... all hospitals are accountable to the public for their degree of success...
If the initiative is not taken by the medical profession, it will be taken by the lay public.

1918 Am Coll Surg
Honoring a once-scorned voice for medical openness

By Liz Kowalczyk | GLOBE STAFF | JULY 21, 2014
THE WALL STREET JOURNAL

Updated September 21, 2012, 10:56 p.m. ET

How to Stop Hospitals From Killing Us

Medical errors kill enough people to fill four jumbo jets a week. A surgeon with five simple ways to make health care safer.

ABSTRACT

Background: Preventable medical errors contribute to a large share of deaths in the US and throughout the world. Little is known about their impact on patients and their relatives. Methods: To better understand the incidence and consequences of medical errors, we conducted a survey of 696 injured patients and their families. Results: Patients and family members who have experienced medical errors are at a higher risk of experiencing future errors and hospital readmissions, chronic pain, disability, and other serious emotional and physical complications. Conclusions: The high volume of medical errors and their consequences underscore the need for further research into the causes and consequences of medical errors and for developing strategies to reduce them. Understanding and improving medical errors and their consequences is critical to improving medical care.

HOW TO STOP HOSPITALS FROM KILLING US

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A patient-initiated voluntary online survey of adverse medical events: the perspective of 696 injured patients and families

Frederick S. Southwick, 1 Nicole M. Grant, 2 Julia A. Hatty 3

OPEN ACCESS

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How to Stop Hospitals From Killing Us

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Current Scholarship Journals

- AJMQ (Sage)
- Joint Commission Journal (Joint Comm.)
- Jrl Patient Safety (Wolters Kluwer)
- BMJ Quality & Safety
- NAHQ - JHQ
- ISQua Journal
- Quality Mngt in Health Care (Wolters Kluwer)

Current Scholarship Books

- Prathibha Varkey, et. al (ACMQ)
- Ransom, et al. (H.A.P.)
- Nash, et. al. (AAPL)
A Scholarly Pathway in Quality Improvement and Patient Safety

Catherine C. Ferguson, MD, and Geoffrey Lentz, MD

Abstract

Problems: Despite an overall challenge in teaching quality improvement (QI) and patient safety, medical student exposure to these concepts is minimal. Various medical education programs have implemented various tools and techniques to address this deficiency, but few have developed comprehensive curricula that integrate both areas and focus on the development of skills that are transferable to future practice.

Approach: The authors describe an integrated, longitudinal curriculum to teach students about the organization, process, and results of QI and patient safety. The curriculum is designed to be implemented throughout the 4 years of medical school, with specific efforts in the first and second years to build foundational knowledge and skills.

Outcomes: The curriculum is designed to help students develop skills in QI and patient safety, as well as to prepare them for future careers in a rapidly changing healthcare environment.

Next Steps: The authors call for further research to evaluate the effectiveness of the curriculum and to refine its content and structure.

ACMQ Webinar – Journal Club
“The Scholarship of Quality & Safety”
May 2, 2016
SQUIRE 2.0 (Standards for QUality Improvement Reporting Excellence): Revised Publication Guidelines From a Detailed Consensus Process

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