

Patient safety assessment for medical practices shows where improvements can make a difference

By [Lisa H. Schneck](#), MSJ, MGMA senior writer/editor

A new self-assessment tool that helps physician office practices identify medical and medication safety problems is helping New Hampshire group practices build a culture of safety.

Dartmouth-Hitchcock Community Group Practices – part of the Dartmouth-Hitchcock Medical Center – consist of four group practices in four communities in New Hampshire. These local multispecialty practices are technologically progressive. All use electronic medical records (EMRs) and can communicate with one another – and with patients – online. Electronic prescribing is used extensively. This push toward a wired world is part of an overarching organizational commitment to quality and efficiency – an imperative that embraces patient safety.

"We want to make sure that each of our patients receives the right care – the first time and every time," says [Christine A. Schon](#), MPA, FACMPE, vice president, Community Group Practices, Dartmouth-Hitchcock, Bedford, N.H. "We wanted to participate in the [Physician Practice Patient Safety Assessment \(PPPSA\)](#) because it dovetails with our quality initiatives."

Schon, a Board member of the Medical Group Management Association (MGMA), spearheaded the effort at the medical groups to take the PPPSA. The tool consists of 79 questions related to patient-safety practices in six domains:

- Medications
- Handoffs and transitions of patient care responsibilities among caregivers
- Surgery and invasive procedures, sedation and anesthesia
- Personnel qualifications and competency
- Practice management and culture
- Patient education and communication

It asks participants to assess the degree to which their organizations implement safety processes on a scale from unaware to fully implemented. For example, responders rate their organization's level of compliance with the statement: "All prescriptions are entered into an office-based electronic prescribing system that produces either a computer-generated prescription, or electronic transmission of the prescription directly to a pharmacy."

The PPPSA was developed in 2006 by the MGMA Center for Research, the Health Research and Educational Trust, and the Institute for Safe Medication Practices, with support from the Commonwealth Fund.

At Dartmouth-Hitchcock, a team consisting of the director of clinical performance management, the divisional director of operations, clinic managers and the practice administrator at the medical practice completed the PPPSA, Schon says. The results

were encouraging. "We rated high in personnel competency and realized we were 90 percent there" in many areas. "But the PPPSA showed that if we can't do it electronically, we don't usually think of it. We have shortfalls in patient education and in our educational handouts.

"We were initially hard on ourselves when we answered the questions," Schon continues. "But when we saw the results, we realize we have good systems in place." The assessment showed that the practices excelled at collecting complete medication histories, tracking coagulation measures, electronic prescribing, standardized care practices and documentation of care.

However, the tool revealed gaps, such as not consistently providing patients with educational material. "Most of our challenges are tied to the patient visit. The PPPSA provided ideas for improving our culture of patient safety," Schon says.

In response, Dartmouth-Hitchcock practices will begin evaluating non-EMR processes to continue to improve patient safety, as well as documents and handoffs from community hospitals to the practices.

"We're building our capacity to monitor, analyze and report on our performance," Schon says. "We're ensuring better coordination of resources to establish and achieve quality-improvement goals."

[Physician Practice Patient Safety Assessment \(PPPSA\) Web page](#)