SECOND GLOBAL MINISTERIAL SUMMIT ON PATIENT SAFETY

Sir Liam Donaldson
Bonn, Germany
29th March 2017
THE STATE OF SAFETY IN HEALTHCARE AT THE BEGINNING OF THIS CENTURY

- **Patient safety** was the domain of academics and enthusiasts
- **Incidents** seen as parochial events
- **Information withheld from victims**
- **Scale of problem unrecognised**
- **Apathy**
- **It could not happen here**
- **Ignorance**
- **Condescension**
- **Arrogance**

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STORIES FROM THE HEART

<table>
<thead>
<tr>
<th>PATIENT'S NAME:</th>
<th>Madison Emily Perry</th>
</tr>
</thead>
<tbody>
<tr>
<td>REGULAR DRUG:</td>
<td>Heparin</td>
</tr>
<tr>
<td>Dose and Frequency:</td>
<td>15,000 UI</td>
</tr>
</tbody>
</table>

**INSTRUCTIONS FOR ADMINISTRATION**

**DRUG Administration**

<table>
<thead>
<tr>
<th>Route</th>
<th>Dosage and Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>
STORIES FROM THE HEART
THE SEEDS OF DESTRUCTION
PRE-FILLED SYRINGE CONTAINING VINCRISTINE ILLUSTRATING THE WARNING WRITTEN IN BLUE TEXT
WHO IS TO BLAME?

Everything ok?
STORIES FROM THE HEART
PATIENT SAFETY INCIDENTS REPORTED IN THE NHS

Deaths (31,600)

Severe harm (67,400)

Moderate harm (624,000)

Low harm (2.55M)

No harm (6.97M)

Source: The National Reporting and Learning System
“Commenced night shift short-staffed. Dr in charge was a locum, newly qualified and unable to administer IV medications. RN is agency nurse. Only saw 2 out of 10 patients. Dept over full with many patients on trolleys. Shift was unsafe with reduced numbers of staff, who were inexperienced and lacking skills.”

Source: NRLS
GLOBAL ACTION TO SAVE LIVES

Source: Donaldson L. When will healthcare pass the orange-wire test? The Lancet 2004; 364: 1567-1568