Creating a Culture of Patient Safety: Session 6

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Objectives

- Describe the legal confidentiality protections provided to members of a PSO
- Identify the steps a member needs to complete to established their Patient Safety Evaluation System
- Define a Safe Table and explain its' value
- Explain the responsibilities of the PSO when hosting a Safe Table
- Explain the responsibilities of the attendees of a Safe Table

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Federal Law

Patient Safety and Quality Improvement Act (PSQIA) of 2005

- Established voluntary reporting system for healthcare providers to enhance data about quality and patient safety issues
- Provides Federal privilege and confidentiality protections for Patient Safety Work Product
- Authorizes AHRQ to list Patient Safety Organizations

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Nebraska Law

Nebraska legislature passed the Patient Safety Improvement Act in 2005

- Called for formation of a Patient Safety Organization in Nebraska to encourage a culture of safety and quality by providing for:
  - Legal protection of information reported
  - Aggregation of information about occurrences
  - Sharing of information for improvement

- **Nebraska Statutes 71-8701-8721 pertain to this act**
- **No state funding for PSOs was tied to this legislation**

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Patient Safety Rule

Patient Safety Rule published in Federal Register in 2008

- Implements PSQIA
- Provides the requirements for PSOs to be listed under AHRQ oversight
- Describes privilege and confidentiality protections
- Describes patient safety activities of a PSO
- Establishes framework for HHS to monitor compliance with PSO program, confidentiality provisions, impose penalties, etc.
- AHRQ does not provide funding to individual PSOs

Nebraska Coalition for Patient Safety Patient Safety Organization (PSO)

- Complies with state and federal regulations
- Meets AHRQ listing requirements and is reviewed every 3 years
- Non-profit 501(c)3
- Funded by member fees, sponsor contributions, grants, and the Patient Safety Cash Fund
- Governed by a board of directors with representation from parent organizations, other state professional organizations and consumers

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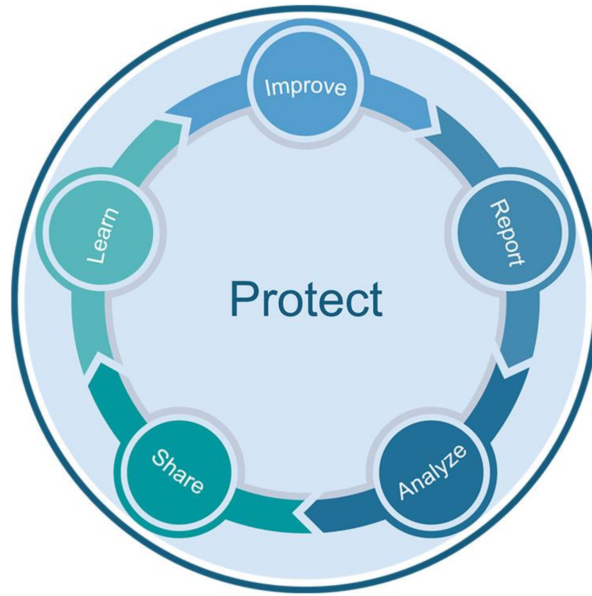
The Value of NCPS PSO



- NCPS provides a safe and ***protected*** environment in which to ***report***, ***analyze***, and ***share*** information about patient safety events so they can be ***learned*** from, and ***improvements*** can be made to reduce the risk of patient harm.
- These privilege and confidentiality protections can only be achieved by working with a federally-listed PSO.

Protect – Report – Analyze – Share – Learn – Improve

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Patient Safety Work Product (PSWP)

Any data, reports, records, memoranda, analyses (RCA), or written or oral statements (or copies of any of this material)

- Which could improve patient safety, health care quality, or health care outcomes; AND
  - Which are assembled or developed by a provider within their Patient Safety Evaluation System (PSES) for reporting to a PSO and are reported to a PSO,
  - Are developed by a PSO for the conduct of patient safety activities, OR:
- Which identify or constitute the deliberations or analysis of, or identify the fact of reporting pursuant to, a patient safety evaluation system.

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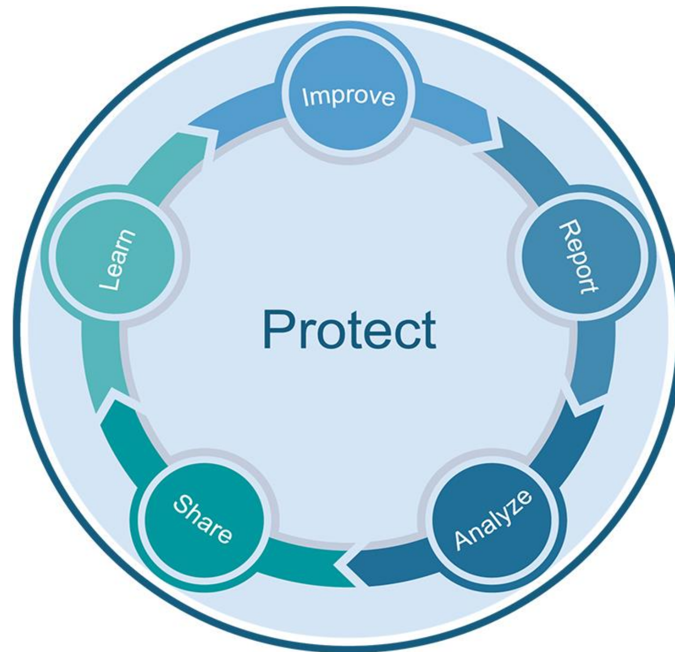
Patient Safety Evaluation System (PSES)

The collection, management, or analysis of information for reporting to or by a PSO



- A healthcare organization's safe and protected space where information that could improve patient safety or quality is collected, analyzed, and shared so that it can be learned from
- Reports are assembled for reporting to a PSO
- The PSO also has a PSES

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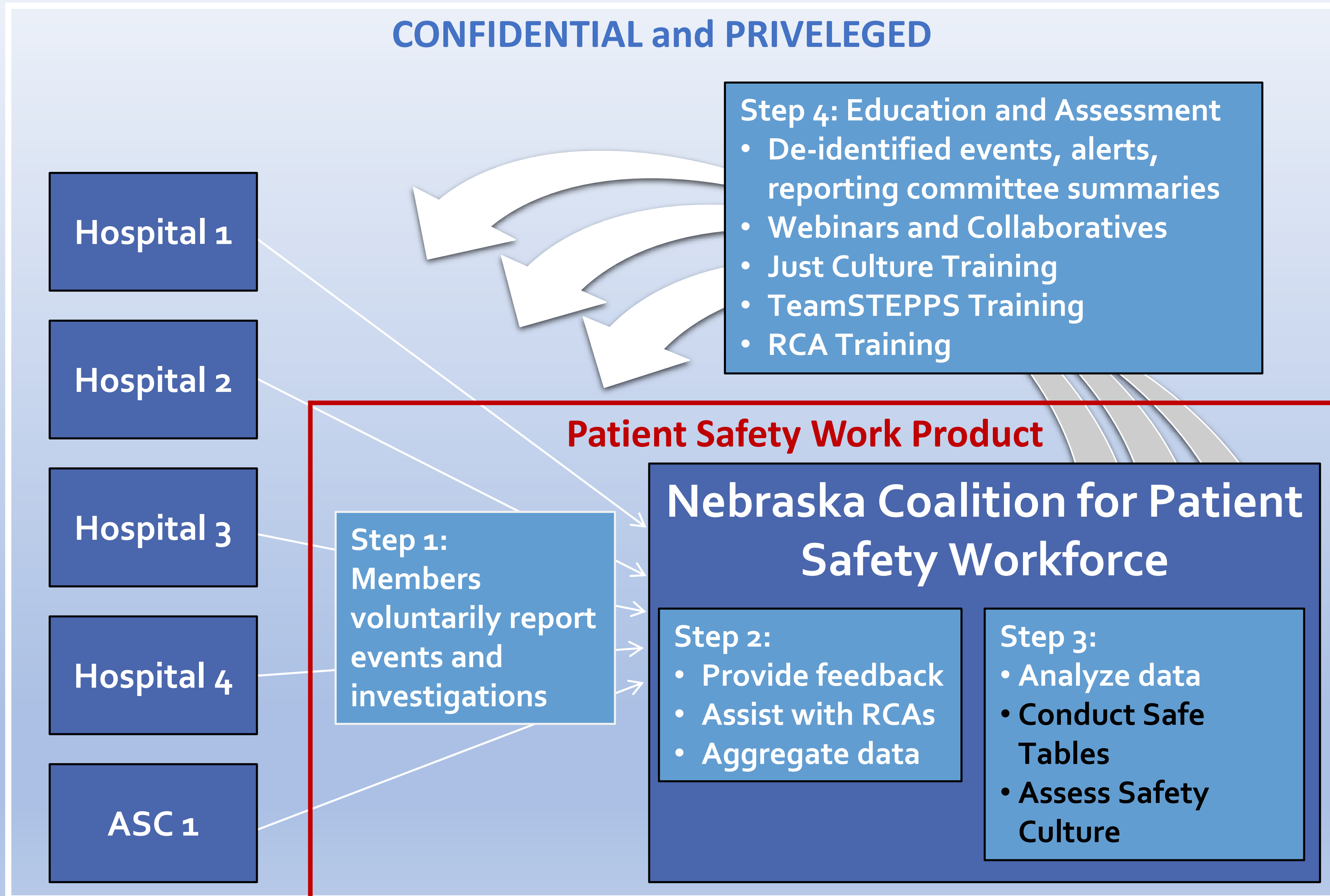
NCPS Patient Safety Evaluation System



Confidentiality Reminder

As temporary NCPS Workforce, you have a duty to maintain confidentiality by ensuring shared information is non-identifiable.

Non-identifiable PSWP may be used for Patient Safety Activities such as conducting a Safe Table.

PSWP becomes ***non-identifiable*** when all direct

- ***Provider*** identifiers are removed in compliance with the federal Patient Safety Act and
- ***Patient*** identifiers are removed in accordance with the Health Insurance Portability and Accountability Act (HIPAA).

If you do not want to identify your organization during the Safe Table, you may share information anonymously by typing a message in the chat box to the meeting organizers.

Confidentiality Reminder

In addition to the confidentiality obligations under the Patient Safety Quality Improvement Act of 2005, each participant must also agree:

(1) not to share the link to the Virtual Session,

(2) not to record, photograph or screenshot the Virtual Session, and

(3) to attend the Virtual Session in a private area where no unauthorized individual may observe or listen to the virtual convening session.

The confidentiality protections of Patient Safety Work Product shall survive after the Virtual Session is adjourned.

Participants may not disclose any identifiable Patient Safety Work Product discussed at this Virtual Session except to provide learnings and feedback to provider members of NCPS PSO for quality improvement purposes.

The Patient Safety Act, 21 C.F.R. Part 3, imposes penalties of up to $11,000 for the knowing and reckless violation of these confidentiality requirements.

What is a Safe Table?
What is The Purpose?

- A confidential, legally protected debrief.
- Generate candid discussion and share organizations' experiences on patient safety and quality issues. Non-punitive focus on systems and best practices.
- Exchange information about best practices relative to patient safety.
- Encourage coordinated/collaborative efforts and new partnerships.

and

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Safe Table Objectives

- Generate candid discussion and share organizations' experiences on patient safety and quality issues. Non-punitive focus on systems and best practices.
- Exchange information about best practices relative to patient safety.
- Encourage coordinated/collaborative efforts and new partnerships discussion and share organizations'

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Safe Tables

A NCPS member may request an ad hoc Safe Table or NCPS may schedule a Safe Table when a need has been identified.

Topic of Safe Table Procedure:

- High profile national event (heparin overdoses, compounding).
- Concern over system failure or gaps (lack of interoperability of HIT systems, system's gap analysis)
- Adverse event, near miss, or identified emerging risk
- Any topic that could improve the quality of patient care, patient safety or patient outcomes

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Conducting A Safe Table

- [ ] Structure the Safe Table so that it is conducted within each participants' PSES (PSWP is being shared)

Guidelines to follow:

- Provide training on the confidentiality protections of the PSQIA to all workforce and contractors attending at the beginning of the meeting.
- Define for all attendees that the physical space and/or electronic space where the Safe Table occurs is part of the PSO and PSES.
- Focus on system errors and not member failures.
- If conducted via teleconference or other virtual means, inform each participating member of their responsibility to take reasonable measures to maintain the confidentiality and security of the PSWP and discussions.

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Conducting A Safe Table

Guidelines to follow (cont.):

- Inform participating members of the need to maintain the information from the Safe Table as PSWP within their own PSES.
- Document and maintain as PSWP within the PSES all review, analysis, and dissemination activities related to the Safe Table.
- Mark all documentation and notes made during the Safe Table as PSWP.

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Conducting A Safe Table

- Who may attend?
  - PSO member organizations and PSO workforce
  - Subject matter experts who have agreed to serve either as contracted workforce for either the member or PSO for the purpose of the Safe Table
  - Subject matter experts outside of the member or NCPS PSO contracted workforce who have an agreement with either for the purpose of the Safe Table
- Additional step for temporary workforce
  - All must sign a confidentiality agreement that remains in force even after the Safe Table

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Safe Table Results

- Provider feedback, including analysis results, recommendations, and action plans, may come in the form of newsletters, verbal communication or other form
- Feedback may be distributed within the provider entity as PSWP or provided outside of the provider voluntarily through a voluntary disclosure permission for the purposes of improving patient safety or quality of care, but shall not identify any providers
- All findings and recommendations may be disclosed to the PSO
- Feedback, findings, recommendations, action plans, and other information which is rendered completely non-identifiable with regard to patient or provider identifiers is no longer considered protected and confidential PSWP and may be disclosed for the purposes of education and improvement

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NCPS Affinity Group Safe Tables

- Sample agenda
- Discussion topic examples
  - “Failure to inform patients of abnormal test results”
  - “Factors related to falls”
  - “Prevention of health care-associated infections”
  - “Responses to patient violence and aggression”
- Frequency
- Affinity group ideas and discussion
- “PSO Safe Tables promote a culture of trust that encourages open dialogue by PSO members about patient safety issues”. (AHRQ, n.d.)

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References

Brondum, G., & Jones, K. (2022, January). *NCPS Debrief Safe Table* [4-7]. Nebraska Coalition for Patient Safety.

https://pso.ahrq.gov/

https://pso.ahrq.gov/sites/default/files/wysiwyg/npsdpatient-safety-culture-brief.pdf

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Post Session Zoom Survey

Please respond to the following statements whose responses are formatted with the Likert scale of strongly disagree to strongly agree.

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Thank You

To continuously improve the quality and safety of healthcare in the region.

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