

EDITORIAL

WHO World Patient Safety Day 2025: Elevating the Voices of Children and Adolescents Through Robust, Validated, and Patient-Centered Data

Giovanni Gaetti^{1,2}, Giulia Cocciolo¹

¹Società Italiana di Medicina e Divulgazione Scientifica (SIMED), Milan

²Scuola Superiore Sant'Anna, Pisa, Italy

Corresponding Authors:

Giovanni Gaetti

email: giogaetti@gmail.com

ORCID: <https://orcid.org/0000-0001-5464-5822>

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On September 17th, the international community observed the World Patient Safety Day, promoted by the World Health Organization (WHO). Each year, this event emphasizes a specific theme to mobilize awareness and action. The 2025 campaign was dedicated to “*Child and adolescent safety in health care*”, a reminder that patient safety is not only a universal priority but also a matter of protecting the most vulnerable populations. [1] The WHO’s call - “*elevating the voices of children and young people for safer health care*” - highlights a pressing challenge: to safeguard current and future generations, we must ground safety policies in robust, reliable, and validated data.

Since the landmark 1999 report *To Err is Human* by the Institute of Medicine, patient safety has been recognized as a central pillar of quality of care. [2] Yet, 25 years later, we still face a paradox: although the rhetoric around safety is strong, the availability of standardized, validated, and internationally comparable indicators remains limited. WHO estimates that in high-income countries as many as one in ten patients is harmed while receiving hospital care; in low- and middle-income countries, unsafe care in hospitals is associated with ~134 million adverse events and more than 3 million deaths each year. [3] These numbers, while staggering, are derived from heterogeneous sources and methodologies. This variability undermines the ability of health systems to identify trends, allocate resources, and implement effective prevention strategies. Indicators such as the Agency for Healthcare Research and Quality (AHRQ) Patient Safety Indicators (PSIs)

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or OECD's quality and safety measures represent significant steps forward. [4,5] However, systematic reviews have shown that their validity is highly context-dependent, often influenced by local coding practices, completeness of administrative data, and the presence of case-mix adjustment. [6]

Building on recent analyses, it becomes clear that four urgent priorities are needed to advance the field of patient safety measurement and improvement.

First, validation across contexts. Indicators must be systematically validated in multiple healthcare systems, assessing their sensitivity, specificity, and predictive values. Only through cross-validation can we ensure that an indicator reliably flags true adverse events rather than coding artifacts.

Second, comprehensiveness across care settings. Patient safety does not stop at the hospital door. Falls in nursing homes, medication errors in primary care, adverse events in home-based telemonitoring, and failures in care transitions are equally critical. A multidimensional panel of indicators is needed, integrating administrative data, clinical audits, incident reporting, and patient-reported safety indicators (PRSIs). Only by capturing the full spectrum of risk - from near-misses to sentinel events - can we develop a learning system that spans both acute and community care.

Third, investment in research and policy linkages. Measurement without action is sterile. Governments and institutions must invest in research on indicator development, validation, and application. Moreover, financing systems should align with safety goals. Pay-for-performance programs, if implemented gradually and thoughtfully, can incentivize improvement without fostering gaming or unintended consequences. Linking validated safety indicators to performance frameworks - such as those already piloted in Italian regions - offers a promising model. [7] But financial incentives should be combined with feedback, benchmarking, and capacity-building, rather than punitive measures alone.

Lastly the 2025 WHO theme also reminds us that safety cannot be assessed only by professionals. Children, adolescents, and their families perceive risks, harms, and unsafe environments in ways that administrative

data cannot capture. Incorporating patient-reported safety indicators into measurement systems is therefore essential. Recent OECD initiatives have proposed standardized questionnaires to assess perceived safety, communication issues, and error disclosure experiences. [8] These patient-centered metrics add a critical dimension: they illuminate the lived experience of safety and allow comparison between perceived and recorded adverse events. Integrating these voices not only improves measurement but also strengthens trust in healthcare systems. Attention to the voice of young patients during hospitalization is at the center of several innovative initiatives, among which the VoiCEs project stands out. The VoiCEs project (Value of including the Children's Experience for improving their rights during hospitalization) aims to systematically collect and use pediatric patient-reported experience measures (PREMs) across four European children's hospitals in Finland, Italy, Latvia, and the Netherlands. It adopts a participatory action research approach, combining literature review, Delphi consensus, focus groups, workshops, and surveys, with the direct involvement of children and adolescents. The project will establish a European pediatric PREMs observatory, enabling continuous benchmarking and quality improvement based on children's voices. Innovative tools will be tested to capture feedback directly from young patients, minimizing caregiver intermediation. Ultimately, VoiCEs seeks to strengthen children's rights to be heard in health care and promote more child-friendly hospital services. [9]

We should also acknowledge limitations openly. No single indicator will ever capture the full complexity of patient safety. A portfolio approach - combining outcome, process, and structural measures - is indispensable. And indicators are only as good as the information systems that feed them. Fragmented or incomplete data flows are a recurring weakness. National strategies should therefore prioritize harmonization of reporting systems, covering everything from incident reports to transfusion errors, falls, and hospital-acquired infections.

World Patient Safety Day 2025 calls us to action, especially for the protection of children and adolescents. But its message extends far more widely. If we truly

aspire to the WHO's vision of "zero avoidable harm", we must move beyond rhetoric and invest in robust, validated, and patient-centered data. The VoiCEs

project is a concrete example of this commitment, representing an integral step toward systematically capturing and acting upon the voices of young patients.

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