

## **QUESTIONS AND ANSWERS ON DISCUSSION PAPERS AND TESTIMONY**

### **For Submittal to the Second National Summit on Patient Safety Research**

Invitations for Discussion Papers and Testimony were published on the registration web site for the Second National Summit on Patient Safety Research. The Discussion Papers and Testimony provide vehicles for individuals and organizations to communicate information and discussion for the Summit deliberations. In response to the invitations, we received a number of questions about these materials and the deliberation process. Answers to these questions are provided here in a “question and answer” format. We will continue to update this information as other questions arise.

#### **Q. What is the difference between Discussion Papers and Testimony?**

The *Discussion Paper* should be used to provide substantive information and analysis, including empirical information from research studies, on one of the specific patient safety issues listed in bulleted format under each of the panel discussion areas. *You can refer to the page containing these issues from the Request for Discussion Papers page on the registration web site.* A separate Discussion Paper should be written for each issue you wish to address.

The *Testimony* is intended to be a shorter document that presents discussion and opinions on a patient safety issue. Any patient safety issue of interest to the submitter may be addressed, as long as it is relevant to one of the five topic areas being addressed by the Summit (*refer to the Purpose page on the registration web site for the list of topic areas*). For example, Testimony may be used to provide a focused policy assessment of an issue. Alternatively, it may be used to share information that is more of a personal nature, such as experiences with the health care system. Each Testimony submitted should address only one topic area.

#### **Q. How will the Discussion Papers and Testimony be used?**

Both the Discussion Papers and Testimony will be used by the conference panels that are responsible for the five sessions on the Summit agenda. To be considered by a panel, a document should (1) be submitted by the September 30 deadline, (2) address only one issue area, and (3) identify the panel topic area and issues being addressed.

The members of each panel will receive all qualified Discussion Papers and Testimony that address the topic area for which it is responsible. RAND staff are supporting the panels in preparing for the Summit. The staff person for each panel will prepare a summary of the submitted materials to help the panel synthesize the information it receives. The panel then will develop a summary of information and issues that it will present to begin its session at the Summit. The remainder of the session will be dedicated to dialogue among the Summit participants and panel members.

**Q. May both a Discussion Paper and Testimony be submitted for the same topic?**

You may submit both a Discussion Paper and Testimony to address the same topic, but the two documents should not duplicate each other. The Discussion Paper should focus on presenting and synthesizing factual or analytic information, and the Testimony should focus on a discussion of policy issues or operational concerns.

**Q. Will the Discussion Papers and Testimony be distributed or published?**

Neither the Discussion Papers nor the Testimony will be published in the report from the Summit. Electronic copies of Discussion Papers and Testimony will be distributed to Summit participants on CDs, accompanying the notebook containing paper materials.

**Q. May we seek to publish our paper independently after submitting it?**

Yes, if the material you cover in a Discussion Paper has not already been published, you are free to pursue publication independently.

**Q. Who will be on the panels and how will they be chosen?**

The panels will consist of representation from the following groups of stakeholders involved in or affected by patient safety issues:

- Consumer or purchaser of health care
- Health care system, individual institution, or group
- Clinical personnel (physician, nurse, pharmacist)
- State patient safety coalitions, public policy advocates
- Educational institutions
- Funders of patient safety research
- Organizations that serve as management or technological resources for the health care community
- Credentialing, accreditation, or regulatory organizations

Each panel will have four members, one from each of four stakeholder groups. The membership has been designed so that each stakeholder group in the above list is represented on at least one panel. The panel chairs have been identified by AHRQ, and the remaining panel members are being identified by the chairs in collaboration with AHRQ and others involved in the patient safety program.