VII. STANDING COMMITTEES

A. Academic and Student Affairs

in Joint Session with

B. Finance, Audit and Facilities Committee

UW Medicine Board Annual Patient Safety and Quality Committee Report

For information only

Attachments
1. UW Medicine Board Patient Safety and Quality Committee, Annual Report to the Board of Regents June 2013
2. Accountable Care Organizations: An Introduction

UW Medicine Board

Patient Safety and Quality Committee

Annual Report to the UW Board of Regents

June 2013

UW Medicine

HARBORVIEW MEDICAL CENTER | NORTHWEST HOSPITAL & MEDICAL CENTER | VALLEY MEDICAL CENTER | UW MEDICAL CENTER
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ATTACHMENT 1

UW Medicine Board Patient Safety and Quality Committee
Annual Report to the UW Board of Regents
June 2013

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1. Introduction

The UW Medicine Board Patient Safety and Quality Committee is providing the second annual report to the UW Board of Regents to inform the Regents on the patient safety and quality improvement programs at UW Medicine.

2. Governing Documents and Committee Charters

UW Medicine Coordinated Quality Improvement Program (CQIP)

Quality improvement programs for hospitals in Washington are required as a matter of facility licensure (RCW 70.41.200). UW Medicine, which consists of hospital and non-hospital components, chose to formalize its program by creating and submitting a Coordinated Quality Improvement Program (CQIP) plan (RCW 43.70.510) to the Washington Department of Health in order to provide a framework for its joint quality improvement efforts and to receive the same confidentiality protections for its collaborative work granted to hospitals under state law. The initial CQIP plan was approved on January 30, 2008, by the Department of Health. Since that time, the scope, components and operation of UW Medicine and associated quality improvement activities have expanded. For this reason, UW Medicine and each of its hospitals are in the process of modifying the CQIP in order to ensure that its coordinated quality improvement and malpractice prevention programs, and its peer review processes, continue to be appropriately organized, as well as to ensure that all applicable privileges, immunities, and protections for quality improvement, malpractice prevention and peer review are preserved.

Under the CQIP, the delivery of healthcare services to patients in all components of UW Medicine, as well as services delivered by UW Medicine affiliated providers at other institutions or locations, are subject to retrospective and prospective review for the purposes of: (a) improving the quality of care of patients and preventing medical malpractice; (b) assessing the competence of, and maintenance of relevant information concerning, individual physicians affiliated with UW Medicine; (c) resolving patient grievances; (d) developing information concerning negative outcomes and incidents, liability claims, settlements and awards, costs of insurance, and patient injury prevention; (e) delivering educational programs concerning quality improvement and patient safety, etc.; and (f) maintaining and improving policies to ensure these purposes are served.

By delegation from the Board of Regents and the President of the University, the CEO, UW Medicine and Dean of the School of Medicine exercises responsibility for overseeing, planning and coordinating the resources of UW Medicine, including its QI activities.

The UW Medicine Board Patient Safety and Quality Committee serves in an advisory role to the CEO, UW Medicine and Dean of the School of Medicine with respect to QI activities of UW Medicine. The CEO, UW Medicine and Dean of the School of Medicine has assigned responsibility for operation of the CQIP to the UW Medicine Quality & Safety Executive Committee (QSEC).This committee is responsible to the CEO, UW Medicine and Dean of the School of Medicine for the policy and operational components of the CQIP and may delegate to other UW Medicine quality improvement committees as necessary to accomplish its work.

The UW Medicine quality improvement committees and the UW Medicine CQIP serve as forums to share systemwide standards and best practices from each site. For example, Harborview Medical Center (HMC), Northwest Hospital and Medical Center (NWH), Valley Medical Center (VMC), University of Washington Medical Center (UWMC) and Seattle Cancer Center Alliance (SCCA) have quality improvement plans and activities under RCW 70.41.200. The UW School of Medicine clinical departments conduct ongoing evaluations of the qualifications and competency of health professionals, and of the quality of care provided by department health professionals under RCW 70.41.190 and RCW 43.70.510, including Mortality and Morbidity (M&M) peer review process. UW Medicine component and affiliated entities have ongoing provider credentialing and privileging processes and activities.

The UW Medicine Quality & Safety Executive Committee has oversight responsibility for selected University and UW Medicine QI activities described in the CQIP plan, including communications by and between the various components of UW Medicine. Members of the UW Medicine Quality & Safety Executive Committee and its primary sub-committee, the UW Medicine Quality & Safety Coordination Committee, also participate in quality improvement, quality assurance, medical malpractice prevention and peer review at University member organizations, affiliated institutions or facilities, and approved sites of practice. Support for these functions is provided by the Chief Health System Officer, UW Medicine/Vice President for Medical Affairs, University of Washington (CHSO/VPMA) and Vice Dean for Clinical Affairs and Graduate Medical Education, University of Washington School of Medicine.

UW Medicine Board Patient Safety & Quality Committee Charter

The UW Medicine Board, which is comprised of community leaders appointed by the Board of Regents, advises the CEO, UW Medicine and Dean of the School of Medicine in strategic planning and oversight of programs across UW Medicine. Through its Patient Safety and Quality Committee, the UW Medicine Board provides guidance and advice regarding patient safety and quality, including: review and

evaluation of the patient safety and quality programs of UW Medicine; strategic planning and program development; risk assessment; analysis of emergent and ongoing system-wide patient safety and quality issues; analysis and advice on proactive risk mitigation plans for any patient safety and quality items that could result in patient harm or potential loss of public trust in UW Medicine; and resource allocation associated with UW Medicine patient safety and quality. In addition, the committee also periodically reviews the CQIP. For these purposes, the UW Medicine Board may receive documents and information generated, collected and maintained as a part of UW Medicine's CQIP and, to that extent, functions as a quality improvement committee under WAC 246-50-020(1)(b).

UW Medicine Quality & Safety Executive Committee (QSEC)

The CEO, UW Medicine and Dean of the School of Medicine has delegated operational authority for the coordinated quality improvement program and this CQIP to the UW Medicine Quality & Safety Executive Committee (QSEC) and appoints its members. The QSEC's purpose is to organize, coordinate and align QI efforts among all UW Medicine components (UWMC, HMC, NWH, VMC, UW Physicians (UWP), UW Neighborhood Clinics (UWNC), Airlift Northwest (ALNW) and UW School of Medicine), University member and affiliated organizations, and Approved Sites of Practice to ensure that quality of care is reviewed across all locations where University-affiliated providers deliver services.

The QSEC also: (1) supports hospital-based QI programs as needed by authorizing and directing hospital incident reporting, peer review and M&M processes as required by The Joint Commission (TJC) or other accreditation bodies, into the CQIP process; (2) through review of quality improvement reports, professional liability claims and litigation, seeks to avoid negative financial implications and damage to reputation related to adverse patient events by providing education and "lessons learned" to the hospitals and clinical services; and (3) integrates Research Adverse Event Reviews into QI and clinical risk management reviews. The QSEC's purposes also include ensuring that existing QI programs within UW Medicine component entities are aligned with this CQIP, avoiding duplication of resources, prevention of delayed recognition of potentially compensable patient safety events and practice events, management and mitigation of such events, and damage to reputation. The QSEC functions as a quality improvement committee under WAC 246-50-020(1)(b).

UW Medicine Quality & Safety Coordination Committee (QSCC)

The QSCC is a sub-committee of the Quality & Safety Executive Committee, from which it receives executive direction, and reports to on a quarterly basis. The QSCC oversees and relies on the established component parts of QI processes including hospital-based committees, UW School of Medicine departmental reviews including M&M processes, blood borne pathogen policy reviews, peer review processes related to physician competence, event and incident reports, Pharmacy and Therapeutics (P&T) Committee reviews, Infection Control Committee reviews, and departmental and Graduate Medical Education (GME) Committee evaluations of GME program participants. The QSCC may form sub-committees and task force workgroups to perform the work of the committee. The QSCC, and any subcommittees formed at its direction, function as QI committees under WAC 246-50-020(1) (b).

3. Patients Are First Executive Steering Committee

The Patients Are First initiative has been implemented under the leadership of the CHSO/VPMA throughout UW Medicine as an organizational framework for delivering consistent service excellence to every patient, every time. In support of this initiative, UW Medicine has continued the engagement of the Studer Group, LLC, and a national expert consultant group on implementing evidence-based practices that improve service, satisfaction, quality and safety while reducing costs. The framework includes the deployment of evidenced-based leadership tools and tactics across the health system to achieve goals related to quality, safety, satisfaction and fiscal responsibility. Performance measurement of these established Pillar Goals and Metrics are shared throughout the organization with all levels of staff. Through Patients Are First, UW Medicine is creating better leaders and greater consistency across the health system, refining our metrics to support systems of accountability, and providing staff, managers, physicians and leaders with the tools, tactics and reports to achieve our strategic outcomes.

UW Medicine has established four “Pillars” as the foundation for building a Patients Are First culture.

- Focus on Serving the Patient and Family: serve all patients and family members with compassion, respect and excellence;
- Provide the Highest Quality Care: provide the highest quality, safest and most effective care to every patient, every time;
- Become the Employer of Choice: recruit and retain a competent, professional workforce focused on serving our patients and their families;

- Practice Fiscal Responsibility: ensure effective financial planning and the economic performance necessary to invest in strategies that improve the health of our patients.

4. Culture of Safety: Major Initiatives at UW Medicine

The UW Medicine Board Quality and Safety Committee has expressed considerable interest in how culture of safety is measured and promoted across the organization. In the annual work plan for the quality committee, the board has include specific agenda items requesting details of the culture of safety survey, openness to reporting medical errors, methods of ensuring accountability, and efforts to standardize expectations for culture change.

With this directive, the UW Medicine Quality and Safety Executive Committee has working closely with its sub committees, executive teams across UW Medicine entities, and the clinical and quality and safety leadership to define key initiatives to demonstrate progress in culture of safety and quality.

Culture of safety surveys have been distributed to each inpatient facility over the past several years. It is recognized that each entity has used slightly different surveys and sampling methods, however, the overall results show similar trends. Overall patient safety scores ranged from 64% to 78% across the four inpatient facilities, representing "middle of the pack" rankings when compared to other academic institutions. Areas for greatest opportunity include direct feedback to staff and faculty after errors or unsafe conditions have been reported to demonstrate loop closure and that the problems have been addressed. The survey results also identified the need to work on handoff's and transitions of care as particularly vulnerable periods in patient care, as well as the importance of non-punitive reporting and the essential value of team work. These responses provide an excellent roadmap for ongoing attention and focus. It was also concluded that UW Medicine would distribute the same survey across the enterprise to ensure the greatest opportunity to measure and accelerate improvements in a standardized fashion.

Two very important UW Medicine initiatives that directly address the culture of safety include the adoption of a "Just Culture" framework, and the role of TeamSTEPPS in promoting highly effective inter-professional communication and teamwork.

Just Culture

In 2009, UW Medicine embarked on the journey to become a "Just Culture." The UW Medicine "Just Culture" focuses on creating a learning culture, designing and implementing safety systems, and managing behavioral choices that promote and improve patient safety. The Just Culture approach emphasizes the importance of training and systems to support personal accountability and corporate self-regulation in safety matters. Physicians and staff are encouraged to provide essential safety-related information based on establishing a clear line between acceptable and unacceptable behavior.

TeamSTEPPS

UW Medicine began deployment of Team Strategies and Tools to Enhance Performance and Patient Safety (TeamSTEPPS) in 2008 to improve patient safety by improving communication and teamwork skills among its health professionals. UW Medicine is a national training site for TeamSTEPPS, with 127 master trainers on staff. Over 1,500 UW Medicine faculty and staff have trained in TeamSTEPPS, including operating room, intensive care unit, emergency room and labor and delivery personnel. Since 2010, all incoming residents and fellows (over 200 per year) have been trained in TeamSTEPPS during orientation.

As one of eight test hospitals for the World Health Organization Surgical Checklist project, UW Medicine introduced TeamSTEPPS principles in the final pre-surgery checklist that is used routinely by our surgeons. Just as pilots rely on checklists to operate airplanes safely, the Surgical Checklist has been demonstrated to reduce deaths and complications substantially among surgical patients. Our physicians have been national leaders in implementing the Surgical Checklist and are responsible also for implementation throughout other Washington hospitals.

5. Standardization of Best Practices: Training and other clinical transformation programs

Over the past year, UW Medicine leadership has made new strides in promoting standardization of best practices. Work in standardization can generally be grouped into two major categories. The first relates to the standardization of training and clinical skill and is best represented in the work being coordinated through ISIS. The second area of focus regards standardization of clinical practice, and is being led primarily through the Transformation of Care process. These are described as follows:

Institute for Simulation and Interprofessional Studies (ISIS)

Following the example of the aerospace industry training model that uses simulation for training and testing, UW Medicine has led the nation in the use of simulation technology training for healthcare. Since 2006, UW Medicine's Institute for Simulation and Interprofessional Studies (ISIS) has pioneered simulation training and retraining for health professionals to improve healthcare through increased patient safety. Within safe and realistic learning environments, ISIS trains healthcare professionals to be effective, efficient clinicians and adept team communicators. Training occurs on sophisticated mannequins, through virtual electronic cases, and on machines that simulate clinical settings; all include metrics by which trainees' skills and progress are measured. ISIS simulation facilities are located at UW Medical Center, Harborview Medical Center and Northwest Hospital.

With expansion to these three facilities, UW Medicine has dramatically increased ISIS training. For example, the Harborview site provided more than 31,500 documented learner hours in fiscal year 2010, with trainees participating from multiple specialties, including emergency medicine, neurological surgery, orthopedics, otolaryngology, vascular surgery and nursing. ISIS has been recognized by the Josiah Macy, Jr. Foundation in New York as a national leader in using simulation for interprofessional team training of healthcare professionals.

Transformation of Care (ToCC) Committee

The ToCC is a UW Medicine enterprise level committee with a primary charge to transform clinical proactive by seeking standardization of practice, cost reduction and educational outreach in the clinical arena. The committee structure is set up to promote system level initiatives such as Length of Stay reductions and uniform purchasing of devices and pharmaceuticals, as well as, support for initiatives at each institution that are unique to the services at the local level. For example, an initiative at HMC would include a focus on spinal implants, while at the UWMC a strong focus on chemotherapeutics would be involved.

The ToCC process is already yielding positive results both in terms of actual cost reductions and efficiency gains, but perhaps even more importantly, in setting expectations for rigorous review of all products used in the clinical environment. It is well known that individual physicians have individual preferences based on historical patterns or where and how people trained. The ToCC process is aimed at working in a collaborative and iterative fashion to provide the clinical data and cost information

needed to generate constructive dialogue across physicians to promote much greater standardization in clinical care.

6. Performance Measurement and Local and National Benchmarking

UW Medicine uses national and regional benchmarking tools to drive performance improvement. Leaders across UW Medicine monitor all such benchmarking reports as a way to gauge the success of our performance relative to other institutions. UW Medicine has a single mission; to improve the health of the public. In pursuit of this mission, UW Medicine has a large, comprehensive clinical care program, a large and diverse range of health professional education and training programs and one of the largest, most advanced biomedical research programs in the world.

For performance measurement and benchmarking, UW Medicine's clinical programs are compared with other major academic medical centers, especially those performing a similar spectrum of clinical care. The University Healthsystem Consortium (UHC) provides benchmarking data. Each year the UHC generates a national scorecard combining mortality, core measures and readmissions, harm events, efficiency and patient satisfaction. Over the past 6 years, UW Medicine has shown substantial improvements relative to other academic health systems, with our institutions now performing in the top third nationally on most measures.

These data show outstanding progress relative to other leading academic institutions across the county. While this performance relative to national benchmarks generates substantial recognition, there are many options for medical care available to patients in our own region. Because UW Medicine competes with a wide range of outstanding medical programs in the Puget Sound region and in the northwest generally, it is essential that UW Medicine leaders challenge our systems to be as efficient, patient-centered and high quality as any in the region.

Numerous comparative tools are available to assess overall performance relative to Washington State hospitals. Leapfrog and Centers for Medicaid & Medicare Services (CMS) are two of the leading national-scale web-based comparative reports readily available to the general public. At a regional-level there are also three prominent publicly available comparative tools including the Washington State Hospital Association site, the Puget Sound Health Alliance and the COAP/SCOAP collaborative programs. The combined efforts of UW Medicine hospitals as represented on these performance scorecards shows the substantial improvements made over the past several years relative to other local institutions.

In addition, the US News and World Report issues hospital rankings annually. In 2013, UWMC was listed as one of the top 20 Honor Roll "Best Hospitals" in the country based on the outstanding clinical programs and physicians. All four UW Medicine hospitals "HMC, UWMC, VMA and NWH) were listed in the top 10 metropolitan rankings of the US News and World Report best hospitals in the region. UWMC received the top #1 ranking followed by HMC as the #2 ranking for the best hospitals in the region.

7. Managing Harm Events at UW Medicine

Health care professionals and staff across UW Medicine are expected to report adverse and sentinel events through supervisory or management leadership using the electronic incident report tools when witnessing or becoming aware of a harm event or near miss. Fully-automated, electronic incident reporting systems are available and in use by physicians and staff at ALNW, HMC, UWMC, VMC and NWH. Hall Health Primary Care Center (HHPCC) and UW Neighborhood Clinics (UWNC) use electronic incident report forms that are captured in a database that also receives daily downloads of incident reports from Each clinical department also reviews harm events within the context of departmental Morbidity and Mortality (M&M) conferences. Planning is underway for UW Medicine to integrate its disparate electronic incident reporting systems in 2014 in order to capture incidents across the system at all levels of care.

UW Medicine quality, patient safety, and risk management professionals collaborate to review incident reports on a daily basis. Incidents involving serious outcomes of care that may qualify as adverse or sentinel events and require further review via Root Cause Analysis (RCA) are identified and reported to senior leadership, including the Medical Director, Chief Nursing Officer, Director of Quality Improvement, and the Director of Risk Management. The Risk Management and Quality Improvement departments review incident reports and M&M case reviews for possible reportable or reviewable events and take immediate steps to investigate and mitigate situations involving patient harm.

UW Medicine has adopted definitions set out by the following organizations:

- Joint Commission (TJC): A Sentinel Event is an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or function. The phrase, 'or the risk thereof' includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome.

- State Department of Health (DOH): Per RCW 70.56.010, an Adverse Event is described as the list of 29 serious reportable events adopted by the National Quality Forum (NQF) in 2011. NQF has further stated that "adverse events are serious, largely preventable, and of concern to healthcare providers, consumers, and all stakeholders."

All UW Medicine components review serious outcomes of care using a formal review process that invites participation by the health professionals involved in an adverse or serious event. The hospital components use a more formal process known as a Root Cause Analysis to determine what may have caused the event (e.g. human factors, system design issues, and training/education). The review focuses primarily on systems and organization processes, and identifies potential improvements in those processes or systems that would tend to decrease the likelihood of such events in the future. It may also determine, after analysis that no such improvement opportunities exist. UW Medicine components also track patient complaints and grievances and incorporate this information in the medical staff reappointment processes.

8. Pay for Performance/Value-Based Purchasing

Value-Based Purchasing (VBP) and Pay For Performance (P4P) programs that are applied to health care payment calculations. In principle, an institution is rewarded or penalized based on a set of pre-defined quality goals. Earliest versions of P4P, were loosely termed "Pay For Participation" which meant that an institution that fully participated in data collection and reporting was eligible for the full incentive payment from the payer (most notably Medicare). Such programs are now transitioning to be based on the actual performance relative to the quality goal.

Medicare has developed a Value-Based Purchasing (VBP) formula that is based on the Core Measures and the inpatient patient experience survey data. CMS is currently withholding 1% of the base payments for patients with Fee-For-Service Medicare coverage. A hospital is then eligible to "earn back" the amount withheld based on a performance score weighted 70% by Core Measures and 30% by HCAHPS. The VBP program will be budget neutral such that roughly half of the hospitals nationwide will receive a bonus payment above the amount withheld while the other half will receive less than the amount withheld. The first distribution of "earn back" payments will occur in October 2012, based on performance between July 1, 2011 and March 31, 2012. This VBP formula is part of a multi-year CMS program that will steadily increase the amount of payment at risk (1% in FY12 to 2% in FY 2017) and

steadily increase the measures that are included in the performance score. Other P4P and VBP programs are also underway including a CMS readmission incentive program, CMS Meaningful Use incentive program focused on adoption of electronic health records and multiple health plan-specific programs. UW Medicine has organized a systemwide Meaningful Use Committee to coordinate these efforts.

9. Conclusion

UW Medicine's mission is to improve the health of the public through outstanding patient care, education and research. The clinical care delivery system is well recognized for excellence due to its renowned faculty and staff. UW also attracts the best and brightest students and resident trainees from across the nation. As an organization we continuously strive to improve and excel in patient safety and quality.

This proactive attitude is at the heart of the culture that is evident across UW Medicine. With many resources available locally and nationally for comparative benchmarking, UW Medicine has been able to assess where we are in the top tier and where we have opportunities for improvement. This document has outlined the key drivers that are helping to transform the environment, culture and expectations in pursuit of the highest level of quality, safety and cost effective service for our patients.

UW Medicine is demonstrating rapid and consistent improvement throughout our clinical care delivery system. Physicians and staff are working with the common sense of purpose and recognize the satisfaction that comes with reaching shared goals. UW Medicine is committed to clinical excellence and strives to be the leader in quality, safety, satisfaction and cost effective care to fulfill our mission of improving health.

Accountable Care Organizations: An Introduction

UW Medicine

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ATTACHMENT 2

ACCOUNTABLE CARE

- A collaboration among healthcare providers and payers whereby financial incentives are established to manage the care of a specific population.
- Goals are to maximize healthcare quality, maintain population health and create efficiencies that reduce the growth of healthcare costs.

Source: Ramsey, Paul "The ABC's of Accountable Care" PSBJ, July 27, 2012

ACCOUNTABLE CARE ORGANIZATION (ACO)

- A network of healthcare professionals, hospitals, clinics and other facilities that assume responsibilities for the healthcare of populations of patients.
- Works to ensure high-quality, efficient health care at the lowest possible cost for the population served.

Source: Ramsey, Paul "The ABC's of Accountable Care" PSBJ, July 27, 2012

ACCOUNTABLE CARE ORGANIZATIONS

- Created under Affordable Care Act (ACA) in 2010 by Centers for Medicare & Medicaid Services (CMS) as a strategy to control costs and maximize quality for Medicare patients.
- In many states, ACOs are being created that are separate from the federal incentive program to serve particular populations.

Source: Ramsey, Paul "The ABC's of Accountable Care" PSBJ, July 27, 2012

ACCOUNTABLE CARE ORGANIZATION

Desirable Characteristics of an ACO:

- A network of hospitals, clinics and other health care facilities of sufficient size and geographic distribution to meet the needs of the population served.
- Information technology platform that supports the coordination of evidence-based health care and integrated clinical, operational and financial decision-making.

Source: Ramsey, Paul "The ABC's of Accountable Care" PSBJ, July 27, 2012

ACCOUNTABLE CARE ORGANIZATION

Desirable Characteristics of an ACO

- Standardization of care protocols based on evidence-based research
- Financial ability to enter into risk arrangements and the capability to manage financial risk proactively
- Governance arrangements to align hospital and physician interests, including development of new incentive plans

Source: Ramsey, Paul "The ABC's of Accountable Care" PSBJ, July 27, 2012

CLINICAL INTEGRATION APPROACH

- Achieve agreement on clinical objectives (reduce ED visits, reduce readmissions, reduce infections, etc.).
- Develop protocols for care management coordination including high risk patients.
- Focus on the paradigm shift

From:	To:
Silo Care Management	Enterprise Care Management
Episodes of Care	Coordination of Care
Discharges	Transitions
Production (volume)	Performance (Value)
Caring for the sick	Keeping people well
Utilization Management	Right care, at the right place, at the right time