Highlights from the 2014 Annual AHRQ PSO Meeting

“AHRQ Meeting Highlights

Becky Miller and Carol Hafley presented the Center for Patient Safety’s (CPS) work at this meeting in Maryland on April 23rd, specifically highlighting work with EMS and long-term care providers, in addition to hospitals.

AHRQ Develops Website to Assist Providers in Selecting a Patient Safety Organization (PSO)

The AHRQ has established an online tool designed to help healthcare providers select a PSO. The tool contains information, as submitted by each PSO, regarding their scope of service and business structure.

AHRQ Submits Common Data Formats (CDFs) to NQF for Surveillance

The AHRQ-developed CDFs mirroring those used by PSOs for event reporting have been submitted to the National Quality Forum for evaluation for the purpose of population-based surveillance of patient safety events. These CDFs would be used, through a retrospective review of medical records, to replace CMS’ current Medicare Patient Safety Monitoring System to establish rates of adverse events in the United States.

CPS COMPARED TO OTHER REPORTING PSOs

The Center for Patient Safety is:

- 1 of 7 PSOs with more than 250 contracts for PSO services
- 1 of 12 PSOs with more than 10,000 events reported
- In the majority (1 of 38 PSOs) collecting events electronically
- In the majority (1 of 39 PSOs) as a not-for-profit organization
- In the minority (1 of 11 PSOs) as an independent organization (not part of another company)
- In the majority (1 of 36 PSOs) collecting data in all specialty areas
- In the minority (1 of 10 PSOs) collecting all types of event categories of Common Data Formats
As Patient Safety Organizations (PSOs) have sought protection, the courts have examined the Act and its implications. In many cases, PSOs have invoked the Patient Safety and Quality Improvement Act (PSQIA) as a means of protection. The cases have shown how important it is to make sure their procedures are clear and well-documented.

In California, a hospital found itself at odds with one of its unions, as it tried to clarify the proper use of reporting forms to clearly differentiate data generated for its Patient Safety Evaluation System (PSES). Another clear theme from the case: **PSWP can be used judiciously inside the organization for other purposes; it just can’t be disclosed outside the workforce of the PSO participant.**

As these cases illuminate the widespread practical issues that arise from PSO participation, they also emphasize the importance of discipline and consistency in designing and implementing a PSES. Whether the concern is clearly including an investigation in the PSES and making sure that employment issues are reported on a non-PSES form, **PSO participants need to make sure their procedures are clear and followed.**

**INCLUDE YOUR LEGAL COUNSEL**

The cases have also shown how important it is for legal counsel to understand the law and your own procedures. Here are some basic tips, if you find yourself in litigation where the PSO protection may be relevant:

- Counsel should review the provider’s PSES policies, so that discovery responses accurately reflect the structure of the PSES and workflow for PSWP.
- Counsel and the provider’s staff need to have a clear common understanding of both how the PSES works and how they will describe it.
- Make sure that the provider has reported to the PSO or is taking essential steps to do so. Courts look at that, and consider it a threshold event for protection. **Providers need not necessarily have reported the information for which they seek protection, but they have to be reporting something.**
- Counsel should work with provider staff to make sure they are taking the best advantage of the PSQIA’s protections.

CPS staff are happy to work with any participant or its attorneys facing litigation about their own structures, their relationship with the CPS or the PSQIA. There is always information on current written decisions on the CPS website and PSO email alerts will describe any new developments.

CPS strives to provide the best and most current information about the legal decisions that will further refine our understanding of the Act. To do that, CPS staff seek out many sources of information about legal developments involving the PSQIA. For example:

- Executive Director Becky Miller and Carol Hafler attended the AHRQ annual PSO Conference in April, where several attorneys described recent decisions.
- Kathy Wire, an attorney with CPS, participates in an American Health Lawyers Association work group of PSO attorneys. That group is chaired by Michael Callahan and includes attorneys such as Wesley Butler, who often work at the forefront of PSQIA cases.

Through working connections with a number of other PSO’s, CPS staff obtain direct information about legal developments affecting them.

**NEW OPINION OFFERS GUIDANCE**

The District Court for the Western District of Kentucky has issued an incredibly helpful opinion for PSO’s and their participants. (Tinal v. Norton Healthcare, No. 3:11-CV-596-S, May 8, 2014) A copy of the opinion is available and a summary of the opinion by one of the law firms involved is also available. The court reviewed the law and its history comprehensively. Lawyers defending PSO participants should read it for guidance on how to approach PSWP protections.

The court noted that the statute uses “plain and unequivocal terms” to set out the privilege, and stated, “No ambiguity can be read into the privilege statute.” The plaintiff’s claim was for employment discrimination under the federal civil rights statutes, and she claimed that the PSQIA should only apply in medical malpractice cases. The court disagreed, finding that “[w]e have no authority to go behind the plain meaning of the statute.”

Norton had prepared a privilege log, listing the documents for which it claimed the privilege, and the court held that it need not describe the content of each one, other than to describe its preparation and sourcing as PSWP. The court reviewed the documents in camera, and litigants should be prepared for that step. Once again, the case relied on a finding that the provider had (1) defined a PSES, (2) performed its analysis and generated the documents as part of the PSES, and (3) reported to the PSO per hospital policy.

Though this decision does not control any cases outside its own district, we hope that it will be an influential analysis, and one that participants and their counsel can use to construct their own arguments.

1 Gulley v. Lapaglia, 2014 U.S. LEXIS 7074. The court did not hold that any documents were protected, and indicated that the doctor would still need to produce a privilege log listing them by categories, so the court could make a more detailed determination.

The Center’s Annual Patient Safety Conference brought together hundreds of healthcare workers across the country to discuss the challenges and benefits associated with patient safety by merging concepts, models, and initiatives. Leading national patient safety speakers and exceptional poster presentations complemented the already-enhanced focus on patient safety following Patient Safety Awareness Week earlier in March.

Recognizing patient safety is receiving a revived focus across the continuum of care, the Center for Patient Safety partnered with several organizations to expand participation. The collaborative conference team included Missouri Health Literacy, Missouri State Board of Nursing, Missouri State Board of Pharmacy and Healthcare Services Group. Collectively, this team brought together leaders and caregivers from health systems, hospitals, EMS agencies, home health, nursing homes, pharmacies, and other provider organizations, as well as health plan representatives, employers, insurers, and regulators.

Stephen G. Post, PhD presented the topic “Doing Good and Feeling Better: A Deeper Look at Professionalism in Health Care”. Patients need healthcare professionals whose compassion provides the emotional and relational security that are so important in coping with illness. But new science also shows that clinicians and professionals who provide and support compassionate care feel happier and healthier, and stay in the healthcare professions longer. This is big news for anyone in the healthcare profession. Dr. Post shared studies that indicate a patient’s recovery is tied to the level of empathy and respect from their care provider. However, it’s not only the patient that can benefit from empathic care: Listening to the patient and providing empathic care result in a faster and more accurate diagnosis.

Michael Leonard, MD presented the topic “Embedding Safety and Reliability as Organizational Values to Create Sustainable Safety Excellence”. Dr. Leonard discussed how human factors impact the safety and reliability of care and how knowledge and understanding of these factors can lead to sustainable excellence in healthcare leadership, management, delivery and support. Dr. Leonard stressed that high performing cultures are very clear about acceptable behaviors and cultures should incorporate psychological safety in which individuals are never hesitant to voice a safety concern about a patient.

A panel of experts from across the healthcare continuum, including health information exchanges, academia, nursing, pharmacy and consumers, shared the benefits and challenges associated with health information technology and safety improvement. Dr. Pele Yu suggested the benefits of HIT include improved clinical decision making and Diane Hollister, a nurse at SSM, spoke about the implementation of their EHR in four states and the focus on patient safety. Steve Galloway, a pharmacist, reinforced that HIT can contribute to better care coordination with more accurate and appropriate prescribing.

Sam Pettyjohn, MPH, from Missouri Health Literacy spoke about the importance of effective communication in achieving safe, quality care. Pettyjohn spoke about simple ways to improve safety and quality outcomes. Consider the patient in your distributed organizational materials and use common language while limiting the language to an 8th grade reading level. Additionally, visual aids can significantly increase comprehension during communication.

The Collaborative Approach to Better Outcomes in Healthcare was addressed by Scott Griffith, owner and principal collaborator at SG Collaborative Solutions, LLC. Scott presented a new way of thinking for healthcare improvement, explaining why traditional approaches, even those from high reliability organizations in other industries, may not yield the results we were expecting. Griffith described the Five Skills critical to an organization’s success and how individual leaders play a vital role in the Just Culture change necessary to sustain performance improvement.
ACA PSO-RELATED PROVISION, ON TRACK FOR JANUARY 2017

At the AHRQ PSO Annual Meeting in May, both AHRQ and CMS staff confirmed the plan for the Affordable Care Act provision requiring hospitals with more than 50 beds to work with a PSO in order to be eligible to participate with a Qualified Health Plan within the Health Insurance Exchanges to be effective January 2017, following a two-year delay.

CEOs: HOW IS YOUR SAFETY CULTURE?

Howard W. Bergendahl, President of the Bergendahl Institute, contends that senior leaders are ultimately responsible for the safety of every patient. He shares four characteristics that exist in organizations with a strong safety culture:

1. Everyone is empowered and expected to stop and question when things just don’t seem right.
2. Everyone is constantly aware of the risks inherent in what the organization does.
3. Learning and continuous improvement are true values.
4. Teamwork is a requirement to work in the organization.

How do you measure up? Learn more

ZERO INFECTIONS

In 2012 Olympia Medical Center in Los Angeles had one of the highest central line infection rates in the country at 4.67/1000 catheter days. CEO John Calderone, PhD, was embarrassed and made it his personal mission to improve care of their patients. Read his success story on how the hospital reached its goal of zero hospital-acquired infections in six months.

CERTIFICATES AVAILABLE

*CPS Members only*

Each PSO member can print a certificate that recognizes its participation with the Center for Patient Safety (CPS). Just answer a few questions to confirm your participation and you’ll receive immediate access to a printable certificate. Complete the PSO Participation Validation survey.

www.centerforpatientsafety.org
COMING SOON!
PSO SERVICES FOR REPORTING BY LONG TERM CARE FACILITIES

Do you have an affiliation with a long-term care facility (LTC)? The value of participating in a PSO is spreading across the continuum of care. CPS has historically offered PSO services to hospitals, ambulatory surgery centers and emergency medical services. Starting this summer, LTC providers may join the PSO. Many are already taking advantage of Just Culture training and measuring their culture with the safety culture survey. Watch for official announcements! For further information, contact Kathy Wire, kwire@mocps.org.

SHARESUITES HAS A NEW LOOK

ShareSuite, powered by VergeSolutions, has a new look but the functionality is still the same! Log in and check out the new look! Updated User Guides will be released in June. Q: I’ve misplaced my username. How can I receive it again? A: Send an email to Eunice Halverson, ehalverson@mocps.org, and request your username to be resent. Q: What if I forgot my password? A: Access the ShareSuite log-in screen, powered by VergeSolutions, and select: Forgot my password

ELECTRONIC SUBMISSION IS ADVANCING (CPS Members only)

At the Center, we know how important the electronic submission of your data from a risk system to ShareSuite is to many of you. Our priority this summer is to make electronic submission a reality! Currently, several organizations are participating in a pilot. We’ll keep you posted!

PSO ANNUAL REPORT

The Center’s 2013 Annual PSO Report was released earlier this year and contains information on the data received through the PSO. More than 14,000 events are summarized in the report. If you have not already reviewed the report, we encourage you to download it here.

SAFE TABLES COMING TO MISSOURI SUMMER 2014

As mentioned earlier this year, the Center will host Safe Tables in various Missouri regions! Watch for registration information to be released soon! • Thursday, August 21st, noon to 4 in Central Missouri • Friday, August 22nd, noon to 4 in Eastern Missouri • Tuesday, August 26th, noon to 4 in Western Missouri • Wednesday, August 27th, noon to 4 in Southern Missouri

SURVEY ON PATIENT SAFETY CULTURE

Remember, as a CPS PSO participant, you receive 20% off our culture survey services. Contact Alex Christgen to schedule the next survey for your hospital, medical office, pharmacy, long-term care, home care, or EMS location(s).

CENTER PRESENTS AT MISSOURI STATE MEDICAL ASSOCIATION CONVENTION

Michael Handler, MD, Medical Director, and Becky Miller, Executive Director, presented at the Missouri State Medical Association Meeting on April 5. The importance of teamwork and communication in improving safety was highlighted along with activities of Patient Safety Organizations (PSOs) in support of Accountable Care Organizations (ACOs). Elements of the Center’s White Paper “PSOs: Essential to ACO Success” were highlighted (See “PSO Participation Benefits Accountable Care Organizations”, page 4).
Kudos to Liberty Hospital - The Orange Door is Working!

All healthcare providers are committed to providing the highest quality, safest care possible for their patients. Yet this commitment often causes them to endure violent or aggressive behavior from patients. They traditionally have accepted this as simply “part of the job.” Their reluctance to speak up or report incidents puts employees, patients and visitors at risk. As with many safety and performance improvement efforts, a strong safety culture must be at the foundation in order to change this thinking. Staff must recognize that aggressive and violent behavior by patients does not have to be tolerated, and they must feel that the hospital will support them in putting their own safety first. During the past few years this cultural problem has increased with the growing presence of gangs and use of street drugs and alcohol, and decreased availability of medical care and facilities for individuals suffering mental or behavioral illnesses.

This was the challenge for Liberty Hospital, a 250-bed medical center north of Kansas City. Their situation was heightened as they do not offer behavioral medicine services, but that did not stop the hospital from taking action. In 2012 they partnered with the “Handle with Care” (HWC) Behavior Management program, which traditionally has provided de-escalation training to prevent actions that reduce the need for restraints at schools, behavioral medicine units and emergency departments. With the increasing incidence of violent patients, it was decided to bring this training to Liberty Hospital for all staff that cares for patients.

**Code White**

A small multi-disciplinary team took on the project, first revisiting their process for getting additional security personnel to the scene of the disruptive behavior. This team realized that sometimes a person in uniform can escalate tension rather than de-escalate. It also was determined that a “show of force/support” can deter some from becoming aggressive when faced with more than one staff member. It was determined that a multi-disciplinary approach could be used for this process instead of just using security officers. A new process “Code White” was developed, which alerts the crisis intervention response team that additional assistance is needed to handle a violent patient, family member or visitor. While Liberty had enough security staff members assigned to the Code White team, they did not have adequate, consistent de-escalation training for the new members of the team. HWC provided a train-the-trainer program for ten instructors at Liberty Hospital. These trainers teach the one-day class for staff that will respond to Code White calls.

These trainers also streamlined the one-day training to two hours with intense focus on verbal de-escalation skills, how to recognize escalating tension and general awareness of potential violence. By the end of 2012 the trainers had provided education for all clinical employees who care for patients (nurses and CNAs). Additionally, this training became part of new employee orientation to ensure future consistency. Liberty generously has shared their “Code White” policy so others can replicate this process.

**The “Orange Door”**

After the staff training was hard-wired, the team brainstormed how to better communicate which patients are at risk for violent behavior. The “Orange Door” was initiated, which includes:

- A placard placed on the door of any patient at risk for violent behavior to self or others;
- Revision of the communication board at the nursing stations so the patient’s name is highlighted in light orange for all staff to be alerted of potential violence;
- Additional training for staff to understand and identify suicide-imminent risk to self and others (See policy with definitions and procedures);
- Communication with the patient, family member and/or visitors regarding expectations as defined in the Suicide-Imminent Risk to Self or Others policy; and
- Sitter program that currently is undergoing improvement processes to ensure sitters appropriately and consistently are educated before being assigned to an “Orange Door” room.

**Include community first responders**

Liberty recently has begun to work cooperatively with the Liberty police force and fire department, explaining what happens when a non-medical patient with violent behavior is brought to Liberty Hospital’s Emergency Department (ED). Since there are no inpatient behavioral medicine beds, the patient must be assessed in the ED and be held until staff can arrange a safe transfer to a facility that provides mental healthcare. These first responders are learning how to identify the need for behavioral care so patients can be taken to the appropriate facilities whenever possible.

**The Results**

Although this new and improved program is less than two years old, Liberty Hospital has seen solid results. In 2012, more than $300,000 was paid for workers’ compensation claims relative to violent patient behavior. In 2013, that payout was reduced to $75,000. The team will continue to improve the “Orange Door” program until there are no injuries!

Changing the hospital’s approach to managing aggressive behavior is difficult because it requires a change in mindset that any patient can pose a risk. Caregivers are trained to give care, not to think of patients as potential risk for aggressive behavior, violence and harm. Liberty Hospital continues to change that mindset as the bedside caregivers, medical staff members and first responders work together to mitigate the risks of this issue. “The innovative steps, including developing a responsive team, have enhanced quality and safe care for our patients,” said Shirley Heintz, R.N., Chief Nursing Officer at Liberty Hospital. Additional information on implementing the Orange Door process may be obtained from Julie.simpson@libertyhospital.org.
CPS WELCOMES AIR EVAC LIFETEAM AND ST. LOUIS CITY FIRE TO EMS PSO SERVICES

The Center is proud to announce two new EMS participants in our PSO: Air Evac Lifeteam and the St. Louis City Fire Department. CPS is excited to have these organizations on board!

Air Evac operates 115 bases in 15 states and became a part of CPS EMS PSO on April 1, and is the Center’s first national PSO contract.

“For Air Evac Lifeteam, participating with CPS was an easy choice,” said Jennifer Fletcher, director of patient care services for Air Evac. “CPS has the most experience working with emergency medical services and is the only PSO with an established event reporting system specific for EMS.”

St. Louis City Fire Department joined the CPS PSO in March of this year. Its EMS division staffs 12 ambulances 24/7, transports over 41,000 patients each year, and employs 120 paramedics and EMTs.

CPS WELCOMES LEE VARNER AS NEW EMS PROJECT MANAGER

The Center is excited and proud to announce Lee Varner as our new EMS Project Manager as of May 21! Lee most recently worked as the EMS Outreach Coordinator for Mercy St. Louis where he managed a multitude of projects, including the development and implementation of “EMSource” a Mercy smart device application for EMS agencies to quickly access protocols and other useful information. Lee is a licensed paramedic with over 20 years of field experience, and also serves on the Missouri State Clinical Conference Board and the St. Louis County EMS and Hospital Communications Commission. Lee will be managing all of the Center’s work related to emergency medical services safety culture and PSO activities. Please join us in welcoming Lee!

EMS DATA COMMITTEE RESUMES

Data, data, data! The EMS Data Committee has been meeting again to work on modifications to existing forms and the development of new ones. The committee is looking at new topic areas of protocol deviations, dispatch errors, stretcher drops, and ambulance mechanical issues. Work on developing these new forms will continue over the summer and into the fall.

EMS PATIENT SAFETY CONFERENCE COMING TO COLUMBIA, MISSOURI

The Center’s fifth annual EMS Patient Safety Conference will be held on Wednesday, November 12, 2014 in Columbia, Missouri. More details coming soon!
UPCOMING EVENTS...

2014

PSO Regional Safe Tables – (PSO Members Only)
- Thursday, August 21st, noon to 4 in Central Missouri (Columbia)
- Friday, August 22nd, noon to 4 in Eastern Missouri (St. Louis)
- Tuesday, August 26th, noon to 4 in Western Missouri (Kansas City)
- Wednesday, August 27th, noon to 4 in Southern Missouri (Springfield)

EMS Patient Safety Conference – November 12 in Columbia, Missouri

BE A SAFETY SPONSOR:
How you can help!

The Center for Patient Safety values partnerships with organizations and individuals who want to support improvement in healthcare quality and patient safety. Because the Center is a not-for-profit organization, donations are tax-deductible.

There are three ways to join the effort to spread safety culture throughout the healthcare community: individual donation, organizational sponsorship levels, and/or supporters can sponsor an event or initiative.

FOR MORE INFORMATION, CONTACT ANY MEMBER OF OUR PSO TEAM

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For additional information on the Center’s PSO activities, resources, toolkits, upcoming events, safety culture resources, and more, visit our website at www.centerforpatientsafety.org or follow us on Twitter @PtSafetyExpert for the most up-to-date news.

NOTE

Some articles contained within this newsletter may reference materials available to Center for Patient Safety PSO participants only. If you have questions about any Center-resources or articles within this newsletter, please contact the Center for Patient Safety at info@mocps.org or call our office at 888.935.8272.

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ABOUT THE CENTER:

The Center for Patient Safety, was founded by the Missouri Hospital Association, Missouri State Medical Association and Primaris as a private, non-profit corporation to serve as a leader to fulfill its vision of a healthcare environment safe for all patients and healthcare providers, in all processes, all the time.

www.centerforpatientsafety.org