

Tracking Testimony Recommendations from Original Coding to Final Report

ORIGINAL ANALYTIC TEAM CODING for categorizing recommendations contained in the public testimony			EVOLUTION THROUGH REVIEW PANEL AND COMMISSION DELIBERATIONS		
Code	Abbreviation	Original description	Round One Code	Round Two Code/Description	Final Report Chapter
01	StateFocal	The submitted testimony recommends identification and adoption of an institutional focal point for providing state-level leadership related to patient safety.	A3	P: Patient Safety Center	B. Establish a statewide patient safety center
02	MeasCrit	The submitted testimony recommends development of empirical/data measures of patient safety using agreed-upon criteria.	B4	L: Performance Measurement	E. Measure and reward performance
03	MandRpt	The submitted testimony recommends use of a mandatory reporting system related to preventable adverse health events.	B3 (with 04, 29)	K: Collect & Use Data	C. Collect and use data about errors and near misses
04	VolRpt	The submitted testimony recommends use of a voluntary reporting system related to preventable adverse health events.	B3 (with 03, 29)	K: Collect & Use Data	C. Collect and use data about errors and near misses
05	ShareInfo	The submitted testimony recommends development of programs where standardized data elements are shared across health care organizations and/or between health care professionals for the purpose of joint problem solving.	B2	K: Collect & Use Data	C. Collect and use data about errors and near misses
06	OrgReg	The submitted testimony recommends adoption of patient safety requirements as stipulated by regulatory and/or accreditation requirements by health care organizations.	C06	N: Regulation & Licensing	M. Regulate and license with safety in mind
07	ProfLic	The submitted testimony recommends improvement of patient safety through licensing and/or certification of professionals working in the health care field, including the specific inclusion of content related to patient safety in these licensing and certification requirements.	C07	N: Regulation & Licensing	M. Regulate and license with safety in mind
08	PerfBench	The submitted testimony recommends adoption of performance benchmarks and measures related to patient safety practices.	D2	L: Performance Measurement	E. Measure and reward performance
09	Incent	The submitted testimony recommends provision of incentives to stimulate improvements in patient safety.	Considered cross-cutting code; recommendations incorporated throughout.		
10	Resources	The submitted testimony recommends provision of resources required to implement patient safety recommendations.	Considered cross-cutting code; recommendations incorporated throughout.		
11	GuidePrin	The submitted testimony recommends strong, clear, and visible attention to patient safety that permeates "how and organization conducts its business" (its practices and methods) so that there is no question that patient safety is a goal of the organization and is strongly embraced and used as a guiding principle.	A2 (with 12)	Q: Guiding Principles	A. Build a safety culture
12	Ldrship	The submitted testimony recommends enhancement of leadership within an organization to foster, develop, and implement patient safety systems.	A2 (with 11)	Q: Guiding Principles	A. Build a safety culture
13	EdP	The submitted testimony recommends development and implementation of curricula to educate health care professionals and other health care organization personnel in patient safety topics and in the implementation of patient safety programs within health care organizations.	C13	M: Professional Education	J. Embrace safety in health professions education
14	EdC	The submitted testimony recommends development and implementation of programs and materials to educate consumers on a variety of topics related to patient safety.	C14	R: Patient-Centered Care	I: Involve patients as active health care partners

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15	Collab	The submitted testimony recommends encouragement of programs and/or initiatives where organizations make a commitment to work together in a collaborative manner (e.g., shared goals and commitments) to solve complex patient safety challenges.	D5	V: Working Together	K: Emphasize collaboration among organizations
16	Team	The submitted testimony recommends improvement of team functioning as it relates to patient safety programs and initiatives.	D6	V: Working Together	L: Support teamwork within organizations
17	HuDesign	The submitted testimony recommends design and implementation of health care organizational processes and procedures in ways that acknowledge human limitations as well as the development of human resources.	D1 (with 19)	T: Human Factors & Facility Design	G: Design facilities and processes for safety
18	Staffing	The submitted testimony recommends use of staffing methods that acknowledge human limitations as part of an organization's patient safety system.	D4	U: Health-Care Workforce	F: Address workforce shortages effectively
19	FacDesign	The submitted testimony recommends design and implementation of physical facilities in ways that support patient safety systems in health care organizations.	D1 (with 17)	T: Human Factors & Facility Design	G: Design facilities and processes for safety
20	PtInclude	The submitted testimony recommends inclusion of patients to design specific and individual-level processes of care as it relates to improvements in health care safety.	D7	R: Patient-Centered Care	I: Involve patients as active health care partners
21	DrgStand	The submitted testimony recommends development of standards to guide the design of processes and procedures related to the safe use of drugs.	C22 (with 22)	Primarily to L: Performance Measurement, with some pieces to P: Patient Safety Center and S: Information & Communication Technology	Primarily to E. Measure and reward performance; some pieces to B. Establish a statewide patient safety center and H. Improve communication of critical information
22	MedPrac	The submitted testimony recommends adoption and implementation of medication safety practices.	C22 (with 21)	Primarily to L: Performance Measurement, with some pieces to P: Patient Safety Center and S: Information & Communication Technology	Primarily to E. Measure and reward performance; some pieces to B. Establish a statewide patient safety center and H. Improve communication of critical information
23	InfoTech	The submitted testimony recommends use of information technology to improve the safety of patient care.	D3	S: Information & Communication Technology	H. Improve communication of critical information
24	ResEval	The submitted testimony recommends systematic investigation of issues and phenomena associated with patient safety concerns.	Considered cross-cutting code; recommendations incorporated throughout.		
25	Legis	The submitted testimony recommends use of the State legislative process to create mechanisms or incentives to improve patient safety.	Considered cross-cutting code; recommendations incorporated throughout.		
26	PeerProtect	The submitted testimony recommends development of an environment that provides legal protection for health care organizations and clinical practitioners when using data for improvement of patient safety practices.	B1	J: Safeguard Safety Data & Sources	D. Protect patient safety data and sources

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27	Advocacy	The submitted testimony recommends undertaking acts in a formal manner (e.g., lobbying) to influence public opinion and societal attitudes or to bring about changes in legislation, administrative rules and regulations, and/or policy at all levels (governmental, community, or institutional).	A1 (with 30)	R: Patient-Centered Care	I: Involve patients as active health care partners
28	SafeStand	The submitted testimony recommends establishment of standards, guidelines, principles, or rules by agencies with acknowledged authority over the health services providers referenced in the standards, guidelines, etc., to guide the design of processes and procedures related to patient safety.	C28	L: Performance Measurement	E. Measure and reward performance
29	PSRpt	The submitted testimony recommends use of a reporting system related to patient safety data, but does not specify mandatory or voluntary.	B3 (with 03, 04)	K: Collect & Use Data	C. Collect and use data about errors and near misses
30	CPAdvocate	The submitted testimony recommends inclusion of advocates for consumers/patient preferences and values in patient safety issue discussions aimed at general improvement of patient safety in a system or geographic area (e.g., specific hospital, region, or state).	A1 (with 27)	R: Patient-Centered Care	I: Involve patients as active health care partners