

## Beaumont Health- Quality, Safety and Clinical Effectiveness Plan

# Beaumont Health

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## **Beaumont Health- Quality, Safety and Clinical Effectiveness Plan**

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**Mission:** Compassionate, extraordinary care every day

**Vision:** To be the leading high-value health care network focused on extraordinary outcomes through education, innovation and compassion

**Values:** Compassion, Respect, Integrity, Teamwork, Excellence

**Introduction:** The Beaumont Health (BH) Quality, Safety and Clinical Effectiveness Plan ("the Plan") sets forth the structure and framework for ensuring the delivery of healthcare that is safe, effective, patient-centered, timely, equitable, and efficient for Beaumont Health patients. This plan supports BH's mission, vision, guiding principles, and strategic objectives. The scope of this plan encompasses all business and patient care entities of BH, including its hospitals, physician practices, ambulatory centers, nursing homes, home care and other patient focused services.

This plan outlines the responsibilities of the Governance, Medical Staff, management, employees, departments and committees as it relates to Plan activities across the organization. This plan serves as a comprehensive approach that focuses on the systematic and continuous monitoring and improvement of clinical quality and patient safety in clinical, professional, environmental and administrative areas.

**Quality Vision:** Beaumont Health endorses the Institute of Medicine's definition of quality: *"Quality is the extent to which health services for individuals and populations increase the likelihood of desired outcomes AND are consistent with current professional knowledge."* From the Institute of Medicine, *"Crossing the Quality Chasm"*, March 2001, *optimal quality of care is achieved through pursuit of six aims for improvement which strive for health care to be: safe, effective, patient-centered, timely, efficient, and equitable.* Our vision for quality and safety at Beaumont Health:

- We will strive to always provide the safest and most effective care possible to those we serve.
- We will embrace patients as members of the healthcare team and strive to:
  - Satisfy their preferences and values
  - Consider and augment their knowledge of their conditions
  - Respect their treatment decisions
- We will strive to provide health care services efficiently, effectively, and compassionately, so that they are of the highest value to patients who receive them



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**Objectives:** The Plan encompasses the following areas: Quality, Serious Safety Event Management, Clinical Effectiveness and Patient Safety. For those areas, the Plan employs tactics and measures to accomplish the following objectives:

- Provision of guiding principles for quality and safety processes that support the mission and values of BH
- Demonstration by BH governance and senior leadership of an overt commitment to quality and safety
- Measurement, assessment and improvement in clinical and non-clinical structures, processes and outcomes utilizing various quality improvement methods and tools
- Initiation of prompt and positive actions when opportunities to improve are identified
- Documentation of sustained improvement of safety and care processes
- Promotion of the BH philosophy of continuous quality improvement, safety and compliance with accreditation and other regulatory standards
- Focus on becoming best in class, with consistent BH quality standards and local implementation
- Recognition that Value (highest quality care at the lowest possible cost) must be achieved both in individual care delivery sites (such as hospitals), but also across the continuum of care (encompassing physician care delivery and post-acute services).
- Identification of educational opportunities for employees and medical staff that facilitate quality, safety and performance improvement across the organization

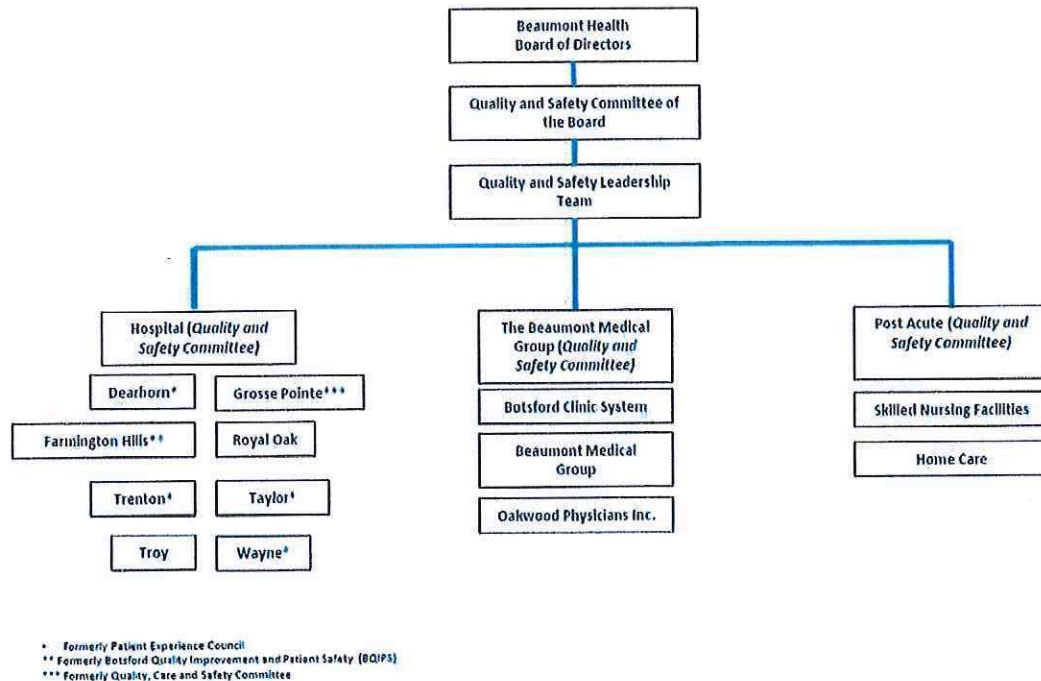
**Responsibility:** The Board of Directors recognizes that it is ultimately responsible for quality and patient safety as well as appropriateness of patient care, related services and business operations. The Board of Directors ensures (through the budgeting and planning process) that an appropriate level of resources and services are available to successfully deliver on the plan, to include affiliated services within the hospitals, ambulatory system, and post-acute care settings.

The Board of Directors has ultimate responsibility for the Plan. Any revisions to the plan require approval by the Board of Directors. The Board of Directors delegates the oversight of the Plan to its Board Quality & Safety Committee.

The Chief Quality and Safety Officer of BH will establish and chair a BH Quality and Safety Leadership Team ("QLT"). The QLT will be accountable to the Quality and Safety Committee of the Board. Membership will include appropriate representation from each division and be multidisciplinary and inclusive of administrative and clinical leaders. The committee will be staffed and supported by the corporate quality and safety leadership. The information flow for minutes and reports from the Divisions is illustrated in Figure 1. The Quality and Safety Leadership Team will review and approve minutes and hear reports from each Division's Quality and Safety committee.

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## Quality/Safety Governance Committee Structure



Revised chart 1/14/2016

Figure 1.

To operationalize the Plan, medical and administrative leaders will have the responsibility to develop systems for review of performance data and improvement of individual practices and/or processes related to patient care and support services, as needed to achieve targets. Clinical and support staff shall be appropriately trained and deployed to all levels of the organization in support of performance improvement activities. These staff may provide direct support, or provide training to management and staff as appropriate.

**Organization:** The Quality and Safety Committee of the Board is appointed by the Board of Directors and charged with providing:

- High visibility and focus for the organization's commitment to the delivery of safe, quality medical care
- Regular oversight of the quality and performance improvement initiatives across BH as demonstrated by:



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- Approval of the BH Quality, Safety and Clinical Effectiveness Plan which supports the strategic goals of the organization
- Approval of performance targets for quality and safety indicators
- Ongoing monitoring and reporting of those indicators
- Review of external and internal reports for BH quality, accreditation, patient satisfaction and safety performance
- Similar review and monitoring of identified site specific quality/performance activities:
  - Assessment of site specific clinical, accreditation, service and safety issues in order to drive needed improvements for each division within BH
  - Serious Safety Event management, reporting and mitigation

Each operating division of BH will establish a committee to review and oversee performance at the division (site Quality and Safety Committee, "QSC"). The QSC routinely receives reports and consultation from departments including, but not limited to, nursing, medical staff and administration. Each QSC will submit their minutes to the Quality and Safety Leadership Team for review and approval. These committees will include medical staff, nursing leadership, and administrative leaders for the site. The charge of each committee is to carry out the BH quality and safety goals and objectives, aligned with the Plan. Each site may develop additional goals as needed (based on site specific opportunities for improvement) and will meet the necessary requirements set forth by the CMS, the Joint Commission, and other accrediting/regulatory bodies. The goals and objectives of these committees will include (but not be limited to):

- Review of quality and safety data and outcomes
- Review of Serious Safety events and approval of the risk reduction strategies created by the root cause analysis teams
- Review of outstanding risk reduction strategies
- Review of Culture of Safety reports
- Review of Infection Prevention and Control data reporting

Lastly, a Regulatory Steering Committee for Beaumont Health and for each patient care division shall exist and shall assure standard compliance and ongoing performance improvement activities in all applicable standards, including National Patient Safety Goals. These committees shall provide periodic reports to the divisional quality/safety committees, with reports submitted to the Quality and Safety Leadership Team and the Board Quality and Safety Committee.

**Methodology:** BH will seek guidance from recognized leaders in healthcare quality improvement, including the Joint Commission, CMS, National Quality Forum, Institute of Medicine, and the Institute for Healthcare Improvement and others as identified. BH will collaborate with other health systems and/or industries to apply their relevant knowledge and to seek opportunities to embrace evidence based practices. BH will also seek opportunities to be a knowledge leader in quality and safety, through innovation and research. BH endorses the



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Institute of Medicine recommendations for creation of safety systems that incorporate principles such as:

- Standardizing and simplifying equipment, supplies and processes
- Establish team training programs
- Implementing a just system for reporting and analyzing errors and accidents

Similarly, BH adopts the six aims of quality defined in the "*Crossing the Quality Chasm*" report, which is healthcare delivery that is; safe, effective, patient-centered, timely, equitable, and efficient.

The Board of Directors of BH sets as a standard and fully requests, expects and supports the following:

- Efforts by all staff, no matter their position, to immediately express concerns about quality and safety and to escalate their concerns to management if necessary
- A "Just Culture" as a method of dealing with errors, recognizing the three behaviors; human error, at risk behavior and reckless behavior
- A "Just Culture" strongly emphasizing system improvements as the primary error prevention strategy
- Using a "Just Culture" to open transparent communication within the organization

BH will endorse the use of a process improvement model based on the foundation of Plan, Do Check, Act (PDCA).

BH compares its performance both internally and externally against other benchmarks and sources of information. Data will be analyzed to identify undesirable variations in process/outcomes and external benchmarking will be utilized to identify best demonstrated practice. BH will use severity adjusted, clinically validated data in comparison to centers with similar characteristics for benchmarking.

Performance improvement measures will be selected to ensure that patient outcomes are improved, data collection costs are minimized, valid comparison data are available, information is readily interpretable and regulatory requirements are satisfied. Measures will include structural measures, process and outcome measures, and measures of harm. At a minimum, measures will evaluate:

- Clinical quality
- Appropriateness of resource utilization
- Patient and customer satisfaction
- Cost-effectiveness of care

Appropriate statistical techniques will be used to analyze and display data. Types of tools include control charts, run charts, histograms, etc.

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BH will maintain common source systems for clinical benchmarking, performance review and safety event reporting. BH will work closely with Information Technology resources to leverage the electronic medical record to assist in standardizing care and improving outcomes.

The quality and safety metrics are tracked in 14 categories:

- Overall mortality
- Service Line mortality
- CMS mortality
- CMS readmissions
- Service Line readmissions
- Patient Safety Indicators (AHRQ)
- Bar Code Medication Administration
- National Database of Nursing Quality Indicators (NDNQI)
- Collaborative Quality Initiatives
- Culture of Safety
- Patient Experience
- Length of Stay
- Infection Control
- Core Measures

Quality and safety data elements are reviewed annually with input received from divisional quality leadership (physician patient safety officers, administrators responsible for quality, site quality directors and corporate quality staff).

### **Patient Safety Components:**

1. Serious Safety Event (SSE) Management: BH will establish a serious safety event review process, designed to identify and categorize events, perform the appropriate level of review, and ensure risk reduction strategies are robust and complete.
  - a. Serious safety events will be immediately investigated by the designated divisional team members and communicated to the divisional and corporate quality leadership.
  - b. Serious safety event review teams will identify and categorize events with the input of the clinical leadership, patient safety officers and legal risk management personnel.
  - c. Event reviews will be led by appropriate medical staff leaders, supported by Patient Safety officers, quality staff, legal/risk and staff from the impacted areas.
  - d. SSE will be defined as per external requirements (Joint Commission) and by additional criteria defined by BH leadership.



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- e. BH will transparently share SSE information across the system's administrative and clinical leadership for additional risk mitigation opportunities. All divisions will be invited to participate in the analysis of SSEs. SSE action plans will be shared across all divisions.
  - f. Risk reduction strategies developed by the analysis teams will be implemented according to defined timelines and this data will be tracked and reported.
- 2. Safety Incident Reporting: An effective Patient Safety program cannot exist without optimal reporting of errors and occurrences. BH will support and maintain a robust online reporting system for staff to easily report safety issues that impact staff or patients.
  - a. All personnel (clinical and non-clinical) are expected and required to report suspected and identified medical/healthcare errors.
  - b. BH supports the philosophy that most errors are the fault of the system, not the person, and consistently applies Just Culture principles of shared accountability to events reported.
  - c. Systems are designed for safety and shall strive to minimize both the frequency and impact of errors.
  - d. Incident reporting data are regularly reviewed and analyzed for trends both divisionally and across the system.
- 3. Just Culture: BH will adopt and support a "just culture" approach to patient safety issues, events and reporting. BH will acknowledge:
  - a. Simple human error as such, and to offer support to the staff involved
  - b. That at-risk behavior is not desirable and will take efforts to coach individuals who practice at-risk behavior and mitigate its cause and address any system issues involved.
  - c. That reckless behavior (including repeated at-risk behavior/ human errors) will be addressed with the appropriate level of corrective action, up to and including termination
- 4. Infection Prevention and Control: The Infection prevention and control program for BH will be divisionally focused and based on the patient population. The criteria specified in the Centers for Disease Control *Infection Prevention and Control Policy and Committee* approved definitions of infection, form the basis for determining activity and monitoring for surveillance of infections among patients and personnel. An annual infection control report will be prepared and reviewed by the QSCs, QLT and Board Quality Committee.
- 5. Quality and Safety Education: Regular presentations and discussions are held at the Quality Leadership Team, Quality Committee of the Board and the Beaumont Health Board on educational topics related to quality and safety. All Beaumont Health employees and Residents are required to complete quality and patient safety education

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annually as part of mandatory educational requirements. All staff also have access to quality and safety educational materials via the Beaumont Intranet and conferences.

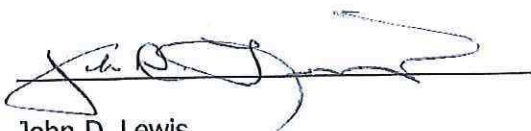
**Reporting and local Quality Plans:** BH maintains a comprehensive repository of metrics, with benchmarks and accountable persons/groups, as well as action plans for items requiring improvement ("Quality Matrix"). This repository will serve as the foundation for tracking, trending performance and calling out areas in need of special attention, as well as reporting to committees up to and including the Beaumont Health Board. This repository will also be used to provide data to each BH Division Quality & Safety Committees highlighting areas requiring local improvement plans. The Quality Matrix will be updated regularly and serves as the quality plan for each division. Underperforming metrics will be analyzed by the site quality/safety teams and action plans created to address. The Quality Matrix serves as a dynamic quality plan that enables the local teams to focus on areas most in need of improvement.

Each division of Beaumont Health will report in-person to the Quality Committee of the Board a minimum of twice each calendar year. Divisional leadership will communicate information shared by the Quality Committee of the Board to their local leadership for action, as required. There will also be routine quality reports given to the Beaumont Health Board of Directors.

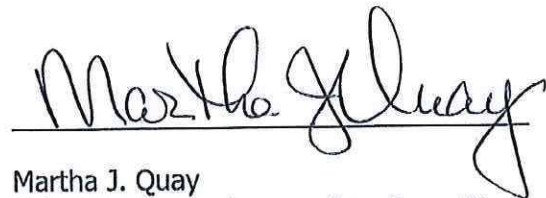
**Confidentiality:** All record, data, and knowledge collected for or by individuals, departments, committees, and other entities operating under the direction of this plan shall remain protected and confidential to the fullest extent as provided by law. All such records, data, and knowledge shall be used only for purposes for which the respective functions operate and shall not be public record.

Approved by the Quality Committee of the Board on 01.27.2015

Amended and approved by the Quality Committee of the Board on 02.18.2016



John D. Lewis  
Chairperson, Board of Directors



Martha J. Quay  
Chairperson, Quality & Safety Committee