

SUBJECT: ORGANIZATIONAL PERFORMANCE IMPROVEMENT PLAN	REFERENCE #1002
DEPARTMENT: ORGANIZATIONWIDE	PAGE: 1 OF: 14
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.

**GOALS OF PERFORMANCE IMPROVEMENT:**

- The primary goals of the organizational Performance Improvement Plan are to continually and systematically plan, design, measure, assess and improve performance of priority focus areas, improve healthcare outcomes and reduce and prevent medical/health care errors. To achieve these goals, the plan strives to:
  - Incorporate quality planning throughout the facility;
  - Provide a systematic mechanism for the facility's appropriate individuals, departments and professions to function collaboratively in their efforts toward performance improvement, providing feedback and learning throughout the hospital;

## PERFORMANCE IMPROVEMENT MONITORING AND EVALUATION PLAN

Department: Cardiopulmonary Services

Scope: Cardiopulmonary Services provides for inpatient and outpatient population: Education, treatment, intervention and diagnostic interpretation of all modalities of Cardiopulmonary Medicine.

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

Responsibility: Cardiopulmonary Manager, Cardiopulmonary PI designee, PI Committee, MEC

Priority Focus Area	Performance Measures/Outcomes	Related Functions	Benchmark Goal	Data Collection (Methodology)	Integration and Collaboration
Assessment and Care/Service	<ul style="list-style-type: none"> <li>- Educational needs are assessed and documented on all patients</li> <li>- Education provided with educational packet given and reviewed with patient/family</li> </ul>	Provision of Care, Treatment and Service  Leadership		Data will be collected from patient record (nursing notes and Cardiopulmonary notes) and direct observation on a weekly basis by the Cardiopulmonary PI designee. Data will be aggregated and presented in report format for department review by Cardiopulmonary PI designee in collaboration with the Cardiopulmonary Manager. Conclusions, recommendations, actions and evaluations will be reported along with the aggregated report to the appropriate committees according to meeting schedules.	Nursing  Medical Staff
Communication	<ul style="list-style-type: none"> <li>- Patients are identified using 2 patient identifiers before all treatments</li> <li>- # of patients given a treatment incorrectly due to wrong patient identification</li> </ul>	Provision of Care, Treatment and Service  Leadership  Medication Management		As above	Nursing

# MEDICATION ERROR ANALYSIS TOOL

Date/Time of Error: \_\_\_\_\_ Med Record #: \_\_\_\_\_ Drug/Name: \_\_\_\_\_

Doses Involved: \_\_\_\_\_ Patient Name: \_\_\_\_\_

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 needed):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

## PERFORMANCE IMPROVEMENT TRENDING SHEET

**Department/Committee:** Anesthesia 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/Service</b>	OPS, ICU Anesthesia, Surgery Medical Staff		LD, PC, MS													
- Unplanned admit to ICU within 2 days of anesthesia with ICU stay over 1 day																
- Cancellation of procedure after intubation	Anesthesia, Surgery Medical Staff, OPS		LD, PC, MS													
- Respiratory complications within 48 hours of anesthesia	Anesthesia, Surgery Patient Care Units		LD, PC, MS													
- Aspiration pneumonitis during or within 2 days of anesthesia	Anesthesia, Surgery Patient Care Units		PC, IC, MS													
- Patient with discharge diagnosis of fulminant pulmonary edema during procedure or within 1 day of anesthesia	Anesthesia, Surgery Patient Care Units		LD, PC, MS													
- Postural headache within 4 days of anesthesia	Anesthesia, Surgery Patient Care Units		LD, PC, RI, MS													
- Unplanned admit as inpatient within 2 days of anesthesia	OPS, Surgery Anesthesia		LD, PC, MS													
- Unplanned intubation of patient undergoing moderate sedation	Anesthesia, Surgery Medical Staff, OPS		LD, PC, MS													
- Anesthesia complications	Anesthesia, Surgery Patient Care Units		PC, MS, MM													
- Postop deaths within 48 hours	Anesthesia, Surgery Patient Care Units		PC, MS													
- Cardiac arrest within 2 days of anesthesia	Anesthesia, Surgery Patient Care Units		PC, MS													
- MI during or within 2 days of anesthesia	Anesthesia, Surgery Patient Care Units		PC, MS													

SUBJECT: SENTINEL EVENT	REFERENCE #10002
DEPARTMENT: HOSPITALWIDE	PAGE: 292
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APPROVED BY:	EFFECTIVE:
	REVISED:

## **POLICY**

Unexpected events or occurrences involving death or serious physical or psychological injury, or the risk thereof (i.e., sentinel events), are to be reported to the Performance Improvement Department immediately upon identification. Any sentinel event requires immediate action to examine, in-depth, the event to determine why the incident occurred and how to reduce the likelihood of recurrence.

## **DEFINITIONS:**

- **Adverse Event:** An event or occurrence which results in significant patient injury or impairment. (Example: transfusion, drug or anesthesia reaction resulting in significant condition change in the patient).
- **Sentinel Event:** Unexpected adverse occurrence involving death or serious injury or psychological injury or the risk thereof. Serious injury specifically includes the loss of limb or function. A sentinel event is an adverse event of a severe and urgent nature that can result in an unexpected and undesirable patient outcome. (Example: Surgery on the wrong patient or removal of the incorrect limb) The phrase “the risk thereof” includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome.
  - A sentinel event:
    - Potentially involves a continuing threat to patient care or safety
    - Has significant potential for being reflective of serious underlying systems problems within an organization
    - Potentially undermines public confidence in the organization

## **PROCEDURE:**

- Upon notification of sentinel event occurrence, \_\_\_\_\_ Hospital will immediately conduct an analysis of all factors involved with the event, in an effort to determine why the incident occurred. This analysis is defined as a “Root Cause Analysis”, because the objective of the analysis is to determine the basic, causative factor(s) that led to the event.
- Sentinel events will be reviewed by the administrative team and the Performance Improvement Director within 24 hours of incident identification. The administrative team will determine if the incident requires an intensive assessment resulting in a root cause analysis, pursuant to preestablished criteria (indicators) which define actual or near occurrence of sentinel events.