



**True North**  
Patient Safety Organization  
ANNUAL REPORT 2024



**Patient Safety is our Primary Mission**

A COMPONENT ORGANIZATION OF NORTHWELL HEALTH

## I. About Us

### True North Patient Safety Organization, Inc.

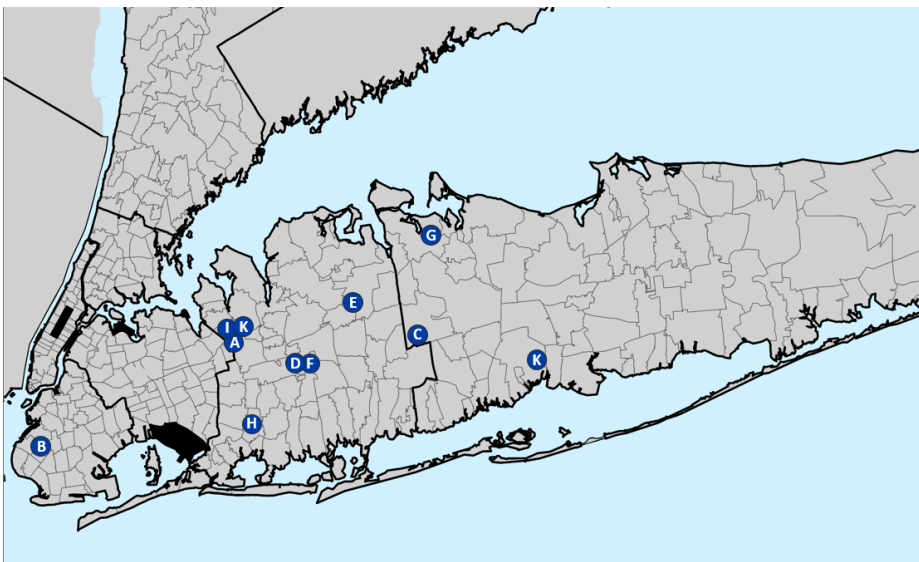
True North Patient Safety Organization, Inc. is a component organization of Northwell Health, which acts independently. As a Patient Safety Organization (PSO) functioning under the guidelines of the Patient Safety and Quality Improvement Act of 2005 (PSQIA), it gathers data on patient safety events from healthcare providers. PSOs promote a transparent and open environment by protecting the confidentiality of the information shared, which allows providers to exchange insights and learn from each other. This cooperative effort is aimed at enhancing the development and distribution of best practices to diminish errors and adverse events. The primary goal of True North Patient Safety Organization is to continually enhance patient safety and quality of care by collecting and analyzing patient safety data and encouraging the sharing of best practices to prevent harm.

### Membership

True North PSO has 10 members, comprised of 2 health systems, 7 ambulatory surgery centers (ASCs), 1 pharmacy network, and 1 urgent care network. New members for 2024 are noted below with an asterisk (\*).

North Shore LIJ Urgent Care joined the PSO in 2024, expanding the Patient Safety Organization scope. These urgent care centers offer services for non-life-threatening injuries and illnesses and can offer X-rays and rapid diagnostic testing. As part of their mission, they are committed to increasing access to quality care, expanding inclusivity, and removing the barriers to wellness. As they continue to expand their reach and services, participation in the PSO will provide the opportunity to enhance their patient safety work in support of their mission to improve the health of our communities by providing high quality of care.

*“Once again, I’d like to thank all organizations who participate in the True North Patient Safety Organization. Through your collaboration and sharing of lessons learned and best practices, we are together able to fulfill our commitment to continuously improve the quality of care that we deliver to our communities and raise health for all.”*  
**- Peter Silver, MD, Executive Director**



- A Northwell Health
- B Maimonides Medical Center
- C Melville Surgery Center
- D Endoscopy Center of Long Island (ECLI)
- E Endo Group—Syosset Ambulatory Surgery Center
- F Endo Group—Garden City Ambulatory Surgery Center
- G Digestive Health of Huntington
- H Lynbrook Surgery Center
- I Vivo Health Pharmacy
- J North Shore LIJ Urgent Care\*
- K South Shore Surgery Center\*

## II. True North Quality and Patient Safety Reporting Tool

True North PSO offers the Quality and Patient Safety Reporting Tool to participants for submission of any patient safety events or near-misses that might offer valuable insights to fellow PSO members. Throughout 2024, participating ASCs continued to utilize the Quality and Patient Safety Tool to make submissions to the PSO. Event submissions are reviewed by the Quality and Patient Safety Committee on a quarterly basis with a focus on identifying learning opportunities and trends. Summary data is reviewed by event type, race/ethnicity, and contributing factors. Safety events are collected consistent with the Agency for Healthcare Research and Quality (AHRQ) Common Formats allowing for de-identified data to be submitted to the PSO Privacy Protection Center (PPC) for inclusion in the [Network of Patient Safety Databases \(NPSD\)](#).

Throughout the year, numerous improvements were implemented in the Quality and Safety Reporting Tool. In February, an update was released that introduced a new data element for preferred language. Including preferred language data in adverse event reviews can enhance safety and patient-oriented healthcare by identifying possible trends or disparities across various language-speaking groups. Other enhancements included a visual indicator in the banner to show users the site they are logged into, the reorganization of selections according to usage frequency, and upgrades to the export function. In September, an update was released that included the addition of the ability to search for events by date of discovery, an automated email confirmation for submitters, and modifications to the review process to allow for coverage in case of employee absence.

Work was completed to enhance the software to include all event types, fields, and workflows to support Vivo Health Pharmacy's patient safety efforts. Training was provided, and they went live on the platform on August 1<sup>st</sup>, 2024. The events submitted will be analyzed by a designated subject matter expert with findings reported up through the Quality and Patient Safety Committee.

Additionally, work was completed to address the unique needs of urgent care centers. North Shore LIJ Urgent Care went live with the Quality and Patient Safety Tool on December 1<sup>st</sup>, 2024. The events submitted will be reviewed and analyzed by designated subject matter experts. The findings will be reported to the Quality and Patient Safety Committee.

## III. Safe Tables

Safe Tables are confidential gatherings of PSO participants. Typically, a patient safety event or near miss safety event is reviewed. These sessions include discussion of contributing factors, root causes, risk reduction strategies, and encourage the sharing of best practices amongst PSO members. Additionally, these meetings serve as a platform for education on various quality management tools that can be employed to identify and minimize risks more effectively. During 2024, True North PSO hosted and facilitated three Safe Table meetings on topics of concern for participating ASCs.

In March, the PSO hosted a Safe Table, **When Time Runs Out: Addressing Expired Implants in Healthcare**. Areas of focus included clear processes and oversight in the identification and management of expired items in the supply area, verification of expiration dates as part of the time out, a culture of safety, and accountability for safety protocols. A proactive risk assessment was distributed after the meeting.

Another Safe Table was held in June, where a participating site presented **Blurred Lines: The Hidden Risks of Informed Consent in Ambulatory Surgery Centers**. Discussion focused around promoting a shared mental model among the practitioners, surgical team, and patient or family, as well as ensuring that discharge instructions are specific to the patient and procedure. After the case presentation, participants heard from the PSO Chief Counsel regarding the importance of informed consent. Slides on informed consent, and a proactive risk assessment were distributed after the meeting.

In December, a participating organization presented a case, **Who Ya Gonna Call**. The presentation involved dealing with an unexpected complication arising during a routine procedure at an ambulatory surgery center. Central themes included team member awareness of processes for escalation and transfer to a higher level of care, ensuring the processes defined are functionally optimal, and the dissemination of a new process to all team members. A proactive risk assessment was distributed to help sites identify potential vulnerabilities and implement risk reduction strategies.

Post-meeting safe table surveys were favorable with feedback including:

- “Great presentation. A lot of good information and feedback.”
- “Think that this is a great forum to share best practices and lessons learned. thank you!”
- “Great topic and productive discussion.”
- “This presentation allowed us to assess our site process and I'm pleased to report that we have a tight process in place.”

98%

of survey respondents reported the information shared during the safe table enabled them to assess their local risk

## IV. Participant Engagement

In April, True North PSO partnered with Northwell Health and Katten Law Firm to host two educational sessions on **Protecting Peer Review and Quality Activities: Building on NYS Privilege Through the Patient Safety and Quality Improvement Act of 2005 (PSQIA)**. These sessions were led by a nationally recognized attorney and advisor to health care providers across the country who is known for his leading work on the Patient Safety Act. The agenda included:

- Overview of PSO participation
- PSQIA key terms and definitions
- How Northwell’s participation in the PSO provides greater protection for peer review activities
- Differences between the PSQIA and New York State Law
- Patient Safety Activities within the Patient Safety Evaluation System (PSES)
- PSO Reporting and Deliberations and Analysis Pathways for Patient Safety Work Product (PSWP)
- Labeling and storage of PSWP
- Lessons learned in defending discovery demands for PSWP

The sessions were attended by over 230 participants. The first session was targeted for quality/patient safety professionals, clinicians involved in peer review activities, medical directors, nurse executives, providers, risk management, legal staff, and administrators. The second session was for Northwell inside and outside legal counsel and was approved for 1.5 Continuing Legal Education (CLE) credits.

To build upon these education sessions, True North PSO worked with Northwell Quality and the Northwell Office of Legal Affairs to develop additional training and templates. These were shared and presented in multiple forums across the health system to guide the establishment of PSES's across Northwell.

Additionally, PSO onboarding sessions were held with the new participants. These meetings were led by the PSO leadership and focused on an overview of PSOs, the protections provided, the Quality and Patient Safety Tool, and the expectations of participation. They also offered the new participants the opportunity to ask any questions of the PSO leadership team.

The True North PSO News was distributed in the spring for Patient Safety Awareness Week. This edition focused on the importance of a culture that promotes patient safety, efforts and progress in improving patient safety outcomes, and encouraging ongoing focus, innovation, and collaboration. Educational resources offered in honor of Patient Safety Awareness week from the Institute for Healthcare Improvement (IHI) and the Center for Patient Safety (CPS) were shared. The Download section included updates to the Quality and Patient Safety Tool, including the addition of the "preferred language" element. Recommended reads related to responding to medical errors and categorizing patient safety events were included. The Questions & Answers section focused on the environment of psychological safety and the difference between "work as designed" and "work as done".

The Fall edition welcomed our newest members to the PSO. The newsletter was distributed in advance of Healthcare Quality Week and in recognition participants were encouraged take the opportunity to acknowledge efforts, recommit to quality, and share knowledge. True North PSO's contribution of data to Patient Safety Organization Privacy Protection Network (PSOPPC) was shared, as well as how these submissions by PSOs across the country contribute to national patient safety efforts. The Legal Briefs and Questions & Answers sections focused on the decision in *BayCare Medical Group* which held that PSWP is privileged even if used for internal analysis and peer review. This decision is a victory for patient safety as it safeguards confidential PSWP and encourages healthcare providers to engage in open and honest quality improvement efforts without fear of litigation.

## V. National Participation

True North PSO seeks to support AHRQ in their national patient safety efforts. It was among the 72% of PSOs that voluntarily submitted the complete annual PSO profile, which assists AHRQ in collecting data on the attributes of PSOs and providers served.

True North PSO was represented at the 16<sup>th</sup> Annual Meeting of Patient Safety Organizations in April, which is a closed meeting for AHRQ-listed PSOs. The meeting included presentations from nine PSO's with a focus on implementing the national action plan to advance patient safety and healthcare workforce safety, as well as artificial intelligence (AI) and patient safety. It also offered the opportunity for open discussion and to connect with workforce from other PSO's and the AHRQ PSO program.

True North PSO made an annual submission of de-identified data for inclusion in the NPSD in June. By sharing this data, it contributes to a collective pool of knowledge that can be used for analysis, research, and learning.

## VI. Thank You

True North PSO thanks Northwell Health, the True North PSO board, and all the member sites for making this year's accomplishments possible. We look forward to continuing to work together to improve patient safety.