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.
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*
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)
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

The MEDICAL EXECUTIVE COMMITTEE governs clinical practice at Stanford Hospital & Clinics

Approval

REDUCING VARIABILITY/STANDARD PRACTICES
Policies, Guidelines, & Standard Procedures

Research Evidence
Clinical Experience

IT TAKES A TEAM!
Collaborative, multidisciplinary clinical teams
(MDs, RNs, PT/OT, SW, Case Mgrs, Techs, Many Others)

Communication Skills & Protocols
Professionalism

BEST CARE DELIVERED TO PATIENTS

Regulatory Requirements
Our Own Results
Professional Training, Knowledge & skills
Credentialing, Privileges, Competencies
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.
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

Promoting Professionalism Pyramid


- Vast majority of professionals - no issues - provide feedback on progress
- Single "unprofessional" incidents (merit?)
- Apparent pattern
- Pattern persists
- No \( \Delta \)

Mandated Reviews

- Level 3 "Disciplinary" Intervention
- Level 2 "Guided" Intervention by Authority
- Level 1 "Awareness" Intervention
- "Informal" Cup of Coffee Intervention

Egregious

Mandated
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
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

- California Dept Public Health (CDPH)
- Centers for Medicare & Medicaid Services (CMS)
- Accreditation/Certification Bodies (TJC/CAP/ACS/AABB/CFF)
- Federal Drug Administration (FDA)
- City Of Palo Alto (FIRE/POLICE/HAZMAT)
- County SANTA CLARA & SAN MATEO
- Occupational Safety & Health Administration (OSHA)
- Office of Statewide Health Planning & Development (OSHPD)
- Centers for Disease Control (CDC)
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.
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
Event Reporting Form for Physicians

Physician Only Reporting Form
Or call Hotline at 72X-XXXX

Describe Event or Observation:

Suggestion or Solutions:

Your Name:  
Phone/Pager:

Email Address (if response requested)  
Send
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.
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**
Attending Physician or Designee initiates conversation with patient

Discuss: Procedure, Risks, Benefits, Alternatives

Consent obtained directly by the attending MD?

No

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.

Yes

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.

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

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.

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