



Protecting providers.
Promoting safety.

Important Patient Safety Data Sources

	Brief Definition	In Pt/ED/ Hosp. Clinic	MD Office	Reported by	Average Severity	Data Set Size	Pros	Cons
Medical Malpractice	A formal complaint requesting compensation for an injury or unexpected outcome from medical care (claim or lawsuit)	✓	✓	<ul style="list-style-type: none"> • RM • Defendants • Plaintiff Attorney • Patients 	medium → high	small	<ul style="list-style-type: none"> • Focuses on high severity • Rich (exp. reviews, depositions) • Ability to track/trend rare events → set priorities • Helps align RM/PS perspectives 	<ul style="list-style-type: none"> • Age of claim/suit (old) • Small N • Unique circumstances
Adverse Event/ Near Miss Reporting	<ul style="list-style-type: none"> • An unexpected occurrence involving harm or the risk of harm to a patient • Near miss: event/situation that did not cause patient harm ONLY because someone intervened 	✓	✓	<ul style="list-style-type: none"> • Nurses • MDs • Techs • Allied Health 	low → medium	medium → large	<ul style="list-style-type: none"> • Near miss data can provide early warning signs • Real-time data • Ability to track/trend → set improvement priorities • Great for Rx errors and falls 	<ul style="list-style-type: none"> • Reported mainly by nurses • Majority are slips/falls, Rx errors, or specimen issues • Many events not reported • Difficulty sharing information between different departments • Few MD offices collect these
Serious Reportable Events (SRE) & Root Cause Analyses	<ul style="list-style-type: none"> • Adverse events that are "serious, largely preventable, and of concern to both the public and health care providers" • RCA: structured process for identifying an SRE's main causes 	✓		<ul style="list-style-type: none"> • RM • Nurses • MDs 	medium → high	small	<ul style="list-style-type: none"> • Real-time data • Deep investigation of facts • Team approach to identifying contributing factors → set improvement priorities • A look at the "system of care" 	<ul style="list-style-type: none"> • More difficult to track/trend themes (most are not coded) • Difficult to coordinate team meetings • Can be time consuming
Infection Control Data	Related to the incidence of hospital acquired infections	✓		Nurses	medium	small	<ul style="list-style-type: none"> • Potential to identify current risk to specific populations 	<ul style="list-style-type: none"> • Low frequency
Comparative Databases, e.g., NSQIP, Hospital Compare, HCAHPS	Data collected for public awareness of quality indicators at health care institutions	✓		Quality & Safety Staff	medium	large	<ul style="list-style-type: none"> • Ability to compare data across states, regions • Assists consumers in making informed decisions 	<ul style="list-style-type: none"> • Consumers easily misinterpret • Adverse public exposure (Hosp.) • Restrictive collection tools
M&M Conferences	Physicians review and discuss adverse events/errors to learn how to prevent recurrence	✓		MDs	medium → high	small → medium	<ul style="list-style-type: none"> • Real-time data • Peer review protected • Learn from complications and errors; modify behavior 	<ul style="list-style-type: none"> • Infrequently done in MD offices • Usually only MDs (not team) • Lack of data trending within/across specialties



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Executive Walk Rounds	Hospital leaders visit patient care areas to observe and talk with health care providers, patients, families about their perception of patient safety concerns	✓		<ul style="list-style-type: none"> Hosp. Staff Patients Families Executives 	low → medium	small	<ul style="list-style-type: none"> Real-time data Demonstrates that patient safety is a high priority Can promote 1 communication Execs hear concerns firsthand 	<ul style="list-style-type: none"> Many equipment-related issues Some staff intimidated to discuss serious issues with executives
Focus Groups	A small group of health care workers are asked their opinions, re: particular issues and/or concerns	✓	✓	<ul style="list-style-type: none"> Clinicians Hosp. Staff 	medium	small	<ul style="list-style-type: none"> Real-time data Ability to uncover system vulnerabilities 	<ul style="list-style-type: none"> Qualitative vs. quantitative Information gathered may not represent general population
Patient Complaints	A written or verbally expressed concern that is filed by a patient, or on behalf of a patient	✓	✓	<ul style="list-style-type: none"> Patients Families 3rd Parties 	low → medium	large	<ul style="list-style-type: none"> Real-time data Ability to track/trend Link well with malpractice data Captures patients' perceptions 	<ul style="list-style-type: none"> More based on perceptions or expectations than on facts Can be difficult conversations Limits of health care literacy
Patient Satisfaction Survey	Patients asked to assess their satisfaction with recently received health care services	✓	✓	<ul style="list-style-type: none"> Patients Families 	low → medium	small	<ul style="list-style-type: none"> Ability to track/trend Captures patients' perceptions 	<ul style="list-style-type: none"> Low response rates Need to accommodate multiple languages and reading abilities
Patient/Family Advisory Councils	Patients/families meet regularly with health care providers re: communication and collaboration among patients and caregivers	✓		<ul style="list-style-type: none"> Patients Families Hosp. Staff and Leaders 	low	small	<ul style="list-style-type: none"> Provides consumer perspective Provides for collaboration between patients and providers 	<ul style="list-style-type: none"> Limits of health care literacy Organizational complexities not easily communicated to/understood by non-hospital workers
Ethics Committee	MDs, RNs, LSWs, chaplains, etc. meet with patients and/or families re: withholding, withdrawing, or rendering care	✓		<ul style="list-style-type: none"> Patients Families Chaplains Clinicians 	low → medium	small	<ul style="list-style-type: none"> Ability to work through end-of-life decision making in a team atmosphere 	<ul style="list-style-type: none"> Only makes recommendations Time consuming Difficult to arrange
Safety Attitude Questionnaire	Measures health care workers' attitudes toward organizational climate, culture, environment, etc.	✓		Hosp. Staff	low → medium	medium	<ul style="list-style-type: none"> Evaluates culture of safety Ability to track/trend 	<ul style="list-style-type: none"> Not all staff respond