D19-14567

WHO GLOBAL PATIENT SAFETY CHALLENGE: CONSULTATION DRAFT FEEDBACK FORM

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| **Name:** |  |
| **Title:** |  |
| **Organisation (if applicable):** |  |

In 2017, the third World Health Organization (WHO) Global Patient Safety Challenge – *Medication without harm* (the Challenge) was launched at the Global Ministerial Patient Safety Summit in Bonn, Germany.

Medication errors vary in type, setting and impact. Many errors will be noticed before they reach a patient or have minimal impact to the patient. Others can have devastating consequences.

The WHO goal for the Challenge is to reduce severe, avoidable medication-related harm by 50% in the next five years, globally, specifically by addressing harm resulting from errors or unsafe practices due to weaknesses in health systems. The Challenge aims to make improvements at each stage of the medication process, including prescribing, dispensing, administering, monitoring and use.

The Challenge aims to improve medication safety by strengthening the system for reducing medication errors and avoidable medication related harm. The three flagship areas of the Challenge defined by WHO are:

* Polypharmacy
* High-risk situations
* Transitions of care

SECTION 1 – POLYPHARMACY

# Australians are high consumers of medicines. In 2017-18, more than 200 million dispensed, subsidised prescriptions were filled. Australians are also high consumers of complementary and over-the-counter medicines. The polypharmacy definition used in the response is five or more medicines at the same time, including prescriptions, over-the-counter and complementary medicines. The challenge is to monitor and respond to inappropriate polypharmacy.

# Risks include delirium, increased frailty, co-morbidities, and adverse reaction beyond the risk of individual medicine.

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| **Options for national action** | |
| **Feedback Question** | **Feedback** |
| * What is considered best practice now? |  |
| * What, if anything, should be done more or less of? |  |
| * What are the current gaps in achieving positive patient outcomes to reduce adverse events from polypharmacy in the future? |  |
| * What indicators should be used to measure progress towards the 50% reduction target? |  |
| * Other feedback? |  |

SECTION 2 – HIGH RISK MEDICINES

High-risk medicines are associated with significant patient harm or death if they are misused or used in error. The response focuses on the prescribing, dispensing, administration and consumption of four high-risk medicines.

The four high-risk medicines are insulin, opioid analgesics, anticoagulants and antipsychotics.

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| **Options for national action** | |
| **Feedback Question** | **Feedback** |
| * What is considered best practice now? |  |
| * What, if anything, should be done more or less of? |  |
| * What are the current gaps in achieving positive patient outcomes to reduce adverse events from poor diabetes and insulin management in the future? |  |
| * What indicators should be used to measure progress towards the 50% reduction target? |  |
| * Other feedback? |  |

SECTION 2.1 – INSULIN

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| **Feedback Question** | **Feedback** |
| * What is considered best practice now? |  |
| * What, if anything, should be done more or less of? |  |
| * What are the current gaps in achieving positive patient outcomes to reduce adverse events from opioid analgesics in the future? |  |
| * What indicators should be used to measure progress towards the 50% reduction target? |  |
| * Other feedback? |  |

SECTION 2.2 – OPIOID ANALGESICS

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| **Options for national action** | |
| **Feedback Question** | **Feedback** |
| * What is considered best practice now? |  |
| * What, if anything, should be done more or less of? |  |
| * What are the current gaps in achieving positive patient outcomes to reduce adverse events from anticoagulants in the future? |  |
| * What indicators should be used to measure progress towards the 50% reduction target? |  |
| * Other feedback? |  |

SECTION 2.3 – ANTICOAGULANTS

SECTION 2.4 – ANTIPSYCHOTICS

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| **Options for national action** | |
| **Feedback Question** | **Feedback** |
| * What is considered best practice now? |  |
| * What, if anything, should be done more or less of? |  |
| * What are the current gaps in achieving positive patient outcomes to reduce adverse events from antipsychotics in the future? |  |
| * What indicators should be used to measure progress towards the 50% reduction target? |  |
| * Other feedback? |  |

SECTION 3 – TRANSITION OF CARE

Transition of care are recognised as an area of high clinical risk for patients. Passing from one care setting to another, particularly for patients with complex and chronic care needs, opens the potential for mistakes, oversights and misunderstandings and a marked absence of vital information that should flow from the hospital to the receiving carer.

Risks include Medication change, Potentially Inappropriate Medicines (PIMs) at discharge, no separation summary or adverse events

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| * What, if anything, should be done more or less of? |  |
| * What are the current gaps in achieving positive patient outcomes to reduce adverse events from transition of care in the future? |  |
| * What indicators should be used to measure progress towards the 50% reduction target? |  |
| * Other feedback? |  |