

NATIONAL PATIENT SAFETY ACTION PLAN 2024–2030



Government of Nepal
Ministry of Health and Population
Department of Health Services
CURATIVE SERVICE DIVISION



Ref:

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Foreword



Patient safety is fundamental to a strong healthcare system, ensuring that every individual receives safe and effective care. The **National Patient Safety Action Plan** is a strategic initiative aimed at reducing preventable harm and enhancing healthcare quality in Nepal.

This action plan underscores our commitment to fostering a culture of safety, accountability, and continuous improvement. It outlines key interventions in medication safety, infection prevention, harm reduction, and patient engagement, while establishing a robust framework for monitoring and evaluation.

This initiative has been shaped through collaboration with healthcare professionals, policymakers, and key stakeholders. Their expertise and dedication have been crucial in formulating actionable strategies to strengthen patient safety nationwide.

Successful implementation requires collective effort. I urge all healthcare institutions, professionals, and communities to actively contribute to this mission. Together, we can build a healthcare system where safety is a fundamental right.

On behalf of the Ministry of Health and Population, I extend my sincere gratitude to Curative Service Division, Department of Health Service and all contributors. Let us work towards a safer, more patient-centered healthcare system in Nepal.

.....
Dr. Bikash Devkota
Secretary



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Preface



Patient safety is the foundation of quality healthcare, ensuring that individuals receive safe, effective, and reliable medical services. As Nepal progresses toward strengthening its healthcare system, minimizing preventable harm and enhancing patient safety have become national priorities. The **National Patient Safety Action Plan** serves as a guiding framework to integrate safety measures, build institutional accountability, and improve overall healthcare outcomes.

Developed under the leadership of the Department of Health Services and the Ministry of Health and Population, this action plan focuses on critical areas such as infection prevention, medication safety, clinical governance, and patient engagement. It aims to establish a structured system that incorporates evidence-based best practices, continuous learning, and monitoring mechanisms to enhance healthcare delivery across Nepal.

Implementing this plan successfully requires commitment from all stakeholders—healthcare institutions, professionals, and communities. By fostering a culture of safety and continuous improvement, we can ensure that healthcare services across Nepal prioritize patient well-being and trust.

Department of Health Services extends sincere gratitude to Curative Service Division and all contributors to this initiative. Let us work together to build a resilient and patient-centered healthcare system where safety is a fundamental right for all.

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Dr Tanka Prasad Barakoti
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Preface



Patient safety is a fundamental priority in healthcare, essential for delivering high-quality, effective, and equitable medical services. In Nepal, ensuring patient safety is vital to strengthening healthcare institutions, minimizing preventable harm, and fostering public trust in the health system. The **National Patient Safety Action Plan** provides a structured framework to implement safety measures, promote accountability, and enhance overall healthcare quality.

This action plan, developed by Curative Service Division, focuses on key areas such as medication safety, infection prevention, clinical governance, and patient engagement. It aims to establish a system that integrates evidence-based best practices, continuous learning, and systematic monitoring to ensure safer healthcare delivery.

The development of this plan has been a collaborative effort, engaging healthcare professionals, policymakers, and key stakeholders who have contributed valuable insights and expertise. Their contributions have been instrumental in formulating a strategic and practical approach to improving patient safety at all levels of care.

The successful implementation of this plan requires the active participation of all stakeholders, including healthcare institutions, professionals, and communities. By working together, we can foster a culture of safety, ensuring that patients receive the highest standards of care in a secure environment.

On behalf of the Curative Service Division (CSD), I express my deep appreciation to respective section chief, all staffs of CSD, WHO (World Health Organization) and other stake holders involved in this initiative. Let us remain dedicated to making patient safety a cornerstone of Nepal's healthcare system, ensuring that every patient receives safe, effective, and compassionate care.

Dr Sudha Devkota
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Table of Contents

1. BACKGROUND	1
1.1 Introduction	1
1.2 Global and regional situation of unsafe care and efforts	2
1.3 Situational analysis of unsafe care in Nepal	4
1.4 Policies relevant to patient safety	5
1.5 Nepal's patient safety efforts	5
1.6 Rationale and mandate	6
1.7 Development process	6
2. STRENGTHS OF THE PATIENT SAFETY ACTION PLAN	7
3. PROBLEMS AND CHALLENGES	8
4. GUIDING PRINCIPLES AND STRATEGIC OBJECTIVES	9
4.1 Guiding principles	9
5. VISION, MISSION, AND GOAL	10
6. PATIENT SAFETY FRAMEWORK, STRATEGIC OBJECTIVES, STRATEGIES AND ACTIONS	11
6.1 Framework for action	11
6.2 Strategic objectives and strategies	12
6.3 Patient safety actions and indicators	15
7. IMPLEMENTATION AND MONITORING	16
7.1 Implementation, monitoring, evaluation, and reporting mechanism	16
7.2 Patient Safety Committee	16
7.3 Annual report and evaluation	16
8. FINANCIAL RESOURCES, OPPORTUNITIES, RISKS, AND MITIGATION	17
8.1 Financial resources	17
8.2 Opportunities for implementation	17
ANNEX: ACTIONS, INDICATORS, TARGETS AND RESPONSIBILITY	18

List of abbreviations

APHIN	Association of Private Health Institutions of Nepal
AMR	Antimicrobial Resistance
CME	Continued Medical Education
CSD	Curative Service Division
CSO	Civil Society Organization
DDA	Department of Drug Administration
DoAA	Department of Ayurveda and Alternative Medicine
DoHS	Department of Health Services
DUDBC	Department of Urban Development and Building Construction
EDPs	External Development Partners
EDCD	Epidemiology and Disease Control Division
EHR	Electronic Health Records
EMR	Electronic Medical Records
EIA	Environmental Impact Assessment
FWD	Family Welfare Division
HAI	Healthcare-Associated Infection
HCD	Health Coordination Division
HCF	Health Care Facility
HCW	Health Care Waste
HCWM	Health Care Waste Management
HDPRP	Hospital Disaster Preparedness and Response Plan
HEDMU	Health Emergency and Disaster Management Unit
HIV	Human Immunodeficiency Virus
ICT	Information and Communication Technologies
IEE	Initial Environmental Examination
IHMIS	Integrated Health Management Information System
IPC	Infection Prevention and Control
MD	Management Division
MDR	Multi-Drug Resistant
MEC	Medical Education Commission

MSS	Minimum Service Standards
MOFAGA	Ministry of Federal Affairs and General Administration
MoHP	Ministry of Health and Population
NCASC	National Centre for AIDS and STD Control
NHAA	National Health Accreditation Authority
NHEICC	National Health Education Information and Communication Centre
NHRC	Nepal Health Research Council
NHTC	National Health Training Center
NJAR	National Joint Annual Review
NPHL	National Public Health Laboratory
NRCS	Nepal Red Cross Society
NTC	National Tuberculosis Centre
NSSD	Nursing and Social Security Division
O & M	Organization and Management
PHD	Provincial Health Directorate
PHLMC	Provincial Health Logistic Management Centre
PHTC	Provincial Health Training Centre
PPMD	Policy, Planning and Monitoring Division
PR	Provincial Review
PSAF	Patient Safety Action Force
QI	Quality Improvement
QSRD	Quality Standards and Regulatory Division
RCCE	Risk Communication and Community Engagement
SDG	Sustainable Development Goal
SEA	South East Asia Region
SEARO	South-East Asia Regional Office
SOP	Standard Operating Procedure
SDG	Sustainable Development Goal
STPs	Standard Treatment Protocols
SO	Strategic Objectives
TWG	Technical Working Group
UHC	Universal Health Coverage
US	United States
WASH	Water, Sanitation, and Hygiene
WHO	World Health Organization

1.1 Introduction to patient safety

Patient safety is a term used to describe avoidance, prevention, and amelioration of adverse outcomes or injuries stemming from processes of health care.¹ World Health Organization defines it as the absence of preventable harm to a patient and the reduction of risk of unnecessary harm associated with health care to an acceptable minimum.²

Patient safety is a subset of healthcare quality that includes errors, deviations, and accidents that occur during treatment. Some patient safety concerns in the global scenario include unsafe injections like reused and unsterilized syringes and needles, unsafe blood (which leads to more chances of HIV infections in developing countries), and counterfeit drugs (which account for a significant number of medicines consumed in developing countries).

There is inherent risk at every point in the process of health care. The nature and scale of risks vary greatly, based on the context of health care provision and its availability, infrastructure, and resources within and across countries. The challenge for health systems and healthcare institutions is to maintain a heightened awareness to detect safety risks, as well as to address all sources of potential harm.

Patient safety, therefore, is a framework of organized activities that create culture, process, procedure, behavior, and environment and adapt technology in health care that consistently lower the risks, reduce the occurrence of avoidable harm, make errors less likely, and reduce the impact of harm when it does occur.³

The term patient safety came at the beginning of the 21st century to describe the safety risks in health care and measures to address those risks and patient harm. It recognized the scale of the problem of inadvertent harm in the delivery of health care, the common causes that allowed similar kinds of adverse events to occur in all countries worldwide, the need to see human error to be mitigated and prevented rather than eliminated entirely.

Patient Safety is also a fundamental component of Universal Health Coverage (UHC). Safety of patients during the provision of health services that are safe and of high quality is a prerequisite for strengthening healthcare systems and making progress towards effective UHC under Sustainable Development Goal 3 (Ensure healthy lives and promote health and well-being for all at all ages). It is also important to recognize the impact of patient safety in reducing costs related to patient harm and improving efficiency in healthcare systems. The provision of safe services will also help to reassure and restore communities' trust in their healthcare systems.

To summarize, patient safety is a healthcare discipline that emerged with the evolving complexity in healthcare systems and the resulting rise of patient harm in healthcare facilities. It aims to prevent and reduce risks, errors, and harm that occur to patients during the provision of health care.

¹ Emanuel L, Berwick D, Conway J, et al. What Exactly Is Patient Safety? In: Henriksen K, Battles JB, Keyes MA, et al., editors. *Advances in Patient Safety: New Directions and Alternative Approaches* (Vol. 1: Assessment). Rockville (MD): Agency for Healthcare Research and Quality; 2008 Aug. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK43629/>

² World Health Organization. Patient Safety. Available at: <https://www.who.int/news-room/fact-sheets/detail/patient-safety>

³ World Health Organization. What is patient safety? Patient Safety. World Health Organization. 12 June 2021.

1.2 Global and regional situation of unsafe care and efforts

Interest in the issue of patient safety is new even in the international scenario. It started with the Harvard Medical Practice Study published in 1995⁴ but the milestone publication that caused a lot of stir was the ‘To Err Is Human’ report, published by the Institute of Medicine, US in 1998.⁵ World Alliance for Patient Safety⁶ was subsequently launched in 2004 and it immediately initiated the first Global Patient Safety Challenge in 2005: Clean Care is Safer Care, which focused on Hand Hygiene in Health Care.⁷

1.2.1 Global burden of unsafe care

One in 10 patients is subject to an adverse event while receiving hospital care in high-income countries.⁸ The estimate for low- and middle-income countries suggests that up to one in four patients is harmed, with 134 million adverse events occurring annually due to unsafe care in hospitals, contributing to around 2.6 million deaths.⁹ Overall, 60% of deaths in low and middle-income countries from conditions amenable to health care are due to unsafe and poor-quality care.¹⁰ People mostly link patient safety with hospital-based care; however, unsafe care is a system-wide problem. Half of the global disease burden arising from patient harm originates in primary and ambulatory care.

1.2.2 The SEARO context of unsafe care¹¹

Constraint resources, poor healthcare infrastructure, and equipment, particularly for infection control, the unreliable supply and quality of drugs and other supplies, and shortcomings in waste management, clean water, and sanitation are major obstacles to patient safety. Lack of safety culture and attitudes that overlook basic safety rules for both the patient as well as the health-care professional poses a serious problem in the region. Further, patients do not question the doctor owing to the lack of patient empowerment. Due to social and educational disparity, doctors feel there is no point in attempting to explain tests and test results to patients. Patients often sign consent forms without really understanding what they are consenting to. Healthcare professionals are reluctant to register or talk about adverse events and medical errors for fear of embarrassment, punishment, and litigation. Consequently, there is underreporting of adverse events. Many of the challenges for patient safety in the South East Asia (SEA) Region can be attributed to health system weaknesses and are determined by broader public health policy and political and economic trends.

Although not well documented, the scope of the patient safety problem in developing countries including in South-East Asia based on existing information is as follows:

- The risk of acquiring Health Care Associated Infections (HAI) is 2–20 times higher in developing countries. Surgical site infection is the most surveyed type of infection in low- and middle-income countries with incidence rates ranging from 1.2 to 23.6 per 100 surgical procedures and a pooled incidence of 11.8%. By contrast, surgical site infection rates vary between 1.2–5.2% in developed countries.¹²
- Persons in the developing world receive an average of 1.5 injections per year and 50% of the injections are ‘unsafe’.¹³ Unsafe practices include the reuse of syringes and needles in the absence of (proper) sterilization, and poor collection and disposal of dirty injection equipment which expose health-care workers and the community to the risk of needle stick injuries.

⁴ Harvard Medical Practice Study. Patients, doctors, and lawyers: studies of medical injury, malpractice litigation, and patient compensation in New York. Boston: Harvard Medical Practice Study, 1990. Technical appendix 5.V.I.

⁵ Institute of Medicine (US) Committee on Quality of Health Care in America. To Err is Human: Building a Safer Health System. Kohn LT, Corrigan JM, Donaldson MS, editors. Washington (DC): National Academies Press (US); 2000. PMID: 25077248.

⁶ World Alliance for Patient Safety. Available from: <https://www.who.int/teams/integrated-health-services/patient-safety/about/world-alliance-for-patient-safety>.

⁷ Allegranzi B, Storr J, Dzielak G, Leotsakos A, Donaldson L, Pittet D. The First Global Patient Safety Challenge “Clean Care is Safer Care”: from launch to current progress and achievements. *J Hosp Infect.* 2007 Jun;65 Suppl 2:115-23. doi: 10.1016/S0195-6701(07)60027-9. PMID: 17540254.

⁸ Sławomirski L, Klazinga N. The economics of patient safety: from analysis to action. Paris: Organization for Economic Co-operation and Development; 2020 (<http://www.oecd.org/health/health-systems/Economics-of-Patient-Safety-October-2020.pdf>, accessed 6 September 2023).

⁹ Lima Júnior AJ, Zanetti ACB, Dias BM, Bernardes A, Gastaldi FM, Gabriel CS. Occurrence and preventability of adverse events in hospitals: a retrospective study. *Rev Bras Enferm.* 2023 Jul 10;76(3):e20220025.

¹⁰ Patient safety and health service quality in the South-East Asia. Available at: <https://www.who.int/nepal/health-topics/patient-safety#:~:text=60%25%20of%20deaths%20from%20conditions,or%20promote%20bypassing%20of%20facilities>.

¹¹ World Patient Safety Day 2019 in the South-East Asia Region. New Delhi: World Health Organization, Regional Office for South-East Asia; 2019. License: CC BY-NC-SA 3.0 IGO.

¹² Allegranzi B, Nejad SB, Combescurie C, Graafmans W, Attar H, Donaldson L, Pittet D. Burden of endemic health-care-associated infection in developing countries: systematic review and meta-analysis. *Lancet.* 2011;377(9761):228–241.

¹³ Simonsen L, Kane A, Lloyd J, Zaffran M, Kane M. Unsafe injections in the developing world and transmission of bloodborne pathogens: a review. *Bull World Health Organ.* 1999;77(10):789-800. PMID: 10593026; PMCID: PMC2557743.

- Countries in South-East Asia produce over 1000 metric tons of healthcare waste every day including injection-related waste which is not properly disposed of.¹⁴ In some countries, unsafe disposal can lead to re-sale of used equipment on the black market.
- At least 50% of medical equipment is unusable or only partly usable – resulting in substandard diagnosis and treatment.¹⁵ Although South-East Asia is a large producer of medical devices that are exported all over the world, the devices sold in the domestic market are often manufactured outside the regulatory framework and may not meet international standards.
- Developing countries account for 77% of all reported cases of counterfeit and substandard drugs¹⁶ and over 50% of all medicines prescribed, dispensed, or sold globally are not justified.¹⁷

1.2.3 World Alliance for Patient Safety (2004–2014)

In May 2004, the fifty-seventh World Health Assembly supported the creation of an international alliance to facilitate the development of patient safety policy and practice in all Member States and to act as a major force for improvement globally. In October 2004, the World Alliance for Patient Safety was launched as a working partnership between WHO and external experts, healthcare leaders, and professional bodies. The creation of the World Alliance for Patient Safety was a hugely significant step in the struggle to improve the safety of health care in all Member States. It created a unique environment in which major new initiatives arose that individual partners were not able or willing to undertake alone. It became a vehicle for sharing knowledge and resources aimed at improving the safety of health care. A fundamental aim of the World Alliance for Patient Safety was to facilitate the development of patient safety policies and practices in Member States.

1.2.4 WHO Patient Safety Initiatives (2015–2020)

In 2016, a WHO Global Consultation on Setting Priorities for Global Patient Safety provided a platform to recognize that the scale of avoidable harm in healthcare systems around the world was unacceptably high, with few signs of improvement. Building on WHO's earlier work carried out jointly with the World Alliance for Patient Safety, this led to consolidation and further development of the second phase of WHO's global patient safety program. WHO established major global patient safety initiatives, engaged with a large number of stakeholders and partners, and held large-scale and high-level consultations, including the Global Patient Safety Network, a highly interactive network established in collaboration with Member States, health care leaders, international experts, and professional bodies; Global Patient Safety Collaborative, launched in collaboration with the Government of the United Kingdom to collaborate with low- and middle-income countries to reduce the risk of avoidable patient harm; and the WHO Flagship Initiative “A Decade of Patient Safety 2021–2030” which was launched to guide and support strategic action on patient safety at the global, regional and national levels.

1.2.5 Patient safety in the WHO South-East Asia Region (2016–2025)

Reports from the countries of the region have shown that there is a growing awareness of the problem. Resolution SEA/RC59/R3 requested WHO to “coordinate through an inclusive consultation the development of a strategic framework and package of interventions for strengthening patient safety which builds on successful interventions in the region and worldwide”. Under the overarching goal of providing safe and quality UHC, the goal of the SEAR patient safety strategy is to improve patient safety at all levels of health care in both public and private sectors, from primary to referral level, and all modalities of health care, including prevention, diagnosis, treatment, and follow-up.

Table I. The Strategic Objectives of the Regional Strategy for patient safety in the WHO South-East Asia Region (2016–2025)	
1.	To improve the structural systems to support the quality and efficiency of health care and place patient safety at the core at national, sub-national, and healthcare facility levels
2.	To assess the nature and scale of adverse events in health care and establish a system of reporting and learning

¹⁴ Report on health-care waste management (HCWM) status in Countries of the South-East Asia Region (SEA Region), April 2017. New Delhi: World Health Organization, Regional Office for South-East Asia; 2017. Licence: CC BY-NC-SA 3.0 IGO.

¹⁵ Inaugural Address by DGHS. National Consultation Workshop on Patient Safety 10th to 12th May 2010 At Sanjay Gandhi Postgraduate Institute of Medical Sciences (SGPGIMS), Lucknow.

¹⁶ Glass BD. Counterfeit drugs and medical devices in developing countries. Res Rep Trop Med. 2014 Apr 24;5:11-22. doi: 10.2147/RRTM.S39354. PMID: 32669888; PMCID: PMC7337201.

¹⁷ Kar SS, Pradhan HS, Mohanta GP. Concept of essential medicines and rational use in public health. Indian J Community Med. 2010 Jan;35(1):10-3. doi: 10.4103/0970-0218.62546. PMID: 20606912; PMCID: PMC2888334.

Table I. The Strategic Objectives of the Regional Strategy for patient safety in the WHO South-East Asia Region (2016–2025)

3. To ensure a competent workforce that is aware and sensitive to patient safety
4. To prevent and control healthcare-associated infections
5. To improve the implementation of global patient safety campaigns and strengthen patient safety in all health programs – safe surgery, safe childbirth, safe injections, medication safety, blood safety, medical device safety, and safe (organ, tissue, and cell) transplantation
6. To strengthen capacity for and promote patient safety research

1.3 Situation analysis of unsafe care in Nepal

Poor quality and unsafe care remain common especially in low- and middle-income countries because of which one in ten hospital patients gets a healthcare-associated infection, of which many are preventable. Often, some real basics are missing - most of the healthcare facilities in low- and middle-income countries have need of improved water and sanitation. Even where supplies are available, low adherence to hand hygiene and other safe care practices has been found. Inadequate integration across levels of care and weak referral systems undermine care for complex conditions. Nepal is no exception to it. Lots of patients are getting harmed in Nepal due to medical errors.

In Nepal, patients who seek medical care may be seen in clinics, emergency departments or inpatient facilities. In such settings, healthcare personnel are often operating under stressful conditions with limited resources available to them. There is lack of availability of modern medical equipment which can help them with quick and precise diagnosis, currently, most medical professionals need to rely on their past experiences for treating the patients and it has been proven globally that human factors have been the major cause of disasters.

There is a need for proper infrastructure for the hospitals in the remote areas of the Country. The proper segregation of the biomedical waste is also a concern. Healthcare-associated infection (HAI) is common in Nepal because of the lack of proper sanitation and hygiene in the health facilities in remote areas.²⁰ Similarly, medical professionals here work with limited time for conversation with patient families and the evaluation of individual patients. With a very poor doctor-patient and nurse-patient ratio, the medical staff have to see the number of patients which is up to 50 times higher as compared to the patient seen each day by a doctor in developed countries. This enormous work pressure makes them more prone to cause unintentional harm to the patients.

Healthcare personnel in Nepal are now working longer hours and have increased demands to be more productive than ever before. That is, they are under increasing pressure to see an ever-greater number of patients. On the other hand, complex hospital settings and systems have made it harder for patients to navigate health facilities and procedures. Patients often receive care from multiple healthcare professionals during their hospitalization. During their care, there may be little coordination between the doctors involved in an individual patient's care. The lack of transparent communication between the management and the healthcare staff as well as between senior staff and their subordinates also affects the daily operations of the hospital and the quality of care that the patients receive.

In many hospitals in Nepal, despite the presence of highly trained and experienced physicians, important details regarding patient histories, medications, or procedures completed in the hospital are incomplete or inaccurately recorded. In such environments, the lack of systematic approaches and checklists that ensure that all the steps for a patient's care are completed has the potential of putting patients at risk for untoward events such as medication or surgical procedural errors.

In Nepal, cultural issues can also be regarded as one of the major contributors fueling poor communication that leads to patient safety-related problems. As most of the population has limited health literacy, they hesitate to ask the questions from the doctors and even medical professionals do not clearly explain to them about the disease and the treatment hence this communication gap invites lots of adverse events. Likewise, irrational buying and selling of medicines has been a great

²⁰ Rai SK. Changing Trend of Infectious Diseases in Nepal. *Adv Exp Med Biol.* 2018;1052:19-38. doi: 10.1007/978-981-10-7572-8_3. PMID: 29785478; PMCID: PMC7122567.

threat to patient health these days in Nepal. Therefore, overstressed medical staff, lack of resources, lack of awareness about patient safety, personal behavior of the health care professionals like not following the standard guidelines and protocols, poor hand hygiene practices, poor patient handovers etc. that lead to patient harm have been identified as some of the major factors responsible in Nepal.

1.4 Policies relevant to patient safety

Nepal is in the verge of developing a separate patient safety policy. Nonetheless, the spirit of patient safety is reflected in various national policies and guiding documents. The National Health Policy 2076 adopts the principle of universal access, uninterrupted availability, transparency, and comprehensiveness in quality health services with professionalism, honesty, and professional ethics in health service delivery. Public Health Service Act 2075 and The Public Health Service Regulation 2077 also emphasize on the safety of healthcare service providers and healthcare service receivers. The intent of patient safety is expressed in several other health documents, guidelines, and Standard Operating Procedures and are elaborated elsewhere in this Action Plan.

1.5 Nepal's patient safety efforts

As a member state of WHO, Nepal conducted a situational analysis of patient safety between December 2016 to May 2017 following the regional strategy and using the "Country- Self Assessment Tool" developed for the South-East Asia Region (SEAR). The purpose of the situation analysis was to translate the six strategic objectives of the regional strategy for patient safety in the WHO South- East Asia region into actions, implementation, monitoring, and evaluations in line with the country context. The important findings of the assessment are presented in the Table 2.

Based on the Regional Strategy for Patient Safety in the WHO South-East Asia Region (2016–2025) and the findings of the National Situation Assessment of Patient Safety (2073/074), Nepal drafted a Patient Safety Action Plan (2074/75-2078/79). The aims of the action plan were to:

- Engage all relevant stakeholders in building safer healthcare facilities, creating, and sustaining a culture of safety at all levels of healthcare.
- Create awareness and engage patients and communities in the process of improving patient safety, strengthening health systems, and supporting UHC.
- Consider allocating adequate resources to implement the country's action plan.
- The Action Plan, through consultations with the stakeholders, identified action points and targets under each of the six strategic objectives.

1. To improve the structural systems to support the quality and efficiency of health care and place patient safety at the core at national, sub-national, and healthcare facility levels	<ul style="list-style-type: none"> • The country has a National Policy on Quality Healthcare Services 2007 with strategies and activities identified to ensure patient safety. • To institutionalize and improve patient safety in health care, legislation and a regulatory framework is mandatory especially in changing scenario of federalism. Patient safety issues should be specified in laws and by laws under Public Health Act.
2. To assess the nature and scale of adverse events in healthcare and establish a system of reporting and learning	<ul style="list-style-type: none"> • Although there is no mechanism for public reporting of adverse events, individual institutions collect information on adverse events. • The responses to these events are mostly determined by the institution or the individual care provider concerned. There is no uniform mechanism to respond. It is also used as a component of teaching and learning tools in medical institutions.
3. To ensure a competent workforce that is aware and sensitive to patient safety	<ul style="list-style-type: none"> • Registration of medical professionals is strong. However, there is no mechanism for revalidation of technical competency. There is no availability of appropriate health workforce at all levels.

Table 2. Findings of the Situational Assessment against the six Strategic Objectives of the Regional Strategy for patient safety

	<ul style="list-style-type: none"> While many guidelines have been developed by the government as well as by professional organizations or individual professionals, the service sites do not have standard guidelines and SOPs and still the Guideline Culture such as seen in developed countries is not seen.
<p>4. To prevent and control healthcare-associated infections</p>	<ul style="list-style-type: none"> The country has Infection Control guidelines and mechanisms, and capacity building activities are conducted. National Infection Control and Health Care Waste Management program has been established and hand hygiene protocols etc. are being implemented according to WHO Guidelines at all levels of health care. Infection Prevention and Health Care Waste Management (HCWM) tools as job aids are used for IP and service site IP improvement at health facilities. Environment, general hygiene, health promotion activities and other social determinants of health have been covered by Public Health Act 2018.
<p>5. To improve implementation of global patient safety campaigns and strengthen patient safety in all health programs – safe surgery, safe childbirth, safe injections, medication safety, blood safety, medical device safety, and safe (organ, tissue, and cell) transplantation</p>	<ul style="list-style-type: none"> Patient safety in surgical and highly specialized care like organ transplant/ cardiac surgery, and medical device safety needs attention. Although National Health Policy 2076 addresses surgical care, it is not specific. There are guidelines for specific surgical services for different health facilities but need strong implementation. Similarly, implementation of existing standards and protocols for safe childbirth at all levels is crucial. National Guideline “Swasthya Sanstha Sanchalan Mapdanda 2077” has been developed and disseminated to all health facilities. This addresses some Patient Safety issues
<p>6. To strengthen capacity for and promote patient safety research</p>	<p>7. The national research policy does not promote research on patient safety issues. No priorities for patient safety research have been identified.</p> <p>8. Ethics committees are operational in all teaching and other major hospitals. The ethics committee should continue reviewing research proposals from a Patient Safety point of view before approving them and regularly monitor research being conducted in hospitals and health facilities to ensure patient safety issues are being addressed.</p>

1.6 Rationale and mandate

Based on the mandate of the health policy, Public Health Service Act 2075, Regulation 2077, Global Safety Action Plan, and the commitment of the country to patient safety action in the country context, this action plan has been developed. There is need to align patient safety interventions across different divisions and centers of the Ministry and across different level of health facilities at federal, province and local level. In addition, mandate of Medical Education Commission and reformed role of different professional councils in patient safety need to be addressed in the emerging context.

1.7 Development process

The team reviewed relevant documents published by the MoHP, DDA and DoHS. It also reviewed the previous Nepal Patient Safety Action Plan (2074/75-78/79) draft. Aligning with the Global Patient Safety Action Plan (2021-2030), the strategic objectives, action points, responsible units and indicators have been updated. The first meeting of the Technical Working Group for the development of Patient Safety Action Plan was held in 2078. A preliminary consultative meeting followed which discussed the roadmap, modality, and the mechanism of the Action Plan. During the process, the team repeatedly and extensively sought suggestions and feedback from the relevant focal units and relevant stakeholders and experts across the professional councils, associations, academia, health service providers, and senior officials from the MoHP and DoHS through a series of consultative meetings. A draft of the Patient Safety Action Plan 2023-2030 was shared with the stakeholders and the document was finalized through a final sharing meeting.

Strengths of The Patient Safety Action Plan

In Nepal's context, conversations surrounding patient safety have started receiving attention. Nonetheless, the Ministry of Health and Population, Nepal has recognized Patient Safety as one of the priorities in health sector policies and programs. Following are the notable points of progress in patient safety in Nepal that indicate Nepal's strengths in implementing the Patient Safety Action Plan 2024 - 2030.

- The country has endorsed National Action Plan on Anti-Microbial Resistance and Surveillance in line with the Global strategy.
- The development and update of Patient Safety Roadmap and Guidelines, clinical audit and participatory social audit have been addressed.
- For assessing the readiness of health facilities, Minimum Service Standards have been developed and in practice for each level of healthcare facilities which ensure readiness of quality services and interventions at the point of service delivery.
- Likewise, the 2015 Nepal Health Facility Survey²¹ is the first comprehensive assessment of health facilities in Nepal that harmonizes various health facilities among the Ministry of Health and health development partners. It is designed to provide information on the availability of basic and essential healthcare services and the readiness of health facilities to provide quality services to clients.
- Similarly, Standard Operating Procedures (SOP) and guidelines have been implemented for standardizing best practices. These standards are designed to help raise the quality of medical care, ensure that patients are treated equitably and minimize the risk of harm during their encounter with the healthcare system.
- Various health programs like immunization, maternal and child health, disease-specific programs have already adopted quality improvement tools and standard treatment protocols.
- The role of professional councils, professional associations, and the Medical Education Commission has been defined for ensuring the safety.
- During 2020, the country has developed interim guidance, guidelines, and protocols for ensuring infection prevention and control, laboratory safety and WASHES in health care service delivery for COVID-19 related services as well as continuity of essential health services.
- The Ministry has committed World Patient Safety Day to be marked annually on 17 September to increase public awareness and engagement. The first patient safety day in 2019 and the second in 2020 have been commemorated with the wider engagement of senior officials of the Ministry, the health care providers, the patients and their family members, and the public.
- Some hospitals have implemented Electronic Health Record (EHR) systems. While such systems do require a substantial financial investment, they also offer opportunities to improve patient safety by allowing physicians and other healthcare staff to better coordinate care, reduce miscommunication around treatment plans, and ensure that the patient receives appropriate care.

²¹ Ministry of Health, Nepal; New ERA, Nepal; Nepal Health Sector Support Program (NHSSP); and ICF. 2017. Nepal Health Facility Survey 2015. Kathmandu, Nepal: Ministry of Health, Nepal.

Despite the progress made by Nepal in terms of strengthening its health services and improving the coverage and quality of healthcare, several factors can influence the implementation of the Patient Safety Action Plan 2023 – 2030 with the vision that no one is harmed in healthcare, and every patient receives safe and respectful care, every time, everywhere.

3.1 Health-system related factors:

- Unsafe care is a system-wide problem. Even though people mostly link patient safety with hospital-based care, the global disease burden arising from patient harm originates in primary care, ambulatory care, and during referrals.
- Lack of involvement of the top leadership in the patient safety improvement projects and less engagement of policymakers and senior officials during the development of action plans, lack of learning from the past experiences, and insufficient monitoring mechanisms in the organization, are other important factors.

3.2 Healthcare service delivery-related factors:

- Implementation of Standard Treatment Protocols and Standard Operating Procedures, checklists, hand hygiene, proper medication management, waste management, health technology, infrastructure, legible documentation, promotion of safe care, emphasis on proper patient identification, and prevention of falls are not adequately emphasized during the delivery of healthcare service delivery.
- The health professionals in Nepal must work with the limited resources available to them. There is a lack of availability of modern medical equipment, which can help them in quick and precise diagnosis. Relying solely on personal judgments and past experiences can lead to a higher probability of human errors -a major cause of patient harm.
- There is also a lack of proper infrastructure. Factors in the surroundings of the healthcare professionals which increase the probability of human error like poor lighting in the wards and other areas of the hospital, poor ventilation, noisy environment, and lack of required instruments and can contribute to higher incidents of patient harm.
- The proper segregation of the biomedical waste is also a concern.

3.3 Human resources related factors:

- Inadequate number and misdistribution of the healthcare workforce, particularly in rural and remote settings, is a major challenge in Nepal. With a very low doctor-patient and nurse-patient ratio in Nepal, the medical staffs have to see the number of patients which can be up to 50 times higher as compared to the patient seen each day by a doctor in developed countries. This enormous work-pressure makes them more prone to cause unintentional harm to the patients.
- Inadequacy of skilled medical and other health professionals is a major hindrance towards patient safety in Nepal.
- Medical error is a major reason for patient harm in Nepal. Medical staff working under stressful situations, lack of resources, lack of awareness about patient safety, and lack of regular training and development of the staff members has been identified as some of the factors responsible.
- Patient safety is overlooked in education and training programs. Reasons for this include lack of curriculum space, absence of buy-in from stakeholders, weaknesses in educational coordination and planning, limited leadership interest, and insufficient senior medical and nursing champions.
- Communication gap is identified as a major culprit for compromised patient safety often leading to medical vandalism and other untoward incidents. There is a widespread lack of communication between healthcare providers and receivers. Majority of patients or family members, especially those of lower socioeconomic and literacy status, hesitate to ask questions to the doctors, and the health professionals also do not spend adequate time explaining disease and course of management to them.

04

Guiding Principles

4.1 Guiding principles

Mandate on health rights as per the constitution and the act and reduction of the financial burden of health care via an equitable and participatory approach will strengthen the surveillance system and ultimately promote patient safety culture across policies and decision-making.

The following seven guiding principles establish an underpinning set of values to guide the development and implementation of the framework for action proposed in the global action plan.

4.1.1 Engage patients and families as partners in safe care:

Safe health care should be seen as a basic human right. As health care is predominantly a service, it is always co-produced with the users. Achieving safe care requires that patients be informed, involved, and treated as full partners in their own care.

4.1.2 Achieve results through collaborative working:

All patient safety interventions will need to be carefully designed and tailored to meet countries and communities' priorities, as well as their specific implementation needs. The strength of the plan will lie in the passion and commitment for patient safety shown at the national, subnational, and local levels.

4.1.3 Analyze and share data to generate learning:

There are several sources of data, including malpractice claims, patient-reported experience and outcome measures, clinical care audits, medical record reviews, surveys, significant event audits, and safety surveillance data for blood products, medicines, vaccines, and medical devices. Gathering data from these various sources provides a rich opportunity to gain a greater understanding of why safety incidents occur and to devise solutions to prevent them.

4.1.4 Translate evidence into actionable and measurable improvement:

There is a wealth of provider and patient experience and tactical knowledge available for designing and testing solutions to improve patient safety. During the process of framing actions to improve patient safety, it is important to fully understand the process of change and utilize the established body of knowledge on improvement science to achieve the desired outcome. This also means working closely with leaders, managers, professional staff and patient representatives in health facilities and clinical services.

4.1.5 Base policies and action on the nature of the care setting:

Patient safety policies and solutions must be adapted to the local context. They do not simply translate from one setting to another, especially where the culture, traditions, health care system design, and level of infrastructure can be very different.

4.1.6 Use both scientific expertise and patient experience to improve safety:

Developing safe services for patients does not only involve the skills of planning, design, and strategic investment, it also involves advocacy, awareness raising, political commitment, persuasion, and localism.

4.1.7 Instill a safety culture in the design and delivery of health care:

Policy and legislative interventions can provide a conducive environment for a flourishing safety culture. Ultimately, though, a culture of safety must percolate into the attitudes, beliefs, values, skills, and practices of health workers, managers, and leaders of healthcare organizations. The safety culture must intertwine with the overall organizational philosophy and culture.

05

Vision, Mission, and Goals

Vision:

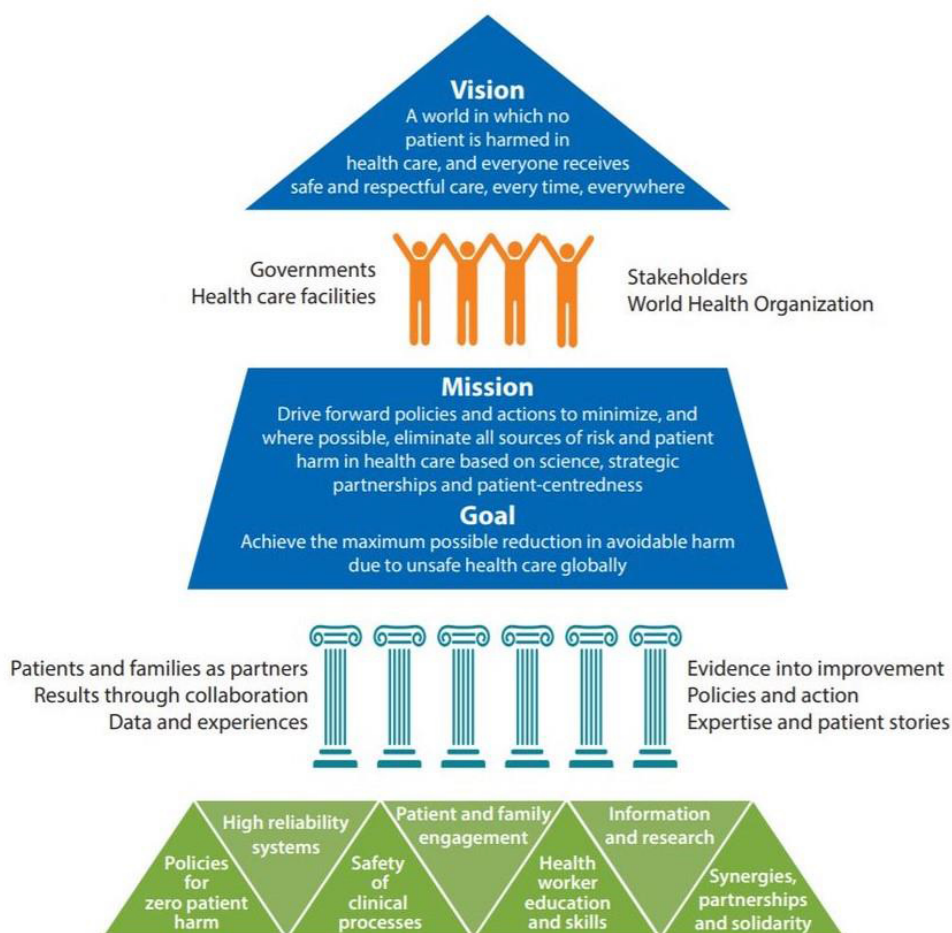
No one is harmed in health care, and every patient receives safe and respectful care, every time, everywhere in Nepal.

Mission:

To drive policies, strategies, and actions, based on science, patient experience, system design, and partnerships, to minimize all sources of avoidable risk and harm to patients and health workers in Nepal.

Goal:

To achieve the maximum possible reduction in avoidable harm due to unsafe health care in Nepal.






06

Patient Safety Framework, Strategic Objectives, Strategies, and Actions

6.1 Framework for action

The Global Patient Safety Action Plan (2021-2030) advocates a Framework for Action that includes seven strategic objectives, which can be achieved through 35 specific strategies:

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

6.2 Strategic objectives

Situation analyses of the strategic objectives and strategies under each of them are elaborated below:

6.2.1 Make zero avoidable harm to patients a state of mind and a rule of engagement in the planning and delivery of health care everywhere.

Situation analyses

- Currently, Patient safety is not explicitly mentioned in the policy documents, and it is not allocated separate resources. Patient safety can however be considered as an intended outcome of the overall health service quality improvement initiatives.
- Security of health workers and health institutions Act 2064²² and Regulation 2069 deals with the safety and protection of health workers but does not mention issues of patient safety. Consumer Protection Act 2075 (District Consumer Protection Forum), on the other hand, has a provision to lodge complaints in Chief District Office, upon which it evaluates the market and institutions for punishment (regulation).
- The national quality improvement system developed as guided by the national quality improvement guideline has established hospitals QI committee and health facility QI team which coordinates activities related to the quality of services.
- MOHP has committed World Patient Safety Day to be marked annually on 17 September to increase public awareness and engagement. The Ministry has observed World Patient Safety Day since 2019.

Strategies

- 1.1 Develop a comprehensive Patient safety policy, strategy, institutional framework, and action plan for the country's health system and all its components as a key priority in working towards UHC.
- 1.2 Mobilize and allocate adequate resources for patient safety implementation throughout every level of the healthcare system.
- 1.3 Use selective legislation to facilitate the delivery of safe patient care and the protection of patients and health workers from avoidable harm.
- 1.4 Align healthcare regulatory, inspectorial, and accreditation activities with the goal of improving performance on patient safety.
- 1.5 Create maximum awareness of World Patient Safety Day and Global Patient Safety Challenges as a way of maintaining a high public and political profile for patient safety.

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

Situation analysis

- A multidisciplinary quality assurance steering committee exists at the federal level, involving government health professionals, consumers, and private health institutions. It provides overall guidance in the implementation of quality-of-care-related interventions. Since patient safety is a fundamental aspect of quality of health care, the federal quality assurance steering committees should be responsible for providing guidance on patient safety interventions.
- Although the safety of patients is covered in various SOPs and guidelines, there are limited capacity strengthening initiatives on these issues.
- Nepal Health Infrastructure Development Standards 2017²³ mentions that standard drawings for each type of health institution are developed that facilitate the delivery of quality health services such as attached bathroom in the delivery room, an OPD room with privacy concerns of clients, while also mandating specifications for wiring, piping, and flooring that minimize infections and reduce cost-of-ownership.
- Nepal has developed various emergency response-related guidelines that consider patient and health worker safety perspectives. For example, the Health Sector Emergency Response Plan for COVID-19 stresses on safe WASH services and hospital waste management in health facilities to deliver quality health services and protect patients and health workers from further transmission of disease.

²² Security of the Health Workers and Health Organizations Act, 2066 (2010). Available at: <https://lawcommission.gov.np/en/?cat=577>.

²³ Nepal Health Infrastructure Development standards 2017. Available at: <http://dohs.gov.np/nepal-health-infrastructure-development-standards-2017/>

Strategies

- 2.1 Develop and sustain a culture of respect, openness, and transparency that promotes learning, not blame and retribution, within each organization providing patient care.
- 2.2 Develop and effectively operate a good governance framework within each component of the health care system.
- 2.3 Develop clinical and managerial leadership capacity and capability at all levels to ensure a strong and visible focus on eliminating avoidable harm in health care.
- 2.4 Bring a strong human factors/ ergonomics perspective and input to strengthen the resilience of health organizations and clinical practices.
- 2.5 Incorporate patient safety elements within the context of emergencies, disease outbreaks, and settings of extreme adversity.

6.2.3 Assure the safety of every clinical process.

Situation analysis

- National Medicines Policy 2007²⁴ has been promulgated for implementation to ensure that the common people have access to safe, effective, and quality medicines at affordable prices for proper healthcare with the principle of social equity by establishing coordination among governmental, non-governmental, private organizations and consumer representatives involved in pharmaceutical sectors for better health outcomes.
- National Infection Prevention and Control Guideline²⁵ emphasizes on implementation of IPC practices as per the guidelines. Situation review of Hospital Acquired Infection is an essential component of regular health facility monitoring. Public Health Act 2018 includes areas on environmental pollution and waste management. Environment Protection Act 1997 and Environment Protection Rules 1997 have compulsory provisions for IEE and EIA. Regulations for Health Care Waste Management exist.
- Directive on health technology product and equipment 2017 states that a health technology product or equipment that does not meet a quality standard as per the national standard according to Section 8 cannot be produced or imported inside Nepal. National Blood Transfusion Policy 2071²⁶ has a vision that Nepali citizens can get adequate and safe blood. Emphasis on safety is adequately ensured in other documents such as Human Organ Transplantation Regulations and Effective Vaccine Management Standard Operating Procedure 2015.
- Geriatric Care Center Implementation Guideline 2077²⁷ encompasses various patient safety issues such as infrastructure, waste management, and disaster management. Standard treatment protocol for basic health services describes diagnosis, treatment, and referral for diseases and conditions listed in the basic health services.

Strategies

- 3.1 Identify all risk-prone clinical procedures and mitigate their risks, considering national and local priorities.
- 3.2 Implement a program to transform the safety of medication management and use based on the third WHO Global Patient Safety Challenge: Medication without Harm.
- 3.3 Put in place rigorous and evidence-based measures for infection prevention and control to minimize the occurrence of healthcare-associated infections and antimicrobial resistance.
- 3.4 Assure the safety of medical devices, medicines, blood and blood products, vaccines, and other medical products.
- 3.5 Assure the safety of patients in all settings, including in mental health settings and care homes, with a focus on primary care and transitions of care.

6.2.4 Engage and empower patients and families to help and support the journey to safer health care.

Situation analysis

- There are several patient groups in Nepal such as the Nepal Diabetic Society, KOSHISH, National Mental Health Self Help Organization, and Nepal Cancer Support Group, to name a few but the patients and families are seldom consulted during the policymaking or implementation process.
- Except for some interaction programs there are not many formal platforms where service providers, patients and families can come together to discuss health issues. However, with the decentralization of the health system and

²⁴ National Medicines Policy 2007. Available at: <https://nepalindata.com/resource/National-Medicines-Policy--2007/#:~:text=September%2023%2C%202018,Discussion>.

²⁵ National infection Prevention and control guideline. <https://publichealthupdate.com/wp-content/uploads/2023/02/IPC-Guideline.png>.

²⁶ National Blood Transfusion Policy 2071. https://publichealthupdate.com/national-blood-transfusion-policy-2071/#google_vignette.

²⁷ Geriatric Care Center Implementation Guideline 2077. Available at: <http://dohs.gov.np/geriatric-care-center-implementation-guideline2077/>

with the presence of guiding documents such as the health facility operation and management committee reference guideline for local level 2075, inclusion of patients and families is a definite possibility in decision-making processes including those that involve patient safety issues.

- As a part of some translational research or projects, there are activities that help capacity building of the patients and champions, but there are no formal programs so far.
- Nepal Medical Council Code of Ethics and Professional Conduct-2017 has clearly described the importance and procedural details of informed consent. However, there are no guidelines that can be followed by health professionals to disclose to patients and families about adverse events. Nepal has strong outreach programs at community and school levels. School Nurse Program is a new addition. Health education through various media has also been shown to be a highly effective intervention in Nepal. Use of digital technology to disseminate patient safety information also holds a lot of potential as smartphone and internet access is very high. These programs and forums can be well leveraged for patient safety-related education and information sharing.

Strategies

- 4.1 Engage patients, families, and civil society organizations in the development of policies, plans, strategies, programs, and guidelines to make health care safer.
- 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.
- 4.3 Build the capacity of patient advocates and champions in patient safety.
- 4.4 Establish the principle and practice of openness and transparency throughout health care, including through patient safety incident disclosure to patients and families.
- 4.5 Provide information and education to patients and families for their involvement in self-care and empower them for shared decision-making.

6.2.5 Inspire, educate, skill, and protect every health worker to contribute to the design and delivery of safe care systems.

Situation analysis

- Patient safety is not explicitly covered in undergraduate and postgraduate training of medical and allied health science subjects. Topics like medical ethics, doctor-patient relationship, and communication skills are not optimally emphasized. However, the universities and regulatory bodies are by and large open to the inclusion of important topics. Therefore, there is a good scope to incorporate content of available documents such as the WHO Patient Safety Curriculum Guide in the health curricula.
- Advancement of education and training in various health topics in Nepal provides evidence that the development of a Patient Safety Center is possible. NHTC and universities can take the lead in this, provided there are adequate resources.
- Nepal Medical Council Accreditation Standards for the MBBS (Bachelor of Medicine and Bachelor of Surgery) Program 2017 clearly mentions 'Acquire adequate knowledge on patient safety' as one of the expected competencies of an MBBS Graduate.
- Nepal's National Strategy on Human Resource for Health (2022-2030) also underscores on human resource governance, management, and deployment.
- ILO works with governments, employers' organizations, and workers' organizations in promoting safe and healthy conditions in the workplace by enhancing the application of the International Labor Standards and supporting to formulation of national labor legislation, and promoting social dialogue, social justice, and decent work.
- Security of the Health Workers and Health Organizations Act, 2066 (2010) deals with medical vandalism including besieging (gherao), manhandling, or degrading treatment to any health worker on the issue of medical treatment.
- The World Health Organization has also emphasized the occupational health and safety of healthcare workers and it also uses the slogan - "Keep Health Workers Safe to Keep Patients Safe".

Strategies

- 5.1 Incorporate patient safety within health professional undergraduate and postgraduate education curricula and continuing professional development, with an emphasis on inter-professional learning.
- 5.2 Identify and establish collaborations with centers of excellence in patient safety education and training.

- 5.3 Ensure that patient safety core competencies are part of regulatory requirements for health professionals.
- 5.4 Link commitment to patient safety with appraisal systems for healthcare professionals and managers.
- 5.5 Design care settings, environments, and practices to provide safe working conditions for all staff.

6.2.6 Ensure a constant flow of information and knowledge to drive mitigation of risk, a reduction in levels of avoidable harm and improvements in the safety of care.

Situation analysis

- There is a system to collect health service information from the community to the DoHS through a predefined process and procedure. Information on adverse events is hardly reported.
- There is potential to upgrade the current HMIS and include PS-related indicators. The collected information can be a part of the DoHS Annual Report.
- There is potential to establish patient safety surveillance system.
- The national research policy focuses on translating evidence into practice to strengthen efficiency and effectiveness of the health services and system. It also promotes research in areas of biomedical, clinical, social sciences, public health, health economics, Traditional Complementary and Alternative Medicine, environmental health, and health policy research however, it does not mention research on patient safety and quality. The policy has also provisioned for revision and update of national health research priorities. Ethics committees are operational in all teaching hospitals and other major hospitals, and they require clinical trials to have provision of data safety monitoring board- one of the responsibilities is to regularly review study data for participant safety.
- Widespread implementation of National e-Health Strategy 2017 and Telemedicine Guideline 2077 can further support the reduction of avoidable harm and improvement in the safety of care.

Strategies

- I.1 Establish or strengthen patient safety incident reporting and learning systems.
- I.2 Create a patient safety information system based on all sources of data related to risks and harm inherent in the delivery of health care and integrated with existing health management information systems.
- I.3 Establish, synergize, and scale up patient safety surveillance systems to ascertain the magnitude and causes of harm in health care.
- I.4 Develop active and funded patient safety research programs, especially translational research.
- I.5 Develop and implement digital solutions to improve the safety of health care.

6.2.7 Develop and sustain multisectoral and multinational synergy, partnership, and solidarity to improve patient safety and quality of care.

Situation analysis

- National standards for maternal, neonatal, and child health services are available and implemented.
- Standardization of surgical care. National Blood Transfusion Policy 2071 provides the required legal and regulatory framework for blood transfusion services. Health sector action plan demanding multisectoral engagement for example AMR and IPC. Hemovigilance extension in blood transfusion services using approved diagnostic kits should be strengthened. The National Bureau for Blood Transfusion was also established.

Strategies

- 7.1 Fully engage all stakeholders that have the potential to have a positive impact on patient safety.
- 7.2 Promote a common understanding and shared commitment among all stakeholders to successfully deliver the global patient safety action plan.
- 7.3 Establish networks and convene consultative meetings to foster collaboration and partnership in patient safety.
- 7.4 Promote cross-geographical and multisectoral initiatives to advance action on patient safety.
- 7.5 Work closely with technical programs to ensure alignment in patient safety action.

6.3 Patient safety actions and indicators

Indicators and targets under each of the seven strategic objectives are developed through consultative meetings and workshops. The details are presented in the Annex.

7.1 Implementation, monitoring, evaluation, and reporting mechanism

A set of metrics is proposed to support monitoring and reporting progress on the implementation of this action plan. Monitoring and reporting efforts could leverage existing health information management systems to obtain data to report and track progress on several of these proposed patient safety indicators. Recognizing that countries are at different stages of health system maturity and have varied resources, capacities, and priorities for improving patient safety, the adoption and application of monitoring and reporting mechanisms should be flexible to accommodate these variations.

A global reporting mechanism on a minimum set of core indicators and targets could help evaluate implementation progress at global, regional, and national levels. The indicators presented here are aligned with the seven strategic objectives of the global action plan. These are suggested as representative “outcome” measures for action taken on the corresponding strategic objective. Indicators are categorized to limit the burden of collecting data and allow flexibility.

7.2 Patient safety committee

Formation of a multidisciplinary committee for patient safety by the Ministry of Health & Population. This committee can have members from ministries, councils, WHO, private hospitals, health professional and patient associations, and independent experts. This committee can finalize a Patient Safety Action Force (PSAF), comprising experts in patient safety. This PSAF will be monitoring the progress of the project and providing support to the hospitals where required and submit and present a detailed report to committee quarterly.

7.3 Annual report and evaluation

Curative Service Division (CSD) will be the focal point for progress reporting on patient safety action plan implementation. The respective lead under each strategic objective will share the progress on the implementation of the action plan during progress-sharing meetings. The country progress report on patient safety will be reporting back to WHO SEARO as per the member state commitment.

8.1 Financial resources

The endorsement of the patient safety action plan will enhance the priority interventions under the annual work plan and the budget of MOHP DoHS. Different health development partners will collaborate in the implementation action plan.

8.2 Opportunities for implementation

The National Patient Safety Action Plan helps policymakers and planners to set programs by keeping patient safety at the center. It also guides health institutions to perform activities according to standards and guidelines to make zero avoidable harm and ultimately create a healthy, safe, and patient-friendly environment.

Annexes

Actions, Indicators, Targets
and Responsibility

Strategic Objective 1: Make zero avoidable harm to patients a state of mind and a rule of engagement in the planning and delivery of health care everywhere.

Strategy 1.1 Develop a comprehensive patient safety policy, strategy, institutional framework, and action plan										
Action Points	Indicators	Years					Main Responsibility	Additional Responsibility	Level	
		2024	2025	2026	2027	2028				2029
Recognize patient safety as a health priority	Patient Safety is included in health sector policies (mention patient safety in future revision of National Health Policy, e.g. National Health Policies revision 2025)	X	X				MoHP	Province and local level	Federal, Provincial and Local Levels	
Establish patient safety programs at national, provincial, and local levels. (Also refer to 3.1)	Patient safety program based on Patient Safety Action Plan is established at national, provincial, and local levels.	X	X	X	X	X	DoHS-CSD, health-related ministry of province, Province Health Directorate, Municipalities (Health Division/Section)	MoHP	Federal, Provincial and Local Levels	
Collaborate with line ministries, civil society and organizations, professional bodies, academia, industry, and other relevant stakeholders.	Number of civil societies, organizations, and institutions with which collaboration is initiated and developed.	X	X	X	X	X	MoHP, Health related ministry of province, Province Health Directorate, Municipalities (Health Division/Section), Academia and Private Organizations	CSD	Federal, Provincial and Local Levels	
Map the existing national health policy and strategy documents to synergize with the patient safety policy framework.	Existing national health policy and strategy documents are reviewed to create opportunities for synergies with the patient safety policy framework						CSD, PPMD, QSRD, HCD, NPHL		Federal, Provincial and Local Levels	
Include patient safety component in STPs of technical programs* and as a core component of MSS at all levels	Number of safety-critical technical programs with which the national patient safety programme is integrated	X	X	X	X	X	CSD, MoHP, QSRD	Health related Ministry of Province	Federal, Provincial and Local Levels	

Strategy I.1 Develop a comprehensive patient safety policy, strategy, institutional framework, and action plan									
Action Points	Indicators	Years					Main Responsibility	Additional Responsibility	Level
		2024	2025	2026	2027	2028			
Adapt WHO patient safety technical guidance, implementation strategies and tools to the national context.	A national action plan (or equivalent) for implementing patient safety policy and strategies is developed (core indicator)	X					MoHP- PPM, HCD, QSRD, DoHS - CSD, FWD, MD		Federal
	WHO patient safety technical guidance, implementation strategies and tools are adapted to the Nepalese context.	X	X	X			CSD	QSRD, NHTC, NPHL, MD, NSSD, WHO	Federal, Provincial and Local Levels
Develop a National Patient Safety Charter and include it in the existing citizen charter	A national patient safety charter is developed for all levels of health facilities	X	X				CSD, MoHP	Province and local level	Federal, Provincial and Local Levels

*Includes surgical safety, medication safety, blood safety, radiation safety, immunization safety, medical device safety, infection prevention and control and antimicrobial resistance.

Strategy 1.2 Mobilize and allocate adequate resources for PS implementation throughout every level of the healthcare system										
Action Points	Indicators	Years						Main Responsibility	Additional Responsibility	Level
		2024	2025	2026	2027	2028	2029			
Allocate adequate human resources and annual budget for a national patient safety plan.	Adequate human resources* and an annual budget for a national patient safety plan are allocated (Budget allocated for initiating the patient safety program at all levels) * to be quantified, O and M survey can provide information	X	X					PPMD, HCD, CSD, MD, Health Insurance Board	Province and local level	Federal, Provincial and Local
Ensure adequate supply of health workers to meet patient and population needs.	Number of health facilities that ensure adequate human resource (as per Minimum Service Standards)	X	X	X	X	X	X	MoHP, health related ministry of province, Province Health Directorate, Municipalities (Health Division/Section)		Federal, Provincial and Local levels
Reward health organizations that achieve performance on patient safety.	Number of provinces, local level and health facilities that have been rewarded for achieving performance on patient safety and quality of care	X	X	X	X	X	X	MoHP, CSD, Health related ministry of province, Province Health Directorate, Municipalities (Health Division/Section)	Health Development Partners	Federal, Provincial, Local
Include patient safety as a component of quality assurance and accreditation of health institutions	Patient safety is incorporated/ updated in MSS, clinical audit and other quality assurance and accreditation documents							MoHP, CSD, MD, DDA		Federal, Provincial, Local

Strategy 1.3 Use selective legislation to facilitate the delivery of safe patient care and the protection of health workers										
Action Points	Indicators	Years					Main Responsibility	Additional Responsibility	Level	
		2024	2025	2026	2027	2028				2029
Review and develop legislation to facilitate formulation and implementation of patient safety policies, practices, and behavioral norms.	Policies, practices, and behavioral norms of patient safety are reviewed Patient safety is incorporated in the health profession related council directives and guidelines	X					MoHP- PPM, HCD, QSRD, DoHS - FWD, CSD, DDA Health professional councils	MoHP, Provincial and Local Levels	Federal, social developmental wing Federal, Provincial and Local Levels	
Update legislation to protect health workers from retaliation or punitive action.	Documents are updated and implemented. X	X					MoHP;	Health-related ministry of the province, Municipalities (Health Division/ Section) councils plus others	Federal, Provincial and Local Levels	
Recognize patient safety as a human right	Patient safety is recognized as a human right*						MoHP, Health professional councils, Medical Education Commission, Consumer forum		Federal, Provincial and Local Levels	

Security of the Health Workers and Health Organizations Act, 2066 (2010). last revision on 15 July 2022

Strategy 1.4 Align healthcare regulatory, inspectorial and accreditation activities with the goal of improving performance on patient safety										
Action Points	Indicators	Years					Main Responsibility	Additional Responsibility	Level	
		2024	2025	2026	2027	2028				2029
Incorporate minimum patient safety standards in regulatory requirements for healthcare facilities.	Minimum patient safety standards as indicated in Minimum Service Standards (MSS) are incorporated in regulatory requirements	X					MoHP- HCD, QSRD, DoHS - CSD, Councils, MEC		Federal, social developmental wing	
	Number of health facilities that have incorporated minimum safety standards in regulatory requirements	X	X	X	X	X	Health facilities	CSD, MoHP, Health related ministry of province, Province health directorate, Municipalities (Health Division/ Section)	Federal, Provincial and Local Levels	
Include patient safety as a key component of accreditation standards (Also refer 3.5)	Clinical audit is implemented with patient safety component in all health facilities along with prior advocacy and orientation						Health facilities	MoHP, DoHS- CSD, Health related ministry of province, Province Health Directorate, Municipalities (Health Division/ Section)	Federal, Provincial, Local	
	Health Facility Operation Standard 2077	X					MoHP- QSRD, PPMD, DoHS - CSD	Health related ministry of province, Province Health Directorate,	Federal, Provincial	

Strategy 1.4 Align healthcare regulatory, inspectorial and accreditation activities with the goal of improving performance on patient safety										
Action Points	Indicators	Years					Main Responsibility	Additional Responsibility	Level	
		2024	2025	2026	2027	2028				2029
Include patient safety requirements in licensing examination for health care professionals. (Also refer 2.4)	Patient safety aspects are incorporated in the licensing examinations for health care professionals	X						All health-related professional councils	MoHP, PPMD	Federal
	Form a multidisciplinary quality assurance steering committee at all levels and advocate to outline quality assurance steering committee's responsibility on patient safety initiatives in the QI guideline	A multidisciplinary quality assurance steering committee is formed at all levels Quality assurance steering committee's responsibility on patient safety initiatives in the QI guideline is outlined and implemented	X	X	X	X	X	X	MoHP, QSRD, HCD, CSD	Province and Local level
		X	X	X	X	X	X	HCD, QSRD, CSD	Province and Local level	Federal, Provincial and Local Levels

Strategy 1.5 Create maximum awareness of World Patient Safety Day and Global patient safety Challenges									
Action Points	Indicators	Years					Main Responsibility	Additional Responsibility	Level
		2024	2025	2026	2027	2028			
Participate in designing the annual World Patient Safety Day global campaign.	Nepal participates in designing the annual World Patient Safety Day global campaign	X	X	X	X	X	X	Health Development Partners Provincial Ministries, Health care Facilities.	Federal
	World Patient Safety Day is observed annually on 17 September	X	X	X	X	X	X	Health Development Partners, Health care Facilities.	Federal, Provincial and Local Levels
	Annual World Patient Safety Day goals and other theme-specific technical products are adopted and implemented.	X	X	X	X	X	X	Professional Councils, Academia, Private Health Organizations, Health Development Partners	Federal, Provincial, Local Levels
Adapt, develop, launch, and observe national and sub-national campaigns aligned with the theme of World Patient Safety Day each year.	Number of healthcare facilities in provincial and local levels that sign up for observing World Patient Safety Day	X	X	X	X	X	X	DoHS - CSD	Federal, Provincial, Local Levels

Strategy 1.5 Create maximum awareness of World Patient Safety Day and Global patient safety Challenges										
Action Points	Indicators	Years					Main Responsibility	Additional Responsibility	Level	
		2024	2025	2026	2027	2028				2029
Monitor and evaluate the outputs, outcomes, and impact of World Patient Safety Day.	Indicators to assess the output and outcome of patient safety day developed	X					DoHS - CSD	MoHP, NHEICC	Federal	
	Outputs, outcomes, and impact of World Patient Safety Day are monitored	X	X	X	X	X	DoHS - CSD	MoHP, NHEICC	Federal, Provincial, Local	
	Feedback from patient safety day incorporated in the further planning		X	X	X	X	DoHS - CSD	MoHP, NHEICC	Federal, Provincial, Local Levels	

Strategic Objective 2: Build high-reliability health systems and health organizations that protect patients daily from harm.

Strategy 2.1 Encourage organizational openness and transparency that promotes learning instead of blaming										
Action Points	Indicators	Years					Main Responsibility	Additional Responsibility	Level	
		2024	2025	2026	2027	2028				2029
Encourage organizational accountability and transparency by implementing safety standards (as part of the MSS).	Development of Patient Safety Standards	X						QSRD/CSD	PHD, MOFAGA, HCFs, Local level	Federal, Provincial, Local
	Number of health facilities that comply with safety standards	X	X	X	X	X	X	HCD, QSRD, CSD, MD, PHD & Municipality as well as Health institutions.		Federal, Provincial, Local
Develop and implement an adverse event reporting guideline to facilitate appropriate corrective actions.	Development of Adverse Event Reporting Guidelines	X						CSD	HCFs	Federal, Provincial, Local
	Number of health facilities that report adverse events (core indicator)	X	X	X	X	X	X	CSD, QSRD	HCFs	Federal, Provincial, Local
	Number of HCFs with functional grievance handling mechanisms	X	X	X	X	X	X			
Develop organizational systems that ensure patient safety based on previous learnings and not on blame game or punishments	Number of health facilities that have mechanisms to discuss and improve patient safety issues	X	X	X	X	X	X	HCF Head	Respective Government Level	Federal, Provincial, Local

Strategy 2.2 Develop and effectively operate a good governance framework within each component of the health care system										
Action Points	Indicators	Years						Main Responsibility	Additional Responsibility	Level
		2024	2025	2026	2027	2028	2029			
Designate a patient safety unit at all levels for coordination of patient safety implementation within the country. (Also refer to 3.2)	A national health unit (CSD) is designated as the national focal unit for patient safety.	X						CSD	QSRD, PHD and Local	Federal
	The focal unit shall also receive, analyze, synthesize, and report information on patient safety in the DoHS annual report	X	X	X	X	X	X			
	Roles, authority and responsibilities, channels of reporting and communication at federal, provincial, and local level are clearly outlined.	X	X					CSD, PHD, Local	HCD, HCF	Federal, Provincial, and local
Incorporate a national patient safety within QAI committee that includes health workers, patients, and the public.	A national patient safety steering committee with clear responsibilities is established (or incorporated into the QAI committee)	X						QSRD, CSD		Federal

Strategy 2.3 Develop clinical and managerial leadership capacity at all levels to eliminate avoidable harm										
Action Points	Indicators	Years					Main Responsibility	Additional Responsibility	Level	
		2024	2025	2026	2027	2028				2029
Designate one or more centres to develop capacity in patient safety leadership and governance	Develop capacity in leadership and governance.	X	X	X	X	X	X	X	Academia, Medical College, Professional council	Federal, Provincial, Local
Develop and administer a training package on patient safety for clinical and managerial leaders	Clinical (service providers) and managerial leaders are trained in patient safety.	X	X	X	X	X	X	X	HCFs, Academia	Federal, Provincial, Local
Develop a pool of patient safety trainers	A pool of patient safety trainers from the cohorts of trained professionals is developed (MToT)	X	X	X	X	X	X	X	NHTC	Federal, Provincial

Strategy 2.4 Incorporate human factors/ ergonomics perspective to strengthen organizational resilience									
Action Points	Indicators	Years					Main Responsibility	Additional Responsibility	Level
		2024	2025	2026	2027	2028			
Form TWG with an expert group to provide recommendations on human factor related principles/ ergonomics and training in patient safety. (Also refer 3.1)	A technical working group of experts on human factor-related principles/ergonomics and training is formed	X					QSRD	CSD	Federal
	Training conducted on human factors related principles/ ergonomics.	X	X	X	X	X	NHTC	CSD, HCF	Federal, Provincial, Local
	Expertise on human factors is incorporated in bid documents the design, purchase, deployment, use and evaluation of equipment, devices, and information technology, as well as in the design of tasks and procedures		X	X	X			Purchasing institution. MD, PHLMC, HCF	Federal, Provincial, Local
Enforce norms for fire safety, electrical safety, structural safety, and safety from other hazards in health care facilities.	Incorporate human factors in design buildings/ infrastructure.	X	X	X	X	X	DUDBC, Local		Federal, Provincial, Local
	Relevant norms are implemented*	X	X	X	X	X	QSRD, CSD	HCF	Federal, Provincial, Local
Include human factors in patient safety training programs for health care professionals and managers. (refer 2.3)	Human factors are included in the training programs on patient safety	X					NHTC	CSD, PHTC	Federal, Provincial, Local

* MSS in primary, district, secondary and tertiary hospitals, Nepal Health Infrastructure Development Standards 2017

Strategy 2.5 Incorporate patient safety elements within the context of emergencies and disease outbreaks											
Action Points	Indicators	Years					Main Responsibility	Additional Responsibility	Level		
		2024	2025	2026	2027	2028				2029	2030
Ensure representation of patient safety components in coordination mechanisms for emergencies, disease outbreaks and disasters. Review and develop mitigation strategies for known and potential threats to the safe and effective functioning of healthcare systems.	Include patient safety components in HDP RP; Outbreak investigation and management plan, RCCE.	X	X	X	X	X	X	X	HEDMU, EDCCD	CSD, HCF	Federal
	A review document is produced	X	X	X	X	X	X	X	HCF Head	Respective Government	Federal
	Mitigation strategies for identified risks are developed and regularly tested.	X	X	X	X	X	X	X	EDCD, HEDMU, CSD		Federal

* e.g., National Policy for Disaster Risk Reduction, 2018, Infectious Disease Control Guideline 2016, Health Sector Emergency Response Plan for COVID 19 Pandemic 2020

Strategic Objective 3: Assure the safety of every clinical process.

Strategic Objective 3: Assure the safety of every clinical process.										
Strategy 3.1 Identify all risk prone clinical procedures and mitigate their risks										
Action Points	Indicators	Years					Main Responsibility	Additional Responsibility	Level	
		2024	2025	2026	2027	2028				2029
Form/strengthen a task team/expert group to identify, assess, and map key areas and sources of avoidable risk and harm in clinical practice. (Also refer 2.4, 3.2)	An expert group involving multisectoral stakeholders and professional societies is formed	X					PPMD, HCD, QSRD, EDCC, CSD, FWD, NSSD, NHTC, NTC, NCASC, DDA (Role of each division should be defined) CSD	Association of Private Health Institutions of Nepal (APHIN)	Federal	
	A report on key areas and sources of avoidable risk and harm in each domain of clinical practice has been submitted by the expert group	X					CSD	APHIN	Federal	
Implement patient safety improvement programs in healthcare facilities through guidance, leadership, evaluation, and dissemination of lessons learned. (Also refer to I.1)	A database of knowledge and tools to mitigate the risks and manage harm is created, made accessible via a new website or a link in an existing website and periodically updated	X					CSD	APHIN	Federal	
	Patient safety improvement programs in healthcare facilities are implemented	X	X	X	X	X	PPMD, HCD, QSRD, EDCC, CSD, FWD, NSSD, NHTC, NTC, NCASC, DDA; CSD ; Respective program implemented hospital;	Provincial government; APHIN	Federal, Provincial, Local	

Strategy 3.2 Ensure safe medication management and use (based on the third WHO Global Patient Safety Challenge: Medication Without Harm)										
Action Points	Indicators	Years					Main Responsibility	Additional Responsibility	Level	
		2024	2025	2026	2027	2028				2029
Develop and strengthen mechanisms to protect patients from potential harm arising from high-risk situations, polypharmacy, and transitions of care. (Also refer to 3.1, 3.5)	High-risk situations* in the Nepalese contexts are identified and mechanisms are developed to mitigate them (e.g., functional drug therapeutic committee established in health facilities)	X					PPMD, HCD, QSRD, EDCCD, (Primary), FWD, NSD, NHTC, NTC, NCASC, DDA (regulatory), Councils, DOAA, CSD	DDA, APHIN	Federal	
	Proper utilization of Rationale use of drugs guideline	X	X	X	X	X	CSD	QSRD, DDA	Federal	
	Generic prescriptions are encouraged through appropriate mechanisms (Electronic prescriptions, EMR)	X	X	X	X	X	CSD	DDA, APHIN	Federal, Provincial, Local	
	Relevant guidelines are made available in each health facility with orientation and checklists are available for use in transition of care (movement of a patient from one setting of care to another) and during referral	X	X	X	X	X	CSD	Provincial Government, Local government, APHIN	Federal, Provincial, Local	
	Reduction in medication-related harm (adverse drug events) (core indicator)		X	X	X	X			Federal, Provincial, Local	

Strategy 3.2 Ensure safe medication management and use (based on the third WHO Global Patient Safety Challenge: Medication Without Harm)										
Action Points	Indicators	Years						Main Responsibility	Additional Responsibility	Level
		2024	2025	2026	2027	2028	2029			
Produce guidance and action plans for each of the four domains** of the third WHO Global Patient Safety Challenge: Medication Without Harm by convening national experts, health system leaders and practitioners. (Also refer to 3.1); Produce dispensing counseling guideline	Guidance and action plans on the four domains are produced and disseminated; Dispensing council guideline is produced and implement	X	X	X	X	X	X	DDA	CSD	Federal
Ensure that safety of traditional and complementary medication use is included in programs to address medication safety.	Inclusion of safety of traditional and complementary medication use is ensured in programs to address medication safety	X	X	X	X	X	X	Department of Ayurveda	CSD, DDA	Federal
Designate a national unit to lead the third WHO Global Patient Safety Challenge: Medication Without Harm. ((Also refer to 2.2)	A national unit (CSD) is designated to lead the Medication Without Harm. third WHO Global Patient Safety Challenge.	X						CSD		Federal

* High-risk situations [<https://www.who.int/publications/i/item/WHO-UHC-SDS-2019.10>]

** Four domains of WHO Global Patient Safety Challenge: Medication Without Harm: patients and the public, medicines, health care professionals, systems, and practices of medication.

Strategy 3.3 Implement evidence-based measures for infection prevention and control										
Action Points	Indicators	Years					Main Responsibility	Additional Responsibility	Level	
		2024	2025	2026	2027	2028				2029
Develop/implement infection prevention and control (IPC) guideline programs to provide safety for patients, health workers, and visitors	National IPC guideline is implemented	X	X	X	X	X	X	CSD	MD	Federal, Provincial, Local
	Other relevant guidelines are developed as required, and implemented and their implementation is monitored.	X	X	X	X	X	X	CSD	MD	Federal, Provincial, Local
	Number (%) of health institutions compliant with IPC practice as per national IPC guidelines	X	X	X	X	X	X			
Encourage reporting of healthcare-associated infections, AMR, and other adverse events through HMIS. (Also refer to 6.1) necessary IPC indicators are incorporated in IHMIS	Number of health facilities reporting health care-associated infections		X	X	X	X	X	CSD	MD	Federal, Provincial, Local
	National targets on reducing the healthcare-associated infection rate is achieved (Core indicator)	X	X	X	X	X	X	EDCD, CSD, FWD, NSSD, NHTC, NTC, NCASC		
	Number of health facilities reporting antimicrobial resistance	X	X	X	X	X	X	NPHL, EDCCD, CSD, MD		Federal, Provincial, Local
Establish surveillance systems to monitor IPC practices and assess progress against established targets. (Also refer to 6.3)	Number of health facilities reporting needle prick injuries		X	X	X	X	X	CSD	MD, health facility	Federal, Provincial, Local
	A surveillance system of healthcare-associated infections and AMR is established	X	X	X	X	X	X	EDCD	NSSD	Federal, Provincial, Local
	Hand hygiene surveillance of health care providers is conducted	X	X	X	X	X	X	EDCD	NSSD	Federal, Provincial, Local
Develop laboratory testing capacity at all levels to improve detection of and response to MDR organisms. (Also refer to 6.3)	Laboratory testing capacity to improve the detection of and response to MDR organisms is developed at local, provincial, and national levels	X	X	X	X	X	X	NPHL	CSD	Federal, Provincial, Local

Strategy 3.3 Implement evidence-based measures for infection prevention and control										
Action Points	Indicators	Years					Main Responsibility	Additional Responsibility	Level	
		2024	2025	2026	2027	2028				2029
Provide adequate regulatory provision, resources, and guidance on handling and disposal of infectious waste.	Review and update existing HCW Management Guideline and implemented (Health Care Waste Management Guideline 2014)	X	X	X	X	X	MD	CSD	Federal, Provincial, Local	

* Infectious Disease Control Guideline 2016, National IPC guidelines, 2079, National Antibiotic Treatment Guidelines 2014, National Antimicrobial Resistance Containment Action Plan Nepal 2016, Infectious Disease Act, 2020/1964

Strategy 3.4 Assure the safety of medical devices, medicines, blood and blood products, vaccines, nutraceuticals and other medical products										
Action Points	Indicators	Years					Main Responsibility	Additional Responsibility	Level	
		2024	2025	2026	2027	2028				2029
Strengthen safety programmes for medical devices, blood and blood products, vaccines, and other medical products from their production, storage, and supply to their use.	Relevant guidelines and directives are identified, developed, implemented and their implementation is monitored.*	X	X	X	X	X	X	CSD	QSRD, DDA, NPHL, MD, APHIN	Federal
Implement and monitor a national blood program supported by a blood policy and legislative framework.	Relevant policies and programs are implemented and monitored. ***							NPHL, NRCS		Federal, Provincial, Local
	Number of serious adverse transfusion events and reactions reported through hemovigilance (WHO Blood Safety Indicators)***		X	X	X	X	X	NPHL, NRCS		Federal, Provincial, Local

* Drug Act 2035, Nepal Vaccination Act 2016, National Blood Transfusion Policy 2014, Directive on health technology product and equipment 2018, Codes on sales and distribution of drugs 2014, Health technology products guidelines 2018

** National Blood Transfusion Policy 2014, National Blood Program

*** Global Database on Blood Safety

Strategy 3.5 Assure the safety of patients in all settings, including in mental health settings and care homes, with a focus on primary care and transitions of care

Action Points	Indicators	Years					Main Responsibility	Additional Responsibility	Level		
		2024	2025	2026	2027	2028				2029	2030
		Implement an integrated information system to enable the free flow of information across all healthcare settings.	Health Management Information System (HMIS) Guideline 2018 is implemented, and its implementation is monitored.	X	X	X				X	X
Develop and use standardized handover procedures and SOPs within and between healthcare facilities and home-based care. (Also refer 3.2)	Handover SOPs are developed	X	X	X	X	X	X	CSD	Federal, Provincial, Local		
	Number (%) of health facilities that use handover SOPs	X	X	X	X	X	X	CSD	Federal, Provincial, Local		
Develop and use Proper implementation of STPs for referral pathways. (Also refer 3.2)	Referral and back-referral SOPs are developed	X	X	X	X	X	X	CSD	Federal, Provincial, Local		
	Number (%) of health facilities that implement referral SOPs	X	X	X	X	X	X	CSD	Federal, Provincial, Local		
Include patient safety elements in service delivery, licensing, and accreditation of primary healthcare facilities, hospice, and home-based care services. (Also refer I.4) *	Patient safety elements are included in relevant documents and accreditation of primary care health facilities, hospices, geriatric homes, and home-based care services. *		X	X	X	X	X	CSD	Federal, Provincial, Local		
Develop, review, update, and apply Patient Safety checklist (e.g., safe childbirth checklist, surgical safety checklist, critical care checklist)	Number of healthcare facilities using safe childbirth checklist, surgical safety checklist, critical care checklist	X	X	X	X	X	X	CSD	Federal, Provincial, Local		

Strategy 3.5 Assure the safety of patients in all settings, including in mental health settings and care homes, with a focus on primary care and transitions of care										
Action Points	Indicators	Years					Main Responsibility	Additional Responsibility	Level	
		2024	2025	2026	2027	2028				2029
Extend patient safety system across the care continuum through digital and ICT interventions	Relevant guidelines and directives are developed, updated, implemented, and monitored.**	X	X	X	X	X	X	MD	CSD	Federal, Provincial, Local

* Home-based Health Service Standard, Ambulance Service Guideline 2073

**National Information and Communication Technology Policy 2015, Nepal eHealth Strategy Implementation Roadmap, Telemedicine Guidelines for Registered Medical Practitioners in Nepal 2020)

Strategic Objective 4: Engage and empower patients and families to help and support the journey to safer healthcare.

Strategy 4.I Engage patients, families, and civil society organizations in co development of policies, plans, strategies, programs, and guidelines										
Action Points	Indicators	Years					Main Responsibility	Additional Responsibility	Level	
		2024	2025	2026	2027	2028				2029
Initiate a national patient safety rights charter to promote the concept of safe, respectful care as a human right.	A national patient safety rights charter is developed and displayed in all health facilities	X	X	X	X	X	X	Province and Local Level	Federal, Provincial, Local	
	The WHO Framework on Integrated People-centered Health Services is embedded in the design and delivery of safe health services	X	X	X	X	X	X		Federal, Provincial, Local	
Design and delivery of safe health services based on the WHO Framework on Integrated People-centered Health Services*	Patients and families are included in national governance mechanisms, working groups, task forces, and committees	X	X	X	X	X	X	CSD, FWD, NSSD, MoHP- Population Division	Federal, Provincial, Local	
	A patient/consumer representative is present on the governing board such as an advisory or management committee in 60% or more health facilities (How to include and ensure the representation in all the committees)	X	X	X	X	X	X	FWD, CSD, line ministries of province, local government	Federal, Provincial, Local	
Include patients and families in national governance mechanisms, working groups, task forces, and committees that plan and take action to improve patient safety	Number of policies and guidelines on safer health care co-developed with patient and family representatives or patient organizations at national, subnational or health care facility level	X	X	X	X	X	X	FWD, CSD, line ministries of province, local government	Federal, Provincial, Local	

Strategy 4.1 Engage patients, families, and civil society organizations in co development of policies, plans, strategies, programs, and guidelines										
Action Points	Indicators	Years					Main Responsibility	Additional Responsibility	Level	
		2024	2025	2026	2027	2028				2029
Create alliances with existing patient and civil society organizations (CSO) on patient safety.	Alliances with existing patient and civil society organizations on patient safety are created.	X	X	X	X	X	X	FWD, CSD, line ministries of province, local government	Federal, Provincial, Local	
	Number of meetings, interactions, and workshops with patient and civil society.	X	X	X	X	X	X	FWD, CSD, line ministries of province, local government	Federal, Provincial, Local	
Incorporate patient / consumer views/ feedback in monitoring, accreditation, and evaluation.	Patient/ consumer views are incorporated in monitoring, accreditation, and evaluation (monitoring reports, and accreditation files to be included)	X	X	X	X	X	X	MoHP; DoHS, DOAA, DDA	Federal, Province, Local	
	Goals related to patient and family engagement are included as key components of short- and long-term strategic plans.	x	x	x	X	X	X	PPMD, line ministries of Province	Federal, Provincial, Local	

* <https://interprofessional.global/wp-content/uploads/2019/11/WHO-2015-Global-strategy-on-integrated-people-centred-health-services-2016-2026.pdf>

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										
Action Points	Indicators	Years					Main Responsibility	Additional Responsibility	Level	
		2024	2025	2026	2027	2028				2029
Establish platforms, networks, and events to bring together patient safety advocates, champions, patients, and patient organizations.	Number of health facilities that have networks of patient advocates and champions	X	X	X	X	X	FWD, NSSD, CSD, Health co-ordination division, MoHP, NHEICC		Federal, Provincial, Local	
	Number of events conducted to bring together patient safety advocates, champions, patients, and patient organizations	X	X	X	X	X				
Create mechanisms for sharing health care experiences of patients and families on avoidable harm or unsafe care and best practices in patient and family engagement.	Number of healthcare facilities that have mechanisms (complaint box, online reporting, in-person reporting, anonymous complaint, hotline) in place to share patient-reported experiences, related safety outcomes and solutions for patient safety improvement	X	X	X	X	X	CSD, Province, Local Level Health facilities		Federal, Provincial, Local	
	Number of programs that have incorporated patient and family experience of harm	X	X	X	X	X	FWD, NSSD, CSD, institutions, MD, NHEICC		Federal, Provincial, Local	

Strategy 4.3 Build the capacity of patient advocates and champions in patient safety										
Action Points	Indicators	Years						Main Responsibility	Additional Responsibility	Level
		2024	2025	2026	2027	2028	2029			
Support and empower the development of networks of patient advocates and champions and collaborate with the National Patient Safety program.	Number of networks of patient advocates and champions supported and empowered	X	X	X	X	X	X	NHTC, NHEICC		Federal, Provincial, Local
Establish, train, and support a panel of patient and family advocates for patient safety to act as speakers at national, provincial, and local conferences/workshop etc.	Number of patient and family advocates trained and supported to act as speakers at national, provincial, and local conferences/workshops.	X	X	X	X	X	X	NHEICC	Related Divisions and Centers, EDPs	Federal, Provincial, Local
Share the findings of patient safety reporting and learning systems with patient advocates and champions.	Number of events that shared the findings of patient safety reporting and learning systems with patient advocates and champions	X	X	X	X	X	X	CSD, NHEICC		Federal

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

Action Points	Indicators	Years					Main Responsibility	Additional Responsibility	Level		
		2024	2025	2026	2027	2028				2029	2030
		<p>Ensure the use of national guidance* for informed consent, for patient access to their medical records, and for patient and family to escalate (discuss) care concerns if they perceive a patient to be deteriorating</p>	<p>A national guidance for informed consent is implemented (Public Health Service Act 2075, article 11)</p> <p>A national guidance for patient access to their medical records is developed and implemented (EMR/Paper based records)</p> <p>A national guidance for a patient and family to discuss care concerns if they perceive patient to be deteriorating</p>	X	X	X				X	X
<p>Develop or adapt procedures for enabling health care professionals to disclose to patients and families the adverse events that could have caused inadvertent harm.</p>	<p>Procedures for enabling health care professionals to disclose to patients and families the adverse events that could have caused inadvertent harm is developed</p> <p>Number of healthcare facilities that have developed and implemented procedures for disclosure of adverse events to patients and families</p>	X	X	X	X	X	X	MoHP	Professional Councils	Federal, Provincial, Local	

* Nepal Medical Council Code of Ethics and Professional Conduct-2017, Nursing council

Strategy 4.5 Provide information and education to patients and families for their involvement in selfcare and empower them for shared decision-making										
Action Points	Indicators	Years					Main Responsibility	Additional Responsibility	Level	
		2024	2025	2026	2027	2028				2029
Incorporate activities to enhance public education in schools and communities and increase awareness of patient safety in the national patient safety plan.	IEC materials that enhance public education in schools and communities and increase awareness of patient safety are developed and disseminated	X	X	X	X	X	X	NHEICC	Divisions and centers of MoHP and DoHS	Federal, Provincial, Local
Include patient and family engagement in the patient safety education curriculum and develop a specific curriculum for schoolchildren.	Patient and family engagement is included in the patient safety education curriculum, and a specific curriculum for school-aged children is developed		X	X	X	X	X	NHEICC, Ministry of Education, Science and Technology,	Divisions and centers of MoHP and DoHS	Federal, Provincial, Local
Develop mechanisms for providing information and education to patients and families to enable them to partner with healthcare organizations and with other stakeholders.	Mechanisms for providing IEC to patients and families to enable them to partner with healthcare organizations and with other stakeholders are developed	X	X	X	X	X	X	NHEICC		Federal, Provincial, Local
Develop and disseminate public service announcements with clear messages about what patient and family engagement is and why it is important.	IEC materials with clear messages about what patient and family engagement is developed and disseminated.	X	X	X	X	X	X	NHEICC		Federal, Provincial, Local
Promote use of digital technologies, including smartphones, in improving awareness about patient safety and enhancing patient and family engagement.	Digital technologies, including smartphones and social media are promoted in improving awareness about patient safety and enhancing patient and family engagement	X	X	X	X	X	X	NHEICC, Related healthcare facilities	Related Divisions/ Centers of MoHP and DoHS	Federal, Provincial, Local

Strategic Objective 5: Inspire, educate, develop skills, and protect health workers to contribute to the design and delivery of safe care systems.

Strategic Objective 5: Inspire, educate, develop skills, and protect health workers to contribute to the design and delivery of safe care systems.										
Strategy 5.1 Incorporate patient safety within health professional undergraduate and postgraduate academic curricula and continuing professional development, with an emphasis on interprofessional learning										
Action Points	Indicators	Years						Main Responsibility	Additional Responsibility	Level
		2024	2025	2026	2027	2028	2029			
Adopt the WHO patient safety curriculum guide* and incorporate it into professional education curricula	A patient safety curriculum in education programs or courses for healthcare professionals is incorporated	X	X	X	X	X	X	Universities, Professional Councils, MEC, NHTC, CSD,	PPMD, HCD,	Federal
Develop and offer training packages on patient safety for in-service training of health care professionals at all levels and prepare “patient safety” trainers pool	Learning resource packages on patient safety are developed CME on patient safety at service sites (respective hospitals/ health centers) is conducted regularly No. of accredited trainers listed in TIMS (Training Information Management system)	X	X	X	X	X	X	NHTC, CSD		Federal
		X	X	X	X	X	X	Respective health personnel receiving training	Respective health facilities	Federal, Provincial, Local
		X	X	X	X	X	X	NHTC, CSD	NHTC	Federal, Provincial

* <https://www.who.int/publications/i/item/9789241501958>

Strategy 5.2 Identify and establish collaborations with centres of excellence in patient safety education and training										
Action Points	Indicators	Years						Main Responsibility	Additional Responsibility	Level
		2024	2025	2026	2027	2028	2029			
Designate NHTC as an apex body for providing trainings on patient safety.	NHTC is designated as the prime centre for conducting and regulating trainings related to patient safety	X						PPMD, HCD, NHTC, CSD, Professional Councils, MEC NHAA		Federal, Provincial
Develop appropriate numbers of training sites and ensure simulation-based training delivery	Numbers of accredited training sites developed	X	X	X	X	X	X	CSD, NHAA		Federal

Strategy 5.3 Ensure that patient safety core competencies are part of regulatory requirements for health professionals										
Action Points	Indicators	Years						Main Responsibility	Additional Responsibility	Level
		2024	2025	2026	2027	2028	2029			
Develop patient safety core competencies for each category of healthcare professional and specialists	Patient safety core competencies are defined for each category of healthcare professionals	X						Professional councils, CSD		Federal
	Revise licensing policies, medical council regulations/acts related to licensing, CME, certification, and recertification to include patient safety core competencies. Patient safety tools and checklists are developed. Patient safety national guidelines are developed.	X						PPMD, HCD, NHTC, Professional Councils, CSD		Federal
Work with licensing, regulatory, and accreditation bodies to ensure linkage between organizational performance and patient safety improvement in both the public and private sectors,	Collaboration and coordination mechanisms with licensing, regulatory, and accreditation bodies are established	X						CSD, NHTC, professional councils,	PPMD, HCD	Federal

Strategy 5.4 Link commitment to patient safety with appraisal systems for health care professionals and managers										
Action Points	Indicators	Years					Main Responsibility	Additional Responsibility	Level	
		2024	2025	2026	2027	2028				2029
Ensure that performance appraisal of health care facilities /health professionals is linked to participation in patient safety programs and initiatives. (Appraisal of service provider by client or star rating)	Number of healthcare facilities that develop the performance appraisal of health facilities/ health professionals and ensure patient safety competencies	X	X	X	X	X	PPMD, HCD, QSRD, CSD, MD		Federal, Provincial, Local	
Explore mechanisms, such as incentives and markers of esteem, that recognize exceptional achievement by individual staff members in improving patient safety and its inclusion in the job description	Number of healthcare facilities that recognize exceptional achievement by individual staff members in improving patient safety by providing incentives or other recognitions.	X	X	X	X	X	PPMD, HCD, QSRD, CSD, MD		Federal, Provincial, Local	

Strategy 5.5 Design care settings, environments, and practices to provide safe working conditions for all staff										
Action Points	Indicators	Years						Main Responsibility	Additional Responsibility	Level
		2024	2025	2026	2027	2028	2029			
Support and endorse the WHO Charter Health Worker Safety: a priority for patient safety* by signing up for its implementation.	Have signed up for implementation of the WHO Health Worker Safety Charter	X						PPMD, HCD, QSRD, CSD		Federal
Develop and implement national programs for the occupational health and safety of health workers in line with national policies and provide adequate resources for the sustainability of programs.	A national program for occupational health and safety of health workers in line with national policies is developed and implemented	X	X					CSD		Federal
Implement and enforce relevant policies and mechanisms to prevent and eliminate violence in the health sector in accordance with national laws.	Policies and mechanisms to prevent and eliminate violence in the health sector are adopted and implemented	X						PPMD, HCD, QSRD, CSD		Federal
Provide access to mental well-being and social support services for health workers, including advice on work-life balance and risk assessment and mitigation to tackle burnout, enhance well-being, and promote resilience.	Access to mental well-being and social support services for health workers is provided	X						MoHP, CSD		Federal, Provincial, Local

Strategy 5.5 Design care settings, environments, and practices to provide safe working conditions for all staff										
Action Points	Indicators	Years					Main Responsibility	Additional Responsibility	Level	
		2024	2025	2026	2027	2028				2029
Develop linkages of patient safety programs with health, safety, and environmental and occupational health, and human resource strengthening programs at national and subnational levels.	Patient safety programs are linked with health, safety, and environment and occupational health, and human resource strengthening programs at national and subnational levels.	X	X	X	X	X	X	CSD		Federal, Provincial, Local
Develop managers, senior administrators or clinicians trained in the principles and practice of Just Culture for the delivery and strengthening of safe care systems	Number of managers, senior administrators or clinicians trained in the principles and practice of Just Culture	X								

* Available at: <https://www.who.int/publications/i/item/9789240011595>

** Nepal Medical Council Code of Ethics and Professional Conduct-2017//Nepal Health Professional Council Act, 1997//Nepal Nursing Council Act, 1996

*** Safety of health workers and health institutions Act 2066 and Regulation 2069

Strategic Objective 6: Ensure a constant flow of information and knowledge to drive the mitigation of risk, a reduction in levels of avoidable harm, and improvements in the safety of care.

Strategy 6.1 Establish or strengthen patient safety incident reporting and learning systems										
Action Points	Indicators	Years						Main Responsibility	Additional Responsibility	Level
		2024	2025	2026	2027	2028	2029			
Establish or strengthen existing mechanisms for patient safety incident reporting and learning*	Number of health facilities for patient safety incident reporting and learning established in both the public and private health care sector	X	X	X	X	X	X	MD, CSD	DDA	Federal, Provincial, Local
	Percentage of healthcare facilities participating in a patient safety incident reporting and learning system	X	X	X	X	X	X	HCD, MD, CSD, All health facilities		Federal, Provincial, Local
Establish a system of safety alerts for the health care system to draw attention to and advise action on patient safety incidents.	Number of health facilities for national patient safety alerts established in both the public and private healthcare sectors	X	X	X	X	X	X	MD, CSD		Federal, Provincial, Local
	Number of healthcare facilities that investigate incidents and develop action plans to mitigate the incidents and have established a system of safety alerts to rapidly communicate information on newly identified high-impact patient safety risks	X	X	X	X	X	X	All health facilities		Federal, Provincial, Local
Support and facilitate timely access to data for research and development purposes.	Data for research and development purposes is made available	X	X	X	X	X	X	HCD, MD, CSD		Federal, Provincial, Local

* Refer to WHO Patient safety incident reporting and learning systems: technical report and guidance, 2020; and WHO Minimal information model for patient safety incident reporting and learning systems: user guide, 2016).

Strategy 6.2 Create a patient safety information system based on all sources of data related to risks and harm inherent in the delivery of health care and integrated with existing health management information systems										
Action Points	Indicators	Years					Main Responsibility	Additional Responsibility	Level	
		2024	2025	2026	2027	2028				2029
Strengthen patient safety information systems for timely action and intervention.	Patient safety information system is strengthened and updated	X	X	X	X	X	MD-IHMIS, CSD		Federal, Provincial, Local	
Publish an annual report on patient safety performance of the country, including the frequency, nature, and burden of avoidable harm in health care.	An annual report on patient safety is published (separately or as a part of the DoHS Annual Report (core indicator)	X	X	X	X	X	CSD, DoHS		Federal	
Develop a set of indicators for patient safety aligned with global patient safety targets and comparable between healthcare facilities as well as at national level.	A set of indicators for patient safety aligned with global patient safety targets is developed	X	X	X	X	X	CSD, QSRD		Federal	
Design accountability mechanisms in reducing harm and improving patient safety throughout the health care system.	Number of health facilities that are accountable for reducing harm and improving patient safety.	X	X	X	X	X	CSD		Federal	

Strategy 6.3 Establish, synergize, and scale up patient safety surveillance systems to ascertain the magnitude and causes of harm in health care										
Action Points	Indicators	Years					Main Responsibility	Additional Responsibility	Level	
		2024	2025	2026	2027	2028				2029
Establish surveillance systems to monitor patient safety practices and assess progress against best practices and best performance benchmarks.	Patient safety surveillance system is established to monitor patient safety practices and assess progress.	X	X	X	X	X	X	X	EDCD	Federal, Provincial, Local
Establish core laboratory capacity at national, provincial, and local levels to quickly detect and respond to emerging infections and other patient safety risks.	Percentage of health facilities that have core laboratory capacity established at national and subnational levels to quickly detect and respond to emerging infections and other patient safety risks.	X	X	X	X	X	X	X	NPHL, PPHL	Federal, Provincial, Local
Institute an independent investigation mechanism in cases of severe harm and sentinel events that warrant in-depth analysis	Percentage of health facilities/ local level that have an independent investigation mechanism instituted in cases of severe harm and sentinel events warrant in-depth analysis	X	X	X	X	X	X	X	CSD, MD, Professional Council	Federal, Provincial, Local
Conduct baseline and periodical surveys to establish the safety of patients and the burden of harm due to unsafe care.	Report of baseline and periodical surveys	X	X	X	X	X	X	X	CSD, NHRC, PPMD	Federal, Provincial, Local

*Core laboratory capacity: Laboratory test required (expected) at the concerned level of health facility

Strategy 6.4 Develop active and funded patient safety research programs, especially translational research										
Action Points	Indicators	Years					Main Responsibility	Additional Responsibility	Level	
		2024	2025	2026	2027	2028				2029
Map, analyze, and prioritize research areas to yield knowledge about avoidable harm and its reduction.	Research priorities for patients' safety, reviews, survey findings, consultation, and expert group meetings and incorporate international ?? research policy	X	X	X	X	X	X	NHRC, QSRD, MD, CSD	Federal, Provincial	
	Number of research conducted /paper published incorporating priorities in the national research policy/activities	X	X	X	X	X	X	NHRC	Federal, Provincial	
Ensure sufficient capacity, skills, funds, and resources to meet the country's need for patient safety research.	Number of HR who received the research training	X	X	X	X	X	X	NHTC, NHRC, QSRD, MD, CSD, MoHP- PPMD	Federal, Provincial, Local	
	Fund allocation for research on patient safety is insured for research and research capacity building	X	X	X	X	X	X	NHTC, NHRC, QSRD, MD, CSD, MoHP- PPMD	Federal, Provincial, Local	
Incorporate and implement appropriate national/international research evidence in policy, programs, and practices for patient safety.	International research evidence, if applicable in the local context, are incorporated research evidence in policy formulation and implementation programs for patient safety	X	X	X	X	X	X	NHRC, QSRD, MD, CSD	Federal, Provincial, Local	
	Safety risk assessment is incorporated in existing health technology assessment programs	X	X	X	X	X	X	QSRD, MD, CSD, DDA	Federal, Provincial, Local	

Strategy 6.4 Develop active and funded patient safety research programs, especially translational research										
Action Points	Indicators	Years					Main Responsibility	Additional Responsibility	Level	
		2024	2025	2026	2027	2028				2029
Develop a checklist for use by an ethics committee to ensure that ethical considerations on patient rights and safety are ensured.	A checklist to ensure ethical considerations on patient rights and safety is developed and used in primary research	X	X	X	X	X	X		NHRC	Federal, Provincial,

* Health Research Priority Areas of Nepal 2019

** National Research Policy, Nepal Health Research Strategy 2076

*** Directive on Health Technology Product and Equipment, 2017

**** Final draft National Ethical Guidelines for Health Research in Nepal, 2019

Strategy 6.5 Develop and implement digital solutions to improve the safety of health care

Action Points	Indicators	Years					Main Responsibility	Additional Responsibility	Level	
		2024	2025	2026	2027	2028				2029
Harmonize the existing national digital health strategy* to bring the benefits of digitization, including artificial intelligence and big data, to improve the safety of health care. ** e.g. E-health. M- health	Harmonized national digital health strategy is available	X	X	X	X	X	X	PPMD, QSRD, CSD		Federal
Promote and support digitization of health care processes such as medical records, electronic prescribing, and clinical decision support systems	Percentage of health care facilities that has digitalized health care processes such as medical records, electronic prescribing and clinical decision support systems are promoted and supported	X	X	X	X	X	X	PPMD, QSRD, CSD, MD,		Federal, Provincial, Local
Invest resources in digitalization of end user health services, such as telemedicine, telediagnosis, and public health services, such as health promotion, disease surveillance and prevention.	Resources are invested in digitalization of end user health services, such as telemedicine, telediagnosis, and public health services, such as health promotion, disease surveillance and prevention	X	X	X	X	X	X	PPMD, QSRD, CSD		Federal, Provincial, Local
Establish mechanisms for assessing and ensuring the safety of health informatics technology solutions before they are used in the health sector.	Safety of health informatics technology solutions are assessed before they are used in the health sector	X	X	X	X	X	X	PPMD, QSRD, CSD, MD,		Federal

Strategy 6.5 Develop and implement digital solutions to improve the safety of health care									
Action Points	Indicators	Years					Main Responsibility	Additional Responsibility	Level
		2024	2025	2026	2027	2028			
Continuously monitor the safety aspects of health informatics technology products used in clinical and diagnostic processes	Percentage of monitoring done on Safety aspects of health informatics technology products used in clinical and diagnostic processes	X	X	X	X	X	PPMD, QSRD, CSD, MD, DDA		Federal, Provincial
Provide regulatory or legal means to use health care data for analysis purposes maintaining ethical standards	Regulatory or legal means use to analyze health care data are in place	X	X	X	X	X	QSRD, NHRC		Federal, Provincial, Local

* Nepal eHealth strategy implementation roadmap, Telemedicine Guidelines for Registered Medical Practitioners in Nepal 2020, National Information and Communication Technology Policy 2015

** refer to the WHO Global Strategy on Digital Health 2020–2025

*** Directive on Health Technology Product and Equipment, 2017

**** Final draft National Ethical Guidelines for Health Research in Nepal, 2019

Strategic Objective 7: Develop and sustain multisectoral and multinational synergy, partnership and solidarity to improve patient safety and quality of care.

Strategy 7.1 Fully engage all stakeholders that have the potential to have a positive impact on patient safety										
Action Points	Indicators	Years						Main Responsibility	Additional Responsibility	Level
		2024	2025	2026	2027	2028	2029			
Conduct stakeholder analyses at national, provincial, and local levels, representing the public and private sectors, and engaging them in patient safety actions	Stakeholder analysis is conducted at national, provincial, and local levels	X							Health regulatory bodies (Council, MEC)	Federal, Provincial, Local
	Roles and responsibilities of all stakeholders are clearly defined and updated	X	X	X	X	X	X	X	Health regulatory bodies (Council, MEC)	Federal, Provincial, Local
	Clear and comprehensive coordination mechanisms for stakeholder engagement are established	X	X	X	X	X	X	X	Health regulatory bodies (Council, MEC)	Federal, Provincial, Local

Strategy 7.2 Promote a common understanding and shared commitment among all stakeholders to successfully deliver the national patient safety action plan										
Action Points	Indicators	Years					Main Responsibility	Additional Responsibility	Level	
		2024	2025	2026	2027	2028				2029
Develop and disseminate Patient Safety Action Plan 2024–2030.	A Patient Safety Action Plan 2024–2030 is developed.	X	X				CSD, QSRD		Federal, Provincial, Local	
	Orientation on Patient Safety Action Plan conducted at national and sub-national levels	X	X	X	X	X	CSD, QSRD	Province-MoSD/MoH/PHD, Local	Federal, Provincial, Local	

Strategy 7.3 Convene consultative meetings to foster collaboration and partnership										
Action Points	Indicators	Years					Main Responsibility	Additional Responsibility	Level	
		2024	2025	2026	2027	2028				2029
Conduct consultative meetings to develop sustainable mechanisms for implementing the national patient safety action plan.	Consultative meetings / Policy dialogues are conducted at national and provincial levels including partners from non-health sectors	X		X			CSD, QSRD	Province-MoSD/MoH/PHD, Local	Federal, Provincial	

Strategy 7.4 Promote cross-geographical and multisectoral initiatives to advance action on patient safety										
Action Points	Indicators	Years						Main Responsibility	Additional Responsibility	Level
		2024	2025	2026	2027	2028	2029			
Initiate and/or participate in international collaborative patient safety initiatives	Country linkage in international collaborative patient safety network	X	X	X	X	X	X	CSD, QSRD	Province, WHO	Federal, Province
Participate in annual Global Ministerial Summits on Patient Safety	Representation by a high-level policymaker/team in the annual global ministerial summits on patient safety	X	X	X	X	X	X	MoHP	WHO	Federal
Share and disseminate best practices in patient safety for mutual learning through international, regional, and national conferences	A national patient safety conference is conducted every two years	X		X		X	X	HCD, CSD	WHO	Federal
	Patient Safety country experiences shared in international forums (meetings, conferences, summits, inter-country learning and exposure visits)	X	X	X	X	X	X	HCD, CSD	WHO	Federal, Provincial, Local

Strategy 7.5 Work closely with technical programs to ensure alignment in patient safety action										
Action Points	Indicators	Years						Main Responsibility	Additional Responsibility	Level
		2024	2025	2026	2027	2028	2029			
Review all technical health programs* and identify the need for and potential benefit from alignment with patient safety action.	Patient safety actions reviewed as important agenda in the health sector review (NJAR, Provincial Review)	X						PPMD	Province	Federal, Provincial, Local
	Patient safety objectives and actions are embedded in the STPs /SoPs of the technical programs	X	X	X	X	X	X	All divisions, centers of DoHS/ DoAA/ DDA		Federal, Provincial, Local

*e.g., safe motherhood, CB-IMNCI, communicable disease control, noncommunicable diseases, health emergencies, and blood and transfusion services, radiation safety

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