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1. Introduction

The WHO Regional Office for South-East Asia (SEARO), in collaboration with the World Alliance for Patient Safety – Patients for Patient Safety programme, hosted a regional workshop on 17-19 July in Jakarta, Indonesia. The three-day event, the first of its kind for the Region, brought together patients, family members, health care professionals, lawyers, media and policy-makers to discuss how to make health care safer in the Region. Several NGOs, medical associations and medical and nursing councils were also represented. Participants came from Bangladesh, Bhutan, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, Thailand and Timor-Leste. The programme and the list of participants are included in Annexes 1 and 2.

With the exception of government officials, participants were selected through an open call for applications. These were disseminated through WHO country offices, NGOs and posted on the Patients for Patient Safety website¹. Each application was reviewed by a selection committee and scored against all other applications from the same country based on set criteria². All successful applicants were then invited to write a short biography to share what they wanted others to know about themselves and their experiences with the health care system.

Patients, many of them affected by a patient safety incident, had the opportunity to share their experiences, build partnerships with other stakeholders, share learning and challenges and work in partnership with health care professionals, policy-makers and WHO staff. The event helped

¹ www.patientsorganizations.org

² The following criteria were considered in selecting participants:

- Direct experience with an adverse event or medical harm, either personally or through a family member or friend;
- Significant experience interacting with health care providers as a patient or the care-giver of a patient;
- Experience as a change agent² working to improve patient safety;
- Willingness to work as part of a wider national team of individuals to make health care safer, in partnership with other professionals, health providers or policymakers;
- Ability to articulate their personal story and experience with health care and generalize the lessons for others;
- Commitment to attending the entire workshop in Jakarta and ongoing regional work; and,
- Participants will be drawn from across the countries of the South East Asia region. Efforts will be made to ensure participation of both men and women.

create a network of "patients for patient safety" champions and partnerships that can help improve health care systems in the Region, embedding the concerns and experiences of patients in the centre of these efforts.

Dr Nico Lumenta (Indonesia) and Dr L Jayasinghe (Sri Lanka) were respectively nominated as Chairperson and Rapporteur of the workshop. Dr Zafrullah Chowdhury chaired the drafting committee. Ms Susan Sheridan, Lead, Patients for Patient Safety (PFPS), World Alliance for Patient Safety, and Mr Martin Hatlie, President, Partnerships for Patient Safety, served as moderators.

2. Objectives of the workshop

The general objective of the workshop was to build a network of patient champions and patient safety partnerships that can bring about effective, systemic and quality changes to health care systems in the Region. The specific objectives were:

- (1) To orient participants to the enormous value that patient and consumer involvement bring to patient safety initiatives;
- (2) To share experiences and promote productive partnerships between patients, health professionals, policy-makers and health-care leaders in patient safety initiatives;
- (3) To identify the advocacy and communication resources and tools that are needed to support the regional network of patient safety champions over the longer term; and
- (4) To propose an outline of actions that can be implemented at the country level.

In addition, participants attended the official launch of the first Global Patient Safety Challenge "Clean Care is Safer Care", which took place in Jakarta on 17 July 2007 preceding the workshop.

3. Opening session

Dr Ratna Rosita, Indonesian Ministry of Health, extended a warm welcome to participants. She reported on Indonesia's progress in the area of patient

safety, starting with the establishment of the Indonesian Patient Safety Committee in June 2005, up to the launch of the first Patient Safety Challenge "Clean Care is Safer Care". On that occasion, the Ministry of Health had signed a pledge stating its commitment to prevent health care-associated infection and improve the quality and safety of health care in the country.

In his welcome remarks, Dr Subhash Salunke, Acting WHO Representative for Indonesia, reminded participants that each and everyone of us is a patient at some point in our lives. The day we become patients, we become sensitized to the critical importance of patient safety.

Dr Sultana Khanum, Director, Health Systems Development, WHO-SEARO, welcomed participants on behalf of the Regional Director, Dr Samlee Plianbangchang. In his remarks, the Regional Director informed participants that this workshop with the theme 'Patients for Patient Safety' was an important step in the implementation of Resolution SEA/RC59/R3 on "Promoting Patient Safety in Health Care", which was adopted at the Fifty-ninth session of the Regional Committee for South-East Asia in Dhaka in August 2006. The resolution calls on Member countries to "engage patients, consumer associations, health care accreditation bodies and policy-makers, in building safer health care systems, and creating a culture of safety within health care institutions". The first WHO Regional Workshop on Patient Safety, held in July 2006 in New Delhi, India, had also urged WHO-SEARO to:

- Involve patients and consumer advocates as active partners in forums discussing patients safety;
- Encourage countries to involve patients and health consumer groups in patient safety committees, and,
- Document and share experiences on patient safety and patients' rights among countries³.

In closing, Dr Khanum indicated that she would apprise the Regional Director of the outcome of the workshop. The Regional Director would apprise the Regional Committee in Bhutan in September 2007 of the workshop's outcome.

³ The complete report SEA-HSD-297 can be downloaded at www.searo.who.int/

4. Setting the context

Regional context

The regional context of patient safety in the South-East Asia Region was described by Dr Khanum. As in other parts of the world, health professionals are reluctant to register or talk publicly about adverse incidents for fear of embarrassment, punishment and malpractice litigation. As a result, the health system does not have a true perception of the risks it generates and what can be prevented. Failures are seen as the exception, root causes of incidents remain concealed, incident patterns go unnoticed and weaknesses in the system are not corrected. The attitudes and behaviours of health care professionals, the culture of blame that prevails within institutions and the nature of the doctor-patient relationship thwart discussion.

Box 1. The changing relationship between health care professionals and patients/consumers

- Doctors are no longer perceived as “gods”
- The communication gap between doctors and patients increases as care becomes more complex
- Patient expectations are increasing
- Consumer groups are emerging
- Number of complaints and litigation is rising
- Adverse events are under reported for fear of blame, punishment and litigation
- Increased involvement of media and NGOs

Source: Report on the First Regional Workshop on Patient Safety, 12-14 July 2006, Delhi, India

In South-East Asian cultures, the doctor-patient interaction is dominated by the doctor and a culture of not questioning the doctor prevails. Because of social and educational barriers, doctors often feel there is no point in attempting to explain tests and test results to patients whom they assume will not understand. Patients often sign consent forms without really understanding what they are consenting to. Such one-way

communication and decision-making disempowers the patient who, as a result, rarely participates in his or her own care. Poor communication is associated with less accurate diagnoses, suboptimal patient compliance, over treatment, under treatment and "mistreatment".

At the same time, an increasingly well-educated population has begun to challenge medical authority and the doctor-patient relationship is becoming more confrontational. This is reflected in the dramatic rise in the number of malpractice cases filed in the Region. For example, the number of litigation cases registered with the Thai Medical Council tripled between 1992 and 2002 from 32 to 105 per 10 000 medical doctors. Media coverage of incidents of physical violence against doctors by unsatisfied family members of patients and of overworked and underpaid doctors going on strike, are extreme reflections of an increasingly strained relationship.

The workshop, unique in the Region, had brought together for the first time patients, consumer advocates, health-care professionals and policy-makers in an open dialogue to share experiences and perspectives, and discover how they might work together to make health care safer in the Region. Participants included representatives of the Regional Network of Medical Councils who would meet after the workshop to draft a statement on the roles and responsibilities of medical councils regarding patient safety.

Global context

Ms Helen Hughes, Head of the WHO Office for Patient Safety, London, oriented participants to current concepts in patient safety and to the work of the WHO World Alliance for Patient Safety, with a focus on the Patients for Patient Safety (PFPS) programme which is led by patients and their families. She reiterated that today's health care context is highly complex and as many as 1 in 10 patients receiving hospital care in industrialized nations experience some form of unintended harm.

... "as many as 1 in 10 patients receiving hospital care in industrialized nations experience some form of unintended harm"... Ms Helen Hughes, Head of the WHO Office for Patient Safety, London

There are currently three streams in the work of PFPS: creating a network of PFPS champions across the world — all participants would be invited to become champions; actively involving patients in every action area of the Alliance’s work; and, learning how to engage patients in patient safety initiatives at the national level and organizational level within institutions. Participants were encouraged to visit the Alliance’s website for more detail on its Forward Programme 2006-2007⁴.

Ms Susan Sheridan introduced members of her team as well as patient safety champions Ms Stephanie Newell from Australia and Mr Murrigan Thevar from India, and the film crew from PAHO who filmed the workshop and one-on-one interviews with individual participants in an adjoining room. Participants viewed a video prepared by PFPS entitled “Patient Voices”⁵. The video emphasizes the human face of patient safety, which often gets lost in the statistics. When things go wrong, patients are the principal victim. The plight of patients and their families is often compounded by the way that serious adverse incidents are handled an unwillingness to be open and honest about what happened, the absence of an apology, lack of counseling and support to those affected and the failure to provide an explanation of what went wrong or any reassurance that it could not happen again to somebody else.

Noting that her husband and son were both seriously harmed by health system failures, Ms Sheridan acknowledged that it is difficult to talk about adverse outcomes and change. This meeting is a first step toward creating a safer and more compassionate health system that respects and celebrates the role of patients and consumers. Historically, when unintended harm occurred, patients met a “wall of silence”, and their stories, wisdom and perspective often went unheard. This silence does not protect the patients who have been harmed nor does it protect the health care workers who have been wrongly accused. But with PFPS, WHO has recognized that the wall of silence serves no one.

“Patients are the only ones who see the medical error from the very beginning to the very end”.

Ms Susan Sheridan, External Lead, Patients for Patient Safety, World Alliance for Patient Safety

⁴ www.who.int/patientsafety/

⁵ http://video.who.int/streaming/patientsafety/patient_safety_patient_voices.wmv

Patients see the medical error from the beginning to the end; they embody knowledge and are not just "sad stories". Their perspectives and wisdom can make them powerful movers and advocates for patient safety. There are many ways in which patients and consumers can partner with health care professionals, policy-makers and health care leaders to prevent avoidable harm. Patients can report medical errors, contribute developing solutions, participate in research, partner in policy-making, help to develop a definition for patient engagement and become savvier, smarter and engaged consumers.

Patients can report medical errors, contribute to a solution based on their knowledge, participate in research, partner in policy making, help to develop a definition for patient engagement, and become more savvy, smarter and engaged consumers.

PFPS was born in November 2005 when the Alliance hosted the first global "Patients for Patient Safety" Workshop. It was at this workshop that the "London Declaration" was created by a group of 23 patients and consumers from 19 countries (Annex 3). Today there are over 60 patient safety champions who have endorsed the declaration and are actively engaged in patient safety work across the world.

5. Disparate voices

After agreeing to engage the issues and each other respectfully, participants shared their individual stories and experiences with the group. A range of issues and challenges emerged during the exchange that covered the doctor-patient relationship, the importance of informed consent, the need for an apology when harm does occur, the doctor-nurse relationship and the shortcomings the health system itself. These are illustrated by the examples provided in Box 2.

Box 2. Issues and challenges: stakeholder voices

The doctor-patient relationship

"It is really difficult for patients and their families to ask questions to doctors. They fear that the doctor will get angry and not want to see them".

Dr Mohammad Abdur Rahim, Secretary General, Bangladesh Thalassemia Foundation, Bangladesh

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"True that doctors aren't educating their patients, but why don't patients ask the questions? It is their duty and their right". *Dr PKCL Jayasinghe, Medical Director, General Hospital, Ampara, Sri Lanka*

"There is a big gap between doctors and patients. If we can bridge this gap, we could prevent many of these problems". *Mr MKP Chandralal, People's Movement for the Rights of Patients, Sri Lanka*

Informed consent and the right to know

"As a patient I would like to hear the situation exactly as it is"...
Ms Imaan Mohamed, a thalassemia major patient, Maldives

"Things can still go wrong even when (standard) procedures are followed".
Prof Mohammad Abdullah, Principal, Sir Salimullah Medical College, Dhaka, Bangladesh

"Doctors should give all the facts to patients and let patients decide for themselves". *Dr Somsak Lolekha, President, Medical Council, Thailand*

When harm occurs

"It is very difficult for doctors to give bad news". *Dr Marius Widjajarta, Indonesian Health Empowerment Foundation, Indonesia*

"A single mistake and all the blame comes to them [doctors], one thousand good things and no one appreciates it. No doctor, no nurse wants to harm the patient. Everyone should apologize when a mistake is made." *Dr Jayasinghe, General Hospital, Ampara, Sri Lanka*

"Doctors are concerned that if they apologize [to patients], it may be used as evidence of malpractice. The fact is, an apology will soften or even end the conflicts. Health care professionals should be taught when and how to apologize." *Dr Yupadee Sirisinsuk, Assistant Professor, Faculty of Pharmaceutical Sciences, Chulalongkorn University*

The doctor-nurse relationship

"Being academically not equal, doctors aren't willing to listen to nurses or be questioned by them. Whether we are nurses or whether we are doctors, we need to learn to listen to each other if we are concerned about patients' safety". *Ms Aminath Saeed, Director of Nursing, Indira Gandhi Memorial Hospital, Maldives*

Shortcomings of the health care system

"Are incidents due to the doctors or to the service provider institutions? We have to think about it and we have to correct ourselves. We must sensitize our members to patient safety". *Dr Kiran Prasad Shrestha, Senior Vice President, Nepal Medical Association, Nepal*

"Overcrowded hospitals, overworked health care workers, poor communication, and weak referrals systems – all lead to adverse events".

Dr Laxmi Bikram Thapa, Teku Hospital, Kathmandu, Nepal

"We cannot ensure the outcome but can ensure that the right steps are taken by establishing standard operating procedures. Medicine is not an art, it is a science". *Dr Purnamawati S. Pujiarto, Pediatrician, Founder, Yayasan Orangtua Peduli (an NGO), Indonesia*

6. Ongoing engagement to improve patient safety

Participants also had a chance to share stories of successful patient, consumer and health care professional engagement in efforts to improve the quality and safety of health care in the Region. For example, two physicians, one in India and the other in Bangladesh, whose families were affected by thalassemia, decided that thalassemia did not have to be a "death warrant" to those affected. They independently formed national advocacy groups that educate parents and caregivers about thalassemia. Today there is a network of such groups in the region that share knowledge, experience and best practices.

A businessman in Indonesia, who almost lost his two sons to dengue because of lapses in communication in the hospital, currently provides training to hospitals on communication and management. He never questioned the competence of the medical professionals and focused instead on addressing the underlying problem.

An Indian woman working for a charitable organization discovered that needy cancer patients and their families were poorly informed about the treatments they were undergoing and the risks involved. Today, a group of volunteers she trained visit cancer hospitals to educate patients on their treatment options so that they can be more involved in decisions regarding their own care. This has helped to build a better relationship between patients and doctors and has led to better compliance with treatments.

The Nepal Medical Association is working with the Nepal Medical Council, Consumer's Forum and health care institutions to establish appropriate mechanisms to ensure the "fitness to practice" of physicians and to regulate the quality and safety of health services in Nepal.

In Thailand, to defuse the tension between the public and the medical profession following medical malpractice cases in recent years, consumer aid groups are working with the Ministry of Health and the Thai Medical Council to pass a bill to establish a no-fault liability system in Thailand.

A physician from Sri Lanka in search for ways to improve the system has joined with other concerned citizens to form a civic action group that works toward the restoration of patient-friendly health services. The group implements grassroots programmes to educate consumers about their rights and responsibilities. It also monitors national health policies with an eye to protect patients' rights and prevent the unethical promotion of drugs and medical devices.

7. Vision, priorities, challenges and lessons learned

Participants broke up into the following five stakeholder groups: patients, nongovernmental organizations (NGOs), professional (medical and nursing) councils, medical associations and pharmacists, and policy-makers.

Each group was asked to:

- List their hopes and dreams for the future;
- define priorities;
- identify key challenges in taking their role in patient safety forward; and
- summarize lessons learned.

Vision

All stakeholder groups envisioned:

- a health care system devoid of preventable adverse incidents that provided the best medical care possible
- a doctor-patient relationship based on trust and mutual respect

In addition, patients and NGOs hoped for:

- Equity in health care

Patients hoped for:

- Transparency in the health care system
- A system in place to support those affected when harm does occur
- Access to their medical records
- Meaningful representation on patient safety committees and in WHO meetings

NGOs hoped for:

- Partnerships between health care professionals and patients
- Medical audits that involve all parties
- Equal access to affordable health care

Professional councils hoped for:

- A safe and motivating work environment for health care workers

Medical associations and pharmacists hoped for:

- Zero-tolerance for health care-associated infections

Policymakers hoped for:

- Satisfied patients and fulfilled health care professionals
- Functioning patient safety systems in every hospital
- Reporting adverse incidents and near misses for learning purposes, not to blame and punish

Priorities

There was consensus among all stakeholder groups that the highest priority was:

- Improve the patient-health care professional relationship

Additional priorities are summarized by stakeholder as follows:

Patients:

- Advocate for quality and safety in health care
- Enhance public awareness about patient safety

NGOs:

- Establish national and regional networks and partnerships to improve patient safety
- Build the capacity of NGOs as patient safety advocates

Professional councils:

- Monitor the quality and safety of health care
- Strengthen accountability and oversight mechanisms
- Establish a system to report and investigate serious adverse incidents
- Design a mechanism to compensate patients when things go wrong

Professional associations:

- Promote ethical and evidence-based patient care practices
- Ensure a continuous medical education (CME) programme that includes patient safety

Policymakers:

- Establish a dedicated fund for patient safety
- Ensure rational patient caseloads across hospitals
- Introduce patient safety concepts into education and training of health care professionals

Challenges

The key challenges included:

- Lack of political commitment to patient safety
- Weak health systems with a shortage of qualified human and other resources

- Overcrowded hospitals and overworked health care workers
- Reluctance to admit medical error in a culture of blame
- Lack of accountability and transparency in the health care system
- Lack of awareness and information about patient safety
- Absence of adequate legal provisions and a system to monitor and take corrective steps
- Existing policies and regulations are not enforced
- Communication gap between patients and health care professionals

Lessons learned

Participants discussed the lessons learned during the workshop. These are summarized below according to stakeholder group.

Patients and NGOs:

- Patients also have a role and responsibility in preventing adverse incidents and improving the safety of health care
- Consumers can partner with health care professionals to improve safety in health care
- Consumers can be involved in medical audits
- The media is a valuable partner

Professional councils:

- Consumers should be informed about their rights and responsibilities as patients and be actively involved in their own health care
- Serious adverse incidents are more likely to result in a malpractice case when providers are unwilling to show empathy, offer an apology or share essential information
- Laypersons should be included on ethical conduct committees

Health professional associations:

- Health care professionals must reach out and build partnerships with consumers and policymakers
- Medical associations can play an important role in promoting ethical and evidence-based practices including hand hygiene

Policymakers:

- Hospitals should have a Patient Safety Committee and an adverse incident reporting system
- The efficiency and effectiveness of systems to lodge and process consumer grievances need to be improved
- National accreditation systems, such as those being implemented in India, Indonesia and Thailand, are useful in promoting quality and safety standards in health care.

8. The Jakarta Declaration

Participants broke up into four working groups to respond to the following questions:

- What can patients and their families do to improve patient safety?
- What can patients and consumers do to promote the “Clean Care is Safer Care” programme?
- What types of partnerships are needed to improve quality and safety in health care in the Region? What can WHO-SEARO do to help establish these partnerships?
- What are the best ways to work together locally, within countries, across countries in the Region and with WHO-SEARO and the WHO Global Alliance for Patient Safety?

Participants agreed that patients and consumers can demand change in the health care system but will not succeed unless they partner with the system. Box 3 gives some of the participants’ responses revealing this consensus.

Box 3. The spirit of partnership

"Working for patients' safety should not be a lonely path". *Dr Punamawati S. Pujiarto, pediatrician, Yayasan Orangtua Peduli (Concerned and Caring Parents), Indonesia*

"There is a fine line between partnership and activism. There must be trust and good faith among all stakeholders and all should benefit from it".
Dr RK Srivastava, DG Medical Services, MoHFW, India

"I want to express my strong support and commitment to the patient protection group in Thailand. I commit to work together with them to improve the doctor-patient relationship in our country. If we can improve the doctor-patient relationship, I strongly believe there is no need for lawyers in between. We can work together to better patient safety in the country." *Dr Supachai Kunaratanapruk, Director General, Health Service Support, MoH, Thailand*

"I realize now that it is very important to build a partnership between the health care professionals and patients. Patients need to change their attitude of leaving their health in the hands of the health care system. No amount of regulation will help unless we change the mindset of the system. The most important lesson I learned is that we have to support each other". *Ms Christine Perera, Joint Secretary, People's Movement for the Rights of Patients, Sri Lanka*

"My vision is for consumer collaboration with the medical community through meaningful dialogues". *Ms Savita Luka Masih, Misbah, New Delhi, India*

Inspired by the London Declaration and enlightened by two days of exchanges and discussions, participants went forward to draft a declaration on Patients for Patient Safety for countries in the South-East Asia Region. A draft declaration was prepared by a drafting committee and presented to participants on the last day of the workshop before being finalized. The Jakarta Declaration which was later endorsed as an addendum to Resolution SEA/RC59/R3 by the Regional Committee at the sixtieth session in September 2007 in Thimpu, Bhutan, can be found in Annex 4.

9. Action planning

Participants formed multi-stakeholder country teams to outline the priority actions that needed to be taken to move the patient safety agenda forward in their respective countries.

National priorities identified included:

- Raising the public and health care professionals' awareness and commitment to patient safety
- Developing a national strategy and road map for patient safety
- Engaging patients, consumers and NGOs in efforts to build safer health care systems
- Establishing hospital patient safety committees
- Introducing standards and guidelines to reduce harm
- Educating health care professionals in the science of patient safety
- Strengthening health care team work

Countries requested support from WHO in the following areas:

- Up-to-date information on patient safety including educational tools and resources
- Technical support and capacity building
- Networking support for exchange of experience and knowledge
- Follow-up workshops to support continued dialogue among the stakeholder groups

Successful outcomes envisioned by participants included:

- A public that is well-informed about their rights and responsibilities as patients
- Improved relationships between health-care providers and patients
- Functioning hospital patient safety committees
- Adherence to ethical and evidence-based practice guidelines
- Mechanisms in place for adverse incident reporting, investigation and response
- An increase in the proportion of adverse incidents reported
- A decrease in the incidence of preventable adverse incidents

10. Global Network of Patients for Patient Safety Champions

Ms Rachel Heath, PFPS Programme Manager, described how through the work of PFPS, the World Alliance for Patient Safety collaborates with a global network of patients, consumers, caregivers and consumer organizations to support patient involvement in patient safety programmes both within countries and in the global programme of the Alliance. The global network of Patients for Patient Safety Champions works in partnership with health professionals and policy-makers across the world to identify problems, design solutions and implement change. In order to become a champion, an individual must first commit to the Patients for Patient Safety Collaborative Agreement and Action Framework which lays out the vision of partnership and expectations. An outline of expected roles and list of resources can be found in Annex 5.

11. Unified voices

On the last day of the workshop, participants were asked to share something gained from the workshop process and were eager to apply at home. Many of the insights gained during the workshop are captured in the quotes in Box 4.

Box 4. Insights gained during the workshop

"Medical councils in the region should introduce a revalidation programme to ensure that health care professionals remain updated". *Dr Suvarakuram, Sri Lanka Medical Council*

"Patient safety should be the first priority of Medical Councils. *Dr Somsak Lolekha, President, Medical Council, Thailand*

"At the country level we didn't work together... Today we can have a common programme about patient safety with the government, NGOs and health professional councils". *Mr Niranjan Udumalagala, pharmacist, Sri Lanka*

"If so many people in so many countries find something is wrong with the health system, then something must really be wrong". *Ms Christine Perera, Peoples' Movement for the Rights of Patients, Sri Lanka*

"If we do our best, we can prevent adverse events. ... I will take the initiative ... to implement what I have learned here". *Dr Kiran Prasad Shrestha, Secretary General, Nepal Medical Association*

"I was introduced to other medical associations ... together we can really make partnerships and promote patients for patient safety in our Region". *Dr Ahmed Asharaf Ali, Maldivian Medical Association*

"Before this workshop I never heard this word patient safety although I am a nurse". *Ms Savita Luka Masih, Indian NGO, New Delhi*

"The most important lesson is to speak up and stand up for what you believe is right". *Ms Anita Peter, Director, Cancer Patients Aid Association, Mumbai*

"This workshop has opened my eyes... we were going in the wrong, confrontational direction... now the spirit is one of collaboration" *Dr Lalith Chandradasa, NGO, Sri Lanka*

"I discovered the role of patients". *Dr Mohamed Abdur Rahim, NGO, Dhaka, Bangladesh*

12. Closing session

Dr L. Jayasinghe, Rapporteur, read out the final version of the Jakarta Declaration. Ms Susan Sheridan, thanked health care professionals and policy-makers for welcoming, respecting and learning from patients as patients have learned from them. She called on health care professionals and policy-makers to invite patients to participate in a meaningful way, as colleagues, and to create opportunities for patient partnerships. She further called on them to share with peers, medical students and others in health care, the importance of patient partnership. She committed herself and the PFSF network as partners to create a better relationship between patients and health care professionals, to dismantle the wall of silence and to help reduce the fear that often implies progress and to build health systems that are safe, compassionate and just.

In closing, Dr Nico Lumenta, Chairman, declared that the meeting objectives had been met and that the ideas and recommendations of all stakeholders had been eloquently captured in the Jakarta Declaration. Dr Subhash Salunke, remarked that this was one of the most unusual and fulfilling workshops organized in the Region, but reminded participants that the real challenge would be to translate the declaration into action upon returning home.

Annex 1

Programme

Tuesday, 17 July 2007

- 08.30-09.00 Registration & distribution of WHO Hand Hygiene survey questionnaires (completed forms to be collected later at the workshop)
- 09.00-11.00 **Inauguration of the first Global patient Safety Challenge in Indonesia**
- 13.00-13.30 **Opening Session of the Regional Workshop**
- Welcome from the Indonesian Ministry of Health
 - Opening Speech – *Dr Sultana Khanum*, Director, Department of Health Systems Development, WHO South-East Asia Regional Office
 - Objectives of the Workshop
 - Introduction of participants
 - Nomination of Chair, Co-Chair and Rapporteur
 - Introduction of PFPS Lead and Technical Moderators
- 13.30-15.00 **Session 1: Setting the context**
- Promoting quality and safety in health care in South-East Asia – Department of Health Systems Development, WHO/SEARO Q & A
 - The Global Alliance for Patient Safety – *Helen Hughes*, Head of WHO Office for Patient Safety, London Q & A
 - Patients for Patient Safety – *Susan Sheridan*, External Lead, Patients for Patient Safety (PFPS), WHO World Alliance for Patient Safety Q & A
 - Introduction to the P4PS team and champions – *Susan Sheridan*
 - Guidelines for participation/Ground Rules
- 15.30-17.30 **Session 2: Patient and consumer voices**
- Individual stories and experiences (3-5 minutes each, focused on patient safety)
 - Group discussion on emerging issues
 - Viewing of 'Patient Voices'
 - London Declaration – Does it resonate for you?

Wednesday, 18 July 2007

08.45-09.00 Review of Day 1, overview of Day 2

09.00-10.00 **Session 3: Ongoing work in the Region**

- Brief presentations by selected participants
- Q&A
- Results of the WHO Hand Hygiene Survey

10.00-10.30 **Session 4: Building partnerships**

- Moderated discussion on hopes and visions for the future
- Viewing of 'Champion Models'
- Introduction to the PICK Model of Patient-Provider Partnerships

11.00-12.00 **Session 4 (con'td)**

- Partnership and Patient Engagement – What will success look like? (participants will rotate between four tables)
 - Roles of patients and families: What can patients and families do to improve patient safety?
 - Patient engagement in the Global Patient Safety Challenges: What can patients and consumers do to promote the 'Clean Care is Safer Care' programme?
 - Partnerships: What types of partnerships are needed to improve quality and safety in health care in the Region? What can SEARO do to help establish these partnerships?
 - Networking: what are the best ways to work together locally, within countries, across countries in the Region, and with WHO SEARO and the WHO Global Alliance for Patient Safety?

13.00-14.00 **Session 4 (con'td)**

- Debriefing on the findings of the exercise:
 - Role of patients and their families in improving the quality and safety of health care in the Region
 - Role of patients and consumers in the Global Patient Safety Challenge programme
 - Building patient safety partnerships
 - Building patient safety networks

14.00-15.00 **Session 5: Regional priorities and challenges**

- Country team work

- 15.30-16.30 **Session 5 (con'td)**
- Reporting to the larger group on team work
 - Discussion on emerging regional priorities and challenges and possible areas for regional collaboration
- 16.30-17.00 Drafting a Jakarta Declaration

Thursday, 19 July 2007

- 08.45-09.00 Review of Day-2, overview of Day-3
- 09.00-10.00 **Session 6: Panel discussion on roles, responsibilities and resources**
- Short presentations by panelists (e.g. policymakers, regulatory bodies, professional associations, consumer groups, media)
 - Discussion on the roles and responsibilities of different stakeholders
 - Discussion on the advocacy and communication resources and tools that are needed to support a regional network of patient safety advocates
- 10.00-10.30 Finalizing the Jakarta Declaration
- 11.00-12.00 **Session 7: Country and Regional Level Action Planning**
- Country team work
- 13.00-15.00 **Session 7 (cont'd)**
- Reporting to the larger group on team work
 - Discussion on next steps:
 - for participants
 - for WHO/SEARO
 - for the WHO World Alliance for Patient Safety
- 15.30-16.00 **Final Review and Evaluation**
- Group share of something gained from the workshop process and something they are excited about for their return home
 - Completion of Evaluation Forms
- 16.00-16.30 **Closing Session/Group Photo**
- Summary of the workshop proceedings – Rapporteur
 - Closing remarks
 - Chair
 - Regional Director
 - Ministry of Health of Indonesia

Annex 2

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Annex 3

London Declaration: Patients for Patient Safety, WHO World Alliance for Patient Safety

We, Patients for Patient Safety, envision a different world in which healthcare errors are not harming people. We are partners in the effort to prevent all avoidable harm in healthcare. Risk and uncertainty are constant companions. So we come together in dialogue, participating in care with providers. We unite our strength as advocates for care without harm in the developing as well as the developed world.

We are committed to spread the word from person to person, town to town, country to country. There is a right to safe healthcare and we will not let the current culture of error and denial, continue. We call for honesty, openness and transparency. We will make the reduction of healthcare errors a basic human right that preserves life around the world.

We, Patients for Patient Safety, will be the voice for all people, but especially those who are now unheard. Together as partners, we will collaborate in:

- Devising and promoting programs for patient safety and patient empowerment.
- Developing and driving a constructive dialogue with all partners concerned with patient safety.
- Establishing systems for reporting and dealing with healthcare harm on a worldwide basis.
- Defining best practices in dealing with healthcare harm of all kinds and promoting those practices throughout the world.

In honor of those who have died, those left disabled, our loved ones today and the world's children yet to be born, we will strive for excellence, so that all involved in healthcare are as safe as possible as soon as possible. This is our pledge of partnership.

March 29, 2006

Annex 4

Jakarta Declaration on Patients for Patient Safety in Countries of the South-East Asia Region

We,

The patients, consumer advocates, healthcare professionals, policy-makers and representatives of nongovernmental organizations, professional associations and regulatory councils, having reflected on the issue of patient safety in the WHO regional workshop on “Patients for Patient Safety”, 17-19 July 2007, in Jakarta, Indonesia,

Referring to Resolution SEA/RC59/R3 on Promoting Patient Safety in Health Care, adopted at the 59th Session of the Regional Committee for South-East Asia, which notes “with concern the high human and financial toll of adverse events” and the vicious cycle of adverse events, lawsuits, and the practice of defensive medicine, and urges Member States to engage patients, consumer associations, health care workers and professional associations in building safer health care systems and creating a culture of safety within health care institutions,

Inspired by the Patients for Patient Safety London Declaration supported by the WHO World Alliance for Patient Safety,

Considering the recommendations of the first WHO Regional Workshop on Patient Safety, 12-14 July 2006, in New Delhi, India,

- (1) Declare that no patients should suffer preventable harm;
- (2) Agree that patients are at the centre of all patient safety efforts;
- (3) Acknowledge that fear of blame and punishment should not deter open and honest communication between patients and health care providers;
- (4) Recognize that we must work in partnership in order to achieve the major behavioural and system changes that are required to address patient safety in our Region;

- (5) Believe that:
- transparency, accountability and the human touch are paramount to a safe health care system;
 - mutual trust and respect between health care professionals and patients are fundamental;
 - patients and their carers should know why a treatment is given and be informed of all risks, big or small, so that they can participate in decisions related to their care;
 - patients should have access to their medical records;
- (6) Recognize that when harm does occur:
- there should be a system in place whereby the event can be reported and investigated with due respect to confidentiality;
 - patients and their families should be fully informed and supported;
 - providers involved in unintentional harm should also receive support;
 - corrective actions should be taken to prevent future harm and the lessons learnt be widely shared;
 - there should be a mechanism to fairly compensate the patient and their family;
- (7) Commit to:
- consumer empowerment through frank and candid education;
 - partnering with the media to encourage responsible reporting and to seize opportunities to educate the public;
 - active consumer participation in adverse event reporting;
 - two-way communication among patients and health care providers that encourages questioning;
 - meaningful patient representation on patient safety committees and forums;

- (8) Pledge to achieve through sustained efforts the following goals:
- functioning quality and patient safety systems in every health care facility, both public and private, starting with the establishment of a patient safety committee and of an adverse event reporting and response system;
 - adherence to guidelines that are evidence-based and ethical and avoidance of irrational treatments such as unnecessary medicines, investigations and surgical procedures;
 - continuing medical education for health care professionals;
 - patient safety concepts integrated into pre- and in-service training of allied health care professionals;
 - rational caseload of patients in each health care facility;
 - adequate resources devoted to patient safety;
 - motivated and competent health care professionals;
 - satisfied patients and providers.

Annex 5

The Global Network of Patients for Patient Safety Champions

Role of "Patients for Patient" Safety Champions

- Inform PFPS of the needs and challenges of their particular country and region
- Raise awareness and understanding of patient safety, role of patients, the PFPS programme and the WHO World Alliance for Patient Safety
- Review and provide feedback on different issues, ideas, programmes of the World Alliance
- Serve as catalysts for change through dialogue
- Build local and countrywide networks
- Build relationships with key players who want to improve patient safety
- Convey messages locally – in line with the Patients for Patient Safety vision of partnership and learning
- Develop ways that health systems can learn from their experiences

Current resources for the network PFPS champions include:

- An advocacy toolkit
- An online community
- A PFPS Newsletter which is published every two months