

## **National Patient Safety Goals and Action Steps**

**Presented by Consumers Advancing Patient Safety to the AHRQ 2<sup>nd</sup>  
National Summit on Patient Safety Research in Washington D.C.**

### **Vision**

*We envision creating a healthcare system that is safe,  
compassionate and just.*

### **Mission**

*To be a champion for patient safety in a new healthcare culture.*

*To be a voice for individuals, families and healers who suffer harm  
in healthcare encounters.*

*To teach the health care community what consumers and providers  
need to know whenever they interact within healthcare systems.*

## **Goals and Action Steps**

### **Goal # 1: National Consumer-Led Patient Safety Board**

*Establish a National Consumer-Led Patient Safety Board within 5 years with the  
following functions:*

- *Development of national policies for patient safety.*
- *Repository of medical errors.*
- *Coordinate all patient safety activities among all established organizations and regulatory bodies.*
- *Research and evaluation of safe practices.*
- *Work with state licensing bodies and/or national accreditation organizations to adopt safety policies.*
- *Responsible for the regulations for healthcare safe practices.*

*The structure of the Board would be to have at least 51% Associates from consumer organizations such as local patient safety networks and other representatives from*

*partner organizations such as JCAHO, Leapfrog, CMS, AHA, State licensing boards, AMA, ANA, AARP, and other consumer groups.*

### **Goal #1 Action Steps**

1. Inventory who's doing what. It will take 3 months to do that through email. Could use this Houston Advisory Committee to help.
2. Identify seed grants. Need a half million to \$1 million. Will take 3 months. Consider NIH RO 1 grants.
3. Identify future ongoing funding. Insurance dollars, trial lawyers dollars, licensing fees. Will take up to one year.
4. Prepare a blueprint for the board and integration with other organizations. Will take six months.
5. Incorporate if necessary and charter.
6. Metrics for safety rating – develop them. Will take 1 year.
7. Membership identification for the Board. Will take 6 mos.
8. Identify lobbying mechanism and national champions. On-going.

### **Goal #2: Local Consumer-Led Patient Safety Advisory Boards**

*Create Local Consumer-Led Patient Safety Advisory Boards in every community in the United States [and Scotland] within 10 years to collaborate with the National Patient Safety Advisory Boards. These Local Boards can utilize existing state healthcare associations and will provide advice and consultation to local healthcare providers in areas such as:*

- *Building design.*
- *Developing patient safety information for consumers and stakeholders.*
- *Error detection and prevention.*
- *Gather and disseminate advice based on patient/consumer experience.*
- *Provide consultation to provider organization and regulatory agencies.*

### **Goal #2 Action Steps**

1. Year One:
  - a. Assess existing networks
  - b. Enlist champions
  - c. Identify state structures and organizations
  - d. Develop the plan
2. Year Two:
  - a. Take plan to “challenge groups”
  - b. Revise plan
  - c. Identify 5 pilot sites
3. Year Three:
  - a. Implement pilot sites.
4. Year Four:

- a. Evaluate pilots.
- b. Revise the plan.
- c. Take the plan to the National Patient Safety Board for promulgation across the nation.

### **Goal # 3: National Patient Safety Learning System**

*Institute The National Patient Safety Learning System within 10 years as a positive, non-punitive system with the following components:*

- *a shared learning data repository that includes narrative occurrence reports*
- *searchable information tied to medical nomenclature thesaurus*
- *stories of both solutions and failures*
- *multiple reporting avenues, centralized and nationwide*
- *a broad based dissemination function.*

*Metrics will include:*

- *Reporting rates from multiple consumer and provider sources.*
- *Evaluating to determine the proportion between reported events to outcomes and the practices/procedures used.*
- *Near miss and intervention reporting rates.*

*Partners will include:*

- *Professional societies like CAP and AAP.*
- *Federal partners like AHRQ, CMS and CDC.*
- *National organizations like the National Patient Safety Foundation, National Quality Forum, and Institute for Safe Medication Practices.*

### **Goal #3 Action Steps**

1. Start with issue-specific reporting, with smaller scale pilots until we achieve proof of concept
2. Then move to smaller localized, controlled or regional environments, such as a managed care system or a multi-hospital system
3. Then conduct a phased rollout to the national level
4. Then expand to more issues from the initial issue-specific lessons learned. This becomes part of the outreach and marketing of best practices. (This is good model for best practices because it includes consumers.)
5. Once we've established a best practice, based on proof of concept, built with natural partners and piloted, then take to JCAHO as patient safety goal. Then feed it back through professional groups and the education system as mapped out by the Education Working Group Goals [below].

#### **Goal #4: Education for Patient Safety**

*Educate: 1) every person qualifying or graduating as a healthcare provider with the knowledge and skills that enable them to communicate effectively within healthcare teams and with patients and families within the next 10 years to assure that providers have the vision that healthcare is safe, compassionate and just, and; 2) every person coming into contact with healthcare services through information and support appropriate to their individual needs that helps them interact effectively with providers at every stage in the course of their healthcare journey. Within 10 years every person in the U.S. should have the opportunity to gain “just in time” knowledge and skills to enable them to engage effectively with the healthcare system.*

#### **Goal #4 Action Steps:**

##### *Actions Focused on Healthcare Providers:*

- Identify accreditation bodies, individual certifying boards and educational institutions and make an inventory of who reaches whom.
- Organize the players, including accrediting bodies, professional licensing and certifying boards, and educational institutions. Our role is to lobby these groups for inclusion of the vision and mission in education curricula, and to provide input on design and development of the metrics
- Ensure that effective communication is an integral part of training in healthcare, effective within teams and in meeting communication needs of patients, and it's an integral part of assessment. This should be an endpoint not just in credentialing new graduates, but re-credentialing folks who are already out there.
- Develop metrics, including: that a high proportion of providers pass communication competency tests and that patient experience surveys reflect good performance on key communication criteria.

##### *Actions Focused on Consumers*

- Provide input into standards setting about patient needs for information and support. All patient information materials will be designed with patients to ensure they meet patient needs.
- Lobby for a centralized system for generating patient information materials and training people who produce them, based on our vision and mission. Consumers/patients will be involved in training the trainers.
- Use our mission and vision to coordinate with existing organizations that create and disseminate medical information to patients and consumers.
- Advocate for every hospital to have an advisory board in place within 5 years
- Articulate goals that: (i) that every person wanders about with their medical history with them, (ii) that all patient information has been designed with and meets the needs of patients.
- Assist in establishing patient/family advocacy boards that have responsibility for regulating, customizing and disseminating the information distributed to patients in that organization, and train people to serve effectively on those boards.

## **Goal # 5 National Patient Safety Awareness**

*Develop national awareness of the importance of patient safety that emphasizes patient and health care community (HCC) partnership with trust and open communication by 2009. We will know we have met this goal when:*

- *Americans recognize a slogan/catch phrase that promotes patient safety (Examples: "Stop, drop and roll"; "**ABC**" AIDS prevention campaign in Africa - **A**bstain, **B**e monogamous, use a **C**ondom)*
- *All HCCs support the effort by using a common curriculum around patient safety*
- *There is a common language/vernacular of patient safety*
- *Key points/concepts in patient safety are clearly defined and easily understood*
- *Patients feel comfortable speaking up; they know their medications; they know their treatment plan; they actively participate and question things in their HCCs that do not seem right*
- *Patients are able to verify their own personal information (e.g., their medical records)*
- *HCC providers encourage questions and participation*
- *Consumers participate at all levels of HCC service decisions; it is considered outrageous not to have a consumer involved.*

### **Goal #5 Action Steps**

1. By 2004, we will:
  - a. Perform a baseline survey of consumers and HCC providers regarding their awareness of patient safety principles/concepts. This will begin with regional pilots. We will get financial, verbal and organizational support by enlisting health care financing sources and the advertisers, e.g., AHRQ and the Ad Council.
  - b. Define patient safety principles that will be used for baseline survey of awareness. We will go to the research community to develop the survey.
  - c. Secure financing. This will take a multimillion-dollar investment. One place for support is the CDC's National Center for Health Statistics.
2. In 2005, develop a patient safety awareness campaign based on survey results and using a variety of mediums to reach all Americans.
3. By 2007, resurvey Americans to assess effectiveness of the campaign, with the goal of documenting a 50% increase in awareness of the slogan.
4. In 2008, retarget the awareness campaign and refine it as necessary.
5. In 2009, have 90% of Americans recognize the slogan and the principles of the campaign.

## **Goal #6: Just Compensation**

*Put into place a set of systems providing alternative routes to justice that flexibly respond to consumer's needs after patients are harmed. These systems will require appropriate compensation, which includes non-monetary items that might be important to consumers. The prevention of harm is a primary interest in meeting this goal of just compensation within the next 10 years. Metrics for progress toward this goal include:*

- *An increase in complaints handled outside of litigation.*
- *Increase in redesign processes demonstrating success in safer processes.*
- *Decrease in lawsuits.*
- *Survey/measures of the degree to which consumers feel needs were met.*
- *Existence of in-house conflict resolution systems in healthcare organizations.*
- *Existence of schedule of standardized payouts for injuries.*
- *Existence of healthcare facility-based review boards, including consumers.*

### **Goal #6 Action Steps**

1. Identify key partners and stakeholders to bring into the planning process.
2. Design a process employing hospital-based review boards with consumer membership, standardized payouts for injuries and expectations for discussing injuries with the patients/families and planning safety improvements.
3. Design in-house systems for addressing patient harm early (pre-claim) and directly.
4. Design proposals for adjusting legal practices so that consumer interests other than money are routinely discussed, confidentiality agreements are reconsidered, and penalties are increased for failing to disclose errors.
5. Bring together a group of leaders to address implementing those designs and barriers to them.
6. Pilot test these measures.
7. Promote them at a national level.