

Medication Without Harm



WHO Global Patient Safety Challenge



World Patient Safety Day 2022 Global Virtual Event

“Medication Without Harm”

Thursday 15 September 2022, 14:00 - 18:00 CEST

Geneva, Switzerland

Medication Without Harm



WHO Global Patient Safety Challenge

Embracing the challenge of medication safety: WHO's approach

Dr Neelam DHINGRA

Unit Head

Patient Safety Flagship

WHO headquarters

15 September 2022





Why medication safety?

Burden of medication-related harm

Medication harm accounts for **50% of overall avoidable harm** in medical care



Medication errors are one of the main causes of avoidable medication-related harm



US\$ 42 billion of annual global health spending can be avoided if medication errors are prevented



The highest rates of avoidable **medication harm** occur in three stages of medication use:



Prescribing



Administering



Monitoring



WHO response

WHO Global Patient Safety Challenge

Medication Without Harm

Global Launch, 29 March 2017

Medication Without Harm



Third Global Patient
Safety Challenge



Patient Safety

Global Ministerial Summit 2017



Strategic Framework and Key Action Areas

Domains

- Patients and the public
- Medicines
- Health and care workers
- Systems and practices of medication



Key action areas

- High-risk situations
- Polypharmacy
- Transitions of care

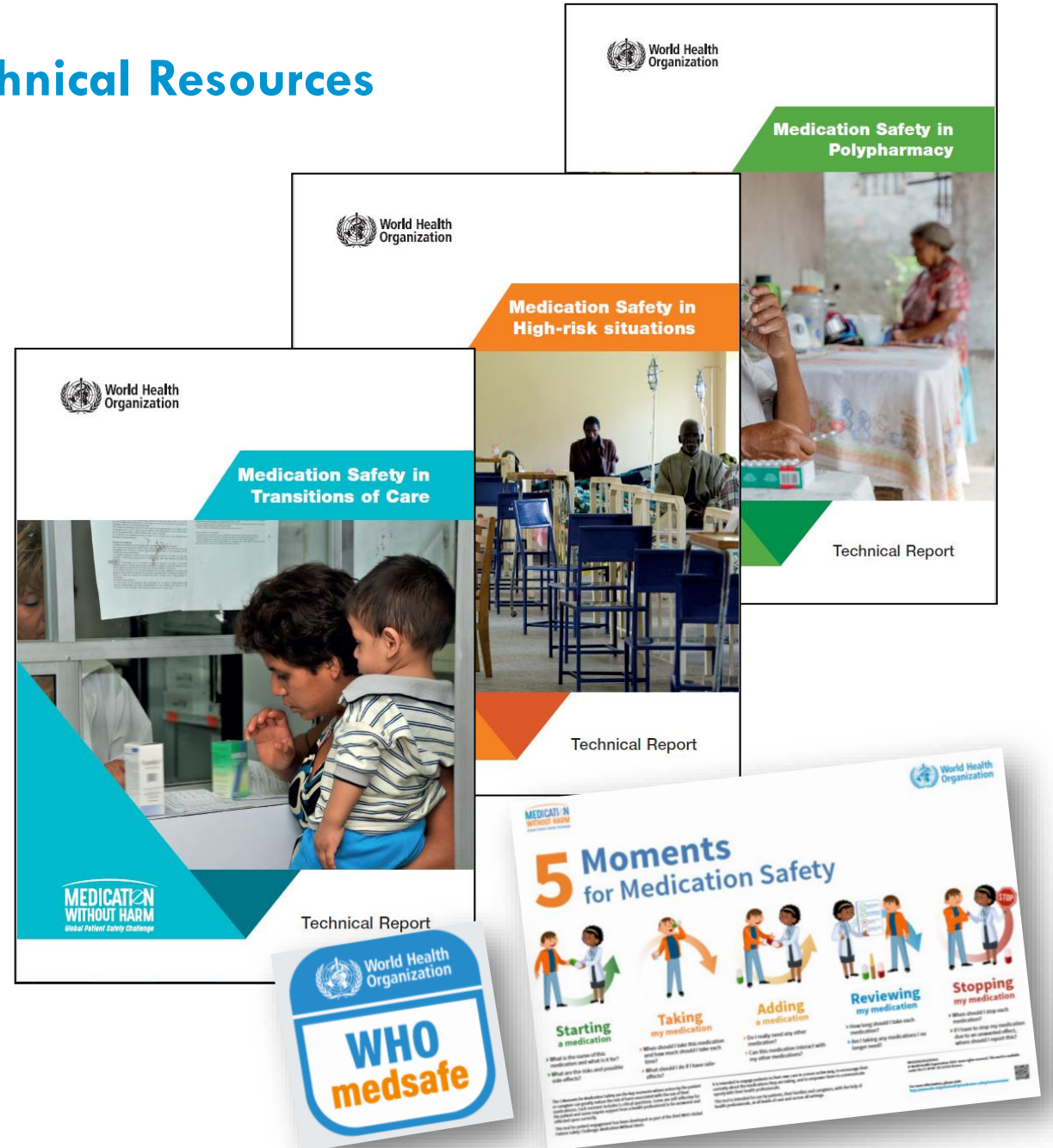
Medication Safety Technical Resources

1. Technical reports

- Transitions of care
- High-risk situations
- Polypharmacy

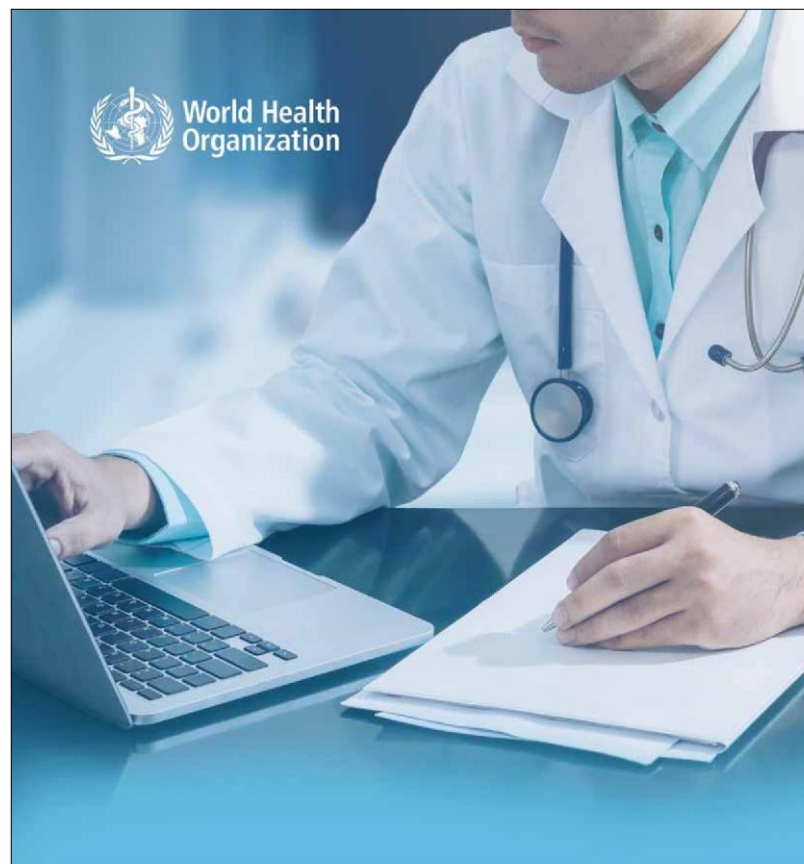
2. Patient engagement tool:

- 5 Moments for Medication Safety different formats including mobile app



Medication Safety Technical Resources

REPORTING AND LEARNING SYSTEMS FOR MEDICATION ERRORS: THE ROLE OF PHARMACOVIGILANCE CENTRES



Patient Safety Incident Reporting and Learning Systems

Technical report and guidance

Implications of the COVID-19 pandemic for patient safety

A rapid review



World Patient Safety Day 2022

Theme: Medication Safety





Interaction between health workers and patients


BEFORE YOU GIVE IT...




KNOW
your medication

CHECK
you have the right

- ✓ patient
- ✓ medicine
- ✓ route
- ✓ dose
- ✓ time

ASK
your patient
if they understand



 **World Health Organization**
 **MEDICATION WITHOUT HARM**
Global Patient Safety Challenge
  **World Patient Safety Day** 17 September 2022

BEFORE YOU TAKE IT...

KNOW
your medication

CHECK
the dose and time

ASK
your health care professional



 **World Health Organization**
 **MEDICATION WITHOUT HARM**
Global Patient Safety Challenge
  **World Patient Safety Day** 17 September 2022

 **MEDICATION WITHOUT HARM**
Global Patient Safety Challenge
  **World Health Organization**

5 Moments for Medication Safety



Starting a medication

- What is the name of this medication and what is it for?
- What are the risks and possible side-effects?



Taking my medication

- When should I take this medication and how much should I take each time?
- What should I do if I have side-effects?



Adding a medication

- Do I really need any other medication?
- Can this medication interact with my other medications?



Reviewing my medication

- How long should I take each medication?
- Am I taking any medications I no longer need?



Stopping my medication

- When should I stop each medication?
- If I have to stop my medication due to an unwanted effect, where should I report this?

The 5 Moments for Medication Safety are the key moments when action by the patient or caregiver can greatly reduce the risk of harm associated with the use of their medications. Each moment includes 5 critical questions. Some are self-reflection for the patient and some require support from a health professional to be answered and reflected upon correctly. This tool for patient engagement has been developed as part of the third WHO Global Patient Safety Challenge: Medication Without Harm.

It is intended to engage patients in their own care in a more active way, to encourage their curiosity about the medications they are taking, and to empower them to communicate openly with their health professionals. This tool is intended for use by patients, their families and caregivers, with the help of health professionals, at all levels of care and across all settings.

WHO/UNEP/UNICEF
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For more information, please visit:
<https://www.who.int/mediatoolkit/medication-safety/5-moments/>





Medication safety for look-alike sound-alike medicines

Medication safety solutions series



Medication safety in maternal and newborn care

Medication safety solutions series

MEDICATION WITHOUT HARM

Policy Brief

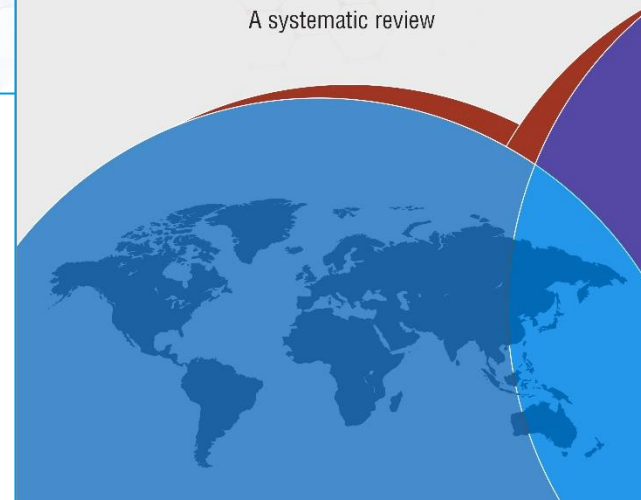


Global burden of preventable medication-related harm in health care

A systematic review

Upcoming

Medication Safety Technical Resources



Medication Without Harm



WHO Global Patient Safety Challenge



Consolidation of the work of the
WHO Global Patient Safety Challenge:
Medication Without Harm



Action at national level

Early priority actions

Ask countries and key stakeholders to make strong **commitments**, **prioritize** and take early action, and effectively **manage** three key areas to protect patients from harm, namely:

- **high-risk situations**
- **polypharmacy**
- **transitions of care**

Developmental programmes

Ask countries to **convene** experts, health professionals and leaders, stakeholders and patients to **design targeted programmes of change**

Take action to improve safety in each of the **four domains of the Challenge framework**:

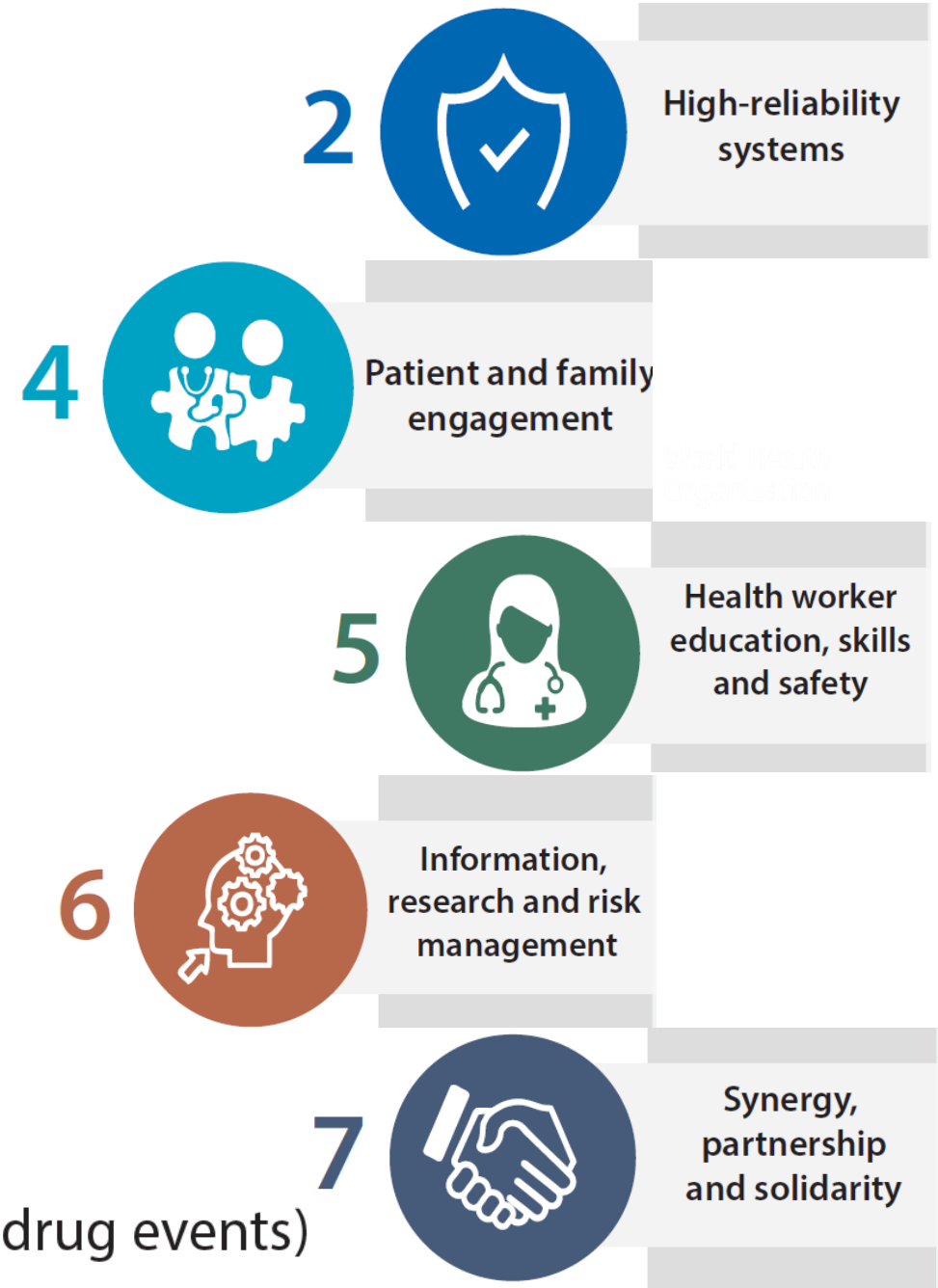
- patients and the public
- medicines
- health and care workers
- systems and practices of medication

Global Patient Safety Action Plan 2021-2030



Indicator

Significant reduction in medication-related harm (adverse drug events)





Looking forward to painting the world orange on 17 September

Join us in achieving...

Medication Without Harm



World Health
Organization

MEDICATION
WITHOUT HARM
Global Patient Safety Challenge



World
Patient Safety
Day 17 September 2022

Medication Without Harm



WHO Global Patient Safety Challenge

Session 1

Medication safety: patients, families and communities

Chair: Ms Helen HASKELL
Patient Safety Champion
Mothers Against Medical Error



15 September 2022

Medication Without Harm



WHO Global Patient Safety Challenge

Empowering patients

Ms Sue SHERIDAN

Founding member
Patients for Patient Safety
United States

15 September 2022





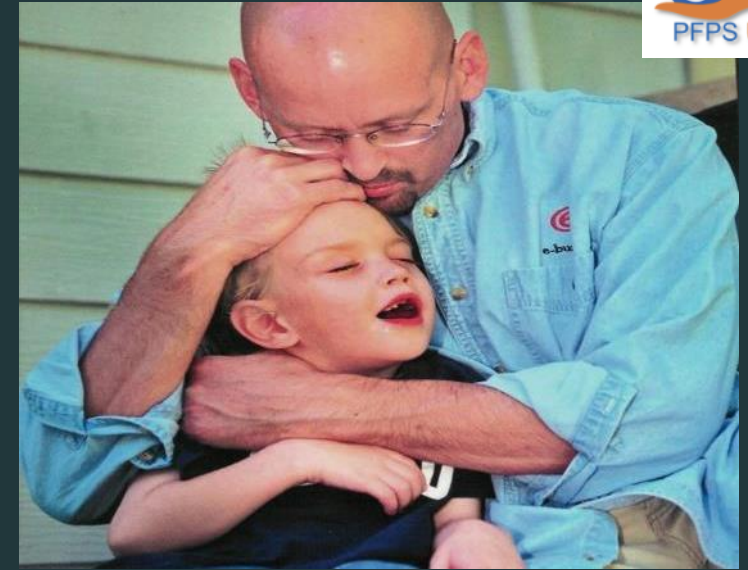
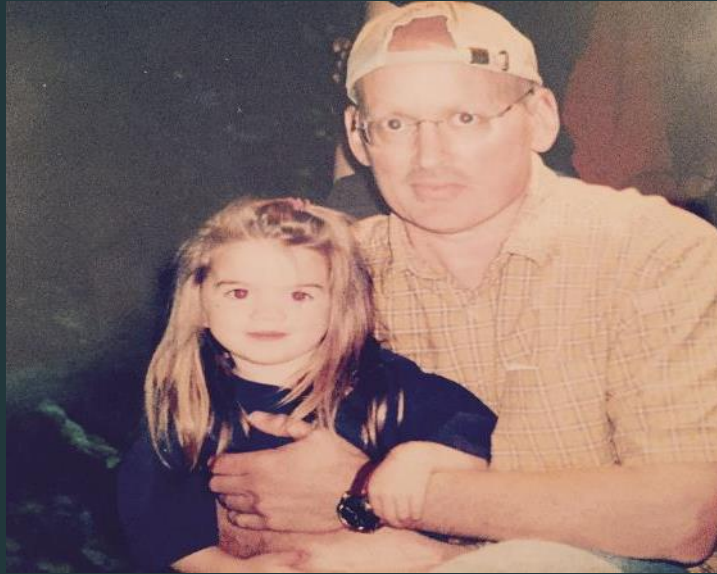
The Critical Role of Patient Empowerment in Medication Safety

Strategic Objective 4 of the GPSAP

Engage and Empower Patients and Families to Help and Support the Journey to Safer Healthcare

Sue Sheridan, MIM, MBA, DHL

Co-Founder, PFPS US



PAT'S STORY

Medication Safety In Transitions Of Care
Medication Safety In Polypharmacy
Medication Safety In High-risk Situations

What if I had been empowered



....to participate in joint decision making and informed consent?



....with education , tools and digital or paper medication lists?



....to report the medication error so that others wouldn't suffer from similar events



....by awareness raising campaigns developed by civil society and patient organizations

....by health care policies, programs, and patient tools/materials that had been co-produced **WITH** patients and families with experience in medication error?

LEVELS - PATIENT EMPOWERMENT MEDICATION WITHOUT HARM



During the Patient
Journey

In Advocacy and
Awareness Raising

In the Co-
production of
Medication Safety
Improvement Efforts

PATIENT EMPOWERMENT



Patients Engage in the Patient Journey - The 5 Moments for Medication Safety



PATIENT EMPOWERMENT



Patients Engage In Advocacy and Awareness Raising



PATIENT EMPOWERMENT



Patients Engage in Co-production of Medication Safety Improvement Efforts



Medication
safety policies,
plans,
strategies,
programs and
guidelines



Medication
safety
research
programs



Medical
professions
education



Patient education
and information
and
public awareness
campaigns



Packaging,
labeling and
other safety
issues for
medicines

**WHAT CAN
YOU DO NOW TO
EMPOWER
PATIENTS IN
MEDICATION
SAFETY?**

Establish

Establish clearly stated policies, strategies, training and structures to embed patient empowerment in your organization

Utilize

Utilize effective methods, tools and principles to empower patients during the patient journey

**Forge
Partner-
ships**

Forge partnerships between governments, health care facilities and patient and civil society organizations to raise awareness

**Co-
produce**

Co-produce policies, programs and patient education tools/materials **WITH patients and patient and civil society organizations**

Develop

Develop processes to monitor and evaluate the effectiveness of patient empowerment



“Patient engagement and empowerment is perhaps the most powerful tool to improve patient safety”

WHO Global Patient Safety Action Plan 2021-2022

Medication Without Harm



WHO Global Patient Safety Challenge

Medication literacy in the community: Strategies for improvement

Dr Priyadarshani GALAPPATTHY

Senior Professor of Pharmacology
University of Colombo
Sri Lanka

15 September 2022



Overview

- Health literacy and Medication literacy
- Data on Medication literacy
- Outcomes of poor medication literacy
- Interventions for improvement



Health literacy and medication literacy

- Medication literacy is the manifestation of health literacy in the context of medication use.
- Poor health literacy is a barrier to accurately understand medication information.



Health Literacy – WHO

- “The cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health”.
- More than being able to read and write
- Health literacy empowers people to make positive choices.
 - *WHO - Health literacy and health behaviour*



Medication literacy

- “The degree to which individuals can obtain, comprehend, communicate, calculate and process patient-specific information about their medications to make informed medication and health decisions in order to safely and effectively use their medications, regardless of the mode by which the content is delivered (e.g. written, oral and visual)”
 - » *Pouliot A, et al Defining and identifying concepts of medication literacy: an international perspective. Research in Social and Administrative Pharmacy. 2018*



Health Literacy: The Gap Between Physicians and Patients

American Family Physician August 1, 2005 • Volume 72, Number 3

Physicians often believe
their patients' literacy level
to be higher than it is.



Some facts and figures

- People with low health literacy can read at a 5th grade level
- Most adults read between the 8th -9th grade level.
- Most health care materials are written at a 10th grade level or higher.
- About half of adults are unable to understand printed health care material
- 21-23% of adults read at the lowest reading level
 - » *Adult literacy in America: a first look at the findings of the national adult literacy survey. National Center for Education Statistics, U.S. Department of Education*



Health Literacy Interventions to Improve Health Outcomes in Low- and Middle-Income Countries

HLRP: Health Literacy Research and Practice • Vol. 4, No. 4, 2020

- Low health literacy is a significant problem in many LMICs
 - low levels of general literacy
 - poorly resourced and functioning health systems
 - » (Malik et al., 2017).
- More than 70% of adults who live in LMICs have inadequate health literacy,
 - fewer years of education and low financial status
 - » (Apolinario, 2014; Javadzade, 2012).



Knowledge of prescribed medication information among patients with limited English proficiency in Sri Lanka

Perera et al. *BMC Research Notes* 2012, 5:658
<http://www.biomedcentral.com/1756-0500/5/658>

- The overall knowledge on prescribed medications among the study population
 - ‘good’ (score ≥ 40) in 17.5%.
 - ‘adequate’ (score 21–40) in 36.5%
 - ‘poor’ (score ≤ 20) in 46%,
- Majority were unable to read and understand the information written in English.



Patient's knowledge on medicines

Knowledge on medicines in patients attending a medical clinic in Sri Lanka (n=747)

1.Name of drugs prescribed - 42.4%

2. Indication - 41.1%

3.Dose – 22%

4.Frequency - 57.8%

5.Additional details (special instructions/ adverse effects/storage) – only 6.8%



A systematic review of patient medication error on self-administering medication at home

Expert Opin. Drug Saf. [Early Online]

- Patients make errors too.
- Less research on patient errors compared to errors committed by health and care workers
- The frequency of patients making medication errors is 19 and 59 %
- Patients suffer harm in 26% of cases.

» José Joaquín Mira et al. *Expert Opinion on Drug Safety* 2015



Association between low functional health literacy and mortality in older adults: longitudinal cohort study

BMJ 2012;344:e1602 doi: 10.1136/bmj.e1602

- One in three adults over the age of 65 in England had difficulty understanding basic health related written information
- Associated with 24- 75% higher risk of death over five years



Health Literacy as a Global Public Health Concern: A Systematic Review

Outcomes of low health literacy

- Higher hospitalization rates
- Higher risk of mortality
- Greater chance of medication errors
- Lower rates of treatment adherence
- Additional 3–5% of annual health-care costs.

J of Pharmacol & Clin Res. 2017



A systematic review of interventions to improve medication information for low health literate populations

Research in Social and
Administrative Pharmacy 12 (2016) 830–864

Type of intervention	Description	Examples
1. Written Information	Information expressed in writing	Patient information leaflet
2. Visual information	Information expressed with picture elements	Pictograms
3. Audible/verbal information	Information that expressed in spoken words	Counseling
4. Label information	Information expressed on medication bottle	Simplified medication instructions
5. Reminder systems	Serves to remind patients about important medication information	Automated telephone reminder
6. Educational programs/service	A plan or schedule of action for a specific period of time	Pharmacy based program



A systematic review of interventions to improve medication information for low health literate populations

Research in Social and
Administrative Pharmacy 12 (2016) 830–864

The most effective interventions include

- additional aids that enforce written information
- information that is personalized
- information that is easy to navigate
- tools that can be accessed when needed.

» *Wali H et al. Research in Social and Administrative Pharmacy. 2016*



TABLE 3

Six Steps to Enhance Understanding Among Patients with Low Health Literacy

Slow down, and take time to assess the patients' health literacy skills.

Use "living room" language instead of medical terminology.

Show or draw pictures to enhance understanding and subsequent recall.

Limit information given at each interaction, and repeat instructions.

Use a "teach back" or "show me" approach to confirm understanding. This approach involves having physicians take responsibility for adequate teaching by asking patients to demonstrate what they have been told (e.g., repeat how to take their medication) to ensure that education has been adequate.

Be respectful, caring, and sensitive, thereby empowering patients to participate in their own health care.

Adapted with permission from Williams MV, Davis T, Parker RM, Weiss BD. The role of health literacy in patient-physician communication. Fam Med 2002;34:387.



Interventions for reducing medication errors in children

- Counselling of care givers
- Show the prescribed dose along with the verbal instructions and measuring tools
- Provide explicit dose intervals
- Pictographic dosing instructions.

» *Damash et al. BMJ paediatrics open 2020*

Written information provided in native language improved knowledge more

Type of intervention	Baseline Knowledge	Type of Instruction		P value
Knowledge category		Verbal intervention	Written intervention	
Poor	188 (50%)	49 (13%)	28 (8%)	<0.0001
Moderate	121 (32%)	107 (29%)	70 (19%)	
Good	64 (17%)	217 (58%)	276 (74%)	



A systematic review of eHealth interventions to improve health literacy

- Interventions using technology reported significant outcomes
- Promise for positive outcomes on health literacy in a variety of settings, diseases, and samples.
- The development of apps and other new-technology tools offer new opportunities
- Many questions in this field remain unanswered
 - Health Informatics Journal 2016,



Medication errors: the role of the patient

British Journal of Clinical
Pharmacology

- Patients to be given responsibility for their medication
- Allowing patients in hospital to administer at least some of their own medicines might help
- A system to empower patients is needed
 - A patient prevented a serious error of receiving 60 units of insulin instead of 6 units, when she saw a large volume in the syringe about to be given



5 Moments for Medication Safety



Starting a medication

- ▶ What is the name of this medication and what is it for?
- ▶ What are the risks and possible side-effects?



Taking my medication

- ▶ When should I take this medication and how much should I take each time?
- ▶ What should I do if I have side-effects?



Adding a medication

- ▶ Do I really need any other medication?
- ▶ Can this medication interact with my other medications?



Reviewing my medication

- ▶ How long should I take each medication?
- ▶ Am I taking any medications I no longer need?



Stopping my medication

- ▶ When should I stop each medication?
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WHO/HIS/SDS/2019.6

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For more information, please visit:

<https://www.who.int/patientsafety/medication-safety/5moments/en/>





*“Empower
patients to ensure
medication
without harm”*

Thank you



Medication Without Harm



WHO Global Patient Safety Challenge

The role of patient organizations: Engaging with patients

Mr Kawaldip SEHMI

Chief Executive Officer
International Alliance of Patients'
Organizations

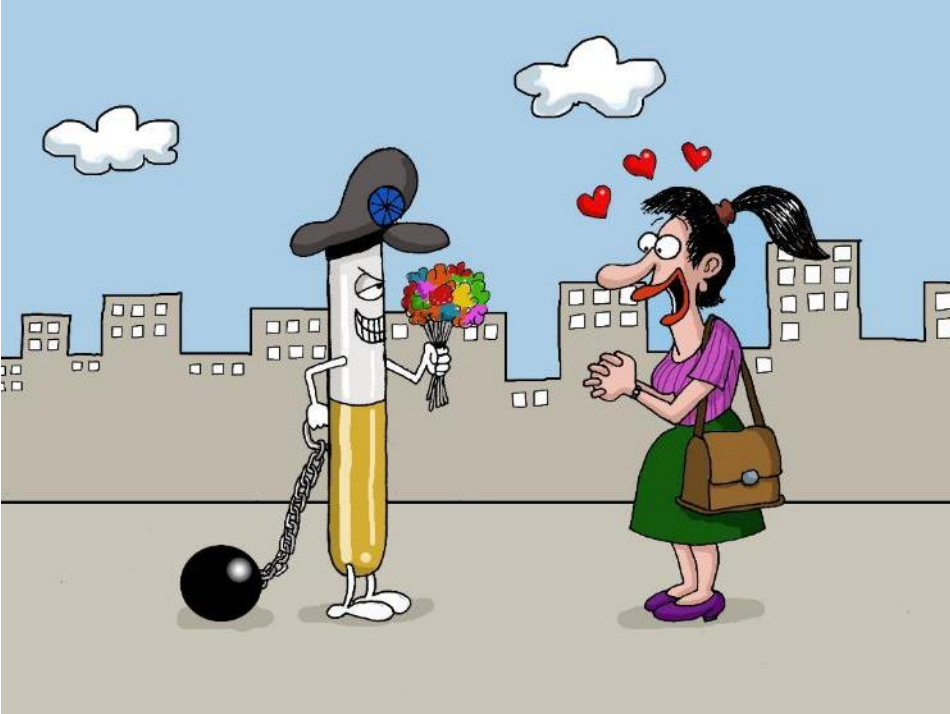
15 September 2022



ENGAGING PATIENTS AND FAMILIES IN WPSD 2022 AND GLOBAL PATIENT SAFETY ACTION PALN 2021-22

**A community that cares for its health systems is a
community that remains healthy and safe**

International Alliance of Patients' Organizations
Kawaldip Sehmi CEO



300

members

72

countries

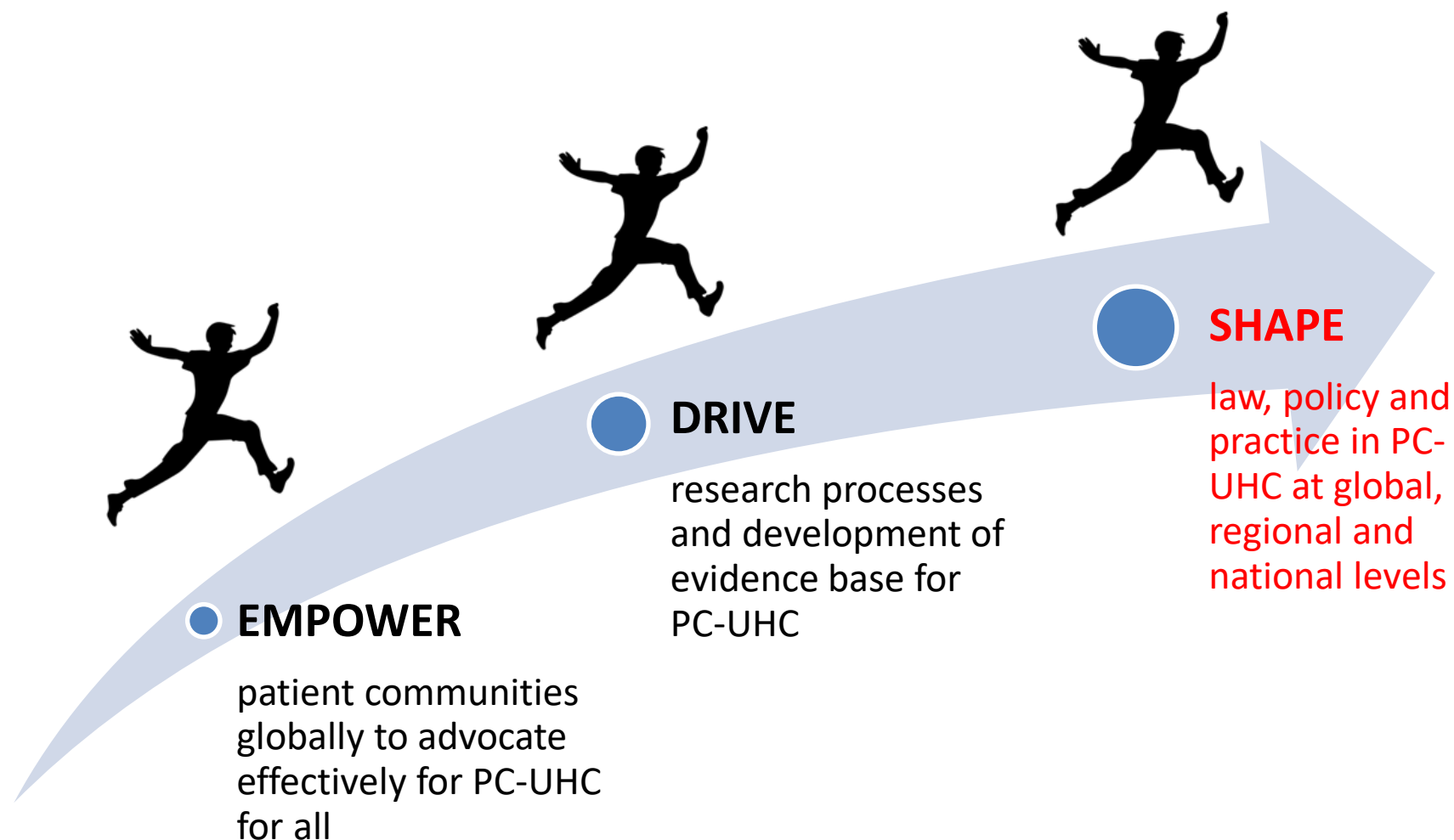
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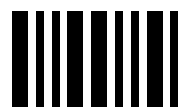
disease areas

**MOUs with over 20 Global Bodies Representing
Doctors, Nurses, Academics. Industry, Health
Devices, Health Professional Unions**

OVER 30 LARGE ALLIANCES AND AFFILIATIES

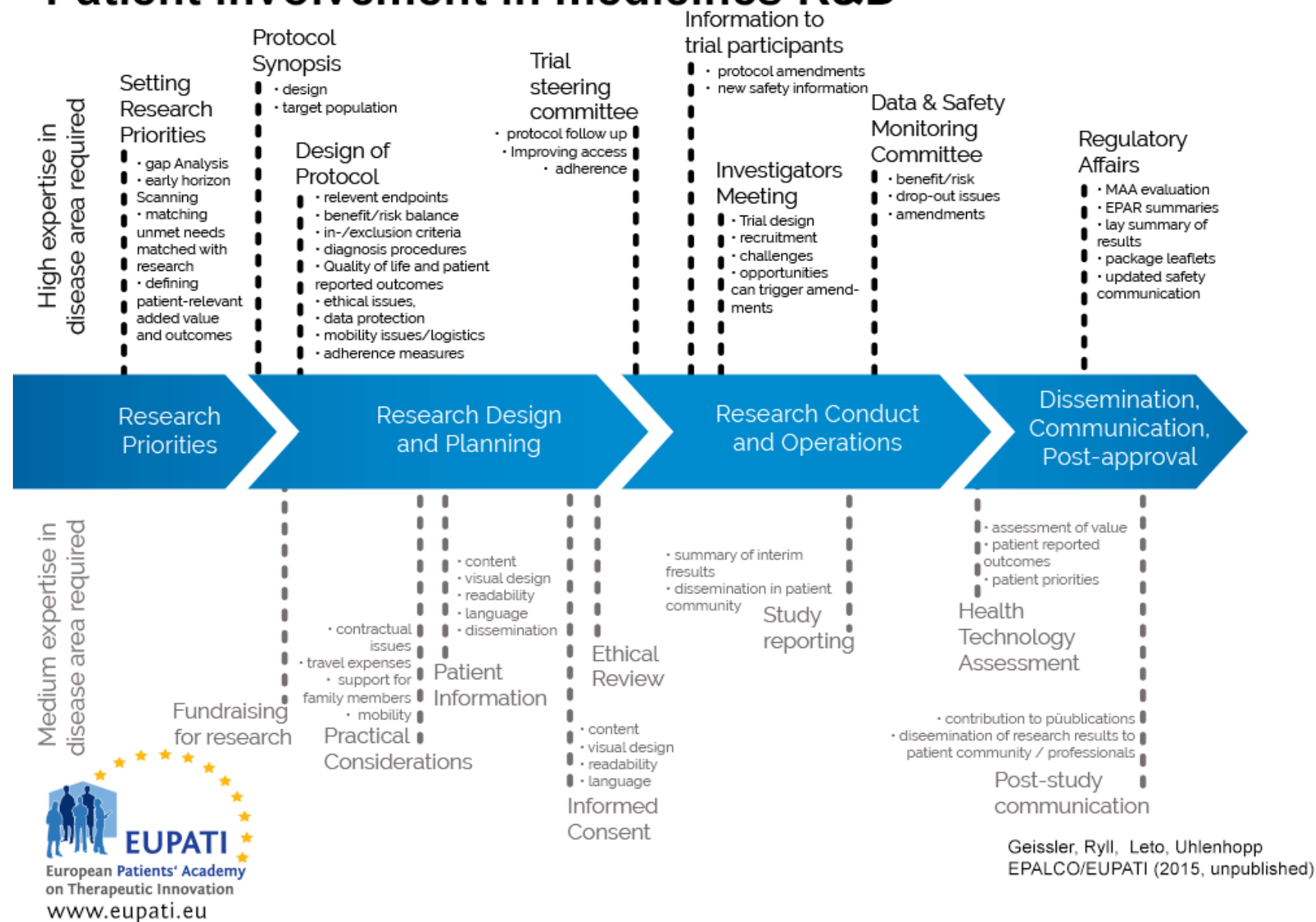
IAPO'S THREE KEY PILLARS 2022-24





Predictive Preventative Participatory Personalised Pre-emptive

Patient involvement in medicines R&D



Why engage patients and families

- First, patient harm happens to patients and its impact affects families!
- Why and who sets up a patient group (PG) is closely connected to a **health system experience**. Good or Bad. **Gratitude/Survivorship or patient harm**
- It must not happen to others again
- A PG may be set up because it is a **statutory or policy requirement**. Many countries are now encouraging **Patient and Public Involvement (PPI)** in health policy and decision-making. PGs are this combined consensus provider.

Why engage patients and families

- Some countries take a **human rights-based approach to healthcare**. Many global health treaties now ask Member States **to encourage civil society engagement** in healthcare. States obliged to create an enabling environment for patient engagement and PGs
- But most **enlightened health systems** set them up PGs as a business effectiveness and efficiency initiative- **the customer knows best**. Apple iPhone- user insight accounts for 80% of its innovation and success

UN UHC High Level Declaration



- 54. Engage **all relevant stakeholders, including civil society, private sector and academia, as appropriate, through the establishment of participatory and transparent multi-stakeholder platforms and partnerships**, to provide input to the development, implementation and evaluation of health- and social-related policies and reviewing progress for the achievement of national objectives for universal health coverage, while giving due regard to addressing and managing conflicts of interest and undue influence;



GLOBAL PATIENT SAFETY ACTION PLAN 2021–2030

Non-State Actors collaborating
towards eliminating avoidable
harm in health care

Fostering the GPSAP Vision, Mission & Goal

Vision -A world in which no one is harmed in health care, and every patient receives safe and respectful care, every time, everywhere

Mission- *Co-drive* forward policies, strategies and actions, based on science, patient experience, system design and partnerships, to eliminate all sources of avoidable risk and harm to patients and health workers

Goal: Achieve the maximum possible reduction in avoidable harm due to unsafe health care globally

Using Social Marketing

Patients as co-creators

Patient co-created policies and practice

Publics and patrons supporting patients

Product-Patient Safety and the GPSAP2021-30

Partnerships with key stakeholders

Promotional mix rich in social media and
conventional broadcast TV, Radio, Paper Outdoor

Patient presence in Places (real and virtual)

Empowering Patients as Co-Drivers with

- Governments
- Health care facilities
and services
- World Health
Organization
- Other Stakeholders
(NSAs)



Helping patients engage with NSA

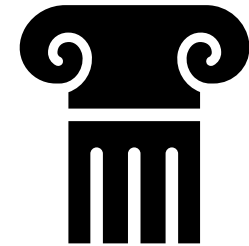
Co-drivers

4.3 Stakeholders

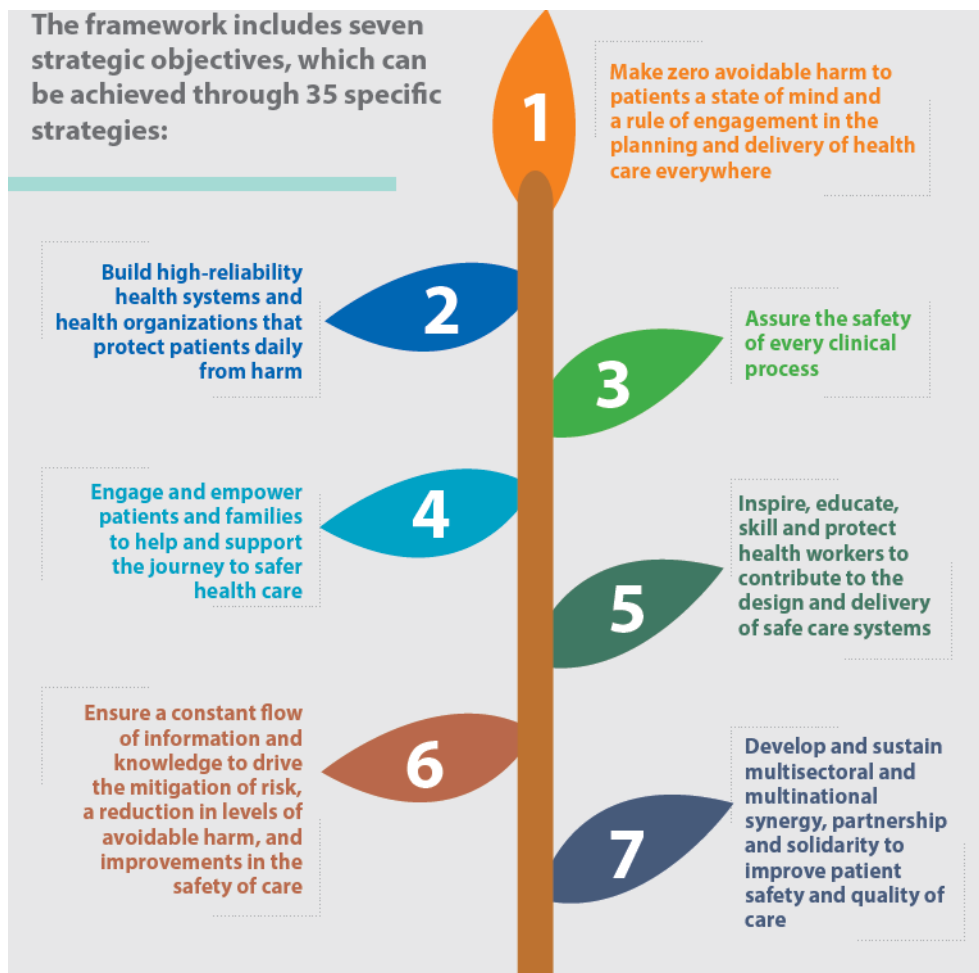
- ▶ Intergovernmental organizations, for example, European Commission, OECD
- ▶ International and national nongovernmental organizations
- ▶ International development organizations
- ▶ International and independent standard setting bodies and accreditation agencies
- ▶ International and national professional bodies and scientific associations and societies
- ▶ Universities, academic institutions, educational centres and other international and national training and capacity-building institutions
- ▶ Research institutions
- ▶ International and national consortiums and associations of health service providers
- ▶ Trade unions and other labour organizations representing health workers
- ▶ International and national civil society organizations, including patient organizations
- ▶ Community groups and organizations
- ▶ Media, including print, electronic and social media
- ▶ United Nations and other multilateral organizations
- ▶ Development partners, donors and funding agencies
- ▶ Pharmaceutical and medical devices industry
- ▶ Health care information technology industry
- ▶ Private sector entities, including commercial businesses (industry) and health service provider organizations
- ▶ Health insurance and maintenance organizations

Helping Patients Uphold Seven Pillars

- Patients and families as partners
- Patients support data collection and creation to generate learning
- Patients to utilise scientific expertise and patient experience to analyse data
- Patient preference and real world evidence put into improvement strategies
- Patient co-produced policies and action
- Patients share results through collaboration
- Patients co-create a safety culture



Helping Patients in Co-Creating Seven Strategies



Empowering Patients in 7x5 Matrix

Framework for Action - The 7x5 Matrix

1		Policies to eliminate avoidable harm in health care	1.1 Patient safety policy, strategy and implementation framework	1.2 Resource mobilization and allocation	1.3 Protective legislative measures	1.4 Safety standards, regulation and accreditation	1.5 World Patient Safety Day and Global Patient Safety Challenges
2		High-reliability systems	2.1 Transparency, openness and No blame culture	2.2 Good governance for the health care system	2.3 Leadership capacity for clinical and managerial functions	2.4 Human factors/ ergonomics for health systems resilience	2.5 Patient safety in emergencies and settings of extreme adversity
3		Safety of clinical processes	3.1 Safety of risk-prone clinical procedures	3.2 Global Patient Safety Challenge: Medication Without Harm	3.3 Infection prevention and control & antimicrobial resistance	3.4 Safety of medical devices, medicines, blood and vaccines	3.5 Patient safety in primary care and transitions of care
4		Patient and family engagement	4.1 Co-development of policies and programmes with patients	4.2 Learning from patient experience for safety improvement	4.3 Patient advocates and patient safety champions	4.4 Patient safety incident disclosure to victims	4.5 Information and education to patients and families
5		Health worker education, skills and safety	5.1 Patient safety in professional education and training	5.2 Centres of excellence for patient safety education and training	5.3 Patient safety competencies as regulatory requirements	5.4 Linking patient safety with appraisal system of health workers	5.5 Safe working environment for health workers
6		Information, research and risk management	6.1 Patient safety incident reporting and learning systems	6.2 Patient safety information systems	6.3 Patient safety surveillance systems	6.4 Patient safety research programmes	6.5 Digital technology for patient safety
7		Synergy, partnership and solidarity	7.1 Stakeholders engagement	7.2 Common understanding and shared commitment	7.3 Patient safety networks and collaboration	7.4 Cross geographical and multisectoral initiatives for patient safety	7.5 Alignment with technical programmes and initiatives

Patients in Seven Co- Produced Strategies

Synergy, partnership and solidarity

Patient and family engagement

Health worker education, skills and safety

Policies to eliminate avoidable harm

High-reliability systems

Safety of clinical processes

Information, research and risk management



THANK YOU!

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London N1 6AH
United Kingdom

Website: www.iapo.org.uk

Company no: 8495711
Registered charity no. 1155577

Medication Without Harm



WHO Global Patient Safety Challenge



Message on World Patient Safety Day 2022 from the WHO Regional Office for Europe

Dr Hans Henri P. KLUGE

WHO Regional Director for Europe

15 September 2022



Medication Without Harm



WHO Global Patient Safety Challenge

Session 2

Medication safety: the health and care workers' role

Chair: Prof Caroline SAMER

Geneva University Hospitals

Chair of the Clinical and Translational Section of the
International Union of Basic and Clinical Pharmacology
(IUPHAR)



15 September 2022

Medication Without Harm



WHO Global Patient Safety Challenge

Video “Just and Fair culture”

Medication Without Harm



WHO Global Patient Safety Challenge

The role of the health and care workers in reducing medication errors and medication-related harm

Nurses

Mr Howard CATTON

Chief Executive Officer
International Council of Nurses (ICN)

15 September 2022



Medication Without Harm



WHO Global Patient Safety Challenge

The role of the health and care workers in reducing medication errors and medication-related harm

Medical doctors

Dr Julia TAINJOKI-SEYER

Advocacy and Medical Advisor
World Medical Association (WMA)

15 September 2022





WMAA

WMA

- International organization representing 9 million physicians worldwide
- 115 National Medical Associations members in addition to individual associate members
- Mission: to ensure
 - the independence of physicians
 - the highest possible standard of medical ethics
 - best medical practice

WMA Patient Safety policy

- Key priority for physicians
- Blame free reporting
- Non punitive culture
- Confidential reporting
- Focus on preventing and correcting system failures
- Understanding risk, root cause analysis
- Cooperation with all stakeholders including patients
- Advance scientific knowledge

WMA DECLARATION ON PATIENT SAFETY

*Adopted by the 53rd WMA General Assembly, Washington, DC, USA, October 2002
and reaffirmed by the 19th WMA Council Session, Prague, Czech Republic, April 2012*

PREAMBLE

1. Physicians strive to provide the highest quality health and medical care to patients. Patient safety is one of the core elements of quality in health and medical care.
2. Progress in medical and allied science and technology has transformed modern medicine into an advanced and complex health system.
3. Inherent risks have always existed in clinical medicine. Developments in modern medicine have resulted in new and sometimes greater risks – some avoidable, others inherent.
4. Physicians should attempt to foresee these risks and manage them in the treatment of patients.

PRINCIPLES

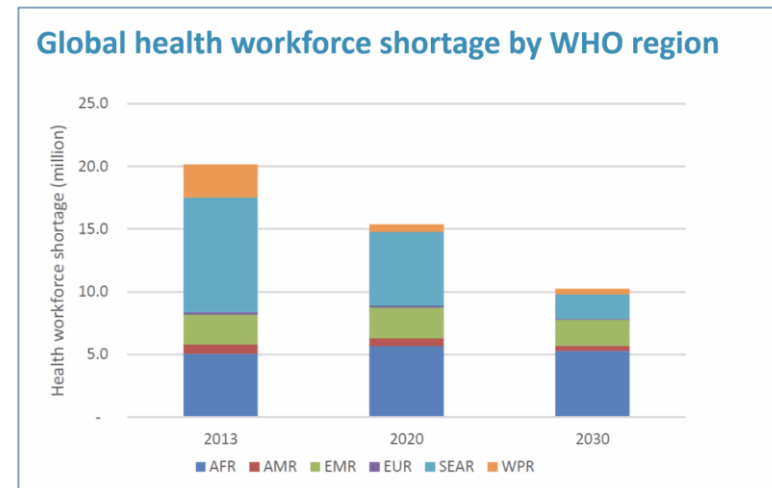
1. Physicians must ensure that patient safety is always considered during medical decision-making.
2. Individuals and processes are rarely solely responsible for producing errors. Rather, separate elements combine and together produce a high-risk situation. Therefore, there should be a non-punitive culture for confidential reporting healthcare errors that focuses on preventing and correcting systems failures and not on individual or organization culpability.
3. A realistic understanding of the risks inherent in modern medicine requires that physicians must go beyond the professional boundaries of health care and cooperate with all relevant parties, including patients, to adopt a proactive systems approach to patient safety.
4. To create such a systems approach, physicians must continuously absorb a wide range of advanced scientific knowledge and continuously strive to improve medical practice.
5. All information that concerns a patient's safety must be shared with all relevant parties, including the patient. However, patient confidentiality must be strictly protected.

RECOMMENDATIONS

1. Hence, the WMA recommends the following to national medical associations:
 1. National medical associations should promote policies on patient safety to all physicians in their countries;
 2. National medical associations should encourage individual physicians, other health care professionals, patients and other relevant individuals and organizations to work together to establish systems that secure patient safety;
 3. National medical associations should encourage the development of effective models to promote patient safety through continuing medical education/continuing professional development;
 4. National medical associations should cooperate with one another and exchange information about adverse events, including errors, their solutions, and 'lessons learned' to improve patient safety.

Health Workforce

- WHO defines a HWF shortage of 15million globally in 2020
- Work environment
- COVID exacerbated this issue
- High stress level, burn out,
- Communication between HP-
Handover of information
- Migration of HP: language
and culture problems



Health Care System

- WHO Charter on Health workers safety- a priority for patient safety
 - adequate work environment
 - work place design
 - Occupational safety
 - Adequate equipment
- Positive Practice Environment- WHPA + IHF campaign
 - Professional recognition and empowerment
 - Management practice and incentives
 - Occupational health and safety
 - Education and information



World Patient Safety Day, 17 September 2020

CHARTER

Health worker safety: a priority for patient safety

This Charter is dedicated to the millions of health workers' fighting COVID-19 across the globe who put themselves and their families at risk to treat patients, deliver essential health services and contain the spread of the disease; to the health workers who have become infected with COVID-19; and to those who have lost their lives in their unstinting efforts to combat the disease.

1. Health workers are all people engaged in work actions whose primary intent is to improve health. This includes health service providers, such as doctors, nurses, midwives, public health professionals, lab-, health- and medical and non-medical technicians, personal care workers, community health workers, healers and practitioners of traditional medicine. It also includes health management and support workers, such as cleaners, drivers, hospital administrators, district health managers and social workers, and other occupational groups in health-related activities. Health workers include not only those who work in acute care facilities but also those employed in long-term care, public health, community-based care, social care and home care.

A POSITIVE PRACTICE ENVIRONMENT IS...

...a health care setting that supports excellence, and decent work conditions, and has the power to attract and retain staff, provide quality care & deliver cost-effective, people-centred health care services.

PROFESSIONAL RECOGNITION AND EMPOWERMENT

It improves performance and builds professional self-worth.

MANAGEMENT PRACTICES AND INCENTIVES

It enables and encourages health workers to stay in their jobs, in their profession and in their countries.

OCCUPATIONAL HEALTH AND SAFETY

It keeps employees safe so they remain healthy, motivated and productive.

EDUCATION AND INFORMATION

It provides opportunities to learn, develop, progress and save lives.



Health Professionals

- Training with a focus on:
 - Polypharmacy
 - Opioids, palliate care, chronic pain
 - AMR: diagnosis and treatment, infection control
 - Communication training-
 - adherence to treatment
 - Hand over and collaborative practice
- Collaborative practice:
 - Closer cooperation between HP: a team approach
 - Clear scope of practice
 - Clear defined responsibility – legal responsibility

Medication

- Standardization of medicine
- Look-alike medication
- Substandard or falsified medicines -
Fight the fake campaign



Conclusion–Medication errors

- Physicians play a crucial role
- To provide quality care they need decent working conditions
- Enhanced training & communication
- Focus on collaborative practice





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