! Our network has had a very active season, with updates from champions in the African, American, Eastern Mediterranean, South-East Asia, and Western Pacific regions. The past few months have seen national, regional, and international conferences, as well as the launch of the Third Global Patient Safety Challenge entitled "Medication Without Harm".

In the Region of the Americas, Dr Jorge César Martínez and colleagues have proposed a new Argentinian medical school curriculum that incorporates the principles of the new Patient Safety Challenge. Patients for Patient Safety Canada (PFPS Canada) announced a change in leadership and plans for a national meeting of PFPS champions and a train-the-trainer programme for patient partners. Canadian champions have helped develop the new tools and resources.

In Mexico, the Pan-American PFPS Coordinator, Evangelina Vazquez Curiel and Professor Eufrosina Castillo Arroyo, are looking forward to the fourth round of their wildly successful online patient safety course, which will now include modules on the three WHO Patient Safety Challenges. In April, the PFPS Mexican and Pan-American Patient Safety Network also sponsored their first International Patient Safety Congress, which was attended by champions from various countries from the Americas, along with plus several hundred Mexican health care professionals.

In Uganda, Regina Kamoga is promoting patient safety initiatives in a new health care facility. Hussain Jafri reports from Pakistan on a national seminar on Alzheimer's and related dementias. In India, Dr JS Arora reports that the Indian Alliance of Patient Groups co-sponsored a multi-stakeholder seminar with the goal of creating a broad culture of patient safety. In New Zealand, the Health Quality and Safety Commission's consumer engagement programme has created a range of patient-centred resources.

WHO co-sponsored a three-day international conference on radiation safety, where Patients for Patient Safety was represented by Mexican champion Alethse de la Torre Rosas. In Dublin, Katthyana Aparicio addressed the conference of the European Society for Quality and Patient Safety in General Practice (EQuIP).

Following the launch of the WHO Global Patient Safety Challenge, Medication Without Harm, announced at the Bonn Ministerial Summit on Patient Safety on 29 March, a subsequent meeting held in Geneva in August aimed to finalize the three technical reports underlying the Challenge. Stay tuned for more information on this new Challenge.

### IN THIS ISSUE

Update from PFPS at WHO headquarters:  
International Conference on Radiation  
Safety; EQuIP Conference; WHO Patient  
Safety Challenge: Medication without harm



Update from the African Region: Uganda



Update from the Region for the Americas:  
Argentina, Canada, Mexico



Update from the Eastern Mediterranean  
Region: Pakistan



Update from the South-East Asia Region:  
India



Update from the Western Pacific Region:  
New Zealand

# PFPS Geneva

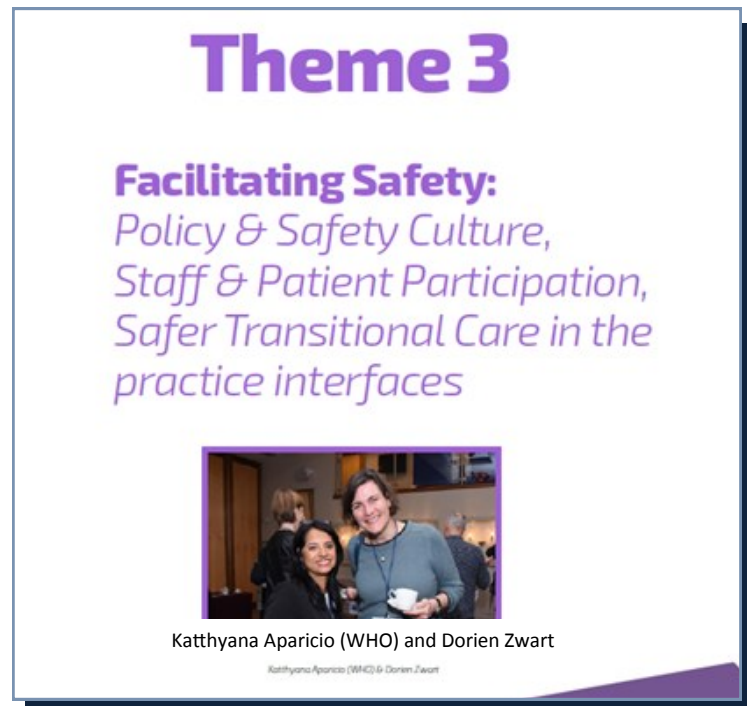
## EQuIP - European Patient Safety Conference

*Katthyana Aparicio*

Katthyana participated in the European Patient Safety Conference organized by EQuIP (European Society for Quality and Patient Safety in General Practice) and hosted by the Irish College of General Practitioners in Dublin, on 3-4 March 2017. EQuIP is a network organization within WONCA (World Organisation of Family Doctors) European Region. This conference was the second conference on patient safety in primary care, recognizing that safety remains a challenge, above all in the primary care sector, where little research and literature is produced.

The aim of the conference was to gather up-to-date information, reports and experiences on improving patient safety in primary care.

Katthyana was invited to deliver a keynote address during the third plenary session that discussed facilitating safety through policy and a safety culture, staff and patient participation, and safer transitional care in the practice interfaces. The presentation explored barriers to and opportunities for patient, family and community engagement. Content covered the WHO contribution to advancing the patient safety agenda, highlighting that one of the ways of advancing safety is by setting norms and standards, developing guidelines and tools and promoting and monitoring their implementation, including introduction of the Technical Series on Safer Primary Care, [accessible online](#) since December 2016. The presentation ended with a take-home message on compassionate care that was very welcomed by the participants.



## Technical Meeting On Preventing Unintended and Accidental Medical Exposures in Radiology

*Alethse de la Torre and Katthyana Aparicio*

A three-day Technical Meeting on Preventing Unintended and Accidental Medical Exposures in Radiology organized by WHO and IAEA (International Atomic Energy Agency) was held in Vienna, Austria, on 6-8 March. Alethse De la Torre Rosas, a PFPS Champion from Mexico, attended this meeting, providing the patients' voice.

During the three-day meeting, ten sessions were organized to address several issues related to unintended and accidental medical exposures in radiology. Topics included adverse events, awareness-raising on patient safety, education for health care professionals and safety procedures during pregnancy. Session 6 aimed to analyse factors leading to unintended and accidental medical exposures in radiology and propose plans for improvement. Within this context, Alethse delivered a presentation providing an overview of the PFPS Programme, stressing how the inclusion and proactive participation of patients and their families is an essential component for any safety and improvement strategy in radiology. In addition, it was highlighted that health literacy is an essential element in early recognition of adverse events due to unintended and accidental medical exposures in radiology.

During the workshop, it was discussed how patients and their families could be involved, for instance by providing meaningful feedback and helping to identify potential risks and special needs, and by spreading good practices among patients and health care workers.

## Launch of the WHO Global Patient Safety Challenge, Medication Without Harm

*Helen Haskell*

The Third WHO Global Patient Safety Challenge, Medication Without Harm, was formally announced on 29 March 2017 at the Global Ministerial Patient Safety Summit in Bonn, Germany. This Challenge follows the first two Challenges, Clean Care is Safe Care (hand hygiene) in 2005 and Safe Surgery Saves Lives in 2008.

The goal of the Medication Without Harm Challenge is to reduce worldwide harm from medications by 50% over the next five years. The Challenge calls on countries to take action to focus priority actions on three flagship elements: medication safety in high-risk situations; polypharmacy (use of multiple medications); and ensuring medication accuracy during transitions of care. WHO will develop strategies, plans and tools to improve medication safety.

"Over the years, I have spoken to many people who have lost loved ones to medication-related errors," said Sir Liam Donaldson, WHO Envoy for Patient Safety. "Their stories, their quiet dignity and their acceptance of situations that should never have arisen have moved me deeply. It is to the memories of all those who have died due to incidents of unsafe care that this Challenge should be dedicated."

The two-day Global Ministerial Patient Safety Summit was attended by Ministers of Health and high-level delegates from 45 countries, representatives from the World Health Organization (WHO), European Union (EU), World Bank (WB) the Organisation for Economic Co-operation and Development (OECD), and other international and national experts. It included six workshops exploring innovative, cost-effective patient safety solutions for low-and middle-income countries from which lessons were extracted, discussed, and summarized into three key political messages for health ministers. These included the importance of patient engagement and of sharing success stories and baseline studies.

## Meeting on the technical reports on high-risk situations, polypharmacy and transitions of care

*Jeri Cherian and Helen Haskell*

A review meeting with a selected panel of international experts was convened on Aug 10-11 in Geneva at WHO to finalize the technical reports of the three flagship elements for the Medication Without Harm Global Patient Safety Challenge. The meeting was jointly organized by the Essential Medicines and Health Products Department (EMP) and the Patient Safety and Quality Unit. It was chaired by Neelam Dhingra-Kumar of the Patient Safety and Quality Unit. Representatives from both units, as well as academia, patient representatives and industry, were among the attendees.

The three reports are "Medication Safety in High-risk Situations", by Prof Philip Routledge of the University of Cardiff in Wales; "Safety in Polypharmacy" by Alpana Mair of Health Care Quality and Safety in Scotland; and "Medication Safety in Transitions of Care" by Ciara Kirke of the Irish Health Service. The three authors received constructive feedback from a total of 23 global experts, including PFPS champion, Helen Haskell. The group

reached consensus regarding the need to develop measures/indicators to quantify the baseline and review progress; the necessity to produce implementation guidelines and toolkits for countries; and the need to ensure universal applicability of the reports, especially in low-and middle-income countries (LMICs).

The authors requested and received support from the expert panel regarding potential gaps in content in the documents, references and tools that might be added, harmonisation of terminology across the documents and ease of understanding and usefulness of the documents in different settings. It was agreed that the reports were primarily intended for a global professional audience, but that a common introduction will be aimed at a wider audience, especially policy-makers. The three flagship reports will be launched at the regional summit in Oman, on the first World Patient Safety Day, 17 September.





# Update from AFRO

## Uganda

### CHAIN takes patient safety to rural health center in Uganda

*Regina Kamoga*



Community Health and Information Network (CHAIN) has introduced patient safety at St. James Church of Uganda (C.O.U) Health Centre located in a rural community of Masiriba village in Bukomero Subcounty, Kiboga district in the Central region of Uganda. St. James C.O.U. Health Centre is a new health centre constructed by the family of the late Dr James Mulwana (former Thai Counselor and prominent businessman in Uganda) as a way of giving back to the community.

Dr. Mulwana's family responded to a need identified during a community dialogue triggered by a needs assessment, both conducted by CHAIN. The assessment revealed that the people of Masiriba were facing challenges to access health services at the nearest health centre, eight kilometres away. No public transport is available, so people had to walk. The health centre also faced challenges including inadequate medical staff and shortages of basic medical supplies. Patients were resorting to traditional health practitioners and traditional birth attendants (TBAs) who lacked capacity to handle complicated cases, particularly of pregnant mothers and children. The community was therefore in desperate need of a community health centre to offer primary care, preventive healthcare and health education. The health centre is now up and running, managed by Church of Uganda. It has a

clinical officer (Dr. Ronald Wambedde), a midwife (Ms. Regina Kobusingye) and a laboratory Assistant (Mr. Fred Egonda).

CHAIN has introduced patient safety at St. James Health C.O.U Centre to improve the quality of service at the facility. On a quarterly basis they interact with health workers to discuss issues including medication safety, injection safety and hospital acquired infections. The health workers have been provided with information, education and communication (IEC) materials.

On 5 May, Hand Hygiene Day, CHAIN conducted a session with the health workers and the chairperson Rev Fred Kironde of the health centre management committee. The session, "Fight Antibiotic Resistance, It's in Your Hands," was meant to ensure control of infectious diseases at the health

centre through safe practices. Using resource materials from WHO for Hand Hygiene Day, health workers were briefed about how many people seeking care develop a healthcare associated infection (HAI), and how this could be prevented through low-cost infection prevention and control (IPC) interventions such as hand hygiene performed at critical moments. The need to make hand hygiene a facility culture, involving everyone, was emphasized.

A focal person was identified to monitor and ensure the facility budget includes hand hygiene products in order to ensure that infection control activities are part and parcel of the daily running of the health centre. The health workers committed to work together in this regard. However, they noted that because their facility is new, they are still faced with challenges that could impact effective implementation of IPC activities. These included, among others, lack of overhead running water, handwashing facilities not yet in place, inadequate supplies, and inadequate healthcare workforce and support staff. International and local volunteers would be quite a resource for the health centre.

# Update from AMRO/PAHO

## Argentina

### Educating future leaders on patient safety

*Jorge César Martínez*



**"La educación médica, una clave para el desarrollo social"**

The launch in the Americas Region of the WHO curriculum guide, "Educating Future Leaders in Patient Safety," took place in 2013 at the *Universidad del Salvador* in Argentina. Since then, patient safety has officially been taught from the first year of medical studies, using the WHO Multiprofessional Curriculum Guide on Patient Safety as the main tool. This year, on 2-4 August, the National Congress of Schools of Medicine of Argentinean Universities was organized to discuss new teaching proposals. The event took place at the Borges Cultural Centre in the City of Buenos Aires. The audience was composed of professors and academics from the medical sciences final year students from the medical schools were also invited as special guests.

Dr Jorge César Martínez, Director of the Institute of Safety and Quality in Health Sciences of the Universidad del Salvador School of Medicine, presented an integrative proposal that aims to include the third WHO Global Patient Safety Challenge, Medication without Harm, in the curriculum on therapy. The objective was to emphasize the implementation of therapy without harm. This proposal is based on the results of research showing that when students can observe, analyse and evaluate the magnitude of consequences linked to errors in the administration of medication, they are more careful and willing to engage in strategies aiming to reduce this type of error. The discussion demonstrated the importance of multidisciplinary approaches and proactive solutions to minimize adverse events. The conclusion was that safety is considered a top priority and the mission and vision of future generations of medical doctors should be supported by the fundamental principles and challenges that WHO promotes.

The message for the audience about integrating the teaching of safety at all levels of medical studies was well received, as was the message of building a safety culture and providing an enabling environment to support future generations.



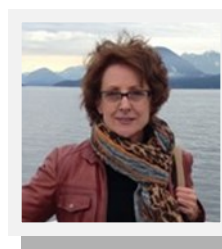
*Dr Jorge César Martínez, son of Professor Jorge César Martínez*

## Canada

### Co-chair succession

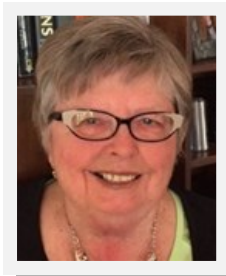
*Linda Hughes, Terri Sabo, Ioana Popescu*

Patients for Patient Safety Canada (PFPSC) is pleased to introduce you to our two new co-chairs: Theresa Sabo and Linda Hughes. The outgoing volunteer Co-chairs, Sharon Nettleton and Denise Klavano, with Deb Prowse's support for a short time, have done an extraordinary job in strengthening our group and demonstrating to Canadians, providers and leaders that PFPSC members are effective partners in making care safer. We sincerely thank them for the many volunteer hours they dedicated to PFPSC and to the patient safety and patient engagement movement. We wouldn't be here without them.



Theresa has been a member of PFPSC since 2009, advocating for patients to take an active role in their health care plans and promoting better communication and teamwork between family doctors, specialists and other members of a patient's

healthcare team. Linda has been a member since 2014. In her time with PFPSC, Linda has been an active participant in many initiatives including the Medication Safety Action Plan, and the National Patient Safety Consortium. She came away from both of those experiences enthusiastic about, and committed to, the work of Patients for Patient Safety Canada. [Click here](#) to learn more about our co-chairs.



## Engaging Patients in Patient Safety – a Canadian Guide

Iona Popescu

This extensive resource, based on evidence and leading practices, helps patients and families, patient partners, providers and leaders work together more effectively to improve patient safety. Working collaboratively, we can more proactively identify risks, better support those involved in an incident, and help prevent similar incidents from occurring in the future. Together, we can shape safe, high-quality care delivery, co-design safer care systems, and continuously improve, to keep patients safe.

PFPSC members Theresa Malloy-Miller, Sharon Nettleton, Judy Birdsell, Denice Klavano and Donna Herold were part of the Patient Engagement Action Team who developed and launched the guide in May 2017. The guide will be updated as the evidence in patient engagement emerges. So stay tuned for regular updates. [Click here](#) to access the guide and complementary resources.

## National Patient Safety Consortium and the Integrated Patient Safety Action Plan

Since 2014, over 15 PFPSC members have volunteered hundreds of hours as partners in the Steering Committee, Lead Groups and/or Action Teams, contributing to this one-of-a-kind country-wide initiative. Led by the Canadian Patient Safety Institute, the work of the **National Patient Safety Consortium** and the **Integrated Patient Safety Action Plan** is built on an unprecedented level of collaboration and shared leadership in patient safety across Canada. Patients have been part of governance, decisions and actions in all aspects of the work.

Recent accomplishments include, **Never events for hospital care in Canada** and **Five questions to ask about your medication**. [Click here](#) to learn more.



## Completed webinars and workshops

### Patients and families as partners in detecting the deteriorating patient condition

On 13 July, 2017 PFPSC member Sabina Robin presented, and Theresa Malloy-Miller moderated, a session that aimed to “empower yourself and your loved ones with information and resources to help you recognize the signs of deteriorating patient condition and effectively discuss your concerns with the health care provider”. [Click here](#) to download the slide deck and related resources.

### Getting the public ready to engage in making care safer: lessons from the anti-smoking movement

On 6 April, 2017 Theresa Malloy-Miller moderated a webinar that aimed to achieve, “at the end of this interactive session, participants will leave with at least one practical idea to engage the public in making healthcare safer. (1) How have anti-smoking efforts effectively achieved a cultural shift in attitudes and actions towards tobacco? (2) Which are the key patient safety messages most important for wide spread public engagement, and would most help the public to be ready to take on a role in patient safety? (3) Which strategies would make patient safety messages most visible, and would provide the public with information about patient safety?”. [Click here](#) to download the slide deck and watch the recorded webinar.

## Upcoming events

### Patients for Patient Safety Canada Champion Workshop and Conference

On September 16 & 17, 2017 all available members of PFPSC will attend an in-person meeting in Toronto. Helen Haskell, Co-chair, WHO Patients for Patient Safety Programme and Jonás Gonseth-García, Advisor, PAHO/WHO are our very special guests. The three objectives of our meeting are: (1) *connect*: with each other and our collective vision, (2) *contribute* our collective passion to what matters to us, and (3) *celebrate* our people, our work, our patient safety journey.



## The First Canadian Train-the-Trainer Programme for Patient Partners

On 17-18 November 2017, in Toronto, PFPSC, the Canadian Patient Safety Institute, Holland Bloorview Kids Rehabilitation Hospital and the Hospital for Sick Children, will offer a Patient Safety Education Programme-Canada session adapted for patient partners. PFPSC members Dale Nixon and Annette McKinnon have been part of the planning team, curricula development and session delivery (thank you!). PFPSC has been a partner in past train-the-trainer programmes. The session is intended for patient partners currently supporting health care organizations with patient engagement initiatives, who will learn about patient safety content and how to teach about advancing patient safety knowledge. [Click here](#) to access the information on the session.



PFPSC Champions from the Latin American Region and patient safety experts including Edita Falco, Alethse De la Torre, Jorge Alberto Alvarez, Randall Madrigal, Mario Rios, Leticia Chávez, Evangelina Vazquez Curiel and Katthyana Aparicio contributed to this endeavour providing some insights and training lessons. The course was successfully organized around 11 modules and each round has been attended by around 1200 health care workers. The course had the following objectives:

1. To train health care workers from remote and low-resource settings on essential patient safety and quality of care. Rationale for development of this course was that continuous training is essential for health care workers, however educational resources are scarce in remote areas due to geographic and economic barriers. Since internet access and computers, mobiles or tablets are usually available, even in remote settings, a virtual course would overcome these barriers. Participants had 24-hour access to each module during several days, thereby allowing health care professionals to complete the course on time. Since the majority of the activities were covered by volunteers, a low enrolment fee (only 10% of the real cost) was requested in order to eliminate potential economic barriers.
2. To bring together patient safety experts from the Latin American Region. Despite multiple efforts from health care systems to train health care professionals by organizing forums, congresses, workshops and other activities, it is difficult to reach a large number of professionals. However, this becomes feasible when using online platforms.
3. To introduce health literacy as an essential topic for patient safety across the Latin American Region. PFPSC Champions and professors encouraged health care professionals to empower patients and create awareness about the importance of health literacy to improve patient safety and quality of health care.
4. To allow patients, patient advocates and healthcare professionals to discuss topics related to patient safety with the aim of reducing power imbalances and promoting meaningful partnerships. Each participant developed a project to improve patient safety under the supervision and guidance of patient advocates and professors on the course.

The modules of the course were:

- Introduction to patient safety
- Adverse events and their impact
- Basic tools to improve patient safety and quality of care

## Mexico

### Pan-American Patients for Patient Safety Network - online course

*Evangelina Vazquez Curiel and Alethse de la Torre*

Evangelina Vazquez Curiel, Coordinator of the Mexican and the Pan-American Patients for Patient Safety networks, in collaboration with Professor Eufrosina Castillo Arroyo, from the Ministry of Health of Hidalgo State, and the Medicine University, developed a patient safety online course that started on 25 July 2016 and lasted 20 weeks. This was a pilot test and the interest of the attendees was confirmed. Due to high demand, a second round was launched in October 2016. This cost-efficient training was very much appreciated by the "La Salle University," which agreed to support the organization of the next rounds. Thus, the third round started in June 2017 and the fourth one is planned to start on 2 October 2017. The aim is to reach out to more professionals across the Region. The fourth round will include three modules on the three WHO Global Challenges. Helen Haskell will provide support and insight into the module on Medication Safety, "The third Global Patient Safety Challenge."

- Health care-associated infections
- Strategies to improve patient safety
- Human rights and patient safety
- Patient and family-centred health care
- Health literacy
- Selected topics
- Safety and health of health care professionals
- Projects for improving patient safety and quality of health care.

This is a good example of how patients and health care professionals can work together to offer the most safer care possible. Congratulations to Evangelina and all the volunteers who made this dream a reality!

## First International Patient Safety Congress

*Evangelina Vazquez Curiel*



This event was held on 4-5 April in the city of Pachuca de Soto, Hidalgo State, and is the first congress organized entirely by the PFPS Mexican and Pan-American networks. Its main objective was to present the current trends and practices in the field of patient safety, in addition encouraging dialogue between patients who have suffered adverse events and health professionals, in a constructive and purposeful manner.

The speakers were champions and patient safety experts from various Latin American countries such as Uruguay, Costa Rica, Peru and Mexico. Several issues were

addressed such as informed consent, impact of adverse events, dissemination of science as a support tool for patient safety, human factors of patient safety, guidelines on core components of infection prevention and control (IPC), among others.

Around 300 health professionals from various states of the Mexican Republic attended the event, of which 50% were nurses, 30% doctors and 20% patients, users and students.

The Health Secretariat of Hidalgo and Jalisco States joined us in supporting the organization of the event by announcing it, helping with the participation of speakers, as well as other logistics activities.

The Health Secretariat of Hidalgo announced it via #TODOSOMOSPACIENTES (we are all patients) and published it live on their social networks supporting the networks of patients.

Due to the success and enthusiasm of the participants, we have initiated discussions to organize the next congress in Costa Rica in 2018.

## Update from EMRO

### Pakistan

### National Seminar on Alzheimer's Disease & Related Dementias

*Hussain Jafri*

Alzheimer's Pakistan organized a National Seminar on Alzheimer's Disease & Related Dementias on Saturday the 13 May 2017 at the Hospitality Inn, in Lahore. The objective of the seminar was to create awareness about Alzheimer's disease and related dementias, in the country. The seminar was attended by a large number of dementia experts, doctors, students, family caregivers, volunteers and people from all walks of life. Leading experts from the country, including Professor Dr Yasmin Raashid, Patron Alzheimer's Pakistan, Dr Ali Hashmi, Associate Professor of Psychiatry, King Edward Medical University Lahore, Dr Shahida Batool, Head of the Psychology Department,



Government College University Lahore, Dr Hussain Jafri, Secretary General Alzheimer's Pakistan and Mr Imran Ehsan, Executive Committee Member Alzheimer's Pakistan, presented during the Seminar.

The speakers provided a comprehensive introduction to all kinds of dementia to the audience; including the causes and the psycho-behavioural symptoms of different dementias. Speakers also elaborated on diagnostic and treatment regimes of Alzheimer's disease and shed light on the development of associated psychiatric complications. The early symptoms of Alzheimer's disease were also highlighted and the importance of early diagnosis was stressed, since this can help to maintain the quality of life dementia sufferers and their families. Participants were informed about the burden and stress that care-givers experience and how can they provide safe and quality care to their loved ones with dementia.

Speaking at the occasion, Mr Hussain Jafri, Secretary General, Alzheimer's Pakistan and Patients for Patients Safety Champion, informed participants that dementia affects around 50 million people worldwide and this number will treble by 2050. Currently, only around half of those in high-income countries, and one in ten or less in low-and middle-income countries received a proper diagnosis. It is estimated that there are around one million dementia patients in Pakistan, the large majority of whom are undiagnosed. Expanding coverage of services for increasing numbers of people with dementia can only be achieved – and a crisis averted – by boosting capacity and the efficiency with which care is delivered. He further said that Alzheimer's Pakistan is both the pioneer and the only national organization working on Alzheimer's disease in Pakistan and one that aims to improve the lives and conditions of people with dementia. He also gave a brief

introduction to the services being provided by Alzheimer's Pakistan, namely day care services, support groups, outreach services, home assessments, referral services, training of health care providers and family care-givers, information and counselling services, and a telephone helpline. The national seminar was widely covered by both print and electronic media.

## Update from SEARO

### India

#### Seminar on patient safety

*JS Arora*

The Indian Alliance of Patients Groups (IAPG) is a cross-disease alliance representing patient organizations, working to support the cause of patients and highlighting their needs. It draws attention to chronic diseases as well as rare and neglected diseases and focuses on bringing the patient voice to the heart of the conversation around the medical care,

As a part of the Indian patient safety movement, we believe that the goal of ZERO preventable deaths is not just a worthy goal, but with the right people, ideas and technology, it is an attainable goal. Many institutions and organizations are already addressing some of the aspects. However, each one is working in silos of unconnected dots. Solving this problem is a matter of connecting the dots of patient safety.

IAPG is working to connect these dots in a number of ways: by collaborating and breaking down information silos that exist between hospitals, medical technology companies, the Government and other stakeholders, and by promoting the patient safety environment and culture. The Indian Alliance of Patient Groups and Lady Hardinge Medical College jointly organized a seminar on patient safety and a panel discussion on 5 August 2017 at Seminar Hall, Swarn Jayanti Auditorium, New Delhi. This panel discussion was the beginning of a journey for patient safety involving patient groups and voices in India.

It was widely attended across all sectors in health care management from patients, patient organizations, health professionals, the pharmaceutical industry, legal and policy-makers including no less than Dr Inder Parkash, Deputy Director General of Health Services (Public



*Hussain Jafri*

Health), Government of India, who is also in charge of patient safety in his domain, Dr Jagdish Chandra, Director Principal, Lady Hardinge Medical College and Associated Hospitals, and Dr KK Kalra, CEO, Indian Medical Association and former CEO of the National Accreditation Board for Hospitals & Healthcare Providers (NABH), a constituent board of Quality Council of India.

After a brainstorming session by experts on the concept and need for patient safety, the global and Indian perspectives, the pharmacovigilance and nursing viewpoint, Government and corporate initiatives and legal and civil society angles, a declaration was prepared for submission to WHO and the Government of India to move forward and create a culture of patient safety among all stakeholders while keeping patients at the centre of the system.



Underpinning all our work is a commitment to building capability and clinical leadership across the health sector, and monitoring and evaluating the impact our quality improvement programmes have. We work with clinicians, providers and consumers to improve health and disability support services. Quality and safety improvements will mean fewer people harmed, more lives saved, and financial savings within the sector. Our vision is a world-class and patient-centred health care and disability support system in New Zealand.

Our consumer engagement programme, Partners in Care, believes consumers should be actively involved in decision-making about health and disability services at every level – including governance, planning, policy, setting priorities, and highlighting quality issues.

A recent video '[Patients and Clinicians Governing Together](#)' supported by the Commission, shows effective consumer representation at the governance level and how this works with clinical leadership. It demonstrates how a board works with both clinicians and consumer representation at the same table. We hope you enjoy the video and that it inspires action on how to engage consumers at the governance level of your organization. Please visit the New Zealand Commission's website to find out more about its work and its other quality improvement programmes, in particular [Partners in Care](#). We encourage you to look at the range of consumer stories and resources available. Any enquiries on the Partners in Care programme can be directed to: [deon.york@hqsc.govt.nz](mailto:deon.york@hqsc.govt.nz).

## Update from WPRO

### New Zealand

#### Bright spots from new Zealand

*Carmela Petagna*

New Zealand has been moving the quality and safety agenda forward with the support of *The Health Quality & Safety Commission* (the Commission) which is a quality improvement agency, with a focus on four strategic priorities:

Improving  
consumer/  
whānau  
experience

Improving  
health equity

Reducing  
harm and  
mortality

Reducing  
unwarranted  
variation in  
patterns  
of care



#### Pressure injuries

The Health Quality and Safety Commission in New Zealand works with both patients and providers in its pressure injury prevention and management programme. One of our priorities has been to develop case studies aimed at building the case for change in areas identified for quality improvement. They provide readers with tips about how to approach pressure injury prevention projects. The case studies profiled detail the patients' personal stories and the impact the pressure injury had on them and

their family and whanau. They also tell the story of how the health care providers changed their processes and practices as a result, to prevent similar incidents happening again.

The Commission is building a suite of stories and case study examples, and here are two for you:

- ◆ [Rosalie Cunningham's story \(aged residential care facility\)](#)
- ◆ [John Rankin's story \(hospital\)](#).

Further inquiries on the work we are undertaking on pressure injury prevention and management can be directed to [gabrielle.nicholson@hqsc.govt.nz](mailto:gabrielle.nicholson@hqsc.govt.nz)

## Future PFPS News

---

### Share your news with us!

**PFPS News:** Contributions for the next PFPS News are invited. The deadline for submissions is 5 November 2017.

**PFPS Community of Practice:** You can also continue to ask questions, share experiences and learning on the PFPS platform at: <http://pfps-communities.net>. If you have problems accessing the CoP, please contact Katthyana Aparicio at [pfps@who.int](mailto:pfps@who.int).

**WHO/PFPS Editorial Group:** Katthyana Aparicio, Helen Haskell and Laura Pearson.

### Disclaimer

*The information, comments and opinions expressed in this newsletter do not necessarily reflect those of the World Health Organization, and incidents described have not been verified by WHO. The authors of the articles take the responsibility for the content of their contribution and the opinions expressed.*