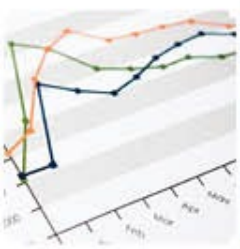


Safety Assurance Factors for EHR Resilience (SAFER) Guides

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Webinar Objectives

- Program Requirements
- Reporting
- Participants
- Attestation/Data Submission
- Role of Health Information Exchange (HIE)
- Resources

The Office of the National Coordinator for
Health Information Technology



SAFER Safety Assurance Factors
for EHR Resilience

What are SAFER Guides?

- Safety Assurance Factors for EHR Resilience (SAFER) Guides
 - Developed by the Office of the National Coordinator for Health Information Technology (ONC)
- A set of self-assessment tools that help healthcare organizations evaluate their EHR safety practices, identify potential risks, and mitigate those risks
- Part of the “Protect Patient Health Information” objective within the Promoting Interoperability programs

SAFER Guides

- The SAFER Guides consist of nine (9) guides organized into three (3) broad groups.

Foundational
Guides

Infrastructure
Guides

Clinical
Process Guides

- These guides enable healthcare organizations to address EHR safety in a variety of areas.
- Most organizations will want to start with the *Foundational Guides* and proceed from there to address their areas of greatest interest

Who is required to attest?

- The Centers for Medicare & Medicaid Services (CMS) is requiring attestation for:
 - Eligible Hospitals and Critical Access Hospitals (CAHs) participating in the Medicare Promoting Interoperability Program
 - Eligible clinicians participating in the Merit-based Incentive Payment System (MIPS)

Where to attest?

- ***Eligible Hospitals and CAHs*** must submit their attestation through the HQR system, ensuring they've met all the program requirements for the EHR reporting period, and their eCQMs for the required reporting period
 - Hospitals must attest to completing all nine (9) SAFER Guides
- ***Eligible Clinicians*** must submit their attestation through the QPP website OR work with a third-party intermediary to submit data on your behalf
 - Clinicians must attest to completing at a minimum one (1), the “High Priority Practices” SAFER Guide

When are we to attest?

- For CY 2024, eligible hospitals and CAHs will be **required** to attest “yes” to completing an annual self-assessment using **all nine** (9) SAFER Guides at any point during the calendar year in which the EHR reporting period occurs to satisfy the program requirement.
- Final day to complete is **December 31st**
- Participants (*hospitals*) have until February 28th (*note: this date is subject to change due to weekends and/or federal holidays*) of each year to attest for the previous year.
 - Clinicians have until the end of March (MIPS reporting deadline)

Why are we to attest?

- Create a “culture of safety” within your organization/clinic
- Attesting “yes” signifies a participant has completed the annual self-assessment and satisfied the SAFER Guides requirement.
- New for CY 2024: Attesting “no” or leaving the measure attestation blank (e.g., N/A) signifies a participant has not completed the annual self-assessment and **would receive a downward payment adjustment.**

Domains in each guide

- Questions within each guide will be broken down into three (3) domains:
 - Domain 1 – Safe Health IT
 - Domain 2 – Using Health IT Safely
 - Domain 3 – Monitoring Safety
- A multi-disciplinary team should complete the self-assessment
 - Each guide gives a “Suggested Source of Input”
 - Includes personnel like clinicians, administration, EHR developer, Health IT support staff...

Completing the Guides

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SAFER Safety Assurance Factors
for EHR Resilience

[> Table of Contents](#)

[> About the Checklist](#)

[> Team Worksheet](#)

[> About the Practice Worksheets](#)

[> Practice Worksheets](#)



Self-Assessment

High Priority Practices

Table of Contents

General Instructions	<u>1</u>
Introduction	<u>2</u>
About the Checklist	<u>4</u>
Checklist	<u>5</u>
Team Worksheet	<u>7</u>
About the Recommended Practice Worksheets	<u>8</u>
Recommended Practice Worksheets	<u>9</u>
References	<u>27</u>

The *Checklist* is structured as a quick way to enter and print your self-assessment. Your selections on the checklist will automatically update the related section of the corresponding *Recommended Practice Worksheet*.

The *Domain* associated with the *Recommended Practice(s)* appears at the top of the column.

The *Recommended Practice(s)* for the topic appear below the associated *Domain*.

<u>Recommended Practices for Domain 1 — Safe Health IT</u>		<u>Implementation Status</u>				
		Fully in all areas	Partially in some areas	Not implemented	Print	
1.1	The EHR supports and uses standardized protocols for exchanging data with other systems.	Worksheet 1.1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Print
1.2	Established and up-to-date versions of operating systems, virus and malware protection software, application software, and interface protocols are used.	Worksheet 1.2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Print
1.3	System-to-system interfaces support the standard clinical vocabularies used by the connected applications.	Worksheet 1.3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Print
1.4	System-to-system interfaces are properly configured and tested to ensure that both coded and free-text data elements are transmitted without loss of or changes to information content.	Worksheet 1.4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Print
1.5	The intensity and the extent of interface testing is consistent with its complexity and with the importance of the accuracy, timeliness, and reliability of the data that traverses the interface.	Worksheet 1.5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Print

Select the level of implementation achieved by your organization for each *Recommended Practice*.

Your *Implementation Status* will be reflected on the *Recommended Practice Worksheet* in this PDF.



[>Table of Contents](#)

[>About the Checklist](#)

[>Team Worksheet](#)

[>About the Practice Worksheets](#)

[>Practice Worksheets](#)



*Recommended Practices for **Domain 1 — Safe Health IT***

Implementation Status

Fully in all areas Partially in some areas Not implemented

1.1	Data and application configurations are backed up and hardware systems are redundant.	Worksheet 1.1	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	reset
1.2	EHR downtime and reactivation policies and procedures are complete, available, and reviewed regularly.	Worksheet 1.2	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	reset
1.3	Allergies, problem list entries, and diagnostic test results, including interpretations of those results, such as "normal" and "high," are entered/stored using standard, coded data elements in the EHR.	Worksheet 1.3	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	reset
1.4	Evidence-based order sets and charting templates are available for common clinical conditions, procedures, and services.	Worksheet 1.4	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	reset
1.5	Interactive clinical decision support (CDS) features and functions (e.g., interruptive warnings, passive suggestions, info buttons) are available and functioning.	Worksheet 1.5	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	reset

Each *Recommended Practice Worksheet* provides guidance on implementing a specific *Recommended Practice*, and allows you to enter and print information about your self-assessment.

The *Rationale* section provides guidance about "why" the safety activities are needed.

Enter any notes about your self-assessment.

Enter any follow-up activities required.

Enter the name of the person responsible for the follow-up activities.

Recommended Practice

1.4

System-to-system interfaces are properly configured and tested to ensure that both coded and free-text data elements are transmitted without loss of or changes to information content.^{16, 17}
[Checklist](#)

Rationale for Practice or Risk Assessment

Maintaining a system-to-system interface within a rapidly evolving clinical information system environment is challenging, in part because many changes are required. Without the ability to implement and test these changes prior to go-live, and a consistent practice of doing so, a healthcare organization would be placed at significantly increased risk of data loss, corruption, or theft, which could negatively impact patient safety. Failure to test system interface components is one of the leading causes of EHR-related patient safety events.¹⁸

Assessment Notes

Follow-up Actions

Person Responsible for Follow-up Action

[Print Page](#)

Implementation Status

Suggested Sources of Input

EHR developer
Health IT support staff

Examples of Potentially Useful Practices/Scenarios

- System-to-system interfaces are tested before going into production and after changes to hardware, software, or content (e.g., the allowable list of data elements to be exchanged) on either side of the interface.
- Free text data fields accessible to clinical end users of one system are transferred without corruption or truncation of characters to the other system.¹⁹
- Free text data fields that are not supported by the system-to-system interface should be avoided, if at all possible, and clearly marked as such for all users if they exist.
- The organization (or interface developer) should develop a reference or validation data set that includes boundary cases (i.e., data that are slightly below, at, and slightly above key thresholds). These test data are run through the interface repeatedly after any change to the hardware or software on either end of the interface to document that the interface is continuing to work appropriately.

The *Suggested Sources of Input* section indicates categories of personnel who can provide information to help evaluate your level of implementation.

The *Examples* section lists potentially useful practices or scenarios to inform your assessment and implementation of the specific *Recommended Practice*.

SAFER Guides by Group

Foundational Guides

- High Priority Practices
- Organizational Responsibilities

Infrastructure Guides

- Contingency Planning
- System Configuration
- System Interfaces

Clinical Process Guides

- Patient Identification
- Computerized Provider Order Entry with Decision Support
- Test Results Reporting and Follow-Up
- Clinical Communication

Foundational Guides

- High Priority Practices
 - Identifies “high risk” and “high priority” recommended safety practices intended to optimize the safety and safe use of EHRs
- Organizational Responsibilities
 - Identifies individual and organizational activities, processes and tasks intended to optimize the safety and safe use of EHRs.

Infrastructure Guides

- Contingency Planning
 - Identifies recommended safety practices associated with planned or unplanned EHR unavailability.
- System Configuration
 - Identifies recommended safety practices associated with the way EHR hardware and software are set up.
- System Interfaces
 - Identifies recommended safety practices intended to optimize the safety and use of system-to-system interfaces between EHR-related software applications.

Role of Health Information Exchange

- HIE can play a role in your contingency planning and downtime procedures
 - If EHR systems are down, but you have access to the internet, you can still access patient data
 - This includes medication lists, problem lists, allergy lists, ADT information, etc.
- HIE will also be addressed within System Interfaces
 - Processes around clinical data exchange
 - Management of clinical content
 - Data validity

Clinical Process Guides

- Patient Identification
 - Identifies recommended safety practices associated with the reliable identification of patients in the EHR.
- Computerized provider order entry with decision support
 - Identifies recommended safety practices associated with computerized provider order entry (CPOE) and clinical decision support (CDS).
 - Improve medication safety
 - Communication loop for diagnostic tests and consultations
- Test results reporting and follow-up
 - Identifies recommended safety practices intended to optimize the safe use of processes and EHR technology for the electronic communication and management of diagnostic test results.
- Clinician Communication
 - Identifies recommended safety practices associated with communication between clinicians and is intended to optimize the safety and safe use of EHRs.

References/Resources

- [SAFER Guides | HealthIT.gov](#)
- qnetsupport@cms.gov or 1-866-288-8912 for eligible hospitals and CAHs
- qpp@cms.hhs.gov or 1-866-288-8292 for eligible clinicians



OKSHINE CONNECTION FEE ASSISTANCE

- 2023 Oklahoma Legislature passed SB 32X
 - Empowers providers and organizations to create a more complete patient record in the state designated HIE
- \$30 million legislative appropriation
- Funding is not guaranteed beyond June 2025.
- Any organization that employs licensed Health Care providers in the State of Oklahoma is eligible to receive assistance.



Apply for Connection Fee Assistance

The screenshot shows the Oklahoma Health Care Authority website. The header includes the logo and navigation links: About, Members/Applicants, SoonerSelect, Providers, Insure Oklahoma, OKSHINE, and More. A search bar is also present. The breadcrumb trail reads: Oklahoma Health Care Authority > OKSHINE Overview > OKSHINE Connection Fee Assistance.

OKSHINE

- OKSHINE Overview
- OKSHINE Connection Fee Assistance**
- OKSHINE Services
- OKSHINE Provider Resources
- OKSHINE News
- Contact OKSHINE
- Exemption Registration

OKSHINE Connection Fee Assistance

In an effort to advance the ability for systems to exchange health information and create more complete patient health records, the Oklahoma Legislature passed [SB 32X](#) in 2023. This bill enabled funding for a one-time connection fee for providers to connect to the Health Information Exchange through the State Designated Entity (SDE), MyHealth Access Network.

The Office of the State Coordinator has developed an application for health care providers to request assistance with the one-time connection fee. Please note this assistance only applies to the fees associated with getting connected to the HIE, it does not cover the on-going subscription fees.

Before beginning the Connection Fee Application process, an [application](#) to connect with the SDE must be submitted

Connection Fee Assistance
> View Flyer

Connection Fee Application
> Apply Now

[OKSHINE Connection Fee Assistance \(oklahoma.gov\)](https://www.oklahoma.gov/okshine/connection-fee-assistance)



Questions?

