

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



Disinterest

Scale of problem
unrecognised



Ignorance

Incidents
seen as
parochial
events



Apathy

It could not
happen here



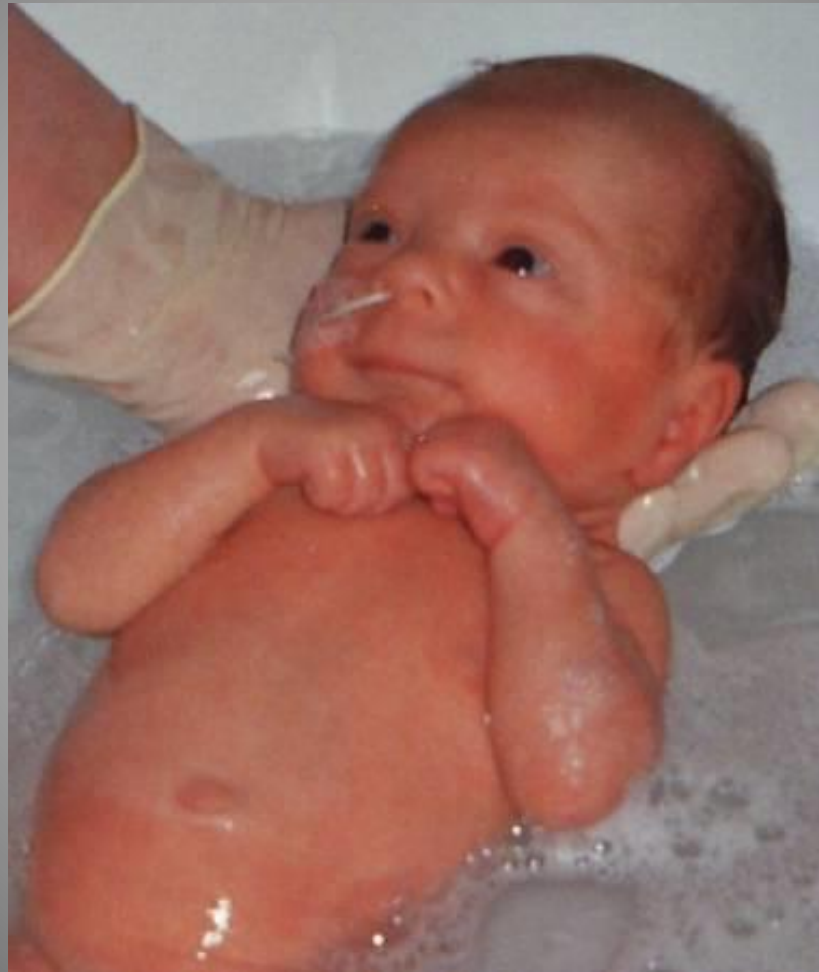
Arrogance

Information
withheld from
victims



Condescension

STORIES FROM THE HEART



Source: In memory of Madison Emily Perry - <http://www.madison-perry.memory-of.com/Timeline.aspx>, 2005



PATIENT'S NAME:- Madison Emily Perry

ADMINISTRATION DATE

REGULAR DRUGS

FIGURE 1 | **Approximate location of the study area.**

Name and Frequency

HEPARIN

15 000

Precedente e struttura di classe

Dick

Planning

INSTRUCTIONS FOR ADMINISTRATION

DRUG ABUSE AND DEPENDENCE:

1. **Introduction**

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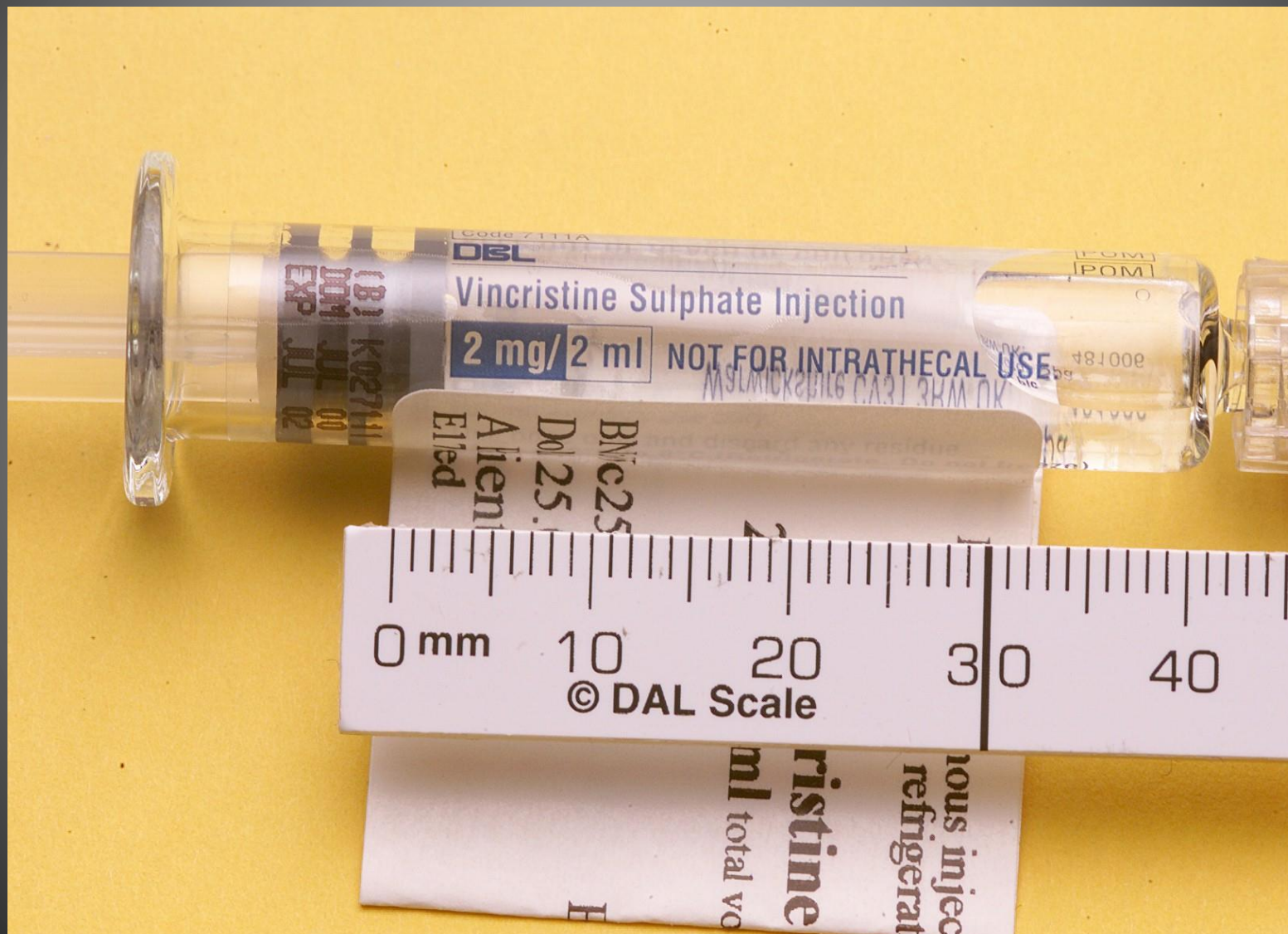
STORIES FROM THE HEART



THE SEEDS OF DESTRUCTION



PRE-FILLED SYRINGE CONTAINING VINCRIStINE ILLUSTRATING THE WARNING WRITTEN IN BLUE TEXT



WHO IS TO BLAME?



STORIES FROM THE HEART



STORIES FROM THE HEART



PATIENT SAFETY INCIDENTS REPORTED IN THE NHS

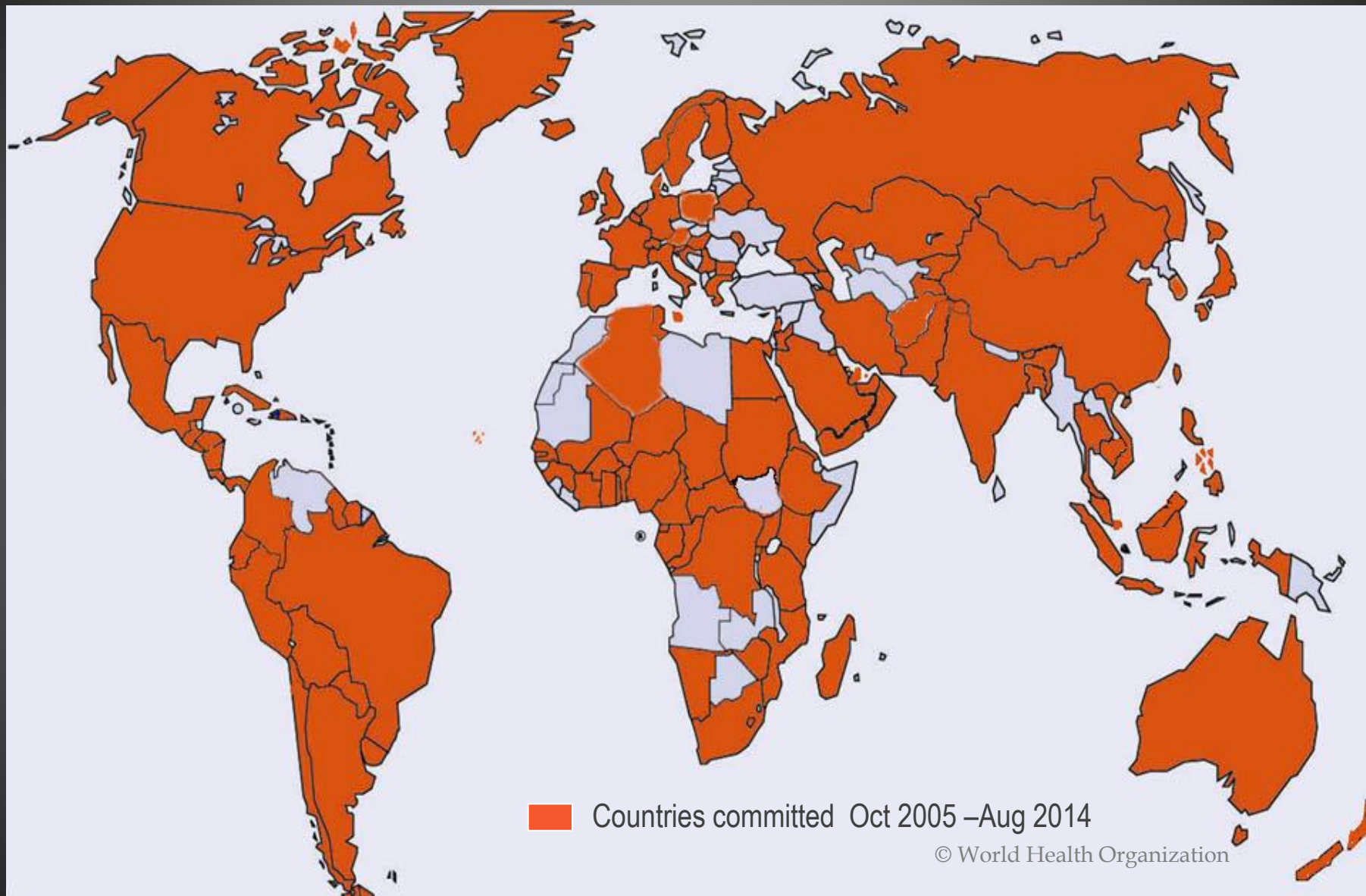


Source: The National Reporting and Learning System

EXTRACT FROM PATIENT SAFETY INCIDENT REPORT

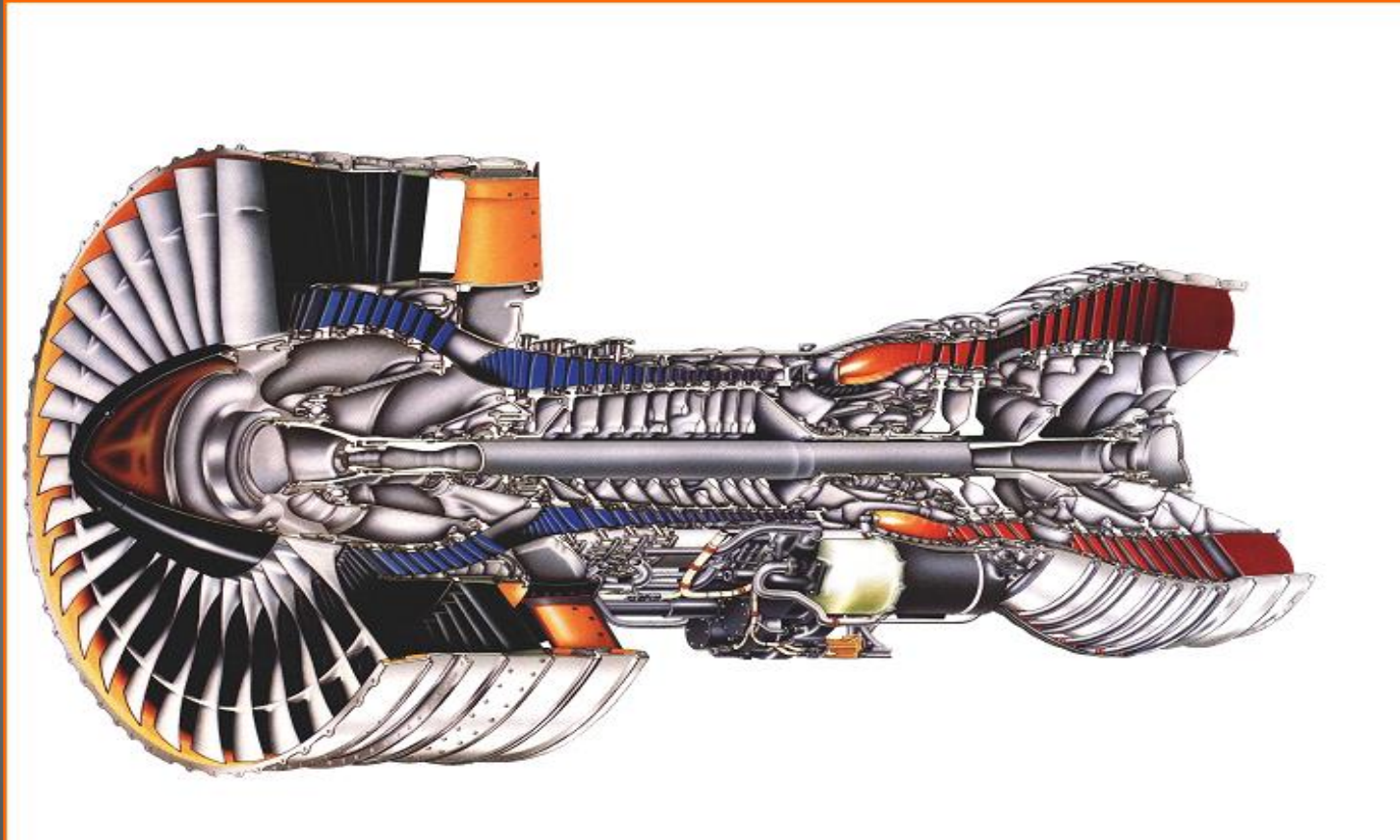
“Commenced night shift short-staffed. Dr in charge was a locum, newly qualified and unable to administer IV medications. RN is agency nurse. Only saw 2 out of 10 patients. Dept over full with many patients on trolleys. Shift was unsafe with reduced numbers of staff, who were inexperienced and lacking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







GLOBAL ACTION TO SAVE LIVES



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



HA



Healthcare Airlines

N5294E