



**Speak up
for patient safety!**

No one should be harmed
in health care



Global Initiatives on Patient Safety

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30 November 2024

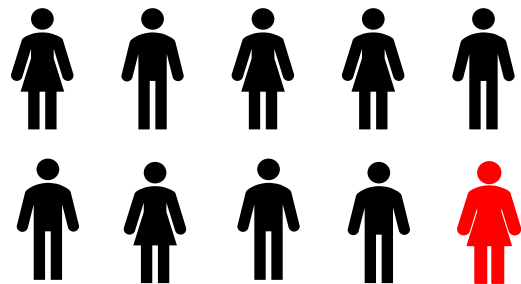


患者安全に関するグローバルな取り組み

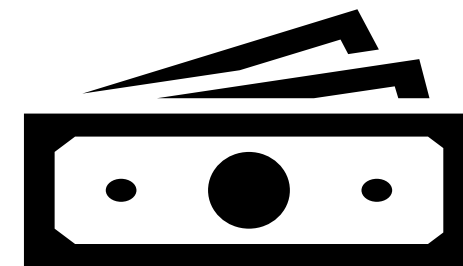
- 患者安全のための世界連合
- 世界の患者安全の課題
- 患者安全に関する世界閣僚サミット
- 2019年5月 WHA決議「患者安全に関するグローバルアクション」
- 患者安全の10年 2021-2030
- 世界患者安全の日

- 世界患者安全行動計画
- OECD - 患者安全の経済
- G20 世界患者安全リーダーズグループ
- JCI 患者安全パスウェイ・イニシアティブ
- 患者安全: ビジョンから現実へ

患者安全 - グローバルな状況



Health and Economic Burden of Unsafe Care



Patient Harm in Hospitals

患者の**10人に1人**が、医療を受けている間に危害を受ける

Harm in Primary Care

患者の危害負担の**50%**は、プライマリーケア/外来医療に起因する
プライマリーケアにおける安全性の欠如は、**年間700万人以上の入院**につながる

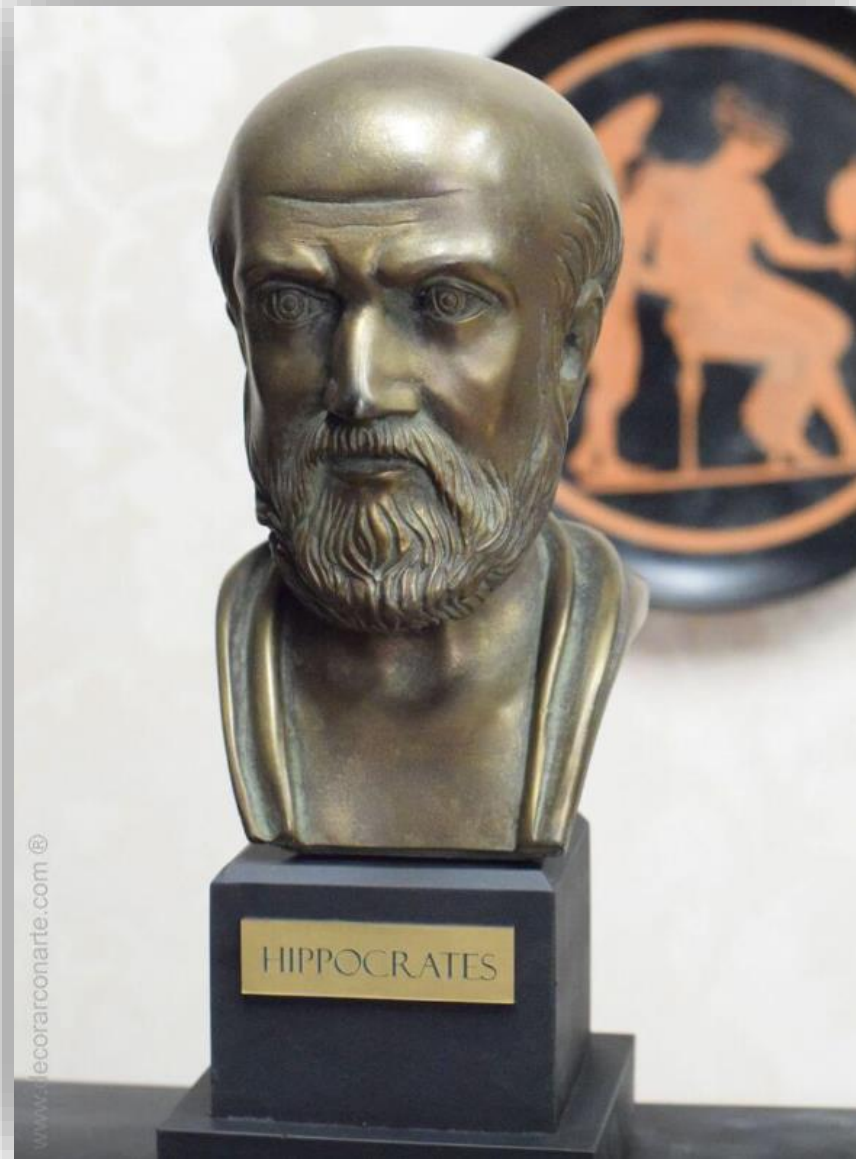
Deaths

安全性が担保されていない医療により、**毎年300万人**が死亡している

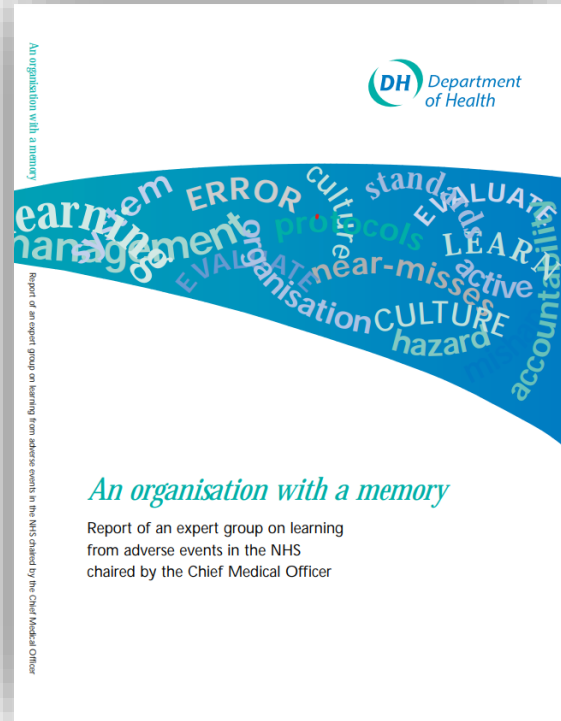
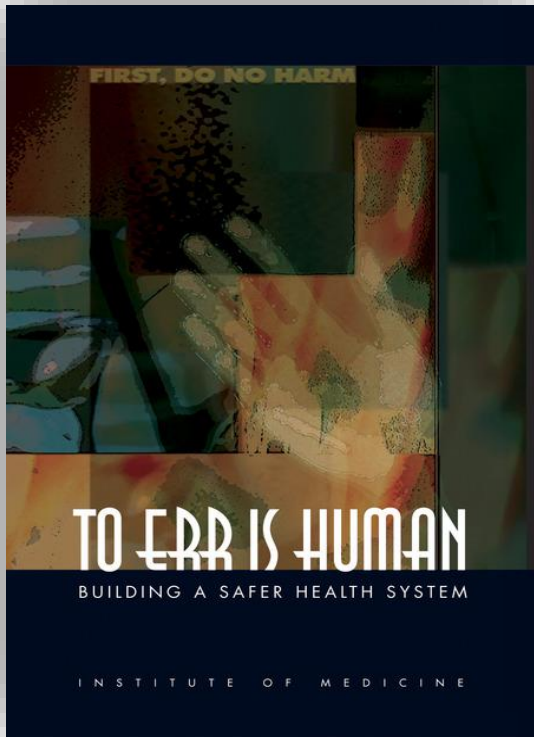
Cost of Patient Harm

総病院支出の**15%**は、安全性の欠如に起因する
医療の総支出のうち**5%**は慢性疾患の診断ミスに起因し、危険なケアに**1兆ドル**もの費用がかかる

まず、
危害を加えない！



460-357 BC



To Err is Human

- 画期的な報告書が、患者安全に関する議論に火をつけた
- 米国では、毎年約98000人の患者が、医療ミスにより死亡していると推定された

An Organization with a Memory

- 医療における安全性と危険性について精査した
- 他のリスクの高い産業との類似性を導き出した

To Err is
Human

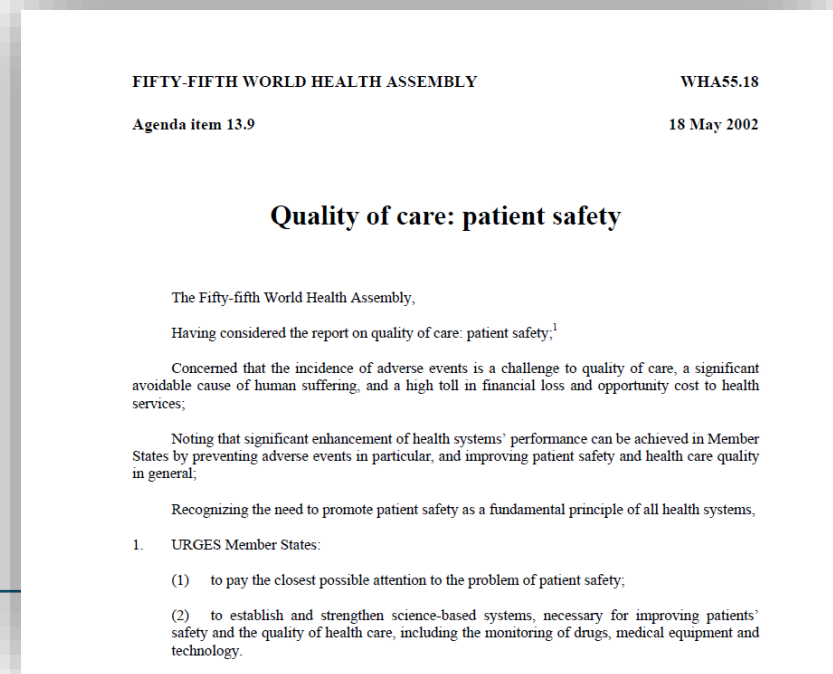
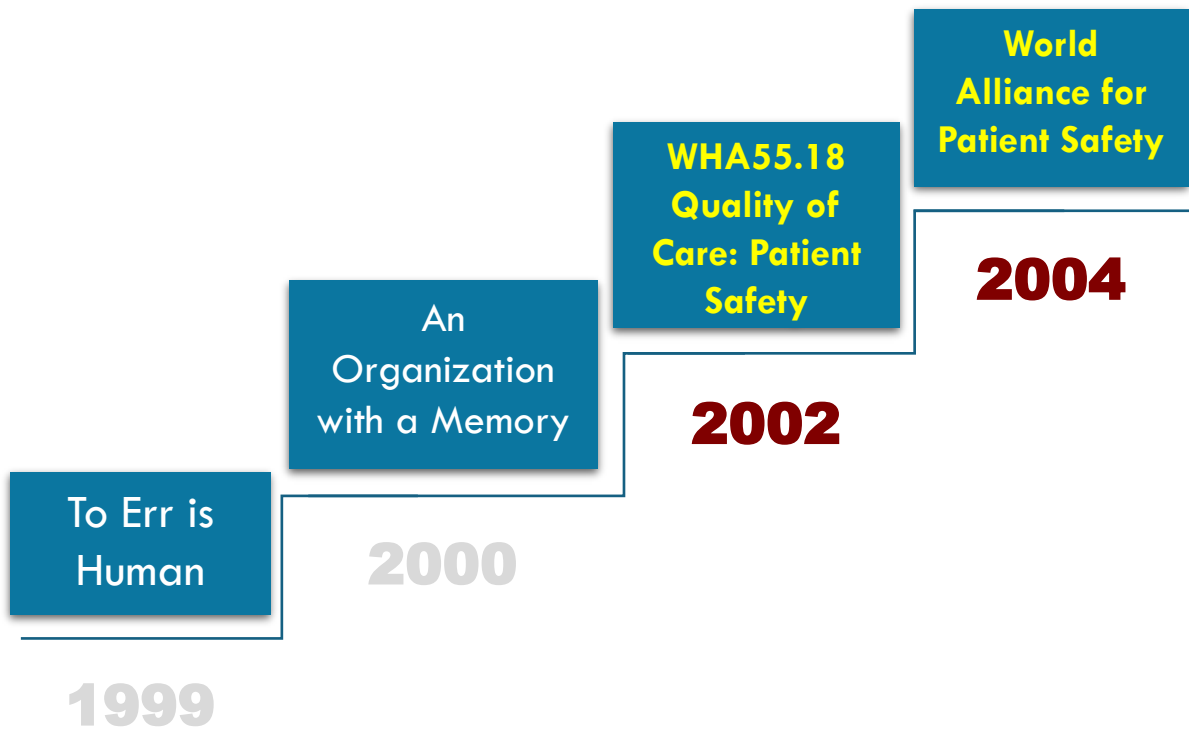
1999

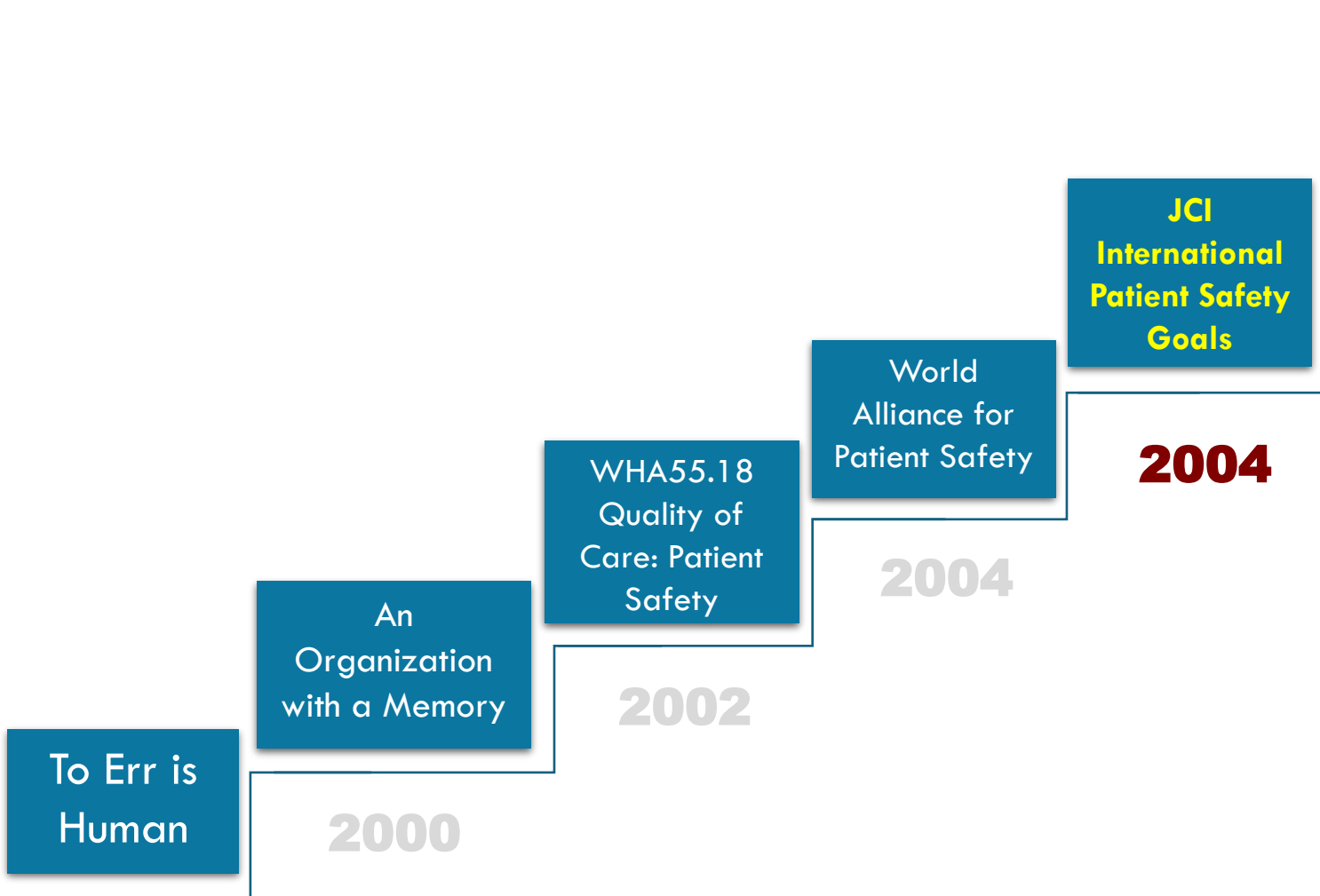
An
Organization
with a Memory

2000

WHO総会決議 2002

Quality of Care: Patient Safety





International Patient Safety Goals (IPSGs)

The Targeted Solutions Tool® (TST®) can help JCI-accredited organizations meet IPSG requirements.

GOAL 1 Identify Patients Correctly	
Hand-Off Communications TST	GOAL 2 Improve Effective Communication
GOAL 3 Improve the Safety of High-Alert Medications	GOAL 4 Ensure Safe Surgery
Safe Surgery TST	
	GOAL 5 Reduce the Risk of Health Care-Associated Infections
GOAL 6 Reduce the Risk of Patient Harm Resulting from Falls	Hand Hygiene TST

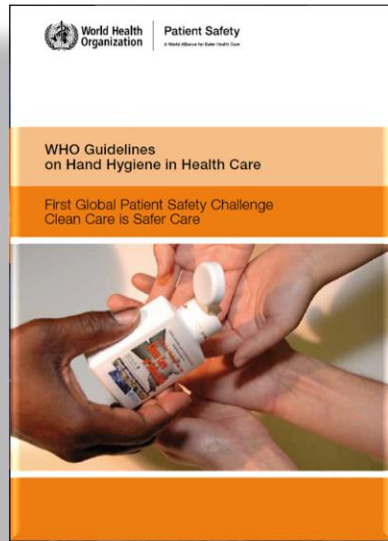
International Patient Safety Goals vary by setting. Targeted Solutions Tools are not applicable for every IPSG. Visit jointcommissioninternational.org for details.

Joint Commission International

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JCI/PSG/02/17

Clean Care is Safer Care (2005)



To Err is Human

An Organization with a Memory

WHA55.18 Quality of Care: Patient Safety

World Alliance for Patient Safety

JCI International Patient Safety Goals

1st Global Patient Safety Challenge

2nd Global Patient Safety Challenge

1999

2000

2002

2004

2004

2005

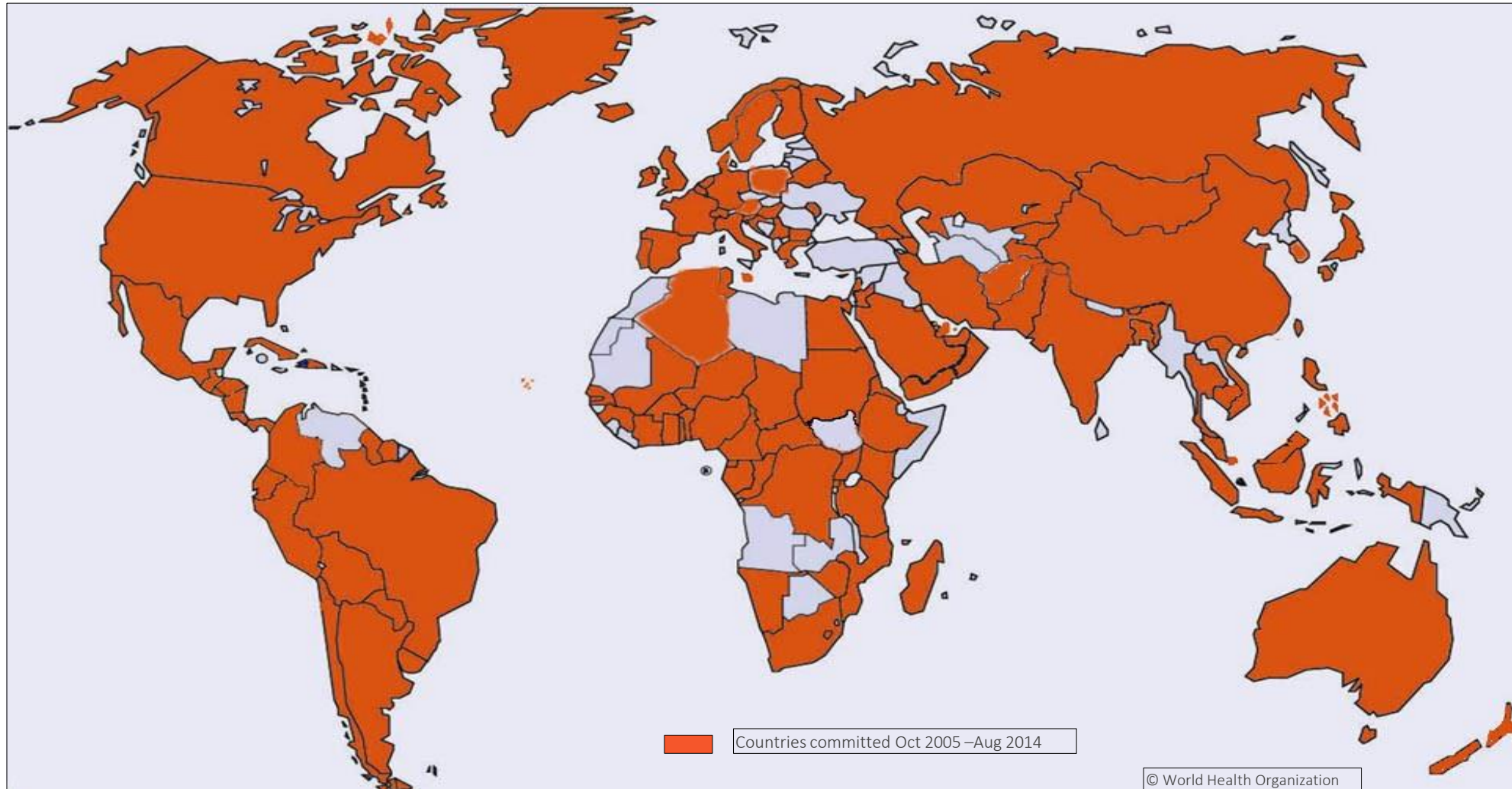
2008



Surgical Safety Checklist		
<p>Before induction of anaesthesia (with at least nurse and anaesthetist)</p> <p>Has the patient confirmed his/her identity, site, procedure, and consent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable</p> <p>Is the site marked? <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable</p> <p>Is the anaesthesia machine and medication check complete? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does the patient have a: <input type="checkbox"/> Known allergy? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Difficult airway or aspiration risk? <input type="checkbox"/> No <input type="checkbox"/> Yes, and equipment/assistance available</p> <p>Risk of >500ml blood loss (including in children)? <input type="checkbox"/> No <input type="checkbox"/> Yes, and two IV/cannal access and fluids planned</p>	<p>Before skin incision (with nurse, anaesthetist and surgeon)</p> <p>Confirm all team members have introduced themselves by name and role. <input type="checkbox"/> Confirm the patient's name, procedure, and where the incision will be made.</p> <p>Has antibiotic prophylaxis been given within the last 60 minutes? <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable</p> <p>Anticipated Critical Events To Surgeon: <input type="checkbox"/> What are the critical or non-routine steps? <input type="checkbox"/> How long will the case take? <input type="checkbox"/> What is the anticipated blood loss? To Anaesthetist: <input type="checkbox"/> Are there any patient-specific concerns? To Nursing Team: <input type="checkbox"/> Has sterility (including indicator results) been confirmed? <input type="checkbox"/> Are there equipment issues or any concerns? Is essential imaging displayed? <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable</p>	<p>Before patient leaves operating room (with nurse, anaesthetist and surgeon)</p> <p>Nurse Verbally Confirms: <input type="checkbox"/> The name of the procedure <input type="checkbox"/> Completion of instrument, sponge and needle counts <input type="checkbox"/> Specimen labelling (read specimen labels aloud, including patient name) <input type="checkbox"/> Whether there are any equipment problems to be addressed</p> <p>To Surgeon, Anaesthetist and Nurse: <input type="checkbox"/> What are the key concerns for recovery and management of this patient?</p>

Safe Surgery Saves Lives (2008)

Countries adopting the challenge: 2014



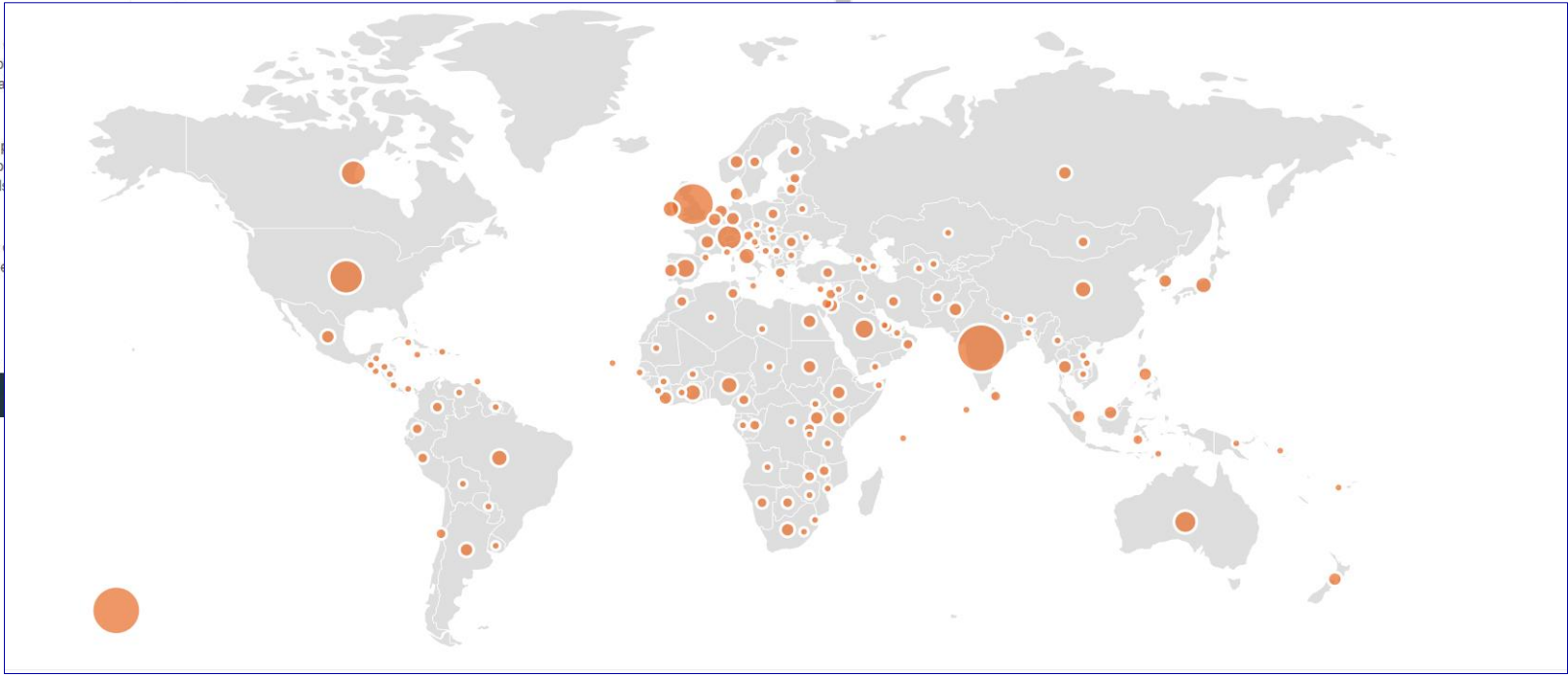


WHO Global Consultation
'Setting Priorities for Global Patient Safety'
Florence, Italy, 26-28 September 2016

WHO Global Patient Safety Network

The screenshot shows the website's header with navigation links: Home, Discussions, Library, Calendar, Members, and Admin. A search bar and 'Help My account' link are also present. Below the header is a large image of a park with autumn trees. The main content area includes a 'Welcome to the WHO Global Patient Safety Network (GPSN)' message, followed by introductory text about patient safety and the network's objectives. A 'Recent discussions' sidebar lists several posts with their authors and dates. At the bottom, there is a Windows taskbar with various application icons and a search bar.

Members 3184
Countries and territories 161



<https://ezcollab.who.int>

Global Patient Safety Movement

Annual Global Ministerial Summits on Patient Safety

London, 2016



Bonn, 2017



Tokyo, 2018



Jeddah, 2019



Montreux, 2023



Santiago, 2024



WHO Global Patient Safety Challenge
Medication Without Harm
Global Launch, 29 March 2017



Medication Without Harm



WHO Global Patient Safety Challenge



**投薬ミスや、危険な投薬方法による
回避可能な重大な危害を大幅に削減する**



Medication Without Harm



Join us in achieving...
Medication Without Harm



WHO Global Patient Safety Challenge



5 Moments for Medication Safety

- Starting a medication**
 - What is the name of this medication and what is it for?
 - What are the risks and possible side effects?
- Taking my medication**
 - When should I take this medication and how much should I take each time?
 - What should I do if I have side effects?
- Adding a medication**
 - Do I really need any other medication?
 - Can this medication interact with my other medications?
- Reviewing my medication**
 - How long should I take each medication?
 - Am I taking any medications I no longer need?
- Stopping my medication**
 - When should I stop each medication?
 - If I have to stop my medication due to an unwanted effect, where should I report this?

World Health Organization
Medication Safety in High-risk situations

World Health Organization
Medication Safety in Transitions of Care

World Health Organization
Medication Safety in Polypharmacy

World Health Organization
Medication safety for look-alike, sound-alike medicines

World Health Organization
Global burden of preventable medication-related harm in health care
A systematic review

World Health Organization
Medication without harm
Policy brief

BEFORE YOU GIVE IT...

KNOW your medication

CHECK you have the right patient medicine route dose time

ASK your patient if they understand

BEFORE YOU TAKE IT...

KNOW your medication

CHECK the dose and time

ASK your health care professional

72nd World Health Assembly (WHA) 28 May 2019

患者安全における分水嶺の瞬間！



SEVENTY-SECOND WORLD HEALTH ASSEMBLY

WHA72.6

Agenda item 12.5

28 May 2019

Global action on patient safety

The Seventy-second World Health Assembly,

Having considered the report by the Director-General on global action on patient safety;¹

Recalling resolution WHA55.18 (2002), which urged Member States to “pay the closest possible attention to the problem of patient safety; and to establish and strengthen science-based systems, necessary for improving patients’ safety and the quality of health care”; recognizing that patient safety is a critical element of, and the foundation for, delivering quality health care; and welcoming the inclusion of the need for patient safety in the Thirteenth General Programme of Work, 2019–2023;

Recognizing that patient safety cannot be ensured without access to: safe infrastructure, technologies and medical devices, and their safe use by patients, who need to be well informed; and a skilled and committed health workforce, in an enabling and safe environment;

Noting that patient safety builds on quality, basic and continued education and training of health professionals that ensures that they have the adequate professional skills and competencies in their respective roles and functions;

Recognizing that access to safe, effective, quality and affordable medicines and other commodities, and their correct administration and use, also contribute to patient safety;

Noting further the importance of hygiene for patient safety and the prevention of health care-associated infections, and for reducing antimicrobial resistance;

Recognizing that patient safety is a key priority in providing quality health services and that all patients should receive safe health services, regardless of where they are

and recognizing the benefits to be gained and the need to improve patient safety across health systems at all levels, sectors and settings, including primary health care, especially at the level of primary health care, but also including, where appropriate, community care, rehabilitation and ambulatory care;

and recognizing the need to ensure the safety of patients during the provision of health services that are safe and of high quality, and to continue to strengthen health care systems and making progress towards



- ✓ WHA決議 “Global action on patient safety” (WHA72.6)
- ✓ 患者安全をグローバルヘルスの優先事項として認識
- ✓ 毎年9月17日を世界患者安全の日に制定
- ✓ 世界患者安全行動計画 2021–2030を策定

¹ Document A72/26.



WHO Flagship Initiative

A Decade of Patient Safety 2021-2030

WHO's response to global call for action on patient safety



WHO Flagship Programme

A Decade of Patient Safety 2021–2030



GLOBAL PATIENT SAFETY ACTION PLAN 2021–2030

Towards eliminating avoidable harm in health care



WHO Global Consultation: A Decade of Patient Safety 2021-2030
'Formulating Global Patient Safety Action Plan'
Geneva, Switzerland, 24-26 February 2020



Launch of
Global Patient Safety
Action Plan (GPSAP)
2021–2030
4 August 2021

Strategic Objective 3
Safety of clinical processes

Assure the safety of every clinical process



Strategic Objective 4
Patient and family engagement

Engage and empower patients and families to help and support the journey to safer health care



Strategic Objective 5
Health worker education, skills and safety

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



Strategic Objective 2
High-reliability systems

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



DRAFT GLOBAL PATIENT SAFETY ACTION PLAN 2021-2030
Towards eliminating avoidable harm in health care



 Patient Safety  World Health Organization

Strategic Objective 6
Information, research and risk management

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



Strategic Objective 1
Policies to eliminate avoidable harm in health care

Make zero avoidable harm to patients a state of mind and a rule of engagement in the planning and delivery of health care everywhere



Strategic Objective 7
Synergy, partnership and solidarity

Develop and sustain multisectoral and multinational synergy, partnership and solidarity to improve patient safety and quality of care



The very first World Patient Safety Day 2019

Creation of a Visual Identity



Speak up for Patient Safety!



Painting the world "orange"



アドボカシーからアクションへ： 世界患者安全の日-2019-2024

グローバルアドボカシー

世界患者安全の日が
設立された
(WHA 72.6)

安全な医療従事者
安全な患者

害のない医療行為



患者安全に
患者を
巻き込む

安全な
診断を

2016-2019

2019

2020

2021

2022

2023

2024



Speak up
for patient safety!

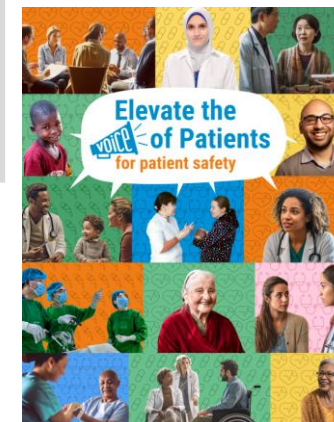
No one should be harmed
in health care

患者安全のために
声をあげよう！



Act now
for safe & respectful
childbirth!

安全で尊重される
出産のために行動しよう！



World Patient Safety Day 2023

Engaging Patients for Patient Safety



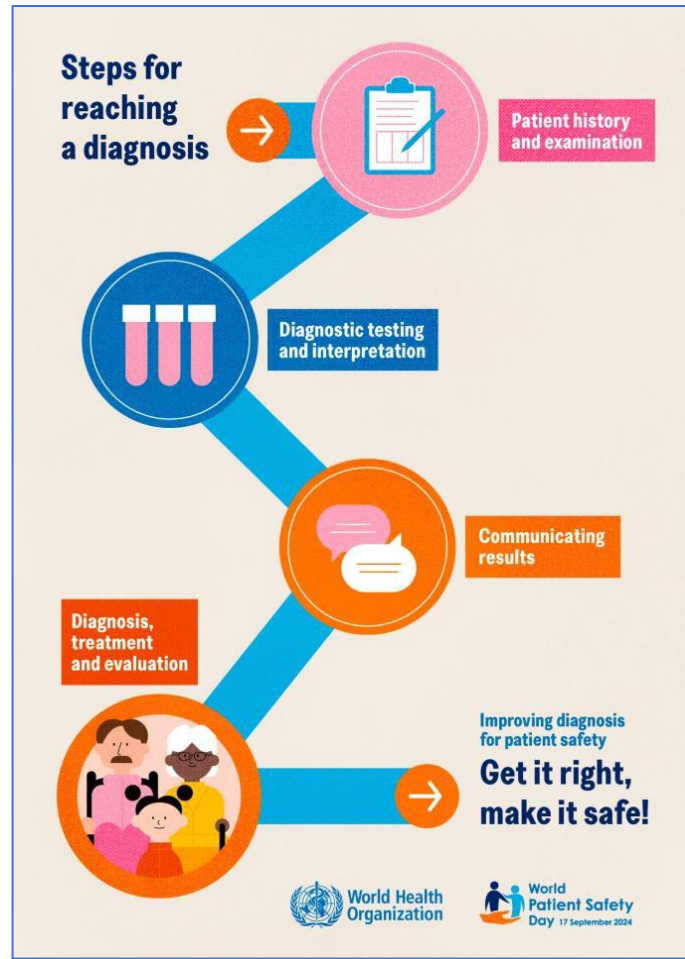
**World
Patient Safety
Day** 17 September 2023



**Elevate the
voice of Patients
for patient safety**



WHO Global Conference
'Engaging Patients for Patient Safety'
Geneva, Switzerland, 12-13 September 2023



GLOBAL PATIENT SAFETY ACTION PLAN 2021–2030
Towards eliminating avoidable harm in health care

Patient Safety World Health Organization

Patient Safety World Health Organization

Global patient safety report 2024

Patient Safety World Health Organization

Implications of the COVID-19 pandemic for patient safety

A rapid review

Safer Primary Care

Technical Series

World Patient Safety Day Goals 2020-21

Health worker safety: a priority for patient safety

- Goal 1: Prevent sharps injuries
- Goal 2: Reduce work-related stress and burnout
- Goal 3: Improve the use of personal protective equipment
- Goal 4: Promote zero tolerance of violence against health workers
- Goal 5: Report and analyse serious safety-related incidents

BEFORE BIRTH WHO Safe Childbirth Checklist

World Health Organization

1 On Admission

Does mother need referral?
 No
 Yes, organized

Check your facility's criteria

Partograph started?
 No, will start when advised
 Yes

Start plotting when cervix ≥4 cm, then cervix should dilate ≥1 cm/hr
 • Every 30 min: plot HR, contractions, fetal HR
 • Every 2 hrs: plot temperature
 • Every 4 hrs: plot BP

Does mother need to start:
 Ask for allergies before administration of any medication

WORLD PATIENT SAFETY DAY GOALS 2021–2022

Safe maternal and newborn care

- Goal 1: Reduce practices that are unnecessary and harmful to women and newborns during childbirth
- Goal 2: Strengthen capacity and support of health workers for safe maternal and newborn care
- Goal 3: Promote respectful care for safe childbirth
- Goal 4: Improve safe use of medication and blood transfusion during childbirth
- Goal 5: Report and analyze safety incidents in childbirth

World Health Organization

Minimal Information Model for Patient Safety Incident Reporting and Learning Systems

USER GUIDE

Patient Safety World Health Organization

Patient safety rights charter

World Health Organization Patient Safety

World Patient Safety Day, 17 September 2020

CHARTER

Health worker safety: a priority for patient safety

This Charter is dedicated to the millions of health workers fighting COVID-19 across the globe who put themselves and their families at risk to treat patients, deliver essential health services and contain the spread of the disease; to the health workers who have become infected with COVID-19; and to those who have lost their lives in their unswerving efforts to combat the disease.

1 Health workers are all people engaged in work activities whose primary intent is to improve health. This includes health service providers, such as doctors, nurses, midwives, public health professionals, lab, health and medical and non-medical technicians, personal care workers, community health workers, healers and practitioners of traditional medicine. It also includes health management and support workers, such as cleaners, drivers, hospital administrators, district health managers and social workers, and other occupational groups in health-related activities. Health workers include not only those who work in acute care facilities but also those employed in long-term care, public health, community-based care, social care and home care.

Patient Safety Incident Reporting and Learning Systems

Technical report and guidance

World Health Organization

World Health Organization

Patient Safety World Health Organization

World Health Organization 75 HEALTH FOR ALL Patient Safety Day 17 September 2020

Engaging Patients for Patient Safety

AN ADVOCACY BRIEF



Global patient safety report 2024



The economics of diagnostic safety

SETTING THE SCENE

September 2024

<http://www.oecd.org/>

Key findings

- Diagnosis is a foundational process of the practice of medicine. The correct and timely identification of a health condition is a first step in ensuring that it is properly treated or managed. Most people will experience at least one diagnostic error in their lifetime, sometimes resulting in severe patient harm. Up to 80% of all harm caused by delayed or misdiagnosis could be preventable. Findings from the United Kingdom show that asthma overdiagnosis and underdiagnosis among children were potentially as high as 15% and 40% respectively. Globally, up to 70% of persons with chronic obstructive pulmonary disease (COPD) or asthma do not receive a formal diagnosis of the condition.
- A growing number of tests, tools, and systems are now available across healthcare settings to help patients and providers identify health problems, resulting in increased use of diagnostic tests and procedures. Despite new tools and technology, health systems still fail to identify health conditions due to poor clinical skills, decision making, organisation and integration of care deliver and limitations of information systems in a correct and timely way. This can lead to duplication and unnecessary care. In the Netherlands, repeated laboratory testing of normal test results occurred in up to 85% of hospitalised patients. Costs associated with false-positive mammograms and breast cancer overdiagnoses exceed USD 4 billion annually in the United States.
- Diagnosis is not a one-off activity, but an iterative and complex ongoing process of information gathering and evaluation. Risk is intrinsic to the process of diagnosis, and harm sometimes occurs despite high quality care. Deficits in health system design and governance, clinical environments, and individual provider competencies can drive poor diagnostic outcomes, while improvements can influence better diagnostic performance. These concepts will be further explored in a forthcoming OECD report to be published in 2025.

The Economics of Patient Safety Series

The Economics of Patient Safety



Primary Care



Long Term Care



Medication Safety



Worker Safety



Patient Engagement



<https://www.oecd.org/health/patient-safety.htm>

Statement

G20 Health Ministers' Declaration
November 19, 2020



if desired, at the end of that period make a recommendation to that body to continue independently of the next G20 presidency.

31. The Taskforce will collate and curate implementation approaches to guide countries to accelerate and scale digital health implementations. Duplications of effort will be avoided by aligning and highlighting, where relevant, globally endorsed strategies, frameworks and related communities of practice, including the GDHP's work and the work in the Draft WHO's "Global Strategy on Digital Health 2020-2024" and "Principles of Donor Alignment for Digital Health".

32. We will contribute to the development of a "Digital Health Guiding Framework for Innovation and Transformation", by sharing on a voluntary basis, available information regarding the implementation of digital health mechanisms that are focused on equity. The Framework will highlight critical elements such as applicable policies, standards, governance models, infrastructure, technical capacity, patient protection, and incentives to enhance outcomes at subnational, national and global levels.

33. To strengthen trust in digital health solutions, consistent with applicable law and regulation, we acknowledge the foundational importance of frameworks that ensure ethical and responsible use of personal data, including those enabling privacy and ensuring personal data protection, digital security, and promoting the interoperability and governance of health data.

34. We would like to thank the Saudi Arabian G20 Presidency for the Digital Health Side Event, which offered a unique opportunity for cross-learning and discussion on the enablers and challenges of telehealth, quality health data for initiatives such as analytics, emergency response and artificial intelligence for improved health outcomes and digital health solutions for emergency preparedness.

Patient Safety

35. We affirm that patient safety is a global health priority that deserves urgent attention and concerted action, particularly in the context of the additional strains on health systems as a result of the COVID-19 pandemic. We recognize patient safety as one of the significant cornerstones for achieving UHC and SDGs. The principle of "first do no harm" is a fundamental element to providing quality healthcare and services. We are committed to strengthening the international coordination of initiatives and platforms to improve patient safety through quality of care and people-centered strategies that empower individuals and healthcare professionals, expand the frame of primary healthcare and the role of patients in improving care and engage communities. We are also committed to advancing research to demonstrate the benefits of investing in patient safety interventions that can be implemented in an appropriate and sustainable way. Patient Safety should be emphasized in all types of health care delivery, including the use of digitalization in health services. We are

Statement

G20 Health Ministers' Declaration
November 19, 2020



committed to increase patient safety culture awareness with continuous training for all healthcare providers, particularly in primary healthcare.

36. We recognize that patient safety will reinforce the efforts to address health disparities, in particular, promoting the safety of patients in positions of vulnerability, such as mothers, newborns, children, adolescents, elderly patients, persons with disabilities, and those facing emergencies and extreme adversities.

37. With the aim to support the implementation of the resolution adopted by the 72nd World Health Assembly in May 2019, "Global Action on Patient Safety," (WHA 72.6) and the Jeddah and Tokyo Declarations on patient safety, we welcome the establishment of a Global Patient Safety Leaders Group. The purpose of this Group is to bridge implementation gaps through system-level solutions, global shared platforms for reducing patient safety risk and increasing learning, and locally applicable innovative solutions. This can be done by adapting evidence-based practices from high-reliability industries (e.g. aviation, nuclear, gas and oil) and human factors engineering to improve patient experience and engagement as well as enhance workforce training and education in patient safety. Patient safety actions will also support efforts in relation to COVID-19 outbreak and other emerging health care threats, such as addressing risks of nosocomial transmission and unwarranted medication, need for infection prevention and control measures, and protecting healthcare workers from infection, and gearing up for healthcare facilities to provide for healthcare worker safety and meet the required minimum standards for hygiene and infection prevention and control (i.e. UNICEF WASH/ Health program). Accordingly, the Group will promote global advocacy for patient safety.

38. The Group will produce a progress report for the member states and relevant International Organizations. It is comprised of patient safety experts nominated by member and non-member countries, on a voluntary basis. The Group will also have representatives from high-reliability industries and relevant International Organizations.

39. The Group will have one eminent Chairperson who has been a leading voice in the global patient safety agenda and two deputy chairs: one from the World Health Organization and another from the Kingdom of Saudi Arabia. The Group's initial term will be five years with the possibility of renewal based on consensus and recommendations from the members, and, beyond the current year, will continue as an independently.

Antimicrobial Resistance (AMR)

40. We renew our commitments on AMR, building on previous G20 presidencies and reiterate the importance of combatting AMR as a global threat through a One Health approach. We recognize the ongoing financial and institutional challenges affecting research and development of new antimicrobials, alternative therapies, diagnostics including rapid tests and vaccines, and commit to enhancing action to address these challenges. We also



Patient Safety on G20 agenda

- Saudi Arabia: 2020
- Italy: 2021
- Indonesia: 2022
- India 2023
- Brazil 2024



The Overlooked Pandemic

HOW TO TRANSFORM
PATIENT SAFETY AND SAVE
HEALTHCARE SYSTEMS



Contributors



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Global Ambassador, The G20 Health and Development Partnership; Former Director General, Saudi Patient Safety Centre



Dr. Imrana Malik
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Rt Hon. Jeremy Hunt MP
Member of The UK House Of Commons; Chair of the Health and Social Care Select Committee



Dr. Catharina Boehme*
Chief Executive Officer, FIND



*This work was done when Catharina Boehme was CEO at FIND. At the time of the publication, Dr Boehme was appointed to Cabinet Chief at the World Health Organization.



グローバルビジョン

全ての人が、
あらゆる場面で
最も安全で最も質が高く、
最も価値ある医療を経験する

JCI Patient Safety *Pathways* Initiative

- 特に低中所得国において、また、公的機関において、安全性と医療の質には大きな**ギャップ**がある
- 国や医療機関は**複数の課題**や**競合する優先事項**に直面し、安全性と質に投資することができない
- TJCの変革の道のり、ビジョン、それを推進するグローバルな患者安全イニシアティブ
- その目標を達成するための新たな戦略的イニシアティブ
– the JCI Patient Safety *Pathways* Initiative
- 漸進的な改革と変革のための**道筋(pathway)**を作ること、患者への危害ゼロに向けた旅を始めたばかりの、医療機関の患者安全のニーズに取り組むことに重点を置く

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JCI Patient Safety *Pathways* Initiative

保健省・医療機関・国内外の団体と協力し、
主に世界各地の中低所得国・公的医療機関における
患者安全と医療の質の向上プログラムの開発を支援する

NATIONAL PALACE, MALAYSIA



WHO REGIONAL OFFICE FOR
AFRICA, REPUBLIC OF THE CONGO



WIDMANN PALACE, ITALY



AJLOUN CASTLE, JORDAN



FLORALIS GENÉRICA,
ARGENTINA



JET D'EAU, SWITZERLAND



KINGDOM TOWER,
SAUDI ARABIA



JERUDONG PARK CRYSTAL
ARCH - BRUNEI



GOVERNMENT PALACE,
TIMOR-LESTE



CN TOWER, CANADA







Patient Safety: from Vision to Reality

1. 世界患者安全の日
2. 患者安全に関する世界閣僚サミット
3. 世界患者安全行動計画-2021-2030
4. グローバルな協力体制
5. 患者安全のための設計と標準化
6. 患者と家族の参画
7. 教育と研究
8. イノベーションと技術統合
9. 医療における公平性
10. 持続可能なソリューション

患者安全は、
単なる“優先事項”ではなく、
“基本的人権”である！

Thank you