Provident Quality and Safety Plan Overview

February, 2020

COOK COUNTY HEALTH

- **Present an overview of the clinical quality and patient safety plan**
- **Provide focus areas of the quality plan**
- **The ultimate goal is to meet the Cook County Health's Mission and Vision**

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2020 Patient Safety and Quality Plan of Care

Mission

To deliver integrated health services with **dignity and respect** regardless of a patient's ability to pay; foster partnerships with other health providers and communities to enhance the health of the public; advocate for policies which promote and protect the physical, mental, and social well-being of the people of Cook County.

Vision

In support of its public mission, CCH will be recognized locally, regionally, and nationally – and by patients and employees – as progressively evolving model for an accessible, integrated, patient-centered and fiscally-responsible health care system focused on **assuring high-quality care** and improving the health of the residents of Cook County.

Setting the Stage: Thought Leaders on Quality & Safety

Dr. Berwick—The Moral Era

1. **Back down on:**
   - *Stop excessive measur*ement
   - Abandon complex incentives
   - Decrease focus on finance
   - Avoid professional prerogative at the expense of the whole
2. **Lean in on**
   - Recommit to improvement science
   - Embrace Transparency
   - Protect Civility
   - Listen. Really listen
   - Reject Greed

Derek Feely—6 Patient Safety Resolutions

- Focus on what goes right as well as learning from what goes wrong
- Move to greater proactivity
- Create systems for learning from learning
- Be humble—build trust and transparency
- Co-produce safety with patients and families
- Recognize that safety is more than the absence of physical harm; it is also the pursuit of dignity and equity.

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Don Berwick The Moral Era. https://www.youtube.com/watch?v=HsSoHLHufv4

Feely,D. (Friday, February 17, 2017). Six resolutions to reboot patient safety. Available at: www.ihi.org/communities/blogs/

Americans' Views on Patient Safety and Personal Experiences with Medical Error

1. Majority of interactions with the health system are positive
2. Most believe safety has stayed the same or improved
3. 21% report experiencing a medical error in their own care
4. Not all errors result in harm; when harm occurs it often has a long-term or permanent impact.
5. Diagnostic errors are the most common error types
6. Disrespect identified as common
7. >50% of errors occurred in ambulatory settings
8. Most believe there is shared responsibility in preventing medical error
9. Healthcare talks about 'systems', the public and frontline providers think about 'humans'
10. Professionals don't see how institutional culture and power asymmetries not only between doctors and patients but also across care teams, can undermine safety.

Results of a poll presented to the IHI/NPSF Lucian Leape Institute by NORC at the University of Chicago, 2017.

ECRI Names Top 10 Patient Safety Concerns for 2019

1. Diagnostic stewardship and test result management through EHRs.
2. Antimicrobial stewardship in physician practices and aging services.
3. Physician burnout and patient safety.
4. Mobile health patient safety concerns.
5. Behavioral health discomfort.
6. Detecting changes in a patient's condition
7. Maintaining and developing new skills.
8. Detecting sepsis early in treatment.
9. Infections from peripherally inserted IV lines.
10. Standardizing safety efforts in large health systems.

QUALITY AND PATIENT SAFETY PLAN OF CARE

Purpose

The purpose of the Quality & Patient Safety Plan supports the systematic organization-wide approach to plan, design, measure, assess and improve organizational performance.

Initiatives are designed to:

- ☐ **Attain optimal patient outcomes and patient and family experience**
- ☐ **Support an engaged workforce and safe workspace**
- ☐ **Enhance appropriate utilization**
- ☐ **Minimize risks and hazards of care**
- ☐ **Develop and share best practices**

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Guiding Principles

- ☐ Provide safe and quality clinical services and demonstrate superior patient outcomes
- ☐ Assess performance with objective and relevant measures
- ☐ Achieve quality improvement goals in a systematic manner through collaboration with our providers, staff, patients, families, clinical programs and services and our community by means of education, goal-oriented change processes, evaluation and feedback
- ☐ Establish a culture that prevents inadvertent harm to patients as a result of our care. This culture focuses on safety where we openly report mistakes and take action to make improvements in our processes
- ☐ Identify and focus on functions that are important to our customers and implement changes which will increase satisfaction
- ☐ Optimize the allocation of resources to ensure the delivery of safe and quality care
- ☐ Enhance the national and international art and science of healthcare quality by embracing the principles of a “learning organization” and presenting key learnings and original research through professional meetings, journals, and forums

PERFORMANCE SAFETY PLAN PRIORITIES & GOALS

The approach to performance improvement is continuously assessed and revised to meet the goal of ensuring that patient outcomes are continually improved and safe patient care is provided.

The criteria used to prioritize opportunities for improvement include, but are not limited to:

- ☐ **Patient Safety**
- ☐ **Strategic plan goals/objectives**
- ☐ **Mission/vision**
- ☐ **Quality outcomes**
- ☐ **Patient care operations**
- ☐ **Efficiency of care**
- ☐ **Customer satisfaction**

Methodology

Quality & Patient Safety plan will measure and monitor quality outcomes and implement appropriate changes using the following the guidelines:

☐ Use data to identify and quantify areas of improvement opportunities (QI) and areas that we are maintaining or improving (QA)

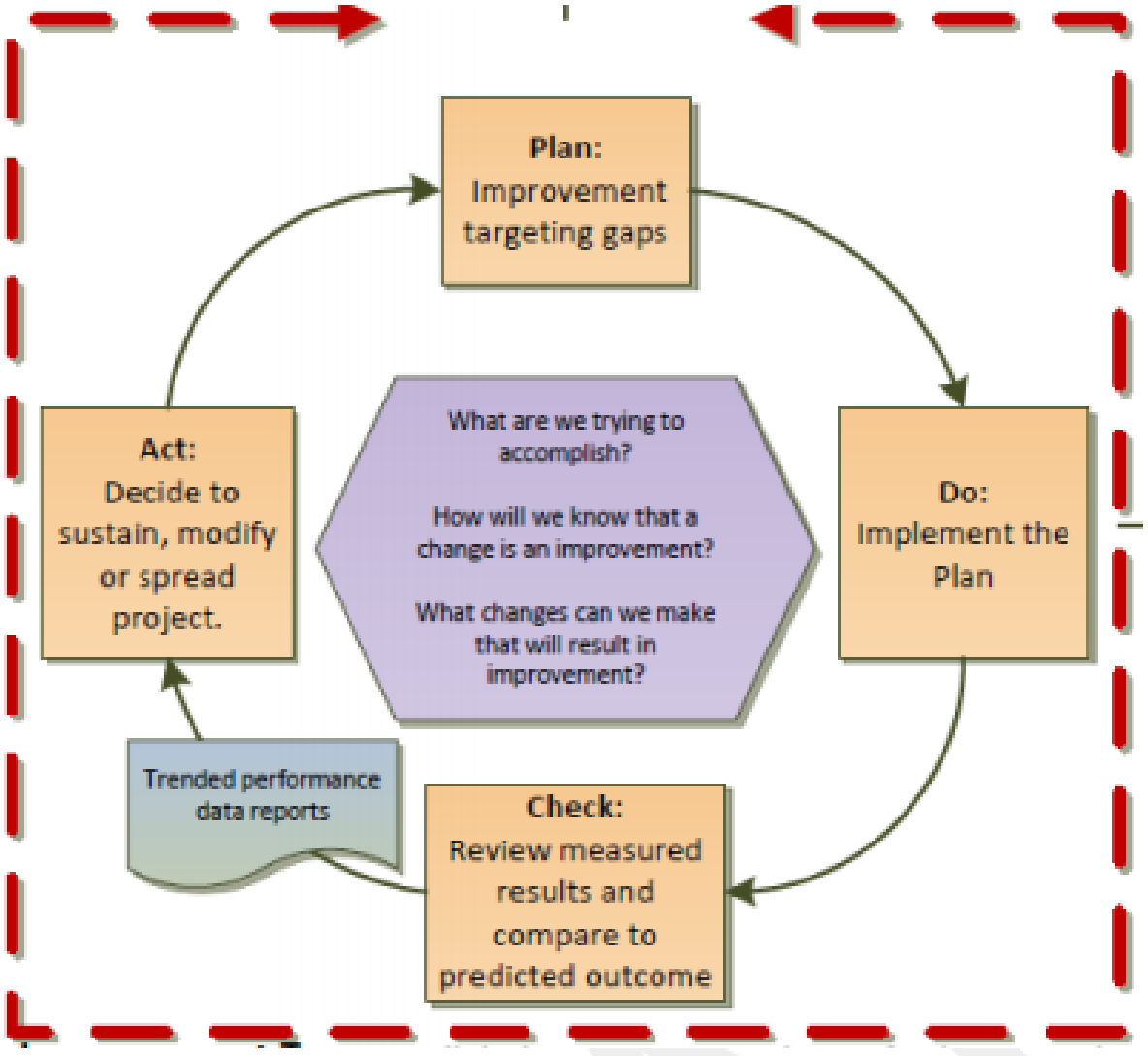
☐ Use reporting structure to perform ongoing risk assessment

☐ Analysis and comparison may include:

- Performance compared internally over time (patterns/trends)
- Performance compared with similar processes in other organizations
- Performance compared to up-to-date external sources (benchmarking)
- Statistical process established for expected variation

☐ Identify gaps using one of more of the IOM criteria (see guiding principles)

☐ Implement quality improvement cycles (PDCA) with all appropriate stakeholders



Source: Intermountain

Strategic plan goals/objectives

- ☐ Mission/vision
- ☐ Quality outcomes
- ☐ Patient care operations
- ☐ Efficiency of care
- ☐ Customer satisfaction

The following sources and criteria will be used to identify and prioritize quality initiatives in the organization:

- ☐ Event Reports
- ☐ Sentinel Events
- ☐ High volume/problem prone/high cost
- ☐ Low volume/high risk-problem prone/high cost
- ☐ Alerts and Recalls notifications
- ☐ Serious adverse events
- ☐ Escalation of patient safety issues
- ☐ Published evidence-based practice
- ☐ Initiatives consistent with mission values, strategic plan and directions
- ☐ Mortality data
- ☐ Those consistent with mission values and strategic direction
- ☐ Availability of resources
- ☐ Provident transparency
- ☐ Clinical program and Services initiatives e.g. Press-Ganey, TJC, LeapFrog.
- ☐ Patient engagement and experience
- ☐ Hospital Acquired Conditions

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Thank you