BETA HEALTHCARE GROUP

CMS Patient Safety Structural Measure Domains – BETA Healthcare Group Opportunities

Attestation domains	Attestation statements	Relevant BETA programs and services
Domain 1: Leadership Commitment to Eliminating Preventable Harm		
The senior leadership and governing board at hospitals set the tone for commitment to patient safety. They must be accountable for patient safety outcomes and ensure that patient safety is the highest priority for the hospital. While the hospital leadership and the governing board may convene a board committee dedicated to patient safety, the most senior governing board must oversee all safety activities and hold the organizational leadership accountable for outcomes. Patient safety should be central to all strategic, financial, and operational decisions.	A. Our hospital senior governing board prioritizes safety as a core value, holds hospital leadership accountable for patient safety and includes patient safety metrics to inform annual leadership performance reviews and compensation.	BETA's **Liability and Workers' Compensation Dashboards** inform healthcare organizations of patient and employee safety metrics, providing data that helps them understand their risks, set priorities to address trends and take corrective action to mitigate risk.
	B. Our hospital leaders, including C-suite executives, place patient safety as a core institutional value. One or more C-suite leaders oversee a system-wide assessment on safety (examples provided in the Attestation Guide), and the execution of patient safety initiatives and operations, with specific improvement plans and metrics. These plans and metrics are widely shared across the hospital and governing board.	Sample Plan: **IHI's National Action Plan to Advance Patient Safety Self-Assessment Tool** is found here.
	C. Our hospital governing board, in collaboration with leadership, ensures adequate resources (such as equipment, training, systems, personnel, and technology) to support patient safety.	
	D. Reporting on patient and workforce safety events and initiatives (such as safety outcomes, improvement work, risk assessments, event cause analysis, infection outbreak, culture of safety, or other patient safety topics) accounts for at	For those purchasing BETA's Workers' Compensation coverage, our **Workers' Compensation Dashboard** tracks employee safety events by occupation and trends loss cause and contributing factors. For those purchasing BETA's Professional Liability coverage, our **Liability Dashboard**

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BETA HEALTHCARE GROUP

CMS Patient Safety Structural Measure Domains – BETA Healthcare Group Opportunities

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	least 20% of the regular board agenda and discussion time for senior governing board meetings.	tracks patient safety events and trends loss cause and contributing factors, including culture of safety metrics.
	E. C-suite executives and individuals on the governing board are notified within 3 business days of any confirmed serious safety events resulting in significant morbidity, mortality, or other harm.	BETA Healthcare Group promotes **Early Identification and Reporting** of serious safety events through education and training. BETA also provides guidance to members throughout event analysis. Organizations formally participating in our **BETA HEART®** program are required to report harm events within five business days of discovery and are encouraged to report harm events to BETA as soon as known.
Domain 2: Strategic Planning and Organizational Policy		
Hospitals must leverage strategic planning and organizational policies to demonstrate a commitment to safety as a core value. The use of written policies and protocols that demonstrate patient safety is a priority and identify goals, metrics, and practices to advance progress is foundational to creating an accountable and transparent organization. Hospitals should acknowledge the ultimate goal of zero preventable harm, even while recognizing that this goal may not be currently attainable and requires a continual process of improvement and commitment.	A. Our hospital has a strategic plan that publicly shares its commitment to patient safety as a core value and outlines specific safety goals and associated metrics, including the goal of "zero preventable harm."	BETA Healthcare Group representatives meet with organizational leaders to prepare an annual **Service Plan** focused on risk mitigation and harm prevention. The Service Plan provides direction on recommended metrics.
	B. Our hospital safety goals include the use of metrics to identify and address disparities in safety outcomes based on the patient characteristics determined by the hospital to be most important to health care outcomes for the specific populations served.	
	C. Our hospital has implemented written policies and protocols to cultivate a just	BETA offers **Just Culture Training** modeled after the Just Culture Company principles.

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BETA HEALTHCARE GROUP

CMS Patient Safety Structural Measure Domains – BETA Healthcare Group Opportunities

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Patient safety and equity in care is inextricable, and therefore equity, with the goal of safety for all individuals, must be embedded in safety planning, goalsetting, policy, and processes.	culture that balances no-blame and appropriate accountability and reflects the distinction between human error, at risk behavior, and reckless behavior.	The program is delivered by our certified Master Trainers in layers, including executive training, management training, and a "train-the-trainer" model for sustainability. Modules are made available to the frontline. Participants in BETA HEART are required to implement Just Culture organization-wide in order to meet the Culture Domain of BETA HEART.
	D. Our hospital requires the implementation of a patient safety curriculum and competencies for all clinical and non-clinical hospital staff, including C-suite executives and individuals on the governing board, regular assessments of these competencies for all roles, and action plans for advancing safety skills and behaviors.	BETA is available to deliver **Patient Safety Curriculum** informed by patient safety science to all levels within the organization.
	E. Our hospital has an action plan for workforce safety with improvement activities, metrics and trends that address issues such as slips/trips/falls prevention, safe patient handling, exposures, sharps injuries, violence prevention, fire/electrical safety, and psychological safety.	For our Workers' Compensation members, BETA offers participation in **our Employee Safety and Wellness Initiative (ESWI)**. Informed by data analysis, clients' participation in any one of eight domains built on evidence-based models is directed by loss trends. From foci such as Slips, Trips and Falls, Safe Patient Handling and Mobility, Workplace Violence Prevention, Sharps and Exposures, our Employee Safety team promotes a structured approach to reducing employee injury.

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BETA HEALTHCARE GROUP

CMS Patient Safety Structural Measure Domains – BETA Healthcare Group Opportunities

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Domain 3: Culture of Safety and Learning Health Systems		
Hospitals must integrate a suite of evidence-based practices and protocols that are fundamental to cultivating a hospital culture that prioritizes safety and establishes a learning system both within and across hospitals. These practices focus on actively seeking and harnessing information to develop a proactive, hospital-wide approach to optimizing safety and eliminating preventable harm. Hospitals must establish an integrated infrastructure (that is, people and systems working collaboratively) and foster psychological safety among staff to effectively and reliably implement these practices.	A. Our hospital conducts a hospital-wide culture of safety survey using a validated instrument annually, or every 2 years with pulse surveys on target units during non-survey years. Results are shared with the governing board and hospital staff and used to inform unit-based interventions to reduce harm.	The cornerstone of our BETA HEART is built on the objective of achieving culture transformation via the development of a robust and resilient **Safety Culture**. BETA HEART promotes culture measurement and debrief methodology as a foundational component of implementing a comprehensive, principled and systematic approach to harm in healthcare. We require the administration of a scientifically validated, psychometrically sound survey instrument with a minimum 60% response rate in order to meet the Culture Domain of BETA HEART and receive incentive credit. Our Quest for Zero Initiatives each promotes culture measurement and debriefs of culture data at the unit level to help build a learning environment based on psychological safety and voice.
	B. Our hospital has a dedicated team that conducts event analysis of serious safety events using an evidence-based approach, such as the National Patient Safety Foundation's Root Cause Analysis and Action (RCA^2).	In the Rapid Event Response and Analysis Domain of BETA HEART®, we require the convening of a Go-Team. This Go-Team is trained in cognitive interviewing techniques (borne of the National Transportation Safety Board) which informs **RCA^2**.
	C. Our hospital has a patient safety metrics dashboard and uses external benchmarks	BETA's **Professional Liability Dashboard** provides metrics on liability claims-related

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BETA HEALTHCARE GROUP

CMS Patient Safety Structural Measure Domains – BETA Healthcare Group Opportunities

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	D. Our hospital implements a minimum of four of the following high reliability practices:	
	Tiered and escalating (for example, unit, department, facility, system) safety huddles at least 5 days a week, with one day being a weekend, that include key clinical and non-clinical (for example, lab, housekeeping, security) units and leaders, with a method in place for follow-up on issues identified.	Through our clinical risk, hazard and risk or risk program assessments, BETA representatives recommend the use of daily **Safety Huddles**.
	Hospital leaders participate in monthly rounding for safety on all units, with C-suite executives rounding at least quarterly, with a method in place for follow-up on issues identified.	BETA encourages leadership **WalkRounds** as part of the Culture Domain of BETA HEART and the OB and ED Quests for Zero, each housed as interventions in their respective Culture of Safety domains.
	A data infrastructure to measure safety, based on patient safety evidence (for example, systematic reviews, national guidelines) and data from the electronic medical record that enables identification and tracking of serious safety events and precursor events. These data are shared with C-suite	

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BETA HEALTHCARE GROUP

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	Technologies, including a computerized physician order entry system and a barcode medication administration system, that promote safety and standardization of care using evidence-based practices.	
	The use of a defined improvement method (or hybrid of proven methods), such as Lean, Six Sigma, Plan-Do-Study-Act, and/or high reliability frameworks.	BETA provides education on improvement methodology and strategies and applies them throughout the implementation of its various programs and services.
	Team communication and collaboration training of all staff.	BETA offers **TeamSTEPPS** training as a stand-alone program delivered by certified Master Trainers and incentivizes organizations to adopt TeamSTEPPS principles through its ED and OB Quest for Zero programs.
	The use of human factors engineering principles in selection and design of devices, equipment, and processes.	BETA Risk Directors and Managers have been trained in **Human Factors Engineering Science and the Human Factors Analysis and Classification System (HFACS)** and these concepts are woven throughout all teachings. BETA HEART delivers content specific to event analysis and incorporates methods (such as **Cognitive Interviewing**) to gather

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CMS Patient Safety Structural Measure Domains – BETA Healthcare Group Opportunities

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	E. Our hospital participates in large-scale learning network(s) for patient safety improvement (such as national or state safety improvement collaboratives), shares data on safety events and outcomes with these network(s) and has implemented at least one best practice from the network or collaborative.	BETA is a member of CHPSO and promotes reporting to a Patient Safety Organization (PSO). In partnership with the Hospital Quality Institute (HQI), BETA delivers *HQI Cares: Implementing BETA HEART* to HQI members through a long-standing consulting arrangement allowing HQI members to participate in a large-scale learning network.

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BETA HEALTHCARE GROUP

CMS Patient Safety Structural Measure Domains – BETA Healthcare Group Opportunities

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Domain 4: Accountability and Transparency		
Accountability for outcomes, as well as transparency around safety events and performance, represent the cornerstones of a culture of safety. For hospital leaders, clinical and nonclinical staff, patients, and families to learn from safety events and prevent harm, there must exist a culture that promotes event reporting without fear or hesitation, and safety data collection and analysis with the free flow of information.	A. Our hospital has a confidential safety reporting system that allows staff to report patient safety events, near misses, precursor events, unsafe conditions, and other concerns, and prompts a feedback loop to those who report.	
	B. Our hospital voluntarily works with a Patient Safety Organization listed by the Agency for Healthcare Research and Quality (AHRQ) to carry out patient safety activities as described in 42 CFR 3.20, such as, but not limited to, the collection and analysis of patient safety work product, dissemination of information such as best practices, encouraging a culture of safety, or activities related to the operation of a patient safety evaluation system.	BETA is a member of CHPSO and promotes reporting to the PSO. BETA's Risk Directors participate in Safe Tables and promote member participation. The basis of *HQI Cares: Implementing BETA HEART* is intended to grow organizational learning and build a systematic response to error.
	C. Patient safety metrics are tracked and reported to all clinical and non-clinical staff and made public in hospital units (for example, displayed on units so that staff, patients, families, and visitors can see).	BETA's Quest for Zero in OB and ED Data Visibility domain requires organizations to track performance and make visible, patient safety data on clinical units.
	D. Our hospital has a defined, evidence-based communication and resolution program reliably implemented after harm events, such as AHRQ's Communication and Optimal Resolution (CANDOR) toolkit, that contains the following elements:	(See below)
	Harm event identification	**BETA HEART's Culture of Safety Domain** both measures and reinforces the need for

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CMS Patient Safety Structural Measure Domains – BETA Healthcare Group Opportunities

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	Open and ongoing communication with patients and families about the harm event	**BETA HEART's Empathic Communication Domain** recommends the creation of a Communication Consult team. The purpose of a Communication Consult team made up of individuals who are trained on empathic communication and who interact directly with patients and/or their families when a harm event has occurred.
	Event investigation, prevention, and learning	**BETA HEART's Rapid Event Response and Analysis Domain** teaches human factors principles, cognitive interviewing techniques to collect witness accounts, and delivers education on RCA^2 to ensure a comprehensive event investigation is carried out that incorporates robust corrective action.
	Care for the Caregiver	**BETA HEART's Care for the Caregiver Domain** requires organizations to develop a systematic response to caregivers who

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	Financial and non-financial reconciliation	**BETA HEART's Early Resolution Domain** reinforces the principles of early offer and reconciliation, including financial and non-financial means. Individuals are trained in this process, and BETA's HEART Team and Claims professionals support organizations through it.
	Patient/family engagement and ongoing support	BETA HEART invites the voice of the patient in event analysis, maintains ongoing, open and honest communication with the patient/family and promotes implementation of Patient and Family Advisory Council(s) (PFAC) to ensure the patients perspectives, ideas and input are honored and acted on with particular focus on safety and quality improvement.
	E. Our hospital uses standard measures to track the performance of our communication and resolution program and reports these measures to the governing board at least quarterly	BETA offers an online electronic BETA HEART Dashboard that tracks various metrics measuring the structure, process and outcomes of BETA HEART, a **Communication and Resolution Program (CRP)**.

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BETA HEALTHCARE GROUP

CMS Patient Safety Structural Measure Domains – BETA Healthcare Group Opportunities

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Domain 5: Patient and Family Engagement		
The effective and equitable engagement of patients, families, and caregivers is essential to safer, better care. Hospitals must embed patients, families, and caregivers as coproducers of safety and health through meaningful involvement in safety activities, quality improvement, and oversight.	A. Our hospital has a Patient and Family Advisory Council that ensures patient, family, caregiver, and community input to safety-related activities, including representation at board meetings, consultation on safety goal setting and metrics, and participation in safety improvement initiatives.	BETA promotes the development of PFAC's in all BETA organizations and will support organizations in building this structure.
	B. Our hospital's Patient and Family Advisory Council includes patients and caregivers of patients who are diverse and representative of the patient population.	BETA's tools and resources incorporate the use of recruitment techniques to ensure a robust PFAC is formed.
	C. Patients have comprehensive access to and are encouraged to view their own medical records and clinician notes via patient portals and other options, and the hospital provides support to help patients interpret information that is culturally and linguistically appropriate as well as submit comments for potential correction to their record.	
	D. Our hospital incorporates patient and caregiver input about patient safety events or issues (such as patient submission of safety events, safety signals from patient complaints or other patient safety experience data, patient reports of discrimination).	BETA HEART recommends organizations interview patients/families who bear witness to harm events as part of the Rapid Event Investigation and Analysis Domain. BETA also promotes the integration of the patient voice through their participation in safety committees.

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CMS Patient Safety Structural Measure Domains – BETA Healthcare Group Opportunities

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	E. Our hospital supports the presence of family and other designated persons (as defined by the patient) as essential members of a safe care team and encourages engagement in activities such as bedside rounding and shift reporting, discharge planning, and visitation 24 hours a day, as feasible.	

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