

# Quality Management System and Calendar Year 2015 Plan



## PeaceHealth Peace Island Medical Center: CY15 (January 2015-December 2015)

Approvals:  
Joint Quality and Patient Experience Committee : 12/12/14  
Governing Board: 1/19/15

## Executive Summary

The Quality Management System and Plan for Calendar year 2015 describes the quality management system established by PeaceHealth Peacelands Medical Center (PIMC) to achieve its quality and safety objectives and goals. The plan outlines the methodologies and practices by which quality and performance are measured, monitored, analyzed and continually improved to advance health outcomes and reduce risks for patients.

In alignment with PeaceHealth's VISTA (Value, Serve, Innovate, Thrive, our Aims) strategic plan, the Medical Center will focus on providing value through improving individual care and population health while lowering the overall cost of care. A key performing strategy in meeting this aim is improving the safety and quality of care so that every person receives safe, compassionate care; every time, every touch.

The major focus areas for CY15 are:

- Reducing mortality
- Reducing all cause 30-day readmission
- Reducing hospital-acquired infections
- Improving the overall patient and caregiver experience
- Improving cost of care
- Improving caregiver safety by reducing injury claims
- Implementation of TeamStepps program to improve patient and caregiver safety

The Medical Center remains committed to patient safety and supports a patient safety program that focuses on prevention and detection of errors; root causes analyses, and corrective action planning.

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## Company Overview

PeaceHealth Peace Island Medical Center (PIMC) is a critical access hospital and medical clinic, providing high-quality health care services for those who live or work in, or visit, the San Juan Islands. Our range of services includes: 24/7 emergency care, expanded family care clinic, specialty medical care, on-site cancer treatment, advanced medical imaging and laboratory, ambulatory surgery center, coordinate of off-island care, and 10-bed inpatient unit. PIMC provides acute care and outpatient medical care. Patient populations served range from pediatric to geriatric, from all social, cultural and economic backgrounds. Health care services are coordinated across the continuum to meet patient/family needs utilizing internal hospital and external health resources. Department-specific scopes of service are available on each unit/department

PIMC is wholly owned and operated by PeaceHealth Incorporated, a non-profit, Catholic health system incorporated in Washington. PeaceHealth operates nine hospitals in Alaska, Washington, and Oregon. At the corporate level, hospitals are grouped into geographic networks and managed by a network based Chief Executive Officer and Chief Financial Officer.. Each hospital administrator is a member of the Network Executive Team. The Northwest Network includes St. Joseph Medical Center, Ketchikan Medical Center, Peace Island Medical Center, United General Medical Center, and the Bellingham, Washington sites of PeaceHealth Medical Group.

## Scope

The Quality and Patient Safety Plan integrates all departments within PIMC, including outsourced and contracted services. Under delegation from the PeaceHealth Governing Board, this plan covers all activities related to quality assessment, quality assurance, performance improvement, risk identification, mitigation and management, and patient safety. This work is confidential and protected under RCW 43.70.150, RCW 42.56.210, WAC 74.42.640, WAC 4.24.250, WAC 70.41.200 and WAC 42.56.210. In addition to demonstrating compliance with the requirements set forth in this Plan, the Medical Center will demonstrate compliance with all applicable local, State, Federal, accreditation, and certification standards and regulations, with the exclusion of Clause 7.3, Design and Development, in the ISO 9001:2008 Standards.

## A. Quality Management System (QMS)

### 1. General Requirements

The Medical Center has established, documented, and implemented an effective QMS as a means to ensure that patient care, patient experience, and support services are meeting or exceeding industry and governmental standards; to foster an environment of safety and continuous improvement, and to realize the vision of becoming a high-performing Network of Care.

### 2. Quality Policy (Value Statement)

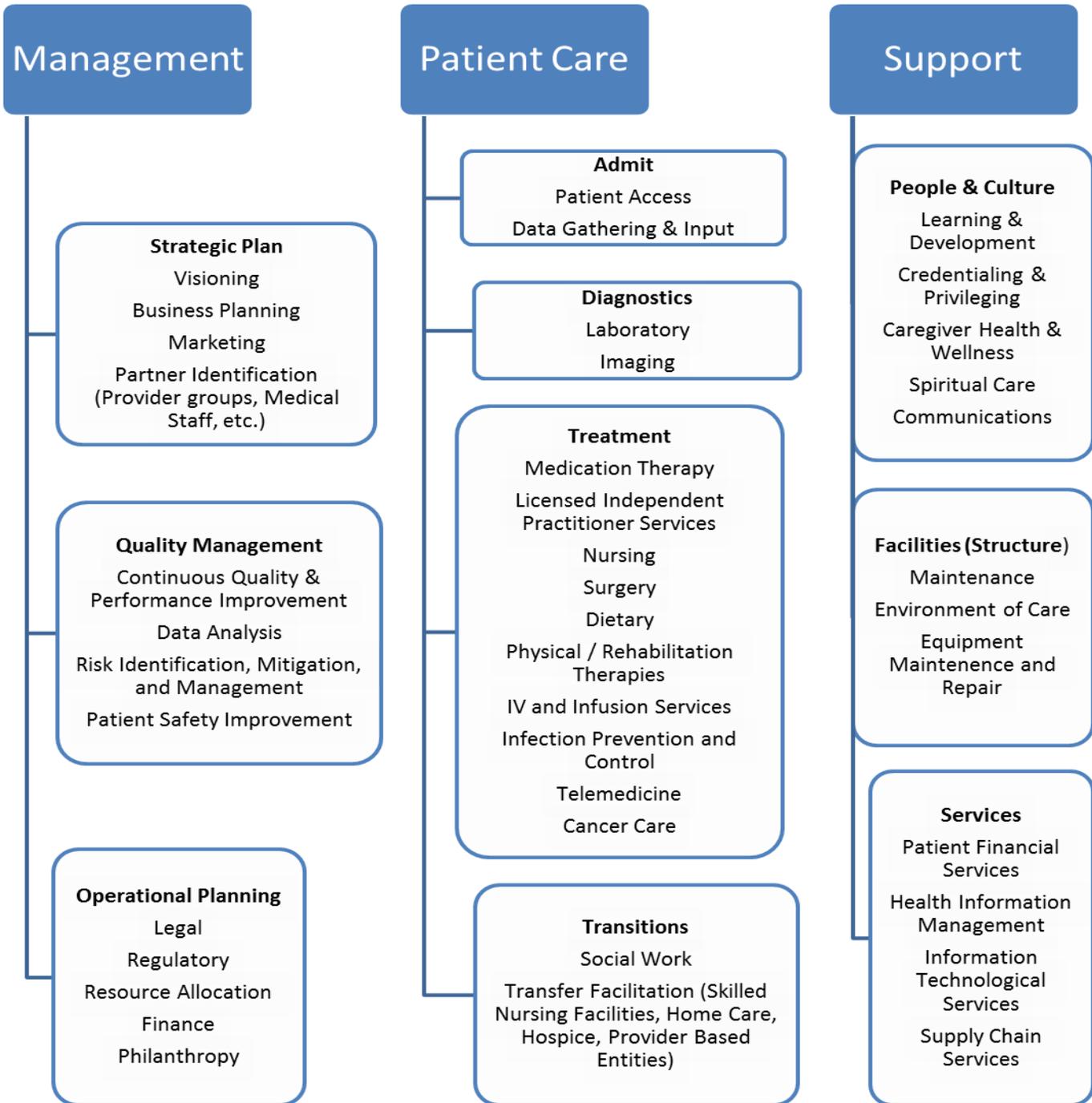
Guided by PeaceHealth's Mission, Vision and Values, Peace Island Medical Center strives to achieve optimal patient outcomes and experience by using a continuous improvement approach. This provides evidence-based, high-level standards and processes of care in an environment that ensures patient safety, minimizes risk to PIMC, and is cost-effective.

### 3. Quality Objectives

- To provide clinical excellence through consistent, safe, care with excellent patient outcomes demonstrated by comparative benchmark;
- To achieve operational excellence by implementing well-designed processes that support efficient, safe and cost-effective services;
- To achieve the highest levels of service excellence for patients, families, providers, employees, and the community; and (Customer focus)
- To comply with regulatory and accreditation standards and utilize evidence-based protocols as the foundation for care.
- Ensure availability of resources and information necessary to support the operation and monitoring of these processes.
- Monitor and measure, where applicable and analyze these processes, and:
- Implement actions necessary to achieve planned objectives and continual improvement of these processes

## 4. Quality Management Process

The QMS is comprised of Patient Oriented, Management Oriented and Support Oriented Processes that create a service to satisfy our patients’ needs and expectations.



## 5. Document Requirements

PIMC has defined and documented quality procedures. The quality procedures further describe criteria, methods, detail activities, responsibilities, and the quality assurance measures that are required to ensure the effective operation and control of the Medical Center's core processes and support systems. The quality management system documentation includes:

- This quality plan;
- Documented procedures and records, including document control, record control, internal audits, control of nonconformance, corrective and preventative action; and
- Documents, including records, determined by the PIMC to be necessary to ensure the effective planning, operation, and control of its processes.

All of the policies and procedures used to support the Quality management system can be found online in the documentation management system database, including the following:

- Document control policy and procedures
- Record Control policy and procedure
- Internal audit policy and procedure
- Non-conforming product policy and procedure
- Corrective Action policy and procedures
- Preventive Action

## B. Measurement, Analysis, and Improvement

### 1. Prioritization

PeaceHealth's VISTA strategic plan directs the Medical Center to focus on Safety, Quality, and the PeaceHealth Experience as performing strategies to provide value. Each year, through a process called Operational Planning, PeaceHealth delegates annual measurable goals to the Medical Center for meeting the VISTA objectives. Under this direction, the Medical Center prioritizes improvement work and resources to meet these goals and additional opportunities for improvement specific to the Medical Center's quality objectives, processes and community health.

### 2. Annual Review and Opportunity Analysis

The Medical Center conducts an annual review of audit results and other data sources to review services and identify potential opportunities for improvement in safety, quality, and patient experience. Risk adjusted and benchmarked data is utilized whenever possible. The detail of this annual review is found in **Appendix A: Results and Program Evaluation**.

### 3. Goals

Annual objectives and goals are developed to address and support improvement of the care, treatment, service and safety outcomes that align with the overall quality and safety objectives, goals, and mission of the Medical Center. A table summarizing the prioritized goals for this fiscal year is found in Appendix B: Strategic Goals. These measures, including details and audit frequencies, have been established by the Governing Board to meet regulatory requirements, detect variation, identify problem processes, identify both positive and negative outcomes, and evaluate the effectiveness of actions taken to improve performance and/or reduce risk to patients, caregivers, and the Medical

Center. This includes an annual audit of key processes conducted at scheduled intervals by a person not assigned to the department or service being audited.

#### **4. Methodology and Education**

Our improvement work is based on high reliability and work simplification philosophies. We use rigorous and standard methodologies. A detailed list of these methodologies is found in Appendix C: Continuous Improvement Methodology and Tools. All leaders should be well versed in Continuous Improvement and have the tools necessary to incorporate Continuous Improvement in their daily work. Training is coordinated or conducted by Quality Department and is open to all staff.

### **C. Overall Authority and Responsibility**

The PeaceHealth Peace Island Medical Center Governing Board has authority delegated from the PeaceHealth System Governing Board to be responsible for the day-to-day operations and the conduct of PIMC, including contracted services. This delegation includes authority, responsibility, and accountability for ensuring that PIMC implements and maintains an effective quality management system.

#### **1. Governing Board shall:**

- Ensure PIMCs Quality Management System (QMS) is adequate and proportional for the size, complexity, and scope of services it offers.
- Ensure the QMS is meeting the needs of the community.
- Ensure applicable PeaceHealth System goals and targets are integrated into the Medical Center's QMS.
- Review and approve the Plan annually.
- Receive reports at least once per year on each department or service line, including contracted services.
- Report activities, goals, and progress to the system leadership, PH Governing Board, and PH Governing Board committees through the Network CEO.

#### **2. Executive and Medical Executive Leadership Responsibility**

Executive and medical executive leadership is committed to the development and improvement of an effective quality management system. To demonstrate this commitment, executive and medical executive leadership shall:

- Have responsibility to establish a quality policy and objectives and for implementation of the Quality and Patient Safety Plan;
- Hold leaders and departments accountable for quality and safety goals and targets;
- Medical Executive leaders have primary authority over performance improvement activities regarding the professional services provided by individuals with clinical privileges;
- Regularly report significant patient safety events and outcomes, results of routine monitoring, and progress to goals to the Governing Board;
- Communicate to the Governing Board, Medical Staff, Front-Line Leadership and all caregivers the importance of clinical, operational, and service excellence;
- At least annually report the quality and safety activities related to key processes to the Governing Board.
- Prioritize quality and safety improvement activities;

- Review corrective/preventive action plans, results from internal audits, patient experience data, data analysis, and other performance improvement activities to evaluate the status, adequacy and effectiveness of the quality management system (QMS);
- Ensure adequate and necessary resources; and
- Ensure that appropriate communication regarding quality and safety are open, efficient, and prompt.

### 3. Management Representative

Executive leadership has appointed the Director of Quality or designee under the authority of the Chief Administrative Officer to have responsibility and authority to:

- Ensure the quality management system is established, implemented and maintained;
- Report on the performance of the quality management system and recommend improvement for enhanced effectiveness;
- Promote continuous improvement and patient experience as the foundation for quality and safety; and
- Oversee an effective program of internal audits and management reviews to ensure that corrective and preventive action(s) are carried out and measured for effectiveness.

### 4. Management Review-Joint Quality and Patient Experience Committee

The Governing Board has designated the Joint Quality and Patient Experience Committee (JQPEC), under the direction of the Executive Team to oversee the Quality Management System and shall conduct Management Reviews to ensure its continuing suitability, adequacy, and effectiveness. These reviews shall include assessing opportunities for improvement and the need for changes to the QMS, including the quality policy and quality objectives.

#### Requirements

Membership of the Joint Quality and Patient Experience Committee shall include representation from/for:

- Administration – Chief Administrative Officer
- Nursing – Director of Clinical Services
- Pharmacy Services – Lead Pharmacist
- Ancillary Services - Support Services Manager
- Information Management – CIO-ad hoc
- Risk/Safety Management - Director of Administrative Services
- Quality Management – Network Director for Quality
- Medical Staff Leadership
- Laboratory Services-Supervisor
- Ambulatory-Clinic Manager
- Board Member
- Patient

Management review shall encompass:

- Process and outcomes information
- Results from internal reviews (internal audits)
- Patient experience survey results
- Performance improvement activities including Caregiver recommendations for improvement

- Corrective/preventative actions taken
- Supplier data
- Follow-up actions from previous management reviews
- Other significant data, events, or activities that could affect the QMS

After completion of the above management review, the JQPCE Committee shall create actions and make decisions related to:

- the improvement of the effectiveness of the QMS and its processes,
- improvement of patient care and outcomes, and
- resource needs.

## 5. Services, Contracted Services, High Risk Processes

### Clinical Services

For the purposes of monitoring and improving clinical and operational performance, the Executive and Medical Executive Leadership have identified the following key services.

- Inpatient Services
- Emergency Services
- Pharmacy Services
- Infection Prevention
- Laboratory services
- Imaging Services
- Surgery/Endoscopy Services
- Cancer/Infusion Services
- Telemedicine Services
- Primary Care Services

### Support Services

Support systems are integral to the patient's overall experience, safety and care, but are not providing direct patient care. They include all other business requirements necessary to manage and control resources, and to conduct business in an orderly manner.

Support Processes include:

- Health Information Management
- Facilities Management
- Equipment Management
- Environmental Services
- Human Resources
- Materials Management
- Security
- Patient Financial Services
- Information Technology
- Patient Registration

### Contracted Services

Contracted services are fully integrated into the quality management system and evaluated at least annually using criteria set forth in each individual contract.

The criteria and methods required to ensure the effective operation and control of these processes are defined and documented. Appropriate levels and types of monitoring and measurement of core and supplemental processes have been determined and are documented in relevant policies and procedures. A full list of contracted services and associated quality measures is included in Appendix D.

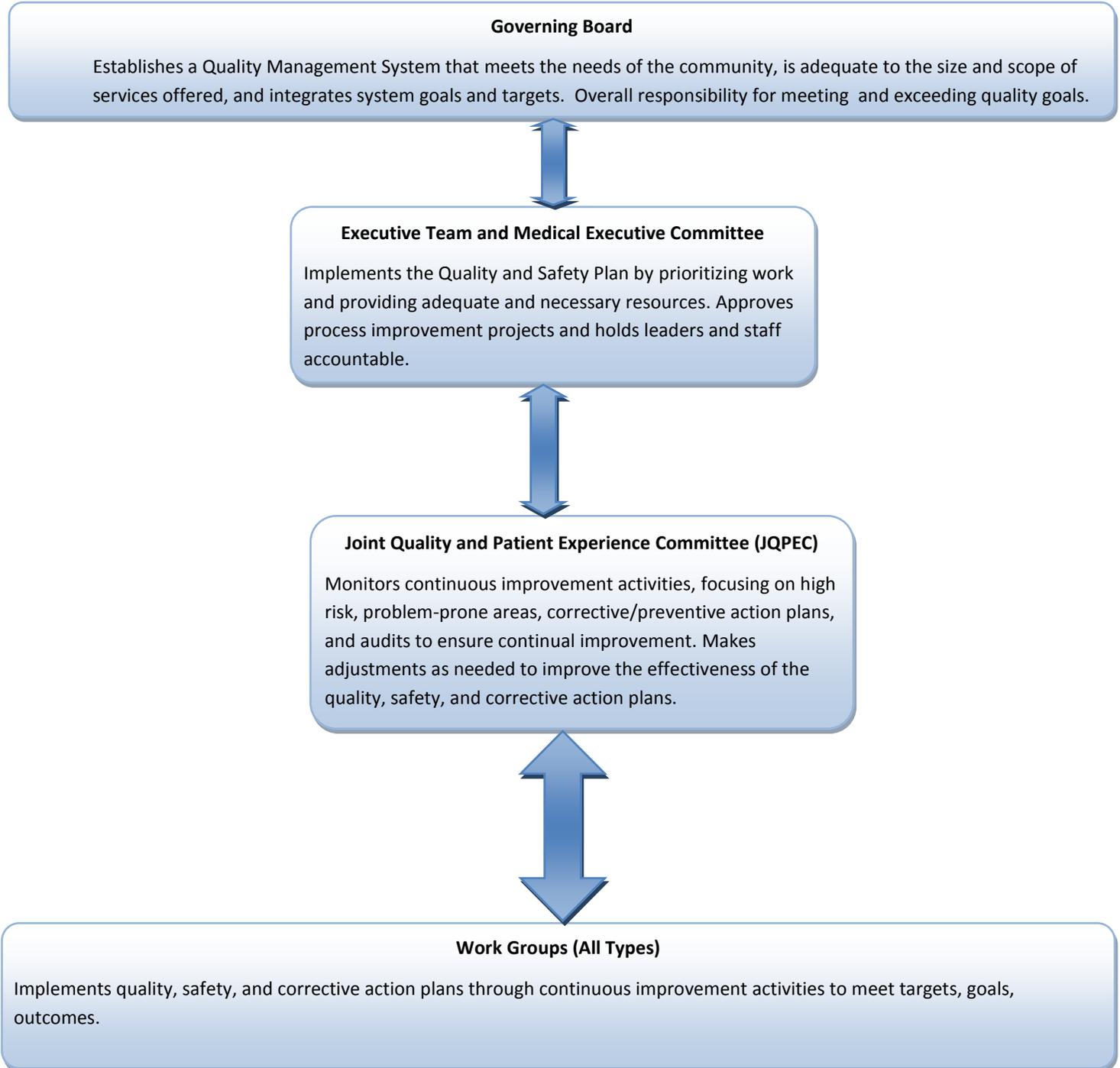
### High Risk Processes

In addition, several high risk processes are monitored across all applicable systems of care. The processes defined as low volume/high risk and high volume/proven to be risk-prone in our institution are:

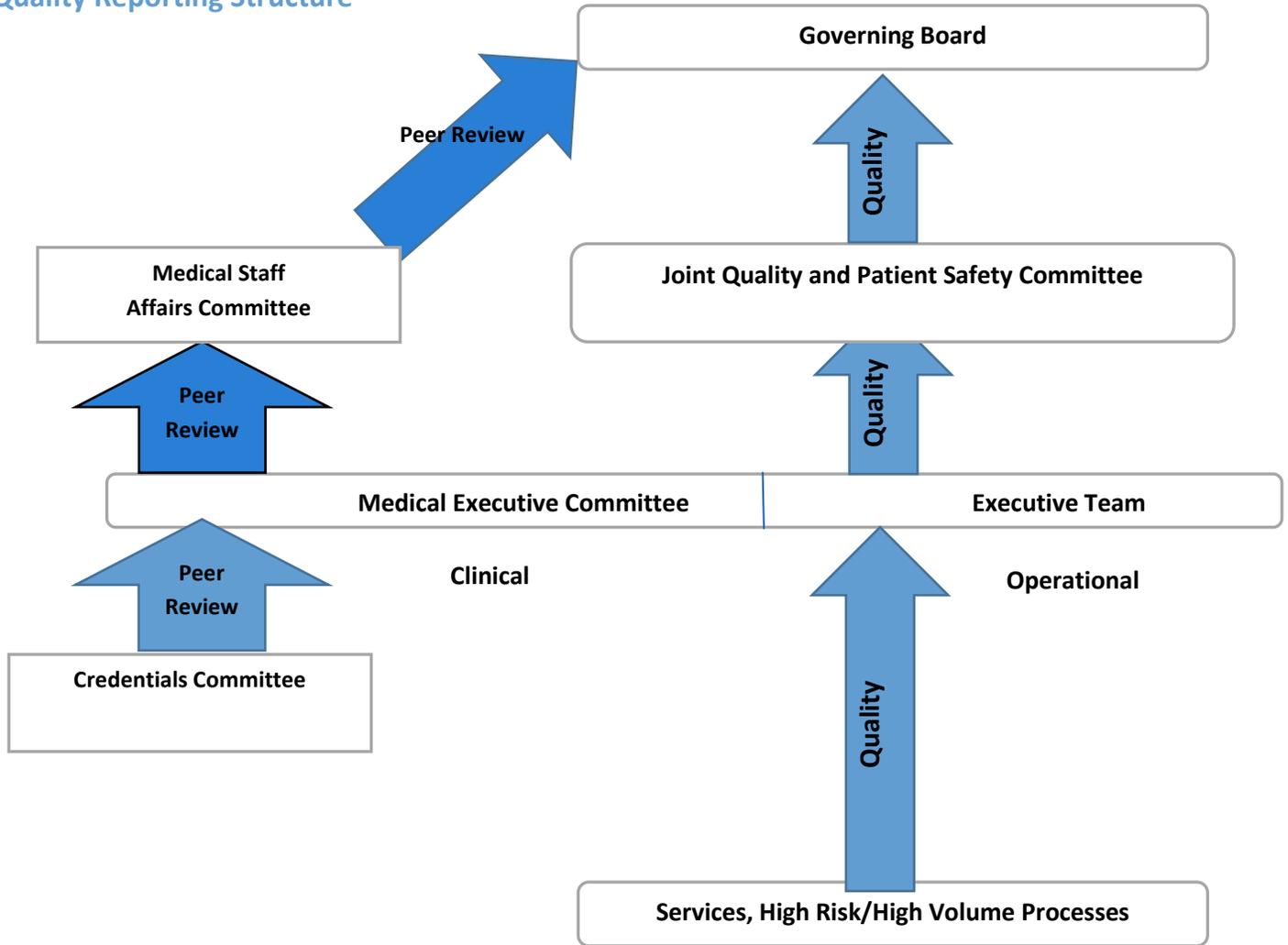
- Deep and moderate sedation
- Restraints
- Medication administration
- Communication of diagnostic test results
- Infection Prevention
- Transitions of Care
- Surgical Procedures
- Cancer Infusion Services

## 6. Quality Structure and Functions

The diagram below indicates the high level quality management system structure and functions of the Medical Center.



Quality Reporting Structure



## 7. Patient Safety

As stated in PIMCs quality policy, the safety of patients is a key component of the quality management system. PIMC deems its Joint Quality and Patient Experience Committee as a means for ensuring that processes are safe for patients.

### Detection

PIMC employs the following strategies for identifying and detecting the prevalence and severity of incidents that impact or threaten patient safety:

- **Variance Reporting** – PeaceHealth encourages reporting of unusual occurrences or events that involve a variance or deviation from standard practice, an unexpected outcome, and after receipt of any complaint or grievance from a patient or family member concerning the care received at the Medical Center. Staff is encouraged to report events without fear of retaliation, retribution or harassment as described in the Reporting and Investigating Concerns or Suspected Violations (SYS.38.36) policy. Issues are reviewed individually and appropriate actions are taken. In addition, data is aggregated for detection of unfavorable trends and process improvement opportunities.
- **Patient Safety Dashboard** – In addition to data reported out of the variance reporting system, the Medical Center measures and reviews other key patient safety indicators.

### Prevention and Risk Reduction

Preventing errors and harm to patients is an ongoing process and design principle the Medical Center incorporates into policies, procedures and processes. Examples include building in redundancies and cross checks such as checklists, read backs, and patient identifiers, standardization and simplification, and the use of forcing functions and technology.

Processes developed to identify and reduce risk to patient safety include:

- **Failure mode and effects analysis (FMEA)** – Both formal and non-formal FMEAs are conducted for processes to identify active and latent threats to patient safety. This analysis is proactive and allows preventative strategies to be incorporated into the process to mitigate potential events.
- **Root Cause Analysis (RCA)** – This process is used to assess actual errors, incidents and close call events and identify the active and latent errors and the need for changes in processes, practices, policies, and/or procedures.
- **Patient Rounds** – Leaders visit a unit monthly to meet with frontline staff and management to solicit feedback on patient safety risks, general safety concerns, and to celebrate successes. All units are included in rounds and visits scheduled on a rotating basis. Feedback is aggregated and reported to JQPEC for review and action as indicated.
- **Literature Review** - The Medical Center reviews national literature and trends to identify potential processes to improve in the absence of self-reported data. The most common sources used are:
  - Institute for Healthcare Improvement (IHI)
  - Institute of Medicine (IOM)
  - Institute for Safe Medication Practices (ISMP)
  - The Joint Commission’s Patient Safety Goals and Sentinel Event Alerts
- **Event Sharing** - Patient safety related incidents are shared within the PeaceHealth system through standard reporting mechanisms and monthly conference calls with executive leadership to identify opportunities for improvement.

- **Human Factor Engineering** – Reducing human error is a key strategy in reducing patient harm. To the extent possible we:
  - Design and redesign work and work space for safety
  - Avoid reliance on memory
  - Use constraints and forcing functions
  - Build in redundancies
  - Simplify and Standardize processes
  - Utilize technology

### Corrective Action Plans-

Corrective action to identified patient safety incidents varies due to the size, scope, and severity of the incident. At a minimum, all incident reports are reviewed and investigated by the unit manager or risk manager and appropriate action taken and documented. The most severe incidents such as serious safety events and close call events follow a formal process of investigation, corrective action, and completion, monitoring, and reporting as described in the Sentinel Events (SYS.356.28) policy.

- **Patient Safety and Sentinel Event Logs** – These logs have been developed and are used by the Patient Safety Consultant to track the work on all action plans following analysis of reported events and issues. The logs are reviewed at the JQPEC meetings to discuss the status of action plan implementation, any barriers to the assigned work, opportunities to expand the scope of work, and any other issues relevant to ensuring successful completion.
- **On-going Measurement** – As appropriate, a corrective action plan will define a measurement and measurement timeframe to ensure the corrective action plan achieved the desired effect. Action plans that are completed and in the measurement phase will remain on the log, and the results of measurement reviewed regularly by JQPE until they are satisfied the corrective action is solidified and measurement is no longer needed.

### Communication of Unanticipated Outcomes

When an unanticipated adverse outcome of care, treatment or service occurs, the patient and/or family will receive a prompt explanation of the outcome, how it occurred, and the short and long term effects. The requirements of this policy are found in [SYS.356.12 Communication of Unanticipated Outcomes](#) and the Resource Guide referenced therein, for specific procedural guidance.

### Disaster Response and Emergency Management

The goal of Emergency Management is to prepare caregivers to develop a coordinated response to a disaster that may overwhelm the resources of internal and local health services in order to protect patients, caregivers, visitors, and to maintain collaborations and communications within the community. Initial response instructions use Hospital Incident Command Systems (HICS). Incident Action Plans are developed according to the procedures of the Federal Emergency Management Agency (FEMA) guidelines. Each incident, actual or practiced, is documented as an Incident Action Plan, log sheets of events, and an After Action Plan

## Conclusion

Using a Plan Do Check Act (PDCA) cycle, the Medical Center conducts an annual review of this quality plan, including an evaluation of performance against the prior year's goals, new priorities identified by the PeaceHealth VISTA strategic plan, and changes in regulatory requirements. Revisions are made as necessary, then reviewed and approved by the Executive Team and the Governing Board.