World Patient Safety Day 2022 Global Virtual Event

“Medication Without Harm”

Thursday 15 September 2022, 14:00 - 18:00 CEST
Geneva, Switzerland
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?
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
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
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
Know. Check. Ask.

Global event 15 September

Patient and family engagement

Medication safety solutions

Monthly webinars

Medication safety curriculum

Burden of Medication-related Harm
Interaction between health workers and patients
Upcoming

Medication Safety Technical Resources
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

1. Policies to eliminate avoidable harm in health care
   
2. High-reliability systems
   
3. Safety of clinical processes
   
4. Patient and family engagement
   
5. Health worker education, skills and safety
   
6. Information, research and risk management
   
7. Synergy, partnership and solidarity

1.5 World Patient Safety Day and Global Patient Safety Challenges

3.2 Global Patient Safety Challenge: Medication Without Harm

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

Global Patient Safety Challenge

World Patient Safety Day 17 September 2022
Session 1

Medication safety: patients, families and communities

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

15 September 2022
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 ........?

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

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

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

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

...by awareness raising campaigns developed by civil society and patient organizations
LEVELS - PATIENT EMPOWERMENT
MEDICATION WITHOUT HARM

During the Patient Journey

In Advocacy and Awareness Raising

In the Co-production of Medication Safety Improvement Efforts
Patients Engage in the Patient Journey - The 5 Moments for Medication Safety

- Starting a medication
- Taking my medication
- Adding a medication
- Reviewing my medication
- Stopping my medication
Patients Engage In Advocacy and Awareness Raising

**Raise**
- Raise awareness about medication safety and reporting systems.
- Collect and share patient stories

**Develop and disseminate**
- Develop and disseminate patient education materials and tools on medication safety

**Advocate**
- Advocate for full inclusion of patients and families in all medication safety planning and programming

**Recruit**
- Recruit, build capacity and mobilize medication safety advocates

**Participate in**
- Participate in public awareness campaigns

**Identify and advocate**
- Identify and advocate for new medication safety funding, policies and legislation
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
<table>
<thead>
<tr>
<th>WHAT CAN YOU DO NOW TO EMPOWER PATIENTS IN MEDICATION SAFETY?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Establish</strong></td>
</tr>
<tr>
<td>Establish clearly stated polices, strategies, training and structures to embed patient empowerment in your organization</td>
</tr>
<tr>
<td><strong>Utilize</strong></td>
</tr>
<tr>
<td>Utilize effective methods, tools and principles to empower patients during the patient journey</td>
</tr>
<tr>
<td><strong>Forge Partnerships</strong></td>
</tr>
<tr>
<td>Forge partnerships between governments, health care facilities and patient and civil society organizations to raise awareness</td>
</tr>
<tr>
<td><strong>Co-produce</strong></td>
</tr>
<tr>
<td>Co-produce policies, programs and patient education tools/materials WITH patients and patient and civil society organizations</td>
</tr>
<tr>
<td><strong>Develop</strong></td>
</tr>
<tr>
<td>Develop processes to monitor and evaluate the effectiveness of patient empowerment</td>
</tr>
</tbody>
</table>
“Patient engagement and empowerment is perhaps the most powerful tool to improve patient safety”

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)”

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.

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
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%
• 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.

• 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
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

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

<table>
<thead>
<tr>
<th>TABLE 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Six Steps to Enhance Understanding Among Patients with Low Health Literacy</strong></td>
</tr>
</tbody>
</table>

- 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

<table>
<thead>
<tr>
<th>Type of intervention</th>
<th>Baseline Knowledge</th>
<th>Type of Instruction</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge category</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poor</td>
<td>188 (50%)</td>
<td>49 (13%)</td>
<td>28 (8%)</td>
</tr>
<tr>
<td>Moderate</td>
<td>121 (32%)</td>
<td>107 (29%)</td>
<td>70 (19%)</td>
</tr>
<tr>
<td>Good</td>
<td>64 (17%)</td>
<td>217 (58%)</td>
<td>276 (74%)</td>
</tr>
</tbody>
</table>
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,
• 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?
- If I have to stop my medication due to an unwanted effect, where should I report this?

© World Health Organization 2022. Some rights reserved. This work is available under the CC BY NC SA 3.0 IGO licence.

For more information, please visit:
“Empower patients to ensure medication without harm”

Thank you
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
GUY'S THIS IS TROUBLEMAB I MET HER ONLINE

IT'S THE WORST CASE OF DOUBLE ADVERSE EVENT. HE OVERDOSED ON HEALTH APPS AND MEDICATION.

DO YOU KNOW ALL YOUR MEDICATION? DO YOU KNOW WHAT ARE THEY DOING? ARE YOU IN CONTROL?
PROMOTING PATIENT-CENTRED HEALTHCARE AROUND THE WORLD

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

EMPOWER
patient communities globally to advocate effectively for PC-UHC for all

DRIVE
research processes and development of evidence base for PC-UHC

SHAPE
law, policy and practice in PC-UHC at global, regional and national levels
Predictive
Preventative
Participatory
Personalised
Pre-emptive
Patient involvement in medicines R&D

High expertise in disease area required

Research Priorities
-Setting
-Research Priorities
-Protocol Synopsis
-Design
-target population

Trial steering committee
-protocol follow up
-improving access
-adherence

Information to trial participants
-protocol amendments
-new safety information

Data & Safety Monitoring Committee
-benefit/risk
-disposal issues
-amendments

Regulatory Affairs
-MAA evaluation
-ESPR summaries
-key summary of results
-package leaflets
-updated safety communication

Research Design and Planning
-Design of Protocol
-relevant endpoints
-benefit/risk balance
-inclusion/exclusion criteria
-cancer stages procedures
-quality of life and patient reported outcomes
-ethical issues
-data protection
-morbidity issues/logistics
-adherence measures

Investigators Meeting
-trial design
-recruitment
-challenges
-opportunities
-congress amendments

Research Conduct and Operations
-summary of interim results
-dissemination in patient community

Dissemination, Communication, Post-approval
-communication of value
-patient reported outcomes
-patient priorities

Health Technology Assessment
-contribution to publications
-dissemination of research results to patient community / professionals

Post-study communication

Medium expertise in disease area required

Fundraising for research
-contacts
-visual design
-readability
-language
-dissemination

Ethical Review
-content

Patient Information
-privacy
-support for family members

Practical Considerations
-transportation

Informed Consent
-content

www.eupati.eu

Geissler, Ryll, Lelo, Uhlenhopp
EPALCO/EUPATI (2015, unpublished)
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-Divers with

- Governments
- Health care facilities and services
- World Health Organization
- Other Stakeholders (NSAs)
Helping patients engage with NSA

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 consortia 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

The framework includes seven strategic objectives, which can be achieved through 35 specific strategies:

1. Make zero avoidable harm to patients a state of mind and a rule of engagement in the planning and delivery of healthcare everywhere.

2. Build high-reliability health systems and health organizations that protect patients daily from harm.

3. Assure the safety of every clinical process.

4. Engage and empower patients and families to help and support the journey to safer healthcare.

5. Inspire, educate, skill and protect health workers to contribute to the design and delivery of safe care systems.

6. Ensure a constant flow of information and knowledge to drive the mitigation of risk, a reduction in levels of avoidable harm, and improvements in the safety of care.

7. Develop and sustain multisectoral and multinational synergy, partnership and solidarity to improve patient safety and quality of care.
# Empowering Patients in 7x5 Matrix

## Framework for Action - The 7x5 Matrix

<table>
<thead>
<tr>
<th>1</th>
<th>Policies to eliminate avoidable harm in health care</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>High-reliability systems</td>
</tr>
<tr>
<td>3</td>
<td>Safety of clinical processes</td>
</tr>
<tr>
<td>4</td>
<td>Patient and family engagement</td>
</tr>
<tr>
<td>5</td>
<td>Health worker education, skills, and safety</td>
</tr>
<tr>
<td>6</td>
<td>Information, research and risk management</td>
</tr>
<tr>
<td>7</td>
<td>Synergy, partnership, and solidarity</td>
</tr>
</tbody>
</table>

### 1. Policies to eliminate avoidable harm in health care
- 1.1 Current safety policies, strategies and implementation frameworks
- 1.2 Resource mobilisation 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 Global patient safety challenge: Medication error matrix
- 2.3 Leadership capacity for the health care system
- 2.4 Human factors: ergonomics for health systems resilience
- 2.5 Patient safety in emergencies and settings of utmost adversity

### 3. Safety of clinical processes
- 3.1 Safety of risk-prone clinical procedures
- 3.2 Global patient safety challenge: Methicillin-resistant
- 3.3 Infection prevention and control and antimicrobial resistance
- 3.4 Safety of medical devices, medicines, blood and infections
- 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 incidents don’t occur 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 technologies 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 multinational 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!

International Alliance of Patients’ Organizations
49-51 East Road
London N1 6AH
United Kingdom

Website: www.iapo.org.uk

Company no: 8495711
Registered charity no. 1155577
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
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
Video “Just and Fair culture”
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
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
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
Health Workforce

- WHO defines a HWF shortage of 15 million 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
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