

Application to Participate in the Massachusetts Pilot of an Automated Adverse Event Monitoring System



BACKGROUND

The Betsy Lehman Center for Patient Safety is leading a pilot in Massachusetts to demonstrate whether and how automated adverse event monitoring leads to sustained reductions in preventable patient harm and other benefits, including cost savings. Please refer to the accompanying Prospectus and FAQ for detailed information about the opportunity.

INSTRUCTIONS

Hospitals that are interested in participating in the pilot are asked to submit a written application using the form below. Applications must be submitted to info@BetsyLehmanCenterMA.gov.

We encourage your hospital to apply if the goals of the pilot match your strategic goals, even if you are unsure about your readiness. Start-up timing may be flexible.

Interviews with each applicant hospital will be conducted to further explore readiness for participation. In the interviews, hospitals should be represented by senior leadership responsible for hospital clinical operations, clinical strategy, IT, and safety and quality. Further instructions related to interviews will be provided after applications are reviewed.

SIGNING AUTHORITY

The application must be signed by the hospital CEO, President, or Board Chair.

REVIEW AND SELECTION PROCESS

Application responses and interview summaries will be reviewed by a selection committee composed of representatives of the Betsy Lehman Center, the Center's Advisory Committee for the pilot, and Pascal Metrics. The selection committee will consider leadership commitment and engagement, current state of patient safety culture and operations, and hospital readiness to participate in the pilot. The committee will strive to select a balanced cohort of 6-8 pilot sites that represent the diversity of hospitals in Massachusetts.

CONFIRMATION OF PARTICIPATION

Hospitals selected to participate as pilot sites will sign a Memorandum of Understanding with the Betsy Lehman Center. They will also sign a Patient Safety Organization (PSO) Framework Agreement with Pascal Metrics, which includes a Business Associate Agreement and a Statement of Work. These documents will formalize the roles, responsibilities, and commitments of each party.

QUESTIONS?

Please contact Charlie Carter at Charles.Carter@BetsyLehmanCenterMA.gov.

HOSPITAL INFORMATION

Hospital name: _____

Primary contact for application process:

- Name: _____
- Title: _____
- Email: _____
- Phone: _____

Executive sponsor (hospital officer/executive who will be accountable for pilot commitments):

- Name: _____
- Title: _____
- Email: _____
- Phone: _____

Clinical sponsor (hospital officer/executive managing daily operations of the pilot):

- Name: _____
- Title: _____
- Email: _____
- Phone: _____

INTEREST IN PILOT

1. Why does your hospital want to participate in the pilot? (<500 words)

TECHNOLOGY

2. EHR/EMR

- Who is your EHR/EMR vendor? _____
- Describe its configuration, version, and when it was implemented or underwent significant updates:

- How are coding changes managed (locally or by another organization)?

- Are the following feeds available in HL7 and/or flat files?

<i>Feed</i>	<i>Available in HL7</i>	<i>Available in flat files</i>
ADT	<input type="checkbox"/>	<input type="checkbox"/>
Labs	<input type="checkbox"/>	<input type="checkbox"/>
Medication	<input type="checkbox"/>	<input type="checkbox"/>
eMAR	<input type="checkbox"/>	<input type="checkbox"/>
Nursing notes	<input type="checkbox"/>	<input type="checkbox"/>
Surgery	<input type="checkbox"/>	<input type="checkbox"/>
Radiology (impressions)	<input type="checkbox"/>	<input type="checkbox"/>
Microbiology	<input type="checkbox"/>	<input type="checkbox"/>
Text notes	<input type="checkbox"/>	<input type="checkbox"/>
Admin/billing data	<input type="checkbox"/>	<input type="checkbox"/>

Note: Hospitals that are transitioning to a new EHR or that have plans to do so during the pilot period are unlikely to qualify. Hospitals that have recently implemented a new EHR will be assessed on a case-by-case basis.

3. Has your IT group supported HL7 technical integration (such as with infection control systems)? (<250 words)

SAFETY AND QUALITY IMPROVEMENT

4. Describe your hospital’s current approach to process improvement. For example, how does it use data to inform safety improvement and risk reduction, and how are adverse events currently analyzed, prioritized, and addressed? (<500 words)

5. How does your hospital currently promote a culture of safety? (<500 words)

6. What is your current accountability model for harm reduction? For example, what is the role of senior leadership and governance in improving safety outcomes? (<500 words)

LEADERSHIP AND RESPONSIBILITIES

7. What roles and individuals are available potentially to support the pilot both in terms of executive leaders and managers in clinical operations? (<250 words)

8. How will the board, executive leadership, IT leadership, and senior safety and quality leaders participate in the pilot? For example, will the pilot be a standing item on certain committee meeting agendas, and how often do those committees meet? (<500 words)

ATTESTATION

I, _____, have reviewed and understand the obligations of pilot hospitals and commit to fulfilling them.

Signature: _____

Name: _____

Title: CEO President President & CEO Board Chair Other _____

Date: _____