

The Safe Healthcare System that Patients Deserve

World Patient Safety Day
September 17th, 2026
10:00 – Noon ET, via Zoom



www.pfps.us



PATIENTS FOR PATIENT SAFETY US

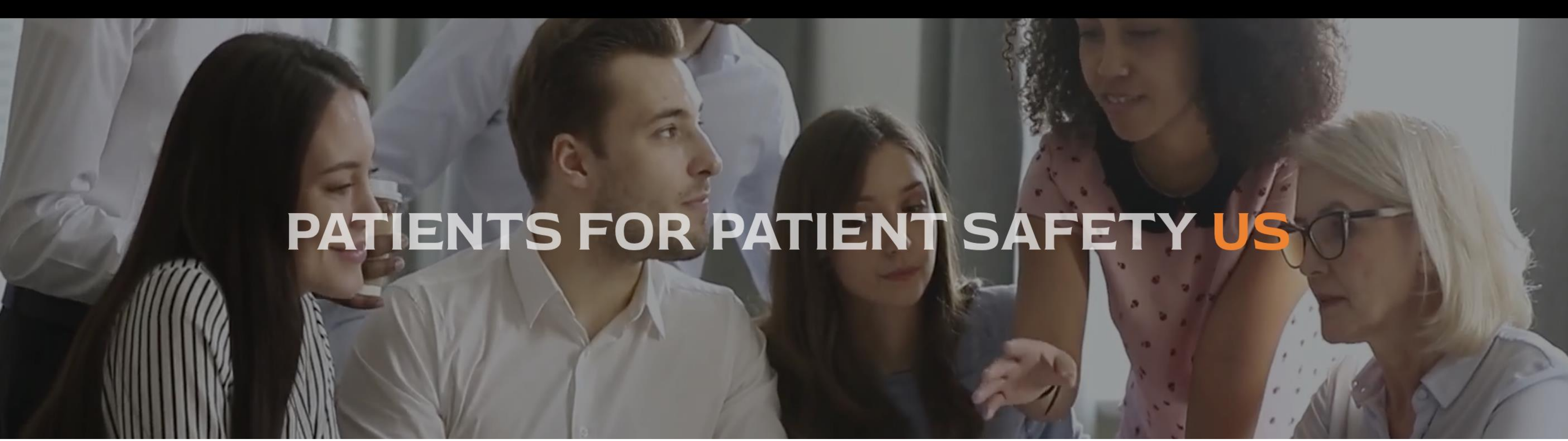


World Patient Safety Day

17 September 2026

Safe care for life!

A call for multi-stakeholder action to ensure that no one is harmed while receiving care for Non-Communicable Diseases (NCDs).

A group of diverse healthcare professionals, including a woman with long dark hair, a man in a white shirt, and a woman with glasses, are gathered around a table, looking at a device. The image is dimly lit with a blue tint.

PATIENTS FOR PATIENT SAFETY US

Patients for patient Safety US (2021-2026)
5 Years in Action!

Company Vision And Mission



Company Vision

A world in which no one is harmed in health care, and every patient receives safe and respectful care every time, everywhere.



Company Mission

To unite patients, families, and stakeholders to improve diagnostic accuracy, advance patient safety, and eliminate health disparities through research, policy, advocacy, and technology.

What We've Done...With You!

Grown a Network of Patient Safety Champions and Organizational Partners

Supported Structural Measures to Drive Uptake of Patient Safety Best Practices

Shined a light on Diagnostic Error as our Largest Opportunity to Prevent Patient Harm

Project PIVOT -- Developed a Pipeline of Patient Reported Measures

Supported the use of Technology in Measurement and Health System Transformation

Developed a Special Focus: AI use by Patients

Agenda today

Saving Lives and Reducing Health Care Waste by Improving Diagnosis in Medicine Act (S 4383, HR 3C3C)

The Safe Healthcare System that Patients Deserve: A Call from the Patient Community to Action

Transparency Galvanizes Patient Safety, But There are Threats Ahead

The 4Ms: A Whole-Person Safety Framework for Older Adults Across the NCD Journey

Coalition for Advancing Safer Healthcare (CASH): A Model for Achieving Sustained Excellence in Safety

CMS Commentary



Carole Hemmelgarn
Chair, PFPS US



Sue Sheridan
President & CEO, PFPS US



Marty Hatlie
Director, Policy & Advocacy, PFPS US



Hon. Chris Van Hollen, Jr., U.S. Senate (D-MD)



Patricia McGaffigan
Senior Advisor, Patient Safety, Institute for Healthcare Improvement



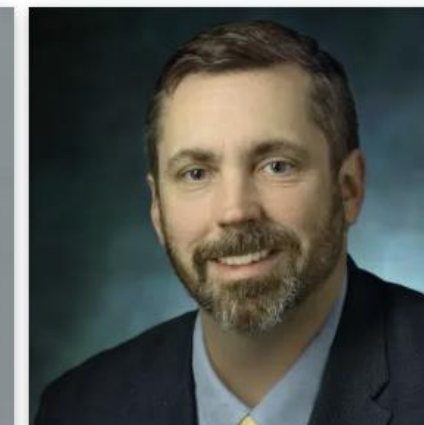
KellyAnne Johnson
Senior Advisor, Age-Friendly Health Systems, Institute for Healthcare Improvement



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Karen Feinstein
Alvin Rogal President and CEO Emeritus, Jewish Healthcare Foundation



Michael Rosen
Professor, Johns Hopkins Medicine



Robert El-Kareh
Associate CMO, Quality and Care Transformation, UC San Diego Health



Michelle Schreiber
Deputy Director for Quality and Value, Center for Clinical Standards & Quality, CMS



Before going further....some word salad

NCDs = Non-Communicable Diseases. Examples: Heart disease, cancer, diabetes, behavioral health conditions

HCAHPS = Hospital Consumer Assessment of Healthcare Providers and Systems – the national patient experience survey

PREMs = Patient Reported Experience Measures -- Surveys that collect the perceptions of patients about their experiences while receiving medical care such as wait time.

PROMs = Patient-Reported Outcome Measures -- Surveys that provide reports from patients on the outcomes/impact of care (physical, emotional and financial outcomes).

eCQM = Electronic Clinical Quality Measure





Saving Lives and Reducing Health Care Waste by Improving Diagnosis in Medicine Act

- **Sponsors: Sens. Chris Van Hollen (D-MD), Ben Ray Lujan (D-NM), Reps. Don Beyer (D-VA), Kim Schrier, M.D., (D-WA), Jeff Van Drew (R-NJ)**
- **Creates a Dedicated Program in Diagnostic Safety and Quality at AHRQ**
- **Would expand ways for patients, families and caregivers to report diagnostic errors & patient safety adverse events**
- **Encourages development of badly needed quality measures for diagnostic safety and quality.**

The Safe Healthcare System Patients Deserve: A Call from the Patient Community for Action

**Patients in the United States have waited too long for a health system
that prioritizes patient safety.**

We have an opportunity to change that now.

CMS has asked for Bold Ideas. Here are Ours:

We Call for action by U.S. Department of Health and Human Services leadership to use your levers to make patient safety a foundational component in the pursuit of prevention, wellness and optimal treatment outcomes.

From patients' perspective, prevention encompasses the ability to get timely and accurate diagnoses of healthcare conditions and avoid being harmed when receiving health care.

The Stats

- **25% of patients in the United States still experience harm in healthcare.**
- **Vulnerable populations more at risk.**
- **Missed, wrong or delayed diagnoses contribute to death or serious disability of 900,000 patients annually.**
- **Fewer than half of safety events are reported.**

CMS in Action Now

Patient Inclusiveness

Implementation of Attestation Measures – notably the Patient Safety Structural Measure (PSSM) and Age Friendly Hospital Measure

Increasing use of PREMs and PROMs to fill the data gap

Advancing digital quality, for example shift to eCQMs

CMS Improvement Levers

Conditions of Participation (CoPs)

Public Reporting

Payment

QIO Program

Innovation & Demonstration

Ask #1: Make Patient Safety Foundational

Make patient safety a foundational component of the Administration's Prevention and Wellness strategies, specifically in the CMS National Quality Strategy — the framework that guides how Medicare and Medicaid define, measure, and improve the quality of care.

Ask #2: Build the Infrastructure of Safety

**Build the organizational capabilities to keep patients safe,
specifically, by elevating the Patient Safety Structural Measure
& the Age-Friendly Hospital Measure**

**Into the Medicare Conditions of Participation — the requirements
hospitals must meet to participate in Medicare.**

Ask #3 – Listen to Patients About Safety

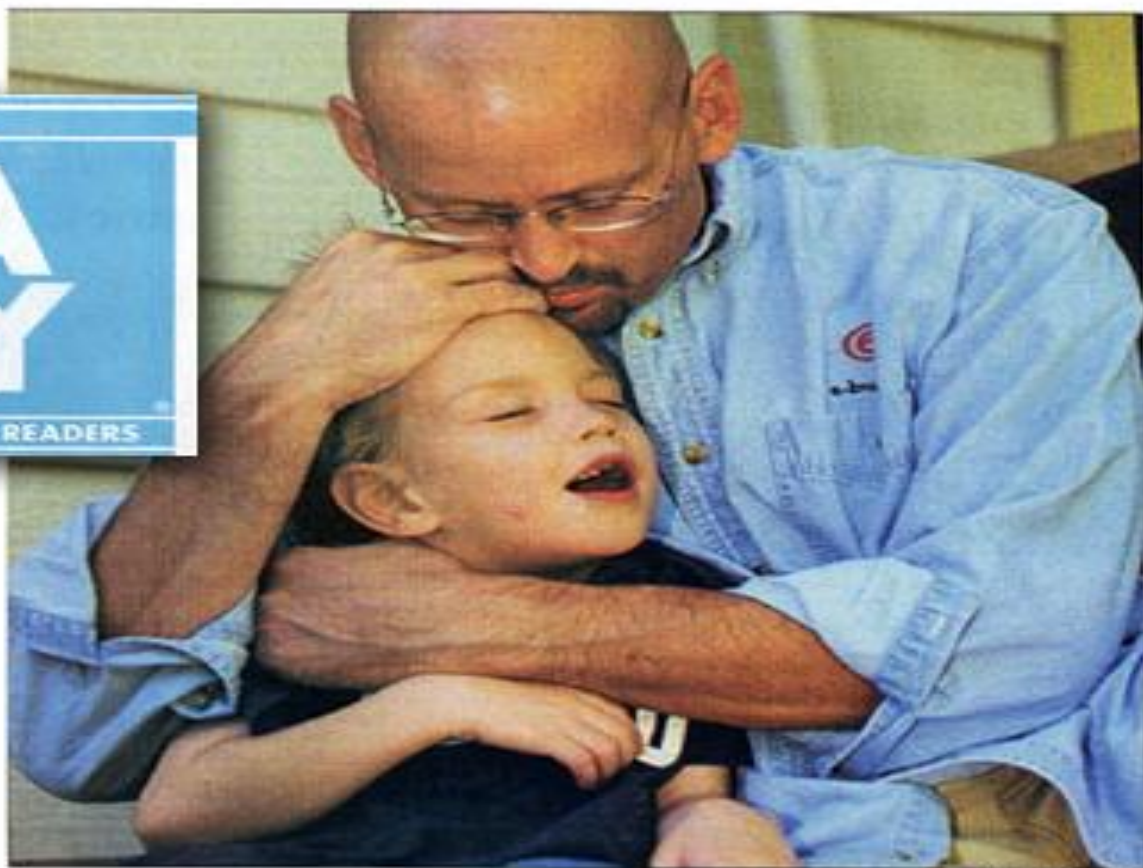
Collect the information needed to accurately measure whether patients are safe, specifically by redesigning standardized patient surveys to capture PROMs and PREMs that prompt patients to report experiences of preventable harm & missed, wrong or delayed diagnoses.

Ask #4 Use Payment to Drive Safety

Use Medicare payment to encourage healthcare organizations to invest in modern tools — including AI — to drive patient safety investment by hospitals, and specifically the use of PROMs and PREMs to advance patient safety.

Ask #5 – Put the QIO program to work for Safety

Use the CMS Quality Improvement Organization (QIO) program to make patient and diagnostic safety a clear priority in its work with healthcare organizations—helping them identify safety risks, prevent harm, and improve care.



Test delayed: Pat Sheridan sued a Boise hospital and pediatrician, saying son Cal wasn't given a blood test soon enough after birth to detect dangerously high levels of bilirubin. Cal, now 5, has brain damage.

Porous safety net allows lethal medical mistakes

Care has failed to keep up with technological advances

By Robert Davis and Julie Appleby
USA TODAY

An overworked nurse infuses the wrong type of blood into a patient. An experienced pharmacist puts the wrong drug in a child's medicine bottle. A less experienced surgeon blows a heart procedure that is performed more frequently and flawlessly, down the street.

All the patients die, victims of medical errors. Up to 98,000 such deaths a year — perhaps the nation's most disturbing health care statistic — have health officials scrambling to find fixes. They are spurred by an Institute of Medicine report last November that named errors made by doctors, nurses and hospital workers the U.S.'s eighth-leading killer.

What they have discovered are glaring problems in the health care system, many of which are expected to be at the heart of a new institute report in the next few months.

Among them:

- Too many modern drugs and treatments for doctors to keep in mind as they rush from patient to patient.

- Nurses taking on more work as pharmacies and other hospital departments close early or reduce their staffs to save money.

Special Report

To err can be deadly



- Sharing data could save lives. Story, 1B

- Talk live at 1 p.m. ET today at talk.usatoday.com

- A shift toward performing more surgeries in less regulated facilities outside hospitals, such as doctors' offices and clinics, putting patients at greater risk.

- In perhaps the most worrisome development, a slowness by the medical community to embrace technology that could help doctors avoid errors. Not only does the situation create more risk for patients, but it has slowed progress. The federal government has declined to approve some drugs, for example, because it can't trust doctors to remember their complexities.

"Medicine, the way it's practiced in the United States today, can be pretty unsafe," says Andrew Wiesenath, a Permanente Federation doctor who is overseeing the development of a computer system to help Kaiser Permanente practice safer medicine. Improvements must be made, he says. "There is a moral imperative about it."

He and others are following the technological success of the Veterans Affairs hospital in Washington, D.C., where physicians use a \$365,000 computer system that scans bar codes on patient bracelets and medicines. If a doctor is about to make a mistake,

Please see COVER STORY next page ►

What brings me here?



Project PIVOT: (Patients Involvement in deVeloping Outcomes Together)

Improving patient safety, diagnostic excellence,
and reducing biases in care by learning from
**patient-reported experience and outcome
measures (PROMs and PREMs)** that matter
most to patients, families, and communities



The
John A. Hartford
Foundation



Project PIVOT was partially funded through a Patient-Centered Outcomes Research Institute (PCORI) Eugene Washington PCORI Engagement Award (EASCS-34604).

Project PIVOT Patient & Diagnostic Safety PROM & PREM Safety Questions



During your hospitalization, did you **experience unexpected harm** from the care and/or treatment that you received? If YES, please describe.



During your hospitalization, did you feel that you were **treated differently due to personal characteristics**? If YES, please describe.



During your hospitalization, did you feel that any of your **concerns were dismissed** by healthcare team members? If YES, please describe.



During your hospitalization, were you **informed of how to report a concern** about your safety, quality of your care, or your experience?



During your hospitalization, were you **informed of how to escalate care** with a rapid response team or how to seek a second opinion?



Before left the hospital, were you **given a list of pending test results** and instructions how to get them?

Current Alternative Payment Models do not directly measure patient or diagnostic safety from the patient perspective, thereby missing many patient safety breakdowns, communication failures, and delays in diagnosis.

Benefits of Adding Validated PIVOT PROMs and PREMs into Payment Models (A new data layer)

VALUE

Measures what matters most to patients.

TRANSPARENCY

Makes hidden harms and near misses visible, measurable and actionable.

PREVENTIVE

Real-time patient-reported measures identify safety risks before harm occurs.

LEARNING HEALTH SYSTEM

Supports earlier intervention and continuous improvement.

ACCOUNTABILITY

Creates C-suite accountability for patient and diagnostic safety.

INTEGRITY

Harder to game than many administrative measures.

PIVOT patient-reported measures strengthen transparency, accountability, and safer care.



PROJECT
PIVOT

Patients for Patient Safety US

1

PROJECT PIVOT EARN-BACK VALUE MODEL (PIVOT-EBV)

*Incentivizing Safer, Patient-Defined Value Through
Continuous Improvement and Technology-Enabled Learning*

**A TWO-SIDED RISK, VALUE-BASED PAYMENT MODEL THAT REWARDS IMPROVEMENT
AND PUTS THE PATIENT VOICE AT THE CENTER**

PIVOT PATIENT-REPORTED QUESTIONS



1. Unexpected harm from patient safety event or missed/wrong/delayed diagnosis



2. How to report a patient safety or diagnosis concern



3. How to escalate care/get a second opinion



4. Treated differently due to personal characteristics



5. Informed about pending test results

COMPOSITE PERFORMANCE SCORE (CPS)

40%

**CLINICAL
OUTCOMES**

30%

**PATIENT-
REPORTED
OUTCOMES**

30%

**COST
EFFICIENCY**

CPS integrates clinical outcomes, the patient experience, and cost efficiency to assess overall performance.

2

THE PIVOT-EBV MODEL AT A GLANCE

TWO-SIDED RISK



Organizations share in savings and are accountable for performance.

PERFORMANCE RESERVE



Up to 3% of payment withheld when benchmarks are missed.

EARN-BACK INCENTIVE



Reserve funds can be earned back through measurable improvement in patient-reported outcomes.

PATIENT-REPORTED MEASURES



PIVOT PREMs/PROMs focused on safety, communication, diagnostic excellence, and care coordination.

AI & DIGITAL INFRASTRUCTURE



Automated reporting, EHR integration, AI-supported analytics, and real-time dashboards.



PIVOT-EBV TRANSFORMS PENALTIES INTO INCENTIVES FOR SAFER, HIGHER QUALITY, PATIENT-CENTERED CARE.

BETTER FOR PATIENTS | BETTER FOR PROVIDERS | BETTER FOR CMS | BETTER FOR ALL.

5

WHY PIVOT-EBV MATTERS



**Puts patients
at the center
of measurement
and payment.**



**Transforms
penalties into
incentives for
learning.**



**Drives measurable
improvement in
safety,
communication,
and outcomes.**



**Reduces
administrative
burden through
automation and
interoperability.**



**Builds trust,
engagement, and
better
experiences.**



**Improves
outcomes while
reducing
total cost of care.**

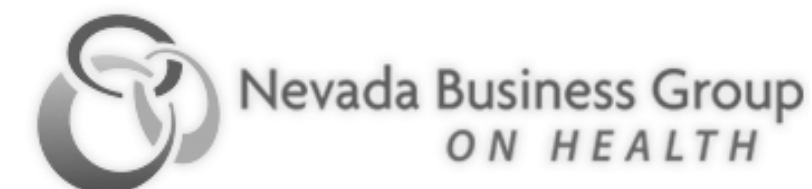
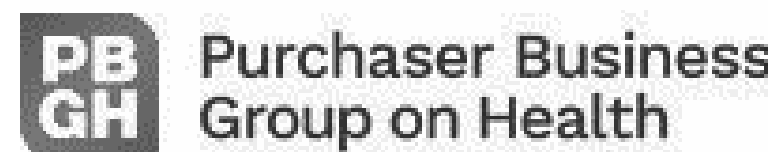
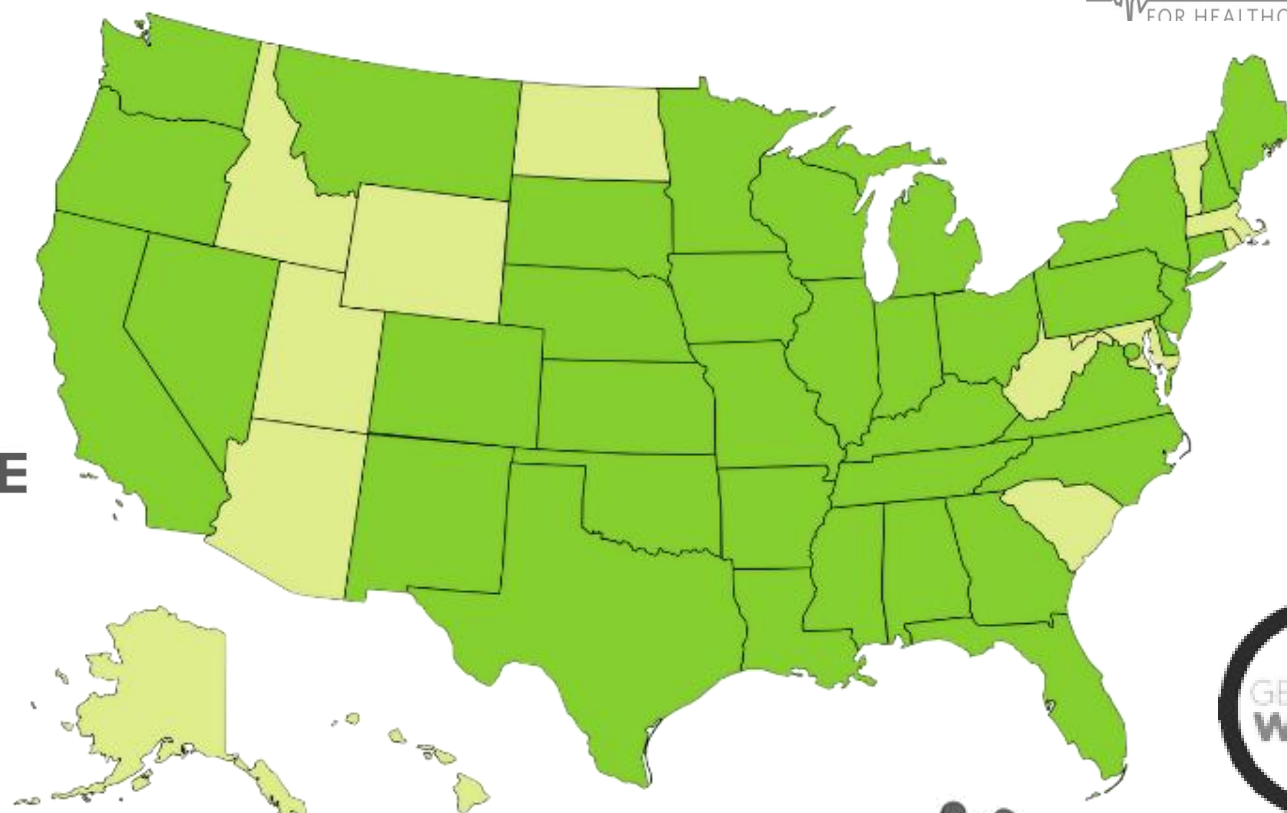
Transparency Galvanizes Patient Safety, But There are Threats Ahead

About The Leapfrog Group

- Premier purchaser-driven nonprofit born out of the movement for health care transparency
- Founded by purchasers in 2000 in response to 1999 IOM Report To Err is Human
- Driving change by empowering purchasers and consumers
- Ratings used by national and regional health plans, employers, transparency vendors, and consumers



National Network for Purchasers and Employers



Core Leapfrog Programs

Collect Data, Transform
into Ratings, Publish



Analyze Data, Transform
into Composites, Publish



Leapfrog by the Numbers



Hospitals that voluntarily respond to the annual **Leapfrog Hospital Survey** represent 80% of all acute care beds in the U.S.



Of the hospitals that respond to the survey, **65%** tie senior executive incentive compensation to performance on the Survey and/or the Leapfrog Hospital Safety Grade.

200M+

Every year, Leapfrog's Ratings are accessible to 200M+ consumers through Leapfrog's various employer, purchaser, and health plan partners and data licensees.

Patient Safety First

- The Leapfrog Hospital Safety Grade uses up to 32 evidence-based measures of patient safety, including CMS Medicare PSI 90 Patient Safety and Adverse Events composite which includes 10 component measures.
- Taken together, these measures are used to produce a single letter grade representing Leapfrog's perspective on a hospital's overall performance in keeping patients safe from preventable harm and medical errors.



Improvements in Patient Safety Nationally

Spring 2026 Safety Grade data shows significant improvement in reducing healthcare-associated infections, the use of technology to reduce medication errors, and improvements in patients experience, but there's more work to be done.



Spring 2026 Hospital Safety Grade Distribution

Ohio, Minnesota, Oregon, and National Comparison

Grade	Ohio (n=113)	Minnesota (n=45)	Oregon (n=32)	National (n=2,831)
A	26% 29 of 113	13% 6 of 45	25% 8 of 32	32% 915 of 2831
B	27% 30 of 113	18% 8 of 45	22% 7 of 32	26% 740 of 2831
C	17% 19 of 113	7% 3 of 45	12% 4 of 32	23% 646 of 2831
D	0% 0 of 113	0% 0 of 45	0% 0 of 32	2% 54 of 2831
F	0% 0 of 113	0% 0 of 45	0% 0 of 32	0% 5 of 2831
GNA	31% 35 of 113	60% 27 of 45	41% 13 of 32	16% 449 of 2831

Major Expansion to Publicly Available Safety and Quality Ratings

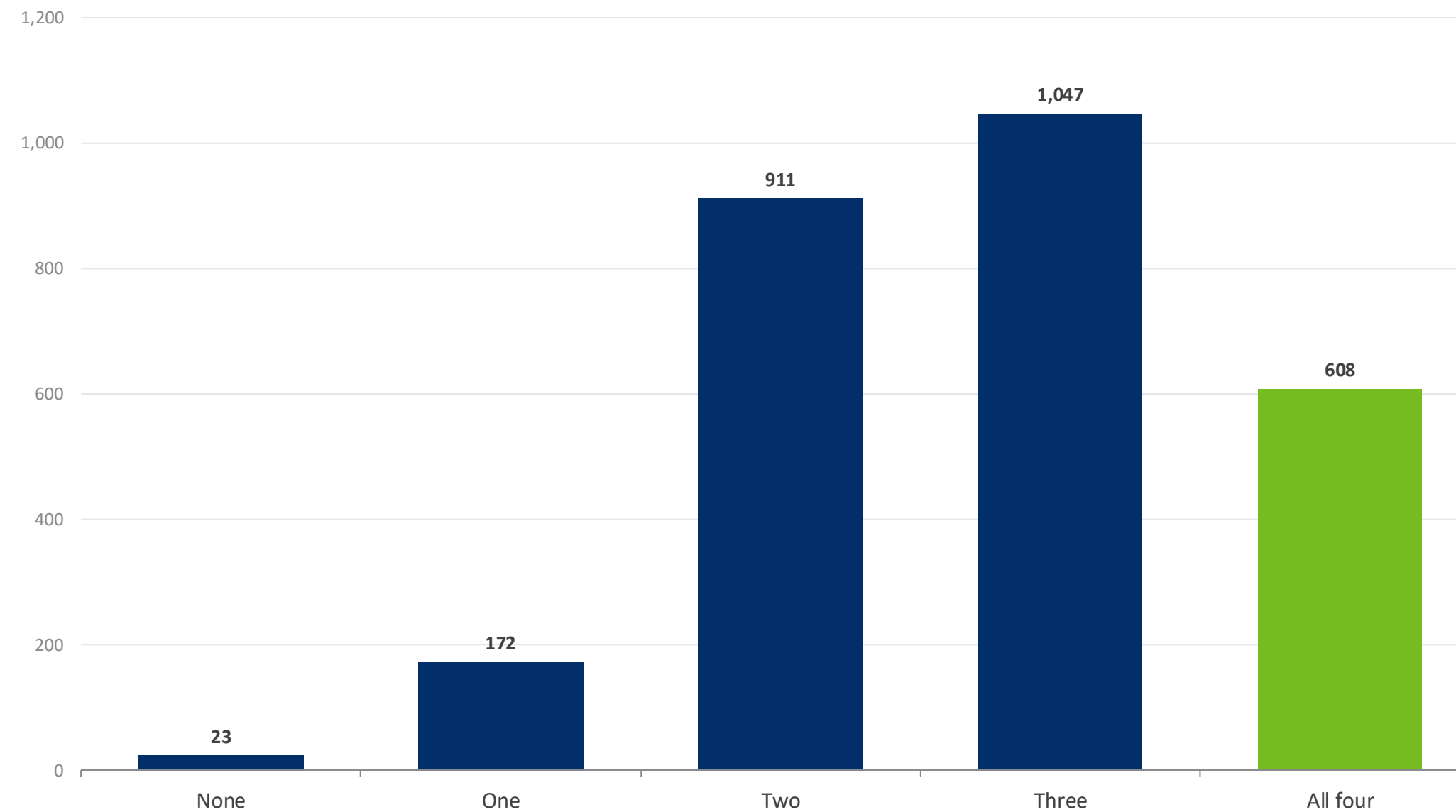


The median ASC is scored on six performance measures.

- **Expanded Leapfrog’s approach to ASCs to a national reporting program.** Before 2026, roughly one hundred ASCs a year participated in our annual voluntary Survey; today thousands of ASCs have searchable, comparable results on Leapfrog’s public reporting website.
- **Survey 2.0 participation grew as barriers decreased.** The 137 submissions received by August 31 already exceed the 105 received across the entire 2025 cycle, with the window for 2026 submissions open through November 30.
- **Survey participation tracks with performance.** Survey participants outperform non-participants on most CMS measures — most strikingly on patient experience, where 62.5% achieved the standard versus 34.0% of non-participants.

Significant Variation: Few ASCs Meet Every CMS Patient Safety Standard (Results as of August 31)

Number of ASC-1–ASC-4 standards achieved, among the 2,761 ASCs scored on all four



22%

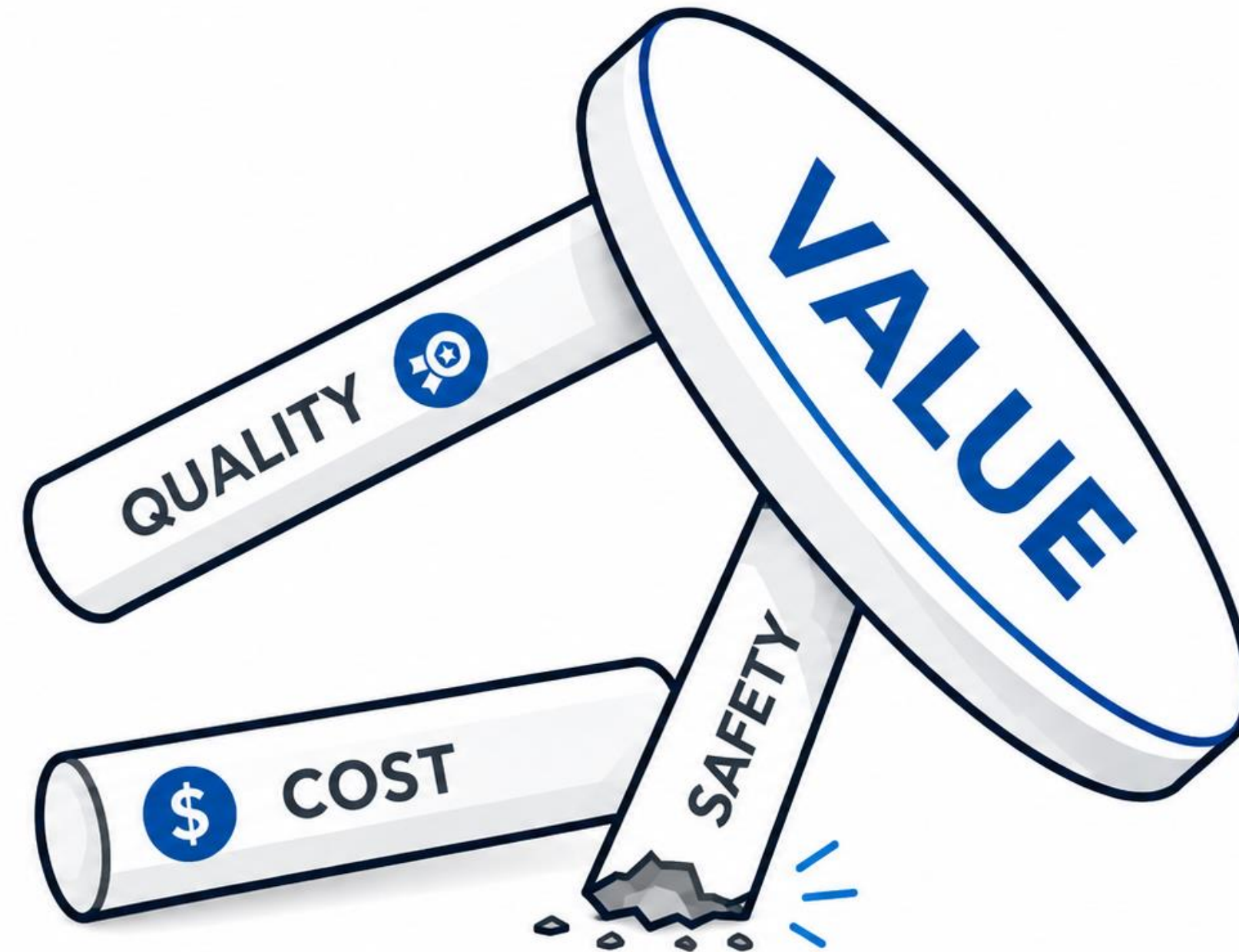
Achieve the Standard on ALL of ASC-1, 2, 3 and 4
608 of 2,761 ASCs with a score for each standard

71%

Achieve two or three of the four
1,958 ASCs meet some standards but not all

Most facilities achieve some core standards but not all — the pattern purchasers need to see when comparing ASCs in a network.

There is no good price for bad care



Efforts to Advance the Use of Pricing Data Must be Paired with Patient Safety and Quality Data

PBGH Health Care Data Demonstration Project

Strengthen your fiduciary governance and optimize your purchasing strategies with unprecedented insights into the real cost and value of commercial health care. The groundbreaking PBGH Health Care Data Project takes a deep dive into the black box of health care pricing by leveraging newly available Transparency in Coverage (TiC) and Hospital Price Transparency files, combined with quality and safety data and employer and purchaser claims, in a first-of-its-kind analysis.

Generously funded by Peterson Center on Healthcare, the pilot project included five large, self-insured employers and public purchasers, covering 10 regional markets across the U.S.

The highly anticipated report highlighting the results of this project is now available!



Download the Full Report

Access the groundbreaking findings and insights from the PBGH Health Care Data Demonstration Project.

DOWNLOAD REPORT ➔

Download a copy of the report to access useful insights, including:

- Never-before-seen commercial pricing and quality benchmarks for select common procedures and services
- The utility and limitations of price transparency data and opportunities to address these gaps
- How employers and public purchasers can leverage data insights to hold their service providers accountable and to inform strategic health care purchasing decisions to improve affordability and quality.

For more details on the underlying methodology for this data analysis, please view the recently published white paper “[***Creating a Data Framework by Combining Health Care Cost Transparency and Quality Data for Purchasers***”](#)

If you have additional questions about this work or are interested in opportunities to participate in future project phases, please contact [Kent Bradley**](#), Chief Impact Officer.**

Patients First Act – Missing Patients

- Representatives Dr. John Joyce (R-PA), Dr. Kim Schrier (D-WA), and Dr. Greg Murphy (R-NC).
- **Endorsements:** Backed heavily by major medical organizations, including the American Medical Association (AMA), the American Academy of Family Physicians (AAFP), and the American College of Gastroenterology (ACG).
- **Current Status:** Introduced in the House and actively advancing through legislative hearings and organizational advocacy.
- Requires CMS to establish new Quality Care Reform Task Force to develop and implement the new Patient Outcome Improvement National Tabulation System (POINTS), which would replace MIPS
- Task Force will be led by CMS Administrator; rotating slots will be available for relevant medical professionals appointed by professional medical societies.
- Stipulates that the Task Force must be composed of a **majority of medical clinicians**.
- Gives special consideration to metrics developed by Clinician Led or Qualified Clinical Data Registries.
- Creates a special pathway for a presumption of inclusion for metrics developed and recommended by a 75% vote of the Task Force.

Thank you!
Missy Danforth

Senior VP, Health Care Ratings

The Leapfrog Group

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www.leapfroggroup.org

www.hospitalsafetygrade.org

The 4Ms: A Whole-Person Safety Framework for Older Adults Across the NCD Journey

September 2026

Patricia McGaffigan, RN, MS, CPPS, CPHFH, CPAFH, Senior Advisor, Patient Safety, Institute for Healthcare Improvement (IHI) and President, Certification Board for Professionals in Patient Safety

KellyAnne Johnson, MPH, Senior Director, Age-Friendly Health Systems, Institute for Healthcare Improvement

Age-Friendly Health Systems is an initiative of The John A. Hartford Foundation, the Institute for Healthcare Improvement, and the American Hospital Association.

Whole-Person Care for Older Adults



Older adults often navigate several conditions at once

Care may span years, multiple clinicians, medications, and settings.



Disease-specific pathways can miss interacting risks

A sound plan for one condition may worsen another, impair cognition or mobility, or add burden that conflicts with what matters.



Older adults experience substantial and often preventable harm

25% of hospitalized Medicare patients experienced harm **43%** of those harm events were judged preventable



The 4Ms make whole-person safety actionable

What Matters, Medication, Mentation, and Mobility reveal interacting risks and align care

Sources: U.S. Department of Health and Human Services, Office of Inspector General. Adverse Events in Hospitals: A Quarter of Medicare Patients Experienced Harm. 2022. Institute for Healthcare Improvement. Age-Friendly Health Systems.

Our Mission

Age-Friendly Health Systems is an initiative of The John A. Hartford Foundation, the Institute for Healthcare Improvement (IHI) and the American Hospital Association.

We aim to ensure that every older adult receives safe, reliable, and evidence-based care that reduces harm and focuses on what matters most to them.



Age-Friendly: Evidence Based-Practices Changes

Methods: Reviewed 17 care models with level 1 or 2a evidence of impact

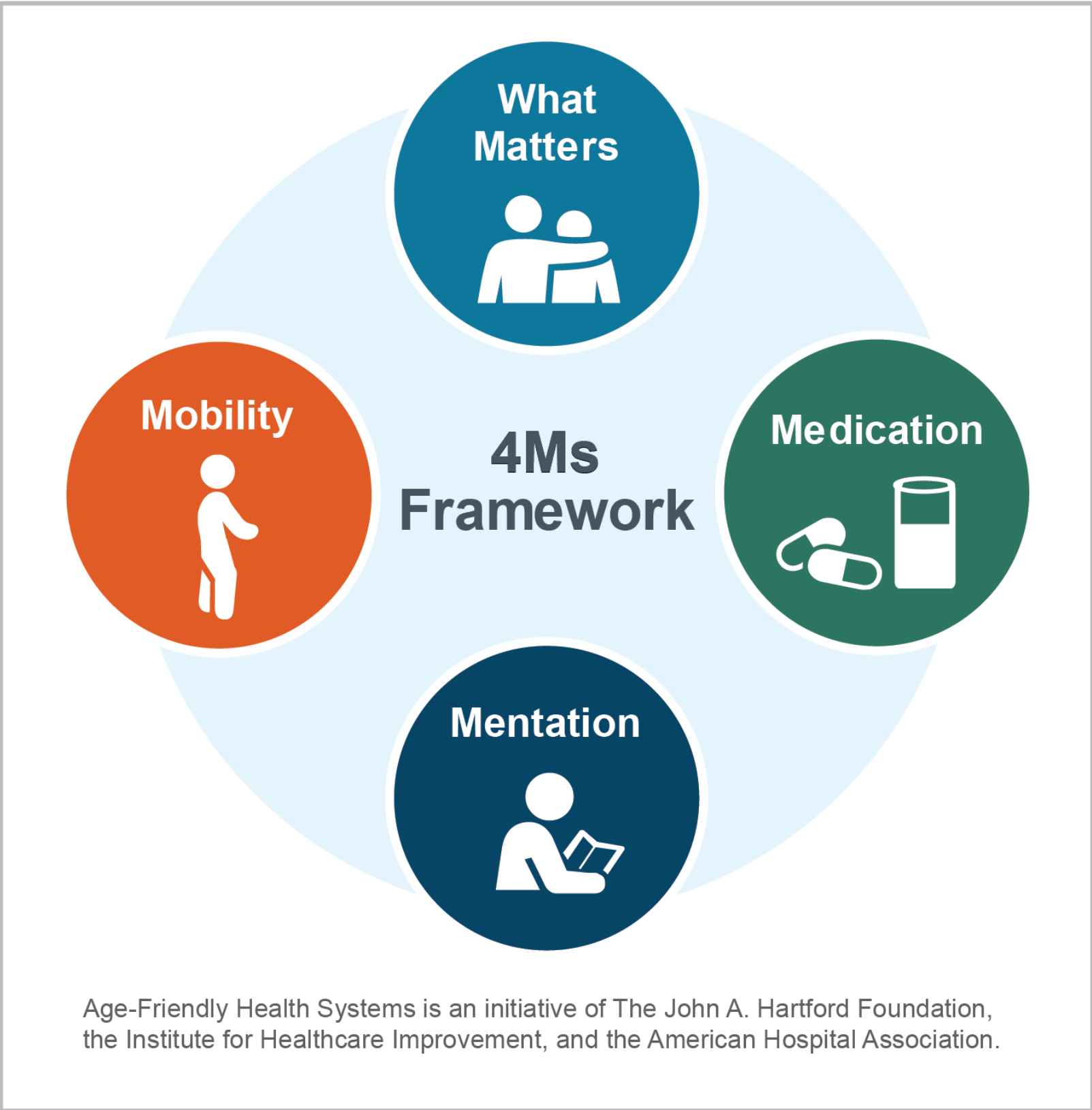
90 care features
identified in pre-work

Redundant concepts
removed and **13 discrete features**
found by IHI team

Expert Meeting led to
the selection of the
“vital few”: **the 4Ms**

Models Assessed: **ACE Unit** — Acute Care for Elders **CM+** — Care Management Plus **Care Transitions Program** **Center to Advance Palliative Care** **Geriatric Emergency Department** **Geriatric Interdisciplinary Team Training** **GRACE** — Geriatric Resources for Assessment and Care of Elders **Guided Care** **HomeMeds** **Hospital at Home** and **Mount Sinai’s MACT** — Mobile Acute Care Team **HELP** — Hospital Elder Life Program **IMPACT** — Improving Mood–Promoting Access to Collaborative Treatment **NICHE** — Nurses Improving Care for Health System Elders **Patient Priority Care** **PACE** — Program for All-Inclusive Care of the Elderly **TCM** — Transitional Care Model **University of California at Los Angeles Alzheimer’s and Dementia Care Program**

The 4Ms of Age-Friendly Care



What Matters

Know and align care with each older adult’s specific health outcome goals and care preferences, including day-to-day needs as well as end-of-life planning, and across settings of care.

Medication

If medication is necessary, use age-friendly medications that do not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care.

Mentation

Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care.

Mobility

Ensure that older adults move safely every day in order to maintain function and do What Matters.

For related work, this graphic may be used in its entirety without requesting permission.
Graphic files and guidance at ihi.org/AgeFriendly

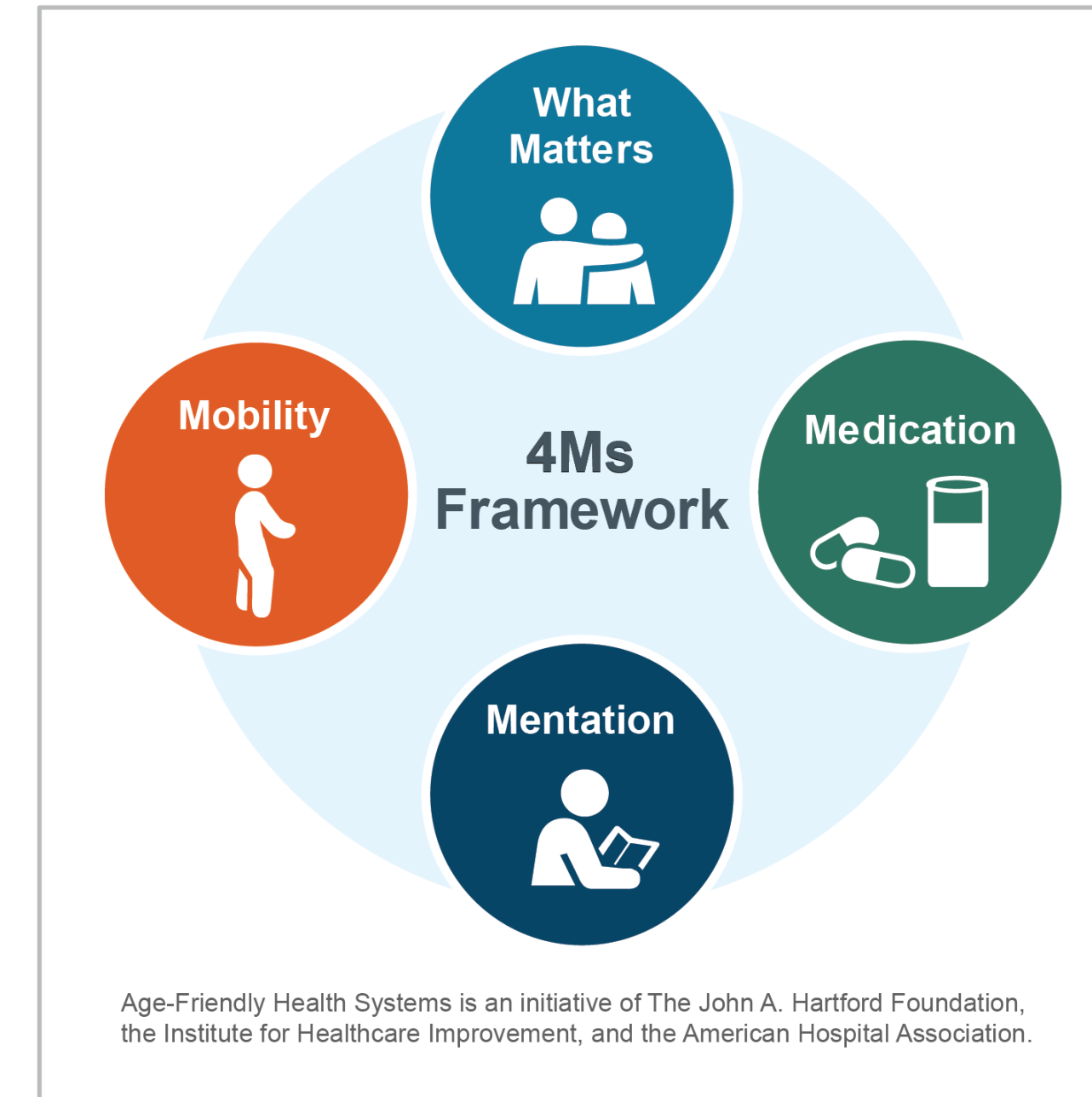
Why the 4Ms?

Addresses core health and safety risks for older adults across the NCD journey

Builds on evidence-based models of care for older adults

Simplifies implementation and measurement across conditions and settings

Each M reinforces the others, supporting safer, whole-person care



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Graphic files and guidance at [ihf.org/AgeFriendly](https://www.ihf.org/AgeFriendly)

> J Aging Health. 2021 Feb 8;898264321991658. doi: 10.1177/0898264321991658.
Online ahead of print.

Evidence for the 4Ms: Interactions and Outcomes across the Care Continuum

Kedar Mate ¹, Terry Fulmer ², Leslie Pelton ¹, Amy Berman ², Alice Bonner ¹, Wendy Huang ³, Jinghan Zhang ³

Affiliations + expand

PMID: 33555233 DOI: 10.1177/0898264321991658

Free article

Abstract

Objectives: An expert panel reviewed and summarized the literature related to the evidence for the 4Ms-what matters, medication, mentation, and mobility-in supporting care for older adults. **Methods:** In 2017, geriatric experts and health system executives collaborated with the Institute for Healthcare Improvement (IHI) to develop the 4Ms framework. Through a strategic search of the IHI database and recent literature, evidence was compiled in support of the framework's positive clinical outcomes. **Results:** Asking what matters from the outset of care planning improved both psychological and physiological health statuses. Using screening protocols such as the Beers' criteria inhibited overprescribing. Mentation strategies aided in prevention and treatment. Fall risk and physical function assessment with early goals and safe environments allowed for safe mobility. **Discussion:** Through a framework that reduces the burden of providers and improves the reliability of evidence-based care for older adults, providers and healthcare workers can engage in age-friendly care.

Keywords: goal-directed care; quality

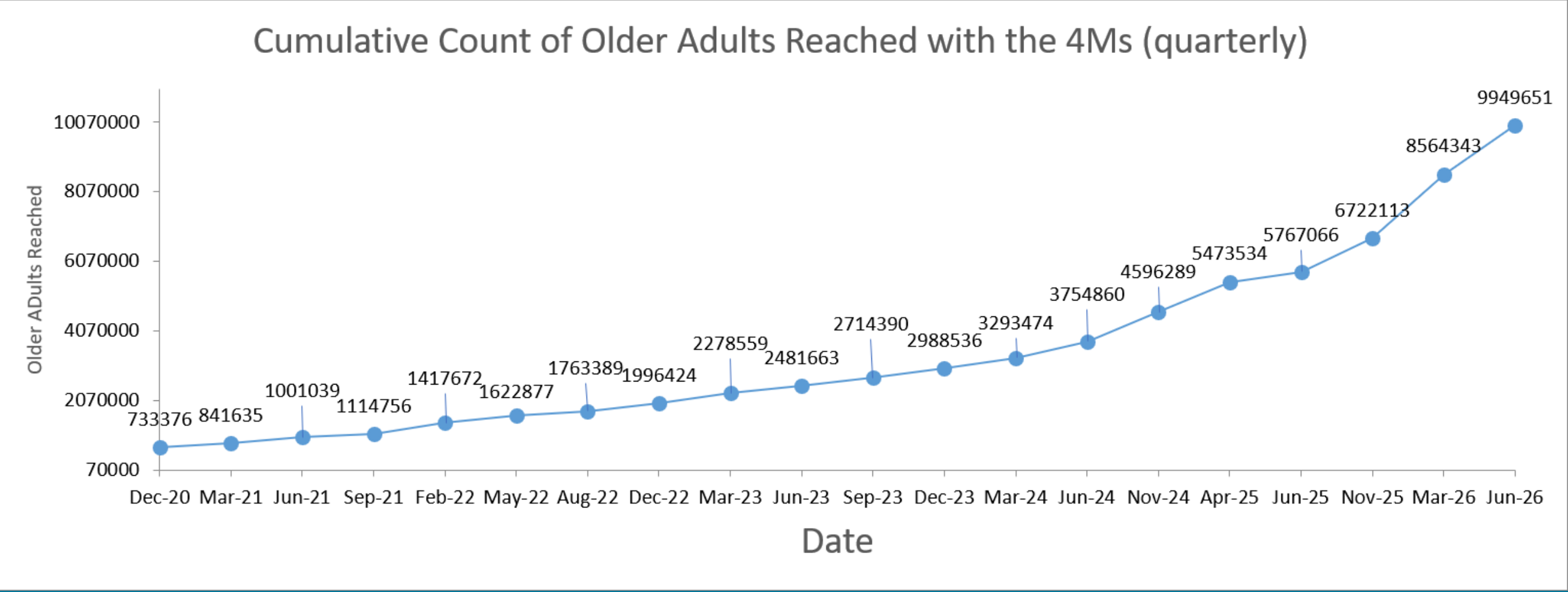
Map of Sites Attesting to Providing 4Ms Care



Filling the know-do gap

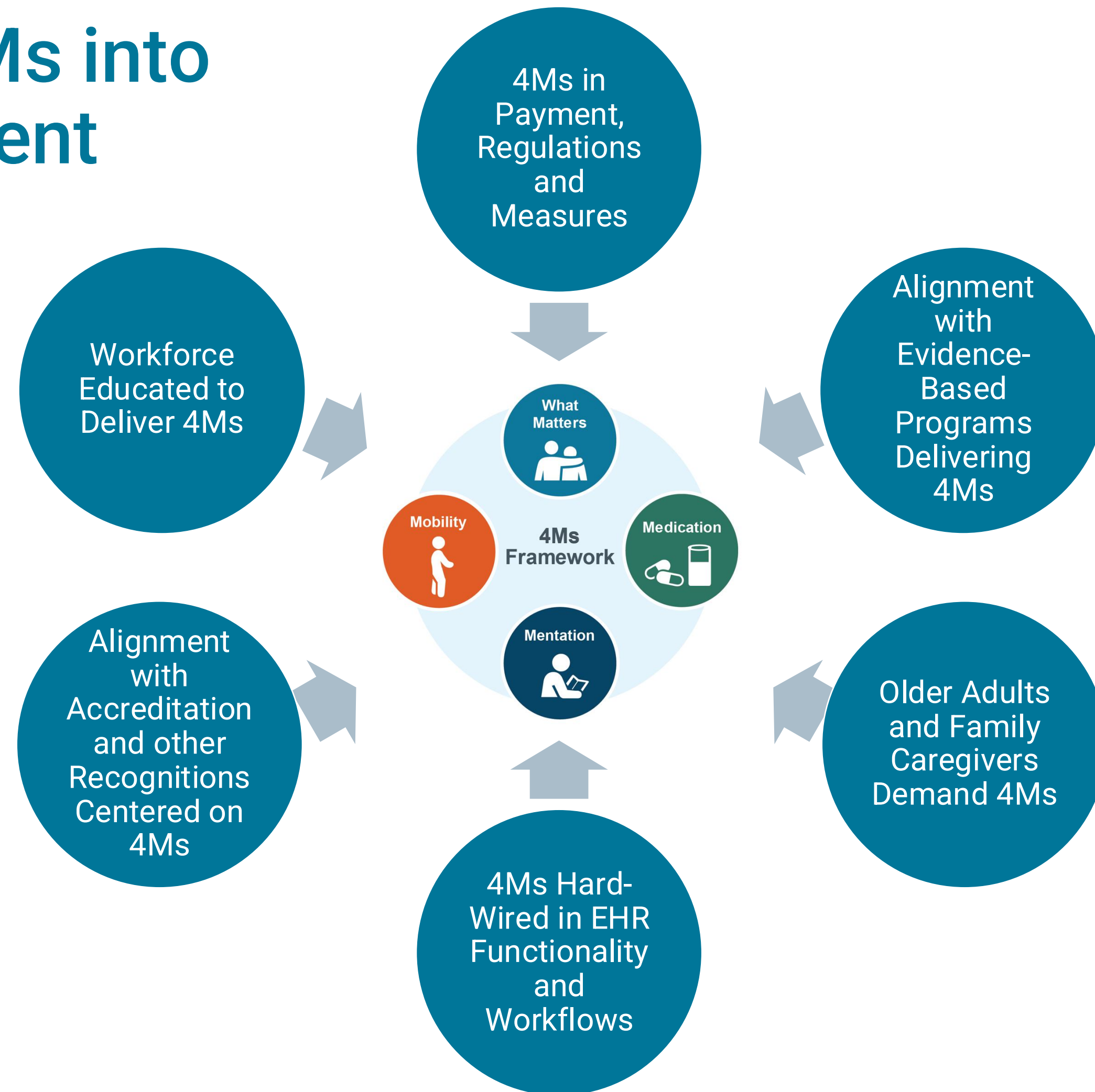
As of June 2026:

An estimated 9,945,000 older adults
have been reached with 4Ms care
across 3,555 sites of care



IHI Integrates 4Ms into Macro Environment

Aim is for 4Ms to become standard of care provided across the health care system and demanded by older adults and family caregivers



CMS Age-Friendly Hospital Measure – Built on the 4Ms of Age-Friendly Care

- FY2025 attestation window has closed
- Participating hospitals required to report on:
 - Eliciting Patient Healthcare Goals (What **Matters**)
 - Managing **Medication**
 - Implementing Frailty Screening (**Mentation** & **Mobility**)
 - Assess Patient Vulnerability
 - Designating Age-Friendly Care Leaders
- [CMS QualityNet](#) resources include [Specifications](#) document, [Attestation Guide](#)
- Data will be public on Medicare Care Compare
- More resources available at ihi.org/agefriendly



bit.ly/CMSGuide_AgeFriendlyMeasure

Global Learning: Common Core, Local Adaptation

The global growth of the 4Ms demonstrates the potential for a common, adaptable approach to safer care.

01 Hold the core

Use the 4Ms as a shared language for whole-person safety across conditions and care settings.

03 Improve for reliability

Test with teams, use data, and share learning across sites so adoption becomes dependable practice.

02 Adapt locally

Tailor workflows, tools, and measurement to the health system, culture, and community.

04 Align for scale

Connect workforce, technology, policy, and the expectations of older adults and caregivers.

Our shared opportunity: make 4Ms care routine across every older adult's NCD journey.

How to Stay Connected to IHI and the AFHS Movement

Visit www.ihi.org/agefriendly

- Sign up for the [Friends of Age-Friendly newsletter](#)
- Explore different pathways to [join the movement](#) or deepen your involvement
- Access a growing body of evidence on the impact of the 4Ms





Certified Professional in Age-Friendly Health Care

Recognizes excellence in older adult care, grounded in the evidence-based 4Ms Framework (What Matters, Medication, Mentation, and Mobility) and affirms your ability to deliver safe, person-centered care across settings.

Through **September 30, 2026**, save **20%**
on all [IHI certification](#) credentialing
exams and review courses in celebration
of **World Patient Safety Day**



Use Code:
WPSD2026



*This code can be used towards the Credentialing Exam and any
Review Course for any of our four programs: CPPS, CPAFH,
CPCHE, or CPHFH.*

Age-Friendly
Health Systems





**Coalition for Advancing
Safer Healthcare**

A Model for Achieving Sustained Excellence in Safety

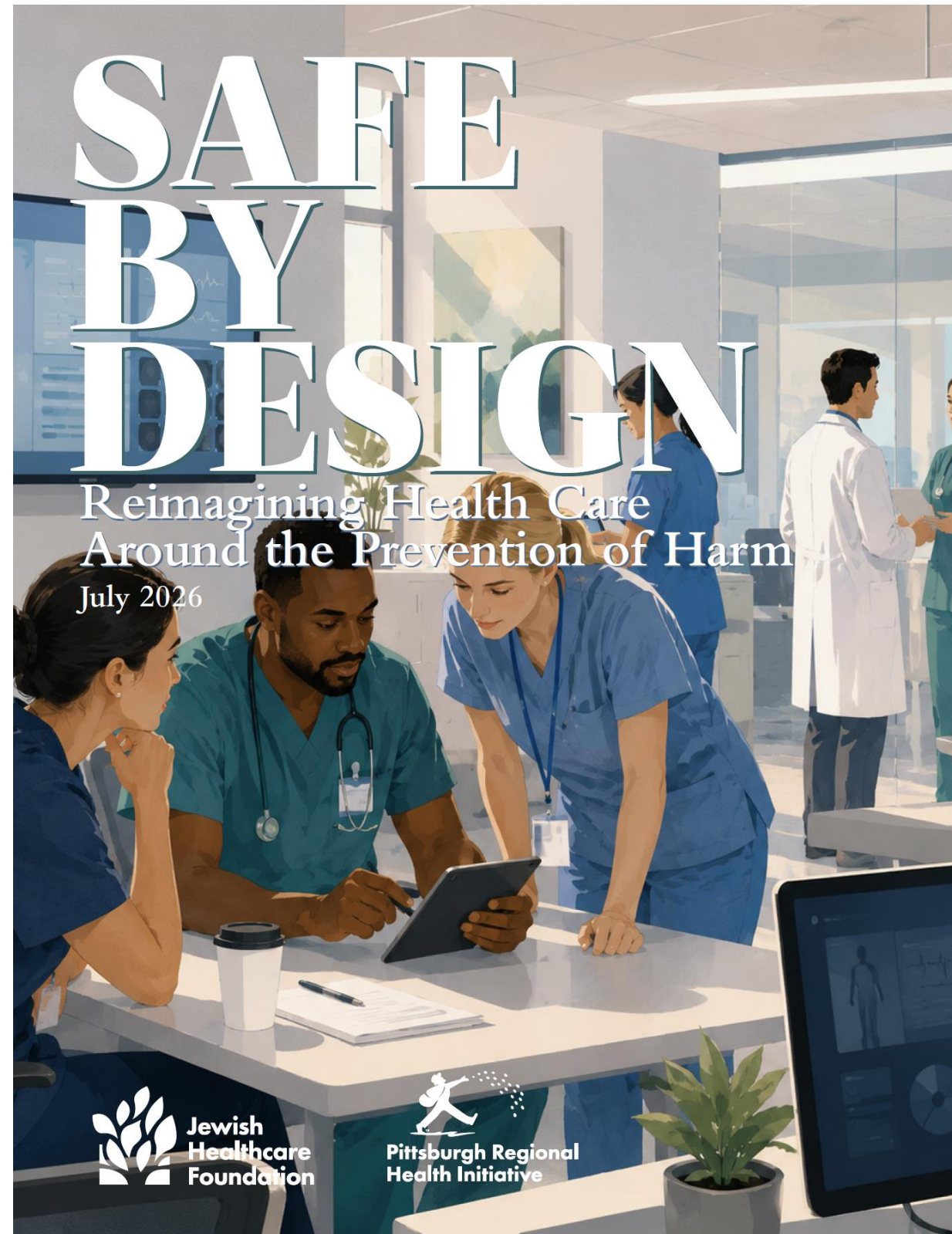
September 17, 2026

Karen Wolk Feinstein, PhD, Alvin Rogal President and CEO Emeritus, Jewish Healthcare Foundation and Pittsburgh Regional Health Initiative

Robert El-Kareh, MD, MPH, MS, Associate CMO, Quality and Care Transformation, UC San Diego Health

Michael Rosen, MA, PhD, Director of Research, Johns Hopkins Armstrong Institute for Patient Safety and Quality

CASH Objective



**Guide Boards and Executives
in Achieving Sustained
Excellence in Safety**
(best-in-class on the Patient
Safety Structural Measure)

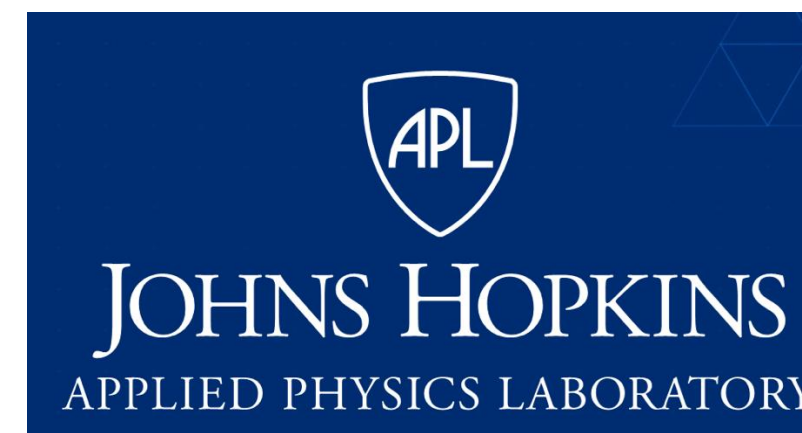
CASH Partners



**Human Factors
Engineered Solutions**



**Direct-to-Consumer
Technology**



**Making the
Business Case**



Armstrong Institute for Patient Safety and Quality

**Large-Scale Health
System Technology**



**Available Data for
Improvement**

An Evolution of the NPSB



Coalition

PCAST Report

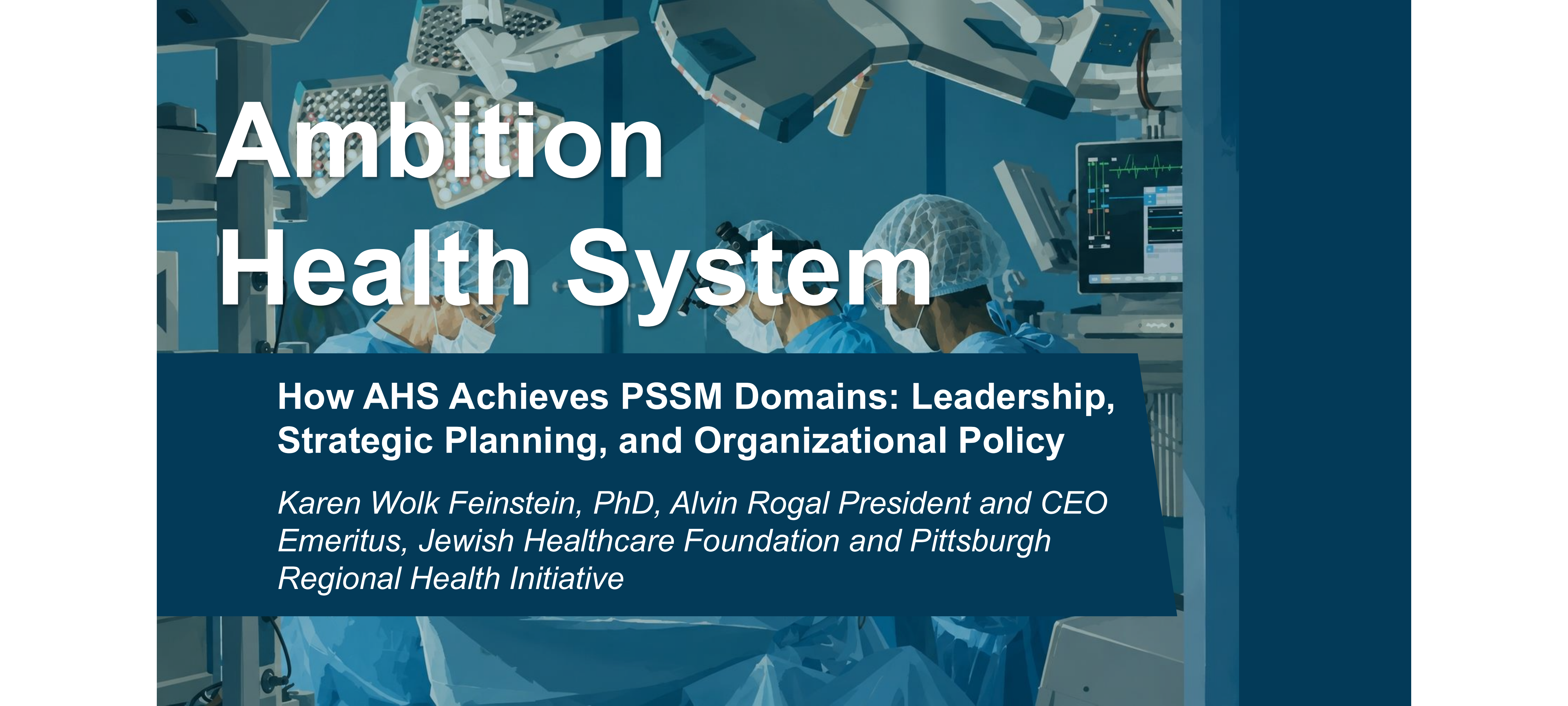
Bi-Partisan
Bill for an
NPSB

Patient Safety
Blueprint
Meeting:
*Can the NPSB
be privatized?*

CASH
Coalition for Advancing
Safer Healthcare
Work Groups

Ambition Health System





Ambition Health System

**How AHS Achieves PSSM Domains: Leadership,
Strategic Planning, and Organizational Policy**

*Karen Wolk Feinstein, PhD, Alvin Rogal President and CEO
Emeritus, Jewish Healthcare Foundation and Pittsburgh
Regional Health Initiative*



Safety as the Cornerstone

- Safety is the bedrock on which all other priorities rest
- Unsafe care is also expensive and unacceptable

Our Priority: Patient Safety

Safety Culture & Accountable Governance



- Mission aligned and never satisfied
- Culture of teamwork, respect, and transparency
- Skilled, trained Board oversees safety with access to data, clinical leaders, and patient and staff experience



Ambition Health System

How AHS Achieves PSSM Domain: Culture of Safety & Learning Health System

Michael Rosen, MA, PhD, Director of Research, Johns Hopkins Armstrong Institute for Patient Safety and Quality

Enterprise-wide Safety Engagement



- Shift from reducing one error at a time to system-wide safety nets
- Safety and Pre-Deployment Testing Framework + Post-Deployment Performance Tracking Framework

Continuous Monitoring



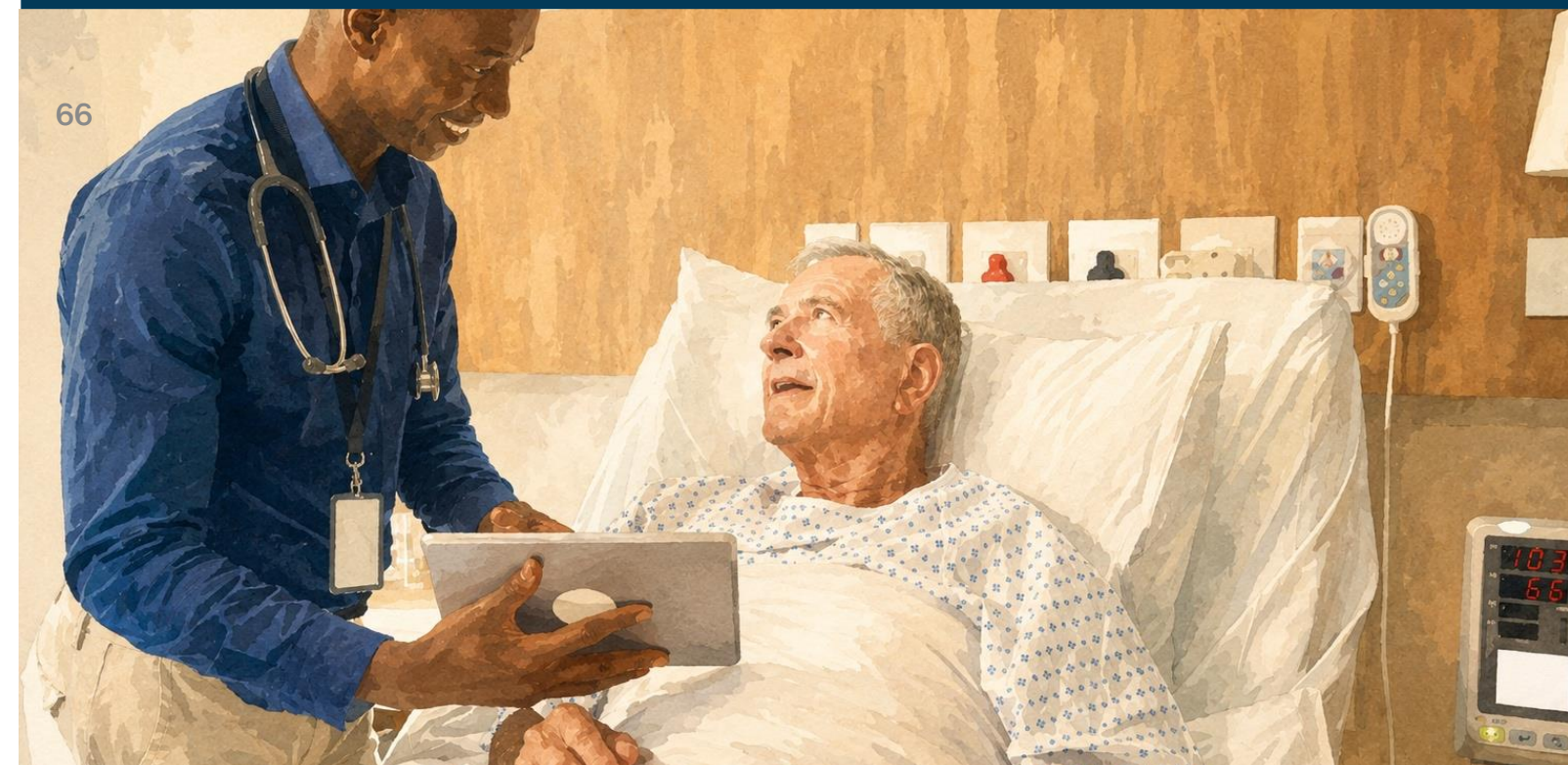
Safety Command Centers

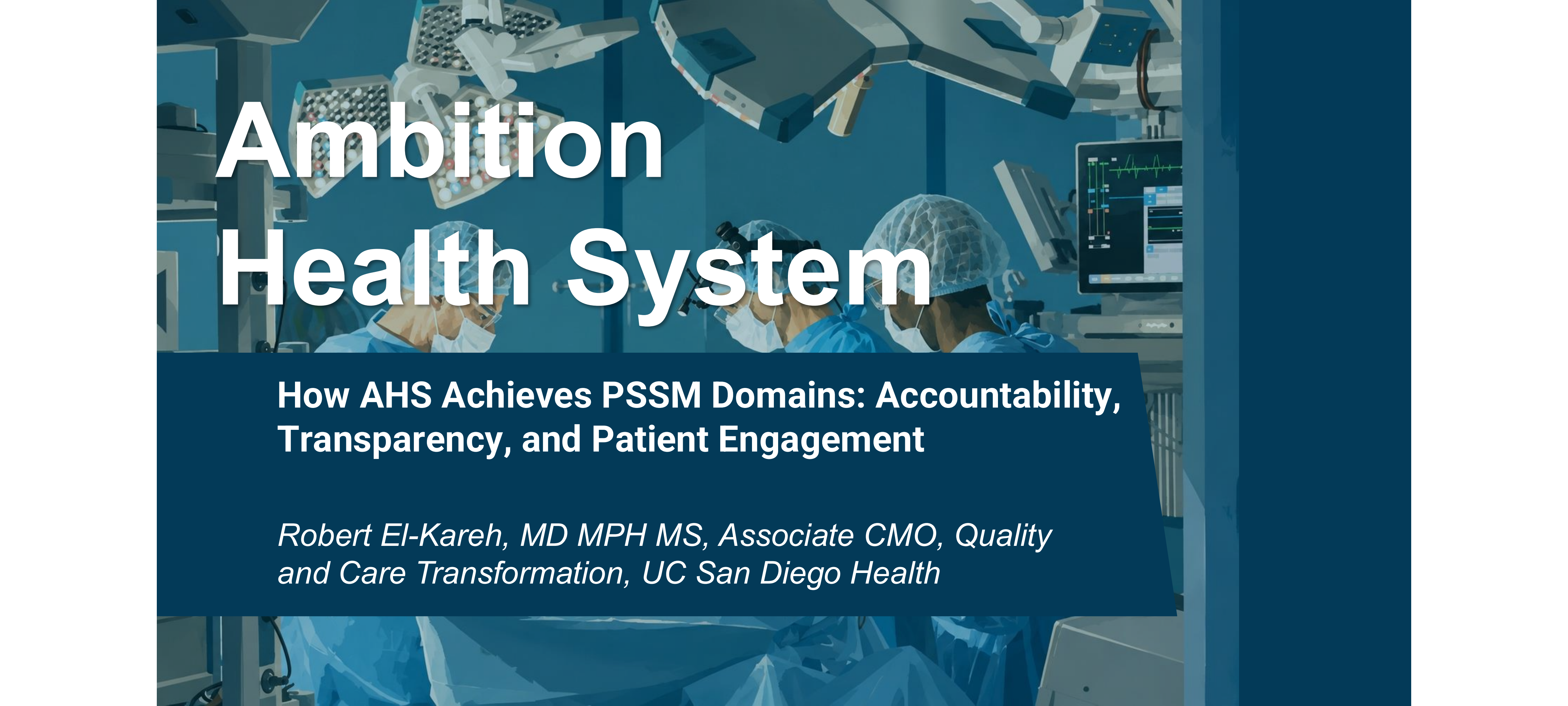


Diagnostic Surveillance



Safer Discharges





Ambition Health System

**How AHS Achieves PSSM Domains: Accountability,
Transparency, and Patient Engagement**

*Robert El-Kareh, MD MPH MS, Associate CMO, Quality
and Care Transformation, UC San Diego Health*

A hand holding a smartphone displaying a risk score of 62 (HIGH) and a line graph showing an upward trend with two warning icons.

Patient Journey and Safety Tracker

- Safety risks visible to system, providers, and families with clear actions to prevent harm
- Enables autonomous tracking for CMS electronic harm measures

Direct-to-Consumer Safety Reporting App



- Patients report errors, complications, and near misses
- Triggers timely response and offers reassurance

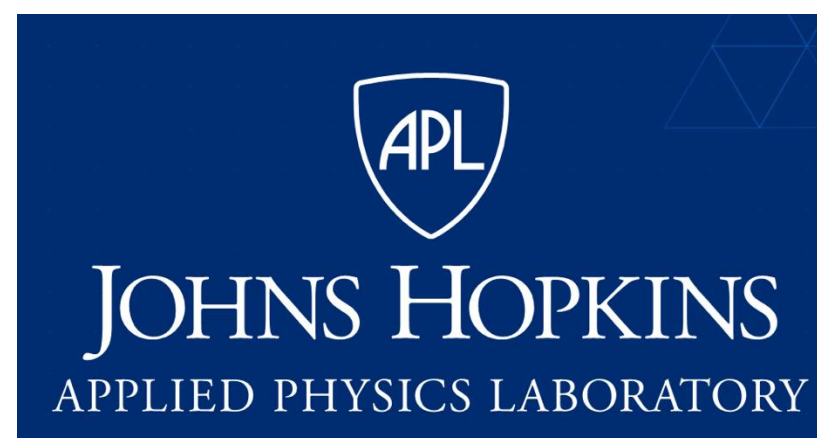


Continuity of Care and Team Coordination System

- AI synthesizes risks and tasks into clear, actionable handoff summaries
- Care transitions are streamlined with clear roles and timelines, reducing missed information



CASH's Next Steps



*Making the
Business Case*

National Summit to Advance Safer Healthcare

*Carrying Forward the Aspirations that
Inspired CASH and the NPSB*



**Dr. Michelle Schreiber,
Deputy Director for Quality and Value
Center for Clinical Standards & Quality, CMS**

Thank You



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