| HEALTH PLAN PROCEDURE | | |
|---|---|---|
| **Title:** Quality – Patient Safety Indicator Evaluation | | **Number:** DMQM13<br>**Revision:** F |
| **Department:** Medical Management | **Sub-Department:** Quality Management | |
| **Applicable Lines of Business:** ☐ Children's Health Insurance Plan ☐ Medicare<br>☐ Commercial Insured ☐ Non-Insured Business<br>☐ Health Insurance Exchange ☒ USFHP<br>☐ Medicaid | | |
| **Effective Date:** 12/13/2017 | | |
| **Revision Date(s):** 04/24/2019, 05/11/2020, 05/10/2021, 04/28/2022, 09/05/2023, 07/25/2024 | | |

**PURPOSE:**

CHRISTUS's quality team focuses on identifying and evaluating Patient Safety Indicators (PSI) obtained from the Agency for Healthcare Research and Quality (AHRQ) report that is produced monthly. The process is to ensure that the Health Plan captures and reviews patient safety indicators. Hospital acquired conditions (HACs) are identified monthly via the CMS website,

**DEFINITIONS AND ACRONYMS:**

- **Agency for Healthcare Research and Quality (AHRQ) –** A U.S**.** government agency that functions as part of Department of Health and Human Services (HHS) to support research to help improve quality of health care.
- **Centers for Medicare & Medicaid Services (CMS)** – The federal agency responsible for administering the Medicare and Medicaid programs, as well as the Federally-Facilitated Marketplace.
- **Hospital Acquired Condition (HAC)** – A medical condition or complication that a patient develops during a hospital stay, which was not present on admission.
- **Patient Safety Indicators (PSI)** – A set of indicators providing information on potential in hospital complications and adverse events following surgeries, procedures, and childbirth. The PSIs can be used to help hospitals identify potential adverse events that might need further study; provide the opportunity to assess the incidence of adverse events and in hospital complications using administrative data found in the typical discharge record; include indicators for complications occurring in hospital that may represent patient safety events; and, indicators also have area level analogs designed to detect patient safety events on a regional level.
- **Potential Quality of Care Issue (PQI)** – A concern received by the health plan from internal or external sources which requires investigation as to whether the competence or professional conduct of an individual health plan network practitioner, facility, or ancillary providers adversely affects, or could adversely affect, the health or welfare of a member; a "suspected deviation" from provider performance, clinical care, or outcome of care which requires further investigation to determine if an actual quality of care concern exists.
- **Sentinel Event** – Patient Safety Event that reaches a patient and results in any of the following: death, permanent harm, severe temporary harm, and intervention required to sustain life. An event can also be considered sentinel event even if the outcome was not death, permanent harm, severe tempo-rary harm and intervention required to sustain life.
- **Serious Reportable Event** – An incident involving death or serious harm to a patient resulting from a lapse or error in a healthcare facility.

| HEALTH PLAN PROCEDURE | |
|---|---|
| **Title:** Quality - Patient Safety Indicator Evaluation | **Number:** DMQM13<br>**Revision:** F |

**PROCEDURE:**

CHRISTUS's Quality team is responsible for utilizing current Patient Safety Indicators (PSI) software, provider level, available from the Agency for Healthcare Research and Quality (AHRQ) and the Centers for Medicare & Medicaid Services (CMS) website to evaluate the safety of care delivered in the network.

- The responsible quality team member runs the appropriate data for all PSIs.
- When a PSI or Hospital Acquired Condition (HAC) is identified, the responsible team member orders medical records for the dates of service.
- Those records are reviewed by the Program Manager Patient Safety Nurse, who produces a clinical summary.
- The clinical summary is reviewed by the Chief Medical Director and members of the Peer Review Committee.
- The Peer Review Committee determines if the standards of care were met; and they assign a severity level. The severity levels are No QI, Level 1, Level 2, Level 3, Level 4, and sentinel event.
- The committee determines the follow up actions: track & trend, corrective action plan, or suggest the provider be terminated from the network.
- If the committee determines that a case is a sentinel event or a serious reportable event, the government is notified within two business days via the SRE form.
- Serious reportable events and sentinel events are reported to the credentialing committee.
- Each case regardless of severity level is entered onto the PQI log.
- The information on the PQI log is for the analysis of the outcomes and any trends associated with an individual provider, groups, or facilities.

  a) Analysis is used to provide focus to drive interventions that will enhance patient safety.
- CHRISTUS reports findings, interventions, and outcomes on all patient safety cases in annual reports to the Government.

**REFERENCES:**

- TRICARE Operations Manual 6010.59-M, April 1, 2015, Chapter 7 section 4. Page 5 – 6
- Patient Safety Indicators Technical Specifications, July 2024, AHRQ QI: PSI Technical Specifications Updates.
- Centers for Medicare & Medicaid Services: https://www.cms.gov

**RELATED DOCUMENTS:**

- Quality of Care Review: Potential Quality Issue, Quality Issue and Sentinel Event Policy (MQM01)

| HEALTH PLAN PROCEDURE | |
|---|---|
| **Title:** Quality - Patient Safety Indicator Evaluation | **Number:** DMQM13<br>**Revision:** F |

**REVISION HISTORY:**

| Revision | Date | Description of Change | Approval Committee |
|---|---|---|---|
| New | 12/13/2017 | Initial release. | Quality Improvement |
| A | 04/24/2019 | Annual review. No change to content. | Executive Leadership |
| B | 05/11/2020 | Annual review. Updated content to reflect current information pursuant to TOM Ch 7 Sec 4. | Executive Leadership |
| C | 05/10/2021 | Annual review. No change to policy content. | Executive Leadership |
| D | 04/28/2022 | Annual review. No change to policy content. | Executive Leadership |
| E | 09/05/2023 | Annual review. Policy was transferred to a procedure to better match content. | Executive Leadership |
| F | 07/25/2024 | Annual review. Purpose statement, definitions, and references were updated. Added verbiage to reflect current process for identifying Potential Quality Issues (PQIs). | P & P Committee |