# GUIDE FOR DEVELOPING NATIONAL PATIENT SAFETY POLICY AND STRATEGIC PLAN

December 2014

Patient Safety Unit /Health Systems and Services Cluster, WHO African Region

World Health Organization
REGIONAL OFFICE FOR Africa

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# FOREWORD

Unsafe medical practices and care can be the cause of disabling injuries, infections and death.

Even though statistics on patients that are hammed through health care are not readily available, the morbidity, mortality and economic burden is expected to be heavier in developing countries, including the African region, due to limitations in infrastructure, technologies and human resources. Patient safety is therefore a global public health problem which calls for appropriate actions.

WHO launched a patient safety Programme in October 2004 in response to World Health Assembly Resolution WHA55.18 to coordinate, facilitate and accelerate patient safety improvements around the world. Several actions have been undertaken to improve the safety of health care for patients in all WHO Member States. In the African region, initiatives have been launched to address patient safety issues including hand hygiene, antimicrobial resistance, and safer injections. The African Partnerships for Patient Safety (APPS) was set up to build patient safety partnerships amongst hospitals in the WHO African Region and elsewhere.

A technical document adopted in 2008 at the Fifty-eight session of the Regional Committee for Africa on “Patient safety in African health services: issues and solutions” (AFR/RC58/8) proposed a series of actions for improving patient safety in the African Region, and was followed by country specific efforts to promote patient safety practices, including creating awareness amongst patients. Patient Safety could have better and measurable results when it is part of national policy and strategic plans. It is through this process that actions towards improved patient safety could be integrated in primary health care and contributes to the millennium development goals.

This “Guide for developing national Patient Safety policy and strategic plan” aims to assist countries to develop comprehensive actions on patient safety. It outlines steps for the development of comprehensive policies and strategies based on successful pilot site experiences.

I strongly encourage Member States to make use of this guide when developing new or revising the existing patient safety component of their national health policy and strategic plan.

Dr Luis G. Sambo
WHO Regional Director for Africa

# EXECUTIVE SUMMARY

Patient safety practices result in measurable fiscal impact, save lives and decrease morbidity. So, why isn't everyone insisting on such interventions everywhere? The answer is not simple. Patient safety concepts are not clear to those making decisions, research has not been done in many resource-poor settings to confirm data collected elsewhere, and many authorities still have the misconception that introducing patient safety practices is a luxury. Patient safety improvement requires a system change at all levels. Such a change needs a strong national policy accompanied with a strategic implementation plan to ensure the policy's consistency and sustainability.

As a basis for enforcing effective safety practices, a clear policy that serves as a reference and standard by which to judge the practices is critical. A national patient safety policy is essential but it must reflect the context and needs of the individual country. To avoid reinventing the wheel, patient safety policy must reference internationally approved and tested guidelines and policy recommendations. Policy-makers require an accessible resource for the task of developing the national patient safety policy and patient safety strategic plan in order that they are comprehensive as well as precise and yet uncomplicated and flexible. Such a resource ideally will be used both during the initial policy and strategic plan development and for their subsequent revision.

This document outlines a four-step approach for developing a patient safety policy and a strategic plan:

- situation analysis
- national patient safety policy development
- national patient safety strategic plan development
- monitoring and evaluation of the implementation of the patient safety policy

This document is intended for guiding the selection of patient safety policy points to ensure that the national policy is comprehensive and adequately detailed. Additionally, it can be used to define the key elements of the national patient safety strategic plan. It also lists indicators that can be adapted for monitoring and evaluation of the policy and strategy's effectiveness at the point of care. Hospital situation analysis tools that may be useful in the assessment and monitoring of patient safety are included.

It is anticipated that the systematic approach to patient safety as presented in this document will raise the profile of patient safety in the countries in the African Region and facilitate integration of patient safety priorities into national health delivery systems.

# ACRONYMS AND ABBREVIATIONS

| | |
|---|---|
| APPS | African Partnerships for Patient Safety |
| CSOs | Civil society organizations |
| ICH | International Conference on Harmonization of Technical Requirements for Registration of Pharmaceuticals for Human Use |
| MDG | Millennium Development Goal |
| PV | Pharmacovigilance |
| SSCL | Safe Surgical Checklist |
| UMC-Africa | WHO Collaborating Centre for Advocacy and Training in Africa |
| WHO | World Health Organization |

# GLOSSARY

**Adverse events**: An adverse event is an injury arising from medical management, in contrast to disease-related complications.[a] Medical management encompasses all aspects of care, including diagnosis and treatment, failure to diagnose or treat, and the systems and equipment used to deliver care. Adverse events may be preventable or non-preventable.

**Clients:** A health care client is anyone with an interest in the health care system, such as a person who pays fees at a health care setting, a patient, a family member, a family caregiver or a visitor exposed to the health care environment.

**Preventable error:** In health care, a preventable error results from the failure to complete a planned action as intended (i.e., error of execution) or the use of a wrong plan to achieve an aim (i.e., error of planning). Errors may be of commission or omission in nature and usually reflect deficiencies in the systems of care.[b]

**Safe health care systems:** These systems incorporate policies, protocols and processes to ensure the implementation of practices that, based on evidence, have been shown to protect the patient from preventable harm.

[a] WHO draft guidelines for adverse event reporting and learning systems. Geneva, World Health Organization, 2005.

[b] Leape L, Lawthers A, Brennan T et al. Preventing medical injury, *Quality Review Bulletin*. 1993;19(5):144–149.

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# 1. INTRODUCTION

The World Health Organization (WHO) defines patient safety practices as processes or structures that reduce the probability of adverse events resulting from exposure to the health care system across a range of diseases and procedures.[1] Patient safety aims at making health care safe for both clients and health service staff. Patient safety is a system property and the foremost attribute of quality of care. As such, it is of organizational, managerial and economic concern, in addition to being of clinical concern to the health care system. Patient safety is a global and regional public health issue affecting all types of health care systems whether in developed or developing countries. The majority of health care errors are considered to be preventable. Patient safety is challenged by not only the complexity of health care processes but also the culture of denial and blame, the two characteristics that have dominated the environment of problem solving and learning that the health care service is. In addition, inconsistencies in the reporting and learning systems prevent collection and dissemination of information in a meaningful way.

The overall cost of adverse events can be considerable. Loss of confidence within clinical teams and loss of reputation and credibility in the services and facilities are just two of such ramifications.

WHO recognizes the importance of patient safety. Resolution WHA55.18 of 2002 outlined the responsibilities of WHO in providing technical support to Member States in developing reporting systems, reducing risk, formulating evidence-based policies, fostering a culture of safety, and encouraging research on patient safety. The Fifty-eighth session of the Regional Committee for Africa held in Yaoundé, Cameroon, in September 2008 adopted document AFR/RC58/8 that updated the knowledge about patient safety, described issues and challenges and proposed actions for improving patient safety in the WHO African Region. The proposed actions are clearly underlined in that document, articulated under 12 patient safety areas (see Box 1). The recommendations to enhance the safety of patients include complementary actions at policy, managerial and clinical levels.

**Box 1: The 12 WHO patient safety action areas**

- Patient safety and health services and systems development
- National patient safety policy
- Knowledge and learning in patient safety
- Patient safety awareness raising
- Health care-associated infections
- Health worker protection
- Health care waste management
- Safe surgical care
- Medication safety
- Patient safety partnerships
- Patient safety funding
- Patient safety surveillance and research

[1] Kohn L, Corrigan J, Donaldson M, eds. *To err is human: building a safer health system.* Washington, DC, Committee on Quality of Health Care in America, Institute of Medicine, National Academy Press, 2000.

During the 2012 World Health Assembly, WHO Director-General Margaret Chan described universal health coverage as "the single most powerful concept that public health has to offer". Universal health coverage has been defined as "providing all people with access to needed health services of sufficient quality to be effective without their use imposing financial hardship".[2] Improving access to health services without financial hardship is only one part of the solution to providing an effective health service. As African Member States define their pathway to achieving universal health coverage in their rapidly evolving health systems, they need to recognize that patient safety and quality of health service delivery are critical considerations requiring urgent attention. The national policy and strategic plan for patient safety are thus vital parts of universal health coverage planning for Member States in the African Region.

Most countries in the African Region lack national policies on safe health care practices. Inadequate funding and unavailability of critical support instruments including strategies, guidelines, tools and patient safety standards remain major concerns in the Region. There is need for investment to enhance patient safety in health facilities and urgency to develop a culture of patient safety in health care provision through well-defined national patient safety policies and strategic plans.

## 1.1 Key historical patient safety events

Patient safety awareness in the African Region has seen significant growth over the last few years following several positive developments, including support to countries in their efforts to improve hand hygiene to prevent health care-associated infections and the organization of national patient safety awareness workshops. In 2008, patient safety issues were given a central role in the agenda of the Fifty-eighth session of the Regional Committee for Africa, and the technical document AFR/RC58/8 on "Patient safety in African health services: issues and solutions" was adopted by Member States. Some of the other key events in the African Region resulted in documents that served to guide and direct Member States in the improvement of the quality of health care through various approaches and calls to action. In 2006, the Regional Office for Africa issued a document on "Health financing: a strategy for the African Region" calling countries to increase funding for national health services to 15% of their gross national product (GNP). Table 1 lists the key events related to patient safety in the Region.

## 1.2 Why this document

This document is a tool to facilitate the task of Member States in the African Region to promote national patient safety through developing comprehensive and effective patient safety policies and strategies. This document includes the activities pertaining to the process of developing those policies and strategies:

- Conducting a national patient safety situation analysis:
  - reviewing the existing national policy for relevant elements on patient safety
  - identifying patient safety gaps at all levels of the health care service

- Developing a national patient safety policy:
  - selecting stakeholders and fostering their participation
  - engaging the community and civil society organizations
  - selecting assessment indicators

[2] *Health systems financing: the path to universal coverage. World Health Report 2010*. Geneva, World Health Organization, 2010.

### Table 1: Key milestones in patient safety

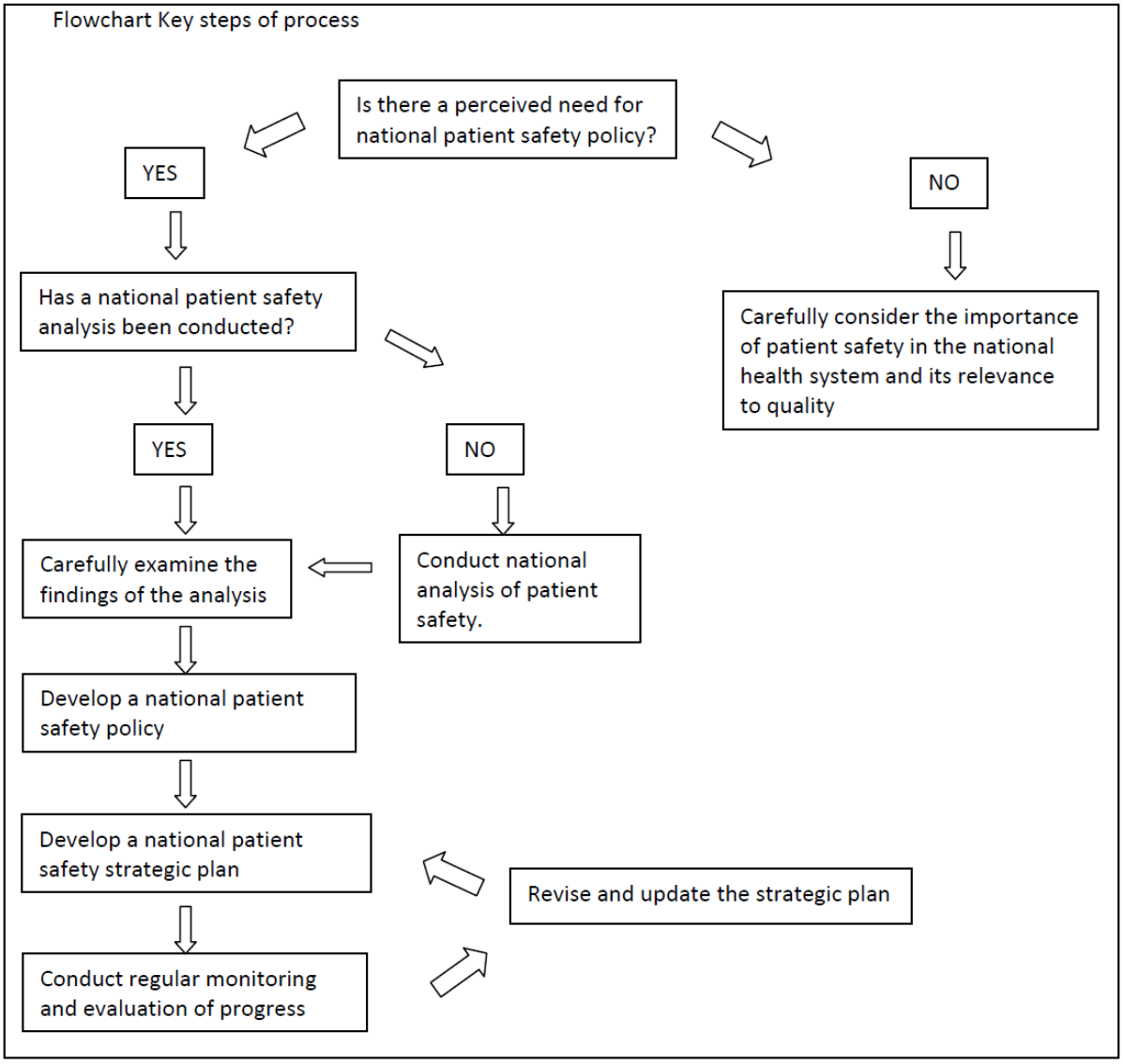
| Year | Event and focus |
|---|---|
| 2001 | • The Abuja Declaration signed on 24 April 2001 at a special summit of the Organization of African Union committed African heads of state to allocate 15% of their national budgets to health as well as to mobilize resources for improved access to HIV medications, HIV vaccine research and HIV prevention programmes. |
| 2005 | • The Paris Declaration signed on 2 March 2005 at the 2nd High-Level Forum on Aid Effectiveness sought to accelerate the achievement of the 2015 Millennium Development Goals by addressing five key development cooperation principles: alignment, harmonization, managing for results, mutual accountability and ownership of aid effectiveness. |
| 2006 | • At the International Conference on Community Health in November 2006, Member States made a commitment to ensure universal access to quality health care. |
| 2008 | • The Ouagadougou Declaration on Primary Health Care and Health Systems in Africa: Achieving Better Health for Africa in the New Millennium was adopted during the International Conference on Primary Health Care and Health Systems in Africa, in Ouagadougou, Burkina Faso, 28–30 April 2008.<br>• The technical document "Patient safety in African health services: issues and solutions", AFR/RC58/8, was adopted by Member States at the Fifty-eighth session of the Regional Committee for Africa, Yaoundé, Cameroon, September 2008.<br>• The Accra Agenda for Action signed in 2008 at the 3rd High Level Forum on Aid Effectiveness builds on the commitments made in the Paris Declaration, setting out a further four key development aid principles: conditionality, country systems, predictability and untying aid. It includes the input of nongovernmental organizations (NGOs) and community-based organizations (CBOs). |
| 2009 | • The African Partnerships for Patient Safety first wave partnerships were launched for six countries during 23–30 October 2009 in Kampala, Uganda. |
| 2010 | • Guidelines for national health policy and strategic plans were developed to contribute to the strengthening of national health systems.<br>• A patient safety curriculum guide for medical schools was piloted in Ethiopia. |
| 2011 | • The African Partnerships for Patient Safety second wave partnerships were launched for five countries during 22–24 November 2011 at WHO in Geneva.<br>• At the WHO Patients for Patient Safety Workshop in Entebbe on 22 March 2011**,** patients, family members, patient safety advocates, health care workers and policy-makers urged Member States and health care providers to make patient safety a priority in Africa. |

- Developing a national patient safety strategic plan:
  - setting priorities
  - creating a time line
  - implementing the plan
  - monitoring and evaluating implementation of the policy

- Revising and updating the strategic plan:
  - Conducting a midterm review
  - Carrying out an end-of-term evaluation

The process of developing the patient safety policy and strategy is illustrated in Fig. 1.

**Fig. 1: Process of patient safety policy and strategy development**




Health care systems that are safe for patients and service providers save lives, decrease morbidity and can reduce health care expenditure. These benefits are critical in resource-limited settings, where there is an important need to focus the meagre resources on essential service areas rather than on addressing the repercussions of medical errors. The African Region is challenged by a lack of constructive assessments, comprehensive policies, and strategies for patient safety. African health systems are undergoing rapid evolution. This presents a unique context and opportunity to address the need for national policies and strategic plans to promote the safety of patients and care providers. These facts, coupled with the increased demand from the countries for guidance on patient safety, place great value on this document.

## 1.3 Audience

This document is intended for health sector policy-makers, planners, managers, partners and stakeholders at national and subnational levels. The document may also benefit national and local level health projects and programmes as well as communities.

## 1.4 Purpose

The purpose of this document is to facilitate the task of policy-makers to develop comprehensive and effective national patient safety policies and strategic plans. It is intended to rely on the principles of the process laid out in national health plans and national health strategic plan guidelines presented by the Regional Director for use in the African Region, and to be used in conjunction with those resources.

One of the benefits of using this document is derived from the fact that it collects in one place and arranges in an easy-to-use format patient safety guidelines, recommendations, published best practices and implementation strategies. This collection of information is based on published work from programmes, articles and research from WHO and other renowned international health organizations. Included as well are unique experiences and tested tools from the African Partnerships for Patient Safety (APPS) initiative.

This document also points to the opportunities for engagement and partnering of the health care system with health institutions, professional health associations, health training institutions, health-associated civil society groups, community leaders and regular citizens. This allows these groups to support the improvement of patient safety and thereby the quality of health care service in their communities. In that way this document can help empower communities to participate in the patient safety process, assume their role and responsibilities and ensure that their rights are protected.

Many documents exist that present declarations, guidelines and protocols for the improvement of health care in Africa with various focuses and approaches. This document is unique in that it facilitates the development of comprehensive and effective policies and strategic plans across the full range of patient safety factors. Because of the cross-cutting nature and context of patient safety actions, this document can serve as the skeleton for the health plan, especially in the area of quality improvement.

## 1.5 How this document was developed

APPS designed and manages a plan and strategy in the African Region for patient safety improvement based on the 12 action areas recommended in the technical report AFR/RC58/8[3] endorsed by the Fifty-eighth session of the Regional Committee for Africa in 2008. The activities and interventions made possible through APPS and patient safety focal points and officers and the resources and technical support provided to APPS focal hospitals have created awareness on the benefits of patient safety and a demand for national governments to provide general patient safety direction and detailed national policy content. This document was developed with consideration of the lessons learned and evaluations and feedback from these front-line experiences, as well as the action proposed on national patient safety policy in the technical report.

WHO examines the performance of a health system through the six building blocks of leadership and governance; service delivery; health workforce; medical products, vaccines and technologies; health care financing; and health information. It is through considering activities, resources and procedures within that framework that planning and implementation of national programmes can be effective. The building blocks are interrelated and are intended to function together for the effective performance of

[3] Patient safety in African health services: issues and solutions. AFR/RC58/8. Brazzaville, WHO Regional Office for Africa.

a health system. Assessment of the weaknesses and strengths of patient safety capacity and function is often a reflection of the infrastructure status in a country. It is thus critical to examine the patient safety connection in the wider context of the building blocks (see Table 2).

### Table 2: The patient safety connection

| WHO health building blocks | Patient safety action areas | Related Millennium Development Goal (MDG) | African Union health strategy | Country health development partners' support |
|---|---|---|---|---|
| **Leadership and governance** | 1. Patient safety and health services and systems development | All health related MDGs | 3. Health systems operations | A range of in-country health development partners support work in areas that are directly or indirectly connected to the 12 patient safety action areas |
| | 2. National patient safety policy | All health related MDGs | 1a. Policies and legislation | |
| | 3. Knowledge and learning in patient safety | All health related MDGs | 2c Human resources | |
| | 4. Patient safety awareness raising | All health related MDGs | 5a. Community participation and empowerment | |
| | 10. Patient safety partnerships | MDG 8 – Partnership development | 5b. Strengthening partnerships | |
| **Service delivery** | 5. Health care-associated infections | MDG 4 – Child mortality<br>MDG 5 – Maternal health<br>MDG 6 – Communicable diseases | | |
| | 8. Safe surgical care | MDG 4 – Child mortality<br>MDG 5 – Maternal health | | |
| | 9. Medication safety | MDG 4 – Child mortality<br>MDG 5 – Maternal health<br>MDG 6 – Communicable diseases | 4. African traditional medicine | |
| | | | 2d. Commodity security and supply systems | |
| **Health workforce** | 6. Health worker protection | MDG 6 – Communicable diseases | 2c. Human resources | |
| **Medical products, vaccines and technologies** | 7. Health care waste management<br>9. Medication safety | MDG 6 – Communicable diseases<br>MDG 7 – Environmental sustainability | 2d. Commodity security and supply systems | |
| **Health financing** | 11. Patient safety funding | All health related MDGs | 2a. Financing, resource allocation and purchasing of health services | |
| **Health information** | 12. Patient safety surveillance and research | All health related MDGs | 6. Health management information and research | |

Table 2 clearly shows the relationships and alignment of the six WHO health building blocks, the African Region's 12 patient safety action areas, the MDGs, the African Union's health strategy points and countries' health development partners' support. Given this natural alignment, the 12 patient safety action areas provide an effective frame for the policy and strategic points presented in this document (see Table 3). The process of creating a national health policy and a national health strategic plan is outlined in WHO document "A Framework For National Health Policies, Strategies And Plans June 2010" published in 2010.

# 2. HOW TO USE THIS DOCUMENT

This document is to be used to guide (i) the selection of policy points to ensure that the national patient safety policies developed are comprehensive and adequately detailed, and (ii) the process of developing and revising the national patient safety strategic plan. The document provides details on indicators of policy effectiveness at the point of care, since patient safety, above all, is concerned with the practical aspects of health care delivery at the front-line. These indicators will help in monitoring and evaluating the effectiveness of the national policy on health service delivery.

Issues, challenges and recommendations identified for each of the 12 patient safety action areas should be considered when undertaking the overall health situation analysis to allow the needed data to be collected, as opposed to treating that as a separate process with additional costs.

After completing the situation analysis and before identifying the priorities for the national strategic plan, patient safety policy point tables (Table 3) can be used to examine each action area or domain as a separate item by the stakeholder group assigned to write the policy.

Once the priorities have been defined, careful consideration of the patient safety strategy points, paying attention to the cross-cutting nature of the domains and the multilevel approach of each of the points, will result in a well-harmonized and concerted approach involving the government, community members, local and international organizations and the education sector. The four key steps in developing national patient safety policies and strategic plans are outlined in Box 2 and elaborated in the subsequent sections of this document.

### Box 2: Steps in formulating national patient safety policy and a patient safety strategic plan

1. **Conduct a situation analysis:** A situation analysis is the first milestone in the process of formulating a national patient safety policy. The situation analysis should be analytical, strategic and relevant to the overall national health policy.
2. **Develop a national patient safety policy:** National patient safety policies should reflect the main aspects and standards of the national health system and should be based on attainable and proven practices aimed at meeting the needs of the nation and fitted to the local context.
3. **Create a national patient safety strategic plan:** A national patient safety strategic plan must identify the priorities over a set time span. It must clearly define the orientation of the implementation and operational plans and the future strategic directions.
4. **Monitor and evaluate the national patient safety strategic plan**: This process should identify mechanisms, indicators, costing methods, and reporting periods and methods for effective feedback on decisions on future activity and strategy.

# 3. NATIONAL PATIENT SAFETY SITUATION ANALYSIS

To be a comprehensive assessment, the situation analysis conducted for the overall national health plan must include data from the patient safety perspective, focusing on aspects of the 12 patient safety action areas. Although it is a discrete part of the process, patient safety data collection should be carried out at the same time as the overall national health assessment exercise to avoid additional costs and extra human resource requirements.

The situation analysis should be analytical, strategic and relevant to the overall government development policy. It should also provide benchmarks and baselines against which future achievements associated with the patient safety policy and strategic plan will be monitored or evaluated. Assessment of the quality of both health care and patient safety is essential in evaluating the performance of the health system. This requires the capacity to identify preventable errors as well to measure the extent to which these affect the health of the people. That information will assist in the identification, selection and prioritization of the most critical policy issues.

The national patient safety situation analysis should focus on both the national policy and the patient safety systems at the health facility level. The types of questions that could be considered are outlined in Box 3.

### Box 3: Potential questions for national patient safety situation analysis

- Who are the key stakeholders in developing the national patient safety system?
- Is there a national patient safety policy?
- Is there a national policy that addresses any patient safety area? If so, which one of the 12 action areas does it deal with?
- Is there a national patient safety strategic plan?
- Has a systematic nationwide assessment of patient safety been conducted for health institutions?
- Has any health facility conducted a patient safety assessment?
- Has any health facility conducted an assessment on any of the patient safety areas?
- Are any patient safety indicators being used at the institutional level for ongoing monitoring of the quality of care?
- What funding level is allocated for patient safety activities?

# 4. DEVELOPING NATIONAL PATIENT SAFETY POLICY AND STRATEGIC PLAN

## 4.1 Definition

A national patient safety policy is a formal government statement that defines priorities and parameters for action in response to a country's needs, available resources and political considerations, and that is developed in close consultation with stakeholders, including communities.

The national patient safety policy is the directive that will serve to provide clear alignment and harmonization of patient safety activities, monitoring and evaluation of progress, future planning, and resource mobilization. The policy must take into account the structure of the health system, whether it is centralized or decentralized, and should ensure appropriate involvement of stakeholders and authorities at each level, whether regional, provincial, district or location, for its seamless implementation and effective results (see Box 4).

### Box 4: Drafting the national patient safety policy and strategic plan

**Decide on the approach**

There are two approaches for developing the national patient safety policy and patient safety strategic plan — the centralized and the decentralized approaches.

**Decide on the duration of the drafting process**

The period will vary depending on the country's situation and context but should not be longer than 18 months.

**Adoption**

The adoption process for the patient safety policy and strategic plan should occur through formal and informal meetings. A concluding national consultative meeting should be held bringing together all key stakeholders and representatives of beneficiaries for the final consensus.

**Dissemination**

After the adoption of the patient safety policy and patient safety strategic plan document, a plan should be developed for its dissemination to all stakeholders.

**Monitoring**

Implementation of the patient safety policy will be monitored through the patient safety strategic plan. Formative monitoring is essential to ensure that the policy and the plan are in harmony.

**Evaluation**

Evaluation of the patient safety strategic plan will assess the impact of activities implemented and the overall rate of implementation, taking into account the finances made available and the type of activities undertaken and their level of implementation.

**Results dissemination and feedback mechanisms**

Monitoring and evaluation reports should be produced and meetings held annually. The results dissemination plan should include a timetable for revising the patient safety policy and the strategic plan.

The approaches and activities offered in the WHO policy guidelines provide a viable array of options from which to make a selection. The benefit of utilizing well-researched, expertise-based, site-tested and regularly updated policy points is obvious. However, until a country carefully charts its own course, it cannot effectively begin its journey.

The countries in the African Region are at different levels of economic advancement. This may provoke the question as to the logic of having countries include in their plans aspects of patient safety that they would not be able to address in the short or medium term. It is becoming increasingly evident that the health terrain in Africa is constantly evolving, so planning has to be well informed and farsighted. That is why it was found necessary to have the policy and strategy point tables include a comprehensive presentation of all possible patient safety policy points.

## 4.2 Patient safety policy points

It is not necessary for each African country to redefine the key points for each patient safety issue it is facing. Utilizing the framework of the 12 patient safety action areas provides a common platform for policy development. Each of these action areas has been a subject of international attention and has contributed to the available evidence base. Policy points and guidelines for patient safety in the African Region need to take into consideration the issues and challenges found in African contexts.

Some countries have achieved significant advances in developing their national policy and regulations. It is logical for other countries finding themselves in similar contexts to take advantage of the work already done, to gain time and to save effort in creating their country-specific policy, protocol, process and regulations for the improvement of health care quality through a focus on the 12 action areas of patient safety.

Incorporating all the patient safety policy points listed in Table 3 into a national policy demands harmonized stakeholder support and an activity calendar that allows timed implementation and compliance with the requirements for successful organization and planning of activities. This collaboration will also allow health development partners and stakeholders to plan their future programme support and budgets and to organize for and fund the outlined implementation activities. Clear strategic direction must be provided, with a well-planned and monitored implementation calendar in the form of a national strategic plan (see Section 4.3).

Once the national policy has been written and the national priorities have been identified, the focus should turn to strategic planning. Details on that process are outlined in the next section.

## 4.3 National patient safety strategic plan

### 4.3.1 Considerations and the process of formulating the patient safety strategy

Following the endorsement of the national patient safety policy, a strategy for its implementation must be developed, paying attention to the priorities and set time frame. To promote ownership and ensure success of the strategic plan formulation process, all health-related sectors such as water, sanitation, education, transport, agriculture, planning and finance should be involved in every step. Involvement of all national stakeholders is a prerequisite for success. It not only promotes ownership but also enables the process to capture relevant priorities and expectations. Both the policy and the strategic plan should cover the whole health system by adequately including the action points for both the private and public sectors.

National ownership and ensuring that the patient safety strategic plan is carefully developed and well-articulated create the conditions needed to improve health service quality by assisting development partners to align their planning instruments and technical cooperation mechanisms with the country's health priorities. It helps to ensure that the right approaches are adopted for the specific circumstances of the country. Further, this aligned approach ensures that structures, resources and skills to make the changes and additions needed for implementation of the strategic plan are available. And it provides the mechanism for regular and effective monitoring and evaluation to inform the strategic plan's refinement. Modalities should be put in place to foster active participation of all constituent groups such as the government, nongovernmental organizations, the civil society and the private sector. For instance, relevant mechanisms are needed to capture policy and strategic issues pertaining to the country's poverty reduction strategy and national plans in relation to the targets of the Millennium Development Goals (MDGs). This is to make certain that all three aspects of the WHO safe care approach are addressed:

- patient care quality (what patients want)
- professional quality (why patients and health professionals need to follow best practices)
- management quality (safe, efficient and clear regulations)

Priority patient safety issues in the strategic plan should be aligned with the national health plan.

## 4.4 Use of patient safety policy and strategic plan points table

The patient safety policy and strategic plan points table (Table 3) presents the key elements extracted from guidelines, policies, recommendations and calls for action from various WHO departments, high level organizations, experts and researchers. The points are organized under the 12 patient safety action areas and within the six WHO health system building blocks for easy reference.

Once the national priorities have been identified and the list of stakeholder discussion groups is drawn up, the table containing the appropriate domains should be located and a group or groups assigned a specific task from the following three:

- Review the context, recommended solutions, reference documents and new policy;
- Address each of the points listed by identifying the category of stakeholders indicated and developing a strategy for their engagement;
- Develop a timeline and national goals for coordination and harmonization of the activities of all the stakeholders with dates for monitoring and evaluation.

The adoption of the patient safety strategic plan should occur through formal and informal meetings. Ideally, it is recommended that a concluding national consultative meeting be held bringing together all key stakeholders and beneficiaries for the final consensus at the time of the adoption of the national health policy and health strategic plan. After the adoption of the national patient safety strategic plan document, a plan should be developed for its dissemination to all stakeholders. A separate process may be needed in countries where the national health strategic plan is finalized during the regular planning cycle while the patient safety strategic plan is developed before the cycle is completed.

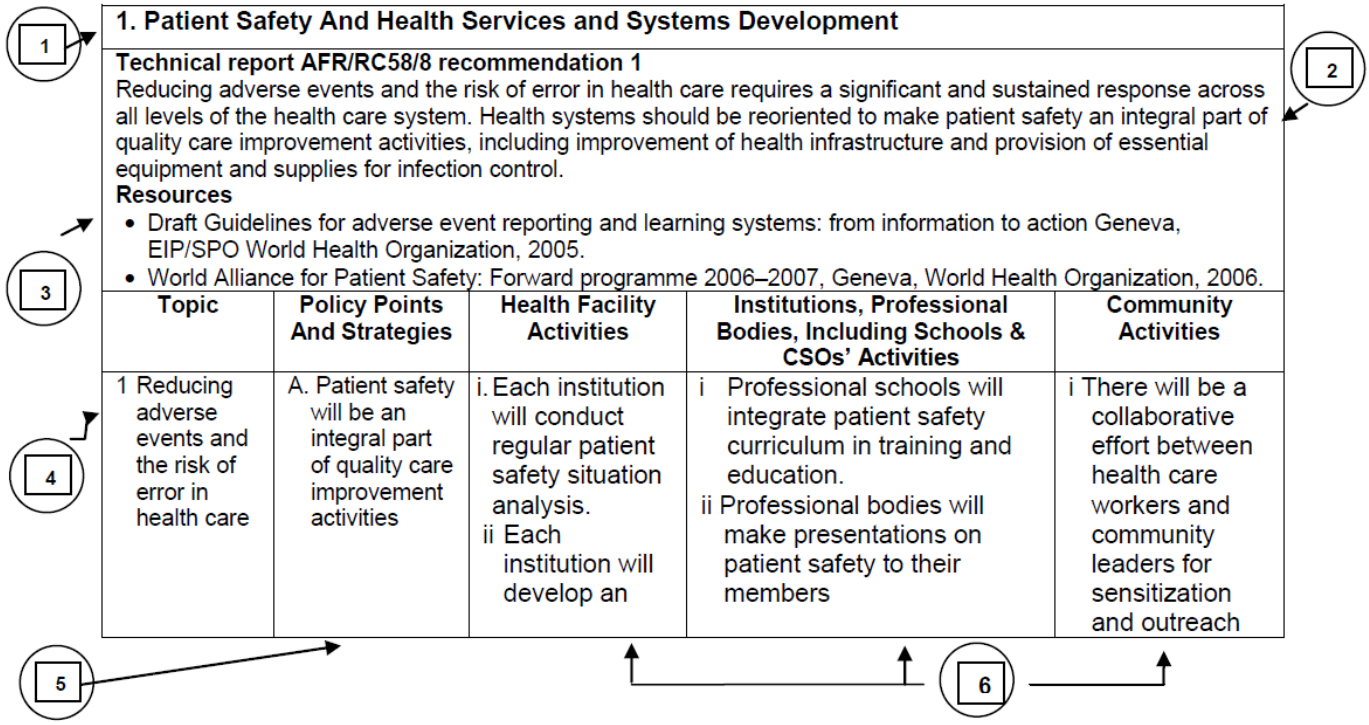
The points, strategies and activities contained in the tables may be used directly or adapted for the specific country context or calendar. The tables are arranged as depicted in Fig. 2. Each entry has an action area (1), the technical report AFR/RC58/8 recommendation (2), reference resources (3), topics

from the recommendation (4), policy points to be addressed (5), and activities for three selected health stakeholders (6): health facilities, professional institutions and associations, and the community.

The resources listed for each item are the key publications available at the time of this document's development. Others may be identified by consulting the APPS's "Patient safety resource map" and the WHO patient safety resources web site, www.who.int/patientsafety/en.

### Fig. 2: Patient safety policy and strategic plan points tables example

**Figure 2: Patient Safety Policy and Strategic Plan Points Tables Example**




**1. Patient Safety And Health Services and Systems Development**

**Technical report AFR/RC58/8 recommendation 1**
Reducing adverse events and the risk of error in health care requires a significant and sustained response across all levels of the health care system. Health systems should be reoriented to make patient safety an integral part of quality care improvement activities, including improvement of health infrastructure and provision of essential equipment and supplies for infection control.

**Resources**

- Draft Guidelines for adverse event reporting and learning systems: from information to action Geneva, EIP/SPO World Health Organization, 2005.
- World Alliance for Patient Safety: Forward programme 2006–2007, Geneva, World Health Organization, 2006.

| Topic | Policy Points And Strategies | Health Facility Activities | Institutions, Professional Bodies, Including Schools & CSOs' Activities | Community Activities |
|---|---|---|---|---|
| 1 Reducing adverse events and the risk of error in health care | A. Patient safety will be an integral part of quality care improvement activities | i. Each institution will conduct regular patient safety situation analysis.<br>ii Each institution will develop an | i Professional schools will integrate patient safety curriculum in training and education.<br>ii Professional bodies will make presentations on patient safety to their members | i There will be a collaborative effort between health care workers and community leaders for sensitization and outreach |

## Table 3: Points, strategies and activities for patient safety policy and strategic plan

### I. Leadership and Governance

### 1. Patient safety and health services and systems development

**Technical report AFR/RC58/8 recommendation 1**
Reducing adverse events and the risk of error in health care requires a significant and sustained response across all levels of the health care system. Health systems should be reoriented to make patient safety an integral part of quality care improvement activities, including improvement of health infrastructure and provision of essential equipment and supplies for infection control.

**Resources**

- Draft guidelines for adverse event reporting and learning systems: from information to action. Geneva, EIP/SPO, World Health Organization, 2005.
- World Alliance for Patient Safety forward programme 2006–2007. Geneva, World Health Organization, 2006.

| Topics | Policy points and strategies | Health facilities' activities | Professional institutions & bodies' activities including schools & CSOs | Community activities |
|---|---|---|---|---|
| 1. Reducing adverse events and the risk of error | A. Patient safety will be an integral part of care quality improvement activities. | i. Each institution will conduct regular patient safety situation analyses.<br>ii. Each institution will develop an annual plan for patient safety improvement activities.<br>iii. Each institution will develop written patient safety policy and protocols aligned with national health policy. | i. Professional schools will integrate patient safety content in the training and education programme.<br>ii. Professional bodies will make presentations on patient safety to their members. | i. There will be collaborative effort between health care workers and community leaders for sensitization and outreach sessions in the community and in health facility waiting areas on patient safety. |
| | B. Improvements in health infrastructure will be made to reduce the risk of adverse events and errors. | i Each institution will develop a risk-assessment policy and practice protocols. | i. Professional schools will include risk assessment skills in the training and education programme.<br>ii. Professional bodies will make presentations on risk assessment to their members. | ii. There will be a collaborative effort between health care workers and community leaders for sensitization and outreach on reduction of adverse effects in the community and health facility waiting areas. |
| | C. Essential equipment and supplies for infection prevention and control will be provided at each level of the system. | i. Each institution will develop inventory and supply documentation for planning and procurement purposes in infection prevention and control. | i. Professional schools will include infection prevention and control content in the training and education programme.<br>ii. Professional bodies will make presentations on infection prevention and control to their members. | i. There will be a collaborative effort between health care workers and community leaders for sensitization and community outreach in health facility waiting areas on infection prevention and control. |

## 2. National patient safety policy

**Technical report AFR/RC58/8 recommendation 2**
Develop and implement a national policy for patient safety. Guidance on the concepts and safe procedures for patient safety is an important intervention. A national policy should define the standards and procedures for patient safety components. WHO guidelines could serve as the basis for the development of a national policy for patient safety. A multidisciplinary approach is necessary to address patient safety issues within the framework of strengthening the health care system. The way forward is to mobilize additional resources as part of the investment in patient safety as a health priority. Ministries of health should create institutions to promote and monitor patient safety and quality of health care. The national policy for patient safety should also include norms, standards and codes of ethics on patient safety**.**

**Resources**

- Patient safety curriculum guide for medical schools. Geneva, World Health Organization, 2009.
- Patient safety curriculum guide: multi-professional edition. Geneva, World Health Organization, 2011.
- Medical devices, African Regional Committee Forty-ninth session Windhoek, Namibia, 30 August–3 September 1999.
- Guidelines for health care equipment donations. Geneva, World Health Organization, March 2000.
- National health policy and national health strategy plan guidelines. Brazzaville, World Health Organization African Region, 2010

| Topics | Policy points and strategies | Health facilities' activities | Professional institutions & bodies' activities, including schools & CSOs | Community activities |
|---|---|---|---|---|
| 1. Patient safety concepts and definitions and safety procedures | A. Documents on patient safety concepts will be disseminated.<br>B. Safe procedures will be a health priority. | i. Each institution will develop and provide written patient safety protocols and regulations aligned with the national policy for activities of administrative, medical, ancillary, part-time and voluntary staff. | i. Professional schools will include patient safety concepts and definitions in the training and education programme.<br>ii. Professional bodies will make presentations on patient safety concepts and definitions to their members. | i. Key community leaders will collaborate with health care workers on sensitization efforts on patient safety concepts and definitions. |
| 2. Standards and procedures for patient safety | A. A process for developing standard procedures for all aspects of patient safety will be defined. | i. Each institution will develop written patient safety definitions, standards and procedures that will be made available for reference in relevant areas. | i. Professional schools will include written references on patient safety in training and education curricula.<br>ii. Professional bodies will make presentations on written patient safety references to their members. | i. Key community leaders will collaborate with health care workers on sensitization efforts on patient safety standard procedures. |

| **2. National patient safety policy** | | | | |
|---|---|---|---|---|
| 3. WHO guidelines | A. The quality of the guidelines used for reference in policy development will be ensured by using WHO's or equivalent standards' documents. | i. Each institution will develop written patient safety protocols to reflect national patient safety standards. | i. Professional schools will integrate the national patient safety policy components in the training and education programme.<br>ii. Professional bodies will make presentations on the national patient safety policy to their members. | i. Key community leaders will collaborate with health care workers on sensitization efforts on patient safety standards. |
| 4. A multidisciplinary approach for strengthening the health care system | A. The strengthening of the health care system in the patient safety area will be approached with the understanding that all related medical and other health disciplines will be consulted to contribute to the overall framework. | i. Each institution will develop written patient safety protocols and procedures taking a multidisciplinary team approach to service delivery. | i. Professional schools will include content on the multidisciplinary approach to patient safety in training and education curricula.<br>ii. Professional bodies will make presentations on the multidisciplinary approach to patient safety to their members. | i. Community leaders will ensure that patient safety efforts reflect how the community will participate in the development and dissemination of written protocols and procedures. |
| 5. Norms, standards and codes of ethics | A. Conforming with the rational use of resources for patient safety, processes will be developed for establishment of:<br>• Norms, standards and codes of ethics for professionals;<br>• Standardized use of equipment and procedures;<br>• Norms and standards for health technology, including medical records<br>• Objective situation analysis of infrastructure, equipment and procedures as an essential step in the implementation of the national health plan. | i. Each institution will prepare written documents on patient safety focused on the rational use of resources for patient safety systems. | i. Professional schools will cover the patient safety code of ethics in the training and education programme.<br>ii. Professional bodies will make presentations on written references on patient safety to their members. | i. Community leaders will collaborate with local health facilities to disseminate pertinent points and sensitize communities on professional ethics, options for providing feedback to the health facility, advocacy activities and efficacy. |
| | | ii. Each institution will promote staff training on norms and standards to improve compliance with national policy. | i. Professional schools will cover health technology in the training and education programme.<br>ii. Professional bodies will make presentations on health technology to their members. | |
| | | iii. Each institution will conduct a patient safety situation analysis in time to contribute to the budget and plan development. | i. Professional schools will cover patient safety evaluation content in the training and education programme.<br>ii. Professional bodies will make presentations on patient safety evaluation to their members. | |

| **2. National patient safety policy** | | | | |
|---|---|---|---|---|
| 6. Mobilizing additional resources | A. It will be a priority to mobilize additional resources to invest in patient safety. | i. Each institution will plan and budget for patient safety as a priority and utilize patient experiences to make an economic case for patient safety improvement. | i. Professional schools will include content on resource mobilization for patient safety in training and education curriculum.<br>ii. Professional bodies will make presentations on resource mobilization for patient safety to members. | i. Community leaders will collaborate with local health facilities to advocate for mobilization of additional resources for patient safety. |
| 7. National bodies for patient safety and quality of health care | A. National committees will be established to:<br>• Promote patient safety and quality of health care at all care levels;<br>• Monitor patient safety and the quality of health care at all levels, including coordination of the process of national patient safety situation analysis and collection and analysis of other designated patient data;<br>• Track available human, material and financial resources of the country;<br>• Promote information systems development;<br>• Promote development of patient safety human resources;<br>• Promote patient safety research. | ii. Each institution will develop a mechanism for appropriate reporting, monitoring and collaboration with national patient safety bodies in all areas of patient safety and health care quality. | i. Professional schools will include content on patient safety and quality of health care monitoring, data collection and patient safety research in the training and education programme.<br>ii. Professional bodies will make presentations on patient safety and quality of health care monitoring, data collection and patient research to their members. | i. Community leaders will be involved in patient safety quality evaluation and will liaise with the national forum to provide community-based perspectives on patient safety and quality of health care. |

## 3. Knowledge and learning in patient safety

**Technical report AFR/RC58/8 recommendation 3**
Provision of guidance on the concepts and safe practices and procedures for patient safety is an important intervention. Intensive sensitization campaigns on the prevention of adverse events should be held on a regular basis for health care workers. In addition, special training programmes need to be developed to provide an understanding of the potential causes of errors. It is always necessary to investigate and analyse all medical errors in order to understand the underlying causes and prevent future occurrences. Patient safety should be included in the curricula of health-related training institutions.
**Resources**

- WHO draft guidelines for adverse event reporting and learning systems from information to action. Geneva, World Health Organization, 2005.
- Patient safety curriculum guide for medical schools. Geneva, World Health Organization, 2010.
- Patient safety curriculum guide: multiprofessional edition. Geneva, World Health Organization, 2011.

| Topics | Policy points and strategies | Health facilities' activities | Professional institutions & bodies' activities, including schools & CSOs | Community activities |
|---|---|---|---|---|
| 1. Sensitization for health care workers | A. Health care workers will be sensitized to the concepts of patient safety through multiple channels. | i. Each health care institution will develop a plan for sensitization campaigns for health care workers aligned with the national policy.<br>ii. Each institution will collaborate with other medical facilities to improve sharing of information in the country using existing channels. | i. Each institution will include content on patient safety sensitization campaigns in the training and education programme.<br>ii. Each association will develop a plan for its members to participate in health care workers' sensitization. | i. Patients and community representatives will be involved in sensitization of health care workers on patient safety through patient stories. |
| 2. Training for patient champions | A. Special training-of-trainers programmes will be created for patient safety leaders. | i. Each health care institution will identify and present for training a core group of patient safety leaders in front-line service delivery who can lead special training programmes as part of the national pool.<br>ii. Each health care institution will participate in the rollout of special national training programmes. | i. Each institution will identify and recommend for training a core group of patient safety leaders from training institutions.<br>ii. Each professional body will participate in the rollout of the special training programmes. | i. Patients and community representatives will be involved in special training programmes focusing on patient and community perspectives of patient safety. |
| 3. Curricula of health-related training institutions | A. Patient safety curricula will be integrated into professional training (pre-service) programmes for health care professions. | i. Each institution will work closely with professional schools to ensure that practical pre-service experience includes patient safety components. | i. Each institution will include patient safety content in training and education curriculum. | i. Patient and community perspectives will be included in pre-service training. |
| | B. Patient safety curricula will be utilized for ongoing (in-service) professional development for health care professionals. | i. Each institution will develop a patient-safety-focused training plan for ongoing professional development aligned with the national curriculum. | i. Professional bodies will be closely involved in developing in-service training curriculum on patient safety. | i. Patient and community perspectives will be included in in-service training. |
| 4. Investigation and analysis of medical errors | A. Medical error reporting and learning systems will be developed at institutional and national levels based on the existing national health information system. | i. A patient safety reporting and learning system will be developed in each health facility and will be integrated with the national health information system. | i. Each institution will include concepts on effective patient safety reporting and learning systems in training and education curriculum. | i. Patients' and their families' input will be incorporated into patient safety reporting and learning systems. |

## 4. Patient safety awareness raising

**Technical report AFR/RC58/8 recommendation 4**

Due to inadequate awareness of patients about their rights, countries should develop patient charters and provide them in local languages. The involvement of patients in raising awareness and campaigning for the development and implementation of safety improvement measures in health care settings is crucial. In addition, creating awareness by sharing information among health care workers and the general population will help improve patient safety.

**Resources**

- Department of Health. Patient and public involvement in health: the evidence for policy implementation. London, Department of Health Publications, 2004.
- Bauman AE, Fardy HJ, Harris PG. Getting it right: why bother with patient-centred care? *Medical Journal of Australia*, 179(5):253–256, 2003.
- Patient safety: patients for patient safety. (www.who.int/patientsafety/patients_for_patient, accessed on June 2013).
- World Alliance for Patient Safety forward programme, 2006–2007. Geneva, World Health Organization, 2006.

| Topics | Policy points and strategies | Health facilities' activities | Professional institutions & bodies' activities, including schools & CSOs | Community activities |
|---|---|---|---|---|
| 1. Patient awareness | A. Awareness of patient safety will be increased among patients and the community through sensitization campaigns using multiple channels.<br>B. Institutions will be encouraged to develop systems to share patient safety issues between patients and health care workers. | i. Each institution will develop a system for patient and health worker dialogue that is aligned with the national policy. | i. Each institution will integrate concepts of patient and health worker dialogue on patient safety into its curriculum. | i. Community representatives will participate in planning sensitization campaigns for maximum reach in the community. |
| 2. Patient rights | A. A national patient rights charter will be developed through active engagement of patients and communities.<br>B. The national patient rights charter will be disseminated widely in local languages. | i. Each health facility will implement the national patient rights charter. | i. Training institutions and professional bodies will provide information on the importance and use of the patient rights charter for patient safety. | i. Community leaders will engage at multiple levels using mechanisms outlined in the patient safety strategic plan. |
| 3. Patient involvement | A. Patients and community groups will be represented on bodies involved in creating national patient safety policies and strategic plans. | i. Each health care facility will establish mechanisms to promote patient input at all levels in line with the national policy. | i. Training institutions and professional bodies will highlight the need for and the importance of patient involvement in patient safety policy and strategic plan development and implementation. | ii. Community leaders will help develop engagement mechanisms and identify a range of patient activities. |

## 10. Patient safety partnerships

**Technical report AFR/RC58/8 recommendation 10**
Increased partnerships involving patients, family members, health professionals and policy-makers will effect meaningful change in patient safety. The establishment of national associations of patients for patient safety will contribute to create safer health care settings. The involvement of patients and civil societies in the discussion on the establishment of procedures related to patients will enhance quality of care and increase utilization of health services.

**Resources**

- World Alliance for Patient Safety forward programme 2006–2007. Geneva, World Health Organization, 2006.
- Letter from 117 African civil society organizations to July 2010 African Union Summit, on upholding African health and social development commitments.

| Topics | Policy points and strategies | Health facilities' activities | Professional institutions & bodies' activities, including schools & CSOs | Community activities |
|---|---|---|---|---|
| 1. Partnership promotion to enhance care quality | A. A process for forming national associations of patients for patient safety will be developed to contribute to:<br>• The creation of safer health care settings;<br>• The increase in the proper use of health services. | i. Each institution will have community representatives participating at the level of its administrative council. | i. Each institution will include content on the methods of facilitating patient participation in health care service delivery in its training curriculum.<br>ii. Professional bodies will update their members on the importance of patient participation in improving health quality and the methods to foster such participation. | i. Key community leaders will collaborate with the local facility to facilitate patient and NGO participation in the improvement of health care quality at the point of delivery. |
| | B. Promotion of associations of patient groups will contribute to the international movement of patients for patient safety. | | i. Each institution will include in the training curriculum content on the need for patient group participation in ensuring health quality.<br>ii. Professional bodies will update their members on the importance and processes of fostering patient group participation in policy creation. | i. Key community leaders will collaborate with health facilities at all levels for patient groups' participation in policy creation through the established national process. |
| | C. A national forum will be established to enable patients to become partners in patient safety improvement by independently and directly reporting on adverse events and medical errors. | i. Each institution will have a mechanism for forwarding patients' questions or complaints for investigation locally and for national data collection for a complete view of patient-generated observations. | i. Each institution will include content on the importance of patient reporting of adverse effects in the training curriculum.<br>ii. Professional associations will update members on the importance of and the process for reporting adverse effects and medication errors by patients. | |

## II. Service Delivery

### 5. Health care-associated infections

**Technical report AFR/RC58/8 Recommendation 5**

The implementation of simple measures such as improved hygiene conditions, health care waste management and safe use of injections, invasive devices and blood transfusions will minimize health care-associated infections. Hand hygiene has a very high impact on morbidity and mortality and is the most effective infection control measure. It should be promoted as the entry point for subsequently enforcing other essential preventive measures. WHO and partners have published numerous tools and guidelines on management of health care workers, blood safety, injections and hand hygiene. These could be adapted to national contexts and subsequently could be implemented.

**Resources**

- Guidelines on hand hygiene in health care. Geneva, World Health Organization, 2009.
- Guide to implementation of the WHO multimodal hand hygiene improvement strategy. Geneva, World Health Organization.
- WHO Technical activities, injection safety. Geneva, World Health Organization, 2011.
- Developing a national policy and guidelines on the clinical use of blood. Geneva, World Health Organization, 2001.
- Hand hygiene in outpatient and home-based care and long-term care facilities: a guide to the application of the WHO multimodal hand hygiene improvement strategy and the “My five moments for hand hygiene" approach. Geneva, World Health Organization, 2012.

| Topics | Policy points and strategies | Health facilities’ activities | Professional institutions & bodies’ activities, including schools & CSOs | Community activities |
|---|---|---|---|---|
| 1. Hand hygiene as the entry point to reducing health care-associated infections | A. Improved hand hygiene adherence will be a national priority. | i. Each institution will have adequate resources and supplies for hand hygiene. | i. Professional schools will cover in the training and education programme concepts related to hand hygiene and its importance. | i. Key community leaders will collaborate with all relevant stakeholders to conduct hand hygiene campaigns in schools and communities. |
| | B. Infection prevention and control capacities and activities will be prioritized within health care settings. | i. Training of staff will be mandatory and part of orientation activities for new staff and will be aligned with the national policy.<br>ii. Annual refresher training will be conducted as appropriate per health care workers’ responsibilities and in line with the national policy. | | |
| | C. Hand hygiene will be promoted in the community. | i. Medical facilities will participate in national and international hand hygiene campaigns as appropriate. | | |
| | D. Methods will be promoted to use hand hygiene as a health care quality indicator. | i. Evaluation of the health facility for compliance with hand hygiene standards will be conducted at least once per year. | | |
| 2. Health care waste management | See Action Area 7 below on health care waste management. | | | |

| **5. Health care-associated infections** | | | | |
|---|---|---|---|---|
| 3. Safe use of injections | A. Policies will be developed to promote:<br>• Population awareness on the risk associated with unsafe injections;<br>• Provision of sufficient quantities of single-use injection devices and safety boxes in every health care facility;<br>• Provision of injection devices with re-use prevention features and safety boxes (appropriate proportionate bundling);<br>• Management of waste associated with used syringes and needles in a safe and appropriate way. | i. Each institution will develop a robust plan:<br>• To ensure safe use of injections, in line with the national policy;<br>• For a system to track inventory and consumption levels to allow the appropriate ordering and storage of supplies;<br>• For an auditing mechanism to assess compliance with national policies;<br>• To manage the waste associated with used syringes and needles. | i. Each institution will include concepts related to the safe use of injections in the training and education programme. | i. Key community leaders will collaborate with relevant stakeholders to conduct safe injection campaigns in schools and the community. |
| 4. Invasive devices | A. Guidelines will be developed on the clinical use of invasive devices.<br>B. Waste from invasive devices will be managed in a safe and appropriate way. | i. Each institution will develop protocols and procedures for the clinical use of invasive devices and associated waste, in line with the national policy. | i. Each institution will include concepts related to invasive device use in training and education curriculum. | |
| 5. Blood transfusion | A. Policy will be developed:<br>• To promote clear, focused commitment by all to the prevention, early diagnosis and effective treatment of conditions that predispose people to blood transfusion by strengthening public health and primary health care programmes;<br>• To ensure blood transfusion services provide adequate and timely supplies of safe blood and blood products;<br>• For provision of necessary materials and supplies;<br>• To ensure availability of national guidelines on the clinical use of blood;<br>• For a proper system of screening blood before it is available for use. | i. Each institution will develop a robust plan to:<br>• Ensure protocols are developed for strengthening public health and primary health care programmes for effective blood transfusion, in line with the national policy;<br>• Develop an auditing mechanism to ensure compliance with national guidelines on the clinical use of blood;<br>• Develop a system of inventory and consumption of blood transfusion supplies to allow their appropriate acquisition and storage. | i. Each institution will include concepts related to blood transfusion in training and education curriculum. | i. Key community leaders will collaborate with all relevant stakeholders to conduct campaigns in schools and the community focused on the importance of safe blood transfusion. |

## 8. Safe surgical care

**Technical report AFR/RC58/8 recommendation 8**
The goal is to improve surgical outcomes for patients regardless of circumstances or environment, by improving the processes already in place in many operating theatres. Various publications on surgical safety developed by WHO and partners should be widely disseminated and used to ensure that basic tasks are completed during the entire operation procedure.

**Resources**

- Safe Surgery Checklist (SSCL) implementation guidelines. Geneva, World Health Organization, 2009.
- Guidelines for safe surgery. Geneva, World Health Organization, 2009.

| Topics | Policy points and strategies | Health facilities' activities | Professional institutions & bodies' activities, including schools & CSOs | Community activities |
|---|---|---|---|---|
| 1. Improvement of surgical outcomes through improving processes | A. A national committee will be mandated to develop a plan for implementation of safe surgical practices. | i. Each institution will adopt the SSCL and its implementation strategy through written protocols and training.<br>ii. Each institution will develop a plan for the SSCL implementation with regular monitoring and evaluation mechanisms. | i. Each institution will include content on safe surgery in formal patient safety training and continuous professional development programmes. | i. Community leaders will help develop awareness and engagement interventions in collaboration with medical facilities on the importance of safe surgical care. |
| | B. All required materials and equipment such as pulse oximeters will be made available in each operating theatre for each procedure to ensure basic tasks are completed. | i. Each institution will develop a process for acquisition and maintenance of pulse oximeters and other monitoring equipment. | | |
| 2. Dissemination of safe surgery information | A. The SSCL will be made available at the national committee and institutional levels. | i. Each institution will ensure the SSCL is used at all times, through pre-operation and post-operation monitoring of activities and patient charts on hospital discharge. | i. Each institution will include safe surgery content in curriculum of formal patient safety training, incorporating the use of the SSCL on clinical rotations.<br>ii. Professional bodies will make presentations on SSCL use to their members as part of their continuous professional development programmes. | i. Key community leaders will collaborate with local health care workers to sensitize the community and will engage with the hospital management committees to improve surgical care. |
| | B. Mechanisms for reporting and collating event information at each level of surgical care will be devised. | i. Health institutions will use the reporting tools and mechanisms to report adverse surgical events. | | |
| | C. Mechanisms for auditing the checklist use will be devised. | i. Health institutions will regularly audit compliance with the SSCL. | | |

## III. Health Workforce

### 6. Health care worker protection

**Technical report AFR/RC58/8 recommendation 6**
Provision to health care workers of adequate equipment and commodities (masks, gloves, gowns) will protect them from contact with body fluids. In case of unknown epidemics, personal protective equipment should be provided to health care workers and properly used all the time. Vaccination against hepatitis B virus and other vaccine-preventable pathogens would increase protection.

**Resources**

- Joint WHO, ILO, UNAIDS Guidelines on improving health workers' access to HIV, TB prevention, treatment, care and support services. International Labour Organization, 2010.
- Core components for infection prevention and control programmes. Report of the Second Meeting of the Informal Network on Infection Prevention and Control in Health Care. World Health Organization, 2009.

| Topics | Policy points and strategies | Health facilities' activities | Professional institutions & bodies' activities, including schools & CSOs | Community activities |
|---|---|---|---|---|
| 1. Provision of adequate equipment and supplies to health care workers | A. Mechanisms will be developed to provide health workers with protective wear, equipment and vaccination against hepatitis B virus and other vaccine-preventable pathogens, and for regular monitoring of proper use of protective wear and equipment. | i. Each facility will establish inventory and supply protocols for equipment and commodities to ensure that they are readily available and that employees are trained on their use, appropriate care and storage. | i. Each institution will include content on health worker protection in its training and education curriculum.<br>ii. Professional bodies will advocate for in-service training and presentations for members on health worker protection. | i. Key community leaders will collaborate with medical facilities to sensitize their communities on communicable diseases and protection, and care and treatment priority for health workers. |
| | B. Inventory and supply protocols for equipment and commodities will be made available and their monitoring institutionalized. | i. Each facility will establish inventory and supply protocols for equipment and commodities and a monitoring system for their inventorying, consumption tracking and procurement to eliminate stock outages. | | |
| | C. Priority access will be provided for health workers and their families to services for HIV and TB prevention and treatment, and care and support. | i. Each institution will develop a plan to provide priority access for health care workers and their families to services and for a clear process for post-exposure prophylaxis for HIV. | | i. Key community leaders will collaborate with health facilities for sensitization of the community on health worker protection, care and treatment priority. |
| | D. Mechanisms will be developed to prevent discrimination against health workers infected with HIV or TB, and for the adoption of interventions aimed at reducing stigma among colleagues and supervisors. | i. Each institution should adopt a non-discrimination plan that is in line with the national policy. | | i. Key community leaders will collaborate with local facilities for sensitization of the community on prevention of stigma and discrimination against people affected by HIV. |

| 6. Health care worker protection | | | | |
|---|---|---|---|---|
| | E. Mechanisms will be developed to ensure that appropriate personal protective equipment will be provided to and used by the health care workers during epidemics. | i. Each institution will ensure compliance with the policy on personal protective equipment for health care workers and that it is properly enforced at all the times. | i. Each institution will provide training on personal protective equipment and its proper use. | |
| | F. Health care workers will be trained in infection prevention, personal protective equipment use and infection exposure protocols. | i. Each institution will conduct mandatory staff training sessions on infection prevention, personal protective equipment use and infection exposure protocols. | i. Each institution will provide training on infection prevention, personal protective equipment use and infection exposure protocols. | |
| 2. Vaccination against vaccine-preventable pathogens | A. Norms for vaccination against hepatitis B virus and other vaccine-preventable pathogens will be established. | i. Each facility will provide health care workers with vaccination information and services per established national vaccination norms for:<br>• Protective vaccinations, especially during epidemics;<br>• Vaccination recording for health staff;<br>• Annual reviewing and updating of staff vaccination. | i. Each institution will provide training on norms for vaccination and vaccine-preventable pathogens.<br><br>i. Each institution will provide training on vaccination and offer access to vaccination during the training period. | |

## IV. Medical Products, Vaccines and Technology

### 7. Health care waste management

Technical report AFR/RC58/8 recommendation 7
Availability in health care settings of safe disposal systems for the secure containment and elimination of contaminated and sharp waste will improve the management of waste in health care settings. Tools and guidelines developed by WHO and partners should be adapted to the national context and implemented in order to improve health care waste management. Health care workers should be trained on how to sort out medical waste according to type and nature.

Resources:

- Preparation of national health care waste management plans in sub-Saharan countries: guidance manual. Geneva, World Health Organization, 2005.
- Managing health care waste disposal: guidelines on how to construct, use and maintain a waste disposal unit. PATH, Seattle, Washington, 2004.
- Health care waste management: rapid assessment tool. WHO 2011 version.
- Health care waste management: Expanded Costing Analysis Tool (ECAT) – low income countries. Geneva, World Health Organization, 2007.
- Waste from health care activities. Fact Sheet No. 253. Geneva, World Health Organization, October 2011.

| **7. Health care waste management** | | | | |
|---|---|---|---|---|
| Topics | Policy points and strategies | Health facilities' activities | Professional institutions & bodies' activities, including schools & CSOs | Community activities |
| 1. National health care waste management | A. A national health care waste management committee will be established to:<br>• Oversee development and implementation of health care waste management protocols and procedures;<br>• Ensure the adaptation of international guidelines and tools to the national context. | i. Each institution will develop and disseminate written protocols and procedures for health care waste management that are aligned with the national policy.<br>ii. Each institution will ensure that all related staff are trained on health care waste management.<br>iii. Each institution will use processes for monitoring compliance with protocols for waste segregation at the point of origin and for collection, transportation and destruction of health care waste. | i. Each institution will include health care waste management curriculum in the training and education programme.<br>ii. Professional bodies will make presentations on health care waste management to update members' procedures. | i. Key community leaders will collaborate with local facilities for community sensitization on management of health care waste and biohazardous material. |
| | B. Mechanisms will be developed for ongoing assessment and monitoring of waste management activities. | i. A record will be kept of the volume and type of waste accumulated and method of its management. | i. Each institution will include content on health care waste management assessment in training and education curriculum.<br>ii. Professional bodies will make presentations to update members on health care waste management procedures. | |
| | C. Resources for implementation of health care waste management protocols and procedures will be availed to ensure supplies, equipment and infrastructure are adequate. | i. An appropriate supplies and equipment infrastructure will be provided. | i. Each institution will include content on health care waste management resources in training and education curriculum.<br>ii. Professional bodies will make presentations to update members on health care waste management procedures. | i. Key community leaders will collaborate with local facilities for mobilization of resources for adequate supplies for health care waste management. |

## 9. Medication safety

**Technical report AFR/RC58/8 recommendation 9**
A national multidisciplinary coordinating body to enhance implementation of policies on medicine should play a critical role in promoting appropriate use of medicines. Interventions should rely on clinical guidelines, a national list of essential medicines, an effective functioning hospital drug and therapeutics committee, non-commercial information on medicines, continuing in-service medical education, and good prescribing and dispensing practices. Strategies should be developed to educate consumers on responsible self-medication to prevent unnecessary consumption errors. National surveys should be conducted to measure the extent of inappropriate use of medicines, adverse drug reactions and medication errors. National regulatory authorities should better educate consumers and enforce appropriate measures to ensure the quality and safety of medicines. Legislation should be strengthened to control the quality of medicines.

**Resources**

- Continuity and change: implementing the third WHO medicines strategy, 2008–2013. World Health Bulletin, No. 11, April 2010.
- The problem of antimicrobial resistance. World Health Bulletin, No. 10, April 2005.
- Pharmacovigilance: ensuring the safe use of medicines. World Health Bulletin, No. 9, October 2004.
- Equitable access to essential medicines: a framework for collective action. World Health Bulletin, No. 8, March 2004.
- Effective medicines regulation: ensuring safety, efficacy and quality. World Health Bulletin, No. 7, November 2003.
- How to develop and implement a national drug policy. World Health Bulletin, No. 6, January 2003.
- Minimum requirements for a functional pharmacovigilance system. Geneva, World Health Organization, 2010.
- Green T, Holloway K et al. WHO drug and therapeutic committees: a practical guide. Geneva, World Health Organization, 2003.

| Topics | Policy points and strategies | Health facilities' activities | Professional institutions & bodies' activities, including schools & CSOs | Community activities |
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| 1. A national multidisciplinary coordinating/ implementing body for medicine policy | A. National bodies will be established to:<br>• Develop procedures to define and update the national list of essential medicines;<br>• Develop mechanisms for selection and registration of medications, including traditional and herbal medicines;<br>• Promote appropriate use of medicines. | i. Each institution will include content on medication errors and adverse events in continuous professional development education. | i. Each institution will include content on medication errors and adverse events in the curriculum on formal patient safety training and education.<br>ii. Professional bodies will include medication errors and adverse events components in presentations to members. | i. Key community leaders will disseminate information on the content of the national drug policy. |
| | | | | i. Key community representatives will lead sensitization campaigns on mechanisms for selection and registration of traditional and herbal medicines. |

| **9. Medication safety** | | | | |
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| | B. Terms of reference will be developed for the drug and therapeutic committee. | i. Each institution will establish a drug and therapeutic committee with written terms of reference and that will hold regular and effective meetings and actively work on:<br>• Mechanisms for reporting of adverse events and medication errors;<br>• Mechanisms for receiving feedback and providing response. | | i. Key community leaders will be sensitized on the functions of the drug and therapeutic committee. |
| | C. Protocols will be developed for:<br>• Non-commercial information on medicines;<br>• Continuing in-service medical education;<br>• Medication prescribing and dispensing practices and standards. | i. Each institution will have written protocols for:<br>• Non-commercial information on medicines;<br>• Continuing in-service medical education protocols;<br>• Medication prescribing and dispensing practices and standards. | | |
| 2. Essential drug selection | A. The essential drugs concept will be adopted in:<br>• Identifying priorities for government involvement in the pharmaceutical sector;<br>• Applying national clinical guidelines;<br>• Ensuring adequate drug supply;<br>• Promoting rational use of drugs. | i. Each institution will have copies of the national clinical guidelines and the essential drugs list available in the wards for reference.<br>ii. Each institution will monitor clinical effectiveness of drugs and patient compliance. | i. Each institution will include content on clinical guidelines and access to essential drugs in the training and education programme.<br>ii. Professional bodies will help produce and update treatment guidelines. | i. Key community leaders will advocate for the community to be actively engaged in surveys to monitor compliance with guidelines for essential drugs. |
| | B. Regulations will be developed for non-prescription medications. | | | |
| | C. Guidelines will be developed for rational use of antibiotics. | | | |

| **9. Medication Safety** | | | | |
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| 3. Strategies for education on responsible self-medication | A. Regulations and processes will be developed for:<br>• Documenting, monitoring and reporting of adverse events;<br>• Improving the system of data collection;<br>• Annual reporting to hospitals by the national health patient safety committee;<br>• Adopting the training curriculum and implementing national health care worker training;<br>• Establishing indicators for monitoring and evaluation of application of regulations on adverse effects documentation. | i. Each institution will develop written protocols for documentation, monitoring and reporting of adverse events that are in line with the national policy.<br>i. Each institution will follow the annual report's recommendations for:<br>• In-service training curriculum and health care worker training on medication safety;<br>• Monitoring and evaluation of medication safety. | i. Each institution will integrate self-medication concepts and issues in its training and education programme. | i. Key community leaders will advocate for their community to be educated on responsible self-medication.<br>ii. Community leaders will involve trainees and professionals in advocacy in the community to create awareness on the problem of self-medication. |
| 4. National survey on use of medicines | A. A forum will be created to conduct regular drug use surveys and report on drug misuse. | i. Each institution will develop a process of checklists and the methods for a standardized format for national data collection. | i. Each institution will integrate in its training and education programme patient safety content on inappropriate medicine use, adverse drug reactions and medication errors. | i. Community leaders will encourage their community to cooperate in surveying of inappropriate use of medicines and adverse medication reactions. |
| | B. Efficient mechanisms will be developed to report on adverse drug reactions and medication errors. | ii. Each institution will implement national mechanisms to comply with the requirements for reporting adverse drug events and medication errors. | | |
| 5. National regulatory authorities | A. A national pharmacovigilance (PV) system will be established housing a national PV centre and with responsibility for:<br>• medicine quality and safety<br>• spontaneous reporting<br>• the national database<br>• the advisory committee<br>• a communications strategy<br>• consumer education | i. Each institution will collect and report PV data as part of hospital data, in line with the national policy. | i. Each institution will include pharmacovigilance content in the patient safety and communication training and education programme. | i. Key community leaders will sensitize consumers on pharmacovigilance and advocate for enforcement of appropriate measures. |

## V. Health Financing

### 11. Patient safety funding

**Technical Report AFR/RC58/8 recommendation 11**Allocation of funds for patient safety activities by national **authorities** will demonstrate government commitment to improve safety in health care settings. Such commitment will encourage and enhance partner intervention in this area of public health. Increasing funding for patient safety will improve conditions in the workplace environment, which may improve attitudes of health care workers.

**Resources**

- Abuja Declaration Report on Special Summit, Organization of African Union, April 2001.
- Health financing: a strategy for the African Region. Resolution AFRO/RC56/10, Fifty-sixth session of the African Regional Committee, 2006.
- Africa health care report and IFC strategy. April 2009.
- Nelson J. Business as a partner in strengthening public health systems in developing countries: an agenda for action. Clinton Global Initiative, 2006.
- Letter from 117 African civil society organizations to African Union Summit on Upholding African Health and Social Development Commitments, July 2010.

| Topics | Policy points and strategies | Health facilities' activities | Professional institutions & bodies' activities, including schools & CSOs | Community activities |
|---|---|---|---|---|
| 1. Patient safety funds allocation | A. Funds will be allocated specifically for developing the national patient safety system during initiation of its activities, but then patient safety funding will be integrated into health funding mechanisms, with the target of the health sector as a whole receiving at least 15% of the annual budget. | i. Each institution will ensure that patient safety funding for health facilities will be maintained and earmarked for intended activities. | i. Each institution will integrate in its training and education programme knowledge on the importance of allocating funds for patient safety in financing of the health system.<br>ii. Professional bodies will update their members on the importance of patient safety funding in financing for the health system. | i. Key community leaders will collaborate with health facilities at all levels for sensitization on funding issues. |
| 2. Public–private partnerships | A. Regulations will be created for establishing public–private partnerships specifically for the development of the patient safety system. | i. Each institution will ensure that the basic principles of public–private partnerships for patient safety will be explored as part of professional development. | i. The basic principles of public–private partnerships for patient safety will be explored as part of professional training. | i. Key community leaders will collaborate with health facilities at all levels for sensitization on funding options. |
| 3. Links with universal health coverage | A. Funding for the supply side of health service delivery will be subject to assessment following patient safety parameters to ensure a high quality of service delivery. | i. Each institution will ensure that a set of basic performance indicators on patient safety will be considered in institutional financing. | i. The basic principles of universal health coverage will be explored as part of professional training. | i. Key community leaders will collaborate at all levels for sensitization on issues of universal health coverage. |

## VI. Health Information

### 12. Patient safety surveillance and research

**Technical Report AFR/RC58/8 recommendation 12**
Establishment or improvement of basic data collection and promotion of research projects will allow countries to know the real magnitude of the patient safety problem. Research priorities should include epidemiological surveys of adverse events, optimal and standardized injection and blood transfusion practices, safer maternal and newborn care, patient safety solutions and improvements in infection control. It is necessary to provide regular reporting of all adverse events occurring in all health care facilities.

**Resources**

- Draft guidelines for adverse event reporting and learning systems. Geneva, World Health Organization, 2005.
- Global priorities for patient safety research. Geneva, World Health Organization, 2009.

| Topics | Policy points and strategies | Health facilities' activities | Professional institutions & bodies' activities, including schools & CSOs | Community activities |
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| 1. System for basic data collection and reporting . | A. Regular reporting will be instituted through the national health information systems. | i. Each institution will collect, analyse for its own use and transmit patient safety data to the national health information system. | i. Each institution will include content on patient safety reporting and learning systems in training and education curriculum.<br>ii. Each professional association will update its members on patient safety reporting and learning systems. | i. Key community leaders will sensitize their communities on the importance of reporting adverse events and the system by which this is to be done. |
| | B. Mechanisms will be established to improve the patient safety data collection system. | i. Each institution must have the tools and resources to collect and process data. | | |
| | C. A national surveillance system will be provided for monitoring patient safety action areas. | i. Each institution will provide in-service training with a focus on alignment of patient safety data collection with the health information system. | | |
| | D. Data collection systems must be capable of disseminating information collected and facilitating making of recommendations for change. | i. Each institution will develop procedures for recommending system changes based on data collected on patient safety. | | |
| | E. Procedures will be developed for reporting adverse events. | i. Each institution will develop procedures for adverse events reporting that are consistent with national standards. | | |
| | F. Mechanisms will be put in place to monitor adverse events. | ii. Each institution will develop procedures for continuous monitoring of adverse events that are in line with the national policy. | | |

| 12. Patient safety surveillance and research | | | | |
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| 2. Research promotion | A. Research projects will be created with budgets to document the magnitude of the patient safety problem. | i. Each institution will have a functioning committee to promote patient safety research projects and publication of results.<br>ii. Each institution will have a budget for patient safety research activities. | i. Each institution will have:<br>• A programme on research and promotion of patient safety research projects and publication of results;<br>• Training in research principles and practices;<br>• A long-term strategic plan supporting university teaching, research career structures and research infrastructure. | i. Key community leaders will promote active community participation in patient safety research studies. |
| | B. Research priorities should include epidemiological surveys on adverse events, optimal and standardized injection and blood transfusion practices, safe maternal and newborn care, patient safety solutions, and improvements in infection prevention and control. | i. Each institution will consider patient safety research priorities as part of the hospital research plan. | | |
| | C. Plans will be made to support university teaching, research, career structures, research infrastructure, and research partnerships. | i. Each institution will establish a functioning committee:<br>• For the promotion, governance, publication and prioritization of hospital research projects and data collection;<br>• To foster a culture supportive of science and research;<br>ii. Each institution will document its research best practices. | i. Each institution will include content on patient safety research principles and practices in its training and education programme.<br>ii. Professional bodies will present updates on patient safety research principles and practices to their members. | i. Key community leaders will promote active community involvement in functioning committees at medical facilities and training institutions to foster a culture supportive of science and research. |
| | D. Provision will be made for adequate structures and support for the translation of research into policy, programmes and practices. | i. Each institution will establish functioning committees for the promotion, governance, publication and prioritization of patient and other medical research projects and data collection, and also to:<br>• Analyse results for its own use;<br>• Transmit data to the national health information system for analysis;<br>• Translate results from data analysis into improvements in policy, programmes and practices. | i. Each institution will seek adequate support:<br>• To strengthen links between research and policy on patient safety;<br>• For translation of research into policy, programmes and practices. | i. Key community leaders will promote patient safety outreach in the community, civil society and educational activities.<br>ii. Patient and community perspectives will be included to strengthen translation of research into policy, programmes and practices. |

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| **12. Patient safety surveillance and research** | | | | |
| | E. Monitoring and evaluation activities on patient safety research will be aligned with national research priorities. | i. Each institution will establish a functioning committee for the governance, monitoring and evaluation of all health-related research projects, including those on patient safety. | i. Each institution will have:<br>• A curriculum on research and promotion of patient safety research projects and publication of results;<br>• Training in research principles and practices;<br>• A long-term strategic plan supporting university teaching, research careers and research infrastructure. | |
| | F. Methods will be developed to encourage discussion and collaboration across the government to support research for health, including among the ministries dealing with health, education, and science and technology. | | i. Each institution will develop a long-term plan that supports university teaching, research careers, research infrastructure, and research monitoring and evaluation, including aspects that fall under various ministries. | |

# 5. MONITORING AND EVALUATION

Implementation of the patient safety strategic plan is monitored through the national health strategic plan. Formative monitoring is essential to ensure that these two plans are in harmony. The same indicators used for the initial situation analysis should be included in both the midterm and final evaluation in order to quantify improvements using a standardized format, allowing for clear comparison of the initial and subsequent values. Indicators must be identified for periodic monitoring purposes. To ensure that patient safety is measured effectively, international patient safety indicators can be adapted to African settings.

Evaluation of the patient safety strategic plan is an assessment of the impact of the activities implemented and the overall rate of their implementation, taking into account the resources made available, the type of activities undertaken and the extent of the plan's implementation. These objectives and the evaluation method and process should be disclosed fully at the time the strategic plan document is disseminated to allow full harmonization of activities, compliance with the national patient safety policy time frame, timely recognition of unforeseen obstacles and the opportunity to intervene with additional support if necessary to avoid failure in achieving the objectives.

The benchmark indicators should be taken from the implementation guidelines for each action area. In addition, data on events are important and may be collected by periodic reports, questionnaires or surveys developed by the participating institutions. Examples of report indicators are listed in Table 4.

**Table 4: Examples of indicators used in the African Region**

| Examples of indicators | | |
|---|---|---|
| **Hand hygiene (HH) compliance** | **Health care waste management (HCWM)** | **Safe Surgery Checklist (SSCL) adoption** |
| 1. Hand hygiene compliance among doctors, nurses and others: number of compliant workers divided by total number of health workers | 1. Proportion of workers trained in proper HCWM: number or workers trained during the reporting period divided by total number of facility staff | 1. Post-operative mortality rate: number of deaths occurring within 24 hours of surgery divided by total number of surgical cases at the facility |
| 2. Consumption of selected hand hygiene products (alcohol-based hand rub or soap): number or quantity of each type of hand hygiene product utilized divided by number of months or quarters covered (whichever period is selected) | 2. Proportion of workers immunized against hepatitis B virus who have received dose 1, dose 2 and dose 3: number of workers who received the selected dose or doses divided by the total number of facility staff | 2. Surgical site infection (SSI) rate: number of SSIs divided by total number of surgical cases at the facility |
| 3. Number or proportion of facility staff trained on hand hygiene: number of workers trained during the reporting period divided by total number of facility staff | 3. Proportion of units with adequate waste segregation supplies: number of units without stock outages of colour-coded bags or safety boxes divided by month | 3. Checklist utilization rate: number of surgical cases with SSCL use divided by total number of surgical cases |
| | 4. Proportion of days the incinerator was functional: number of days the incinerator was functional divided by total of days in the month | |

Annual monitoring and evaluation reports should be produced and annual meetings held in conjunction with those for other components of the national health strategic plan. The plan for dissemination of evaluation results should include a timetable for the next revision of the strategic plan.

# 6. CONCLUSION

Governments are accountable to their citizens for the quality and safety of health care. There is growing evidence that patient care outcomes are suboptimal owing to the absence of clear patient safety policies and patient safety strategies at the national level. There is evidence also that patient safety and patient care quality methods can help to improve health care outcomes and to solve other challenges faced by health systems in low and high income countries alike. This document helps in the process of developing national patient safety policies and strategic plans that are agreed upon by all stakeholders and are based on available evidence. It contributes to the creation of the conditions for improved patient safety and care quality through mobilizing and coordinating the many contributors involved in the task.

This document can help ensure that (1) the right approaches for the circumstances are developed; (2) structures, resources and skills are identified to effectively make the changes needed; and (3) regular reviews and revisions are conducted to clearly monitor, evaluate and report on the changes made in regard to the stated goals and objectives in patient safety improvement. At the same time, the document can be used to limit the implementation of wrong or ineffective approaches.

The systematic approach to patient safety outlined in this document will raise the profile of patient safety in the countries and facilitate integration of patient safety priorities into the overall health care delivery system.