A Patient Safety Organization Comes Together...

Focused on safety, data, quality and health equity.
**MePCA PSO: Our Path to Patient Safety**

**Pilot Phase**
- 6/2017 to 3/2019
  - PSO listed by AHRQ
  - Pilot phase rolls out with 2 member CHCs
  - Events uploaded; T/TA is offered

**Building Phase**
- 4/2019 to 2/2020
  - New Clinical Director; new PSO staff; MePCA PSO revival
  - MePCA contracts with ECRI
  - Kick-off begins (ECRI & MePCA PSO)
  - 3 CHCs enrolled; new T/TA webinars
  - First safe table-like event occurs
  - PSO has grown 9 CHCs
  - Successful relisting with AHRQ
  - Second safe table-like event occurs

**Pandemic Phase**
- 3/2020 to 6/2020
  - ME COVID-19 pandemic begins
  - PSO staff redeployed; Clinical Compendia created; Office Hours initiated

**Implementation Phase**
- 6/2020 and Beyond
  - 5 CHCs successfully uploading events
  - MePCA PSO presents work/deliverables to CHCNet
  - DDC contracts with MePCA PSO re: IDDD
  - Safe table-like event at Clinical Retreat
  - Events Planned: Safe table-like event; MePCA PSO Advisory Committee meeting

**2021**
PSO goals

01
Create a sustainable organization that connects strongly with UDS, HCCN, VBP.

02
Weave the strands of patient safety, quality, health equity and data throughout all we do.
What is a Patient Safety Organization (PSO)?
Part 1

• Patient Safety Organizations (PSOs) are organizations that conduct activities to improve the safety and quality of patient care.
• PSOs create a legally secure environment (conferring privilege and confidentiality) where clinicians and health care organizations can voluntarily report, aggregate, and analyze data, with the goal of reducing the risks and hazards associated with patient care.
• The Patient Safety and Quality Improvement Act of 2005 (PSQIA) authorized the creation of PSOs and the development of Common Formats for uniform reporting of patient safety events.
What is a Patient Safety Organization (PSO)? Part 2

- PSOs serve as independent, external experts who can assist providers in the collection, analysis, and aggregation of patient safety events to develop insights into effective methods to improve quality and safety.

- Providers who establish relationships with a PSO receive uniform Federal protections (conferring privilege and confidentiality) that are intended to remove fear of legal liability or professional sanctions.
Why have a PSO?

• The core goals of the Patient Safety and Quality Improvement Act are: (1) to encourage health care professionals to improve the safety and quality of health care, (2) to understand the underlying causes of hazards in the delivery of health care, and (3) to share those results in all states within a protected legal environment, thereby minimizing any risks related to patient care.

• In short, this important legislation provides an environment in which health care practitioners can voluntarily and anonymously report safety problems, with the idea that conveying these messages will lead to improved care through a CULTURE OF SAFETY.
Why have a PSO?

• The Patient Safety Act was intended to strike a balance between maintaining confidentiality and legal protections in reporting safety information and maintaining patients’ rights.

• The Act was not intended to mandate participation in any specific patient safety organization (PSO).

• It is not an error-reporting system *per se* and does not provide any federal funding for PSOs.
“...a discipline in the health care professions that applies safety science methods toward the goal of achieving a **trustworthy system of health care delivery**. We also define patient safety as an attribute of health care systems that minimizes the incidence and impact of adverse events and maximizes recovery from such events. Our description includes: why the field of patient safety exists (the high prevalence of avoidable adverse events); its nature; its essential focus of action (the microsystem); how patient safety works (e.g., high-reliability design, use of safety sciences, methods for causing change, including cultural change); and who its practitioners are (i.e., all health care workers, patients, and advocates).”

https://www.ncbi.nlm.nih.gov/books/NBK43629/
MePCA PSO: The 1st PCA-led, FQHC-focused PSO can redefine “patient safety”

- Our work can generate a new definition of “patient safety,” in which the CHC Network becomes a “trustworthy system of health care delivery” — a CULTURE OF PATIENT SAFETY — which not only addresses avoidable adverse events but also gets at inequities and dysfunctions embedded in the system that cause unseen, often normalized harm to specific populations...

- The MPCA PSO must become member-led with the creation of a member advisory board—perhaps a subcommittee of CHC net.
Did you know...

Patient safety issues in primary care are real.

Annually,

1 in 20 outpatients experiences a diagnostic error.

55% of patients said diagnostic errors were a chief concern in outpatient visits.

1 in 9 ED admissions are related to an adverse drug event.

An estimated 160 million medication errors occur each year in primary care.

80% of information shared in a primary care visit is immediately forgotten by patients.
Improve patient safety by engaging patients and families.

- Reduce errors and improve visit efficiency by setting the visit agenda together with Be Prepared To Be Engaged.
- Encourage safe medicine practices by Creating a Safe Medicine List Together.
- Improve communication and health literacy through Teach-Back.
- Support closed-loop and collaborative communication using the Warm Handoff Plus.

To learn more and get started, visit https://www.ahrq.gov/professionals/quality-patient-safety/patient-family-engagement/pfeprimarycare/index.html
By the end of Year 03 (July 2022), CHCNet, MEPCA PSO, and the ECRI Institute will:

- complete enrollment of all PHCs into the PSO;
- Develop a PSO business and sustainability plan;
- Identify a data analytics use case for the PowerBI platform.

Nearly half of CHCNet members joined the PSO during Year 01... CHCNet will continue to align with the PSO... and the ECRI Institute, to identify data analysis opportunities and workflows that improve patient and staff safety for all PHCs.
The PSO Fosters a Safety Culture

For patients: improved outcomes.
Accurate, appropriate and timely care; shorter wait times; fewer errors that reach the patient; fully engaged HCPs; improved engagement and satisfaction.

For staff: improved well-being.
Improved team communication; decreased moral suffering; greater connection to organizational values; improved job satisfaction.

For leadership: greater productivity and capacity for innovation.
Decreased staff turnover; improved quality scores; improved efficiency; increased capacity to deliver specific training to meet staff needs.
Rethinking the goals of Patient Safety – drop slide consider recasting bullet 2

- Patient safety in practice is more than reducing rates of errors. *The goal is not just to eliminate risks.*
- Standardized reporting of safety event, near misses and unsafe conditions builds **a CHC data set** that can inform Quality Improvement Activities
- Safety Culture protects patients and promotes team communication
Partnership with ECRI increases data capacity

PSO members can:
• Access individual data dashboards
• Compare clinical data to both regional and national trends
• Analyze data from events, near misses, and unsafe conditions (including contributing factors and descriptive text searches)
• Tableau reports can be generated for use with staff and board members
Data driven strategies

- Trend analyses can be linked to customized solutions
- CHC data analysis and feedback drives meaningful QI initiatives
- Network data trends drive quarterly Safe Table exercises
- Network can access templated approaches to common problems
- PSO members can access “Custom Search” queries of national database of evidence-based practice strategies for risk prevention
HRSA-FQHC Partnership through ECRI
ECRI Clinical Risk Management Program

- Website and resources provided FREE to FQHCs, free clinics, FQHC Look-Alikes, and PCAs on behalf of HRSA

- Log in to the website to access:
  - Assessment checklists
  - Guidance
  - Toolkits
  - Archived webinars, National Speaker Series programs, and Virtual Conference
  - Courses for CME/CNE credit
  - Infographics

- Resources cover risk management, credentialing and privileging, infection control, claims management, quality improvement, diabetes, and much more
Clinical Risk Management Resources

- New! Pandemic Recovery Guide for Health Centers

- Toolkits:
  - Culture of safety
  - Dental
  - COVID-19 response
  - Credentialing and privileging
  - Risk management

- Risk Management Manual

- Webinar: Vaccine Promotion: Strategies for Increasing Vaccine Awareness and Immunization Rates

- Much more
Clinical Risk Management Education

- Ambulatory Risk Management Certificate Course
  - 4 Levels of 20 courses on risk management basics
  - Intended for anyone in the health center
  - Certificate for completion of each level

- eLearning Course Catalog
  - Courses cover infection control, sexual harassment, communication, and more
  - CME/CNE credit

- Obstetrics Training Suite
  - 40 courses on electronic fetal monitoring and other high-risk OB topics (e.g., shoulder dystocia)
  - CME/CNE credit
Need Access?

- Unlimited number of individuals from FQHCs and FQHC Look-Alikes receive free access to the website, resources, and education
- Contact us at Clinical_RM_Program@ecri.org or (610) 825-6000 for access
  - Include full name, email address, and organization name
- Questions? Use contact info above or cwzorek@ecri.org
MePCA PSO – ECRI partnership
Submit Adverse Event Data

Securely submit data related to adverse events.

Upload Events

Upload batches of events to the PSO reporting system.

PSO Interactive Dashboards (Beta Release)

Explore your safety data in a whole new way.
3 Levels of Comparison: Event Data
3 Levels of Comparison: Demographic Data
3 Levels of Comparison: Harm Data

**BASE DATA**

<table>
<thead>
<tr>
<th>Base Entity Name</th>
<th>Base Facility Name</th>
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</tr>
</thead>
<tbody>
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**AGGREGATE DATA**

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**PATIENT HARM**

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<tr>
<th>Location</th>
<th>Unsafe Condition (A)</th>
<th>No Harm (B1-D)</th>
<th>Outpatient care area</th>
<th>Lab, Pathology, Blood Bank</th>
<th>Facility Grounds</th>
<th>Radiology/Imaging</th>
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<td>65.0%</td>
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<td>10.0%</td>
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<td>Radiology/Imaging</td>
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<td>5.0%</td>
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<td>5.0%</td>
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</tbody>
</table>

- **Unsafe Condition (A)**: 23.6%
- **No Harm (B1-D)**: 75.8%
- **Outpatient care area**: 71.0%
- **Lab, Pathology, Blood Bank**: 12.9%
- **Facility Grounds**: 12.9%
- **Radiology/Imaging**: 3.2%
- **Inpatient Unit**: 40.5%
- **Operating Room, Procedure Area**: 11.0%
- **Critical Care Units**: 12.8%
- **Emergency Department**: 11.3%
- **Outpatient care area**: 7.7%
- **Pharmacy**: 4.2%
- **Radiology/Imaging**: 4.0%
- **Labor and delivery**: 3.4%
- **Lab, Pathology, Blood Bank**: 3.1%
- **Facility Grounds**: 0.2%
• Trend analyses can be linked to customized solutions
• CHC data analysis and feedback drives meaningful QI initiatives
• Network data trends drive quarterly Safe Table exercises
• Network can access templated approaches to common problems
• PSO members can access “Custom Search” queries of national database of evidence-based practice strategies for risk prevention
PHYSICIAN PRACTICE READINESS FORM

Caring for adult patients with intellectual or developmental disability

Scheduling Considerations?
- Consider scheduling longer visits (up to 15 additional minutes).
- Consider scheduling during the same times; early morning or last appointment of the day.
- Consider scheduling a telehealth visit when appropriate.
- Attempt to schedule appointment with the same staff & HC: familiarity and relationships are important.
- Encourage pre-medication prior to appointment if applicable/appropriate.
- Encourage the patient to bring a comfort object.
- If scheduling with a family member or support person consider when the best time is to notify the patient of the appointment, allowing time for processing.
- If injections or phlebotomy is needed, encourage the patient to view an online video prior to the visit.
- Consider making your own video with your staff, alternatively have some video to recommend.
- When possible arrange to have documents i.e. consent forms etc. completed prior to the appointment.
- Consider identifying preferred methods of communication and if an augmentative communication device is used.

Office/Exam Room Considerations?
- Prepare social stories specific to your CHC. Use pictures of your registration, exam rooms & staff.
- Prepare social stories for common procedures and appointment types
- Well visit
- Physical therapy
- Check up
- Select an exam room away from others in a quiet area to designate as a low stimulation exam room.
- Prepare the exam room by eliminating removable hazards (replace clocks with glass faces to those with plastic faces, shatterproof mirrors etc.).
- Prepare the exam room with quiet music/ambient music prior to arrival (remove noise/crowd disturbance).
- Prepare the exam room with a scale - if not possible, weigh the patient on the way out of the office.
- Dim the lights when possible consider using only natural light if that is sufficient.
- Have self-soothing activities available i.e. bubbles / other distractions.
- Decrease transitions as much as possible.
- Bypass the waiting room, if room not available, consider have patient wait in the car.
- Consider accessible exam tables / availability of patient lifts for transfer to tables.

Care Provision Considerations
- Ensure adequate space for the patient and safety measures to accommodate them, if necessary.
- Ensure that there is a safe space with enough space for the patient and the provider to be safe.
- If the provider is not a safe space, avoid having a patient wait in the exam room.
- Establish a safety plan for the patient to follow if they need a break.
- Establish a signal for the patient to use if they need a break.
- Establish a signal for the patient to use if they need a break.
- Encourage offering a seat or a walk through prior to completing difficult procedures or examinations.

Staff Preparation Considerations
- Expect to interview the patient first per usual.
- Remain comfortable during uncomfortable procedures.
- Ensure that the patient feels comfortable to communicate.
- Ensure that there is a safe space for the patient to feel comfortable.
- Avoid the use of excessive language, use concrete terms.
- Be flexible and non-judgmental.
- If the situation allows and the provider is safe, consider providing an evaluation in their vehicle.
- Utilize alternative methods to reduce anxiety.
- Be aware of the specific documentation requirements for service eligibility forms.

Acknowledgement
The information provided in this document may be derived from several sources, such as relevant scientific and management literature, published test protocols, standards and regulations, service and/or institutional policies and procedures, and other sources. This document is intended for general information purposes only and is not intended to replace the advice of a healthcare provider. The information provided in this document is not intended to be used as a substitute for professional medical advice, diagnosis, or treatment. It is not intended to cover all possible scenarios and may need to be supplemented with advice from a healthcare provider. The information in this document may be subject to change and should not be considered complete. It is not intended to be used in the absence of a professional healthcare provider. The information in this document should not be used for medical diagnosis or treatment.
PHYSICIAN PRACTICE READINESS FORM

Caring for adult patients with intellectual or developmental disability

SCHEDULING CONSIDERATIONS?

☐ Consider scheduling longer visits (up to 15 additional minutes).
☐ Consider scheduling during low volume times; early morning or last appointment of the day.
☐ Consider scheduling a telehealth visit when appropriate.
☐ Attempt to schedule appointment with the same staff & MD; familiarity and relationships are important.
☐ Encourage pre-medication prior to appointment if applicable/appropriate.
☐ Encourage the patient to bring a comfort object.
☐ If scheduling with a family member or support person consider when the best time is to notify the patient of the appointment, allowing time for processing.
☐ If injections or phlebotomy is likely, encourage the patient to view an online video prior to the visit.
☐ Consider making your own video with your staff, alternatively have some videos to recommend.
☐ When possible arrange to have documents i.e. consent forms etc. completed prior to the appointment.
☐ Consider identifying preferred methods of communication and if an augmentative communication device is used.

OFFICE/EXAM ROOM CONSIDERATIONS?

☐ Prepare social stories specific to your CHC. Use pictures of your registration, exam rooms & staff.
☐ Prepare social stories for common procedures and appointment types
  ☐ Well visit
  ☐ Sick visit
  ☐ Phlebotomy
  ☐ Immunizations / Injections
☐ Select an exam room away from others in a quiet area to designate as a low stimulation exam room.
☐ Prepare the exam room by eliminating removable hazards (replace clocks with glass faces to those with plastic faces, shatterproof mirrors etc.)
☐ Prepare the exam room with sphygmomanometer prior to arrival (minimize noise/overstimulation).
☐ Prepare the exam room with a scale – if not possible, weigh the patient on the way out of the office.
☐ Dim the lights when possible/consider using only natural light if that is sufficient.
☐ Have self-calming activities available i.e. Bubbles / other distractions.
☐ Decrease transitions as much as possible.
☐ Bypass the waiting room, if room not available, consider have patient wait in the car.
☐ Consider accessible exam tables / availability of patient lifts for transfer to tables.
3 Levels of Comparison: Event Data

**BASE DATA**

- **Security/Safety**: 44.4%
- **Laboratory Test/Radiology**: 27.6%
- **Fall**: 11.1%
- **Blood or Blood Products**: 5.6%
- **Device or Medical/Surgical Supply/HIT**: 5.6%
- **Environment**: 5.6%

**AGGREGATE DATA**

- **Laboratory Test/Radiology**: 28.2%
- **Security/Safety**: 25.6%
- **Fall**: 17.9%
- **Medication or Other Substance**: 10.3%
- **Device or Medical/Surgical Supply/HIT**: 7.7%
- **Blood or Blood Products**: 5.1%
- **Environment**: 5.1%
- **Emergency Services**: 2.6%
- **Healthcare-Associated Infection (HAI)**: 2.6%

**AGGREGATE DATA**

- **Medication or Other Substance**: 31.9%
- **Fall**: 14.8%
- **Laboratory Test/Radiology**: 14.2%
- **Surgey or Anesthesia**: 0.9%
- **Security/Safety**: 8.1%
- **Device or Medical/Surgical Supply/HIT**: 5.5%
- **Pressure Ulcer**: 5.0%
- **Emergency Services**: 4.1%
- **Perinatal**: 3.3%
- **Blood or Blood Products**: 2.4%
- **Healthcare-Associated Inf**: 1.7%
- **Environment**: 0.5%
- **Venous Thromboembolism**: 0.0%
- **HIT Hazard**: 0.0%
Process Map – Focus your Analysis

- Focus your Analysis
- Follow Focus Lab Process Flow
- Patient needs lab
- Physician writes order on disposition form
- Validate patients lab and orders from Lab Technician
- Lab Tech (Cpt) completes encounter form
- Dress patient's gown
- Hand enters patient name on lab
- Draws orders in the Clinical
- Completes the lab log
- Lab Log includes:
  1. Blood
  2. PT/INR
  3. Ordering
  4. Ongoing
  5. Labs
  6. PT/INR
- In these cases:
  1. With
  2. Requires
- Selects order in EHR and records as "completed and resulted"
- Lab processed by nurses and results returned via transmission
- Lab Tech will follow actions and document on telephone encounter. Physician closes lab open
# FMEA – Action Plan Potential Failure Points

<table>
<thead>
<tr>
<th>Sequence</th>
<th>Process Step or Function</th>
<th>Potential Failure Mode</th>
<th>Potential Effect(s) of Failure</th>
<th>Potential Contributing Factors to Failure</th>
<th>Current Process Controls Prevention</th>
<th>Current Process Controls Detection</th>
<th>P</th>
<th>E</th>
<th>R</th>
<th>N</th>
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<tbody>
<tr>
<td>1</td>
<td>Physician writes order on admission form</td>
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<td>11</td>
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<tr>
<td>2</td>
<td>Walks patient to lab and hands form in lab technician</td>
<td>21</td>
<td>21</td>
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<tr>
<td>3</td>
<td>Lab tech copies encounter form</td>
<td>31</td>
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<td>4</td>
<td>Lab tech draws patients blood</td>
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<tr>
<td>5</td>
<td>Lab tech hands patient ph enon on the tube</td>
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</tr>
<tr>
<td>6</td>
<td>Enters order in EMR</td>
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<tr>
<td>7</td>
<td>Completes Lab Log</td>
<td>71</td>
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<td>8</td>
<td>Assigns lab to self and sends to care provider</td>
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<td>9</td>
<td>Processes labs</td>
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13th Annual Meeting of PSOs to be held 4/28 – 4/29

Abstract Submission: A collaboration of efforts; PSOs work together to address access to care issues among a vulnerable population.
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<thead>
<tr>
<th>Event NK</th>
<th>Internal ID</th>
<th>Event Date</th>
<th>Event Severity</th>
<th>Harm Score</th>
<th>Facility Name</th>
<th>Primary Event Type</th>
<th>Patient Age</th>
<th>Patient Gender</th>
<th>Location</th>
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<td>Incident</td>
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<td>Facility 1390</td>
<td>Fall</td>
<td>Adult (18-64 years)</td>
<td>Female</td>
<td>Inpatient Unit</td>
<td>Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip ex ea commodo consequat. Duis aute irure dolor in reprehenderit in voluptate velit esse cillum dolore eu fugiat nulla pariatur. Excepteur sint occaecat cupidatat non proident, sunt in culpa qui officia deserunt mollit anim id est laborum.</td>
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<td>6/18/2018</td>
<td>Incident</td>
<td>No Harm (B1-D)</td>
<td>Facility 1390</td>
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<td>Male</td>
<td>Inpatient Unit</td>
<td>Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip ex ea commodo consequat. Duis aute irure dolor in reprehenderit in voluptate velit esse cillum dolore eu fugiat nulla pariatur. Excepteur sint occaecat cupidatat non proident, sunt in culpa qui officia deserunt mollit anim id est laborum.</td>
</tr>
<tr>
<td>2587759</td>
<td>Null</td>
<td>6/17/2018</td>
<td>Incident</td>
<td>No Harm (B1-D)</td>
<td>Facility 1386</td>
<td>Other</td>
<td>Adult (18-64 years)</td>
<td>Female</td>
<td>Unknown</td>
<td>Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip ex ea commodo consequat. Duis aute irure dolor in reprehenderit in voluptate velit esse cillum dolore eu fugiat nulla pariatur. Excepteur sint occaecat cupidatat non proident, sunt in culpa qui officia deserunt mollit anim id est laborum.</td>
</tr>
<tr>
<td>2587949</td>
<td>Null</td>
<td>6/11/2018</td>
<td>Incident</td>
<td>No Harm (B1-D)</td>
<td>Facility 1390</td>
<td>Fall</td>
<td>Adult (18-64 years)</td>
<td>Female</td>
<td>Unknown</td>
<td>Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip ex ea commodo consequat. Duis aute irure dolor in reprehenderit in voluptate velit esse cillum dolore eu fugiat nulla pariatur. Excepteur sint occaecat cupidatat non proident, sunt in culpa qui officia deserunt mollit anim id est laborum.</td>
</tr>
</tbody>
</table>
FACILITY DASHBOARD

LOCATION

Emergency department
Inpatient Unit
Lab, Pathology, Blood Bank
Radiology/Imaging
Critical Care Units
Pharmacy
Operating Room, Procedure...

42.9%
40.9%
6.2%
4.0%
3.9%
1.5%
0.5%

PATIENT HARM

No Harm (B1-D)
Temporary/Minor Harm (E-F)
Serious Harm/Death (G-I)

86.5%
0.14%
2.0%

EVENTS FROM

1/4/2001 - 6/27/2018

# of Events

200
100
0


PRIMARY EVENT TYPE

Emergency Services
Laboratory Test/Radiology
Medication or Other Subs...
Fall

49.5%
14.4%
13.2%
0.8%

SECONDARY EVENT TYPE

(SELECT A PRIM. ET TO DISPLAY VALUES)

GENDER

Male
Female

PATIENT AGE

PATIENT SAFETY WORK PRODUCT. PRIVILEGED AND CONFIDENTIAL. NOT SUBJECT TO DISCOVERY. CANNOT BE USED AS EVIDENCE.
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Checklist for PSO members

• Contract with MePCA PSO/annually renewable.
• User level agreement.
• Understand terms and conditions (PSO/PSWP/PSES/confidentiality protections/safety culture).
• Create a PSES for added safety.
• Upload events/near misses/unsafe conditions (consider mapping your RMIS).
• Trend and review data.
• Engage in QI with our team.
• Participate in safe tables.
• Reinforce confidentiality training.
• Join compliance partnership with HRSA-ECRI.
• Link HCCN-VBP-PSO-UDS-compliance-quality goals, using shared data analysis (work smarter not harder).
• Strengthen a safety culture, aligned with a culture of continuous quality improvement.
Dear MePCA PSO Member

Did you know that you could automate your event submissions to the PSO? MePCA PSO members who are able to extract event data from their Risk Management Information Systems (RMIS) or event reporting systems have several automated submission options; working with our contractor, ECRI, events can be submitted using the following formats:

- **ECRI PSO’s file format (CSV)**
  - Can only be manually uploaded via the ECRI PSO Upload Events option on the ECRI PSO website.

- **AHRQ Hospital Common formats 1.1 or 1.2 (XML)**
  - Can be manually uploaded via the ECRI PSO Upload Events option on the ECRI PSO website or sent using secure file transfer protocol (SFTP).

- **Customer defined format (CSV or XML)**
  - Requires ECRI PSO to map the data elements submitted to the ECRI PSO Event Reporting database and can only be transferred to ECRI PSO using SFTP.

What to expect: MePCA PSO members who wish to automate their event submission process will be assigned an analyst to guide them through the implementation process. There would be a small investment of time from their Clinical, IT and Risk Management departments, as well as a possible fee if a customer defined format is going to be used—the fee covers the development cost associated with mapping data to ECRI PSO’s Event Reporting database (Members who have previously completed the mapping process have noted it to be well worth the initial investment!).

If automating your event submission is something that you want to take advantage of, please notify us at your earliest convenience. We will need the name of your RMIS and we will then work with ECRI to expedite the service.
Thank You!

• Christopher J Pezzullo, DO
  • Sarah Morrill, RN
  • cpezzullo@mepca.org
  • smorrill@mepca.org