



**Accreditation Council for
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**Medical quality and safety focus of keynote addresses at
ACGME's Annual Educational Conference**

CHICAGO, March 23, 2004 – Improving the quality of health care and reducing medical errors are goals that can be achieved through a commitment by medical professionals to change the culture of medicine.

That was the theme discussed by the two keynote speakers, Paul H. O'Neill and James Bagian, MD, at the Accreditation Council for Graduate Medical Education's Annual Educational Conference. The conference took place March 3-5 at the Hyatt Regency McCormick Place in Chicago.

Paul H. O'Neill, former Secretary of the Treasury and founder and CEO of the Pittsburgh Regional Healthcare Initiative, talked about his experiences as CEO of Alcoa to illustrate how a commitment to changing a culture can improve safety and reduce errors. Under his leadership, Alcoa's accident rate dropped dramatically due

to aggressive efforts to improve employee safety and a rejection of excuses why reducing the accident rate was not possible.

In health care, physicians can “lay the foundation for aggressive quality improvement,” said O’Neill. The key to improving quality and safety, he said, is “giving people the power and authority to make systemic changes in their environment.”

“In this sector of our society, we have the potential for greatness,” O’Neil concluded. “But it will only happen systematically, place by place.”

James Bagian, MD, a former astronaut and director of the Department of Veterans Affairs’ National Center for Patient Safety, said that health care professionals need to change the way they view medical errors in order to improve patient safety. Unlike the airline industry, which seeks to understand the cause of accidents without placing blame, “medicine views errors as failings that deserve blame and fault,” observed Dr. Bagian. Placing blame, however, creates an atmosphere in which people are afraid to come forward to report mistakes, he noted.

The key to improving patient safety is for medical professionals to focus on the prevention of medical errors, not punishment for medical errors that have already occurred, he said. Such a paradigm shift requires a cultural change in health care institutions, starting with the upper and middle management, Dr. Bagian noted. The ultimate goal, he said, is not to reduce errors to zero, but rather, to protect patients from harm.

“Cultural change is the key – it takes times,” concluded Dr. Bagian. “Safety is the foundation of quality.”

Nearly 800 people – program directors, program coordinators, designated institutional officials, graduate medical education faculty and residents – attended the ACGME's 2004 Annual Educational Conference. The conference educates participants on important issues in graduate medical education and residency program accreditation. This year's conference featured 41 workshops on accreditation basics, the site visit process, patient safety, the ACGME's general competencies and the duty hour standards. Other highlights were the Marvin R. Dunn Poster Session, technology demonstrations and a reception at the Field Museum.

Information about next year's conference will be posted later this year on the ACGME's Web site, www.acgme.org.

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The ACGME is a private, non-profit council that accredits 7,900 residency programs in 27 specialties educating 100,000 residents. Its mission is to improve the quality of health care in the United States by ensuring and improving the quality of graduate medical education for physicians in training.