

RE-ENERGIZING PATIENT SAFETY

A COLLABORATION OF PATIENTS, GOVERNMENT AND HEALTHCARE LEADERS

December 1, 2021

Armando Nahum

November 2005



*My Dad
Quint Nahum*

March 2006



*My Wife
Victoria Nahum*

September 2006



*My Son
Joshua Nahum*

ONE FAMILY, 3 INFECTIONS

THE JOURNEY BEGINS

OCTOBER 22, 2006

- Six weeks in ICU
- MRSA
- Delirium
- Gram-negative bacteria
- Sepsis



APRIL, 2011

- Public-private partnership to improve safety, quality and affordability of health care for all Americans
- Engaged patients = better outcomes
- PFE: referred to as: *“the blockbuster of the 21st century”*



2016 - 2020

Patient and Family Engagement = ?

Patient Safety = ?

Lives lost to medical errors = 220,000 to 440,000 per year

BOTTOM LINE:

Missed all the goals set forth 20 + years ago in the Institute of Medicine call to action:

“To Err is Human”

PATIENTS FOR PATIENT SAFETY US (PFPS US)

Founders



Margo Burrows
Los Angeles, California



Steve Burrows
Los Angeles, California



Col. Steven L. Coffee
Washington, DC



Alicia Cole
Los Angeles, California



Martin J. Hatlie
Chicago, Illinois



Carole Hemmelgarn
Denver, Colorado



Soojin Jun
Chicago, Illinois



Armando Nahum
Atlanta, Georgia



Sue Sheridan
Boise, Idaho



Beth Daley Ullem
Orange County, California

WHO 7X5 MATRIX

Who do we include?

- *Patient Safety Activists*
- *Civic and Government Partners*
- *Healthcare Partners*

Framework for Action

1		Policies to eliminate avoidable harm in health care	1.1 Patient safety policy, strategy, and implementation framework	1.2 Resource mobilization and allocation	1.3 Protective legislative measures	1.4 Safety Standards, regulation and accreditation	1.5 World Patient Safety Day and Global Patient Safety Challenges
2		High-reliability systems	2.1 Transparency, openness and No blame culture	2.2 Good governance for the health care system	2.3 Leadership capacity for clinical and Managerial functions	2.4 Human factors/ ergonomics for health systems resilience	2.5 Patient safety In emergencies and settings of extreme adversity
3		Safety of clinical processes	3.1 Safety of risk-prone clinical procedures	3.2 Global Patient Safety Challenge: Medication Without Harm	3.3 Infection prevention and control & antimicrobial resistance	3.4 Safety of medical devices, Medicines, blood and vaccines	3.5 Patient safety In primary care and transitions of care
4		Patient and Family Engagement	4.1 Co-development of policies and programmes with patients	4.2 Learning from patient experience for safety Improvement	4.3 Patient advocates and patient safety champions	4.4 Patient safety incident disclosure to victims	4.5 Information and education to patients and families
5		Health worker education, skills and safety	5.1 Patient safety in professional education and training	5.2 Centres of excellence for patient safety education and training	5.3 Patient safety competencies as regulatory requirements	5.4 Linking patient safety with appraisal system of health workers	5.5 Safe working environment for health workers
6		Information, research and risk management	6.1 Patient safety incident reporting and learning systems	6.2 Patient safety information systems	6.3 Patient safety surveillance systems	6.4 Patient safety research programmes	6.5 Digital technology for patient safety
7		Synergy, partnership and solidarity	7.1 Stakeholders engagement	7.2 Common understanding and shared commitment	7.3 Patient safety networks and collaboration	7.4 Cross geographical and multisectoral initiatives for patient safety	7.5 Alignment with technical programmes and initiatives

OUR GOALS IN THE UNITED STATES

- *Patient Safety in the USA*
- *Create Skilled Communities*
- *Engage Community*
- *Disseminate / Communicate*



Patients for Patient Safety **US**

THANK YOU!

For more information:

404.510.8787

info@pfps.us

www.pfps.us