NCPS
Nebraska Coalition for Patient Safety

NCPS Mission: To continuously improve the safety and quality of healthcare delivery in the region.

NCPS Update: April 2026

A Message from the Executive Director

Carla Snyder, MHA, MT(ASCP), SBB, CPHQ

The use of artificial intelligence (AI) for many healthcare applications is moving quickly from research to real world use. Its adoption is expected to have significant impact on healthcare delivery and workforce.

Given the number and variety of applications utilizing AI in healthcare settings, the Pennsylvania Patient Reporting System (PA-PSRS) conducted a “preliminary exploration” of the events reported to them ***where AI caused patient harm or prevented/detected a patient safety event.*** Please note that Pennsylvania is the only U.S. state that legally requires healthcare facilities (i.e., hospitals, ambulatory surgical facilities, birthing centers, and certain abortion facilities) to report ***all*** events of harm or potential harm to a central patient safety authority.

There were several interesting findings in the review of their limited sample of event reports:

- AI events occurred in both small and large hospitals; and across a range of care areas (e.g., cardiovascular unit, emergency department, general medicine, imaging, orthopedic, surgical units).
- AI was primarily involved in:
  - monitoring patients for exiting their bed.
  - interpretation of data collected from monitoring devices.
  - reading of images (e.g., X-ray, CT)
  - note dictation.
- A1 was most often used to prevent/detect issues; such examples included:
  - human failure to detect a significant image finding (false-negative).
  - analysis of patient behavior to predict/detect a patient exiting their bed when staff had concern for patient being at risk for fall or disorientation); however, it was often found that staff was unable to reach the patient prior to their fall even though A1 had given an alert that the patient was planning to exit their bed.
- Limited instances where AI caused or contributed to the events by either misreading an image or a monitoring device where a new AI program began producing a much greater quantity of information that caused staff to be overwhelmed with notifications and this reportedly delayed their identification of an urgent finding.

An important conclusion stated by the reviewers is that though the review of their data did not find many patient harm events due to the use of AI, the vigilance of leaders and staff at healthcare facilities is important. There is concern that these types of events may be underreported (e.g., reporters unaware that AI is being used or that its design was somehow

contributing to the event) and that despite the intended benefits of AI, it could create a wide range of risks to patient safety.

A "Call to Action" based on their work:

When submitting a report when AI was in use, *include the words "artificial intelligence" or "A1" in the event narrative, along with the name of the software and/or device, and describe the full context of the event.*

The paper provided by the Patient Safety Authority may be found at Impact of Artificial Intelligence on Patient Safety Events: Preliminary Exploration of Events Reported to the PA-PSRS Database. Contact me at carlasnyder@unmc.edu with questions, concerns, or to engage with NCPS in your patient safety work.

NCPS Shared Learning Resources

This month's Shared Learning Resource is the Cumulative Summary from the NCPS Q1 2026 Reporting Committee - Patient Fall in Shower. This de-identified event was reported by an NCPS member organization and raises several interesting questions as you consider if a similar event could happen in your setting and your processes/policies/procedures for mitigating patient falls.

- Does the fall risk scoring instrument used in your organization account for the patient taking medications known to increase the risk of a fall?
- Does your organization do competency testing for staff responsible for completing fall risk assessments?
- How is a patient's fall risk communicated to the entire care team?
- How effective are you in communicating to a patient when they are at a risk of a fall?

The Cumulative Summary may be found on the NCPS website within the member's portal, https://www.nepatientsafety.org/resources-tools/education/reporting-committee-summaries.html

Learning Opportunities

The Power of Professional Presence - Communication That Builds Trust and Safety

April 15th 12 noon - 1pm CDT

Ryan Bouda, a Professional Development Specialist with LEAP Team, is our speaker for this session. How we come across matters - to patients, coworkers, staff, and the broader community. Professionalism is not just about policies or standards; it is expressed moment by moment through our presence and communication. In this interactive session, participants will explore how natural communication styles and personal values influence professional interactions. We will examine what professionalism *sounds like* and *feels like* in real-world settings, including phone conversations, and written messages. The session will also focus on essential communication skills such as active listening, verbal delivery (tone, intensity, and cadence), and nonverbal cues that shape trust, clarity, and patient safety.

To learn more and to register, click on "The Power of Professionalism: Communication That Builds Trust and Safety." NCPS membership is not required to attend this training.

NPQIC Sponsored Webinar - Connecting in the Hard Moments: Navigating Difficult Conversations

Tuesday, April 21, 2026 12:00noon - 1:30pm CDT

Tracy Pella, MA, EdS, LMPH will lead this virtual workshop on delivering respectful, family-centered communication in challenging moments. The objectives for this workshop include:

1. Explain how connection and presence influence the delivery of family-centered care.
2. Analyze personal boundaries and emotional responses to determine how they affect your ability to be present during challenging moments.
3. Demonstrate effective communication strategies for navigating difficult conversations. Register here.

Workplace Violence: Risks, reporting, and the importance of understanding both

April 23, 2026 12noon - 1pm CDT

This webinar, sponsored by Heart of Safety Coalition, will discuss the different types of workplace violence, their risks, and the strategies for assessing, reporting, and mitigating WPV incidents. Jennifer Peltzer-Jones, PsyD, RN, Assistant Medical Director of Emergency Behavioral Services at Henry Ford Health, and Liz Boehm, Executive Strategist of the Heart of Safety Coalition, will lead this free webinar and share findings from their respective research.

Key learning objectives of the webinar:

- Explore the intersections of the three pillars of care team safety, including psychological and emotional safety, dignity and inclusion, and physical safety.
- Understand the different types of workplace violence (WPV) that care team members report, including verbal and physical violence from patients, families, visitors, peers, and leaders.
- Identify potential solutions, de-escalation strategies, and measurements of success.

Register here.

Best Practices for Reducing Stigma When Caring for Persons With Substance Use Disorder (SUD)

Thursday, May 7, 2026 11 to 12 noon CDT

The Pennsylvania Safety Authority is hosting this no cost webinar which features speakers Donald J. Dissinger, CRNP, Instructor at Department of Psychiatry and Behavioral Health at Penn State Milton S. Hershey Medical Center and the Penn State College of Medicine, and Gabby Granata, MPH, program manager on Shatterproof's National Stigma Initiative. In this session, the physiology of addictive behaviors will be described, as well as identifying how stigmatizing language can impact patient care, and lastly best practices when working with individuals with SUD will be discussed. Register here to attend.

Patient Safety Resources

Natural Language Processing in Clinical Quality Measures of Diagnostic Performance: Learnings from Three Case Reports

Clinical quality measures (CQMs) have historically relied on structured data elements in electronic health records; however, unstructured fields more reliably capture information needed to assess quality of care. Unstructured fields such as clinical notes and imaging results are particularly important for assessing diagnostic performance. Natural language processing (NLP) can efficiently

capture nuanced information from unstructured fields to assess healthcare quality. This paper describes three CQM projects that incorporated NLP in ways that are scalable for healthcare systemwide implementation. The paper which was published in the April 2026 edition of the Joint Commission Journal on Quality and Patient Safety may be found here.

Falls in Hospitalized Patients and Preventive Strategies: A Narrative Review

This study looked to identify the risk factors for inpatient falls and how they can be prevented. Various prevention methods, including alarms and sitters, video monitoring systems, and sensor technologies are discussed. The paper may be accessed here.

For more information about NCPS and the services we offer, please contact Carla Snyder MT(ASCP)SBB, MHA, Patient Safety Program Director at: carlasnyder@unmc.edu