

Summary from Panel-2

1. Elderly people are more likely to be victims of adverse events due to multiple chronic conditions. Patient safety should be addressed holistically for elderly and vulnerable people whose health depends on the complex interactions between individual conditions, social and environmental factors, and the capacity of health systems to deliver person-centered and integrated care.
2. In ageing societies, the mainstream of healthcare is moving from acute care hospitals to community care settings, with fewer resources for patient safety. Interventions and resources should be progressively shifted to reflect this change, with involvement of patients, families and communities.
3. In community care settings, improved sharing of patient information among healthcare providers is essential to improve patient safety and broader health outcomes. In addition, a global initiative should be established to share lessons learned from the analysis of patient safety incidents and implementation of safe practices, bringing together clinical and human factors knowledge.
4. Effective patient safety interventions in acute settings should be adapted or designed for community care, taking into account patient needs, systems and resources, including ageing health workforce. Patient safety lessons from ageing societies can be applicable in LMIC.