Medication without harm – a Danish status paper.

Copenhagen, September 2018

Background and organization

March 2018 Denmark launched the national patient safety programme "Medicin uden skade" as part of the 3rd global WHO patient safety initiative "Medication without harm".

The overall goal – on a global level as well as on a national level - is to reduce severe, avoidable medication-related harm by 50% in five years using initiatives which address the three WHO-defined focus areas 'polypharmacy', 'high risk situations' and 'transition of care'.

The national programme is led by Danish Patient Safety Authority and Danish Society for Patient Safety and is broadly supported by key stakeholders (see below) in the Danish health care system.

- Danish Authority for Patient Safety
- Danish Society for Patient Safety
- Danish Health Authority
- Danish Medicines Agency
- Danish Regions
- Local Government Denmark
- The Danish Medical Association
- Danish Nurse Organization
- The Danish College of General Practitioners
- Danish Patients
- PharmaDanmark – a trade-union for e.g. pharmacists
- FOA – a trade-union for e.g. social and health care workers

The national programme is organized into two different groups.

The programme committee: a steering committee representing the stakeholders and consisting of chairs, presidents and foremen. Includes also a representative for relatives.

They meet once/twice a year and their purpose is to:

- transduce and adapt the WHO-initiatives to the Danish health care system.
- ensure an overview of existing national initiatives and projects, which addresses the optimization of medication safety within the WHO-defined areas of 'polypharmacy', 'high risk situations' and 'transition of care'.
- bring the medication safety-work to a national agenda.
- support initiatives on improvement of medication safety
- Coordinate and ensure correlation between focus areas and sectors etc. within the fields 'Medication without harm' addresses.

The reference group: a group representing the Danish health system, but the members are selected by their professional knowledge and qualifications as their main purpose is to ensure highest possible professional standard and relevance to the national programme, hereby supporting the programme committee.

In many ways the reference group shares the same overall purposes as the programme committee although they are also expected to raise attention concerning the agenda in their own organizations.

They meet at least twice a year, and we have learned that this group of experts, as times goes by, is creating and consolidating a ressourcefull network, sharing knowledge and experiences with each other.

The secretariat**:** is shared between Danish Patient Safety Authority and Danish Society for Patient Safety and supports both the programme committee and the reference group.

Consist of two project managers – one from each organization. When needed they have the possibility to engage relevant professional experts such as pharmacists, improvement advisors and the communication departments from their internal organizations.

Definition and indicators

First and foremost, it must be defined what "severe, avoidable medication-related harm" means in a Danish context. The definition will be used to set the indicators, by which we can measure the progress and results of the programme. And finally, to decide whether the goal is achieved.

Therefore, it is of great importance to take every professional consideration into account when defining the term. In this perspective it has been necessary to appoint six members of the reference group with the requisite skills to discuss and determine the exact definition in a Danish context. In doing so, they are also required to suggest the relevant indicators for the programme. By January 2019, it is expected that these experts can present definition and indicators.

The focus areas 'polypharmacy', 'highrisk situations' and 'transistion of care' have been defined by WHO, and as the definitions and terms have been relevant in a Danish context we have decided to follow the terms.

National initiatives

For each of the 3 WHO-defined focus areas; 'polypharmacy, 'high risk situations', and 'transition of care', the national programme includes for example strategies, improvement work and implementing projects that build on to, and consolidates, the former medication safety work.

Therefore, it has been essential to have profound knowledge regarding the actual strengths and deficits of medication safety in the Danish health care system.

Mapping of strengths and weaknesses in the existing national medication safety work.

To identify the weaknesses, the Secretariat has interviewed one or two significant representatives for each stakeholder groups – primarily members of the reference group and/or members of the programme committee. The interview followed a standardized questionnaire and allowed the interviewees to elaborate their answers.

Despite the open structure of the questionnaire interviewee responses were surprisingly similar in terms of the themes.

The most important themes were patient involvement – medication reconciliation inclusive the need for deprescribing – and infrastructure and leadership.

To identify the strengths of medication safety in the Danish healthcare system, we asked each member of the reference group to contribute to the mapping of existing national initiatives on medication safety within polypharmacy, high risk situations and transition of care. Each organization was expected to highlight the three most effective and promising initiatives, projects and experiences from each of these areas. The contributions should ideally have been evaluated.

This mapping has created an important overview and confirms the result of the interviews and questionnaires since the existing national initiatives focus on exactly the same themes.

We have reorganized the mapping based on how the initiatives address the weaknesses.

Hence, the future efforts in 'Medication without harm' fall in the following five categories:

1. User-involvement

   Addresses the involvement of both patients, relatives and professionals, communication, responsibility, qualifications, medication-reconciliation, prescribing, deprescribing, compliance, overdiagnosis, generic substitution and mistakes/misunderstandings, culture, opinion and professional leadership as well as unsafe IT-solutions.

2. Medication-reconciliation and safe processes

   Addresses all the same lacks/problems.

3. Deprescribing

   Addresses overdiagnosis, overtreatment, medication-reconciliation, compliance, communication, involvement of patients and relatives as well as culture, opinions and professional leadership.

4. Technological innovation

   Addresses all the categories mentioned above.

5. Leadership/management

   Addresses all the categories mentioned above.

Furthermore, we have learned from the existing national initiatives, that it is of great importance to incorporate a baseline and the interdisciplinary cooperation and leadership into new initiatives.

It is also an approach to address the inequality in health hereby designing initiatives aimed at the vulnerable subgroups of patients.

In addition this mapping is an important knowledge to share within the network of experts in the Reference group.

Communication

Communication is a critical tool in patient safety and will be a key component of the 'Medication without harm' programme.

During the launch of the programme in March 2018, substantial positive attention was received from both national and local media (television, radio, newspapers) as well as on our own homepages. Material has also been provided to an independent podcast.

A major part of the communication strategy includes the participation of service users with chronic multimorbid needs who have experiences and thoughts on medication safety. They can talk directly about the Medication without harm programme in a way people can relate to.

Just ahead of our next milestone, we have planned a "communication"-workshop. Communication-staff from each member-organization is invited to participate and the purpose is to agree on and plan a strategy for strong internal and external communication around the milestone.

Next step

The next milestone is to formulate and present several initiatives addressing the main weaknesses to the programme committee to seek their consent to advance 'Medication without harm. The programme committee must then prioritize the initiatives. Afterwards it is our task to introduce these initiatives in daily practice e.g. by campaign, improvement work or strategies.

This presentation for the programme committee is scheduled at October 24th 2018.

The initiatives are focused on user-involvement, deprescribing, medication-reconciliation and safe processes, technological innovation and leadership and as far as possible they will address inequality in health.

Kind regards

Danish Patient Safety Authorithy

Danish Society for Patient Safety