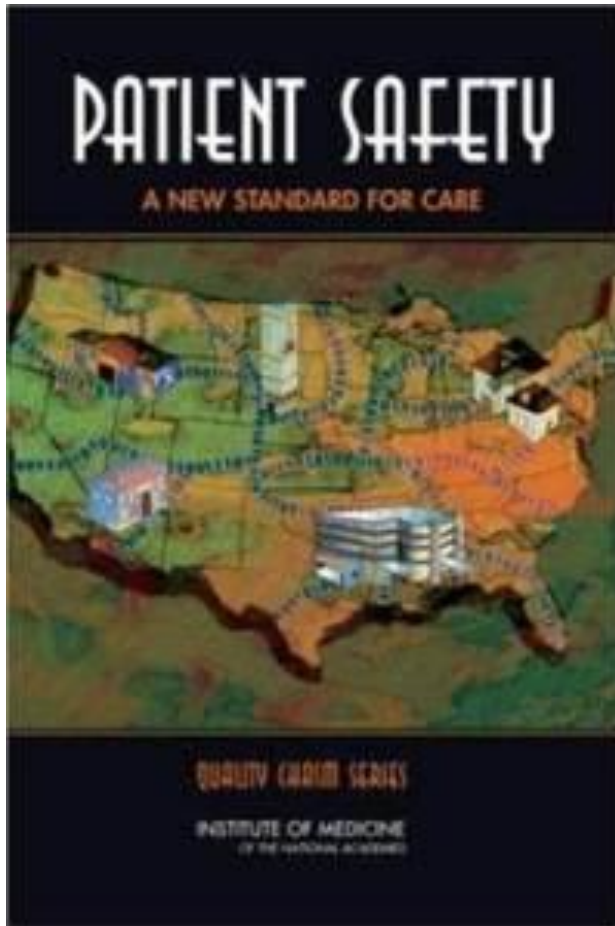


The great French Marshall Lyautey once asked his gardener to plant a tree. The gardener objected that the tree was slow growing and would not reach maturity for 100 years. The Marshall replied, “In that case, there is no time to lose; plant it this afternoon!”

Overview of the ONC Safety Program

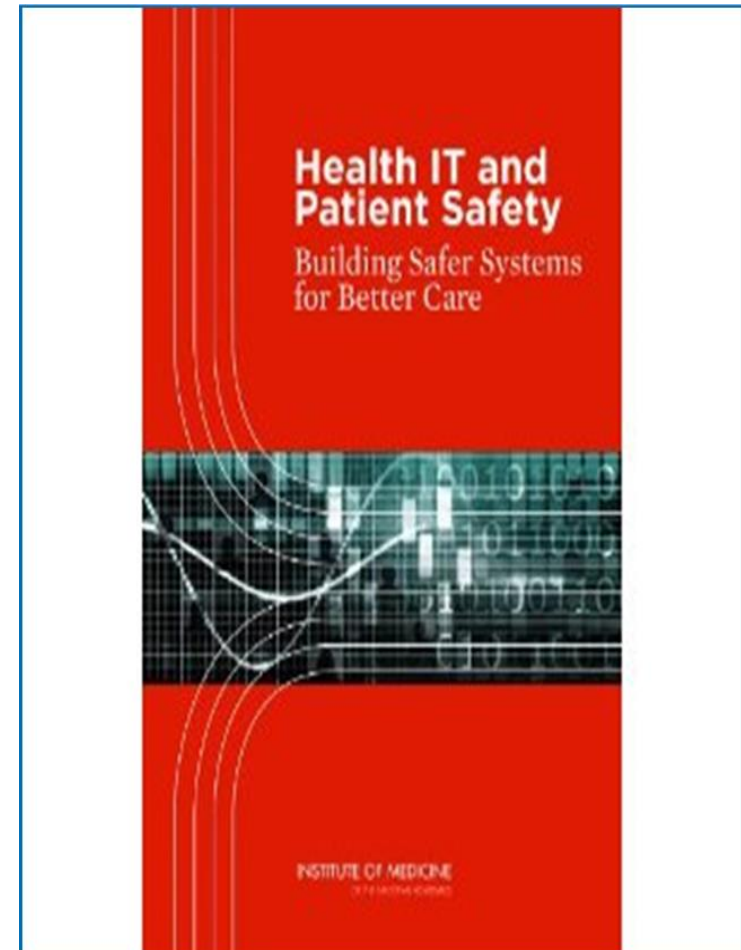
David R. Hunt, MD, FACS
Medical Dir., HIT Adoption & Patient Safety
ONC, Office of Clinical Quality and Safety



“Patient safety is indistinguishable from the delivery of quality care.”

Paul Tang, et. al.
Patient Safety: Achieving a New
Standard for Care: November 2003

- Commissioned by ONC
- Published Nov. 2011
- 10 Recommendations
- 31 Specific activities by HHS through ONC



Key Findings

- Health IT can **improve** patient safety in some **areas such as medication safety**; however, there are significant gaps in the **literature** regarding how health IT impacts **patient safety overall**
- **Safer** implementation and **use** begins with viewing health IT **as part of a larger sociotechnical system**
- **All stakeholders** need to **work together** to improve patient safety



Office of the
National
Coordinator for
Health
Information
Technology (ONC)

Health Information Technology
Patient Safety Action & Surveillance Plan

FY2013 - 2015

- Use Health IT to Make Care Safer
- Improve the Safety and Safe Use of Health IT



Office of the
National
Coordinator for
Health
Information
Technology (ONC)

Health Information Technology Patient Safety Action & Surveillance Plan

FY2013 - 2015

- Addresses the role of health IT within HHS's commitment to patient safety.
- Responds to ONC sponsored IOM Report
- Builds upon existing authorities
- Seeks to strengthen patient safety efforts across government programs and the private sector

Health IT Safety Center Road Map Project

RTI

1. Task Force and Road Map
2. Education and Engagement
3. Analysis and Research

Road Map Considerations Related to Health IT Safety Center

Define potential activities

- Conduct educational programs
- Promote opportunities for engagement and research
- Analyze evidence
- Support tool/intervention development
- Identify health IT safety goals, priorities, and related measures
- Support measure and evaluate progress toward goals
- Collect and share learning/best practices
- Provide a forum

Governance

- Public-private partnership
- Build upon and compliment existing efforts; avoid duplication



Assess funding mechanisms


- Sustainable funding models
- Develop value proposition

Education & Engagement - Webinar Series

Putting the I in HealthIT
www.HealthIT.gov



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Home

High Priority Practices

Organizational Responsibilities

Contingency Planning

System Configuration

System Interfaces

Patient Identification

Computerized Provider Order Entry with Decision Support

Test Results Reporting and Follow-Up

Clinician Communication

SAFER Phases and Principles

How To Use the SAFER Guides

Health IT Safety Webinar Series

Join us for the first webinar of a 10-part series on health information technology (IT) and patient safety. The webinars will cover a wide range of topics, research, and programs, all related to the objectives of using health IT to make care safer and of continuously improving the safety and safe use of health IT.

Date: Thursday, December 18, 2014
Time: 1 PM-2:30 PM EST
Title: The Role for the EHR in Patient Safety: What does the Evidence Tell Us?
Cost: There is no cost to attend the webinars in this series

This first webinar will present recent research on the role of health IT in adverse events from two different perspectives. The first presentation will look at the impact of advanced EHRs on adverse events reported to the Pennsylvania Patient Safety Authority. The second presentation will explore how health IT contributed to sentinel events reported to the Joint Commission. Together, these presentations suggest that advanced EHRs have reduced adverse events and created a new, significantly better foundation for patient safety, while also introducing new sources of potential harm, which must be addressed.

Bill Marella, M.B.A., PA Patient Safety Authority: Saving Patient Ryan: Can Advanced Electronic Medical Records Make Care Safer?
Gerry Castro, Ph.D., The Joint Commission: Investigations of Health IT-related Deaths, Serious Injuries, or Unsafe Conditions
Mark Graber, M.D., RTI International, Moderator

To Register:

1. Visit: <https://attendee.gotowebinar.com/register/1922833994130616066>
2. On the registration form, enter your information and then click "Register."

For any questions on registration for this event please contact: Madhu Shrestha, 301-816-4624 or mshrestha@rti.org

This webinar series is funded by the Office of the National Coordinator for Health Information Technology (ONC) and is being conducted under contract by RTI International. Additional information is available on the registration page.

<http://healthit.gov/safer/health-it-safety-webinar-series>

AHRQ Health IT Grants

AHRQ Announces Interest in Research on Health IT Safety

Notice Number: NOT-HS-15-005

Key Dates

Release Date: January 27, 2015

Purpose

This Special Emphasis Notice (SEN) informs the research community that in fiscal year 2015 the Health IT Portfolio at the Agency for Healthcare Research and Quality (AHRQ) intends to support research regarding the safety of health IT systems

Research Areas of Interest

While health IT has been shown to improve health care quality and safety, recent research suggests that it may also potentially cause new errors (i.e., technology-induced errors). In particular, the design (including usability) and implementation of health IT systems can impact how the systems are used and lead to errors.

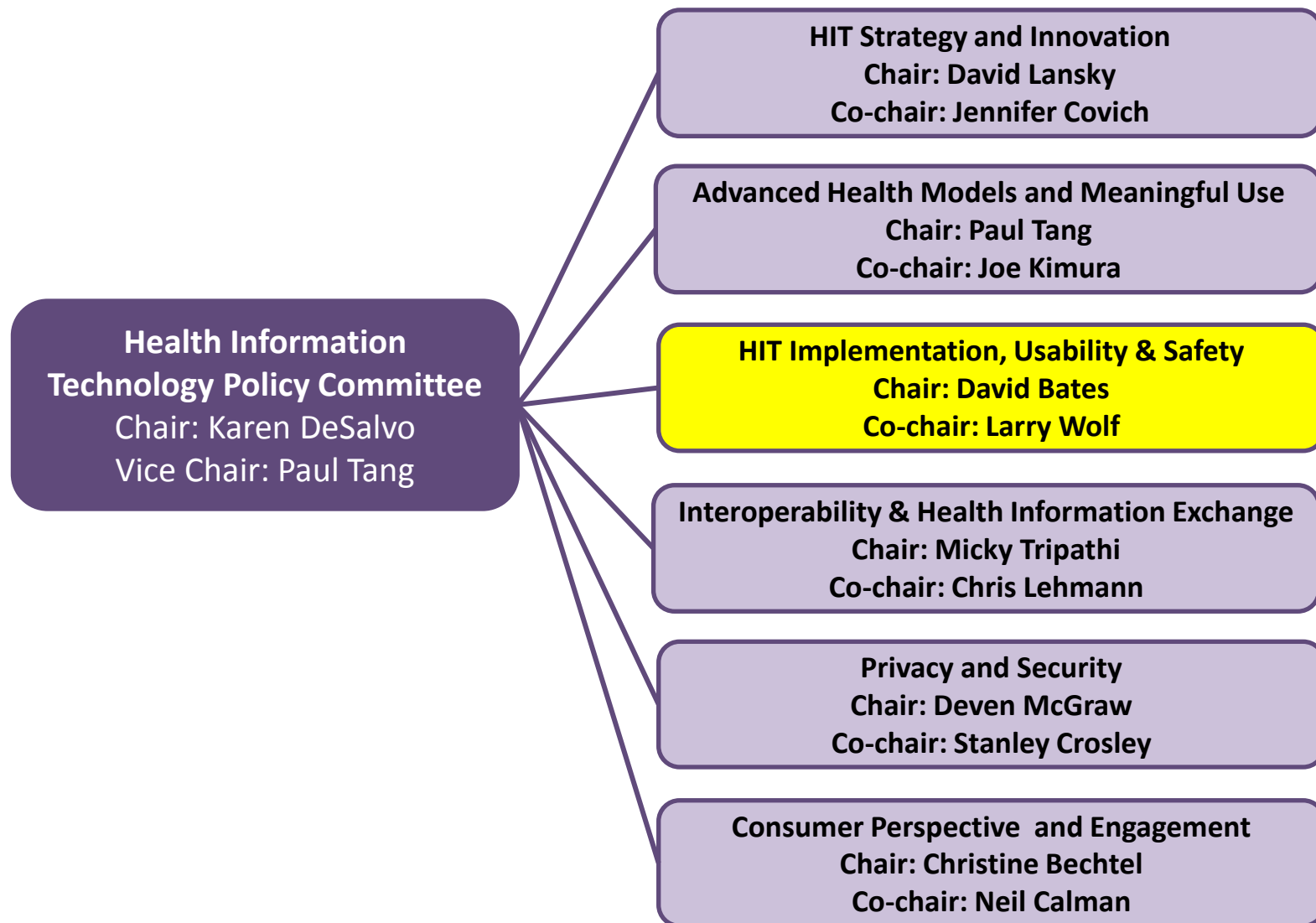
<http://grants.nih.gov/grants/guide/notice-files/NOT-HS-15-005.html>

- Montefiore Medical Center: risk of wrong patient errors when varying number of records are opened at once
- Brigham & Women's Hospital: CPOE "flight simulator" for EHRs
- Brigham & Women's Hospital: Re-engineering CPOE to incorporate drug indications
- University of Nebraska: Improving clinician EHR workflow using scenarios

HITPC FACA

Health IT Implementation, Usability
and Safety Workgroup

HITPC Workgroups and Chairs



Workgroup Members

- **David W. Bates**, Brigham and Women's Hospital (Chair)
- **Larry Wolf**, Kindred Healthcare (Co-Chair)
- **Joan Ash**, Oregon Health & Science University
- **Janey Barnes**, User-View Inc.
- **John Berneike**, St. Mark's Family Medicine
- **Bernadette Capili**, New York University
- **Michelle Dougherty**, American Health Information Management Association
- **Paul Eggerman**, Software Entrepreneur
- **Terry Fairbanks**, Emergency Physician
- **Tejal Gandhi**, National Patient Safety Foundation
- **George Hernandez**, ICLOPS
- **Robert Jarrin**, Qualcomm Incorporated
- **Mike Lardieri**, North Shore-LIJ Health System
- **Bennett Lauber**, The Usability People LLC

- **Alisa Ray**, Certification Commission for Healthcare Information Technology
- **Steven Stack**, American Medical Association
- **Mickey McGlynn**, Cerner

Ex Officio Members

- **Svetlana Lowry**, National Institute of Standards and Technology
- **Megan Sawchuck**, Centers for Disease Control and Prevention
- **Jeanie Scott**, Department of Veterans Affairs
- **Jon White**, Agency for Healthcare Research and Quality-Health and Human Services

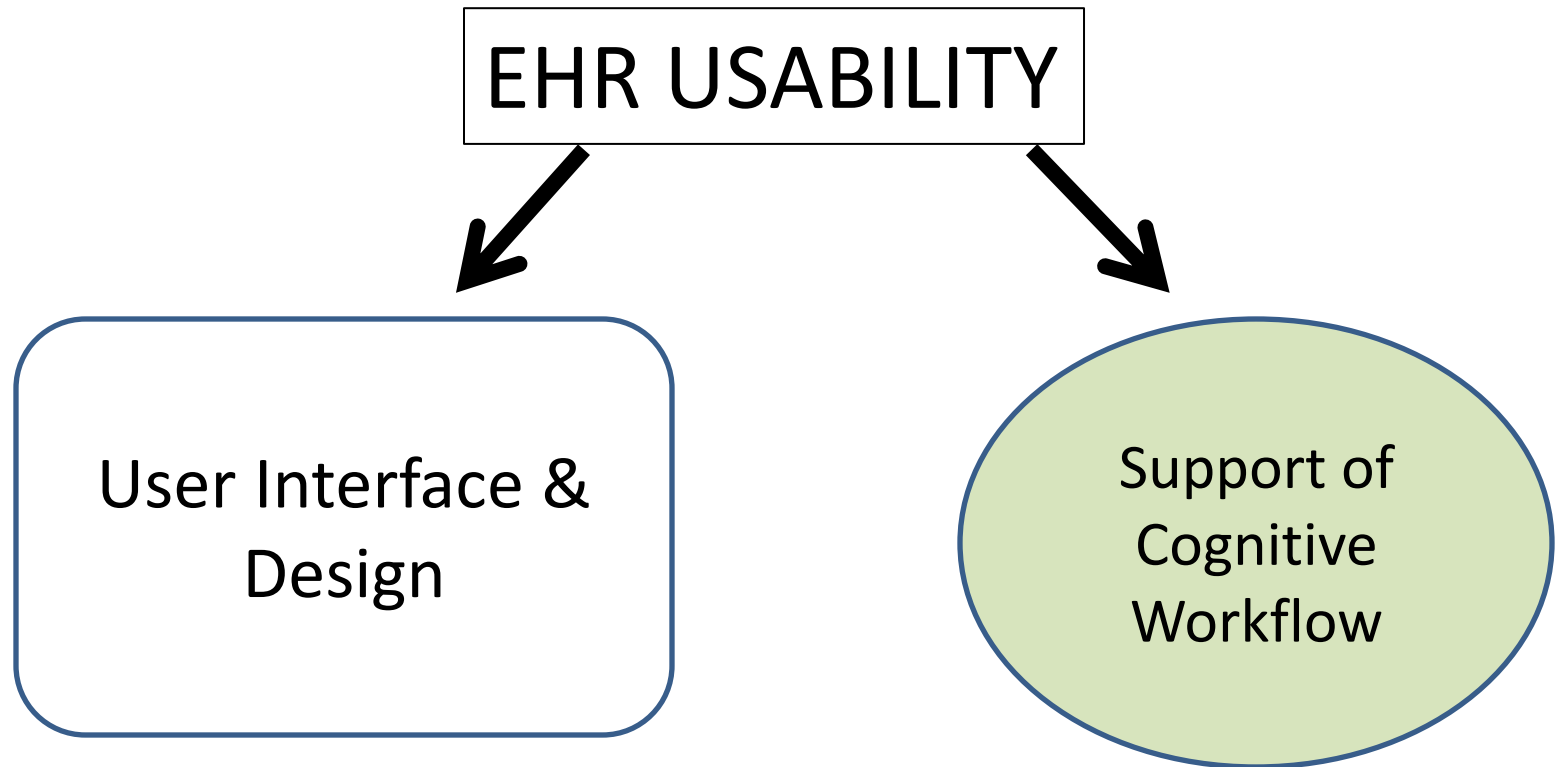
ONC Staff

- **Ellen Makar**, (Lead WG Staff)

- The Workgroup will **consider existing work** including the **IOM report on health IT** and patient safety, the **FDASIA** report on health IT safety and innovation, the **National Quality Strategy** and the **ONC Safety Plan**.
- An important charge of the group is to **be reflective of the summary of experience in the field thus far, creating a forum for public discourse and learning**. Examples of issues to be considered include but are not limited to:
 - lessons from implementation experiences
 - transparency on usability and safety
 - improvements to the certification program
 - safety reporting
 - analysis of aggregate data for lessons learned

HIT Implementation, Usability and Safety Draft Workplan

| | Meetings | Task |
|---|---|---|
| ✓ | January 14, 2015 3:00PM-5:00PM ET | <ul style="list-style-type: none"> EHRA presentation of collaborative work on usability efforts |
| ➔ | February 6, 2015 1:00 PM-3:00 PM ET | <ul style="list-style-type: none"> Quality Management Systems Overview AHRQ Special Emphasis Notice |
| | February 20, 2015 1:00 PM-3:00 PM ET | <ul style="list-style-type: none"> Vendor QMS Certification Criteria |
| | March 10, 2015 – HITPC Meeting | <ul style="list-style-type: none"> <i>Anticipated date to be charged by the HITPC with commenting on the Certification NPRM</i> |
| | March 19, 2015 9:00-11:00am ET | <ul style="list-style-type: none"> Certification NPRM overview and prepare to comment (anticipated date for planning purposes) |
| | March 26, 2015 11:30am-1:30pm ET | <ul style="list-style-type: none"> Comment on Certification NPRM (anticipated date for planning purposes) |
| | April 3, 2015 2:30-4:30pm ET | <ul style="list-style-type: none"> Finalize NPRM Comments (anticipated date for planning purposes) |
| | April 21, 2015 12:00-2:00pm ET | <ul style="list-style-type: none"> TBD- Possible implementation discussion- (Medication Reconciliation example) |
| | May 1, 2015 2:30-4:30pm ET | <ul style="list-style-type: none"> TBD |
| | May 12, 2015 – HITPC Meeting | <ul style="list-style-type: none"> <i>Certification NPRM Comments to the HITPC (anticipated date for planning purposes)</i> |
| | May 11, 2015 11:30am-1:30pm ET | <ul style="list-style-type: none"> RTI report out on the Safety Center Road Map |



Certification



The Office of the National Coordinator for
Health Information Technology



ONC HIT CERTIFICATION PROGRAM Program Policy Guidance #13-01

I. Introduction

In the Permanent Certification Program Final Rule (“PCP Final Rule”), we stated that ONC-Authorized Certification Bodies (ONC-ACBs) would be expected to conduct surveillance of the Complete EHRs and/or EHR Modules that they have certified. 76 FR 1282. We explained that surveillance is a requirement of ISO Guide 65¹ (incorporated by reference in 45 CFR §170.599), the international standard to which ONC-ACBs must conform in order to obtain and maintain accreditation under the ONC HIT Certification Program. We also stated that we expected to issue annual guidance to ONC-ACBs to identify ONC priority topics and specific elements of surveillance that we believe should be addressed in their annual surveillance plans. 76 FR 1283. We noted that “...guidance could include topics that would be consistent from year to year, but that it might also include specific focus areas in certain cases, such as when a new certification criterion has been adopted that we believe is important to assess.”

Universal Device Identifier

- **Support patient safety**
 - Identify patients with recalled devices
 - Alert clinicians
- **Enhance clinical decision support and care coordination**
 - Provide quick access to key information
 - Support sharing of information among doctors and patients
- **Enable analyses of device safety and quality**
 - Populate data registries
 - Report adverse events
 - Large health system analyses
- **Inform other hospital systems (supply chain, billing, etc)**

CMS Value-Based Purchasing

“No one would remember the Good Samaritan if he only had good intentions. He had money as well.”

Margaret Thatcher
(1925-2013)

News

FOR IMMEDIATE RELEASE

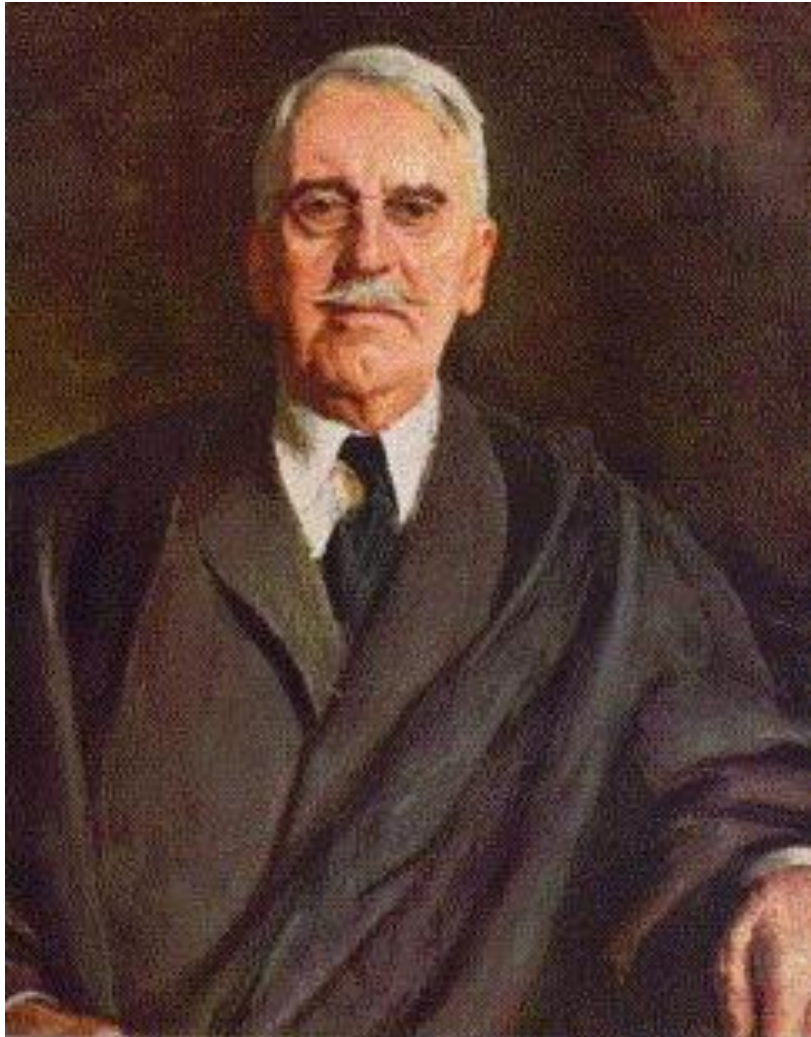
January 26, 2015

Contact: HHS Press Office
202-690-6343

Better, Smarter, Healthier: In historic announcement, HHS sets clear goals and timeline for shifting Medicare reimbursements from volume to value

In a meeting with nearly two dozen leaders representing consumers, insurers, providers, and business leaders, Health and Human Services Secretary Sylvia M. Burwell today

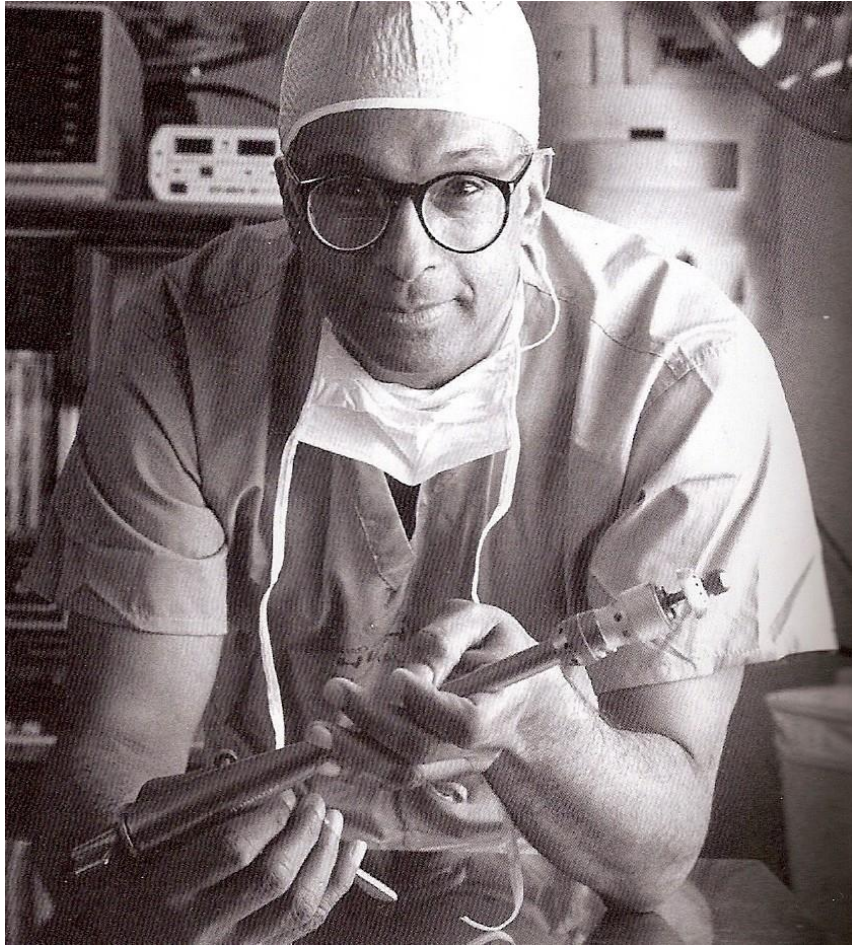
- Goal of **tying 85%** of all traditional Medicare payments **to quality or value** by 2016
- **90% by 2018** through programs such as the Hospital Value Based Purchasing and the Hospital Readmissions Reduction Programs



“He who would cure
must diagnose well.”

*Report of some interesting cases in
my service in the surgical wards
during 1894.*

- Cholecystectomy with common duct stone
- Perineal cystostomy for stricture
- Subcutaneous osteotomy for deformity following Colles' fracture
- Chronic appendicitis



“There are two diagnoses you will never make: the one you don’t know about and the one you don’t think about.”

The great French Marshall Lyautey once asked his gardener to plant a tree. The gardener objected that the tree was slow growing and would not reach maturity for 100 years. The Marshall replied, “In that case, there is no time to lose; plant it this afternoon!”

Thank You

Contact Information

davidr.hunt@hhs.gov

www.healthit.gov