

# **QUALITY IMPROVEMENT PROGRAM**

## **1. Quality Metrics and Indicators**

Key performance indicators must be tracked monthly including patient satisfaction scores, readmission rates, hospital-acquired infection rates, and mortality rates. Benchmark comparisons with national standards are required. Dashboard reports must be reviewed by leadership quarterly. Action plans are required for metrics below target.

## **2. Peer Review Process**

All patient deaths and significant complications undergo peer review. Cases are reviewed by physicians of the same specialty. Reviews are confidential and protected from discovery. Findings are used for education and system improvement. Practitioners with patterns of concern receive focused professional practice evaluation.

## **3. Root Cause Analysis**

Root cause analysis is required for all sentinel events. The analysis must identify contributing factors at system, process, and individual levels. Action plans must address identified root causes. Effectiveness of interventions must be measured. Results are reported to the Board of Directors.

## **4. Patient Experience Improvement**

Patient satisfaction surveys are distributed to all discharged patients. Results are analyzed by unit, service line, and provider. Hourly rounding must be implemented on all inpatient units. Nurse leader rounding occurs daily. Service recovery protocols address patient complaints within 24 hours.

## **5. Clinical Pathway Compliance**

Evidence-based clinical pathways are developed for high-volume diagnoses. Compliance with pathway elements is monitored monthly. Variance analysis identifies opportunities for improvement. Pathways are updated annually based on current evidence. Physician champions lead pathway development and implementation.

## **6. Infection Prevention Metrics**

Central line-associated bloodstream infection rates are tracked monthly. Catheter-associated urinary tract infection rates must meet national benchmarks. Surgical site infection rates are reported by procedure type. Hand hygiene compliance is monitored through direct observation. Antibiotic stewardship metrics include appropriate prescribing rates.

## **7. Continuous Improvement Culture**

All staff are trained in quality improvement methodology. Frontline staff are empowered to identify and report safety concerns. Near-miss events are analyzed for system vulnerabilities. Best practices are shared across departments. Recognition programs celebrate quality achievements.