

AI-Assisted Patient Safety Surveillance Course

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Overview

AI-Assisted Patient Safety Surveillance Course is a one-week foundation course for patient-safety leaders, healthcare quality teams, clinical governance professionals, nursing and medical managers, risk teams, and health-data professionals, who leave with an AI-Assisted Patient Safety Surveillance and Improvement Plan. Participants structure safety-event evidence, assess incident and alert signals, address human factors, design validation and escalation, govern risks, and monitor improvement. Agile Leaders Training Center provides training in AI-assisted patient safety surveillance.

Who Should Attend

- Patient-safety teams responsible for surveillance and improvement
- Healthcare quality teams responsible for incident learning and controls
- Clinical governance teams responsible for oversight and accountability
- Nursing and medical managers responsible for safe care workflows
- Risk teams responsible for hazards, escalation, and assurance
- Health-data teams responsible for safety evidence and monitoring

The course assumes participants contribute to patient safety, healthcare quality, clinical governance, care management, risk, or health-data decisions and leaves out clinical diagnosis instruction, treatment recommendations, coding, model development, and vendor-product administration.

Departments and Industries

The course supports governed AI-assisted patient-safety surveillance across healthcare environments.

- Patient safety and healthcare quality functions
- Clinical governance and enterprise-risk teams
- Nursing, medical, pharmacy, and care-management units
- Hospitals, clinics, and ambulatory-care providers
- Diagnostic, rehabilitation, and long-term-care services
- Health-data, digital-health, and internal-audit teams

Learning Objectives

By the end of this course, participants will be able to:

- Analyze patient-safety events and surveillance evidence
- Evaluate deterioration, medication, and workflow signals
- Design human review, validation, and escalation controls
- Apply ethics, fairness, privacy, and accountability safeguards
- Build alert and improvement monitoring measures
- Create a patient-safety surveillance and improvement plan

Course Agenda

Day 1: Safety Evidence and Context

- Patient-Safety Event and Harm Classification Map
- Incident, Near-Miss, and Learning Evidence Register
- Care Workflow and Decision Point Canvas
- Data Source, Provenance, and Limitation Checklist
- AI Safety-Surveillance Use-Case Framing Template

Day 2: Signals and Human Factors

- Deterioration and Clinical Risk Signal Inventory
- Medication Safety and Interaction Alert Matrix
- Diagnostic and Care-Process Hazard Review Sheet
- Alert Burden, Fatigue, and Prioritization Scorecard
- Human Factors and Workflow Fit Assessment

Day 3: Validation and Escalation

- Safety Signal Sensitivity and Specificity Review
- False-Alert and Missed-Event Impact Matrix
- Clinical Review and Human Judgment Decision Table
- Escalation, Response, and Recovery Workflow
- Local Validation and Deployment Readiness Plan

Day 4: Ethics and Improvement Governance

- WHO AI for Health Ethics Principle Checklist
- NIST AI RMF Patient-Safety Risk Canvas
- Bias, Equity, Privacy, and Access Control Register
- Safety Incident, Change, and Accountability Log
- Patient-Safety Surveillance and Improvement Dashboard

Day 5: Patient-Safety Practice

- Suggested Exercise: Structure Incident and Near-Miss Evidence
- Suggested Exercise: Assess Safety Signals and Alert Fatigue
- Suggested Exercise: Design Validation and Clinical Escalation
- Suggested Exercise: Define Ethical and Improvement Controls
- Capstone Exercise: AI-Assisted Patient Safety Surveillance and Improvement Plan

Practical Exercises

The course uses suggested activities that turn patient-safety evidence into governed surveillance and improvement decisions.

- Suggested activity: classify events, map workflows, inventory data, document limitations, and frame surveillance uses
- Suggested activity: examine deterioration, medication, diagnostic, and workflow signals with alert-fatigue evidence
- Suggested activity: review signal performance, compare harms, define human judgment, escalation, and local validation
- Suggested activity: set ethical safeguards, accountability, incident controls, measures, and improvement reviews

FAQs

Who suits AI patient-safety surveillance training?

AI patient-safety surveillance training suits safety, quality, clinical governance, nursing, medical management, risk, pharmacy, and health-data teams. It assumes patient-safety decision experience and does not teach diagnosis or treatment.

How does AI patient-safety surveillance differ from clinical diagnosis training?

Patient-safety surveillance focuses on incident evidence, risk signals, alerts, workflow hazards, validation, escalation, governance, and improvement. Clinical diagnosis training focuses on assessing individual patient conditions and selecting clinical investigations or treatments.

How should healthcare teams validate AI patient-safety alerts?

Teams should test data provenance, local population fit, signal performance, missed-event and false-alert impacts, workflow integration, human review, escalation, equity, privacy, drift, incident response, and change controls before relying on alerts.

How can teams reduce alert fatigue in AI-assisted safety surveillance?

Teams can review alert value, priority, timing, duplication, actionability, recipient, workload, overrides, escalation, missed events, and outcomes, then adjust thresholds and workflows through governed review.

What belongs in an AI-Assisted Patient Safety Surveillance and Improvement Plan?

The plan includes safety events, data sources, use cases, signals, alert priorities, validation, human review, escalation, ethical safeguards, owners, incidents, measures, monitoring, changes, and improvement decisions.

Conclusion

Participants take back an AI-Assisted Patient Safety Surveillance and Improvement Plan connecting safety evidence, signals, human factors, validation, escalation, ethics, and learning. The plan makes limitations, clinical review, accountability, incident response, monitoring, and improvement decisions visible across healthcare teams. It supports repeatable surveillance while retaining professional judgment and patient-safety responsibility.

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