UHC Safety Intelligence

Optimizing Health System Privilege and Confidentiality Protections and Improving Patient Care By Participating in a Patient Safety Organization

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How to Structure Health Care Systems, Clinically Integrated Networks and Other Affiliated Providers in Order to Benefit From Patient Safety Act Protections

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Key Steps, Terms and Requirements

- Identify and implement your PSES

  - Create list of all peer review, quality, risk management and other patient safety activities

  - Identify the committee, reports and analyses related to these activities that you want to collect in the PSES for reporting to a PSO

- Identify individuals who need to access and work with PSWP as part of their jobs or responsibilities – these people are your Work Force members

- Identify what PSWP information you want to collect and share within your health care system/CIN

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Key Steps, Terms and Requirements (cont'd)

- Identify the affiliated providers, unaffiliated providers, joint venture entities and other licensed entities you want to include in your PSES or to participate in the PSO

  - Identifiable or non-identifiable?

- Do you intend to use attorneys, accountants and/or contractors to assist you in furthering identified PSES patient safety activities?

  - You will need appropriate BAAs, confidentiality agreements and contracts
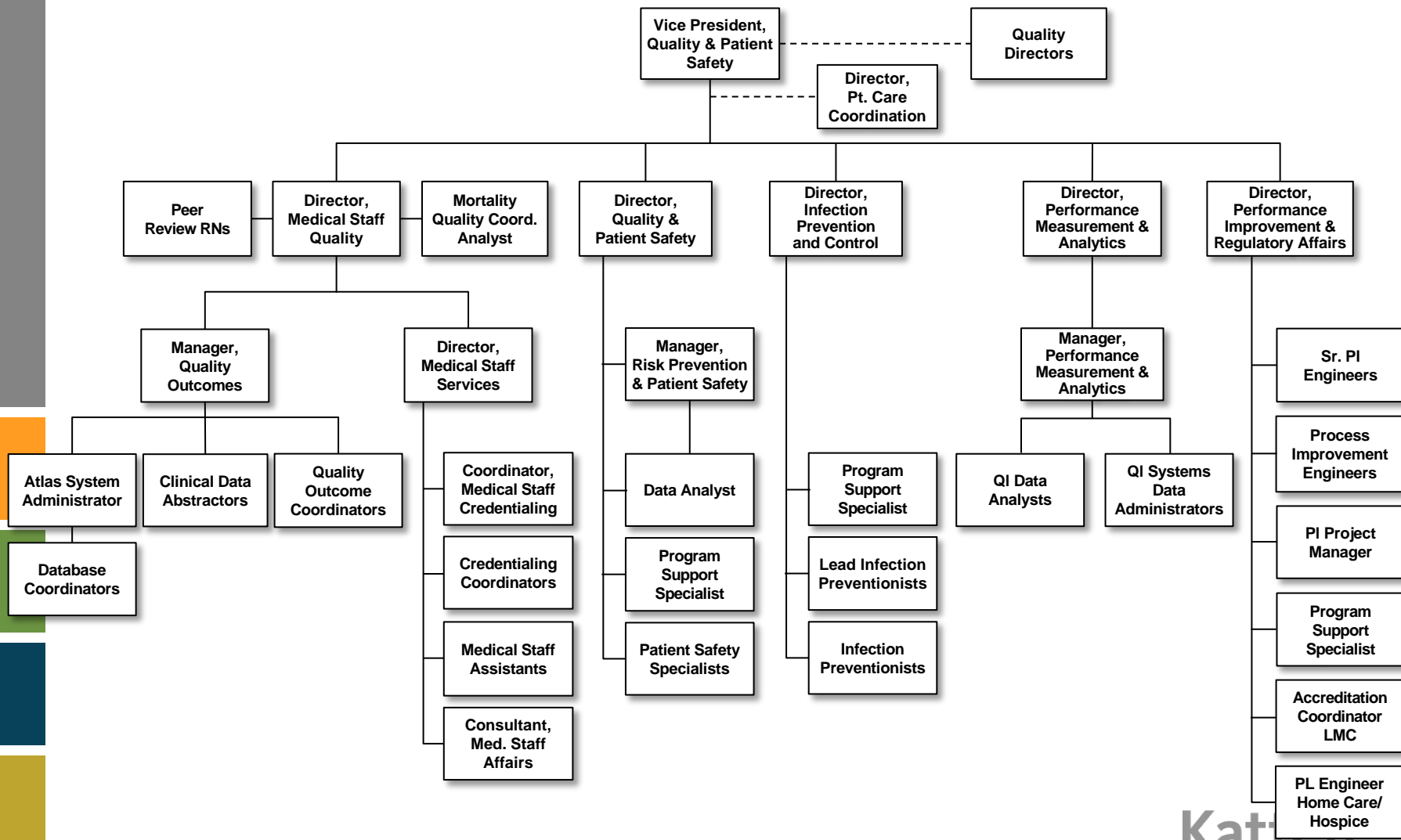
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Quality Committee Structure
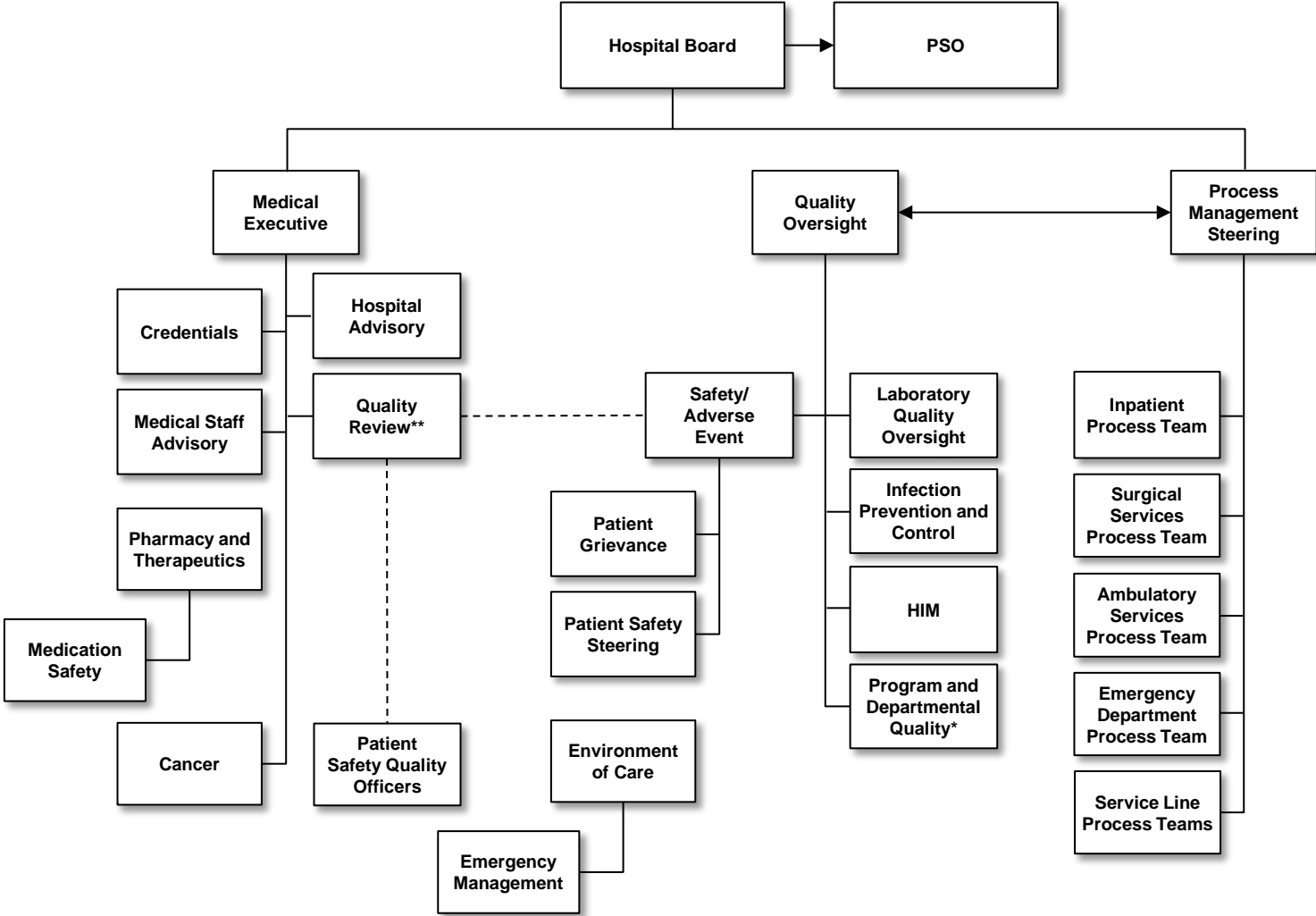
*Programs such as Transplant and Departments such as Radiology, Pharmacy, Nursing, Environmental Services.
**Potential issue(s) in LIP practice identified during interdisciplinary review of clinical activities are referred to the Medical Executive Quality Review Committee for evaluation.

QUALITY AND PATIENT SAFETY
Organizational Chart

- **Vice President, Quality & Patient Safety**
  - **Quality Directors**
  - **Director, Pt. Care Coordination**

- **Peer Review RNs**

- **Director, Medical Staff Quality**
  - **Manager, Quality Outcomes**
    - **Atlas System Administrator**
      - **Database Coordinators**
    - **Clinical Data Abstractors**
    - **Quality Outcome Coordinators**
  - **Director, Medical Staff Services**
    - **Coordinator, Medical Staff Credentialing**
    - **Credentialing Coordinators**
    - **Medical Staff Assistants**
    - **Consultant, Med. Staff Affairs**

- **Mortality Quality Coord. Analyst**

- **Director, Quality & Patient Safety**
  - **Manager, Risk Prevention & Patient Safety**
    - **Data Analyst**
    - **Program Support Specialist**
    - **Patient Safety Specialists**

- **Director, Infection Prevention and Control**
  - **Program Support Specialist**
  - **Lead Infection Preventionists**
  - **Infection Preventionists**

- **Director, Performance Measurement & Analytics**
  - **Manager, Performance Measurement & Analytics**
    - **QI Data Analysts**
    - **QI Systems Data Administrators**

- **Director, Performance Improvement & Regulatory Affairs**
  - **Sr. PI Engineers**
  - **Process Improvement Engineers**
  - **PI Project Manager**
  - **Program Support Specialist**
  - **Accreditation Coordinator LMC**
  - **PL Engineer Home Care/ Hospice**

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Key Steps, Terms and Requirements (cont'd)

Definitions

- Provider

    "An individual or entity licensed or otherwise authorized under state law to provide health care services. . ."

    "A parent organization of one or more [licensed providers] that manages or controls one or more [licensed providers]"

    - Provider examples include:

        – Hospitals

        – Physicians and physician groups

        – Nursing facilities

Key Steps, Terms and Requirements (cont'd)

- Patient centered medical homes

- Surgicenters

- Pharmacies

- APNs, PAs, SAs

- Parent Organization

  "Owns a controlling interest or a majority interest in a component organization; or

  Has the authority to control or manage agenda setting, project management, or day-to-day operations;

  Or authority to review and override decisions of a component organization.

  The component organization may be a provider."

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Key Steps, Terms and Requirements (cont'd)

- Component Organization

  - "Is a unit or division of a legal entity (including a corporation, partnership, or a Federal, State, local or Tribal agency or organization);" or

  - "Is owned, managed, or controlled by one or more separate organizations"

- Affiliated Provider

  - "With respect to a provider, a legally separate provider that is the parent organization of the provider, is under common ownership, management or control of the provider, or is owned, managed, or controlled by the provider."

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Use Versus Disclosure

- Internal use of PSWP within a provider is not considered a "disclosure" which can only be made if there is a disclosure exception under the Act

- Disclosure of PSWP is prohibited unless there is a specific exception

- Exceptions include:

  - Disclosure authorized by identified providers

    - Valid written authorization if provider is identified in the PSWP to be disclosed

    - Must have sufficient detail to fairly inform the provider of the nature and scope of authorized disclosures and how PSWP is to be used

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Use Versus Disclosure (cont'd)

- Disclosure by and between a provider and a PSO for patient safety activities

- Disclosure among affiliated providers for patient safety activities

- Disclosure of PSWP for patient safety activities by a PSO to another PSO or to a provider that has reported to a PSO or from a provider to another provider

  - Listed identifiers under the Act must be removed unless disclosure is authorized

- Disclosure of non-identifiable PSWP

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Use Versus Disclosure (cont'd)

- Disclosure for research

- Voluntary disclosure to an accrediting body

- Disclosure for business operations to attorneys and accountants which cannot be re-disclosed

- Disclosure to a contractor of a provider or PSO for patient safety activities which cannot be re-disclosed

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Key Take Aways

- PSWP can be shared within the provider among Work Force members for internal patient safety activities

- PSWP can be shared among affiliated providers

  - If disclosing identities of providers, incorporate written authorization for identified purposes within PSO agreement or other agreement/resolution

  - If wanting to disclose identity of other providers, i.e., physicians, you will need their written authorization which can be built into the appointment/reappointment application and/or employment agreement
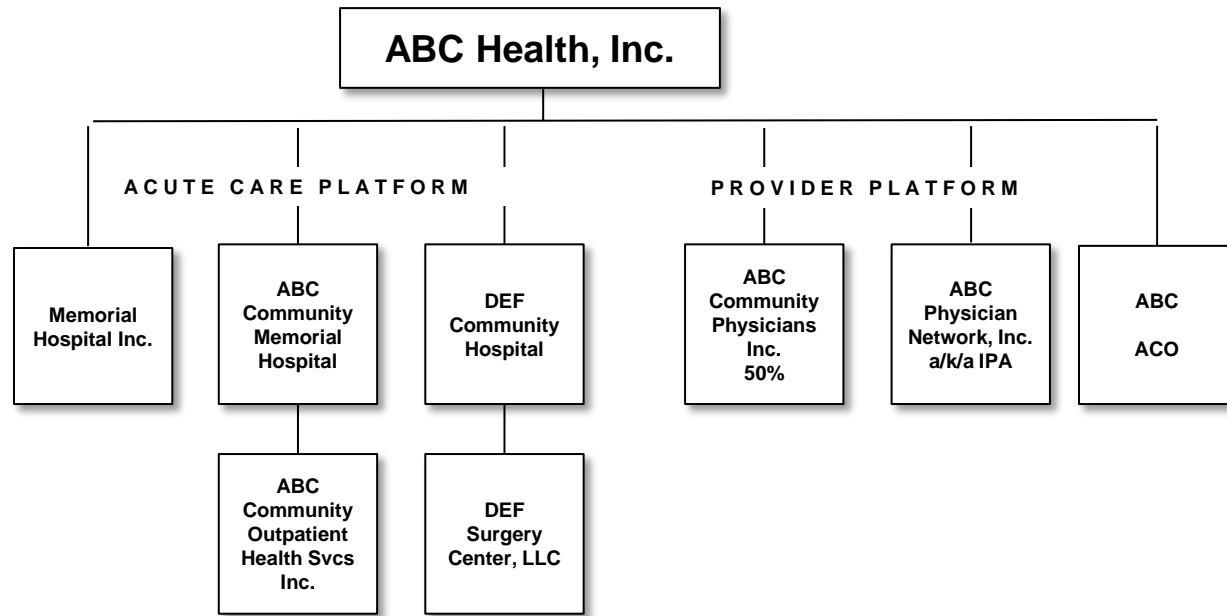
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Key Take Aways (cont'd)

- Need to be mindful of HIPAA implications if PSWP contains PHI. Is system organized as an OHCA or are providers considered affiliated covered entities under HIPAA?

- Non-provider parent organization can be included in PSES and obtain access to PSWP

- If the health care system has a component PSO then PSWP can only be disclosed by the PSO to the parent if you meet one of the disclosure exceptions

- IPAs, PHOs and other managed care arrangements are not considered providers under the Act – but check state law if they are authorized to provider health care services

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Key Take Aways (cont'd)

- Component PSOs in health care systems tend to be more scrutinized by AHRQ in terms of access to and disclosure of PHI

- With respect to non-affiliated providers you need to determine if they fall under definition of owned, controlled or managed

- Make sure you meet one of the disclosure exceptions if releasing to a thirty party

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Health System Corporate Structure

ABC Health, Inc.

ACUTE CARE PLATFORM

- Memorial Hospital Inc.
- ABC Community Memorial Hospital
  - ABC Community Outpatient Health Svcs Inc.
- DEF Community Hospital
  - DEF Surgery Center, LLC

PROVIDER PLATFORM

- ABC Community Physicians Inc. 50%
- ABC Physician Network, Inc. a/k/a IPA
- ABC ACO

Joint Venture and Member Relationships

Cardiology Joint Venture, LLC 40%	Sports Training LLC 51%	Rehab, LLC 60%	Fitness Development LLC 40%	Midwest Dialysis, LLC 15%	Surgery Center, LLC 50%	Renal Care Group, LLC 35%
Home Care & Hospice, Inc. 50%	Integrated Health Network 16.7%	Diagnostic Imaging, LLC 40%	Clinical Imaging, Inc. 10%	Real Estate Ventures, LLC 50%	Regional Medical Center, Inc. Member	Medical CyberKnife, LLC 7.5%

Consolidated LLC's & Corporations in green (>50% governance and/or economic control)
Members of the obligated group in blue (excluded from the obligated group = FSC, COHS, WBSC, PPN and CP)
Non-controlled entities in red

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