

Welcome Guests

PATIENT SAFETY WHEREVER PATIENTS ARE™

An Open Forum on Patient Safety & Risk Management *for FQHCs*





ABOUT CLARITY GROUP

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

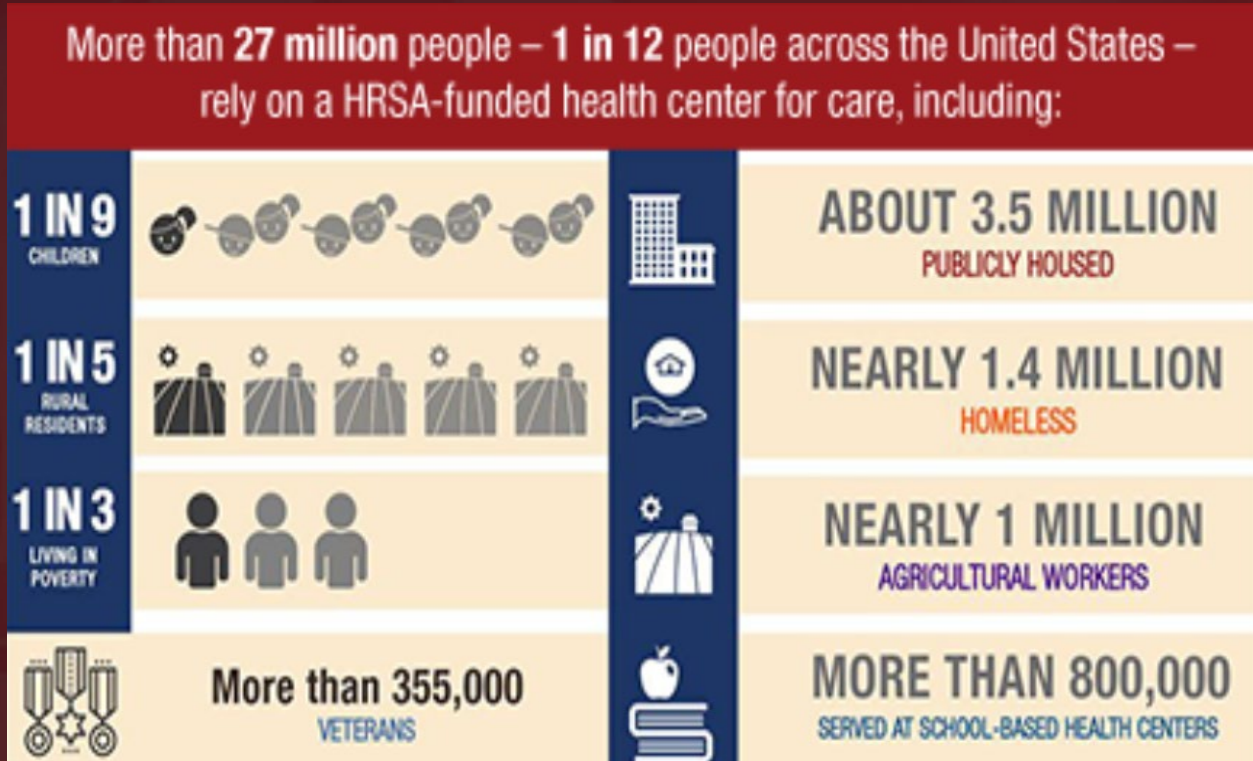
Our Vision

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 Federally Qualified Health Centers nationwide.



www.bphc.hrsa.gov

FQHCs & Risk-Quality-Safety

Key Areas of Focus

- Reduction of risk exposure to potential allegations of medical malpractice
- Selection and credentialing of staff
- Ability to identify potential problem areas quickly for appropriate intervention
- Ability to track patient concerns
- Ability to identify specific RQS areas of concern, such as:
 - Medication issues
 - Delayed diagnosis or patient response
 - Infection and infection control

Uniform Data System in the Context of Patient Safety

How do you collect data for UDS clinical reporting?

- Extract automated reports from EHR
- Only to access individual patient charts
- EHR in combination with another system

How does your health center utilize health IT and EHR data beyond direct patient care?

- Quality Improvement
- Population Health Management
- Program Evaluation
- Research
- Other (please describe)
- Health IT for direct patient care only

UDS in the Context of Patient Safety

Download File
Upload File

UDS Report Details

Status Overview

Contact Information

Patients By ZIP Code

Table 3A

Table 3B

Table 4

Table 5

Table 5A

Table 6A

Table 6B

Table 7

Table 8A

Table 9D

Table 9E

HIT Capabilities

Other Data Elements

Report Comments

Data Audit Report

Review

Submit

Table 6A - Selected Diagnoses and Services Rendered

H80C8000142018/v1: WOODALL CYLSA INC., EATONVILLE, MI

Resources

UDS Manual | Upload History | Action History | Last NoA | Training Material | UDS Reviewer | User(s) With Permissions | Table 5A - Instructions | HIT - Instructions | Excel Mapping Document

Status: In Progress


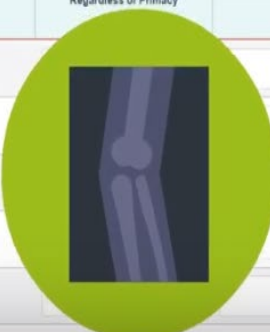
Universal | HCH | FHPC

Selected Infectious And Parasitic Diseases

S.No	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy	Number of Patients with Diagnosis (b)
1-2	Syphilis	B20, B97.35, O98.7, Z21		
3		A15- through A19, O98.01		
4		A50- through A64- (exclude A63.0)		
4a		B16.0-B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11, O98.4-		
4b		B17.10, B17.11, B18.2, B19.20, B19.21		

Comments

4:25 / 6:51

63% of hypertensive health center patients have controlled blood pressure, compared to the national average of 57%.

How do we account for the safety of those practices?

FQHCs in the Context of Patient Safety

Some additional questions...

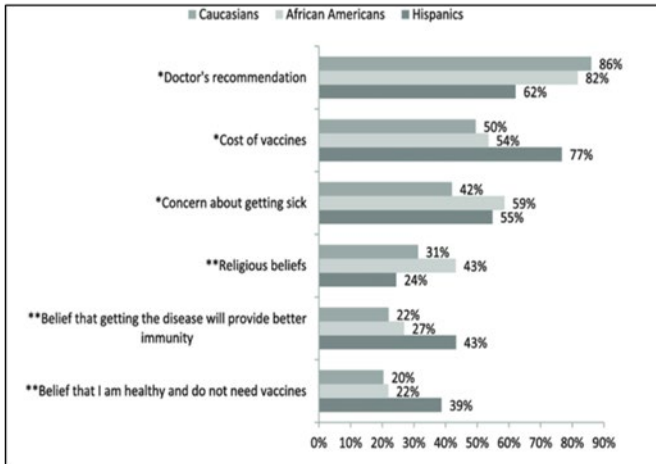
How do you measure and track defects?

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

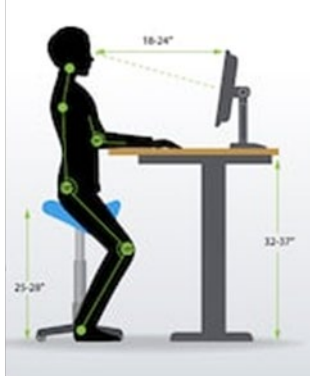
Where do the data come from?

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

Safety Topics in FQHCs



Medications and Immunizations



Ergonomics

Needle Sticks



Dental Safety



Infection Control

Safety Topics in FQHCs

HR form build and workflow

- Electronic process for documenting and tracking behavioral issues related to staff

HIPAA

- Documentation standardization

Patient aggression

- New process to track, trend and analyze incidents involving behavior and escalation

Goals for Today

From the provider's perspective...

Identify needs for patient safety intervention

- A lens to view safety across your organization
- How do you choose?

The patient safety impact

- Analysis of safety data

The ability to track and trend safety data

- Changes seen within the organization
- Monitoring and surveillance for continued improvement

Panelist Introductions

Jill Adkins, RN, BSN
Risk Management and Compliance Officer
Lincoln Primary Care, WV



Jill Adkins serves as the Risk Manager and Compliance Officer for Lincoln Primary Care Center across all 17 of their sites throughout West Virginia. Jill has previously served as the clinical coordinator for a high-risk labor and delivery unit; worked as a clinical systems analyst with a focus on the development and maintenance of the hospital's EHR; and has also worked as an RN case manager for the Hospitalist team.

Jill earned her associate's degree in Nursing from Marshall University in 1998. She attained her bachelor's degree in nursing from Ohio University in 2018, and is currently pursuing a master's degree in Health Administration.

Panelist Introductions

John C. Fletcher III (“Trey”)
General Counsel
Healthcare Network of Southwest Florida



Trey Fletcher serves as General Counsel for the Healthcare Network of Southwest Florida across all 21 of their healthcare sites in Collier County, including the Ronald McDonald Care Mobile® and the Health and Smiles Mobile Programs.

In his role, he oversees the risk management program, human resources department, health information management department, and legal affairs.

Panelist Introductions

Lisa Saunders, RN, CLC
Quality Assurance Coordinator
Rocking Horse Community Health Center, OH



**Rocking Horse
Community Health Center**

Lisa Saunders has worked at Rocking Horse Community Health Center for eight years as a Staff Nurse in the Pediatric Unit, in addition to serving as the Quality Assurance Coordinator for the past four years.

In her role, Lisa oversees numerous quality improvement initiatives, and carries many titles including safety officer, risk manager, infection control officer, and data steward for UDS reporting for all of Rocking Horse's four locations and six service lines.

Q&A Session

Wrapping 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 FQHCs?



HEALTHCARE SAFETYZONE® for FQHCs

Our **Healthcare SafetyZone®** patient safety, incident reporting, and total risk management system is a game-changer for **FQHCs**. In an era where patient access and primary care are increasingly important, we build systems that help to ensure staff and patient safety across the system of care.

MEDICATIONS & VACCINES

DATA ANALYSIS REVEALS TREND IN ERRORS.
RCA LEADS TO NEW PROCESS.

INFECTION CONTROL & NEEDLE STICKS

NOTED UPTICK IN EMPLOYEE INJURIES
LEADS TO PURCHASE OF NEW SAFETY
NEEDLES ACROSS ALL CENTERS.

ERGONOMICS FORM

REPORTING IDENTIFIES EMPLOYEE ISSUES,
LEADS TO NEW TRACKING SYSTEM
AND PROCESS.

HR FORM BUILD & WORKFLOW

SYSTEM FLEXIBILITY LEADS TO NEW ELECTRONIC
PROCESS FOR DOCUMENTING AND TRACKING
BEHAVIORAL ISSUES RELATED TO STAFF.

HIPAA

SYSTEM IMPLEMENTATION LEADS TO FULL
STANDARDIZATION OF DOCUMENTATION.

PATIENT AGGRESSION

DYNAMIC SYSTEM LEADS TO NEW PROCESS FOR
TRACKING, TRENDING, AND ANALYZING INCIDENTS
INVOLVING BEHAVIOR AND ESCALATION.



Become the patient-centered,
high-reliability organization
you strive to be.