STANFORD
HOSPITAL & CLINICS
*Quality, Patient Safety & Effectiveness Department*


# Quality, Patient Safety, & Clinical Effectiveness

## at

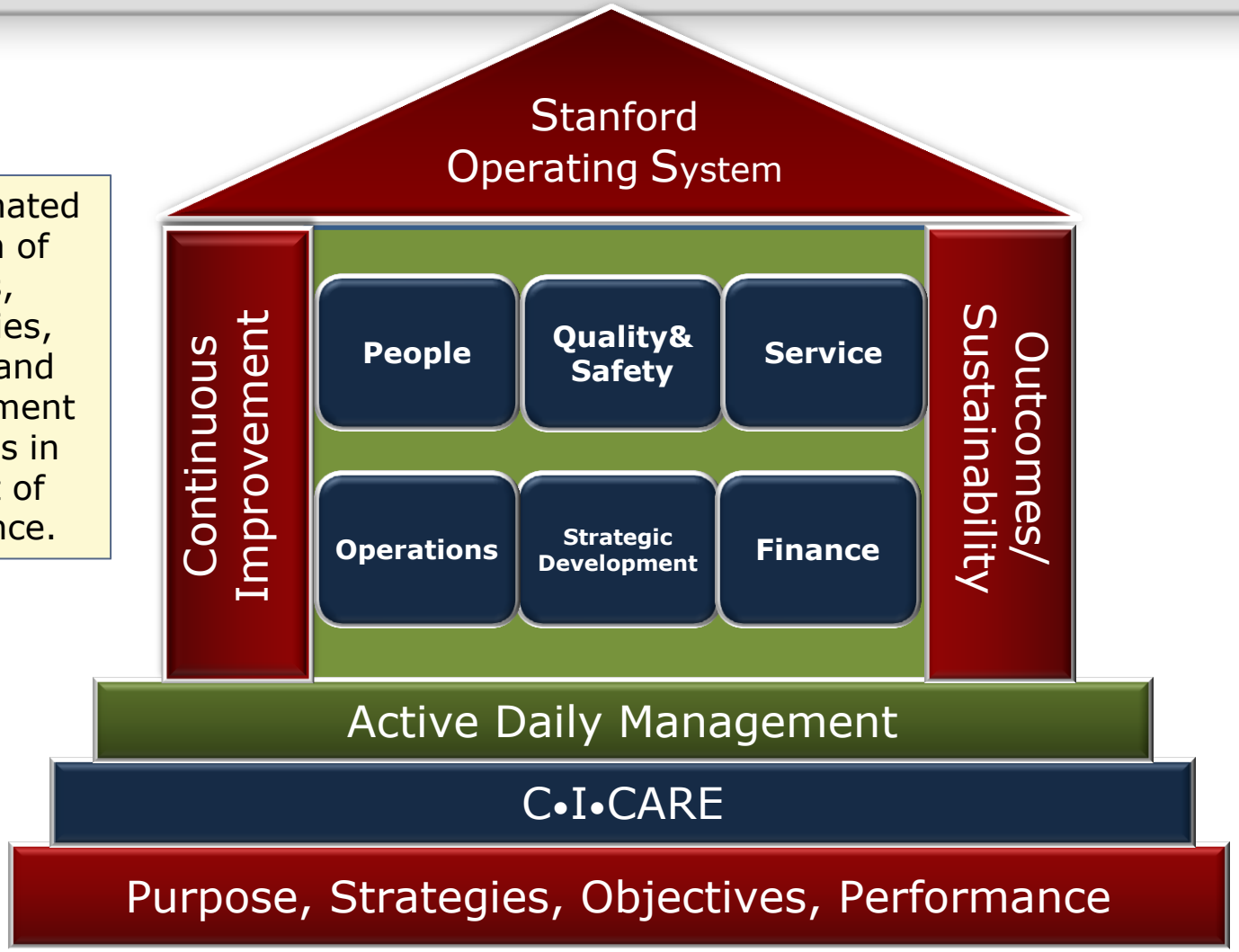
## Stanford Hospital & Clinics

# Objectives

- Provide an overview of quality, patient safety & clinical effectiveness
- Explain the process to report adverse events
- Inform you of opportunities to engage in Quality, Patient Safety & Clinical Effectiveness work
- Explain the methodology used to improve patient outcomes and publicly reported data

# Stanford Operating System (SOS)

A coordinated System of goals, strategies, tactics and management practices in pursuit of excellence.



# MD-C-I-CARE

- A set of elements to remind physicians of the importance of patient centered interactions:
  - **Connect** with people by calling them by their proper name or name they prefer (Mr., Ms., Dr.)
  - **Introduce** yourself and your role
  - **Communicate** what you are going to do, how long it will take, and how it will impact the patient
  - **Ask** permission before entering a room, examining a patient or undertaking an activity.
  - **Respond** to patient's questions or requests promptly, anticipate patient needs
  - **Exit** courteously with an explanation of what will come next

*This list is also on the back of your name badge*

# Philosophy for Clinical QI Work


- When designing quality improvement initiatives, SHC is guided by our model for Clinical Effectiveness
- Clinical Effectiveness is defined by 4 principles:
  - grounding solutions in **evidence-based practice**
  - designing care to be **patient-centered**
  - focusing on optimizing patient outcomes / **quality**
  - and providing high **value** for the care delivered (e.g. appropriate resource utilization)

# Stanford Hospital and Clinics – Board Quality & Service Committee

## Medical Executive Committee

Reviews and acts upon recommendations from Med Staff Committees, GME, and SHC Dept

### Quality, Patient Safety & Effectiveness Committee (QPSEC)

- Ensure regulatory compliance
- Prioritize improvement initiatives
- Define actions to achieve goals
- Monitor Results

### Quality Steering Committee (QSC)

- Culture of safety strategy
- Root cause analysis
- Concurrent response to incidents or events
- Monitors follow up

### Care Improvement Committee (CIC)

- Monitors Ongoing Practitioner Performance
- Identifies and resolves physician practices and related system issues
- Refers hospital system to process owners

### Committee for Professionalism (CFP)

- Monitors and improves professional behavior
- Oversees Patient Advocacy Reporting System (PARS) program
- Evaluates complaints about MD behavior
- Implements improvement actions

Micro System Task Forces & Teams

Multidisciplinary Medical Staff Committees & Quality Councils

Safety incidents
Near misses
Sentinel events

Professional Practice Evaluation Committees (PPECs)

Patient & Family Complaints

Staff & Physician Complaints

Quality Committee Structure 2011 (rev. 08/12)

# 2012 Quality Improvement (QI) Priorities

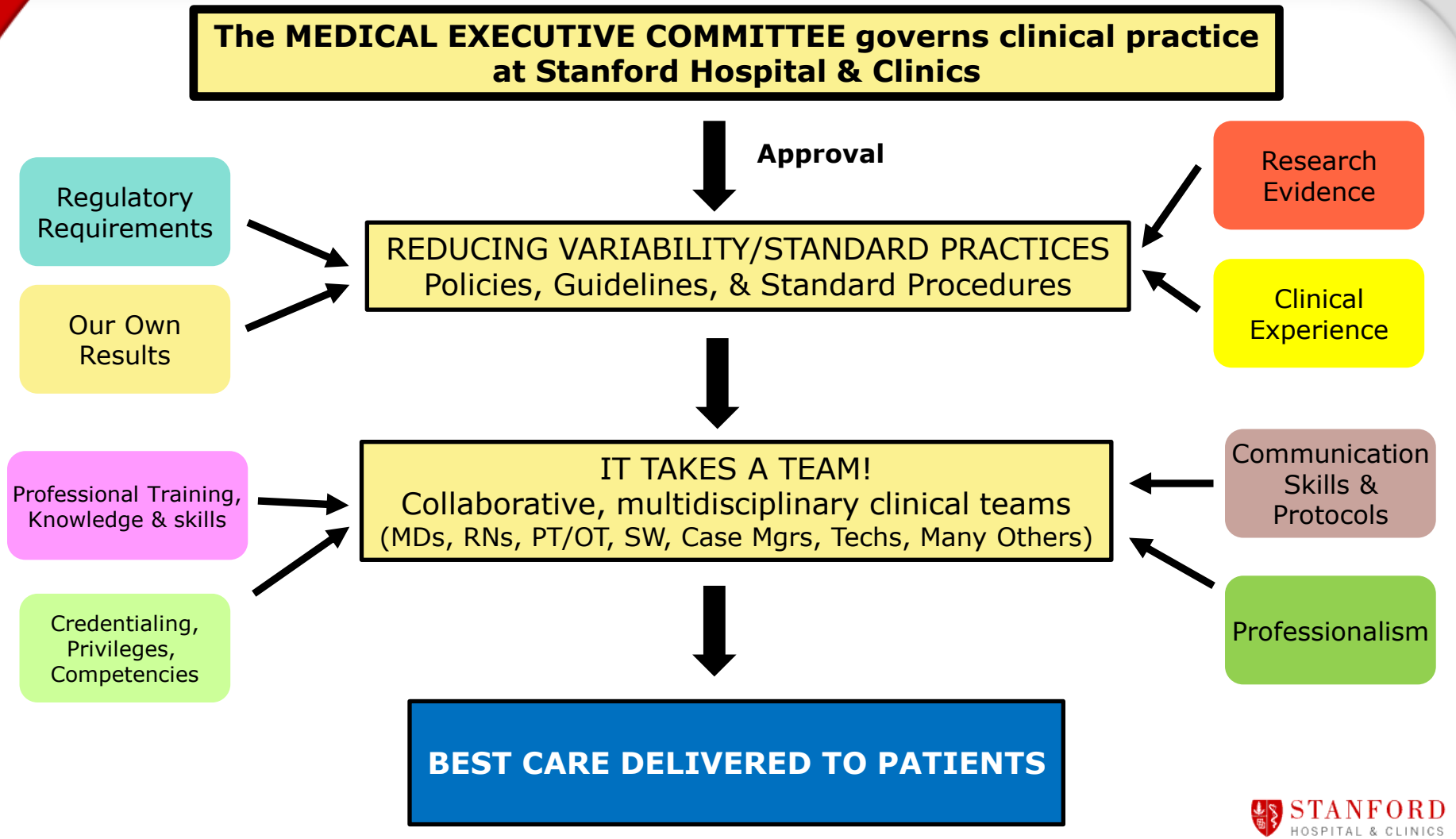
- Patient Progression - “Team Care”
- Readmissions Reduction
- Surgical Site Infection Reduction
- Sepsis Prevention, Identification, and Appropriate Treatment
- Appropriate Blood Utilization
- Optimal Management of Heart Failure Patients
- Patient-Centered Orthopedic Joint Program

**These are the goals for the organization that you directly impact.**

# Measuring Quality

- **Clinical Outcomes** – core measures (Joint Commission), mortality rates
- **Clinical Effectiveness** – Cost & quality balanced to achieve the desired outcome for the patient
- **Patient Satisfaction** (Press Ganey) & SHC Safety Culture Survey
- **Employee Engagement** (The Advisory Board Company)
- **Adverse Outcomes and Incident Reports** - Stanford Alerts For Events (SAFE)

# Getting To The Best Care

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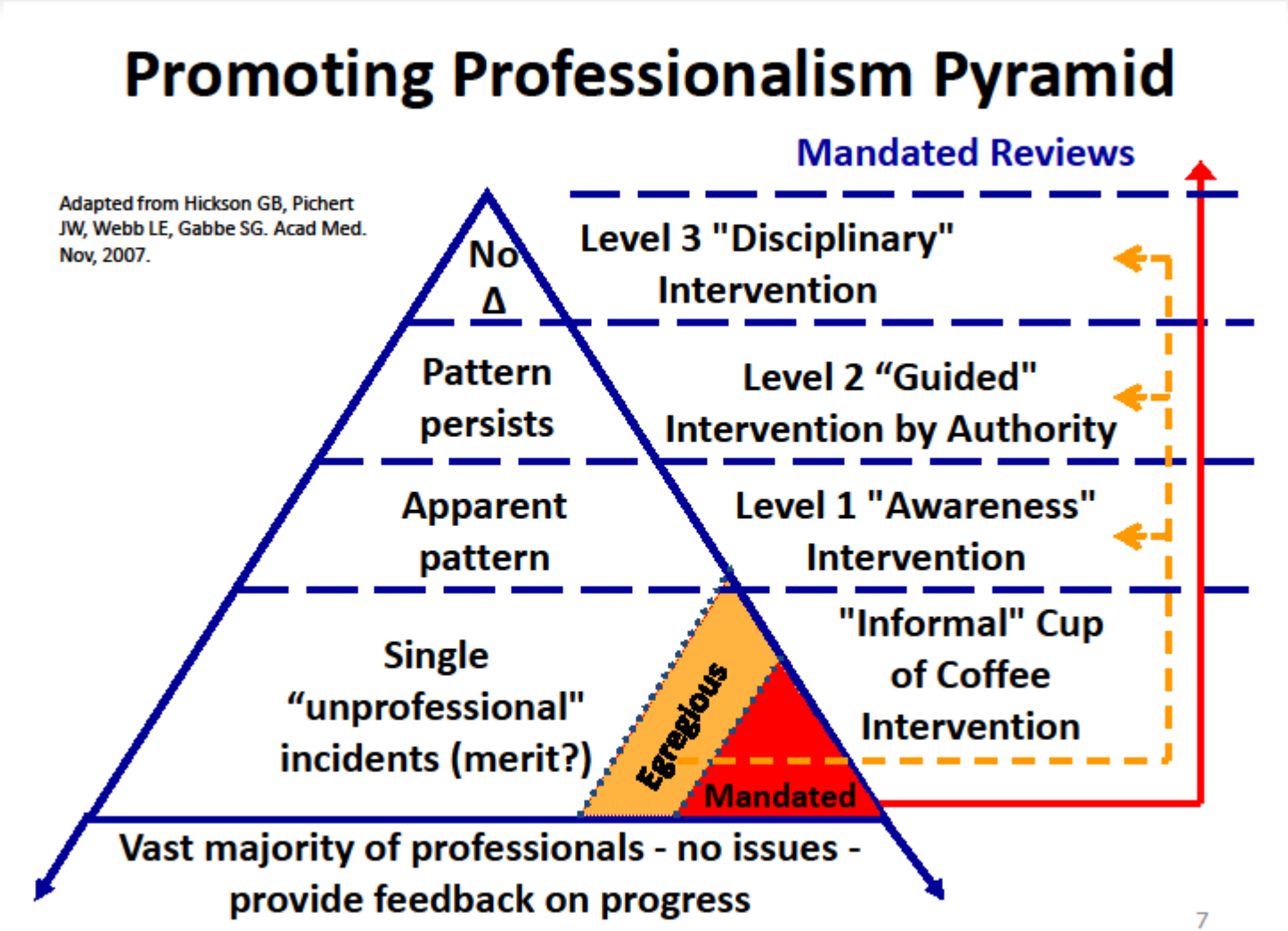
# Code of Professional Behavior

- A high standard of professional behavior, ethics and integrity are expected of each individual member of the SHC Medical Staff.
- The medical staff aims for the highest levels of patient care, trust integrity & honesty.
- Medical staff members have a responsibility for the welfare, well-being and betterment of their patients, along with a responsibility to maintain their own professional behavior and personal well-being.
- Each medical staff member is expected to treat all fellow medical staff members, hospital staff, house staff, students and patients with courtesy and respect and with regard for their dignity.

# PARS & Committee for Professionalism (CFP)

- The Committee for Professionalism (CFP) is a sub-committee of the Medical Executive Committee (MEC) established to serve as resource for monitoring and improving the professional behavior of medical staff, individually and collectively. CFP oversees:
  - The Patient Advocacy Reporting System (PARS) program
  - Evaluation and follow up on complaints about MD behavior from staff or other physicians
- CFP strives to develop expertise and trust of peers to guide an informed, timely, effective SHC response to disruptive or unprofessional behavior.
- PARS is:
  - A tool for objectively identifying physicians who have an unusually large number or severity of patient & family complaints.
  - A process of presenting the data to physicians and supporting their improvement.

# Example of SHC Response to Professionalism Issues



# Clinical Documentation – Key Points

- The EMR must only contain factual and objective information pertaining to direct care of the patient and/or relevant conversations with patient/patient family.
- Current/complete records aid diagnosis and treatment; communicates pertinent information to other caregivers.
- Appropriate documentation:
  - ✓ Represents the physician(s) diagnostic rationale for diagnostic tests/procedures and treatments
  - ✓ Is used by hospital quality improvement teams, peer review committees, and licensing/ regulatory agencies to assess the quality of patient care
  - ✓ Is a key part of accreditation survey data collection
  - ✓ Provides information for financial reimbursement
  - ✓ Serves as a legal document for legal proceedings

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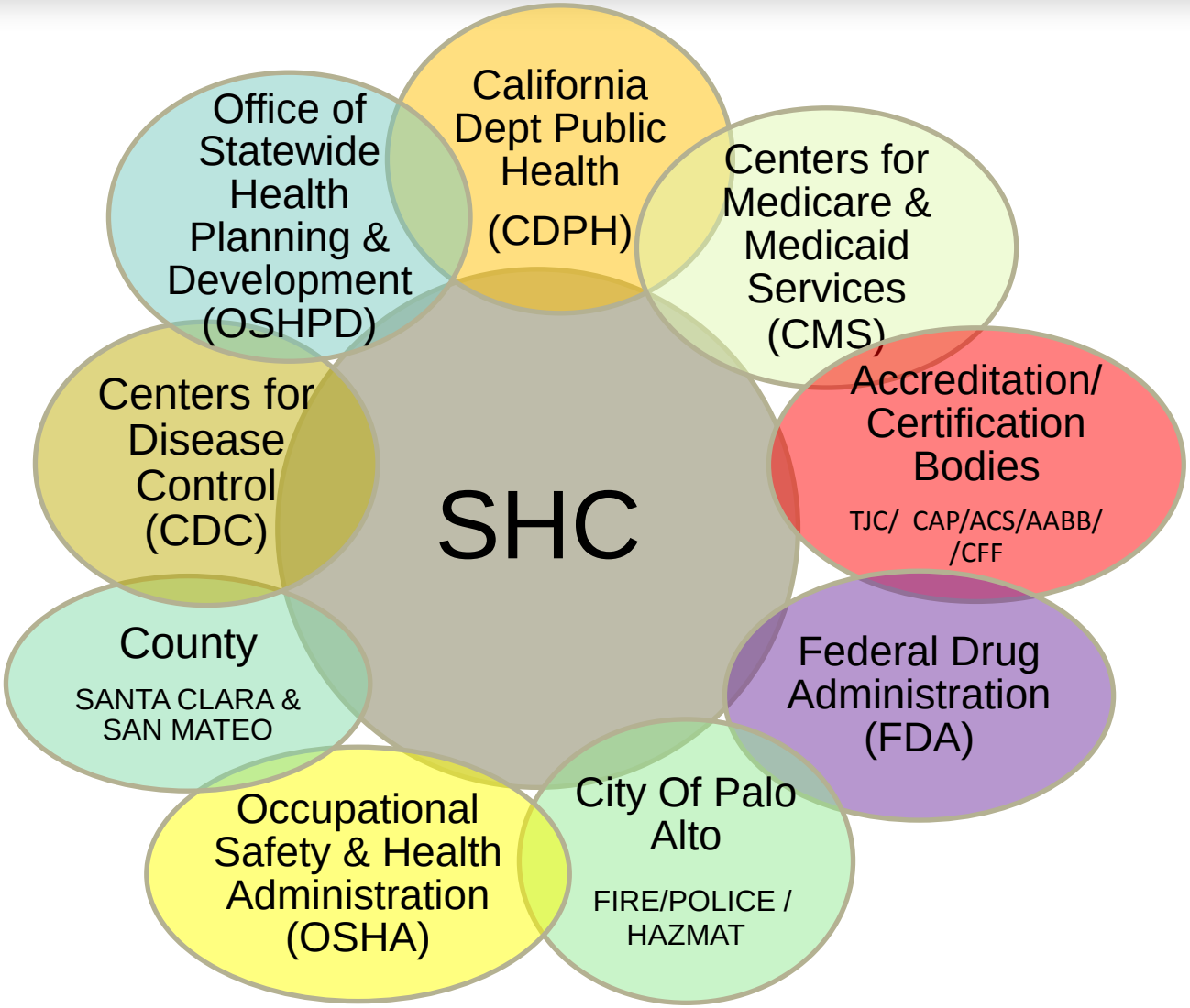
# Accreditation , Regulatory & Licensure

- Hospitals are subject to a multitude of regulations and must ensure compliance with all relevant regulations to:
  - Preserve quality and prevent harm
  - Maintain accreditation and certification
  - Maintain licensure for the provision of care
  - Avoid potential fines
- Institutions are compared based on compliance – another way that we demonstrate our quality
- Many quality and safety measures are now publicly reported (web sites). More will be in the future.

# Surveyors are constantly on campus

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# Adverse Events and Sentinel Events

## Adverse Events

- Unintended injuries or complications caused by healthcare providers.
- **Examples:**
  - Medication errors
  - Falls
  - Accidental puncture and laceration
  - Hospital acquired pressure ulcers infection

## Sentinel Events

- Any unanticipated event resulting in death or major loss of function, not related to the natural course of the patient's illness or underlying condition.
- **Examples:**
  - Wrong site procedures; retained foreign body
  - Death, paralysis, coma, or other major permanent loss of function associated with a medication error.
  - Hemolytic transfusion reactions – errors blood transfusion
  - Pt fall that results in death or major permanent loss of function

**IMMEDIATELY Contact SUMC Risk Management by dialing the page operator (dial 0) – request the "Risk Manager on call". You may also contact the Quality Department at (650)725-9804.**

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# Why Report?

- To prevent adverse outcomes (near miss, unsafe condition)
- To improve quality of patient care
- To improve patient safety
- To improve staff safety
- To promote a positive and safe environment for all
- For certain events, failure to report within 24 hours of discovery results in fines to the hospital - $100 per event per day.

***"The currency of patient safety can only be measured in terms of harm prevented and lives saved."***
***- Sir Liam Donaldson, World Health Organization***

# How to Report?

## Click on the SAFE application

# SAFE Welcome Page


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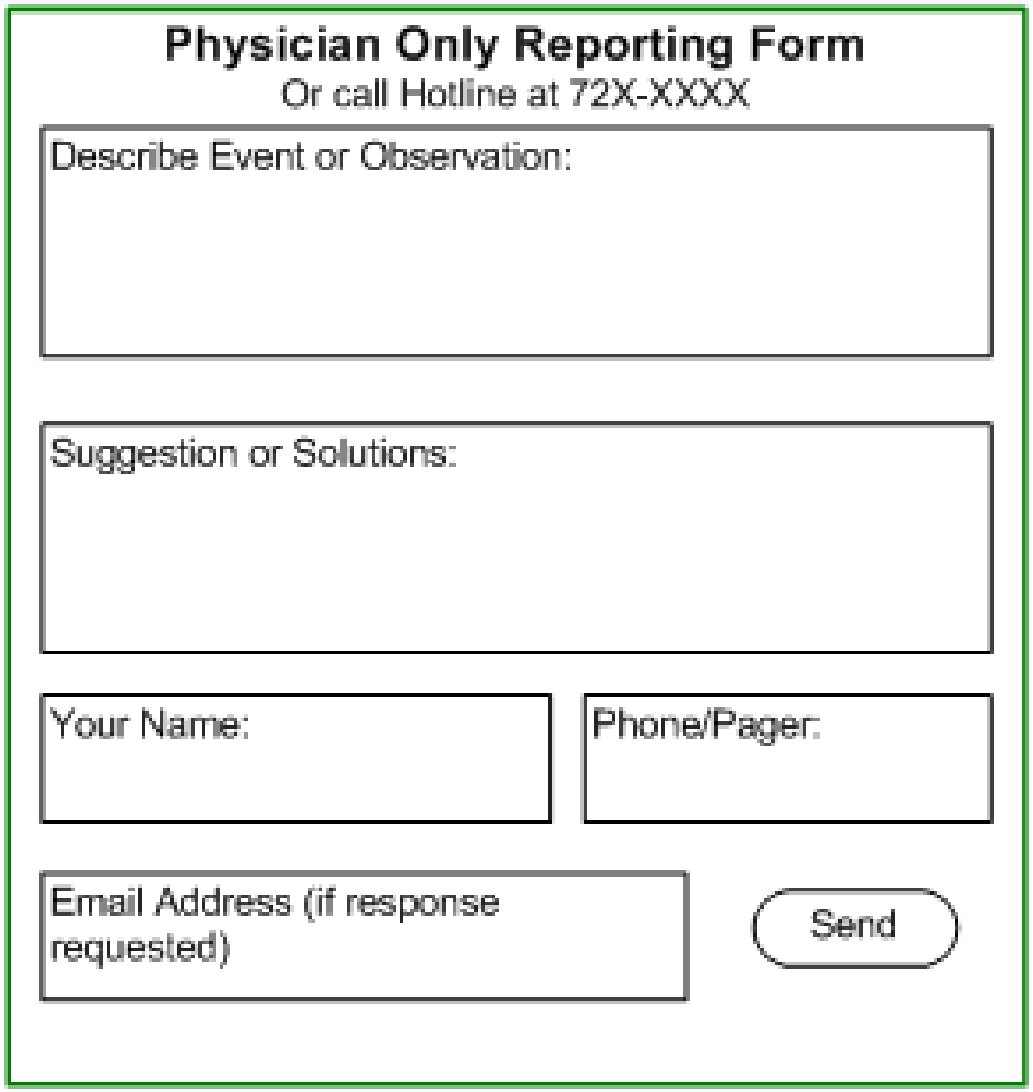
# Event Reporting Form for Physicians

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# What Happens After You Report?

- SHC Patient Safety program will follow up to ensure that the issues are being addressed
- For serious adverse events, the Quality, Patient Safety & Effectiveness Department (QPSED) coordinates event resolution with Risk Management, peer review and other parties involved or impacted.
- Aggregated data is reviewed by Managers, Senior Management and Medical Staff leadership
- PI projects are often generated as a result of data analysis

# The Joint Commission - National Patient Safety Goals

**Improve accuracy of patient identification**

- Use at least 2 patient identifiers when providing care, treatment, & services
- Eliminate transfusion errors due to misidentification

**Improve effectiveness of communication among care providers**

- Report critical results on a timely basis

**Improve medication safety**

- Labels ALL meds, medication containers, and solutions on/off sterile field in periop areas and other procedural settings
- Reduce harm related to anticoagulation therapy
- Maintain/communicate accurate patient med info (med reconciliation)

**Universal Protocol for Preventing wrong patient, wrong site, wrong procedure**

- Pre-procedure verification -- Site marking --Time Out before injection/incision

**Reduce risk of health-care associated infections**

- Improve hand hygiene compliance
- Prevent infections due to Multidrug-Resistant Organisms
- Prevent central-line blood stream infections (CLABSI)
- Prevent surgical infections (SSI)
- Prevent urinary tract infections (CAUTI)

**Identify individuals at risk for suicide**

***National Patient Safety Goals are listed on the back of your badge*

# Informed Consent

Attending Physician or Designee initiates conversation with patient

Discuss: Procedure, Risks, Benefits, Alternatives

Consent obtained directly by the attending MD?

No

Yes

MD may delegate task of obtaining consent to another MD member of the team as long as that physician has sufficient understanding of the risks, benefits and alternatives to the procedure. Note: Residents without a CA license **may not** obtain a patient consent.

Informed consent can be obtained by Allied Health Provider (PA/NP) performing the procedure and/or if the procedure is within the scope of that practitioner's practice

Provider & Patient / legal rep both sign the consent form

**Important:** Document all consents (by signature/date/time), including a consent not directly obtained from the patient but from a legally designated representative.

**Forms must clearly state the name of the responsible provider(s) ( use of the terms "Et al" or "…and associates" are not acceptable)**

**Questions?:** Contact Risk Management at ext. 36824 or page "Risk Manager on duty" through the page operator at ext. 288.

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# A Grievance/Complaint May Be Filed by Staff, Patients, and Families with the Following Regulatory Organizations:

**California Medical Board**
Central Complaint Unit
1-800-633-2322 (TDD: 916-263-0935)
2005 Evergreen St, Suite 1200
Sacramento, CA 95825-3236
www.medbd.ca.gov

**California Department of Public Health (CDPH)**
San Jose District Office
100 Paseo de San Antonio, Suite 235
San Jose, CA 95113
(408) 277-1784

**The Joint Commission (TJC)**
Office of Quality Monitoring 1-800-994-6610
Fax Number: 1-630-792-5636
Email: complaint@jointcommission.org
**www.jointcommission.org**

# Questions?

**Contact: Quality, Patient Safety & Effectiveness Department at (650) 725-9804**

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