World Health Organization

Patient Safety

Outline of Global Patient Safety Assessment Tool (GPSAT)

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Mandate from WHA 74

- The Seventy-fourth World Health Assembly, having considered the consolidated report by the Director-General,1 Decided:
  - to adopt the global patient safety action plan 2021–2030;
  - to request the Director-General to **report back** on progress in the implementation of the global patient safety action plan 2021–2030 to the **Seventy-sixth World Health Assembly in 2023 and thereafter every two years until 2031.**

Purpose of GPSAT

1. To facilitate the structured assessment of progress on the strategic framework of the Global Patient Safety Action Plan
2. To measure Core and advanced indicators defined in the global action plan
3. To assist governments in establishing the baseline, identifying specific policy and programs gaps and taking priority actions
4. To provide a consistent framework for reporting to WHA every two year
5. To provide means for quantifying the patient safety implementation in terms of scores and dashboard (Voluntary)

Design princples

Voluntary	Transparent	Accountable	Partnership
Minimal data burden	Country ownership	Action oriented	Trigger implementation and improvement
Aliened with Strategic framework (GPSAP)	Ensure data quality	Locally adaptable	Ease of use

Structure of Assessment tool

Framework for Action - The 7x5 Matrix

1 Policies to eliminate avoidable harm in health care	1.1 Patient safety policy, strategy and implementation framework	1.2 Resource mobilization and allocation	1.3 Protective legislative measures	1.4 Safety standards, regulation and accreditation	1.5 World Patient Safety Day and Global Patient Safety Challenges
2 High-reliability systems	2.1 Transparency, openness and No blame culture	2.2 Good governance for the health care system	2.3 Leadership capacity for clinical and managerial functions	2.4 Human factors/ ergonomics for health systems resilience	2.5 Patient safety in emergencies and settings of extreme adversity
3 Safety of clinical processes	3.1 Safety of risk-prone clinical procedures	3.2 Global Patient Safety Challenge: *Medication Without Harm*	3.3 Infection prevention and control & antimicrobial resistance	3.4 Safety of medical devices, medicines, blood and vaccines	3.5 Patient safety in primary care and transitions of care
4 Patient and family engagement	4.1 Co-development of policies and programmes with patients	4.2 Learning from patient experience for safety improvement	4.3 Patient advocates and patient safety champions	4.4 Patient safety incident disclosure to victims	4.5 Information and education to patients and families
5 Health worker education, skills and safety	5.1 Patient safety in professional education and training	5.2 Centres of excellence for patient safety education and training	5.3 Patient safety competencies as regulatory requirements	5.4 Linking patient safety with appraisal system of health workers	5.5 Safe working environment for health workers
6 Information, research and risk management	6.1 Patient safety incident reporting and learning systems	6.2 Patient safety information systems	6.3 Patient safety surveillance systems	6.4 Patient safety research programmes	6.5 Digital technology for patient safety
7 Synergy, partnership and solidarity	7.1 Stakeholders engagement	7.2 Common understanding and shared commitment	7.3 Patient safety networks and collaboration	7.4 Cross geographical and multisectoral initiatives for patient safety	7.5 Alignment with technical programmes and initiatives

Structure of the Global Patient Safety Assessment Tool (GPSAT)

- Based on the strategic framework (7X5) of the Global Patient Safety Action Plan
- Each Strategic objective has five strategies
- Each strategy has five criteria
- Each criterion can be responded to as not initiated, partially met, or fully met
- Total (7X5X5) 175 criteria
- Guidance for assessment provided for each of the criteria


Strategic Objectives (7)
Strategies (35)
Criteria (175)

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

Strategy 1.1:

Patient safety policy, strategy and implementation framework

Strategy 1.2:

Resource mobilization and allocation

Strategy 1.3:

Protective legislative measures

Strategy 1.4:

Safety standards, regulation and accreditation

Strategy 1.5:

World Patient Safety Day and Global Patient Safety Challenges

Strategy 1.4:
Safety standards, regulation and accreditation

Criteria

1.4.1 Minimum safety standards for health care facilities and health services have been defined

1.4.2 Safety standards have been incorporated into the criteria for licencing of health care facilities

1.4.3 Safety standards have been defined for specific clinical services

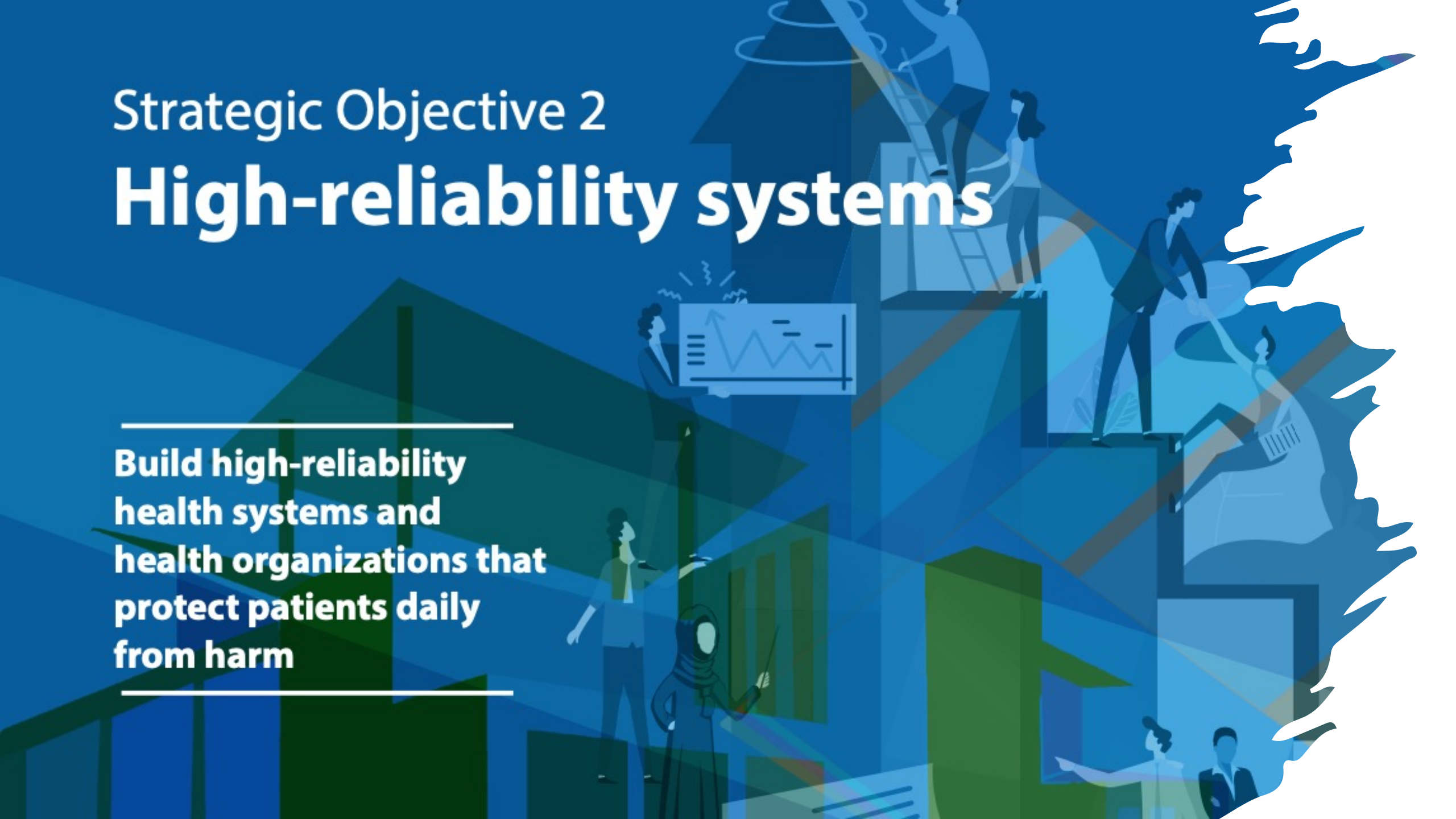
1.4.4 Safety standards have been incorporated into the criteria for health service assessments

1.4.5 Safety standards are periodically reviewed and updated based on new evidence and best practices

Strategic Objective 2

High-reliability systems

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



Strategy 2.1:

Transparency, openness and ‘No blame’ culture

Strategy 2.2:

Good governance for the health care system

Strategy 2.3:

Leadership capacity for clinical and managerial functions

Strategy 2.4:

Human factors/ ergonomics for health systems resilience

Strategy 2.5:

Patient safety in emergencies and settings of extreme adversity

Strategy 2.1:
Transparency, openness and 'No blame' culture

Criteria

2.1.1 Safety culture has been included as a key intervention in health services improvement programmes

2.1.2 A system for reporting "Never Events" (or Sentinel Events) has been implemented

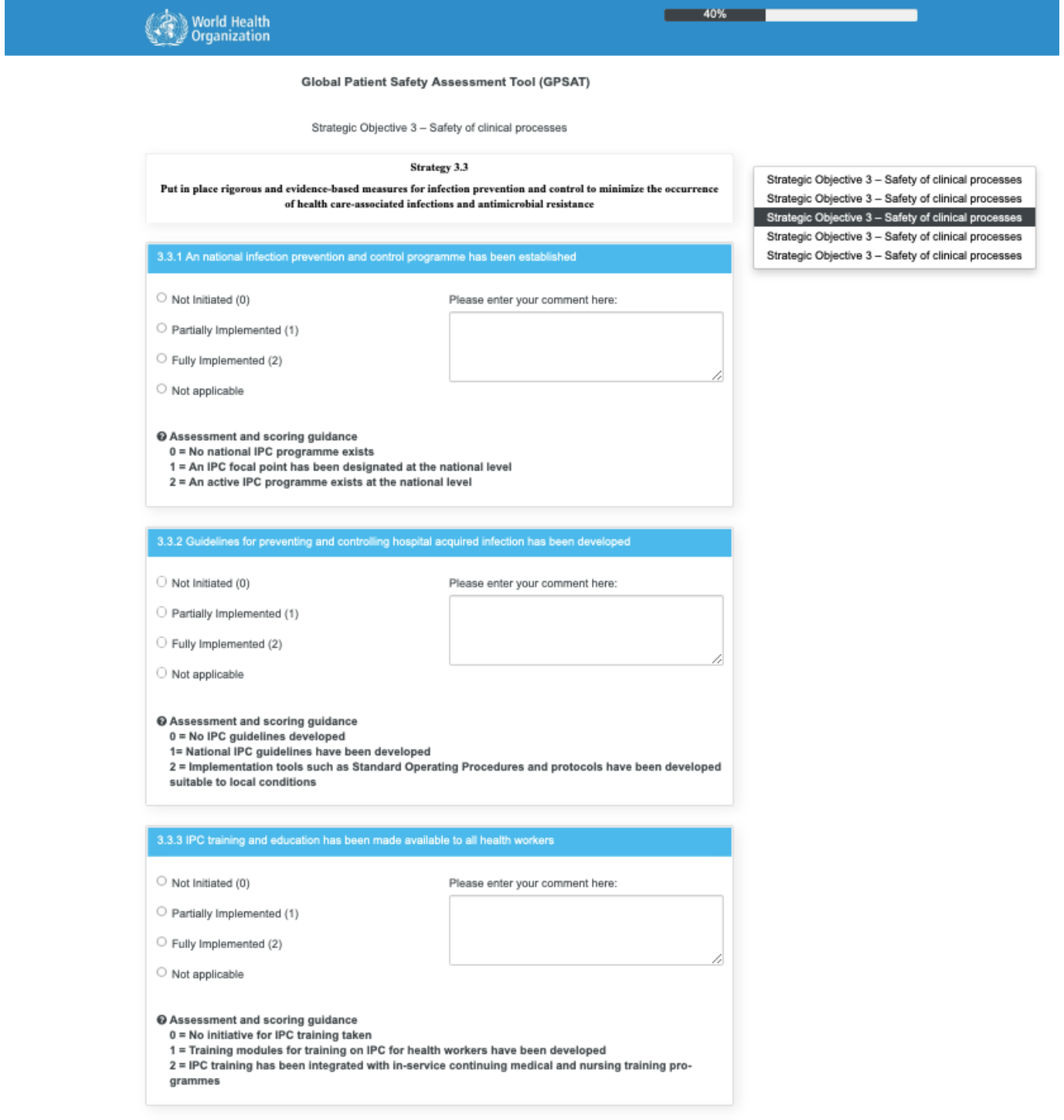
2.1.3 Administrative mechanism/s have been put in place for protection of those reporting adverse events

2.1.4 An accountability mechanism has been put in place to promote 'just culture'

2.1.5 Practice of periodically distributing surveys to assess organizational safety culture has been established

Strategy 2.1 **Develop and sustain a culture of respect, openness and transparency that promotes learning, not blame and retribution, within each organization providing patient care**		
Criteria	**Status**	**Assessment guidance**
2.1.1 Safety culture has been included as a key intervention in health services improvement programmes	Not initiated Partially met Fully met remarks/supporting evidence	*Not initiated* = No initiative has been taken *Partially met* = Safety culture has been identified as a key strategy for improving patient safety and quality of care *Fully met* = A campaign for promoting safety culture in health care facilities has been launched
2.1.2 A system for reporting "Never Events" (or Sentinel Events) has been implemented	Not initiated Partially met Fully met remarks/supporting evidence	*Not initiated* = No system has been initiated for Never Events reporting *Partially met* = Reportable Never Events or sentinel events have been defined *Fully met* = A system for reporting of Never Events or Sentinel Events is operational

Electronic Survey Tool



World Health Organization

40%

Global Patient Safety Assessment Tool (GPSAT)

Strategic Objective 3 – Safety of clinical processes

Strategy 3.3

Put in place rigorous and evidence-based measures for infection prevention and control to minimize the occurrence of health care-associated infections and antimicrobial resistance

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3.3.1 An national infection prevention and control programme has been established

- Not Initiated (0)
- Partially Implemented (1)
- Fully Implemented (2)
- Not applicable

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Assessment and scoring guidance
0 = No national IPC programme exists
1 = An IPC focal point has been designated at the national level
2 = An active IPC programme exists at the national level

3.3.2 Guidelines for preventing and controlling hospital acquired infection has been developed

- Not Initiated (0)
- Partially Implemented (1)
- Fully Implemented (2)
- Not applicable

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Assessment and scoring guidance
0 = No IPC guidelines developed
1= National IPC guidelines have been developed
2 = Implementation tools such as Standard Operating Procedures and protocols have been developed suitable to local conditions

3.3.3 IPC training and education has been made available to all health workers

- Not Initiated (0)
- Partially Implemented (1)
- Fully Implemented (2)
- Not applicable

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Assessment and scoring guidance
0 = No initiative for IPC training taken
1 = Training modules for training on IPC for health workers have been developed
2 = IPC training has been integrated with in-service continuing medical and nursing training programmes

Score card (Voluntary)

Level 0 Not Initiated	Level 1 Basic	Level 2 Progressing	Level 3 Advanced	Level 4 Developed
Obtained score 0	Obtained score 1-15	Obtained score 16-30	Obtained score 31-45	Obtained score 46-50

Thank you