

Learn from High reliability organizations—awareness of error prone, can we learn something from the patient safety world.

### **Five pronged approach to address biosafety**

What we don't know in improving safety (need to stimulate research, discovery and funding in areas recognized to be of high-risk)

Recognize the need to implement what we know are good clinical practices: Develop a change package such as for risk assessment): (change package is defined as a catalogue of strategies, change concepts, and action steps that guide participants in their improvement efforts)

How to ensure that good clinical practices we implemented are then followed: incentives, penalties, regulation, accreditation, reimbursement

How to measure outcomes: periodic measurement and continuous quality improvement, making sure we are still doing what we are supposed to do in 2-3 years

Who is responsible for making sure all of this happens; we need an owner of this problem. The reason that people are thinking of NTSB like agency in patient safety