Workshop Report on Patient Safety (patient and family engagement)

Consensus Statements on Strategic Objective 4

Dakshayani and Amaravati Health and Education

12th December 2023, 14:30-16:30 IST

Jointly organized by Dakshayani and Amaravati Health and Education, Patient Academy for Innovation & Research (PAIR) and Patient for Patient Safety Network Asia Pacific.

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Contents

INTRODUCTION

The Patient for Patient Safety Network India (PFPSN India) organized a workshop with the aim of enhancing patient safety awareness and engagement focusing on Strategic Objective 4 of the Global Patient Safety Action Plan 2021 – 2030. This workshop, moderated by Dr. Parminder Gautam from WHO India, featured distinguished speakers, including Dr. Mahesh Devnani from PGIMR, who addressed Medication Safety, Dr Ratna Devi from Dakshayani and Amaravati Health and Education and Dr. J.N. Shrivastava, Advisor NHSRC, who shared insights on Community Involvement in Patient Safety.

The importance of patient safety has gained global recognition, as evidenced by the adoption of resolution WHA 72.6 'Global action on patient safety' during the 72nd World Health Assembly (WHA) on May 25, 2019. This resolution acknowledged patient safety as a top global health priority and called for collaborative efforts among countries and international partners.

In response to this, the World Health Organization (WHO) developed a comprehensive global patient safety action plan in consultation with Member States and relevant stakeholders. This plan, known as the "Global Patient Safety Action Plan 2021-2030" (GPSAP), outlines a framework for action through seven strategic objectives, further elaborated by 35 strategies, with five under each strategic objective, creating a seven-by-five matrix. This framework serves as a guiding structure to address and enhance patient safety on a global scale.

OBJECTIVES

The workshop aims to achieve the following objectives:

1.1 Create awareness of strategic direction and recommendations from the 5 strategies in the WHO Global Patient Safety Action Plan on Strategic Objective 4: Patient and Family Engagement (Engage and empower patients and families to help and support the journey to safer health care)

1.2 Facilitate consensus building by Patient Advocate Leads in India. The session should lead to agreement and support for an India Patient Advocacy Consensus Statement for Patient Safety as guided by the 5 strategies in Strategic Objective 4: Patient and Family Engagement, namely:

i. Engage patients, families, and civil society organizations in co-development of policies, plans, strategies, programs and guidelines to make health care safer (Strategy 4.1)

ii. Learn from the experience of patients and families exposed to unsafe care to improve understanding of the nature of harm and foster the development of more effective solutions (Strategy 4.2)

iii. Build the capacity of patient advocates and champions in patient safety (Strategy 4.3)

iv. Establish the principle and practice of openness and transparency throughout health care, including through patient safety disclosure to patients and families (Strategy 4.4)

v. Provide information and education to patients and families for their involvement in self-care and empower them for shared decision-making along with their healthcare providers (Strategy 4.5)

WHO Patients for Patients Safety (PFPS)

The workshop provided an overview of the WHO's Patients for Patients Safety (PFPS) program, which empowers patients and families to collaborate with health professionals and policymakers, aiming to make healthcare services safer worldwide. The patient's voice, representing their entire care process, was emphasized as a critical component in the journey to enhance patient safety.

PFPSN India

The Patient for Patient Safety Network India, an initiative by DakshamA Health, aligns with the WHO's Patient for Patient Safety flagship. It encompasses a diverse group of stakeholders, including patients, caregivers, patient advocates, civil society organizations, and NGOs. The PFPSN India aims to empower and educate patients and families for a more patient-centred and safer healthcare system.

The workshop targeted a diverse audience of approximately 40 participants, bringing them together to agree on a consensus statement as well as chart a way forward to actively engage with the government and WHO's initiatives on patient safety. The network will identify, train and include patient advocates from existing patient organisations, healthcare providers and civil society organisations and expand its presence over the coming years.

Key Themes and Discussions:

Setting the context:

Dr Parminder Gautam set the context for the workshop with the primary objective of raising awareness among patient and civil society groups about the crucial need for active engagement to enhance patient safety in India. The workshop focused on two thematic areas: medication safety, and the imperative for community involvement. Following these sessions, participants are expected to pledge their commitment to actively participate in patient safety activities. Additionally, they will become the founding members of the Patient for Patient Safety network in India.

Dr. Gautam highlighted a global challenge where many countries, particularly those with low- and middle-income status, lack robust participation in patient safety improvement initiatives. Patients' voices often remain marginalized in healthcare systems due to various reasons, including cultural factors, the failure to identify advocates, leadership gaps, and insufficient organizational infrastructure or funding. He drew attention to the WHO's Patients for Patient Safety program, established in 2005, that has developed into and unique international network. This program involves a team of patient safety advocates and champions, including individuals who have personally experienced harm or lost loved ones due to unsafe care. The program emphasizes patients' rights, transparency, and partnership with healthcare workers to elevate the patient's role in ensuring safety.

Over the years, this group has become a global voice, advocating for patients' most significant concern: the safety of their care. The group outlined four key areas of action: promoting programs for patient safety and empowerment, fostering constructive

dialogues with all stakeholders, establishing global systems for reporting and addressing patient harm, and defining best practices for dealing with healthcare harm worldwide. The workshop, guided by these principles, aims to catalyze positive change and active participation in patient safety initiatives.

He also highlighted the National Patient safety framework and the government of India's commitment to promote patient safety and provide the highest quality of care.

Medication safety:

Dr. Mahesh Devnani delivered a comprehensive presentation on medication safety, emphasizing its critical importance in healthcare. His talk highlighted key aspects, including the potential risks associated with unsafe medication practices and the global impact of such issues. Dr. Devnani covered strategies and interventions aimed at improving medication safety, considering both individual and systemic perspectives. The summary of his presentation captured insights into best practices, challenges, and potential solutions related to ensuring the safe and effective use of medications in patient care. He highlighted the need for patients and families to be vigilant and follow the advice given by their healthcare providers, report adverse events and safeguard themselves

Community involvement in patient safety:

During his presentation on "Community Involvement in Patient Safety," Dr J.N. Shrivastava delved into the vital role that communities play in ensuring patient safety within the healthcare system. Focusing on the Primary Healthcare Ecosystem, he elaborated on the processes of community engagement, community platforms, and the transformative role of Patient Support Groups in revolutionizing healthcare. His talk explored the multifaceted ways in which community engagement can actively contribute to preventing errors, elevating healthcare quality, and ultimately enhancing patient outcomes. Key points included were the active involvement of communities in shaping healthcare policies, services, and infrastructure, thereby fostering a safer and more patient-centric environment. The summary of his presentation encapsulates insightful perspectives on the collaborative efforts required to effectively involve communities in patient safety initiatives.
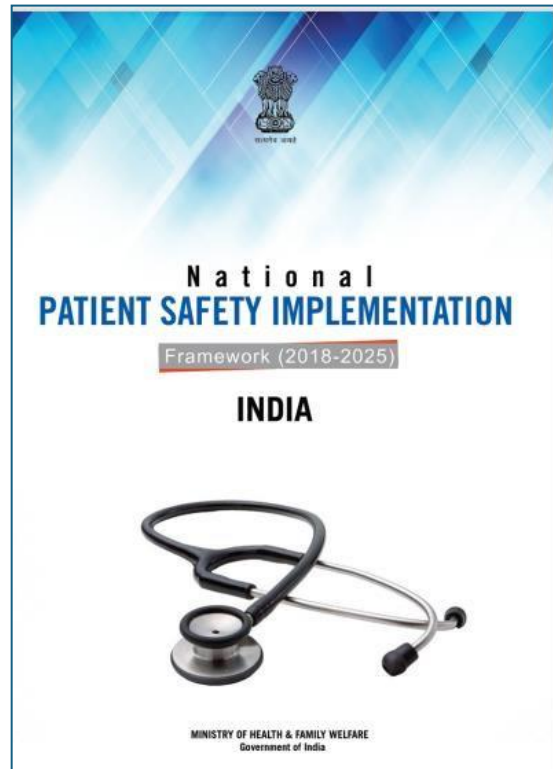
METHOD

From attendees of the 1st International Patient Summit, a total of 40 participants from across India were invited to attend the in-person workshop. They joined the workshop in various roles, including patients, patient advocates, caregivers, and healthcare professionals. The workshop was led by the organizers and supported by 5 facilitators from India. For the list of participants and facilitators, please refer to Annex A - India Patient Advocacy Consensus for Patient Safety Workgroup.

The workshop was designed to support GPSAP Strategic Objective 4, advocating for engaging and empowering patients and families to aid and support the journey to safer healthcare. Voices from patients offer a different perspective on the care process, and it is crucial to integrate their opinions into designing a safer healthcare system. For patients to be empowered, all stakeholders in the health system need to recognize the importance of shared decisions.

A pre-workshop briefing session was organized for the facilitators to align the objectives, expected deliverable outcomes, and roles and responsibilities. Participant information slides and the WHO GPSAP document were also disseminated to participants for their reading and preparation before the workshop. The participants were grouped into 5 groups, with each group assigned a strategy from the GPSAP Strategic Objective 4 Patient and Family Engagement, supported by one facilitator. Each group had a well-represented mix of patients, patient advocates, caregivers, and healthcare professionals. The groups reflected on the strategy for the proposed consensus statement, refined the statement if needed, and finally reached an agreement on the consensus statement with supporting statements and proposed actions.

Throughout the workshop, meticulous records were maintained to capture and document the comments and suggestions provided by each group.

By structuring the workshop in this manner, we aimed to harness the collective wisdom and varied experiences of the participants. The goal was to foster collaboration and inclusivity in shaping the consensus document, which would serve as a foundational framework for the Patients for Patient Safety Network India.

Observations and Key findings from the Workshop:			
Strategy	**Statements**	**Comments**	**Participants**

GPSAP Strategy 4.1 – Engage patients, families, and civil society organisations in co-development of policies, plans, strategies, programs and guidelines to make health care safer.	**The first consensus statement is [Engage] Partner and Engage patients, families, and civil society organizations in co-development of policies, plans, strategies, programs and guidelines to make health care safer.**
	
	An effective partnership is where all parties involved get to share and listen to constructive opinions and work together to achieve the best outcome. Healthcare strategies, policies and services must be patient and family centric focus rather than just focusing on organization's needs.
	In support of the consensus statement, a few supporting statements emphasize the importance of having a legitimized framework to govern the procedures on reporting and disclosure to patients on unsafe care and how these incidents can be documented into case studies for learning and improvement purposes:
	
	A. The following supporting statements are suggested to help elaborate on the focus areas and how they can be translated into proposed actions to work on:
	
	   i. Any patient safety strategy or policy, to be effective, must be patient and family-centric, and inclusive. The focus should be the needs of the patients, and their values, and not just staff or organization needs.
	   ii. A common language platform for effective co-production by having policies, strategies, and services in both medical and plain language, which patients and families can easily understand.
	   iii. Partners are empowered for true co-production of solutions, strategies, and policies. We should listen to and respect their opinions, share information, and have the rights to make decisions and trust their decisions.
		a. Establishing a council for patients and caretakers.
		b. Implementing a patient charter with a rights-based approach.
		c. Ensuring accessibility, affordability, and quality in healthcare services.
		d. Encouraging involvement in informed decision-making.
		e. Establishing a community advisory board.
		f. Adopting a patient-centric approach that empowers individuals with resources such as financial, materialistic, and autonomic support. This is crucial as patients come from diverse backgrounds with varying levels of knowledge, requiring awareness of policies and available resources.
		g. Certifying individuals as patient educators with a commitment to total transparency and constant analysis.
			Facilitators:
			Dr Parminder Gautam- WHO India.
			
			Participants:
			• RS Anand (DART India)
			• Dr Divya Rani Singh (You We Can foundation)
			• AK Vedwal (Yog Dhyan Foundation)
			• Mohit Punia (Patient advocate)
			• Manoj Pardeshi (NCPI+)
			
			Observer:
			Karen Villanueva (PAPO)

	B. To transform the consensus statement into actionable plan, the following are suggested actions which will help to build the patient and families' competency and involve them in the co-production of strategies, policies and services:
	
	   i. Promote active recruitment of Patient and Family Advisory Council (PFAC) members within institutions, provide support for Patient Organizations, and equip them with the necessary knowledge and skills.
	   ii. Hardwire patient engagement/involvement in the wording and presentation of policies and strategies that directly or indirectly impact patients before roll-out and implementation so that the purpose and outcomes of these can be easily understood and measured.
	   iii. Appoint a PFAC Representative to planning committees to determine the stage and extent of patient engagement for projects.
		h. Prioritizing the needs, values, expectations, and preferences of patients.
		i. Creating a common language platform for effective co-creation.
		j. Empowering partners for network co-creation.	

GPSAP Strategy 4.2 - Learn from the experience of patients and families exposed to unsafe care to improve understanding of the nature of harm and foster the development of more effective solutions.	**The second consensus statement is [Learn] Learn from the experience of patients and families exposed to unsafe care to improve understanding of the nature of harm and foster the development of more effective solutions.** There is a gap in available pathways for reporting of patient and family experience, and depository to contain the records. The experiences are invaluable learning resources to enhance the current healthcare system and future design. It is necessary to provide a pathway to specify the ownership, storage and control of such information and how the information is disseminated for learning purposes. A. In support of the consensus statement, a few supporting statements emphasize the importance of having a legitimized framework to govern the procedures on	a. Establishment of a national directory for patient advocacy and support groups. b. Encouraging the sharing of not only adverse experiences but also success stories and narratives from caregivers and patients who have seen positive outcomes. c. Providing comprehensive information, including details about founding members and stakeholders involved in	**Facilitators:** Arshia Bhandari (PhVFIT) **Participants:** • Purnima (You We Can Foundation) • Harsh Kohli (DIYA Foundation India) • Khushbu Munawar (My Pad Bank) • (Himanshu

	reporting and disclosure to patients on unsafe care and how these incidents can be documented into case studies for learning and improvement purposes:
	
	   i. Adopt an openness and transparency approach to patients and families, especially in patient harm incidents. Accountability should be clear.
	   ii. Use an engagement framework for patients to share patient harm stories. The framework governs the platform and mode of disclosure and sharing of patient harm stories, including the people involved. This creates a safe environment for sharing and promoting effective solutions and learning.
	   iii. Co-design patient safety reporting mechanisms with a charter to facilitate the reporting of avoidable harm and unsafe care.
	
	  B. It is important to first build and strengthen the patient advocacy network at the national level, to promote a safe platform for sharing and learning to take place. Proposed actions from the group were:
	
	   i. Develop relevant programs at the national level, to build capacity, and foster sharing and learning of health care experiences from patients and families. These include reporting of patient safety problems and sharing of solutions for improvement.
	   ii. Create national charters or laws for patient engagement in reporting patient harm incidents.
	   iii. Create awareness through various media channels to share learnings of avoidable harm and unsafe care stories and emphasize safe care.
		formulating group documents.	Rathor (My Peacekeeper foundation)
			• Deeksha Jaiswal- (PAIR Academy)
			
			Observer:
			Chunsuk (Heart to Heart foundation, Thailand)
			Einstein (PAPO)

GPSAP Strategy 4.3 – Build the capacity of patient advocates and champions in patient safety	**The third consensus statement is [Capacity Building] Build the capacity of patient advocates and champions in patient safety.** For patient advocates and champions to participate and contribute to the system, they need to be competent and familiar with their roles. This creates the need to build the skills and knowledge of the	a. Recommendation to use for capacity building workshop- b. Patient advocates should receive training on financial aspects,	**Facilitators:** Dr Mahesh Devnani PGIMR Chandigarh India **Participants:**

	patient advocates and champions to support the delivery of their roles.
	
	   A. Following statements highlight the requirements needed to build the capacity of patient advocates and champions in patient safety:
	   i. Patient advocates and champions should be competent to execute their roles and be the voices of patients and families. Establishment of a comprehensive development framework to build capability, promote continuous learning, and sustain skillsets relevancy of patient advocates and champions through community sharing and engagement.
	   ii. Introduction of patient safety council/board in hospitals and healthcare facilities to integrate the roles and representation of patients and families in the healthcare system.
	   iii. Training curriculum with accreditation from established patient or healthcare organizations.
	
	   B. Following proposed actions which provided oversight on the capacity building plan from nomination to training and assessment of competency of the patient advocates and champions are suggested:
	   i. Develop a training roadmap to build patient advocates and champions with funding support from the government.
	   ii. Identify and nominate potential patient speaker/s in respective therapy areas to be trained as patient advocates and champions.
	   iii. Develop training programs including refresher training
		encompassing both governmental funding and support from industries.
		c. Training for patient advocacy should focus on specific disease areas, including knowledge about medications, recent research and development, legal regulations, and insurance rules.
		d. Certification after the patient advocate training program should be issued by both the government and the medical community.
		e. Standard Operating Procedures (SOPs) for training should be implemented to assess the proficiency levels of patient advocates.
			• Sanjeev K. Shani (CAH- Indian Chapter)
			• R Narender (Alzheimer & Related Disorders Society of INDIA- ARDSI)
			• Satyam Rawat (Green pencil foundation)
			• Dr Preeti Chauhan (Pallium India)
			• Rekha Gulbani (ICS)
			
			Observer:
			Araceli Lanorio (Philippines Alliance of Patient Organization- PAPO)

GPSAP Strategy 4.4 – Establish the principle and practice of openness and transparency throughout health care, including through patient safety incident disclosure to patients and families.	**The fourth consensus statement is [Transparency] Establish the principle and practice of openness and transparency throughout health care, including through patient safety disclosure to patients (and families when permitted).** Include "*(and families/caregivrs when permitted)*" to the consensus statement to emphasize that while patient safety disclosure to	a. Clearly outline advocacy events. b. Utilize a matrix format. c. Shift the focus to be more patient-centric rather than health-centric. d. Enhance and streamline	**Facilitators:** Dr Ratna Devi-DakshamA Health **Participants**: • Shubhangi Thakur (patient

	patients was expected and deemed important, disclosure to families should be only permitted after and upon the patient's authorization.
	
	A. The supporting statements highlight the importance of holding up the principle and practice of openness and transparency of the risk impact of the care process to the patients, in particular. Patients have the right to know what care treatment they are receiving and what are the risks involved. This in turn will build trust and foster shared decision making. Two important tenets are:
	
	  i. Regardless of the level of risk to the patient, transparency and disclosure is necessary. The increased openness and honesty following adverse events can improve provider-patient relationships, thus facilitating better health outcomes and quality of life.
	  ii. Autonomy of patients and families on informed decisions and information throughout their care journey.
	
	B. Several actions to suggest ways to create an open and safe environment and promote trusting relationships between patient and provider and towards a safer health system can be explored:
	
	  i. Help patients better understand their diagnosis, and formulate relevant questions for their healthcare providers, so that they are clear about treatment options, possible side effects and the way forward.
	  ii. Raise awareness about the rights to correct and complete information, and their entitlements.
	  iii. Raise awareness on the right to seek full open patient safety disclosure related to adverse events and ongoing treatments to make informed decisions.
	  iv. Patient organizations/advocates should be the voice of patients and families in seeking the following aspects of disclosure:
		the provider-patient list by incorporating a comprehensive and succinct representation of pharmacists and other frontline workers.
		
		e. Disclosure of adverse events and providing appropriate compensation
		f. Hospitals should publish their HAI and infection rates, readmission rates of patients and success of procedures.
		g. Establish a transparent and open feedback mechanism to receive inputs from patients and families and a system to review this feedback
			advocate)
			• Saifi Sadiya (Humanity foundation)
			• Aastha Trikha (Gramalaya)
			• Neha (Sachhi Saheli)
			• Dr. Anupam Patni- (Resolve to save lives).
			• Sandeep Khanda (Green Pencil Foundation)
			
			Observer:
			Dhanya Wijesuriya (Diabetes Association Sri Lanka)
			
			Dr Mahen Wijesuriya (Diabetes Association Sri Lanka)
			
			Nelia C Madina (Max foundation, PAPO)

	• The disclosure is relevant, credible and accurate. • easily accessible, comprehensible and timely communication of disclosure. • disclosure that includes strategies for prevention of recurrence to ensure the safety of patients. • privacy and confidentiality of the shared disclosure. v. Patient advocates and patient organizations should encourage the government to create an enabling environment for all members of society to be open and transparent.		
GPSAP Strategy 4.5 – Provide information and education to patients and families for their involvement in self-care and empower them for shared decision-making.	**The fifth consensus statement is [Education & Empowerment] Provide information and education to patients and families for their involvement in self-care and empower them for shared decision-making in relation to patient safety.** Add "*patient safety*" to the consensus statement as the original statement is too broad and did not explicitly emphasize the element of patient safety. The discussion also touched on the lack of information and access to information and policies, which can impact patients and families in their care journey. The importance of the communication skills and channels between patients, families and healthcare providers, on how shared experiences can be integrated with professional knowledge to create collective wisdom and build health literacy and finally adopting empowerment and shared decision-making model to enhance the care process. A. It is equally important to engage patients and families as partners-in-care, and in providing adequate and relevant education to them, to build their knowledge and competency. The supporting statements illustrated the key areas of focus: i. Tailor education to meet varying needs and literacy levels of patients and families and autonomize self-care management and patient safety beyond healthcare facilities.	a. Replace "Tailor" with "Customized" in A i. b. Add Adverse Effect data/patient safety in A iv. c. In B i (a), the "repository" should be an authenticated centrally handled domain to ensure that the data is correctly handled by a single authority. d. Include clinical trials at all levels of medicines manufacturing in A iii. e. Replace "Plan language" with "Local language" in B i (c). f. Create an open-access centralized report system in B i (d). g. In B ii (a), healthcare organizations should not lead patient advocacy due to conflicting interests with patients. Patient	**Facilitators:** Keshav Singh Project officer (PAIR Academy) **Participants:** • Amitav Banerjee (Dr D Y Patil medical college Pune) • Prasanna Shirol (Organization of Rare Disease India) • Sheetal Kaushik (Bleed equal organization) • Mugdha Barik (PAIR Academy) • Kanchan Sharma (Parivartan) • Chitransh Saxena

	ii. Build communication skills among patients, families as well as healthcare providers and other stakeholders to promote patient safety. iii. Co-create through Patient and Family Partnership programs and platforms and transform valuable insights and case studies from patients and families into collective resources for learning and improving patient safety. iv. Leverage on digital innovations to promote self-care management and reporting patient safety data. B. Healthcare organizations should be proactive and take the lead to drive the initiatives in promoting patient advocacy and patient empowerment. There is no easy or fast route to attain that. Proper planning, collaboration and support from various stakeholders are very much needed to realize the goal. The list of proposed actions from the group was as follows: i. Healthcare organizations should provide the lead in understanding the patient journey and consolidating the insights into a patient journey framework with potential patient safety issues highlighted at each stage. a. Collection of patients' and families' experiences and case studies to build repository and co- create education resources for learning and enhancing of healthcare system. b. Provision of segmented education to patients and families, addressing varying levels of needs and knowledge gaps. c. Promotion of the use of plain language and communication skill training to healthcare providers. d. Leveraging on digital innovations e.g. social media and apps to educate and empower patients and families to report on adverse events or near misses using digital technologies to co-create patient safety data. ii. Healthcare organizations should lead dynamic and active peer	advocacy's purpose is to hold healthcare providers accountable and amplify the voices of those mistreated by the system.	(DakshamA Health) **Observer:** Marimel Lamsin (Philippines alliance of patient groups) Orajitt Bumrungskulswat (heart to heart Foundation), Thailand

	support groups that give opportunities beyond formal channels to patient and family members to raise concerns through dialogue on safety aspects of care.
	
	   a. Design and promote patient advocacy programs in patient organizations and healthcare facilities.
	   b. Explore opportunities for collaborations or invites for patients and families to participate in support groups, advocacy groups, etc. to represent and contribute to their perspectives.
	
	iii. Healthcare organizations should advocate for the creation of formalized platforms where patient advocates can dialogue with regulators and other health authorities to raise their concerns and promote accountability.
	   a. Formulate a framework to establish the pathway of engagement and communication between patient advocates, regulators and other health authorities, providing a legitimatized platform to manage the information and accountability.		

CONSENSUS STATEMENTS

The Patient for Patient Safety – India Consensus Statements for Patient Safety are as follows:

i. [Engage] Partner and Engage patients, caregivers, families and civil society organizations in co-development of policies, plans, strategies, programs and guidelines to make health care safer.

ii. [Learn] Learn from the experience of patients and families exposed to unsafe care to improve understanding of the nature of harm and foster the development of more effective solutions.

iii. [Capacity Building] Build the capacity of patient advocates and champions in patient safety.

iv. [Transparency] Establish the principle and practice of openness and transparency throughout health care, including through patient safety disclosure to patients (and families when permitted).

v. [Education & Empowerment] Provide information and education to patients and families for their involvement in self-care and empower them for shared decision-making in relation to patient safety.

Next steps and the way forward

National Workshop on Patient Safety Network:

- Plan and organize a national workshop with the objective of forming a comprehensive and representative national network on patient safety.
- Invite 2-3 representatives from each state to ensure diverse geographical representation and perspectives.
- Develop an agenda that includes discussions on the role and responsibilities of the network, strategies for collaboration, and the formulation of a common vision for patient safety in India.

Network Expansion and Formation:

- Use the national workshop as a platform to recruit and engage representatives from each state who are passionate about patient safety.
- Encourage active participation, sharing of best practices, and collaborative problem-solving among representatives.
- Facilitate the formation of state-level committees or chapters within the network to ensure ongoing engagement and coordination.

Collaborative Initiatives on Patient Safety:

- Foster collaboration and information exchange among representatives and stakeholders within the network.

- Identify key patient safety challenges and priorities at both the national and state levels.
- Formulate and implement collaborative initiatives to address these challenges, leveraging the collective expertise and resources within the network.

Advocacy and Awareness:

- Work collectively on advocacy efforts to raise awareness about patient safety at the national and state levels.
- Engage with policymakers, healthcare institutions, and the public to promote patient safety initiatives and best practices.

Capacity Building and Training:

- Conduct capacity-building workshops and training sessions for network members, healthcare professionals, and relevant stakeholders.
- Share knowledge, tools, and resources to enhance the capacity of individuals and institutions in ensuring patient safety.

Regular Network Meetings and Communication:

- Establish a regular schedule for network meetings, either virtually or in person, to facilitate ongoing communication and collaboration.
- Utilize digital platforms to maintain a continuous flow of information, updates, and discussions among network members.

Establish digital and social media channels for wider outreach:

Establish a digital network and social media channels to reach out and disseminate messages on patient safety. Conduct a webinar series on the thematic areas of Worls patient safety day as declared by WHO every year.

Monitoring and Evaluation:

- Implement a monitoring and evaluation framework and formulation of an Advisory board to assess the impact of network activities on patient safety outcomes.
- Regularly review and refine strategies based on feedback and lessons learned.

To further enhance the inclusivity and relevance of the consensus document, PFPSN India is planning to disseminate it to 2-3 organizations from each state, inviting their valuable feedback and comments. This outreach initiative aims to garner diverse perspectives and insights, ensuring that the document reflects the collective wisdom of various stakeholders in patient safety. The feedback received will be carefully considered and incorporated, contributing to the document's robustness and effectiveness in guiding patient safety initiatives across the nation. This collaborative approach aligns with PFPSN India's commitment to fostering a comprehensive and inclusive network for advancing patient safety.