

SUBJECT: ORGANIZATIONAL PERFORMANCE IMPROVEMENT PLAN	REFERENCE #1002
DEPARTMENT: HOSPITALWIDE	PAGE: 1 OF: 19
APPROVED BY:	EFFECTIVE: REVISED:

**PURPOSE:**

- The purpose of the organizational Performance Improvement Plan at \_\_\_\_\_ Hospital is to ensure that the Governing Body, medical staff and professional service staff demonstrate a consistent endeavor to deliver safe, effective, optimal patient care and services in an environment of minimal risk.
- In keeping with \_\_\_\_\_ Hospital's mission; to foster, nurture and perpetuate the concept of a family centered, quality conscious and cost-effective medical center of excellence, the organizational Performance Improvement Plan allows for a systematic, coordinated, continuous data driven approach to improving performance focusing upon the processes and mechanisms that address these values.
- As patient care is a coordinated and collaborative effort, the approach to improving performance involves multiple departments and disciplines in establishing the plans, processes and mechanisms that comprise the performance improvement activities at \_\_\_\_\_ Hospital. The organizational program, established by the medical staff and interdisciplinary Performance Improvement Committee, with support and approval from the Governing Body, has the responsibility for monitoring every aspect of patient care and service (including contracted services), from the time the patient enters the hospital through diagnosis, treatment, recovery and discharge in order to identify and resolve any breakdowns that may result in suboptimal patient care and safety, while striving to continuously improve and facilitate positive patient outcomes.
- \_\_\_\_\_ Hospital shall participate in a quality improvement organization (QIO) cooperative project or ensure its own performance projects are comparable to a QIO in scope and quality.
- Examples of quality improvement projects and indicators that \_\_\_\_\_ Hospital may focus on include (organization should insert specific initiatives, examples below):
  - Centers for Medicare and Medicaid Core Measures
  - Joint Commission National Patient Safety Goals
  - ORYX Core Measures

## PERFORMANCE IMPROVEMENT MONITORING AND EVALUATION PLAN

Department: Anesthesia Committee

Scope: Anesthesia Services are provided to both the inpatient and outpatient population of all ages on an emergency, urgent and elective basis. Services include general, regional, moderate sedation, local and pain management.

Date: \_\_\_\_\_

Responsibility: Chief of Anesthesia, Chairperson of the Anesthesia and Surgical Services Committee, Chief of Staff, Performance Improvement Committee

Priority Focus Area	Performance Measures/Outcomes	Related Functions	Benchmark	Data Collection (Methodology)	Integration and Collaboration
			Goal		
Assessment and Care/Service	- Unplanned admit to ICU within two (2) days of anesthesia with ICU stay over one (1) day	Leadership  Provision of Care, Treatment and Services  Medical Staff		Data will be collected from medical records and incident reports. Data analysis, review and reporting is performed on a monthly basis by PI designee. PI reports are forwarded on to the organizational Performance Improvement Committee on a quarterly basis.	Anesthesia  Surgical Services  Outpatient Surgery  Critical Care  Medical Staff
	- Cancellation of procedure after intubation	As above		As above	Anesthesia  Surgical Services  Outpatient Surgery  Medical Staff
	- Respiratory complications within 48 hours of anesthesia  - Patient with discharge diagnosis of fulminant pulmonary edema during procedure or within one (1) day of anesthesia	As above		As above	Anesthesia  Surgical Services  Nursing

# MEDICATION ERROR ANALYSIS TOOL

Date/Time of Error: \_\_\_\_\_ Doses Involved: \_\_\_\_\_ Drug/Name: \_\_\_\_\_

Patient Name: \_\_\_\_\_ MR#: \_\_\_\_\_

Summary of Occurrence: \_\_\_\_\_

**The Medication Error Classification System: (Please circle the level that applies to this error.)**

Level 0: No error occurred, potential error.	Level 1: Error occurred without harm to patient.
Level 2: Error occurred, increased monitoring but no change in vital signs or any patient harm.	Level 3: Error resulted in need for increased monitoring, there was change in vital signs but no ultimate patient harm; any error needing increases laboratory monitoring.
Level 4: Error resulted in need for treatment with another drug, increased length of stay, patient transfer to a higher level of care (i.e., ICU), or required intervention to prevent permanent impairment of damage.	Level 5: Error resulted in permanent patient harm.
	Level 6: Error resulted in patient death.

**Error Type: (check all that apply)**

- |  |                                      |  |  |                                  |
|--|--------------------------------------|--|--|----------------------------------|
| <input type="checkbox"/> wrong drug                | <input type="checkbox"/> or solution | <input type="checkbox"/> unordered drug    | <input type="checkbox"/> wrong dose                          | <input type="checkbox"/> or rate |
| <input type="checkbox"/> omission                  |                                      | <input type="checkbox"/> wrong dosage form | <input type="checkbox"/> expired drug                        |                                  |
| <input type="checkbox"/> wrong route               |                                      | <input type="checkbox"/> wrong patient     | <input type="checkbox"/> incompatible infusions administered |                                  |
| <input type="checkbox"/> wrong administration time |                                      | <input type="checkbox"/> prescribing error | <input type="checkbox"/> other _____                         |                                  |

**Factors Contributing to Error: (check all that apply)**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> verbal order  | <input type="checkbox"/> illegible order                              | <input type="checkbox"/> continued after order to discontinue |
| <input type="checkbox"/> monitoring guidelines not followed                        | <input type="checkbox"/> midnight check done incorrectly              | <input type="checkbox"/> medication delivery delay            |
| <input type="checkbox"/> telephone order   | <input type="checkbox"/> routine medications not in cassette          | <input type="checkbox"/> ambiguous written order              |
| <input type="checkbox"/> MAR printed incorrectly                                   | <input type="checkbox"/> dispensed incorrectly by Pharmacy            | <input type="checkbox"/> drug selected from floor stock       |
| <input type="checkbox"/> pump malfunction (specify pump type) _____                | <input type="checkbox"/> pump misprogrammed (specify pump type) _____ |   |
| <input type="checkbox"/> RN verified incorrect transcription                       | <input type="checkbox"/> drug or solution mislabeled by Pharmacy      | <input type="checkbox"/> misread MAR                          |
| <input type="checkbox"/> new bag not reordered until present bag very low or empty | <input type="checkbox"/> medications unavailable from Pharmacy        | <input type="checkbox"/> IVPB hung ahead of time              |
| <input type="checkbox"/> Other: _____  | <input type="checkbox"/> Other: _____                                 |   |

**Personnel involved: (check all that apply)**

- |                                       |                                   |                                   |                                |
|---------------------------------------|-----------------------------------|-----------------------------------|--------------------------------|
| <input type="checkbox"/> RN           | <input type="checkbox"/> LPN/LVN  | <input type="checkbox"/> LPT      | <input type="checkbox"/> US/NT |
| <input type="checkbox"/> Pharmacist   | <input type="checkbox"/> Per Diem | <input type="checkbox"/> Registry | <input type="checkbox"/> MD    |
| <input type="checkbox"/> Other: _____ |                                   |                                   |                                |

**Problem Resolution/Outcome (use back of form if more room is needed):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SUBJECT: PATIENT SAFETY PLAN	REFERENCE #1502
DEPARTMENT: HOSPITALWIDE	PAGE: 1 OF: 13
APPROVED BY:	EFFECTIVE:
	REVISED:

**PURPOSE:**

- The purpose of the organizational Patient Safety Plan at \_\_\_\_\_ Hospital is to improve patient safety and reduce risk to patients through an environment that encourages:
  - Integration of safety priorities into all relevant organization processes, functions, services, departments and programs
  - Recognition and acknowledgment of risks to patient safety and medical/health care errors
  - The initiation of actions to reduce these risks
  - The internal and external reporting of what has been found and the actions taken
  - A focus on processes and systems, and the reduction of process and system failures through use of failure mode effect analysis
  - Minimization of individual blame or retribution for involvement in a medical/health care error
  - Organizational learning about medical/health care errors
  - Support of the sharing of that knowledge to effect behavioral changes in itself and other healthcare organizations
- The Patient Safety Plan provides a systematic, coordinated and continuous approach to the maintenance and improvement of patient safety through the establishment of mechanisms that support effective responses to potential or actual occurrences; ongoing proactive reduction in medical/health care errors; and integration of patient safety priorities into the new design and redesign of all relevant organization processes, functions and services.
- As patient care, and therefore the maintenance and improvement of patient safety, is a coordinated and collaborative effort, the approach to optimal patient safety involves multiple departments and disciplines in establishing the plans, processes and mechanisms that comprise the patient safety activities at \_\_\_\_\_ Hospital. The Patient Safety Plan, developed by the interdisciplinary Environment of Care Committee and approved by the medical staff, Governing Body and administration, outlines the components of the organizational Patient Safety Program.

## PERFORMANCE IMPROVEMENT TRENDING SHEET

**Department/Committee:** Anticoagulation Therapy Management Committee

**Date:** \_\_\_\_\_

\*PFA = Priority Focus Area

Performance Measures/Outcomes	Interdepartmental Collaboration	Benchmark	Function	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
		Goal														
<b>PFA: Assessment and Care/Services</b> - Appropriate assessments are performed on patients on anticoagulation therapy	Medical Staff, Pharmacy, Nursing, Nutritional Services		MM, MS, PC													
- # of patients on anticoagulants	As above		As above													
- # of bleeding and thrombotic episodes	Medical Staff, Pharmacy, Nursing		As above													
- # of patients not followed by the Anticoagulation Therapy Management Program	Medical Staff, Pharmacy, Nursing, Nutritional Services		As above													
- # of patients who do not have a target INR documented	As above		As above													
<b>PFA: Medication Management</b> - Patients will receive the correct anticoagulant ordered at the correct time and in the correct dose	Medical Staff, Pharmacy, Nursing		MM, MS, PI													
- # of times medication reconciliation is not completed for the patient that is on anticoagulation therapy	As above		As above													
- Total # of medication errors related to anticoagulation therapy	Medical Staff, Pharmacy, Nursing, Clinical Laboratory		MM, MS, PI													