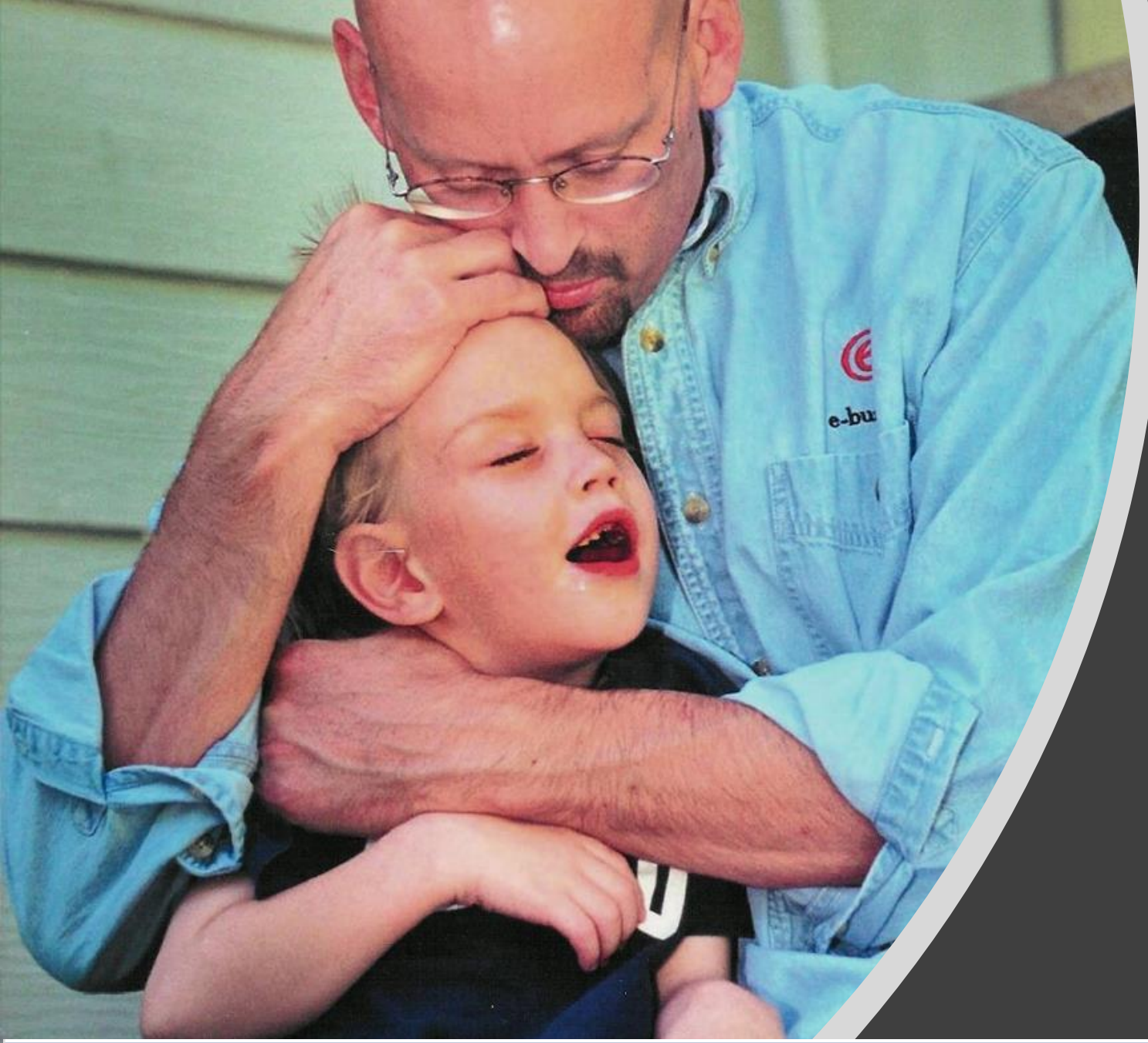
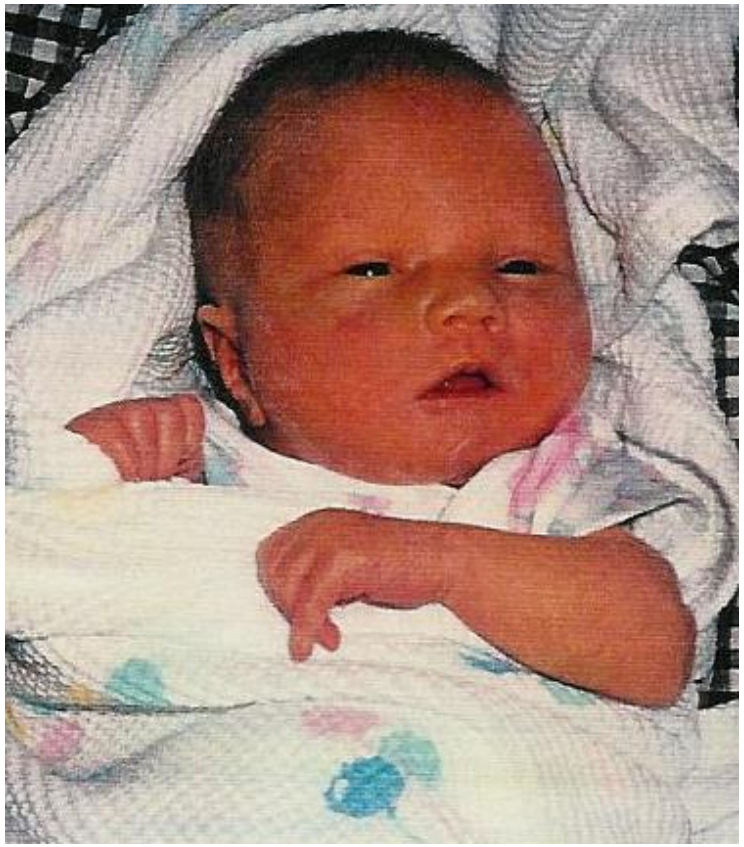


From Harm to Action

Susan Sheridan

Founding Member, PFPS US



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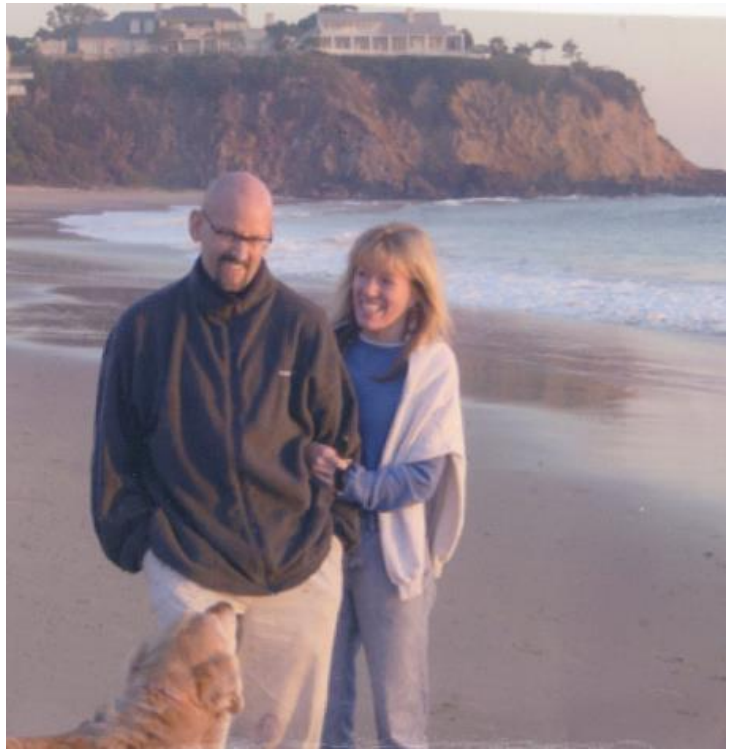
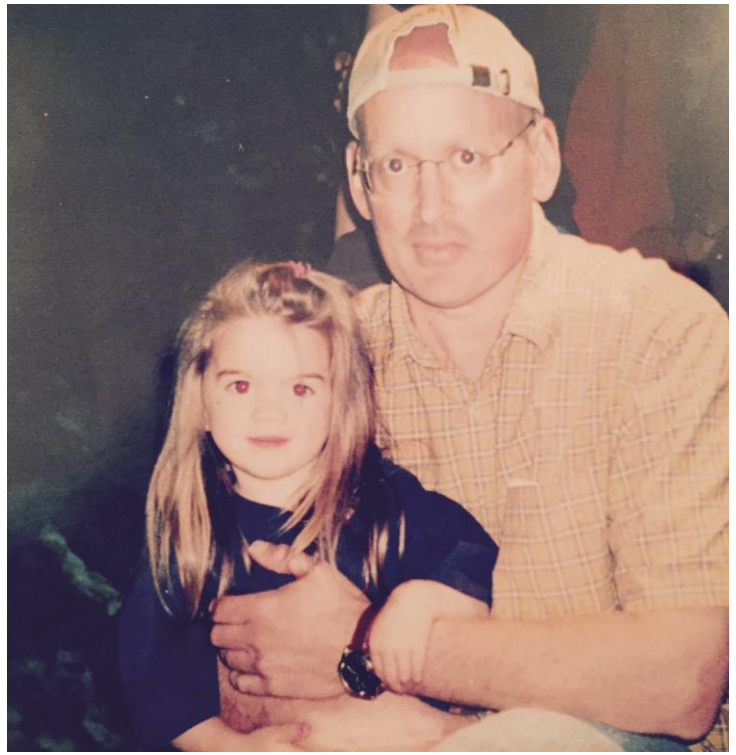
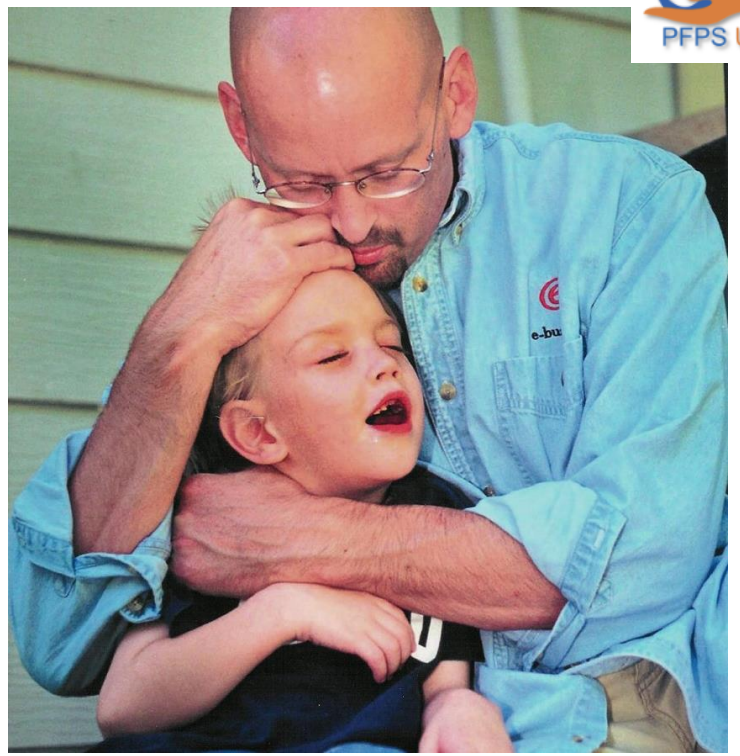


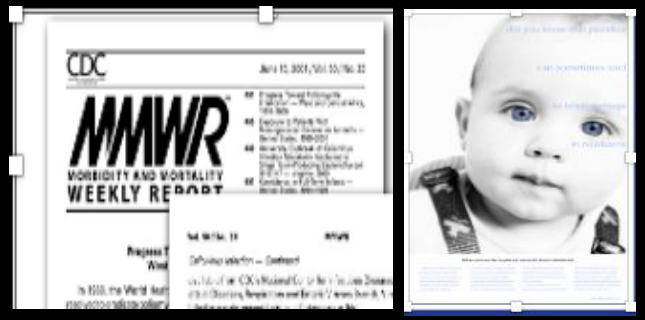




Pat

Kernicterus Prevention Partnership Coalition (KPPC)

CDC



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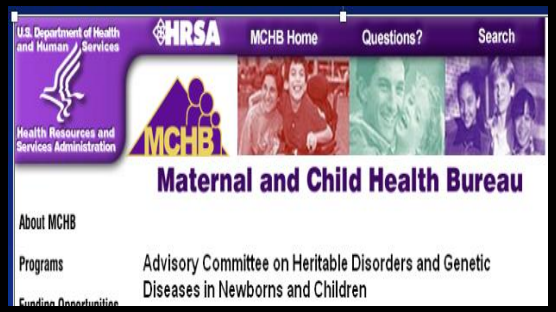


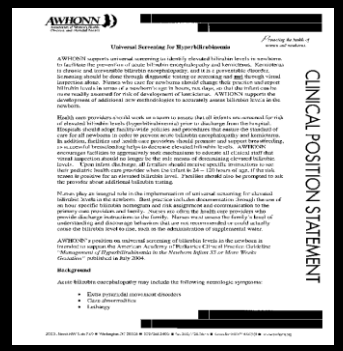
NIH

AHRQ

Joint Commission

National Quality Forum

AWHONN
NANN



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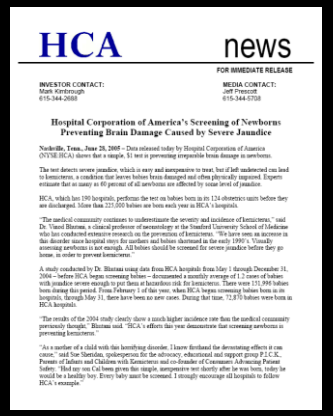

American Academy Of Pediatrics

PFPS US

Threat #1

The current assumption in patient safety improvement is that the healthcare system can fix itself

Recommendation:

Democratize patient safety at all levels:

HHS and all it's agencies

- Engage diverse patients, families and communities - especially those who have been marginalized - in the assessment, analysis, planning, implementation, monitoring and evaluation of patient safety

Threat #2

No-one is in charge

Recommendations:

HHS to establish greater national oversight and coordination of patient safety:

- Establish an independent agency over patient safety where patients can report harm such as the proposed National Patient Safety Board
- Establish patient safety as a priority in the Secretary's national strategy – create a FACA
- Create a presidential commission for a patient safety moonshot

Threat #3

We do not know the magnitude of harm

We don't have the right data to improve patient safety

Recommendations:

Re-design reporting and surveillance of patient harm

- AHRQ and CMS - redesign national patient surveys to include patient reported experiences in safety
- HHS - develop mechanisms and platforms to capture patient event reports and related data
- CMS - expand the list of reportable serious harms including diagnostic errors and require mandatory reporting of harms as part of the CoP with appropriate penalties
- OIG - expand the trigger tools to capture a wider variety of serious harms
- CDC to count how many people die from medical errors and include the option of "medical error" as a cause of death on death certificates

Threat #4

Truth telling and transparency are optional when bad things happen

Recommendations:

Require standards for timely communication and disclosure to inform patients and families of a harm event

- CMS to require the implementation of a CANDOR or CRP type program in healthcare systems as a CoP with meaningful financial penalties when there is no disclosure or learning
- ONC and CMS to review and enforce the standards of the CURES ACT with meaningful penalties that prevent information blocking including patient access to medical records and notes

Threat #5

Lack of adherence to evidence-based guidelines for clinical practices

Recommendations:

Establish meaningful incentives, monitoring and enforcement for the implementation of evidence based clinical practices

- CMS - Require healthcare systems to implement evidence-based practices as a CoP with meaningful monitoring, incentives and penalties to ensure adherence

“It is a question of will”

Don Berwick