



Welcome Guests

PATIENT SAFETY WHEREVER PATIENTS ARE™

An Open Forum on Patient Safety & Risk Management *for Critical Access Hospitals*





ABOUT CLARITY GROUP, INC.

Founded in 2002

Grounded in the management of healthcare risk, quality, and safety

A leading healthcare resource specializing in enhanced patient safety and quality of care

Offering a Suite of Services

HEALTHCARE SAFETYZONE® REPORTING SYSTEM

Clarity PSO, A Division of Clarity Group, Inc.

Risk-Quality-Safety Consulting Services

Our Vision

Healthcare delivery that is free of preventable patient harm

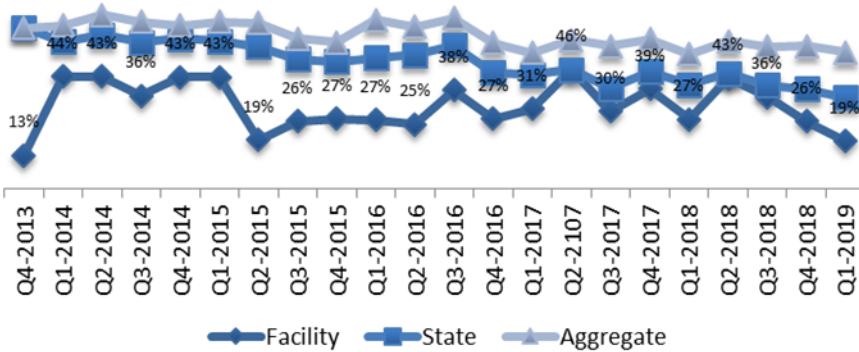
Foundational Goals of Clarity's Products and Services

- Improve the care and service provided to patients
- Respond proactively to opportunities identified
- Reduce harm to patients
- Create a learning environment
- Minimize legal risks for our healthcare clinician partners
- Promote evidence-based practice (research evidence, clinical expertise, and patient preference)

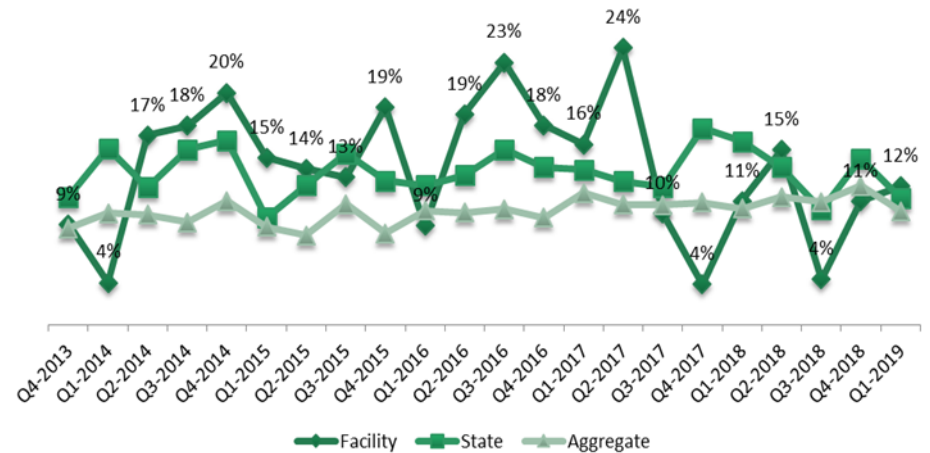
Clarity is a proud provider of Risk-Quality-Safety services to Critical Access Hospitals nationwide.

Benchmark for Excellence in Patient Safety™

<Facility> Risk Assessments Completed [All Events]



<Facility> - Medications Harm



National Rural Health Snapshot	Rural	Urban
Percentage of population	19.3%	80.7%
Number of physicians per 10,000 people	13.1	31.2
Number of specialists per 100,000 people	30	263
Population aged 65 and older	18%	12%
Average per capita income	\$45,482	\$53,657
Non-Hispanic white population	69-82%	45%
Adults who describe health status as fair/poor	19.5%	15.6%
Adolescents who smoke	11%	5%
Male life expectancy in years	76.2	74.1
Female life expectancy	81.3	79.7
Percentage of dual-eligible Medicare beneficiaries	30%	70%
Medicare beneficiaries without drug coverage	43%	27%
Percentage covered by Medicaid	16%	13%

All information in this table is from the Health Resources and Services Administration and Rural Health Information Hub.

**As of January, 2019
21.7% of US hospitals
are CAHs**

Ability to Manage Current Safety Topics in CAHs

2019 TJC NSPGs:

- Blood transfusion
- Medications
 - Labeling
 - Anticoagulation therapy
 - Medication reconciliation
- Clinical alarm systems
- Hand hygiene
- Infection control
- Procedural verification process

Key Focus Areas:

- Reduction of risk exposure
- Staff credentialing
- Identify potential problem areas
- Track patient concerns
- Specific areas of concern
 - Medication mgmt
 - Diagnostics
 - Infection control
 - Pressure injury
 - Fall

Goals for Today

Identify needs for patient safety intervention

- Lens to view safety across your organization
- How you choose and focus initiatives

Ability to track and trend

- Analysis of safety data
- Monitoring and surveillance for improvements

The patient safety impact

- Creating awareness
- Changes seen within the organization

CREATING THE CYCLE...

Reinforcing the Cycle of Risk-Quality-Safety Management



CAHs in the Context of Patient Safety

Some additional questions...

How do you measure and track defects?

How do you know you've successfully implemented a new process?

What are your key safety data sources?

Can you compare your successes and best practices to other CAHs?

Panelist Introductions

Diane Bradley, PhD, RN, NEA-BC, CPHQ, FACHE, FACHCA
Independent Healthcare Consultant

Diane has over 35 years of managerial experience in acute, long term care, and behavioral health settings, which include a variety of leadership positions. She has served as Chief Nurse in a multihospital system along with a wealth of administrative experience. Diane has also served from in the U. S. Army, advancing to Chief Nurse of a 400-bed field hospital.

Most recently Diane served as Interim CEO of a 115-bed rural PPS hospital, and currently works as an independent consultant focusing on a variety of initiatives including patient experience; empowerment of staff at all levels of organizations; alignment of quality initiatives to assure patient safety; career coaching of individuals identified in succession plans; effective planning and management of populations through transformational care coordination; use of data analytics in decision-making; and facilitating innovative ideas to improve/redesign care delivery through testing of traditional healthcare norms.

Panelist Introductions

Todd Hebert
Quality Improvement
& Risk Management Specialist
Powell Valley Healthcare, Wyoming



Todd Hebert has served as Quality Improvement and Risk Management Specialist for Powell Valley Healthcare since November of 2017. Powell Valley Healthcare consists of a 25-bed critical access hospital, Long Term Care Center, Assisted Living, and Medical Clinic. The facility is located in Powell, Wyoming and serves portions of Park and Big Horn Counties.

In addition to Quality Improvement and Risk Management responsibilities, Todd also serves on the Quality Improvement, Safety, Infection Prevention, Antibiotic Stewardship, and Customer Service Committees.

Panelist Introductions

Iris Vering
Director of Quality Services
Waverly Health Center, Iowa



Iris Vering, BA, MS, has served as the Director of Quality Services at Waverly Health Center since 2005. In this role, Iris guides performance improvement, organizational excellence, risk management, quality reporting, organizational insurance, and accreditation efforts.

Prior to assuming this position Iris spent 14 years in biotech manufacturing, working in all aspects of the environmental health & safety arena. Additional experience includes development & implementation of sustainability management systems in conjunction with existing quality systems.

Q&A Session

Wrap Up

Coming full circle...

How do you measure and track defects?

How do you know you've successfully implemented a new process?

Where do the data come from?

Can you compare your successes and best practices to other CAHs?