PSA: Friend or Foe?

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Salem Health Hospitals & Clinics
Progress!

- Medical staff processes address medical staff problems
- 32 specialty peer review committees
- Educational focus
- Performance metrics
- Specialty sections drive quality review
Incident reporting systems - quality & safety

- Airline industry
- Nuclear industry
- NASA
- Food inspection
'Doctor Death' Harold Frederick Shipman killed 250 patients - possibly more - earning him the distinction of Britain's most prolific serial killer

*The New York Daily News, August 10, 2013*
Christopher Duntsch
Texas neurosurgeon sentenced to life for maiming patients
Houston Chronicle, February 21, 2017

The story of Dr. Death illustrates how the medical system is failing to protect patients from medical malpractice
New York Personal Injury Attorneys Blog, October 4, 2018
All these PSA’s are filed anonymously and there’s no accountability or correcting feedback!
## Anonymous PSAs

### Data from Q4 2018 (Oct-Dec)

<table>
<thead>
<tr>
<th>Category</th>
<th>Total PSAs</th>
<th>Anonymous Submission</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Patient Safety Alerts (PSAs) Submitted</td>
<td>1,310</td>
<td>33 (2.5%)</td>
</tr>
<tr>
<td>Referred for Medical Staff Peer Review</td>
<td>103</td>
<td>3 (2.9%)</td>
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</tbody>
</table>
These super-reporter vigilantes should be stopped!
Distribution & Reasons to file

• 12 individuals accounted for 153 PSAs and were using the system to track quality issues for the lab, as part of their supervisory role

• 27 PSAs were filed as a regulatory requirement for patient death within 7 days of restraint use

• 1 medical staff member filed 13 PSAs as part of a quality improvement project

• The remainder of PSAs were spread across the organization, without significant number attributed to one individual.
Current PSA & PR Process

**RL Reporting System**
- Staffing Concerns
- Employee Injuries
- Complaints & Grievances
- Patient Safety Concerns (PSA)

**Peer Review System**
- Clinical Screens
- Grievances
- Litigation
- Self-Reported
- Other

2018 Total 5,087 PSAs

- Patient Safety RN Triage
- Does issue involve medical staff?
  - High Severity?
    - NO:
      - Operational Leader Follow-up
    - YES:
      - SAM 3?
        - NO:
          - SAM 0, 1, 2
        - YES:
          - RCA Workflow

- MPRC Chair
  - No Case Opened
    - NO:
    - YES:
      - Medical Staff Involved?
        - YES:
          - SAM 3
          - MPRC Final Determination
            - No Issue: 176
            - Issue Identified: 100
            - Issue Identified No Formal Peer Review: 120
        - NO:
          - No Case Opened

- NO CONCERN
- CONCERN
- SOME CONCERN
- NO PEER REVIEW

- PSAs Referred to PR 5.4%
2018 Total
29 CfP Referrals

CfP Chair & MPRC Chair

- NO CONCERN
- CONCERN
  - SOME CONCERN
  - NO PEER REVIEW

CfP Case Review

MPRC Final Determination

- No Behavioral Issue (6)
- Behavioral Issue Identified (13)
- Issue Identified No Formal Peer Review (10)
Peer Review
Flow of Information

Referral

Provider Receives a Letter

Case going to formal Peer Review
Provider requested to submit a summary of the case

A.) Absolutely No Concern
or
B.) Issue Identified, but No Formal Review

Case Closed

C & D go to the Medical Executive Committee (MEC) and the Board Professional Review Committee (BPRC)

Case going to formal Peer Review
Provider requested to submit a summary of the case

Letter:
C.) Issue Identified
or
D.) No Issue Identified

Case Closed

B & C go to Credentials Committee at reappointment.
Significant Events May Be Addressed Through Multiple Systems

• Contracted Practice Groups
• Patient Grievance/Complaint System
• Risk Management Department
• Regulatory Agencies (CMS, TJC, etc.)
• Human Resources
• Medical Staff Processes
• External Stakeholders (OMB, OSBN, etc.)
Discussion