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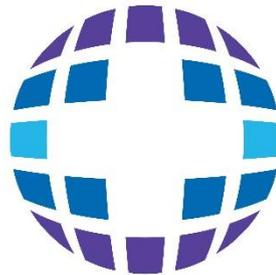
Patient Safety

5th Global Ministerial Summit 2023

23 - 24.02.2023, Montreux, Switzerland

«Less harm, better care – from Resolution to Implementation»

Official Summit Report

Contents

Editor's Note

This report is based on the contributions of many different experts, namely the session chairs and speakers (cf. session summaries) as well as the note takers from the Swiss Patient Safety Foundation (Andrea Balmer-Eggli; Lea Brühwiler; Andrea Leibold) and the University Hospitals of Geneva (HUG; Rebecca Grant; Andrea Büchler). I would also like to mention Prof. Didier Pittet, Prof. Stephan Harbarth and their team at HUG, as well as Dr. Anthony Staines for their pivotal contribution to the content of the event, including the core messages from experts to ministers and the Montreux Charter.

Report edited by: Isaac Zürcher, Head of Project, Federal Office of Public Health

Editorial by Director-General Anne Lévy

Dear reader,

Patient Safety is an urgent global public health issue pertinent to all health systems around the world. According to the World Health Organization (WHO), so-called «adverse events» caused by a lack of Patient Safety are among the ten most frequent causes of death and disability worldwide. A significant proportion of these incidents are preventable.

While significant progress has already been achieved, for example with the adoption of the WHO's «Global Patient Safety Action Plan» or the Global Ministerial Summit series, it is imperative that global efforts continue. The COVID-19 pandemic clearly demonstrated the need for further action on Patient Safety. Awareness is widespread, and measures to improve Patient Safety are well known. The issue is often a lack of adequate implementation.

Switzerland is honored to have hosted this successful fifth Global Ministerial Summit. For two days, the Summit in Montreux brought together ministers, high-level representatives, and experts from all over the world, reviving the strong momentum created by the previous Summits. More than 600 experts and some 80 high-level delegations participated. In accordance with the Summit's overarching slogan "Less harm, better care – from resolution to implementation", discussions focused on the concrete actions needed to improve patient safety. Participants agreed that, despite the progress made, further action is required to ensure effective, high-quality care for all patients worldwide.

This report captures the essence of the Summit's program and outcomes. The report opens with a selection of excerpts from the keynote speeches. The chair's summaries of the various breakout sessions provide insight into the content of the conference and the discussions held. These sessions formed the foundation for the core messages from experts to ministers, one of the pivotal elements of the Summit, which in turn fed into the Ministerial debate. With its ten recommendations for action, the Summit's concluding document, the "Montreux Charter", will serve as guidance and a catalyst for further strengthening patient safety globally. It also reaffirms the commitment to the long-term continuity of the Summit series. Finally, you will find a contribution from next year's host country, Chile, looking ahead to the near future of the Summit.

We would like to seize the opportunity to express our sincere gratitude to all those involved in the event and in this report. Without the commitment and tireless work of all these colleagues, the event wouldn't have been possible. Special thanks go to all the chairs and speakers, Prof. Didier Pittet and Prof. Stephan Harbarth and their team at the University Hospital of Geneva, Anthony Staines, and our partners at WHO and Organisation for Economic Co-operation and Development (OECD).

Switzerland remains committed to strengthening patient safety globally. We are very keen to support the long-term success of the Summit series, and we look forward to continuing our joint journey towards zero avoidable harm together with all partners and stakeholders involved.

I wish you an interesting reading,
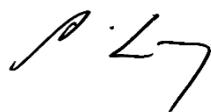
Anne Lévy
Director-General, Swiss Federal Office of Public Health

Highlights of the Keynote Speeches

"Since their inception, the Global Ministerial Summits on Patient Safety have become a key platform for the strengthening of patient safety. Together, we have to continue this important work in the context of future Summits, for sure, but also in our daily work. Let us not forget that strengthening patient safety means saving lives."

Alain Berset, President of the Swiss Confederation, Head of the Federal Department of Home Affairs

"WHO remains totally committed to walking with you every step of the way, to make care as safe as it can be for all people, in all countries. Because if it's not safe, it's not care."

Dr. Tedros Adhanom Ghebreyesus, Director-General, WHO

"Clean hands save lives. Adapt to adopt is very key in implementation which in turn is critical in patient safety."

Prof. Didier Pittet, MD, MS, CBE, Professor of Medicine (hon), Faculty of Medicine, University of Geneva

"If we want to succeed in implementation, we really need to embrace implementation science. We need to partner with patients, involve our colleagues early on and understand the barriers to the patient safety solutions that we are promoting."

Dr. Anthony Staines, Patient Safety Program Director, Vaud Hospital Federation, Switzerland

"We can eliminate about three million deaths a year, if we put evidence-based practices in place."

Joe Kiani, Founder, Patient Safety Movement Foundation, CEO Masimo

"Knowing what to do does not enable doing it. Training and education are necessary, yet insufficient to change behaviour. We must consider a broader range of implementation strategies addressing individual, organizational and systems change."

Prof. Dr. phil. Lauren Clack, Professor of Implementation Science in Health Care, University of Zurich, Medical Faculty, Institute for Implementation Science in Health Care

"By producing this Global Patient Safety Action Plan, it is as if we have written the patient safety book. Now we have to write the movie script that brings it to life. Strong committed implementation of our plan will save lives and prevent harm right across the world. Let's make this metaphorical movie an unstoppable force for change. Do I hear the director's voice? Yes, I do: ACTION!"

Sir Liam Donaldson, WHO Patient Safety Envoy

Session Summaries

Session 1 – "Implementation Science from theory to practice: Organizational and systems science perspectives to enhance patient safety"

Session Chair

Lauren Clack, Institute for Implementation Science in Health Care, Medical Faculty, University of Zurich, Switzerland

Presenters and Speakers

- Cara C. Lewis, Senior Investigator, Kaiser Permanente Washington Health Research Institute, Washington, USA
- Rohit Ramaswamy, Department of maternal and child health, Gillings School of Global Public Health, North Carolina, USA
- Annemarie Fridrich, CEO, Swiss Patient Safety Foundation, Zurich, Switzerland
- Jonathan Purtle, Global Center for Implementation Science, NYU School of Global Public Health, New York, USA
- Pierre Chopard, Quality of Care Department, Geneva University Hospitals, Switzerland

Content and Discussion

This session contained a theoretical introduction to the field of implementation science, followed by four concrete case studies. It highlighted that in addition to supporting individual behaviour change, implementation efforts must also understand, address, and leverage contextual factors at the organizational and system level.

During the theoretical introduction, Prof. Cara Lewis highlighted the necessity of engaging multiple stakeholders (e.g., care providers, patients, policy makers) early in the implementation planning process to identify and plan for the multilevel factors that can facilitate or hinder implementation success. Prof. Rohit Ramaswamy demonstrated how careful implementation planning and engagement of actors at multiple levels of the Ghanaian health system (e.g., frontline, facility, district, regional, national) led to successful implementation and scale up of an obstetric triage program in Ghana. Dr. Annemarie Fridrich shared experiences from the national implementation of surgical safety checklists in Switzerland and drew attention to the need to support adaptation to the local context, while also ensuring that such adaptations maintain fidelity of the intervention's core functions.

Prof. Jonathan Purtle presented the multiple, non-exclusive roles that policy can play in implementation (e.g., policy as a strategy to implement something else, policy as a contextual factor for which to account, policy implementation as the target of improvement) and provided concrete examples from suicide safety planning. Prof. Pierre Chopard presented the National Swiss Strategy for Quality and Safety and highlighted the dual approach of focusing on national governance ("top-down") while supporting national programs and projects ("bottom-up") to establish a new dynamic and support quality and safety on a national level.

Key Messages

- Implementation science is a new and interdisciplinary research field that offers tools to plan and execute effective implementation processes.
- Ministers can play an important role in building an environment for sustainment – already during early implementation phases.
- Implementation processes should allow for (or even encourage) adaptations to ensure fit with local context. Such adaptations should be justified, documented, and evaluated.

- Policy is an important implementation tool and can serve multiple roles: 1) Policy as strategy to use, 2) Policy as fixed context to account for, 3) Policy as something to improve implementation, 4) Policy as something to modify in itself as well as to persuade policymakers for the improvement of implementation.
- Implementation planning must consider both individual-level change as well as organizational- and system-level change.

Session 2 – "Using behavioral science & implementation frameworks to improve Patient Safety"

Session Chair

Charles Vincent, Medical Science Division, University of Oxford, UK

Presenters and Speakers

- Rebecca Lawton, Director, Yorkshire Quality and Safety Research Group, University of Leeds, UK
- Michaela Kolbe, Head of Simulation Centre, University Hospital Zurich, Switzerland
- Cordula Wagner, Professor of Patient Safety, VU University Amsterdam, Amsterdam University Medical Center, Netherlands
- Jacquie Oliwa, Health Systems and Implementation Science Researcher, KEMRI – Wellcome Trust, University of Nairobi, Kenya

Content and Discussion

All implementation of health policy relies on changing behavior. Assembling the evidence and developing guidance, while critical, is not sufficient to produce change. Programs also need to consider the context of the intervention and plan a programe of implementation, which includes changing the behavior of those involved in ways that enhance patient and staff safety. Theories of behavior change can serve as a basis here since they are very practical which allows to copy them in the corresponding context.

The Behavior Change Wheel integrates the many psychological, social influences that promote or impede learning and behavior change. Program leaders need to address the capability of people involved, their motivation and opportunity to carry out the behaviors in question. Using this broad framework enables leaders to influence behavior by, for instance, designing persuasive communications and asking leaders to model behaviors, and by examining how the wider regulatory and political context supports or impedes the intervention.

Theory based interventions can bring about major safety improvements. In the UK a controlled trial to increase pH testing in order to reduce misplaced nasogastric tubes showed an increase in testing of 350%, a reduction of more than half in the use of X-rays and substantial annual cost savings. In Kenya, a theory-based intervention to improve diagnosis and treatment of paediatric tuberculosis is leading to improvements in the detection of Tuberculosis across the country. In the Netherlands, the major national safety programs are made more effective by enhancing physician motivation to maintain progress in relation to their peers. In Switzerland similar approaches were used to support staff resilience during the COVID-19 pandemic.

Key Messages

- All implementation of health policy as well as all interventions (new treatments and technologies) rely on changing behavior.
- Theories of behavior change provide practical means of achieving faster and more effective change.

- Patient safety programs must address the capability, opportunity and motivation of everyone involved. This means frontline clinicians, but also managers, executives, government and even behavior change of ministers.
- Behavior change and teamwork should be designed into programs right from beginning and not left to chance.

Session 3 – "Leveraging sustainability in Patient Safety Programs: the role of implementation"

Session Chair

Jeffrey Braithwaite, Founding Director of the Centre for Healthcare Resilience and Implementation Science, Australian Institute of Health Innovation, Macquarie University, New South Wales, Australia

Presenters and Speakers

- Jeremy Grimshaw, Ottawa Hospital Research Institute, University of Ottawa, Canada
- Teresa Tono, Executive Director, Centre of Hospital Management – CGH, Bogota, Colombia
- Johanna Westbrook, Australian Institute of Health Innovation, Macquarie University, Sydney, Australia
- David Schwappach, Institute of Social and Preventive Medicine, University of Berne, Switzerland

Content and Discussion

The session examined the current evidence for how implementation science approaches have been harnessed to make care safer for patients. Case study examples from three countries were provided.

Implementation science is a relatively new field in health research. It involves the scientific study of methods to promote the systematic uptake of research findings and other evidence-based practices into routine practice. As adverse events are often caused by acts of omission or acts of commission and are influenced by factors at the individual, team, organizational or system levels, strategies to improve patient safety may have to target different (often multiple) levels. Different types of implementation strategies are needed depending on the level targeted and the outcomes sought from the intervention. Regardless of approaches to improving patient safety, all require key actors (patients, health care professionals, managers) who are working in complex environments to change their behaviours and decisions.

That said, it is often unclear when and under what circumstances any particular implementation strategy works, and whether it measurably improves practice. The focus of attention should be on careful design of the implementation strategy within the context of the implementation. It is also important to take a human factors approach – one that takes account of the ways humans relate to each other and interact with the world around them and their systems of care within the broader organisational and cultural contexts. Designing and implementing new patient safety strategies or techniques should be done for the way people are, not the way we wish them to be. More generally, safer systems should be adapted to people rather than expecting people to adapt to systems.

In this session, the case studies presented were drawn from Colombia, on the importance and effect of organizational culture change, from Australia on increasing medication safety by using electronic medication management systems as well as from Switzerland on empowering surgical staff to monitor their units' checklist usage. Each illuminated aspects of an implementation science approach to safer care.

Key Messages

- Patient safety always involves multiple stakeholders and is multi-dimensional
- Interventions can be focused on individuals, teams, organisations or whole systems, depending on the purpose

- Choose an appropriate implementation science approach or framework
- It is important to choose a change model that fits the purpose and to aim at changing clinical be-haviour
- Human factors should be taken into account
- Always involve the patient at every step in the way
- Study the change and measure the impact
- Context really matters; it is crucial to adapt to the circumstances

Session 4 – "COVID-19 impact on patient safety"

Session Chairs
- Sarah Tschudin Sutter, Deputy Head, Division of Infectious Diseases & Hospital Epidemiology; University Hospital Basel, Switzerland
- Pierre Parneix, Head of the Nouvelle Aquitaine health care-associated infection control center (CPIAS NA), University Hospital of Bordeaux, France

Presenters and Speakers
- Neelam Dhingra, Unit Head, Patient Safety Flagship, WHO, Geneva, Switzerland
- Shin Ushiro, Director of the Division of Patient Safety, Kyushu University, Fukoka, Japan
- Ramanan Laxminarayan, One Health Trust, Center for Disease Dynamics, Economics & Policy, USA
- Howard Catton, CEO, International Council of Nurses, Switzerland
- Hardeep Singh, Center for Innovations in Quality, Effectiveness and Safety, Houston, USA

Content and Discussion

This session focused on the impact of the COVID-19 pandemic on different aspects of patient safety across a range of resource settings in the context of five different examples:

- WHO scientific brief on the implications of the COVID-19 Pandemic for patient safety (N. Dhingra): Most consequences of the pandemic were negative; but there were positive developments within each lesson (e.g., interdisciplinary collaboration; feedback and learning mechanisms). The report identified ten key lessons for patient safety.
- Prescription and administration of unapproved drugs during the COVID-19 pandemic (S. Ushiro): This presentation focused on negative experiences at the hospital and national levels with the use of novel experimental therapeutics during the early stages of the COVID-19 pandemic.
- Impact on immunization programs (R. Laxminarayan): The COVID-19 pandemic resulted in one of the largest and most successful adult vaccination programs globally. However, during the same period, childhood immunisation programs experienced considerable shortfalls and disruptions.
- Health care workforce shortage, physical and mental health of health care workers and its impact on patient safety (H. Catton): In order to sustain and retain health care workers (and reach self-sufficiency), countries need to do more to educate health care workers. In this context, the skill-mix of health care workers is also critical.
- Diagnostic and treatment delays in oncological patients (H. Singh): This presentation offered an overview of strategies to create governance, improvement and accountability in order to reduce diagnostic errors in the context of patient care.

Key Messages

- Disruptions of systems and processes of care during the COVID-19 pandemic led to an increase in clinical risk and patient harm by accentuating safety gaps, interrupting essential health services, and failing to provide timely diagnosis and treatment.
- Performing fast and robust scientific drug evaluation (efficacy and safety) through a consistent and transparent regulatory process is essential to support public decision-making in crisis periods.
- Children throughout the world experienced lower routine immunization coverage and greater delays during the pandemic, especially in the direct delivery of vaccines to individual patients. Adequate catch-up vaccination efforts are essential to avoid preventable child morbidity and mortality.
- During the COVID-19 pandemic and the Ebola crisis, health workers faced under-staffing, lack of protection, heavy workloads, and low wages. Scaling up protection of health, safety and well-being of health workers is needed now.
- Ensuring patient safety is critical to building resilient systems for pandemic prevention, preparedness, response and recovery.

Session 5 – "Medication safety & stewardship – the example of antibiotic use and misuse"

Session Chairs

- Loice Achieng Ombajo, Infectious disease specialist, Department of Clinical Medicine and Therapeutics, University of Nairobi, Kenya
- Abdul Ghafur, Consultant in Infectious Diseases, Apollo Hospitals, Chennai, India
- Pierre Tattevin, Infectious diseases specialist, French Society of Infectious Diseases, Alliance for the Prudent Use of Antibiotics

Presenters and Speakers

- Marlieke de Kraker, Senior epidemiologist, Infection Control Program, Geneva University Hospitals and Faculty of Medicine, Geneva, Switzerland
- Arjun Srinivasa, Deputy Director for Program Improvement, Division of Healthcare Quality Promotion, US Centers for Disease Control and Prevention, Atlanta, USA
- Christopher Butler, Department of Primary Care Health Sciences, University of Oxford, UK
- Katie J. Suda, Clinical and Translational Science Institute, University of Pittsburgh, USA

Content and Discussion

This session focused on the impact(s) of Antimicrobial Resistance (AMR), which as a result of transmission and selection pressure, is a global threat, leading to a silent pandemic. AMR continues to increase in clinical settings, and in some countries, health care-associated infections (HAIs) due to resistant pathogens have become more common than HAIs due to susceptible pathogens. The balance between improving access to effective antibiotics and reducing their excessive or inappropriate use is far from being achieved. The session explored the following topics:

- Clinical and health-economic burden of AMR
- Access – who should get more antibiotics?
- Excess – who should get less antibiotics?
- Impact of the COVID-19 pandemic and the WHO AMR Global Action Plan on antibiotic use and resistance

- Driven by increased antibiotic use, Antimicrobial Resistance (AMR) is increasing globally and associated with elevated morbidity and mortality.
- This represents a major international economic burden projected to decrease GDP by 4%, which is similar to the impact of climate change. This economic burden is caused by longer hospital stays, need for more expensive antibiotics, work absenteeism and reduced productivity.
- There is a clear need to improve surveillance of AMR and its impact on morbidity and mortality in different populations – taking into account the lack of data from resource limited settings.
- Antibiotics are lifesaving when given to the right patients at the right time, and there is an urgent need to invest in ensuring that those who need antibiotics have access to them, not just now but also in the future.
- The majority of antibiotics used globally are unnecessary. We need to ensure that we are able to target the right patients with the right antibiotics. This means investing in improved laboratory capacity and point of care tests, improving communication with communities and policy makers as well as fostering training of health care workers.
- Implementing the WHO Global Action Plan on Antimicrobial Resistance will make systems more resilient to shocks such as COVID-19 pandemic and future pandemics.
- AMR is reversible, and ministries of health and policies have to be at the centre of efforts to reduce AMR.

Session 6 – "Developing capacity and capability for patient safety improvement"

Session Chair

Carrie Marr, University of Technology Sydney, based in Glasgow, UK

Presenters and Speakers

- Ezequiel Garcia Elorrio, Institute for Clinical Effectiveness and Health Policy IECS, Buenos Aires, Argentina
- Lisa Schilling, Vice President, Healthcare Performance Improvement, Kaiser Permanente Institute, Oakland, USA
- Chris Gordon, Director of Improvement at Barts Health, NHS, London, UK

Content and Discussion

Creating the conditions and establishing the structures, processes, capacity and capability required to make safety and quality the organization's imperative is crucial. This session described the journey of three organizations who have set out to build their foundations for safety and create sustainability in quality improvement. The session explored the topic of building capacity and capability at scale for patient safety improvement through the lenses of health care systems and team effectiveness. Speakers from three different organizations (cf. list above from three different health care systems shared case studies illustrating the incremental approach taken to ensure that the capacity and capability developed was sustained. Creating the conditions to support safe care is the ambition of a learning system for safety and quality. The following key components of this approach were identified:

- A strong leadership of a safety agenda,
- A positive safety culture,
- Access to real-time triangulated data,
- Knowledge and skills in improvement methodologies and the development of tools,
- Resources and coaching for frontline teams to support improvement work,

- Investing in capacity and capability building was recognized as a priority for all health care systems in support of their ambition to make care safer.

Key Messages

- Investing in capability and capacity will support the resourcing of health care workforce in their knowledge, skills, behaviours and culture needed to support improvement.
- Health care systems should consider adopting High Reliability Organisation (HRO) principles as a patient safety foundation. This should be done alongside the monitoring of top-level outcome metrics, including serious harm rates and worker harm and wellbeing rates.
- To promote a culture of safety and improvement, accessibility to teamwork training, human factors training and patient safety practice training should be made available for all health care staff.
- All health care systems should develop an annual capability plan. Such a plan aims at supporting incremental investment in and planning of workforce skills for leadership and data literacy as well as participation in improvement methodologies. This improves culture, equity and practice in patient safety.

Session 7 – "The Governance of the Macrosystem for Patient Safety"

Session Chair

Anthony Staines, Patient Safety Program Director, Vaud Hospital Federation, Lausanne, Switzerland

Presenters and Speakers

- Jason Leitch, National Clinical Director, Scottish Government, Edinburgh, UK
- Carol Haraden, Senior Fellow, Institute for Healthcare Improvement IHI, Cambridge, USA
- Linda Pollock, Director, Healthcare Quality and Improvement, Scottish Government, Edinburgh, UK

Content and Discussion

Using a case study from Scotland, this session focused on how to develop a national strategy for patient safety, how to gain political support, and how to implement and sustain such a strategy.

Prof. Jason Leitch, National Clinical Director for the Scottish Government, and Dr. Carol Haraden, Senior Fellow at the Institute for Healthcare Improvement, presented the development of a patient safety strategy for Scotland. The development of the strategy began with the creation of a driver diagram, which set targets to reduce mortality by 15% and harm by 30%. Key drivers included the government defining patient safety as a strategic priority, health care boards endorsing the strategy, building a sustainable infrastructure for improvement, and aligning the strategy with national improvement programs and measures. Implementation was managed through an iterative process of design, testing, and adaptation. Success factors included national leadership support, evidence-based change, relentless focus, an experienced expert partner, and reliable data.

Results included a 16% reduction in standardized mortality, a 28% reduction of cardiac arrest in hospitals, and a 23% reduction in stillbirth rates. The presenters summarized the key lessons for implementation: engage with politics, build capability, have methodology.

Linda Pollock, Director of Healthcare Quality and Improvement for the Scottish Government, focused on the challenges during the COVID-19 period, where the above lessons remained valid, with three additional pieces of advice: a continued national focus on harm, extending capacity to social care and expanding the methodology by establishing a COVID-19 Recovery Strategy.

Key Messages

- In partnership, design the direction and vision, but allow for the work to be led locally
- Strive for alignment and integration
- Have a very clear and robust method for implementation. This must include numerical aims, constant measurement of progress and a package of evidence-based changes
- Build improvement and change capacity responsive to challenges over time
- Engage politicians early and use their skills to gain support
- Take a long-term perspective and have a long-term strategy

Session 8 – "The Governance of the Macrosystem for Patient Safety"

Session Chair

Anne Lévy, Director-General, Federal Office of Public Health, Bern, Switzerland

Presenters and Speakers

- Niek Klazinga, Health Care Quality Indicator Programme, OECD, Paris, France
- Kate de Bienassis, Health Care Quality Indicator Programme, OECD, Paris, France
- Shin Ushiro, Director of the Division of Patient Safety, Kyushu University, Fukoka, Japan
- Ingo Härtel, Deputy Head Division for Health Law, Patients' Rights, Patient Safety, German Federal Ministry of Health, Germany
- Patricia J. Garcia, School of Public Health, Cayetano Heredia University, Peru

Content and Discussion

Comprehensive governance approaches to ensure the implementation of patient safety concepts are key to achieving policy goals. They directly affect the health system's ability to respond to challenges.

Strong, yet adaptable, governance models contribute to health system resilience by ensuring the capacity to respond to changing environments and challenges with limited resources. The coronavirus pandemic has placed substantial strains on health care workforce and resources. It revealed and exacerbated the real patient safety risks associated with health care. The experience of this crisis has served as a mechanism for changes in regulation, governance, and structural resources for health care safety.

The session started with the presentation of the main findings of the 2019 OECD report "Governing towards patient safety" and the 2023 complementary report "Advancing patient safety governance in the COVID-19 context". Experts from Germany, Japan and Peru commented on the reports. In Peru, pandemic preparedness is actively discussed, but patient safety is not yet a clear part of the debate. In Japan, the coronavirus pandemic revealed several shortcomings in the health care system that are now the subject of ethical reflection. In Germany, the pandemic demonstrated the importance of patient safety in crisis management.

Key Messages

- Patient Safety Governance must be an integral part of public health policies. This strengthens the resilience of health care systems.
- Patient Safety Governance must build on public trust and a safety culture.
- Safety Governance can be improved through better use of health and health care data for continuous risk assessment.
- Safety Governance that includes investments in prevention can significantly reduce the costs of failure in health care.
- Investments in prevention can help significantly to reduce failure costs in health care.

Session 9 – "Lessons learned from the COVID-19 pandemic"

Session Chairs
- Evelyn Wesangula, Senior Antimicrobial Resistance Control Officer, East Central and Southern Africa Health Community (ESC-HC)
- Vincent Cheng, Infection Control at Queen Mary Hospital, Department of Microbiology, University of Hong Kong, Hong Kong

Presenters and Speakers
- Marc Mendelson, Division of Infectious Diseases & HIV Medicine, Department of Medicine, University of Cape Town, South Africa
- Eli Perencevich, Clinical and Health Services Research, Center for Access & Delivery Research and Evaluation, University of Iowa, USA
- Helena Legido-Quigley, Saw Swee Hock School of Public Health, National University of Singapore, Singapore
- Daniel Benamouzig, Director of Research at the CNRS and Chair of Sciences Po Health, France

Content and Discussion

The COVID-19 pandemic tested global health care systems and the resilience of health care infrastructures and facilities to a great extent. However, innovation and transformation were accelerated with new design and operational strategies to meet the demand. This session focused on the respective lessons learned.

There have been many insights from health care workforce (HCW) behaviour during the COVID-19 pandemic and hospital design to improve patient protection. HCW compliance with infection prevention and control (IPC) needs to be improved, and IPC interventions should be made mandatory. The implementation of these measures needs to be institutionalised in routine care. Appropriate and flexible hospital designs, as well as technological advancements, are necessary to better protect patients, from admission to discharge. Further studies are required to continue evaluating individual IPC interventions. Investments should be made in addressing HCW burnout and mental health/psychological wellbeing.

There are several essential components for building resilient health systems for the next pandemic, including multisectoral, whole-of-government approaches, effective leadership, multidisciplinary scientific advice, adequate human resources, investments in local manufacturing to prevent acute shortages of medical products, technologies to ensure equitable access, as well as integrated health system approaches with strengthened primary and acute care.

During the pandemic, most governments benefited from the expertise of a multidisciplinary scientific advisory council. In France, for example, the objective was to provide support for public decision-making based on the best available scientific knowledge, in an independent and transparent manner. Sustaining these advisory groups beyond the current pandemic may help to improve preparedness for future pandemics.

Key Messages
- We need to go back to the basics of IPC.
- There is a need for strategies for designing health care facilities from an IPC perspective.
- For the health care workforce, the timely provision of appropriate personal protection equipment (PPE) is key. It is also essential to address health workforce burnout and to invest in their mental health and psychological wellbeing.

- Government commitment, effective leadership, adequate human resources, investments in local manufacturing to prevent acute shortages of medical products and technologies to ensure equitable access are required.
- Evaluation of the national responses, including learning from successes and failures during the COVID-19 pandemic, is crucial in order to strengthen future pandemic preparedness and responses.
- Policy-makers should listen to the voice of science by building a trusting relationship with the scientific community and using evidence to inform their decisions.

Session 10 – "Challenges and Success of Antibiotic Stewardship"

Session Chairs
- Yehuda Carmeli, Head, National Institute for Antibiotic Resistance and Infection Control, Israeli Ministry of Health, Tel Aviv, Israel
- Peter Beyer, Deputy Executive Director, Global Antibiotic R&D Partnership, Switzerland

Presenters and Speakers
- Marc Mendelson, Division of Infectious Diseases & HIV Medicine, Department of Medicine University of Cape Town, South Africa
- Benedikt Huttner, Team Lead EML, WHO, Geneva, Switzerland
- Anucha Apisarnthanarak, Division of Infectious Diseases, Faculty of Medicine, Thammasat University Hospital, Pathum Thani, Thailand
- Kazuaki Jindai, Department of Virology, Tohoku University Graduate School of Medicine, Sendai – Department of Healthcare Epidemiology, School of Public Health, Kyoto University, Japan
- Natalie Schellack, Division of Clinical Pharmacy, School of Pharmacy, Sefako Makgatho Health Sciences University, Pretoria, South Africa
- Valeria Fabre, Associate Director Antimicrobial Stewardship Program, The Johns Hopkins Hospital, Baltimore, USA

Content and Discussion

Antibiotic stewardship (ABS) is a major component of multifaceted strategies to combat antimicrobial resistance (AMR). The principles of appropriate drug selection, adequate dispensing, adaptation to microbiological findings, and optimal treatment duration have been proven effective in both patient outcomes and in combating AMR. This session focused on elements of successful ABS programm and discussed challenges related to their implementation in the light of real-life experiences from both high- and low- and middle-income countries. Among the issues discussed were the need to adapt the WHO antibiotic guidelines and other guidelines to local epidemiology, the importance of combining ABS programs with diagnostic stewardship programs, and the importance of the health care workforce as one of the key pillars of ABS programs.

Key Messages
- Antibiotic stewardship should focus on specific targets that reflect both underuse and access to antibiotics. Microbiological data are crucial to guide antibiotic use and to develop locally tailored treatment guidelines.
- Unfortunately, access to laboratory testing is limited in many low- and middle-income countries. The lack of timely, reliable microbiological data leads to overuse of broad-spectrum antibiotics, which promotes resistance, and limits the ability to assess the burden of resistance.

- Key elements of successful ABS programs include:

    1. Strong support from hospital management, including prioritization, leadership, resource allocation, and provision of necessary laboratory capacity.

    2. Professional input in creating locally tailored guidelines

    3. Organizational intervention to improve antibiotic use

    4. Monitoring, surveillance, and feedback against established benchmarks.

- ABS programs are needed in all settings where antibiotics are prescribed, especially in hospitals. Capacity building for microbiological testing and antibiotic stewardship programs based on the required core elements is key. It is recommended that these requirements be incorporated into national requirements.

Session 11 – "Scaling up successful interventions in LMIC settings: lessons from the WHO Surgical Safety Checklist"

Session Chair

Nick Sevdalis, Director, Centre for Implementation Science, King's College London, UK

Presenters and Speakers
- Tihitena Negussie Mammo, Global Clinical Director; Lifebox Foundation, Addis Ababa, Ethiopia
- Michelle White, Health Service and Population Research, King's College, London, UK
- Pierre M'Pele, Epidemiologist, Mercy Ships Regional Director for Africa, Congo

Content and Discussion

This session focused on using a simple and well-evidenced clinical intervention, the WHO Surgical Safety Checklist, as a case study. On the basis of case studies, it generated lessons learned about how best to implement interventions at national and international scale with success and sustainability.

During the session, the power of simplicity was re-emphasised, showing that simple interventions with a strong evidence basis are not only empowering safety improvement, but can be drivers for the introduction of much larger initiatives. While considering such simple initiatives, however, one needs to carefully consider effective integration of these and not implement too many at the same time. Furthermore, the sustainability of patient safety initiatives depends on strategic prioritisation of implementation theories and processes as well as evaluation strategies and careful planning ahead of their implementation. This enables avoidance of economic losses as well as rejection from frontline medical professionals.

The panel discussions revolved primarily around the necessity and effectiveness of bottom-up and top-down approaches. It was highlighted that for a successful intervention, both approaches are required at the same time. Mandating implementation (i.e. top-down approach) can be effective, yet is not sufficient if used as a single measure. Concurrently, low and mid-level medical professionals need to be involved and co-lead the implementation processes as well as make the tool sufficient for themselves, not the system (i.e. bottom-up approach). A patient-centred approach is also vital.

Key Messages
- Integrate improvement initiatives into national health care plans explicitly and from the very beginning. Without integration, there is no sustainability at scale.
- Invest in upskilling health care staff in quality and safety improvement as well as in implementation science methods.
- Start by identifying simple, cost-effective interventions supported by evidence. This generates momentum to tackle more complex problems at scale.
- Combine top-down and bottom-up implementation strategies.
- No safety improvement projects should be undertaken without robust evaluation.

Session 12 – "Enhancing safety of people with mental health conditions - putting it into practice"

Session Chair
- Sudipto Chatterjee, National Institute of Advanced Studies, Bangalore, India

Presenters and Speakers
- Randi-Luise Møgster, Deputy CEO, Haukeland University Hospital, Bergen, Norway
- Vibeke-Iren Hellesund, Kronstad District Psychiatric Centre at Haukeland University Hospital, Bergen, Norway
- Hervitra Diatri, Head of Community Psychiatry Division, Department of Psychiatry, University of Indonesia, Jakarta, Indonesia
- Neerja Chaudhary, Technical Officer, Department of Mental Health and Substance Abuse, WHO, Geneva, Switzerland
- Rajesh Sagar, All India Institute of Medical Sciences, New Delhi, India

Content and Discussion

In this session, three case studies were presented to illustrate challenges, innovative practical solutions and implementation efforts to improve patient safety in mental health. The field of mental health has long been excluded from discussions on patient safety. Patients with mental health conditions suffer from a large treatment gap everywhere in the world, but especially in countries with low resources. The pandemic has disrupted health services and widened care disparities.

From a global perspective, the coronavirus pandemic has disrupted mental health services, while mental health issues increased significantly. Norwegian experts (R.-L. Møgster; V.-I. Hellesund) presented the benefits of peer workers in the community setting. An Indonesian expert (H. Diatri) showed how chaining up of mentally ill patients was tackled. How patient safety can become an integral component of health system planning and development was also discussed from an Indian perspective (R. Sagar).

During the panel discussions, participants discussed the importance of careful planning of efforts to improve patient safety in mental health care. They also underlined the need for adequate training of new peer workers in order to ensure their resilience to mental health issues.

Key Messages
- People with mental health conditions are all too often and frequently excluded from discussions around patient safety. This needs to change.
- Patients with mental health conditions have heightened and unique vulnerabilities and their safety matters. They have as many or even greater issues in terms of patient safety.
- Patient safety in mental health care exists on a continuum. It extends from the community into all forms of care provision. It also concerns situations of special vulnerabilities, when patients with mental conditions experience transition of care.
- Implementation of safety standards in mental health care is complex and needs a whole-of-society approach. Importantly, this includes people with experience in mental health problems.
- When building back better health care after the pandemic, make mental health a cornerstone of the building-back process.

Session 13 – "Towards eliminating avoidable harm in health care: Implementing the Global Patient Safety Action Plan 2021-2030"

Session Chair

Neelam Dhingra, Unit Head, Patient Safety Flagship, WHO-HQ, Geneva, Switzerland

Presenters and Speakers

- Sir Liam Donaldson, WHO Patient Safety Envoy, UK
- Aidan Fowler, National Director of Patient Safety in England, Department of Health and Social Care, London, UK
- Rosey Benneyworth, Interim Chief Investigator, Healthcare Safety Investigation Branch, UK
- Evelyn Dinah Nelima Wesangula, Senior Antimicrobial Resistance Control Officer, East, Central and Southern Africa Health Community (ESC-HC), Kenya
- Piyawan Limpanyalert, CEO, The Healthcare Accreditation Institute, Bangkok, Thailand
- Birgit Vogt, Bundesärztekammer, Scientific Secretary of the Coordination Group for the Implementation of the Action Plan AMTS, Germany

Content and Discussion

This session focused on the implementation of the WHO Global Patient Safety Action Plan (GPSAP; 2021), with WHO and four countries presenting their approach. The GPSAP follows a vision of "a world in which no one is harmed in health care, and every patient receives safe and respectful care, every time, everywhere". Its purpose is to provide strategic direction for all stakeholders for eliminating avoidable harm in health care and it offers a 10-year road map and a framework for countries to develop their national action plans. WHO has established a Flagship Initiative "A Decade of Patient Safety 2021-2030" to address a global call for and support strategic actions in patient safety. Key priorities of the Flagship include implementing and monitoring progress of the World Health Assembly resolution "Global action on patient safety", the WHO Global Patient Safety Challenge "Medication Without Harm" and World Patient Safety Day.

Kenya recently launched the National Policy and Action Plan on Patient Safety. Actions aimed at implementing and enhancing patient safety now need to be prioritised. Patient safety advocacy must rise to the political and professional discourse for effective and sustained action to be taken. Patient safety should also be woven into every aspect of the health system.

England recognises that a shift from reactive to proactive measures should be taken. Awareness should be changed from a "Safety-I" ("how things go wrong") to a "Safety-II" ("how things go right") perspective. In addition, the work of the Healthcare Safety Investigation Branch was presented, which investigates incidents anywhere in English health care with implications for safety of patients.

In Thailand, the GPSAP was adapted to the Thailand National Patient and Personnel Safety Strategy. It includes not only patient safety goals (e.g. medication safety, surgical safety) but also workforce safety goals (e.g. infection and exposure, environment and working conditions). Each health care organisation was able to choose topics of interest to set as their safety goals and practical guides.

Germany presented the German action plan on medication safety. One of the success factors was the establishment of a coordination group that includes experiences from practice, science and government and exchanges ideas and experiences with key stakeholders. Monitoring and evaluation are challenges.

- Successful implementation of the GPSAP will require sustained political commitment. It needs investments and accountability at all levels of the health care system. The collaboration of stakeholders, such as providers, patients, the health workforce and health authorities, is key.
- The creation of a culture of safety is vital and needs to be coupled with evidence-based interventions and measures to empower patients and health care workers.
- The GPSAP provides clear guidance on building safe, resilient and responsive health care systems in the post-pandemic era. Sharing lessons learned and knowledge on implementation strategies is essential to attain the GPSAP's goals.
- A clear framework to monitor and assess progress is essential to demonstrate improvements.
- Political leaders and policy-makers are called on to embrace the GPSAP's vision to make eliminating avoidable harm in health care a reality.

Session 14 – "The challenge of implementation – from science to best practices of infection prevention and sepsis control"

Session Chairs
- Ruth Hecker, Chairwoman of the Executive Board, German Coalition for Patient Safety (Aktionsbündnis Patientensicherheit e.V.); Chief Patient Safety Manager, University Hospital Essen, Germany
- Maha Talaat, Former Regional Adviser for Antimicrobial Resistance and Infection Prevention and Control at the World Health Organization, Eastern Mediterranean Region in Cairo, Egypt
- Bassem Zayed, Coordinator, Antimicrobial Resistance and Infection Prevention and Control, World Health Organization Jordan Office, Amman, Jordan

Presenters and Speakers
- Walter Zingg, Infection Control Programme, Zurich University Hospitals, Zurich, Switzerland
- Babacar Ndoye, Consultant at WHO Africa, Brazzaville, Congo
- Hilda Marquez, Coordinator of the Master's Degree in Quality Management and Patient Safety, Universidad de Guadalajara, Mexico
- Fernando Otaiza, Advisor to the Ministry of Health of Chile and the Panamerican Health Organization, Ministry of Health, Chile
- Emine Alp, Department of Infectious Diseases and Clinical Microbiology, Medical Faculty, Erciyes University, Kayseri, Turkey
- Benedetta Allegranzi, Deputy Lead, First Global Patient Safety Challenge, Integrated Health Services, WHO, Geneva, Switzerland

Content and Discussion

This session focused on the implementation of infection prevention and control (IPC) strategies to prevent health care-associated infections (HAIs). They are well described; however, their implementation remains a challenge in many health care settings. Reasons for failure are manyfold, and often due to a lack of knowledge and training in implementation strategies. The session included the principles of implementation science, reports from both high and low-and-middle-income countries, a discussion of COVID-19-related experiences and challenges as well as WHO's role.

The biggest challenges in the implementation of the international IPC components depend on the setting. This can concern the implementation of measures beyond the daily routine work (Switzerland) or the infrastructure, depending on the country context. In Senegal, individual tools to implement IPC guidelines are widely available, but resolution and leadership are lacking. The strength of IPC programs in

Mexico are the people standing behind them and their commitment. Nevertheless, implementation remains difficult due to the complex health system and the pandemic. Based on a national IPC programm Turkey has centralised electronic surveillance of HAIs covering all the regions. Individual hospitals receive feedback, also in comparison to other health care institutions. Finally, the WHO global strategy on IPC is a core strategy for global patient safety. Nevertheless, one third of countries do not have an IPC program available or it has not been implemented yet.

Key Messages

To the global community:
- Facilitate sustained funding to countries with limited resources and health care capacities.

To national decision-makers:
- Show visible political commitment to IPC.
- Develop and implement national IPC strategies in alignment with the global WHO strategy on IPC.
- Foster IPC capacity-building and offer IPC career pathways.
- Monitor key IPC practices.
- Accelerate the implementation of the water, sanitation and hand hygiene ("WASH") principle.

Session 15a – "The impact of the COVID-19 pandemic on the Global Patient Safety Agenda"

Session Chairs
- Susanna Lorenzo Martinez, Head of the Quality and Patient Management Area, Hospital Universitario Fundación Alcorcon Madrid, Spain
- Kadar Marikar Consultant, Malaysian Society for Quality in Health, Malaysia

Key Messages
- The COVID-19 pandemic revealed a range of safety gaps across all components of the health care system, at all levels.
- At the same time, the global patient safety agenda and community and the network of patient safety professionals served as a strong foundation to respond to the pandemic.
- Disruptions in systems and processes of care underlined previously known safety risks and sources of harm in health care and introduced new ones.
- The risks and magnitude of avoidable harm still need to be understood.
- Patient safety is a prerequisite for health care systems to be able to deliver essential quality health care services.
- Managing COVID-19 in countries experiencing fragility and conflict has been even more challenging.
- Disruptions caused by the pandemic had far-reaching impact on the health workforce.
- Misinformation and disinformation were prevalent during the pandemic.
- Safety and equity in health care are narrowly linked, and the pandemic increased inequities in health care.
- During the pandemic, interaction between patients, families and health care workers was heavily constrained.
- While most of the consequences have been negative, there have been positive developments.
- Trust in health care systems is essential.

Session 15b – "National AMR action plans: progress, practices and challenges"

Session Chairs

- Javier Yugueros-Marcos, Antimicrobial Resistance and Veterinary Products Department, WOAH Headquarters, Paris, France
- Sarah Paulin, Antimicrobial Resistance Division, WHO Headquarters, Geneva, Switzerland
- Mirfin Mpundu, Director of ReAct Africa, Zambia

Key Messages

- National Action Plans (NAPs) on antimicrobial resistance (AMR) implementation need to be backed-up by funding. Political and financial engagement should leverage existing mechanisms including, for example, pandemic preparedness and response funding or Multi-Partner Trust Funds.
- There is a need to refocus NAPs on AMR priorities towards systems strengthening (human, animal, plant and ecosystem) interventions, starting with prevention.
- We must bring different stakeholders (community, patients, farmers, consumers, etc.) into the decision-making processes and implementation of NAPs on AMR.
- "If you cannot measure it, you cannot improve it": AMR and antimicrobial use (AMU) surveillance, data collection, analysis, reporting and utilisation are essential, within and across sectors. Monitoring and evaluation of the NAPs implementation is indispensable.
- Success is possible (i.e. reduction of antimicrobial use in animals, cross-sectoral AMR governance structures, for example, set in Thailand and Kenya) – we must foster exchanges of experience within and across sectors, as well as across countries. AMR is an issue where everyone's health is at stake.

Core Messages from Experts to Ministers

Harm and global health priority

Patient safety is a global public health priority. Worldwide, there is an unacceptable burden of preventable harm. Leaders and policymakers around the world must make achieving zero avoidable harm a top priority.

Implementation & implementation science

We know how to improve patient safety, but there are numerous implementation gaps. Implementation science offers tools to plan and execute an effective implementation process, including sustainable behaviour change. Assessing interventions before implementation should be a key requirement. «Adapt to Adopt» is a central principle in this regard, allowing individuals and systems to adapt implementation strategies for a more adequate adoption. Well-established infection control and prevention programs to reduce health care-associated infections are effective examples to support evidence-based implementation across different socio-economic and care settings.

Sustainability, infrastructure, capacity & capability

Sustaining improvements requires building capacity and capability. This includes teamwork, human factors and patient safety training, leadership skills, data literacy, safety culture, monitoring and feedback of progress as well as developing change capacity. Organizations, national states and regional entities need a capability plan.

Governance, trust & safety culture

A key role of regulatory governance is to design the direction and vision in partnership, allowing the work to be led locally. Governance should include improving the use of health data for continuous risk assessment and action within learning health systems, fostering public trust and a safety culture.

Mental health

Patients with mental health conditions have unique vulnerabilities and their safety matters. Implementing safety standards in mental health care is complex and needs a whole-of-society approach. Countries should assess the state of patient safety in mental health care, whether in the community or in health care facilities.

Health workforce safety

There is no patient safety without health workforce safety. The safety and well-being of health workers should be part of all national, regional and local improvement plans and emergency preparedness plans. This requires appropriate staffing as well as adequate and timely training.

Impact of COVID-19 on patient safety and lessons learned

The COVID-19 pandemic has challenged health care systems globally and the resilience of health care infrastructures and facilities. The disruption of systems and processes observed during the COVID-19 pandemic resulted in increased risks and harms to patients (e.g., workforce shortage, disruptions in medication supply and increase of health care-associated infections). Integrated health system approaches with strengthened primary and acute care are needed. Scientific approaches and the involvement of professional and community groups are essential to build a resilient health system before the next pandemic. Patient safety should play a pivotal role in pandemic preparedness and response (PPR), as PPR can significantly benefit from the learning mechanisms established in this domain.

Antimicrobial resistance (AMR) & Antibiotic stewardship (ABS)

Increasing antimicrobial resistance (AMR) is a leading cause of death globally, which heavily compromises patient safety. Global cooperation is essential to preserve the effectiveness of antimicrobials, which means optimizing quantitative and qualitative use. This includes, for example, improving AMR surveillance, strengthening ABS and engaging stakeholders in the implementation of the WHO Global Action Plan on AMR.

International cooperation

International collaboration and exchange are mechanisms to avoid reinventing the wheel, so that each country can benefit from recent advances. National and international commitments to implementing the WHO Global Patient Safety Action Plan (GPSA) are essential. The GPSA should serve as a central tool on the road to zero avoidable harm in health care by 2030.

Excerpts from the Ministerial Day

During the Ministerial panel and the panel of the Summit host countries as well as the Ministers' round table, several elements were emphasized by various participants and countries. The most notable were:

WHO Global Patient Safety Action Plan 2021-2030 (GPSAP)

"Towards eliminating avoidable harm in health care" – The GPSAP's guiding principle was broadly supported. The GPSAP was often mentioned as the most important global tool to foster patient safety. Several countries are incorporating the GPSAP into their national strategies and policies.

Patients and families

In accordance with the World Patient Safety Day 2023 slogan, "Elevate the voice of patients!", participants widely agreed that patients need to be strongly engaged in patient safety. The knowledge and resources of patients and their families can contribute significantly to strengthening patient safety. This requires patient empowerment; patients and their families should be treated as partners and closely involved in the care process.

Health workforce

"Safe health workers, Safe patients" – the slogan for World Patient Safety Day 2020 remains very relevant. The health workforce needs to be well trained and equipped. Their physical and mental well-being is crucial to providing safe, and high-quality care.

Pandemic / COVID-19

"Implications of the COVID-19 pandemic for patient safety" – It was highlighted that the COVID-19 pandemic revealed a number of safety gaps in all core components of health systems at all levels (governance/policy making, health workforce, health care provision and processes etc.). While most of the consequences were negative, several positive developments have also occurred. These include, for example, increased collaboration between different care settings, faster learning and feedback mechanisms, or the broader and more frequent use of telemedicine. The lessons learned from the pandemic can be used to strengthen patient safety.

Montreux Charter

"Less Harm, Better Care – from Resolution to Implementation" – The official outcome document of the Summit and its slogan received wide support from participants. It offers ten action points for policy makers and is intended to be a catalyst for strengthening patient safety globally.

Concluding Document – The Montreux Charter

Montreux Charter on Patient Safety –

"Less Harm, Better Care – from Resolution to Implementation"

Launched at the "5th Global Ministerial Summit on Patient Safety"

24 February 2023, Montreux, Switzerland

Context

Ministers, high-level representatives and distinguished experts from all over the world gathered in Montreux on 23 and 24 February 2023 in order to advance their joint endeavour of strengthening Patient Safety globally. They discussed achievements, challenges, priorities and necessary points of action. The summit marked another key milestone for global developments in Patient Safety.

The Ministers and other participants reaffirmed that patient harm in health care is an urgent public health issue, pertinent to countries of all income settings and geographies and therefore a shared global challenge. Patient Safety is essential for the achievement of universal health coverage and global health security.

Previous achievements

Ministers acknowledged that, in the past decade, significant progress has been achieved. This includes the preceding Global Ministerial Summits on Patient Safety which have raised awareness about burden of avoidable patient harm in health care and fostered strategic approaches to strengthening Patient Safety.

Past summits contributed in different ways:

- The first summit in London in 2016 served as the springboard for the summit series, initiating a pivotal high-level dialogue between Ministers and other key stakeholders about strengthening Patient Safety globally including through aligning policy and financial systems;
- The second summit in Bonn in 2017 univocally called for establishing a World Patient Safety Day, highlighted economic aspects of Patient Safety and launched the "3rd WHO Global Patient Safety Challenge: Medication Without Harm";
- The third summit in Tokyo in 2018 positioned Patient Safety as a component of universal health coverage and called for "high level political momentum" towards the delivery of safer care everywhere;
- The fourth summit in Jeddah in 2019 put low- and middle-income countries, who face the most significant proportion of the global burden of harm, prominently on the radar and highlighted the importance of sharing lessons learned and building strategic partnerships.

Ministers also emphasised the importance of the WHO's Global Patient Safety Action Plan 2021-2030 that is providing a comprehensive ten-year road map for strengthening Patient Safety. Furthermore, they acknowledged important national and international initiatives and the commitment and tireless work of numerous stakeholders around the world.

Spirit of the "5th Global Ministerial Summit on Patient Safety"

The 5th Global Ministerial Summit on Patient Safety in Montreux was defined by its slogan "Less Harm, Better Care – from Resolution to Implementation". The Summit served as a catalyst for all countries to focus on narrowing implementation gaps in Patient Safety.

Ministerial debate

The Ministerial debate showed a consensus that:

- Despite progress made so far to address Patient Safety challenges worldwide, more effort is needed if all patients are to receive tailored care that is safe and of high quality;
- Lessons learned from the COVID-19 crisis hold huge potential to build more resilient health systems and maintain safe and high-quality care, whereby Patient Safety is an essential component;
- The "knowledge gap" in Patient Safety is decreasing; thus, time is ripe to reduce the "implementation gap";
- Interventions to improve Patient Safety are only effective if they are implemented comprehensively and on a sustained basis with appropriate oversight arrangements;
- Patient Safety interventions need to be implemented in a way that leads to beneficial outcomes for patients;
- Global collaboration, mutual learning and coordination of efforts are crucial and should be underpinned by governance at a global level.

Action points

Participants identified significant action points for Ministers, high-level policy makers and experts from all around the world as follows:

1. Treat Patient Safety as a global public health priority by strengthening implementation of Patient Safety strategies, policies and interventions;
2. Build upon the lessons learned from the COVID-19 pandemic in actions and initiatives to strengthen Patient Safety, such as infection prevention and control and emergency human resources for health care workers. In the context of pandemic preparedness and response as well as building resilient health systems, it is essential to also focus on securing Patient Safety;
3. Deepen partnerships and collaboration on Patient Safety and mutual learning globally across a wide range of sectors, institutions and organizations;
4. Deliver against existing initiatives and actions, namely implementing WHO's "Global Patient Safety Action Plan 2021-2030" as well as ensuring the continued effectiveness of the series of "Global Ministerial Summits on Patient Safety";
5. Ensure adequate governance frameworks at international and national levels, encompassing all health sectors and settings, and defining clear lines of accountability and responsibilities of relevant stakeholders at all levels (political, financial, educational, patient, public);
6. Reinforce a safety learning culture and transparency while promoting public trust across all health care services among all stakeholders, including patients and the public;
7. Plan for sustainability; including building sustainable leadership and human resource capacities, by investing in education and training at all levels and for all health care professions, since implementing Patient Safety is a long-term commitment;
8. Engage and empower patients, families and care givers in care delivery as well as solutions to advance Patient Safety and reduce avoidable harm in health care;
9. Set appropriate priorities for Patient Safety such as medication safety, infection prevention and control and antimicrobial resistance (e.g. access and excessive antibiotic use);
10. Promote, encourage and support implementation science and research.

Next steps

Ministers reaffirmed their willingness to continue their close cooperation on strengthening Patient Safety, in the context of the "Global Ministerial Summits on Patient Safety" and in the framework of other international initiatives. They look forward to participating in future editions of the "Global Ministerial Summit on Patient Safety".

Montreux, Switzerland, 24 February 2023

Guest Contribution by Chile (Summit Host 2024)

Since their inception, the five "Global Ministerial Summits on Patient Safety" have proven to be an extremely valuable catalyst for fostering patient safety globally and they've become one of the most important platforms for international cooperation in this regard. The Summit in Montreux marked another milestone in the series. It focused on implementing known measures and interventions. This is crucial to overcome the so-called implementation gap to further advance in strengthening patient safety.

Among the most important advances in recent years, the WHO publication of the first Global Patient Safety Action Plan 2021-2030 stands out as a roadmap that is expected to guide member countries in making decisions and implementing different strategies and measures with the aim of safeguarding the safety of care as a central axis of health policies.

For the Chile 2024 Summit, we want to delve into how different countries have managed to implement and sustain over time different strategies related to delivering safe health care in the framework of the seven strategic objectives of the Global Action Plan. We want to identify key lessons learned in the national implementation process and discuss the results obtained and the challenges lying ahead. The aim is to gather this knowledge and transform it into national commitments to address concrete actions.

In addition to addressing emerging challenges and opportunities (such as information technologies and artificial intelligence), we will put an emphasis on the relevance of socio-economic context when it comes to the implementation of strategies of international and regional relevance. Topics to be addressed include the development of a safety culture; empowerment of patients and their families; safety of specific essential care processes and resilience of health services during scenarios of high uncertainty. The aim is also to gather insights and experiences on how to achieve the objectives set through synergies with Non-Governmental Organisations (NGOs).

Chile is honoured to host this prestigious event next year and we look forward to welcoming high-level representatives and distinguished experts from all over the world. See you in Chile next year!

Department of safety and Quality of Healthcare, Ministry of Health, Chile