

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

NCPS Update: November 2025

A Message from the

Interim Executive Director

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

The past few months have found me and the NCPS Board of Directors meeting with NCPS' Founding Member Organizations (Nebraska Hospital Association, Nebraska Academy of Physician Assistants, Nebraska Medical Association, Nebraska Nurses Association, and the Nebraska Pharmacists Association) to enlist their support as we work to obtain the renewal of the Patient Safety Cash Fund. The legislation for this funding was passed in March of 2019 and had a 5-year life cycle which means it sunsets January of 2026.



This funding source is a large part of our operating budget and is what has allowed NCPS to move forward with two large initiatives in these past 5 years: the addition of a Patient Safety Program Director position and subscribing to a file transfer software for members to electronically submit patient harm events.

When talking about the work NCPS does, I remind people that working with an AHRQ listed patient safety organization is the avenue for learning from harm events or near misses. Establishing a learning organization begins with a reporting culture which is supported by healthcare workers not being fearful of reporting errors or near misses. The legislation that provides the legal and confidentiality protections for organizations that report events is only available to those organizations which belong to a patient safety organization. NCPS membership and the trainings we provide are affordable; and provides members with not only those legal protections but also presents a local and regional view of patient safety trends.

Please feel free to contact me if you have any questions about the Patient Safety Cash fund or the work we do at NCPS. carlasnyder@unmc.edu

NCPS Shared Learning Resources

This month's Shared Learning Resource is a reporting committee cumulative summary discussing medication errors, specifically 2 errors where epidural pumps were used to deliver pain medication. In addition to medication safety information, this resource includes Cause and Effect diagrams for both events. We continue to emphasize the value of creating a Cause and Effect diagram to visualize the causal chain of an event. In doing so, it is much easier to determine if the action plans proposed will break the causal chain. Breaking the causal chain helps mitigate a repeat of a similar event. You may find the shared learning in the members portion of our webpage within [Educational Resources](#).

Learning Opportunities for NCPS Members

Workplace Well-being: Guide for Healthcare Professionals on Workplace Violence and De-escalation

On Demand (provided by the University of North Texas Health Fort Worth)

Workplace violence remains a pressing concern in healthcare, with recent data revealing a troubling rise in incidents that jeopardize the safety and well-being of both staff and patients. This module is designed to empower healthcare workers with the knowledge and skills necessary to recognize, prevent, and manage violence in clinical settings. You may register for this no cost course [here](#). One CE is available for those completing this learning.

Patient Safety Resources

Bone Brake - A Hot Debrief Tool to Reduce Second Victim Syndrome for Nurses

During the COVID-19 pandemic, clinicians' workloads were intensified leading to an increased incidence of adverse events and subsequent second victim syndrome, with almost half of health care clinicians experiencing its symptoms. When a literature search found no debriefing tool to help nurses deal with these events, the authors of this paper developed the BONE Break hot debriefing tool. It is designed to be facilitated by charge nurses or other nursing unit leaders as a means of offering peer support to other nurses who went through an adverse event. During its initial implementation, BONE Break was employed in 43 of 46 events adverse events (93.5%), and 41 of 43 sessions (95.3%) were deemed helpful. Future work will determine BONE Break's efficacy in enhancing long-term nursing retention and reducing second victim symptoms. The paper may be found [here](#).

Mediating Clinical Conflict: An Expanded Role for Patient Relations Offices

A recent commentary in The Joint Commission Journal on Quality and Patient Safety advocates for an increased role for patient relations offices in efforts to manage the conflict that can arise in hospitals. Whether this conflict is between patients/patient families and physicians and nurses or within hospital work groups, there is recognition of the need for improvement because of the negative consequences conflict causes for all involved parties. [Here](#) is the commentary.

A Multihospital Analysis of Clinician-Reported Safety Events in People Living with

Dementia: Contributing Factors and System Recommendations

People living with dementia (PLWD) are hospitalized at higher rates than those without dementia and are particularly vulnerable to safety events in the hospital. This study aimed to characterize the scope of clinician-reported safety events in PLWD, identify contributing factors from the perspective of reporting clinicians, and categorize clinician, recommendations for system improvement. The paper may be found [here](#)

GLP-1 Agonists Pose Emerging Challenge for PET-CT Imaging

A study presented at the 38th Annual Congress of the European Association of Nuclear Medicine provided a cautionary warning regarding the interpretation of oncological PET scans in patients receiving GLP-1 receptor agonists. In a group of researchers retrospective review of findings, atypical patterns of tracer uptake that could be mis-interpreted as pathology if a patient's medication history was not considered were observed. The press release may be found [here](#).

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