POLICY
Quality Assessment, Performance Improvement and Patient Safety Program

This Policy is Applicable to the following sites:
Pennock, SH GR Hospitals

Applicability Limited to: N/A
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Functional Area: Administrative Operations, Quality
Department Area: Quality, Safety

1. Purpose
The purpose of the Quality Assessment, Performance Improvement (QAPI) and Patient Safety Program is to provide a formal mechanism by which Spectrum Health Grand Rapids (SHGR) utilizes objective measures to monitor and evaluate the quality of services provided to patients. Quality is defined broadly as doing the right thing each and every time in order for patients to reach their highest level of function, achieve the best medical outcome and have complete satisfaction. In other words, it is creating a system that makes it hard to do the wrong thing and easy to do the right thing. The program facilitates a multidisciplinary, systematic performance improvement approach to identify and pursue opportunities. The goal is to improve patient outcomes and reduce the risks of preventable harm through highly reliable performance in a manner that embraces the mission of the hospital: to improve the health of the communities we serve.

2. Definitions
QAPI: Quality Assessment and Performance Improvement

3. Responsibilities
The authority and accountability for the establishment, support and evaluation of the QAPI and Patient Safety Program shall be vested in the governing board, medical staff and executives of Spectrum Health Grand Rapids.

4. Policy
I. Program Description
The SHGR QAPI and Patient Safety program is designed to guide and support short and long term strategies for quality improvement, patient safety and quality reporting that will enable Spectrum Health to achieve its vision.

II. Program Organization and Responsibility
A. The governing board will assure that the QAPI and Patient Safety Program:
   1. Reflects the complexity of the organization and its services,
   2. Is functionally integrated with the QAPI programs for those services,
   3. Involves all hospital services (including those services furnished under contract or arrangement),
4. Focuses on indicators that are meaningful to patients,
5. Takes actions to demonstrate improvement in hospital performance,
6. Is an ongoing program for quality improvement and patient safety that is defined, implemented, and maintained, and is evaluated annually,
7. That hospital-wide QAPI efforts address priorities for improved quality of care and patient safety, and that all improvement actions are evaluated for effectiveness,
8. Determines the number and type of distinct QAPI performance improvement projects to be conducted for a given period of time,
9. Designates one or more individual(s) who are responsible for operating the quality assessment and performance improvement program, and
10. Review results at least twice a year, including data collection, analyses, activities and projects and that decisions are made based on the review.
11. Decisions made based on review will be communicated to the SHGR EQSC for implementation.

B. SHGR Executive Quality and Safety Committee
1. The SHGR Executive Quality and Safety Committee (EQSC), is responsible for ensuring that SHGR implements the approved PI program. SHGR EQSC is responsible for implementing and coordinating PI program activities such as, but not limited to:
   a. Establishing the committee’s annual review schedule for the PI program;
   b. Participation in communication among committee members by reviewing written reports and minutes;
   c. Directing and coordinating QAPI activities;
   d. Recommended communication from the committee to all staff.
2. The SHGR EQSC consists of all SHGR executives.
3. SHGR EQSC will meet at least four (4) times per year to provide oversight to the PI program.
4. Decisions that are made about the implementation of the PI program will be communicated to SHGR MEC and the governing board.

C. SHGR Medical Executive Committee
1. The SHGR Medical Executive Committee (MEC) is responsible to review and give input to the Performance Improvement program.
2. The SHGR MEC will review PI program results at least twice annually, including data collection, analyses, activities and projects. Decisions that are made based on the review will be communicated to SHGR EQSC.

D. Program data
1. The program will use quality indicator data, including patient care, and other relevant data, in the design of its program. The program will use the data collected to do the following:
   a. Monitor the effectiveness and safety of services and quality of care.
   b. Identify opportunities and priorities for improvement.
2. The frequency and detail of the data collection will be approved by SHGR’s governing body.
3. Analysis of Data:
   a. Analysis may occur using a variety of methods that are appropriate to the data collected.
   b. This may include trending over time, comparing to benchmarks, reviewing outliers, statistical process control methodology, case reviews, fishbone analysis, histograms, etc.
   c. The results of the analyses must be documented.

E. Program activities:
1. SHGR’s performance improvement activities will:
   a. Focus on high risk, high volume, or problem-prone areas.
   b. Consider incidence, prevalence, and severity of problems in those areas.
   c. Affect patient outcomes, patient safety, and quality of care.
d. Track complaints, infections, medication errors and other adverse events, analyze their causes, and implement preventive actions and mechanisms that include feedback and learning throughout SHGR.

e. Take actions aimed at performance improvement and, after implementing those actions;

f. Measure its success and track performance to ensure that improvements are sustained.

2. The quality assessment and performance improvement model developed internally and adopted by SHGR is the “Plan, Do, Study, Act Quality Cycle.” Other tools that may be used include, but are not limited to:

   a. An A3 planning tool
   b. Failure Mode and Effect Analysis
   c. A Fishbone diagram
   d. Value/effort grid

F. Performance Improvement Projects:

   1. SHGR will develop, implement, and evaluate a performance improvement (PI) plan every two years.

   2. The number and scope of distinct performance improvement projects conducted will be based on the needs of SHGR’s population and internal organizational needs and will reflect the scope, complexity, and past performance of SHGR’s services and operations.

   3. SHGR will document the performance improvement projects that are being conducted, the reasons for conducting these projects, and the measurable progress achieved on these projects.

   4. The following criteria for choosing performance improvement projects may be used but are not limited to:

      a. Supports SHGR’s key strategies
      b. External regulatory requirements
      c. Recurrent needs of SHGR patients,
      d. Weaknesses with SHGR’s systems/operations;
      e. Diagnoses with high volume and high cost;
      f. A high potential for improvement;
      g. Market competition;
      h. High probability of achieving changes
      i. Ethical issues and concerns.

   5. The department or service line will choose specific performance indicators for which data will be collected. The performance indicator is developed in order to focus improvement or change.

   6. Performance Improvement projects must have the following documented:

      a. The process used to analyze the selected issue;
      b. Possible solutions generated;
      c. Recommendations for changes;
      d. Ongoing monitoring for the impact of the changes for sustainability and,
      e. Communication plan changes made based on performance improvement activities.

III. Confidentiality

A. The records, data, and knowledge collected for or by individuals or committees assigned a review function are confidential, shall not be public records and shall not be available for court subpoena pursuant to MCL 333.20175, 333.21513, 333.21515, 331.531, 331.532, 331.533 as well as State and Federal laws.

B. All investigations, monitoring, measurement and analysis conducted under this policy shall be constructed in strict confidence with results made available in accordance with Spectrum Health policy and applicable law.
5. Revisions
   Spectrum Health reserves the right to alter, amend, modify or eliminate this policy at any time without prior written notice.

6. References
   This optional section can be used to provide links to related reference materials, such as other policies, procedures, or websites.

7. Policy Development and Approval

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8. Keywords
   Quality, Safety, Performance Improvement, QAPI