

# GIMS Model for the Screening and Rating of Medication Safety in a Country

Global Initiative on Medication Safety foundation

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#### Abstract

Qualitative research with the aim of creating a concept of an international applicable model (to be used as an analytical tool) for the very broad screening and rating of the status of Medication Safety (MS) in a country.

The results obtained can be used to realize a helicopter view to get insights and will give direction towards area's of attention and desired or needed improvements.

Local adaptations from the original GIMS model are likely to be expected but need not to be a real problem.

This poster is based on the MSc-research thesis at GIMS foundation of A. Kohli, BScPharm, Utrecht University, The Netherlands, 2017.

#### Introduction

As Paracelsus already stated some 500 years ago; 'the dose makes the poison'.

Every medicine has it's health risks when wrongfully prescribed, dispensed, administered or used.

In the regular pharmacovigilance (PV) there usually is a very strong focus on adverse effects of (new) medicines.

GIMS foundation sees itself as a PV organization but puts it's focus on the last part of the WHO definition of pharmacovigilance '...... and all other medicine related problems'.

At GIMS we use the phrase Medication Safety (MS). MS has a very broad scope as so many elements influence it. Some very direct, like the professionality of HCP's, and some more subtle, like the cultural aspects surrounding the use of medicines.

The need for serious thoughts and actions concerning improving MS is evident as medicine consumption is growing significantly also in LMIC's. Literature does not reveal much about medication errors in LMIC's but from HIC's the facts are partially known; and they are quite frightening!

Besides direct personal health risks concerning medicine use there is also a societal aspect; with increasing budget need for medicines it is clear that society needs a clear and better positive return on investment (better health) from the allocated medicine budget. Just having the medicines available is definitively not enough and can cause more harm than good in quality challenging situations.

In order to screen and to rate actors and factors influencing (positively or negatively) MS in a country the GIMS model concept was developed. The GIMS questionnaire can be used for overall insight & policy development.

#### **Methods and Materials**

It was a qualitative research project.

Based upon a literature search a frame work was developed in which a division was made between actors (alpha, beta, gamma; entities wherein choices are possible and which will have an effect) and factors (delta; circumstances) which will influence MS in a country. (fig1.)

On this, questions (Critical Dynamics) where formulated for each actor and the factors. In the alpha questions a further division was made onto a 'Knowledge, Attitude and Tool' level.

Answers could be scored on a 5 point Likert scale.

The resulting GIMS model 0.1 was presented to an expert panel. Their remarks were incorporated and some adjustments were made. This resulted in the GIMS model 1.0.

## Results

The result is the GIMS model 1.0.

It can be found on the GIMS website and is free to adept and use.

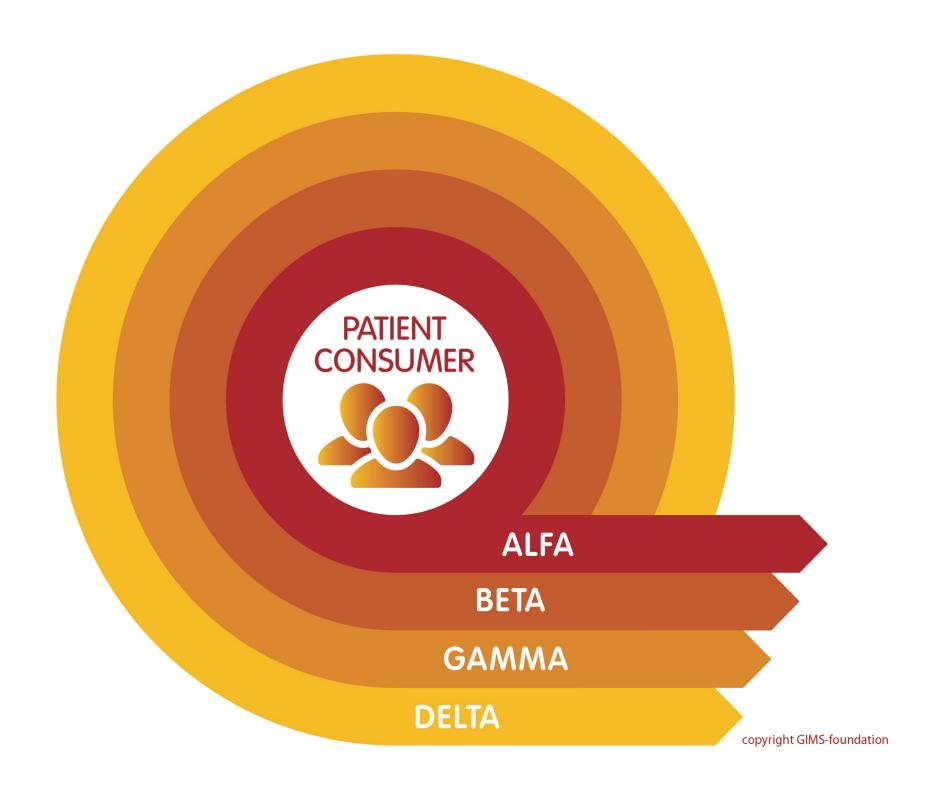


Figure 1. GIMS Frame work actors and factors influencing MS

# Discussion

There where no earlier qualitative researches available with such a broad scope.

This implies also that some original and creative thinking was needed. In formulating the critical dynamics cultural pre assumptions are likely to happen. The same is applicable for the expert panel as they were all Dutch.

It is advised to use the model within a broad group of stakeholders and let the result be accepted by the group.

The model has not yet been tested on an actual country situation. It can be expected that other settings will need adjustments in the frame work and questions.

## Conclusions

It is an innovative approach to get a concept for a helicopter view of the actual status of MS in a country.

It fits in nicely with WHO's current 'Medication' without Harm' program.

Conclusions and follow up actions should be accepted by a group of diverse stakeholders.

It will be interesting to find out the true (and international) applicability of the concept of the GIMS model.

Contact References

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