

Summary of Expert Summit

Grand Ballroom 17:00-17:30

Chair: Dr. Shunzo Koizumi

Panel Discussion 1 - Patient Safety Culture

Chair : Donald M. Berwick

Chair : Chris A. Power

Speakers	Title
Michael A. Durkin	Time to Move to a Cultural Era in Patient Safety of Values, Ethics and Leadership at Every Level
Hardy Müller	German Coalition for Patient Safety – the Story Behind Safety Culture
Ton Thanh Tra	Kaizen Activities at a Public Hospital in Developing Country
Yutaka Aso	Patient Safety through Kaizen Activities
Ikuko Toyoda	Positive Impact on Patient Engagement - What I Have Undergone as a Bereaved Family -
Jeffrey Braithwaite	Safety-I, Safety-II and the Resilience of Health Care



Political Message from Panel-1

1. Governments and health care leaders should give improvement of health care quality and patient safety the same priority as achieving Universal Health Coverage.
2. Leaders should develop and support joint learning activities, with strong cooperation among nations, about health care delivery designs that best assure the continual improvement of health care quality and safety.
3. Person-centered health care delivery is best achieved in partnership with patients, families, and communities, via “co-design” and “co-production”. Leaders should establish meaningful partnerships with patients at all levels of health care governance, design, development, and delivery.
4. Leaders should avoid approaches to surveillance, inspection, reward, and punishment regarding patient safety that lead to fear and gaming in the health care workforce. Instead the priority should be evidence-based interventions and a focus on continual learning.
5. Actions should be taken through “Magokoro” and based on ethics.



Panel Discussion 2 -Patient Safety in Ageing Society

Chair : Tomonori Hasegawa

Chair : Tommaso Bellandi

Speakers	Title
Albert W. Wu	Patient Safety in an Ageing World
Siu F. LUI	Specific Risk in Elderly People
Midori Hirai	Medication Safety Challenges in Older Adults
Aiko Osawa	Rehabilitation for People with Dementia and Their Family to Maintain a Safe and Calm Life
Peter Gausmann	Patient-Safety Malpractice Claims of Elderly Patients in Connection with in and Outpatient Care and Recommended Prevention Measures
Andrew Carson-Stevens	Sources of Unsafe Primary Care for Older Adults: Lessons from a National Patient Safety Reporting and Learning System



Political Message from Panel-2

1. Elderly people are more likely to be victims of adverse events due to multiple chronic conditions. Patient safety should be addressed holistically for elderly and vulnerable people whose health depends on the complex interactions between individual conditions, social and environmental factors, and the capacity of health systems to deliver person-centered and integrated care.
2. In ageing societies, the mainstream of healthcare is moving from acute care hospitals to community care settings, with fewer resources for patient safety. Interventions and resources should be progressively shifted to reflect this change, with involvement of patients, families and communities.
3. In community care settings, improved sharing of patient information among healthcare providers is essential to improve patient safety and broader health outcomes. In addition, a global initiative should be established to share lessons learned from the analysis of patient safety incidents and implementation of safe practices, bringing together clinical and human factors knowledge.
4. Effective patient safety interventions in acute settings should be adapted or designed for community care, taking into account patient needs, systems and resources, including ageing health workforce. Patient safety lessons from ageing societies can be applicable in LMIC.



Panel Discussion 3 - Patient Safety Needs for Achieving UHC in LMICs

Chair : Neelam Dhingra-Kumar

Chair : Jeremy HM Veillard

Speakers	Title
Priyadarshani Galappatthy	Addressing the Challenge of Medication Safety : Experiences from Sri Lanka
Sir Liam Donaldson	Medication Without Harm – One year on WHO 3rd Global Patient Safety Challenge and Patient Stories- Provoking Debate to Generate Change
Piyawan Limpanyalert	Patient Safety in Primary Care Settings – Experiences from Thailand
Neelam Dhingra-Kumar	Safer Primary Care: an Imperative for Universal Health Coverage
Robinah K. Kaitiritimba	Leveraging health System Resources for Patient Safety
Criselda G. Abesamis	Improving Efficiency and Saving Cost: The Philippine Experience



Political Message from Panel-3

1. Countries should prioritize patient safety as part of UHC strategies, to reduce patient harm, secure progress in patient safety and protect human capital
2. Countries should invest sufficient resources in building leadership capacity for patient safety in all levels of health care
3. Countries should provide political support for the WHO's Global Patient Safety Challenge: Medication Without Harm to reduce severe, avoidable harm associated with medications
4. Countries should promote a blame free culture, establish systems patient safety measurement, monitoring and evaluation, and report transparently to the public
5. Patient engagement in patient safety should be enhanced in all aspects of health care

Panel Discussion 4 - ICT in Patient Safety

Chair : Hiroshi Takeda

Chair : Edward Kelley

Speakers	Title
Donald M. Berwick	Utilization of Big Data for the Measurement of Safety
Johanna Westbrook	Evaluating the Effects of Health Information Technology
Hideo Kusuoka	Incidents in Patient Safety Caused by hospital Information System
Sanjeeva Kumar	Digital Health and Patient Safety – Experiences from India
Kazue Nakajima	Nurturing Resilience in Complex Adaptive Systems for Patient Safety and Quality Improvement with the Support of Information and Communication Technology



Political Message from Panel-4

1. ICT (Information and communication technology) has strong potential to improve service quality and patient safety, however, it also has pros and cons on its adaption. In order to maximize the practical use of ICT for patient safety, governments, health care leaders and other stakeholders, should lead coordinated efforts to assess and implement of ICT at all levels of the health system to improve patient safety, experience, and outcomes. These efforts should include assessing and implementing functionality, usability, interoperability, cost effectiveness and easiness of maintenance.
2. Addressing fragmented and uncoordinated data management, and incompatibility of data sharing will bring improvement of quality of data toward integrated, people centred and health services,. Data use on patient safety should be considered in the context of the framework of health information systems for further analysis and decision making. National policies for piracy, confidentiality as well as secondary use of data such as AI should be appropriately coordinated.
3. ICT can be a strong contributor to empower patient and family to raise awareness on patient safety. They are one of the key players in people-centred health services toward universal health coverage. The use of mobile device for health care, or mHealth can make it easy for patient and family to report incidents, communicate with health professionals, and provide useful information.
4. Although ICT has been evolving rapidly and widely used in health care, its impact on patient safety has not been well studied comparing to that on maternal and new born, HIV, TB, or non-communicable disease. Capacity building of patient safety research for ICT is critical to evidence safer, appropriate, and effective adaption of ICT at all levels of health care settings nationally and globally.



Panel Discussion 5 - Economics on Patient Safety

Chair : Ingo Hartel

Speakers	Title
Nicolaas Sieds Klazinga	Flying Blind
Chris A. Power	The Case for Investing in Patient Safety: The Canadian Experience



Political Message from Panel-5

1. Patient involvement is essential for assuring safety.
2. Strengthening patient safety in the ambulatory sector is as crucial for a successful, sustainable and resilient health care system as in the hospital sector. Half of the global disease burden arising from patient harm originates in the ambulatory sector.
3. Having better measurement systems on safety in place is essential for making ambulatory/primary care a safer. Evidence-based policy making must be the standard.
4. Upfront investment in patient safety provides an excellent return on investment as evidenced by a range of studies from around the world.

