Medication Without Harm







Importance of Medication Safety as a Priority That Needs Urgent Action:

When compared to patients in highincome countries, patients in lowincome countries lose twice as many years of life adjusted for disability as those in high-income countries. Every year, a significant number of patients are harmed or die because of unsafe health care, resulting in a high public health burden worldwide, most of this harm is preventable. Adverse events are now estimated to be the 14th leading cause of morbidity and mortality in the world. It is estimated that over half of all medicines are prescribed, dispensed, or sold inappropriately, with many of these leading to preventable harm. Therefore, ensuring safe medication use and having the processes in place to improve medication safety should be considered of central importance to countries working towards achieving UnitedHealthcare.1

Introduction:

In health care systems throughout the world, unsafe medication practices and medication errors are the primary sources of avoidable harm. Low-and middle-income countries experience this harm at variable levels and in different ways—the annual cost of medication errors is estimated to be 42 billion US dollars worldwide4. The Saudi Patient Safety Center (SPSC)-WHOcc on Patient Safety Policies

and Strategies working with experts, partners, and WHO-EMRO to develop training activity series to support the WHO Global Patient Safety initiatives with a focus on Low- and Middle-Income Countries (LMICs), and one of the five strategic activities assigned to SPSC-WHOcc is Medication Without Harm, in alignment with the 3rd WHO Global Patient Safety Challenge.



Aim:

In alignment with the 3rd WHO Global Patient Safety Challenge Medication without Harm, this working activity aims to educate healthcare professionals about the importance of medication reconciliation in reducing medication-related harm.





The need for building capacities on Medication Safety:

Ensuring medication safety is one of the critical challenges, as the countries and stakeholders need to prioritize raising awareness and have a vital role in driving change management through introducing improvement strategies, tools, resources, and skills necessary for Medication Safety at Polypharmacy, high alert situations, transition of care, reporting and learning, medication reconciliation, and other areas.



Overall Learning objectives:

- To recognize the importance of medication safety as a Patient Safety priority that faces health systems across the globe, especially in LMIC.
- To outline the key steps in developing improvement strategies for Medication Safety.
- To identify the appropriate resources and skills needed for Medication Safety.
- Best practices in relation to initiatives, rules, and regulations from KSA.



Target Audience:

- Pharmacist
- Physicians
- Nurses

Programs Description:

1.Medication Without Harm Training series:

The following major subjects will be covered in this series:

- Role of Pharmacists in enhancing Medication Safety
- Medication Safety in High-Alert Situations
- Improving Medication discrepancies during transitions of care
- Medication Safety: Polypharmacy
- LASA: Prevention Strategies
- Technology and Medication Safety





2.Medication Reconciliation Patient-Centered Approach – Train the trainer program (TOT)

This program summarizing the essential steps to conduct medication reconciliation in a healthcare setting with handson experience in taking medication

history and patient chart review utilizing the WHO-High 5 -standard operating protocol and international Patient Safety and quality standards.⁵

Curriculum

The curriculum consists of four modules as follows:

- Module 1: [Medication reconciliation: the 3 w's: what, why and when?]
- Module 2: [Medication Reconciliation: Who's job, is it?]
- Module 3: [Implementing Medication Reconciliation Strategies]
- Module 4: [Medication Reconciliation: Staff Training & Competency Program for Healthcare Professionals]

Reference:

1. Medication safety in transitions of care. Accessed August 2022 ,23. https://www.who.int/publications/i/item/WHO-UHC-SDS2019.9-



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