January 24, 2001

Carl Getto, MD, Chair
Governor's Task Force on Medical Errors

Attn: Michelle Gentry-Wiseman
525 West Jefferson-5th floor
Springfield, Illinois 62761

Dear Dr. Getto:

I am writing to offer the resources of the National Patient Safety Foundation (NPSF) in support of the objectives of the Governor Ryan's Task Force on Medical Errors. While our foundation has a national scope on patient safety and medical errors, we recognize that the most effective changes are done on a local level. We congratulate Gov. Ryan with this initiative and hope that by working together we can make a significant contribution in promoting patient safety and reducing medical errors in Illinois.

To introduce you to the NPSF and its activities, this letter starts with the history of the foundation, followed by a brief overview of its programs and current initiatives, and concludes with ways in which the NPSF can help you with your efforts.

The National Patient Safety Foundation is an independent, nonprofit research and education organization dedicated to the measurable improvement of patient safety in the delivery of health care. NPSF was founded in 1997 by the American Medical Association, CNA HealthPro, 3M, and Schering-Plough Corporation. Working collaboratively with its broad base of constituents, the NPSF is leading the patient safety movement by raising awareness, building a knowledge base, creating a forum for sharing knowledge, and facilitating the implementation of practices that improve patient safety. The NPSF headquarters are in Chicago, IL with an additional office in Washington, DC.

NPSF has five programs to further the mission of the organization:

- **C**ommunications;
- **A**pplications and Learning;
- **R**esearch;
- **E**ducation; and the
- **S**afety Council.

The Foundation boasts core competencies which support our programs that include: 1) safety science knowledge, 2) facilitating, convening and managing diverse constituencies (Stakeholders, in NPSF lingo), and 3) project management. Brief descriptions of NPSF's five programs and the activities that each program supports are included in a document that accompanies this letter.

There are several ways in which the NPSF and Gov. Ryan's Task Force can improve patient safety together:

- Raising awareness among interested parties through the NPSF ListServ (which includes our bi-weekly electronic Current Awareness newsletter and an ongoing discussion of patient safety issues), and the NPSF quarterly newsletter *Focus on Patient Safety.*

- Building on four existing NPSF initiatives to create Illinois' Clearinghouse for best practices and development and support of pilot and/or model projects:
  - -Solutions initiative (identified best practices);
  - -Research Grants (new, innovative projects directed towards enhancing patient safety funded by the NPSF);
  - -Clearinghouse (a database and collection of literature on patient safety to date); and
  - -"Current Research on Patient Safety in the United States" (a report and a searchable database of current patient safety research projects funded by private and federal agencies).

- Piloting the patient safety educational curriculum developed by NPSF, and supporting NPSF educational programs, such as a Regional Forum in Illinois.

- Participating in NPSF's "Call for Solutions" by disseminating successful patient safety practices.

- Implementing a National Patient Safety Consensus initiative in collaboration with NPSF for systematic improvement in patient safety around a certain patient population or care setting. Consensus projects convene the major stakeholders involved in a complex problem in patient care in a structured fashion to reach consensus and develop an action agenda for overcoming barriers to patient safety. I expect that our planned project in Nursing would be of special interest given the objective related to appropriate training of nursing staff.

- Disseminating safety communication tools for the citizens of Illinois. NPSF has developed tools in partnership with and for consumers to take an active and appropriate role in their own safety, including talking effectively with their providers about safety. Next steps include the translation of these tools and web-based development and adaptation of the tools for different age, ethnic and chronic disease groups.

NPSF lauds the work of the Task Force on Medical Error, and we want to support your work. Ms. Asta Sorensen, the NPSF Research Program Manager, will attend your next meeting on February 5th, 2001 and will be available to answer any questions that you might have. Please contact us at 312/464-4848 if you have any questions or would like to receive any additional information.

Sincerely,

Joanne E. Turnbull, PhD
Executive Director

cc: Asta Sorensen, MA, Research Program Manger

National Patient Safety Foundation
Program Objectives and Descriptions

Communications: Raise public awareness and foster communications

- NPSF created and maintains the most comprehensive literature clearinghouse covering all aspects of health care error and patient safety. This clearinghouse contains more than 1000 scholarly articles, books and items from popular magazines and newspapers. As a special library, NPSF Clearinghouse is an official member of the Chicago Library System.

- Bimonthly, the NPSF distributes through the ListServ a "*Current Awareness*" listing of prominent articles summarized from the literature.

- NPSF maintains a ListServ email discussion group on patient safety with over 600 current members.

- The Foundation produces a quarterly newsletter for professionals, "*Focus on Patient Safety*."

- The Communications Program operates a Speaker's Bureau, using members of the Board of Directors and NPSF staff who are experts on patient safety.

- NEW in 2001: NPSF will publish "*Lessons Learned: A Primer on Patient Safety*"

Applications and Learning: Identify pathways to apply knowledge

- "*Solutions 2001*" is an initiative that highlights innovative strategies and techniques to enhance patient safety. Developed by front line clinicians, these solutions undergo a rigorous judging process. Following a highly publicized call for abstracts of patient safety and error reduction strategies, sponsored $10,000 patient safety awards are highlighted at a patient safety conference. NPSF is focusing efforts on dissemination and adoption of these successful solutions through its various dissemination mechanisms, such as Regional Forums, the NPSF website and a published compendium.

- *National Patient Safety Consensus* initiatives are projects that target particular patient populations or special issues in health care. Diverse stakeholders involved in a complex problem are brought together in a structured format to reach a consensus and develop an agenda for patient safety. The consensus includes identifying multiple barriers that impede progress in solving the problem as well as identifying possible action steps to overcome those barriers. Implementation of the agenda follows. NPSF has two consensus projects in operation in Pharmaceutical Safe Use and End Stage Renal Disease.

Research: Identify and create a core body of knowledge

- Research Grants. Each year, NPSF issues a call for research proposals on patient safety. Since 1998, the NPSF Research Program has awarded twelve grants for up to $100,000 each. Several of the funded studies are beginning to yield significant contributions in the areas of cardiac surgery, pediatric sedation, critical care settings, medication name confusion errors and electronic decision-support methods.

- "Current Research on Patient Safety in the United States": NPSF conducted a project cataloging patient safety research in key government agencies and private foundations. The findings will soon be published in hard copy form as well as posted on the NPSF website.

- The NPSF Research Committee has developed an *Agenda for Research and Development in Patient Safety*. The Agenda defines the critical needs for patient safety research, presents a strategy and tactics for the NPSF Research Program and identifies core issues that should be targeted by the broader research community.

Education and Liaison: Develop and enhance the culture of receptivity

- Regional Forums – these one-day workshops held in various areas around the country, are conducted as partnerships between NPSF and local health care leaders. Regional forums bring together a wide variety of local stakeholders to increase awareness and to build local coalitions for patient safety.

- Annenberg III – known in patient safety circles as *the* conference on patient safety, the third Annenberg conference will be held in St. Paul, MN, May 16-18, 2001, and will focus on communication. Titled "Let's Talk: Communicating Risk and Safety in Healthcare," this national meeting will, for the first time, highlight the critical role that intrastaff and provider-patient communication have in reducing health care error.

- Curriculum Development – In partnership with ASTRO (American Society of Therapeutic Radiation Oncologists), NPSF is developing educational resources and curricula in patient safety and error reduction. Beginning with radiation oncology, the curriculum will be used as a model for other disciplines and professional groups in health care.

National Health Care Safety Council

- The Safety Council is NPSF's "think tank." Credited with articulating the "New Look" in patient safety, that is, moving beyond blaming individual practitioners to a systems-learning approach to error reduction, the Safety Council is now working on accountability, and how it affects performance in a high risk environment like medicine.