**Provider Patient Safety Evaluation System (PSES) Design Tool**

This PSES Design Tool is intended to assist in the development of a Patient Safety Evaluation System (PSES) for a provider who is participating in a PSO. The PSES exists anywhere Patient Safety Work Product (PSWP) is collected, managed, or analyzed for reporting to or by a PSO. The tool is intended to be used to document information collected and developed for reporting, analyzed or managed as PSWP as well as PSWP feedback that is developed, received from a PSO, managed, or evaluated. Any information that could improve the quality of patient care can be PSWP and collected or developed in a PSES. This is a tool and is not intended to document all the PSWP collected, developed or analyzed, or managed by a provider in a PSES. The PSES exists anywhere PSWP is collected, developed analyzed, and evaluated.

**1. PSWP Collected**

|  |  |  |  |
| --- | --- | --- | --- |
| **Potential PSES**  **Data/Information Component** | **Description of Data/Information**  (Identify type, format, volume, etc. of information or data set that will be entered into the PSES.) | **Organizational Stakeholders or Data/Information Owners’**  (Identify departments, teams and organizational roles involved in the management and use of the information) | **Other Considerations**  (On-going or intermittent data collection; legacy data claims or other non-PSWP to be used in analysis) |
| Event data (including near misses and unsafe conditions) |  |  |  |
| Recordings and Videos |  |  |  |
| Patient Complaints |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**2. RCA/Peer Review**

|  |  |  |  |
| --- | --- | --- | --- |
| **Potential PSES DATA/Information Component** | **Description of Data/Information** | **Organizational Stakeholders or Data/Information Owners’** | **Other Considerations** |
| Surveillance Peer Review |  |  |  |
| Ambulatory Care Peer Reviews |  |  |  |
| Peer review |  |  |  |
| RCA investigations |  |  |  |
| Case Documentation (e.g., referral forms, review forms, timelines) |  |  |  |
| Trends and analysis |  |  |  |
| Predictive and other advanced analytics |  |  |  |
| Provider interviews |  |  |  |

**3. Analysis/Committee/Team Deliberations/Communications**

|  |  |  |  |
| --- | --- | --- | --- |
| **Potential PSES PSWP Component** | **Description of Data/Information** | **Organizational Stakeholders** | **Other Considerations** |
| Medication safety Committee |  |  |  |
| Patient Safety Committee(s) |  |  |  |
| Convening of Providers |  |  |  |
| Verbal Communications |  |  |  |
| Email Communications |  |  |  |
| Case Studies |  |  |  |
| System Gap Analysis |  |  |  |
| Healthcare continuum/readmissions Gap analysis |  |  |  |
| Management Analysis, including board minutes. |  |  |  |
| Team Huddles |  |  |  |
| Discussions and deliberations about the PSES, how it operates and what is included in the PSES |  |  |  |

**4. Feedback**

|  |  |  |  |
| --- | --- | --- | --- |
| **Potential PSES PSWP**  **Component** | **Description of Data/Information** | **Organizational Stakeholders or Data/Information Owners’** | **Other Considerations** |
| Dashboard |  |  |  |
| Recommendations |  |  |  |
| Action Plans |  |  |  |
| Best Practices |  |  |  |
| Clinical Protocols |  |  |  |
| Benchmarking |  |  |  |
| Education/Training Recommendations (including referrals to compliance or HR) |  |  |  |
| Feedback assessment to measure quality improvement |  |  |  |

**5. PSES Reporting, Staffing and Physical Space**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **PSES Work Force or Work Flow** | | | | | | | |
| Data Information Format | Electronic | | | |  | | | |
| Word | |  | | Paper | | Oral | |
| Access (or other database) | |  | |
| Email | |  | |
| Vendor System | |  | |
| Other | |  | |
| Frequency of report/update | * Daily | * Weekly | | * Quarterly | | * Monthly | | * Other |
| Who reports /submits the data/information |  | | | | | | | |
| Who collects / manages the data/information |  | | | | | | | |
| Where the data/information is currently stored or housed? |  | | | | | | | |
| Any portion of the data/information potentially need to be dropped-out to mandatory reporting? |  | | | | | | | |
| Who needs access to this information for patient safety activities (PSES workforce and management)? |  | | | | | | | |
| Who needs access to this information for uses other than patient safety activities? |  | | | | | | | |
| Corporate access to PSWP or PSES |  | | | | | | | |

**6. Education and Training**

|  |  |  |  |
| --- | --- | --- | --- |
| **Potential PSES PSWP**  **Component** | **Description of Data/Information** | **Organizational Stakeholders or Data/Information Owners’** | **Other Considerations** |
| PSES Workforce for identifiable PSWP |  |  |  |
| Just culture training for all providers |  |  |  |
| Anonymized disclosure for all providers |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Education/Training Recommendations (including referrals to compliance or HR) |  |  |  |
|  |  |  |  |

**6. PSES Security, IT Systems, and Storage**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | PSES Component | | | | | | | | | | |
| How/Where will the PSWP be SECURELY stored or housed? | |  | | | | | | | | | | |
| How will “PSWP” and date of entry into PSES be applied/documented? | |  | | | | | | | | | | |
| When applicable, how will data/information that has been removed from the PSES/de-designated as PSWP be documented (including the date of the removal and re-labeling as “Non-PSWP”)? | |  | | | | | | | | | | |
| Briefly describe the submission process:  (If applicable, please detail about the internal deliberation/decision-making required before submission to PSO) | | 1.  2.  3.  4.  5. | | | | | | | | | | |
| Who is responsible for submitting the data/information to the PSO? (Organizational role)? | |  | | | | | | | | | | |
| Who may access this data/ information? | | Before submission to the PSO: | | | | | | | | | | |
| After submission to the PSO: | | | | | | | | | | |
| Manual Upload  (e.g. post a file to SharePoint, upload a mapped data file, attach a file within PSO Portal Secure Communication | Functional Reporting Mechanism  (e.g. PSO has access to defined data within source facility system or via automated data transfer) | | Manual Entry  (directly into PSO Event Reporting System) | | | | | Other  (specify) | | | | |
| Frequency of submission to PSO: | | * Daily | | * Weekly | | * Quarterly | | | | * Monthly | | * Other |
| Who must be educated about inclusion of this data/information in the PSES? | |  | | | | | | | | | | |
| To whom is PSO feedback provided | |  | | | | | | | | | | |
| Frequency of feedback to provider | | ○ Daily | | | ○ Weekly | | ○ Quarterly | | ○ Monthly | | ○ Other | |
| How the feedback is evaluated? By whom? | |  | | | | | | | | | | |
| How are learnings adopted? Who is responsible for implementing them? | |  | | | | | | | | | | |
| How are the adoption of the learnings and the safety culture assessed? | |  | | | | | | | | | | |
|  | |  | | | | | | | | | | |
|  | |  | | | | | | | | | | |