BOARD OF REGENTS MEETING

UW Medicine Board Annual Patient Safety and Quality Report

INFORMATION

This item is for information only.

Attachments

1. UW Medicine Board Annual Patient Safety and Quality Committee Report to the UW Board of Regents, July 14, 2016
2. UW Medicine’s Patient Safety & Quality Committee
UW Medicine Board

Annual Patient Safety and Quality Committee

Report to the UW Board of Regents

July 14, 2016
# Table of Contents

1. Introduction ........................................................................................................................................... 3
2. Governing Documents and Committee Charters ................................................................................... 3  
   a. UW Medicine Coordinated Quality Improvement Program (CQIP) .............................................. 3  
   b. UW Medicine Board Patient Safety & Quality Committee Charter .............................................. 4  
   c. UW Medicine Patient Safety & Quality Executive Committee (PSQEC) ...................................... 5  
3. Patients Are First Executive Steering Committee ............................................................................... 6  
4. Culture of Safety: Major Initiatives at UW Medicine ......................................................................... 8  
5. Standardization of Best Practices: Training and other clinical transformation programs ............... 10  
6. Performance Measurement and Local and National Benchmarking ............................................... 13  
7. Managing and Learning from Harm Events at UW Medicine ............................................................ 15  
8. Pay for Performance/Value-Based Purchasing .................................................................................. 16  
9. Center for Scholarship in Patient Care Quality and Safety ................................................................. 17  
10. Conclusion ............................................................................................................................................ 18  

Appendices:  
A. UW Medicine Patients Are First Goals and Targets Summary for FY 17  
B. UW Medicine summary of Funded Projects in the Patient Safety Innovations Program (PSIP)  
C. UW Medicine summary of Patient Safety & Quality Awards by UW Medicine entity
1. Introduction

The UW Medicine Board Patient Safety and Quality Committee is providing the fifth annual report to the UW Board of Regents to inform the Regents on the patient safety and quality improvement activities at UW Medicine.

2. Governing Documents and Committee Charters

**UW Medicine Coordinated Quality Improvement Program (CQIP)**

Quality improvement programs for hospitals in Washington are required as a matter of facility licensure (RCW 70.41.200). UW Medicine, which consists of hospital and non-hospital components, chose to formalize its program by creating and submitting a Coordinated Quality Improvement Program (CQIP) plan (RCW 43.70.510) to the Washington Department of Health. The CQIP plan provides a framework for UW Medicine’s joint quality improvement efforts and allows its non-hospital components to receive the same confidentiality protections as the hospitals under state law. The initial CQIP plan was approved on January 30, 2008, by the Department of Health. In addition to the over-arching UW Medicine CQIP plan, each UW Medicine hospital component has an individual CQIP plan to ensure that the coordinated quality improvement and malpractice prevention programs, and the medical staff peer review processes, of each continue to be appropriately organized, and enjoy all applicable privileges, immunities, and protections for quality improvement, malpractice prevention and peer review to the extent allowed by law.

Under the CQIP, the delivery of healthcare services to patients in all components of UW Medicine, as well as services delivered by UW Medicine affiliated providers at other institutions or locations, are subject to retrospective and prospective review for the purposes of: (a) improving the quality of care of patients and preventing medical malpractice; (b) assessing the competence of, and maintenance of relevant information concerning, individual physicians affiliated with UW Medicine; (c) resolving patient grievances; (d) developing information concerning negative outcomes and incidents, liability claims, settlements and awards, costs of insurance, and patient injury prevention; (e) delivering educational programs concerning quality improvement and patient safety, etc.; and (f) maintaining and improving policies to ensure these purposes are served.

By delegation from the Board of Regents and the President of the University, the CEO, UW Medicine, Executive Vice President for Medical Affairs and Dean of the School of Medicine, University of
Washington (CEO/EVPMA/Dean) exercises responsibility for overseeing, planning and coordinating the resources of UW Medicine, including its QI activities.

The UW Medicine Board Patient Safety and Quality Committee serves in an advisory role to the CEO/EVPMA/Dean with respect to QI activities of UW Medicine. The CEO/EVPMA/Dean has assigned responsibility for operation of the CQIP to the UW Medicine Patient Safety & Quality Executive Committee (PSQEC). This committee is responsible to the CEO/EVPMA/Dean for the leadership and coordination of the CQIP’s operations and delegates to other UW Medicine quality improvement committees as necessary to accomplish its work.

The UW Medicine quality improvement committees serve as forums to share system wide standards and best practices from each site. The executive, clinical, and quality improvement leaders from Harborview Medical Center (HMC), Northwest Hospital and Medical Center (NWH), Valley Medical Center (VMC), University of Washington Medical Center (UWMC) and Seattle Cancer Center Alliance (SCCA), each of which have quality improvement plans and activities under RCW 70.41.200, participate as members of the PSQEC. The PSQEC also includes School of Medicine representation as members, including the Vice Dean for Clinical Affairs, Vice Dean for Graduate Medical Education, the President of UW Physicians, and three representative Chairs from the UW School of Medicine clinical departments who are responsible for conducting ongoing evaluations of the qualifications and competency of health care professionals in collaboration with the medical staffs of the hospitals where the faculty practice. The executive and clinical leaders of Airlift Northwest (ALNW), UW Neighborhood Clinics, and University of Washington Physicians (UWP) also participate as PSQEC committee members. The Associate Vice Provost for Compliance and Risk Services, the Director for Health Sciences and UW Medicine Risk Management & Manager, UW Medicine CQIP, and the Associate Dean for Clinical Affairs represent the University’s medical malpractice prevention activities of the CQIP on the committee.

Support for these quality improvement functions is provided by the Chief Health System Officer, UW Medicine/Vice President for Medical Affairs, University of Washington (CHSO/VPMA) and the Vice Dean for Clinical Affairs, University of Washington School of Medicine.

**UW Medicine Board Patient Safety & Quality Committee Charter**

The UW Medicine Board, which is comprised of community leaders appointed by the Board of Regents, advises the CEO, UW Medicine and Dean of the School of Medicine in strategic planning and oversight.
of programs across UW Medicine. Through its Patient Safety and Quality Committee, the UW Medicine Board provides guidance and advice regarding patient safety and quality, including: review and evaluation of the patient safety and quality programs of UW Medicine; strategic planning and program development; risk assessment; analysis of emergent and ongoing system-wide patient safety and quality issues; analysis and advice on proactive risk mitigation plans for any patient safety and quality items that could result in patient harm or potential loss of public trust in UW Medicine; and resource allocation associated with UW Medicine patient safety and quality. In addition, the committee also periodically reviews the CQIP. For these purposes, the UW Medicine Board may receive documents and information generated, collected and maintained as a part of UW Medicine’s CQIP and, to that extent, functions as a quality improvement committee under WAC 246-50-020(1)(b).

**UW Medicine Patient Safety & Quality Executive Committee (PSQEC)**

The CEO/EVPMA/Dean has delegated operational authority for the coordinated quality improvement program to the UW Medicine Patient Safety & Quality Executive Committee (“PSQEC”) and appoints its members. The PSQEC’s purpose is to provide action-oriented collaboration, involving expansion of transparency, in support of quality improvement and patient safety efforts of UW Medicine components. It selects and evaluates performance with respect to UW Medicine quality measures and provides oversight for the development and coordinated implementation of action plans designed to improve quality and patient safety performance. It drives UW Medicine’s culture of safety and develops and executes patient safety and quality improvement strategic goals. This regularly constituted quality improvement committee selects and maintains patient safety and quality performance metrics, establishes UW Medicine benchmarking expectations, and actively collaborates with the quality improvement activities required for UW Medicine to lead its accountable care network (ACN) with robust shared quality improvement efforts as allowed by law (RCW 4.24.250, RCW 43.70.510(4) and RCW 70.41.200(8)). The PSQEC also reviews proposals, identifies opportunities and prioritizes the allocation of resources to advance patient safety and quality at the UW Medicine level and oversees the Patient Safety Innovations Program (PSIP). These activities serve to organize, coordinate and align Quality Improvement (QI) efforts among all UW Medicine components, University member and affiliated organizations, and approved sites of practice for UW Medicine healthcare professionals to ensure that quality of care is reviewed across all locations where University-affiliated healthcare professionals provide services.
The PSQEC delegates to the UW Medicine components (e.g., HMC, UWMC, NWH, VMC) the operational responsibilities for the management of QI program functions such as incident reporting, peer review and Morbidity & Mortality (M&M) processes as required by The Joint Commission (“TJC”), the Accreditation Association for Ambulatory Health Care, Inc. (“AAAHC”), or other accreditation bodies. This delegated authority includes the development of regularly constituted quality improvement committees for the review, analysis, and sharing of incident reports, quality improvement reports, and professional liability claims and litigation information for the purposes of education and medical malpractice prevention, quality improvement, patient safety, and revisions to policies as necessary. The PSQEC also authorizes the inclusion of research adverse event review for events that occur in conjunction with clinical services as within the scope of the CQIP.

The PSQEC may form sub-committees and task force workgroups to carry out the work of the committee. Any subcommittees formed at the direction of the PSQEC function as regularly constituted QI committees under WAC 246-50-020(1)(b).

3. Patients Are First Executive Steering Committee

The UW Medicine Patients Are First initiative operates under the leadership of the CHSO/VPMA as an organizational framework for delivering consistent service excellence to every patient, every time. In support of this initiative, UW Medicine has continued the engagement of the Studer Group, LLC, a national expert consultant group on implementing evidence-based practices that improve organizational performance. The framework includes the deployment of evidenced-based leadership tools and tactics across the health system to achieve goals related to quality, safety, patient experience and fiscal responsibility. Performance measurement of these established Pillar Goals are shared throughout the organization with all levels of staff. Through UW Medicine Patients Are First, UW Medicine is creating better leaders and improving consistency of clinical practices across the hospitals and clinics, refining our metrics to support systems of accountability, and providing staff, managers, physicians and leaders with the tools, tactics and reports to achieve our strategic outcomes.

UW Medicine Patients Are First is the framework by which UW Medicine strives to achieve the “Triple Aim” in health care. The Institute for Healthcare Improvement (IHI) Triple Aim is a model that describes an approach to optimizing health system performance. In order to achieve the triple aim, the IHI believes that new designs must be implemented to pursue three dimensions which include:
Improving the patient experience of care (including quality of care and satisfaction);

Improving the health of the population; and

Reducing the per capita cost of health care

Nationally there is also recognition that care of the patient requires care of the health care team members. UW Medicine supports focused efforts to improve the work life of those who deliver care. UW Medicine’s Patients Are First has a foundational pillar that includes “Employer of Choice” goals and metrics for recruitment, retention and employee and physician satisfaction. Annual surveys are conducted for staff and physicians at each site. Findings from these surveys guide the annual work plan and goal setting process.

UW Medicine has established four “Pillars” as the foundation for building our UW Medicine Patients Are First culture.

- Focus on Serving the Patient and Family: serve all patients and family members with compassion, respect and excellence;
- Provide the Highest Quality Care: provide the highest quality, safest and most effective care to every patient, every time;
- Become the Employer of Choice: recruit and retain a competent, professional workforce focused on serving our patients and their families;
- Practice Fiscal Responsibility: ensure effective financial planning and the economic performance necessary to invest in strategies that improve the health of our patients.

A significant quality accomplishment occurred in 2016; all 4 hospitals received The Joint Commission (TJC) accreditation in Palliative Care. UW Medicine was the first health system in the country to achieve this accreditation in all of their hospitals. For the past three years maximizing Palliative Cares services has been a key UW Medicine strategic initiative. The achievement of this accreditation recognizes the high quality care delivered to patients at every phase of the care continuum. The Palliative Care Service was also recognized with the prestige’s Circle of Life Award from the American Hospital Association. The Circle of Life Award honors innovative palliative and end of life care programs that can serve as role models or inspiration for other providers.

Since launching the UW Medicine Patients are First initiative in 2010, significant improvements have been made in patient safety, quality and satisfaction over the past five years. Please see Appendix A for the
4. Culture of Safety: Major Initiatives at UW Medicine

The UW Medicine Board Quality and Safety Committee have expressed considerable interest in how the culture of safety is measured and promoted across the organization. In the annual work plan for the quality committee, the board has included specific agenda items with details of the culture of safety survey, openness to reporting medical errors, methods of ensuring accountability, and efforts to standardize expectations for culture change. With this directive, the UW Medicine Patient Safety & Quality Executive Committee works closely with its sub-committees, executive teams at UW Medicine entities, and the clinical quality and safety leadership to define key initiatives to demonstrate progress in the culture of safety and quality.

Culture of safety surveys have been distributed at each inpatient facility over the past several years. In the past, each entity has used slightly different surveys and sampling methods. This year, we accomplished the goal of standardization and used the same survey at each of the UW Medicine hospital entities and conducted the surveys simultaneously. The percentage of staff in 2016 who participated in the survey increased significantly to 74%. The percentage of staff that rated patient safety as very good or excellent ranged from 68% to 77% across the four hospitals. Staff felt our strengths revolved around their ability to speak up freely, collaborative teamwork and openness to discussing errors in order to prevent future events. Areas for greatest opportunity include handoffs and transitions and ensuring non-punitive responses to errors. These survey responses provide an excellent roadmap for ongoing attention and focus. These results have been shared with the UW Medicine Board Patient Safety and Quality Committee. All entities have initiated work plans to address their survey results. Two very important UW Medicine initiatives that directly address the culture of safety include our continued focus on use of the “Just Culture” framework and the role of TeamCORE and TeamSTEPPS in promoting highly effective inter-professional communication and teamwork.

Just Culture

Beginning in 2009, UW Medicine embarked on the journey to become a “Just Culture.” The UW Medicine “Just Culture” focuses on creating a learning culture, designing and implementing safety systems, and managing behavioral choices that promote and improve patient safety. The Just Culture approach emphasizes the importance of training and systems to support personal accountability and
incorporate self-regulation in safety matters. Physicians and staff are encouraged to provide essential safety-related information based on establishing a clear line between acceptable and unacceptable behavior.

**TeamCORE and TeamSTEPPS**

Team Strategies and Tools to Enhance Performance and Patient Safety (TeamSTEPPS) is an evidence-based teamwork system aimed at optimizing patient care by improving communication and teamwork skills among health care professionals, including frontline staff. It includes a comprehensive set of ready-to-use materials and a training curriculum to successfully integrate teamwork principles into a variety of settings.¹

UW Medicine began deployment of (TeamSTEPPS) in 2008 to improve patient safety by improving communication and teamwork skills among its health professionals. UW Medicine is a national training site for TeamSTEPPS, with over 200 master trainers on staff. Over 2,500 UW Medicine faculty and staff have trained in TeamSTEPPS, including operating room, intensive care unit, emergency room and labor and delivery personnel. In addition, the UW Medicine leadership group was trained on Team STEPPS during a Leadership Development Institute (LDI) in 2015. Finally, since 2010, all incoming residents and fellows (over 200 per year) have been trained in TeamSTEPPS during orientation.

Working through the WWAMI Institute for Simulation in Healthcare (WISH), 2015 marked the 7th year as a regional training center for (TeamSTEPPS). During this time WISH has trained over 1000 master trainers from more than 90 local, national and international institutions. These master trainers take the fundamentals of TeamSTEPPS to their own hospital or clinic, and teach others communication strategies and skills.

WISH worked in collaboration with UW Organizational Development and Training (OD&T) to roll out a new team training model, Team Collaboration for Organizational Excellence (TeamCORE). TeamCORE expands beyond basic communication training to combine the fundamentals of TeamSTEPPS, UW Medicine Patients Are First principles, interprofessional collaborative practice, conflict resolution, and relational coordination with structured coaching and mentoring for ongoing success. Since 2014, Team CORE has worked with 19 different groups throughout UW Medicine, including the Emergency Department at Valley medical Center and the Child Birth Center at
Northwest Hospital. Other work at WISH includes an alliance between TeamCORE, OD&T, and UW Medicine PI/Transformation of Care team members to develop training for the opening of UW Medicine clinics across the system. Since 2014, Team CORE has been directly involved in the planning and opening of five new clinics based on a model the collaborative group (Team CORE, OD&T and PI) developed for the opening of the Eastside Surgical Specialties Center. The training applied simulation techniques to workflow and emergency simulations to train healthcare professionals and staff in the processes of self-rooming, hostile and collapsed patient response, and team communications strategies.

5. **Standardization of Best Practices: Training and other clinical transformation programs**

Over the past year, UW Medicine leadership has continued it focus on promoting standardization of best practices. Work in standardization can generally be grouped into two major categories. The first relates to the standardization of training and clinical skill and is best represented in the work being coordinated through the UW WWAMI Institute for Simulation in Healthcare (WISH). The second area of focus regards standardization of clinical practice, and is being led primarily through the Transformation of Care process. These are described as follows:

**WWAMI Institute for Simulation in Healthcare (WISH)**

Following the example of the aerospace industry training model that uses simulation for training and testing, UW Medicine has led the nation in the use of simulation technology training for healthcare. Since 2006, UW Medicine WISH has pioneered simulation training and retraining for health professionals to improve healthcare through increased patient safety. Within safe and realistic learning environments, WISH trains healthcare professionals to be effective, efficient clinicians and adept team communicators. Training occurs on sophisticated mannequins, through virtual electronic cases, and on machines that simulate clinical settings; all include metrics by which trainees’ skills and progress are measured. WISH facilities are located at UW Medical Center, Harborview Medical Center and Northwest Hospital & Medical Center. These centers also provided training for clinicians practicing at Airlift Northwest, Valley Medical Center and for the UW Neighborhood Clinics.

With expansion to these three facilities, UW Medicine has dramatically increased simulation training and has trainees participating from multiple specialties, including emergency medicine, neurological
surgery, orthopedics, otolaryngology, cardiology, cardiac surgery, vascular surgery, burn surgery and nursing. WISH has been recognized by the Josiah Macy, Jr. Foundation in New York as a national leader in using simulation for interprofessional team training of healthcare professionals.

As WISH continues to grow, they have recently embarked on a partnership with The Center for Research in Education and Simulation Technologies (CREST). CREST engages in extensive research and development projects and has been recognized nationally for its contribution to the advancement of simulation in healthcare.

**Chief Medical Officer**

The Chief Medical Officer (CMO) position was created in December of 2015. In this newly created role, the CMO provides executive leadership and strategic guidance for the integration of clinical practice with education and research activities across all UW Medicine sites of practice. The CMO in partnership with the Chief Health System Officer (CHSO) also has leadership responsibilities for transforming clinical practice to achieve the national goals for healthcare reform known as the Triple Aim: better patient experience, better health outcomes, and better value of care. The CMO office is currently focused on three things.

The first is to assure the clinical care delivered at all sites of practice is as effective, efficient, and high value as possible. The second is to support clinicians and the system at the intersection of multiple roles in the fields of clinical care, research and education.

The third is transforming care delivery to meet the needs of our time.

**Care Transformation Initiative Update**

The care transformation agenda is designed to achieve the triple aim for our patients and includes a focus on 6 areas:

- Providing the most effective, efficient and high value care always - broader use of clinical care and population pathways to reduce unwanted variability and make care more predictable.
- Serving populations as well as patients - providing tools and training to serve
populations while continuing to deliver excellent care to individual patients.

- Fully developing the medical home – tools, resources and integrated services to support primary care.

- Improving our use of data to direct care – point of care information about performance including information reported by the patient to guide decision making.

- Providing “healthy” care as well as “sick” care – by promoting wellness and preventive care.

- Supporting “smart” innovation – creating approaches to emerging drugs and technology that make sure they add value.

**Engaging Leadership, Clinicians and Staff in Transformation**

Engaged leadership, clinicians and staff are critical in supporting and sustaining our change efforts. As such, we are implementing numerous communication tools to raise awareness about the vision for care transformation and the reasons behind it. In the first three months of 2016, the office of the CMO presented on 15 occasions to UW Medicine leadership, clinicians, administrators and staff, and have issued 15 outreach emails with distribution to more than 13,200 UW Medicine employees. They have also broadcasted two video messages to initiate and continue the conversation about the challenges and opportunities facing UW Medicine, while asking employees to think about how they can help us succeed in the years ahead. You are invited to view the first three videos: Transformation of Care overview, Standardization and Population Health.

**Clinical Practice Innovator Program**

The Clinical Practice Innovators (CPI) Program will develop clinician leaders in transformation by providing training in accountable care strategies, change management and quality improvement fundamentals. Participants will take part in active learning sessions and engage in care transformation projects to accelerate UW Medicine’s transition to value-based healthcare delivery. In early 2016, we reached out to all UW Medicine clinicians and invited them to take part in the year-long training program. 320 clinicians from across UW Medicine self-identified or were nominated to take part in the program. We held the kick-off meeting in March and began the 12
month program in April. In June, our Clinical Practice Innovators (CPI) program submitted 80+ proposals for NEW projects to consider. These advances in our system help move us closer toward the transition from volume to value-based care.

**Patient Safety Innovations Program (PSIP)**

In 2008, UW Medicine embarked on a program to empower the creative potential of its faculty and front-line patient care providers and quality and safety experts. Recognizing that fostering and cultivating internally developed safety innovations could improve the care to our patients and also reduce risk management claims and expenses, UW Medicine Risk Management supported the launch of the PSIP through the awarding of grants funded by the Compliance and Risk Services through accumulated earnings on reserves in the self-insurance program. PSIP is helping to advance UW Medicine’s mission of improving the health of the public.

Since its launch, the PSIP program has had 3 rounds of funding and has supported 18 projects with grants totaling nearly $1,000,000. The grants have successfully focused faculty attention on patient safety as demonstrated by the fact that the program attracts at least twice as many applications as grants funded in each round. Many projects have had a lasting impact on quality/safety at UW Medicine, such as the Qmaster Reporting System for tracking Morbidity and Mortality Conferences in use in the Department of Surgery, an innovation to highlight critical test results, and a project completed by residents to improve patient problem list use and functionality. Please see Appendix B for program details.

6. **Performance Measurement and Local and National Benchmarking**

UW Medicine uses national and regional benchmarking tools to drive performance improvement. Leaders across UW Medicine monitor all such benchmarking reports as a way to gauge the success of our performance relative to other institutions. UW Medicine has a single mission; to improve the health of the public. In pursuit of this mission, UW Medicine has a large, comprehensive clinical care program, a large and diverse range of health professional education and training programs and one of the largest, most advanced biomedical research programs in the world.

For performance measurement and benchmarking, UW Medicine’s clinical programs are compared with other major academic medical centers, especially those performing a similar spectrum of clinical care. The
Vizient (formally known as the University Healthsystem Consortium or UHC) provides benchmarking data. Each year Vizient generates a national scorecard combining mortality, core measures, readmissions, harm events, efficiency and patient experience. Over the past 6 years, UW Medicine has shown substantial improvements relative to other academic health systems, with our primary academic institutions now performing in the top third nationally on most measures.

These data show outstanding progress relative to other leading academic institutions across the county. A new national scorecard for Ambulatory Care has also been launched which will allow us to benchmark in the areas of access to care, continuum of care, quality, efficiency, capacity management, throughput and equity. While our performance relative to national benchmarks generates substantial recognition, there are many options for medical care available to patients in our local region. Because UW Medicine competes with a wide range of outstanding medical programs in the Puget Sound area, it is essential that leaders at UW Medicine challenge our systems to be as efficient, patient-centered and high quality as any in the region.

Numerous comparative tools are available to assess overall quality and safety performance relative to State of Washington hospitals. Leapfrog and Centers for Medicaid & Medicare Services (CMS) are two of the leading national-scale web-based comparative reports readily available to the general public. At a regional-level there are also three prominent publicly available comparative tools including the Washington State Hospital Association site, the Washington Health Alliance and the COAP/SCOAP collaborative programs. The combined efforts of UW Medicine hospitals as represented on these performance scorecards shows substantial improvements made over the past several years relative to other local institutions. In addition, the US News & World Report issues hospital rankings annually. In 2016, UWMC was listed once again ranked as the #1 hospital in the state of Washington. All four UW Medicine hospitals were listed in the top 15 metropolitan rankings of the US News & World Report best hospitals in the region.

To further improve the quality of patient care, UW Medicine supported the request by the American Hospital Association to take the Equity of Care Pledge. The AHA requested a call to action to ensure that every patient receives the highest quality of care by identifying and addressing health disparities. UW Medicine has worked diligently this past year to begin understanding how equity of care related to Race, Ethnicity and Language (REAL) is reflected in our own setting. We have standardized our processes across UW Medicine for collecting patient-reported REAL data. We have worked to develop our EPIC registration tables, trained over 1800 registration staff and developed tools in multiple languages to assist
patients in providing self-reported REAL information. We are now moving forward with the REAL data to explore equity as it relates to readmissions, patient experience and quality of care in our ambulatory setting.

7. Managing and Learning from Harm Events at UW Medicine

When witnessing or becoming aware of an unsafe condition, near miss, or harm event (adverse/sentinel event) health care professionals and staff across UW Medicine are expected as part of our coordinated quality improvement program to report these events to supervisory or management leadership using an electronic incident reporting tool. A fully-automated, electronic incident reporting system, Patient Safety Net (PSN), is in use by physicians and staff at Airlift Northwest (ALNW), Hall Health (HH), Harborview Medical Center (HMC), Northwest Hospital & Medical Center (NWH) and UW Neighborhood Clinics (UWNC). Valley Medical Center (VMC) uses an electronic incident reporting system called Quantros.

Each clinical department also reviews harm events within the context of departmental Morbidity and Mortality (M&M) conferences. Under the guidance of PSQEC, a systematic review of the M&M process has been conducted across departments in order to identify best practices and further standardize the departmental case review process for the benefit of training and education as well as integration into UW Medicine entity QI processes. The PSQEC is launching a process improvement initiative to achieve these standardization objectives, to develop tools and resources to support the clinical departments in carrying out their M&M conference requirements, and to improve security of the sensitive information associated with these reviews.

UW Medicine quality, patient safety, and clinical risk management professionals collaborate to review incident reports on a daily basis. Incidents involving serious outcomes of care that may qualify as adverse or sentinel events and require further review via Root Cause Analysis (RCA) are identified and reported to senior leadership, including the Medical Director, Chief Nursing Officer, Director of Quality Improvement, and the Director of Risk Management. The Risk Management and Quality Improvement departments review incident reports and M&M case reviews for possible reportable or reviewable events and take immediate steps to investigate and mitigate situations involving patient harm, including consideration for healthcare professional well-being.

UW Medicine has adopted definitions set out by the following organizations:

- The Joint Commission (TJC): A Sentinel Event is a patient safety event (not primarily related to
the natural course of the patient’s illness or underlying condition) that reaches a patient and results in any of the following: death, permanent harm or severe temporary harm.

- State Department of Health (DOH): Per RCW 70.56.010, an Adverse Event is described as the list of 29 serious reportable events adopted by the National Quality Forum (NQF) in 2011. NQF has further stated that “adverse events are serious, largely preventable, and of concern to healthcare providers, consumers, and all stakeholders.”

All UW Medicine components review serious outcomes of care using a formal review process that invites participation by the health professionals involved in an adverse or serious event. The hospital components use a more formal process known as a Root Cause Analysis to determine what may have caused the event (e.g. human factors, communication errors, system design issues, and training/education). The review focuses primarily on systems and organizational processes, and identifies potential improvements in those processes or systems that would tend to decrease the likelihood of such events in the future. Significant lessons learned are then shared across UW Medicine through PSQEC and the UW Medicine Patient Safety & Quality Coordination Committee (PSQCC) as well as entity level Clinical Risk Management and Quality Committees. UW Medicine components also track patient complaints and grievances and incorporate this information in the medical staff reappointment processes.

UW Medicine has identified the diversion of controlled substances as an emerging risk to patient safety. For this reason, the PSQEC has authorized the development of a robust, enterprise-wide controlled Substance Drug Diversion Program for which it will provide oversight. The Chief health System Officer and the Chief Medical Officer are providing executive sponsorship to the development of this comprehensive program that will address the prevention, monitoring, investigation and reporting of controlled substance diversion. A task force has been appointed and is in the process of conducting a gap analysis. One of the first actions of the task force is to hire a drug diversion specialist to lead the program and to guide consistent investigation efforts.

8. Pay for Performance/Value-Based Purchasing

Value-Based Purchasing (VBP) and Pay for Performance (P4P) programs are now being applied to many health care payment calculations. In principle, an institution is rewarded or penalized based on a set of pre-defined quality and cost goals. Earliest versions of P4P, were loosely termed “Pay For Participation” which meant that an institution that fully participated in data collection and reporting was eligible for the full incentive payment from the payer (most notably Medicare). Such programs are now transitioning to be based on the actual performance relative to the quality and cost goals. Under the Affordable Care Act,
Medicare developed many programs across the care continuum that ties reimbursement to performance on cost and quality metrics. Some of these programs are considered “budget neutral” where, when compared to all providers nationally, there are providers that are rewarded for performance and others that are penalized. Other programs are penalty-only, and penalize for comparative performance on aspects of patient care such as excess readmissions or hospital-acquired conditions. Financial risk under these programs is cumulative and has increased over time.

The US Department of Health and Human Services (HHS) has set a goal of tying 90% of Medicare fee-for-service reimbursement to quality or value by the end of 2018. In addition, HHS has set a goal of tying 50% of traditional payments to quality or value via Accountable Care Organizations (ACOs) or bundled payments by 2018. Almost all other payers are following Medicare’s lead in transitioning to value-based payments. UW Medicine has a system wide Pay For Performance Committee to coordinate efforts. Work of the committee includes monitoring and reporting performance across UW Medicine, sharing and standardizing best practices across the Safety & Quality Coordination Committee (PSQCC) as well as entity level Clinical Risk Management and Quality committees.

9. Center for Scholarship in Patient Care Quality and Safety

The UW Medicine Center for Scholarship in Patient Care Quality and Safety supports collaborative scholarship to enhance the quality, safety, and value of care delivered at UW Medicine by leveraging the academic faculty, UW Medicine infrastructure, and longstanding interest in improving quality and safety for patients. The center’s goals are to stimulate innovative research and scholarship at UW Medicine around quality and safety, foster collaboration and discover innovative approaches to quality and safety, and to share and promote creativity. The center mentors and supports the study of existing UW Medicine quality and safety activities under the auspices of the PSQEC, co-directs the Certificate Program in Patient Safety and Quality in collaboration with Seattle Children’s, leads the operations of the Patient Safety Innovations Program (PSIP) on behalf of the PSQEC, and supports large scale grant applications related to quality and safety. The 8 month certificate program was launched in 2014 and provides participating UW Medicine faculty and staff with the foundational elements of patient safety. The skills gained during the program prepares participants to define and coordinate care that promotes quality and safety, keep the interests of the patient and family at the center of the care conversation, critically define and evaluation patient safety and quality improvement project outcomes, and to serve as change leaders to ensure rapid implementation of patient safety and quality interventions.
10. **Conclusion**

UW Medicine’s mission is to improve the health of the public through outstanding patient care, education and research. The clinical care delivery system is well recognized for excellence due to its renowned faculty and staff. UW Medicine also attracts the best and brightest students and resident trainees from across the nation.

As an organization we continuously strive to improve and excel in patient safety and quality. This proactive attitude is at the heart of the culture that is evident across UW Medicine. With many resources available locally and nationally for comparative benchmarking, UW Medicine has been able to assess where we are in the top tier and where we have opportunities for improvement. This document has outlined the key drivers that are helping to transform the environment, culture and expectations in pursuit of the highest level of quality, safety and cost effective service for our patients.

UW Medicine is demonstrating rapid and consistent improvement throughout our clinical care delivery system. Physicians and staff are working with the common sense of purpose and recognize the satisfaction that comes with reaching shared goals. UW Medicine is committed to clinical excellence and strives to be the leader in quality, safety, satisfaction and cost effective care to fulfill our mission of improving health.
UW MEDICINE PATIENTS ARE FIRST PILLAR GOALS FY 2017

**Goal:** Become a national leader in patient satisfaction for all patient populations as measured by:
- Improving UW Medicine patient satisfaction survey scores as follows:
  - Inpatient: $\geq 77.8\%$ Top Box (78th percentile)
  - Ambulatory Clinics: $\geq 92\%$ Top Box (no percentile rank available due to change in CAHPS tool)
  - Emergency Department: $\geq 85.5$ Mean Score (48th percentile)

**Goal:** Reduce morbidity and mortality, as measured by:
- A decrease in hospital acquired infections as follows:
  - CA-UTI to $\leq 1.24/1000$ catheter-days
  - CLABSI to $\leq 0.54/1000$ catheter-days
  - C-Difficile to $\leq 0.73/1000$ patient days
- A decrease in Patient Safety Indicator composite score to $\leq 1.71/1000$ eligible patients

**Goal:** Create systems that provide for delivery of evidence based, high quality, and timely care for every patient, as measured by:
- An increase in the disease management composite score to $\geq 74.8\%$, by increasing the percentage of patients with hemoglobin A1c at or below 9.0%, increasing percentage of retinal exams and increasing the percentage of diabetic and hypertensive patients with blood pressure below 140/90mmHg
- An increase in breast, cervical and colon cancer screening rates; and pneumococcal pneumonia and pediatric vaccination rates to a composite score of $\geq 78.7\%$

**Goal:** Become a national leader in clinician and employee satisfaction, focused on serving patients and their families via a proud and loyal workforce, as measured by:
- An overall satisfaction rate of $\geq 79.5\%$ for clinicians with the clinical portion of their UW Medicine activities
- An improvement in overall employee engagement of $\geq 2.0\%$ as measured by the annual employee engagement survey

**Goal:** Effectively manage UW Medicine finances to ensure resource availability for patient-centered initiatives, services, and facilities, as measured by:
- Achieve a total margin of $\geq 1.5\%$ for the fiscal year

**Goal:** Improve patient access to primary and specialty care services across UW Medicine as measured by:
- Achieving the $\geq 63.6\%$ Top Box (no percentile rank available due to change in CAHPS tool) in the CG CAHPS Access to Care composite score
HOW CAN UW MEDICINE IMPROVE PATIENT SAFETY?  
We Believe Our Faculty and Staff Have the Answers.

The Patient Safety Innovations Program

In 2008, the University of Washington sought to unleash the creative potential of its faculty and frontline operational quality and safety experts. Recognizing that fostering and spreading internally developed safety innovations could reduce claims and expenses, UW Medicine and the Office of Risk Management supported the launch of the Patient Safety Innovations Program (PSIP). This groundbreaking grants program is funded by the Office of Risk Management through accumulated earnings on reserves in its self-insurance program. PSIP is helping to advance UW Medicine’s mission of improving the health of the public.

Leveraging the Experience and Creativity of Clinicians

The Patient Safety Innovations Program (PSIP) is a pioneering grant program to improve patient safety and quality of care.

At UW Medicine, frontline clinicians strive to consistently provide safe, high-quality care to patients. Working at ground level, they see opportunities every day to achieve safety goals and better quality care. We’re convinced they also have solutions. PSIP is a pioneering grant program that empowers UW Medicine faculty to explore new approaches to improving safety and quality of care. Through $50,000 18 month grants, clinicians and researchers are now devising, testing and bringing their ideas to light.
PSIP projects unite clinical knowledge with research rigor to test innovative ideas. PSIP is designed to promote collaboration between frontline quality and safety experts and experienced researchers. Clinicians working on the ground use their knowledge and perspective to identify and implement critical quality and safety improvement projects. Researchers determine how best to design projects and evaluate their efficacy and impact. By supporting their rigorous research pilots, we’re elevating effective and novel approaches to patient safety that can benefit the whole UW Medicine system.

PSIP grants come with the support to succeed. PSIP is committed to creating a return on the investment of funds. We provide ongoing technical assistance and academic support to our grantees. The clinician-researcher teams have access to clinical leaders for support in overcoming logistical barriers and achieving their project goals. The most promising projects receive guidance on identifying other sources of ongoing funding.

Transforming Care at UW Medicine and Beyond

Supporting innovation is at the heart of the program. Most institutions have an eye toward improving patient safety and care quality, yet the field still has a long way to go. UW Medicine leaders recognized the need to push the boundaries and seek out more inventive approaches. PSIP projects are selected for their forward-looking thinking and potential to shape healthcare quality and safety solutions of the future. Many look at new and creative ways of promoting behavior changes clinicians know work but are challenging to put into practice.

The benefits of PSIP projects are far reaching. By sharing and disseminating project innovations, PSIP will enhance UW Medicine’s internal performance and can influence healthcare nationwide. Clinicians and fellow medical staff will advance their knowledge and ability to provide the safest, highest quality patient care. The academic and institutional practice of patient safety will be strengthened. Patients will experience safer, higher quality and more satisfying healthcare. Medico-legal expenses may be reduced. The discoveries of our world-class faculty can be exchanged with institutions nationwide, improving healthcare for everyone.

To learn more about the PSIP program, contact psip@uw.edu
Promising Pilot Projects Examples

PSIP projects are helping UW Medicine fulfill its commitment to improving the health of the public and providing the highest quality care possible to its patients.

Highlighting Radiology Critical Results in UW Medicine EMR Systems

Clinicians are overloaded with healthcare information in our Electronic Medical Record (EMRs). Identifying the most critical results can be challenging. Sometimes unexpected test results that do not require immediate attention are overlooked, compromising patient safety.

This project aimed to create a system that would highlight radiology reports with critical results in our EMRs to ensure that vital patient care information is acted upon. Through modification of GE-RIS results interface and ORCA/Epic, electronic radiology reports now have a mechanism to highlight critical results to clinicians, thereby improving patient safety and facilitating greater communication between physicians and patients. It has been implemented at the University of Washington Medical Center, Harborview Medical Center and the Seattle Cancer Care Alliance.

This project is being converged with a related project exploring natural language processing of critical recommendations in radiology reports, and has led to further research and funding applications related to the automated identification of important radiology findings.

Principal Investigator:
Martin Gunn, MBChB, FRANZCR
Assistant Professor, Radiology

Co-Investigators:
Thomas Payne, MD, FACP
Medical Director, IT Services

Meliha Yetisgen-Yildiz, PhD
Assistant Professor, Department of Biomedical and Health Informatics

Collaborator:
Peter Ghavami
Director of Informatics, Patient Care Services, Harborview Medical Center
Using an Institutional M&M Tool to Standardize the Quality Improvement Process

Great attention is given to patient safety and quality improvement, yet tools for tracking data and tagging cases where patient safety and quality are a concern are lacking. This project aims to create an IT product connecting EMRs with a database tracking Morbidity & Mortality and Quality Improvement (QI) information about patient care at the University of Washington Medical Center and Harborview Medical Center. This tool will help providers “export” patient data directly from the EMR into a QI discussion list customized for their care team, section or division. QI meetings will use the secure database, through an intuitive web-based interface, to review, discuss, score and refer patient events, errors or near misses.

Principal Investigators:
Lisa McIntyre, MD
Department of Surgery

Erik Van Eaton, MD
Department of Surgery

Learn More about PSIP Projects and Opportunities
Contact us directly to learn more about the program, PSIP-funded projects and grant opportunities: psip@uw.edu

PSIP Leadership

Program Director
Thomas Gallagher, MD
Director, UW Medicine Center for Scholarship in Patient Care Quality and Safety

Executive Sponsor
Elizabeth Cherry
Associate Vice Provost, Compliance and Risk Services
Interim Vice President, Finance and Facilities

David C. “DC” Dugdale, MD, FACP
Vice Dean for Clinical Affairs, UW School of Medicine
Professor of Medicine

Budgetary Oversight
Marcia Rhodes
Director, Health Science Risk Management

Funding and Implementation Oversight
Research Liaison
Doug Zatzick, MD
UW Medicine Quality & Safety Executive Committee
(Co-Chairs: Tom Staiger, MD, and Rick Goss, MD)

UW Medicine Quality & Safety Coordination Committee
(Co-Chairs: Anneliese Schleyer, MD and Christopher Kim, MD)

CONTACT US DIRECTLY TO LEARN MORE ABOUT THE PSIP PROGRAM: PSIP@UW.EDU
PATIENT SAFETY INNOVATIONS PROGRAM
Funded Research Projects: Round 3

Accomplishments to date (June 2016)
We are pleased to share with you the accomplishments to date of the current PSIP projects. These projects have reached the one year mark of their 18-month duration and have been successful in many areas that align with the operational needs of UW Medicine.

OPAT Bundle: Improving patient safety and quality of care for patients on outpatient parenteral antimicrobial therapy
Principal Investigator: Shireesha Dhanireddy, MD

Utilizing the informatics consulting services of the Institute for Translational Health Services (ITHS) and REDCap, a data collection tool, we created an application and associated workflow for OPAT to: 1) Capture patients for whom an IV line was ordered and appropriate for OPAT, 2) Manage patients using REDCap and UW Clinical Data Repository to collect clinical patient information from the electronic health record (EHR), 3) Enter outside lab results manually into REDCap, 4) Produce formatted text reports for the EHR, and 5) Track rates of treatment completion, readmissions, and adverse events.

Innovative Safety Program for Tracheotomy Management
Principal Investigator: Maya Sardesai, MD

Tracheotomy is among the most commonly performed procedures in critically ill patients and has significant advantages over prolonged intubation. Unfortunately, short- and long-term complications can be common, and many are felt to be associated with tracheotomy care and potentially avoidable. There is tremendous variation in tracheotomy care training between providers and institutions. We performed an initial environmental scan of tracheotomy care training practices through discussion with experts, and needs assessment through survey of patients and providers at UWMC and HMC. Based on the findings and on published best practices, and in collaboration with WISH, we have created tracheotomy care training programs involving electronic modules and simulation exercises for providers, patients, and their care-givers at UWMC and at HMC.
PATIENT SAFETY INNOVATIONS PROGRAM

Funded Research Projects: Round 3

Standardized Verbal Hand-off in the ICU: Decreasing Patient Care Errors through Communication Optimization
PI: Patricia Kritek, MD

UW-IPASS is a standardized handoff curriculum which was implemented in all ICUs at Harborview and UW this past year. All ICU providers are now using this format for patient handoffs, and are using the customized CORES tool, which has been integrated into the electronic medical record. Data from the project indicate that UW-IPASS increases provider preparedness and decreases miscommunication.

mPOWEr: Piloting a Mobile Health App for Post-Discharge Surgical Site Monitoring
PI: Heather Evans, MD

Since November 2015, 54 patients from the Center for Reconstructive Surgery at UWMC have registered to use mPOWEr on their own mobile devices to track their surgical wounds after discharge from the hospital. We are most proud that we were able to demonstrate in this proof of concept that mPOWEr can contribute to personalized surgical follow up care. Two patients identified early surgical site infections and received antibiotic therapy as outpatients, avoiding emergency room visits or readmissions. Based on the feedback and data collected from our patient and provider users in this pilot, we are prepared to launch in two additional UW Medicine surgical clinics this summer.
Harborview Medical Center Quality Awards
2012-2016

2016
The Joint Commission Accreditation for Palliative Care

American Heart Association: “Get With The Guidelines” Stroke Gold Plus Award/Target Stroke Elite Plus


Practice Greenhealth: Top 25 Environmental Excellence Award

U.S. Centers for Disease Control and Prevention (CDC): Healthcare-Associated Venous Thromboembolism Prevention Champion

Washington State Department of Health: Antimicrobial Stewardship Honor Roll

2015
American Association of Critical Care Nurses: Beacon Gold Award for Medical Cardiac Intensive Care Unit

America’s Essential Hospitals: Gage Award Remarkable Project for Integrating Medical and Mental Healthcare for Homeless Populations

American Heart Association: 2015 Stroke Honor Roll and Stroke Gold Plus

Becker’s Hospital Review: 50 of the Greenest Hospitals in America

Leapfrog Group: “A” for Hospital Safety (Spring 2015)


Qualis Health: Award of Excellence in Healthcare Quality: “An Enterprise Approach to Evidence-based Performance Improvement for Central Venous Catheter (CVC) Associated Complications” (UW Medicine Hospitals)

U.S. News & World Report – Best Hospitals: No. 6 in Seattle Metro and No. 11 in Washington

2014
America’s Essential Hospitals: Gage Award Remarkable Project for Multidisciplinary Venous Thromboembolism (VTE) Task Force Utilizes Q1 Analytics to Reduce In-Hospital VTE Events: Bringing Safety and Quality Improvement to the Bedside
Leapfrog Group: “A” Hospital Safety (spring and fall reporting periods)

Qualis Health: Award of Excellence in Healthcare Quality for Fast Track for Burn Care

UHC Quality and Accountability Scorecard: 4-star rating for quality care and patient safety

U.S. News & World Report - Best Hospitals: No. 3 in Seattle Metro and No. 4 in Washington

2013
American College of Surgeons: Trauma Quality Improvement Program, Top Decile Ranking for U.S. Trauma Centers

Joint Commission: Top Performer on Key Quality Measures and Advanced Comprehensive Stroke Center Certification

Leapfrog Group: “A” Grade for Hospital Safety

Practice Greenhealth: Environmental Leadership Award

Qualis Health: Award of Excellence in Healthcare Quality for Emergency Department High Utilizer Program: Case Management to Improve Care, Outcomes, and Cost

Seattle Business Leaders in Healthcare: Community Outreach Award for Pioneer Square Clinic

UHC Quality and Accountability Study: 4-star rating for quality care and patient safety

U.S. News & World Report: Seattle Metro Area Ranking, No. 3

Washington State Hospital Association: Community Health Leadership Award for Edward Thomas House Expanded Medical Respite Program (with UW Medical Center and other local partners)

2012
Blue Cross Blue Shield: Distinction Center for Spine Surgery

Critical Care Nursing Quarterly, July/September 2012: “Innovations in ICU Management” (Special issue focused on nursing excellence at Harborview)

Practice Greenhealth: Partner for Change with Distinction Award (Environmental Stewardship)

Qualis Health: Award of Excellence in Healthcare Quality for Three-Part Aim (Mental Health Integration Project) and Innovation (Serial Patient Screening for Infection Source)

UHC Quality and Accountability Study: 4-star rating for quality care and patient safety

U.S. Department of Health & Human Resources: Gold Medal of Honor for improvement of organ donation

U.S. News & World Report: Seattle Metro Area Ranking, No. 2
Appendix C

University of Washington Medical Center Quality Awards

2012-2016

2016
The Joint Commission Accreditation for Palliative Care
Excellence in Patient Care Award for Discharge Information, StuderGroup

Healthgrades:
• America’s 100 Best Hospitals for Prostate Surgery Award
• Cardiac Surgery Excellence Award
• Outstanding Patient Experience Award

Joint Commission: Certification for Advanced Palliative Care
Leapfrog Group: “A” for Hospital Safety (Spring 2016)
Practice Greenhealth: Top 25 Environmental Excellence Award
Washington State Department of Health: Antimicrobial Stewardship Honor Roll
Women’s Choice Award: Best Hospitals for Bariatric Surgery, Cancer Care, Obstetrics and Patient Experience

2015
Becker’s Hospital Review: 100 Great Hospitals in America
Becker’s Hospital Review: 50 of the Greenest Hospitals in America

Healthgrades:
• America’s 100 Best Hospitals for Prostate Surgery Award
• Cranial Neurosurgery Excellence Award
• Outstanding Patient Experience Award

Qualis Health: Award of Excellence in Healthcare Quality: “An Enterprise Approach to Evidence-based Performance Improvement for Central Venous Catheter (CVC) Associated Complications” (UW Medicine Hospitals)

U.S. News & World Report – Best Hospitals: No. 1 in Washington; No. 1 in Seattle Metro;
• No. 4 Ranking Nationally in Rehabilitation (joint program at Harborview)
• No. 5 Ranking Nationally in Cancer (provided through the Seattle Cancer Care Alliance of UW Medicine, Fred Hutchinson Cancer Research Center and Seattle Children’s)

U.S. News & World Report – Best Hospitals for Patients Who Need Common Care: High Performing in Heart Bypass Surgery and High Performing in Knee Replacement

Washington State Department of Health: Neonatal Intensive Care Unit – Level IV (highest level)

Washington State Department of Health and Washington State Hospital Association: Breastfeeding Friendly Washington Hospital – Gold Level

2014
American Nurses Credentialing Center: Magnet Recognition Award for Excellence in Nursing Service (first hospital to receive this designation in 1994 and first in world to receive it six times)

Avatar: Exceeding Patient Expectations Award

Healthgrades:
• America’s 100 Best Hospitals for Prostate Surgery Award
• Cranial Neurosurgery Excellence Award
• Outstanding Patient Experience Award

Joint Commission: Top Performer on Key Quality Measures

UHC Quality and Accountability Performance Scorecard: 4-star rating for quality care and patient safety

U.S. News & World Report – Best Hospitals: No. 1 in Washington; No. 1 in Seattle Metro; and No. 11 in nation.
• No. 4 Ranking Nationally in Rehabilitation (joint program at Harborview)
• No. 6 Ranking Nationally in Adult Cancer
• No. 10 Ranking Nationally in Diabetes & Endocrinology
• No. 12 Ranking Nationally in Nephrology

2013
Aetna: Institute of Quality in Cardiac Care, Cardiac Surgery, Cardiac Medical Intervention, Cardiac Rhythm Disorder and Orthopedic Care

Joint Commission: Top Performer on Key Quality Measures

Practice Greenhealth: Environmental Leadership Circle Award

UHC Quality and Accountability Performance Scorecard: 4-star rating for quality care and patient safety

UW Medicine Transplant Teams: 6,000th Transplant

Washington State Hospital Association: Community Health Leadership Award for Edward Thomas House Expansion (and other local partners)

2012
Healthcare Equality Index: Leaders in LGBT Healthcare Equality

Joint Commission: Top Performer on Key Quality Measures

Practice Greenhealth: Environmental Leadership Circle Award
UHC Quality and Accountability Performance Scorecard: 3-star rating for quality care and patient safety

U.S. Health and Human Services: Health Research Services Award, Heart, Liver & Kidney Transplant Services Bronze Level Awards

Northwest Hospital & Medical Center Quality Awards
2012 - 2016

2016
The Joint Commission Accreditation for Palliative Care

American Heart/American Stroke Association: “Get With the Guidelines” Gold Plus Award/Target Stroke Honor Role Elite Plus

HealthGrades:
- America’s 100 Best Hospitals for Stroke Care Award
- Five Star Rated – Stroke Care
- Patient Safety Excellence Award
- Pulmonary Care Excellence Award
- Stroke Care Excellence Award


Joint Commission: Primary Stroke Center and Gold Seal

Washington State Department of Health: Antimicrobial Stewardship Honor Roll

2015
American Heart Association: “Cardiac Care” Silver Plus Award

American Heart/American Stroke Association: “Get With the Guidelines” Silver Plus Award

HealthGrades:
- America’s 100 Best Hospitals for Stroke Care Award
- Neurosciences Excellence Award

Qualis Health: Award of Excellence in Healthcare Quality: “An Enterprise Approach to Evidence-based Performance Improvement for Central Venous Catheter (CVC) Associated Complications” (UW Medicine Hospitals)

U.S. News & World Report – Best Hospitals for Patients Who Need Common Care: High Performing in Heart Failure

2014
American Heart/American Stroke Association: “Get With the Guidelines” Silver Plus Award
HealthGrades:
- America’s 100 Best Hospitals for Stroke Care Award
- Gynecologic Surgery Excellence Award
- Neurosciences Excellence Award
- Neurosurgery Excellence Award
- Stroke Care Excellence Award

Joint Commission – Top Performer on Key Quality Measures: Hospital and Primary Stroke Center Gold Seal

Leapfrog Group: “A” for Hospital Safety (spring reporting period)

U.S. News & World Report – Best Hospitals: No. 5 in Seattle Metro and No. 7 in Washington

Washington State Hospital Association: Achieving Best Care Award

2013
Aetna: Institute of Quality for Spine and Total Joint Replacement

American Heart /American Stroke Association: “Get With the Guidelines” Gold Plus Award

American Heart Association: “Mission: Lifeline” Bronze Award

Cigna: Center of Excellence

Commission on Cancer Accreditation with Commendation (7th Accreditation)

HealthGrades: Critical Care Excellence Award; Patient Safety Excellence Award; Spine Surgery Excellence Award; and Stroke Care Excellence Award

Joint Commission: Primary Stroke Center Gold Seal

Leapfrog Group: “A” for Hospital Safety (spring and fall reporting periods)

Premera and Regence: Blue Distinction Center+ and Blue Distinction “Total Value” designation for Spine Surgery, Knee and Hip Replacement

2012
American Heart /American Stroke Association: “Get With the Guidelines” Gold Plus Award

Consumer Reports – Top Hospitals Rankings: No. 6 in Washington and No. 5 in Western Washington

HealthGrades: Distinguished Hospital Award for Clinical Excellence; Emergency Medicine Excellence Award; Patient Safety Excellence Award; Spine Surgery Excellence Award; and Stroke Care Excellence Award

Joint Commission: Primary Stroke Center Gold Seal

Leapfrog Group: “A” for Hospital Safety (spring and fall reporting periods)
Valley Medical Center Quality Awards
2012 - 2016

2016
The Joint Commission Accreditation for Palliative Care

BlueCross BlueShield Association: Blue Distinction Center in Knee and Hip Replacement, Maternity Care, and Spine Surgery

Healthcare Information Management Systems Society: Stage 7 Award


Joint Commission: Advanced Certification Program for Palliative Care

LifeCenter Northwest: Organ Donation Achievement Award

2015
American Stroke Association: “Get With The Guidelines” Gold Plus Performance Achievement Award and Target Stroke Honor Roll Elite Plus

Leapfrog Group: “A” for Hospital Safety (Fall 2015)

National Committee for Quality Assurance: Patient-Centered Medical Home Recognition for Valley Medical Center Clinics

Qualis Health: Award of Excellence in Healthcare Quality: “An Enterprise Approach to Evidence-based Performance Improvement for Central Venous Catheter (CVC) Associated Complications” (UW Medicine Hospitals)

U.S. News & World Report – Best Hospitals: No. 4 in Seattle Metro and No. 6 in Washington

U.S. News & World Report – Best Hospitals for Patients Who Need Common Care: High Performing in Chronic Obstructive Pulmonary Disease (COPD), High Performing in Hip Replacement, and High Performing in Knee Replacement

2014
American Heart Association: “Get With The Guidelines” Gold Performance Achievement Award for Heart Failure and Gold Fit Friendly Workplace Award Winner

American Stroke Association: “Get With The Guidelines” Gold Plus Performance Achievement Award and Target Stroke Honor Roll
Centers for Medicare and Medicaid Services: Best Hospital for Joint Replacement (Medicare)

Commission on Cancer: Three-Year Accreditation with Commendation for Community Hospital Comprehensive Cancer Program.

Healthcare Equity Index: Leader in LGBT Healthcare Equality

HealthGrades (Note: Valley is not currently licensed to advertise HealthGrades awards):
- Distinguished Hospital Award for Clinical Excellence

HealthGrades: Appendectomy
- Five-Star Recipient for Appendectomy for 2 Years in a Row (2013-2014)

HealthGrades: Cardiac
- Five-Star Recipient for Treatment of Heart Failure

HealthGrades: Critical Care
- Five-Star Recipient for Treatment of Respiratory Failure for 2 Years in a Row (2013-2014)

HealthGrades: Gastrointestinal
- Five-Star Recipient for Colorectal Surgeries
- Five-Star Recipient for Treatment of Bowel Obstruction

HealthGrades: Orthopedics
- America’s 100 Best Hospitals for Orthopedic Surgery™ 3 Years in a Row (2012-2014)
- America’s 100 Best Hospitals for Joint Replacement™ 3 Years in a Row (2012-2014)
- America’s 100 Best Hospitals for Spine Surgery™ 3 Years in a Row (2012-2014)
- Orthopedic Surgery Excellence Award™ 4 Years in a Row (2011-2014)
- Joint Replacement Excellence Award™ 5 Years in a Row (2010-2014)
- Spine Surgery Excellence Award™ 4 Years in a Row (2011-2014)
- Top 5% in the Nation for Overall Orthopedic Services
- Top 5% in the Nation for Joint Replacement 5 Years in a Row (2010-2014)
- Top 5% in the Nation for Spine Surgery 3 Years in a Row (2012-2014)
- Five-Star Recipient for Total Knee Replacement 11 Years in a Row (2004-2014)
- Five-Star Recipient for Total Hip Replacement 5 Years in a Row (2010-2014)
- Five-Star Recipient for Back Surgery 12 Years in a Row (2003-2014)
- Five-Star Recipient for Spinal Fusion Surgery 4 Years in a Row (2011-2014)

HealthGrades: Pulmonary
- Five-Star Recipient for Treatment of Chronic Obstructive Pulmonary Disease 2 Years in a Row (2013-2014)

Washington State Hospital Association: Partnership for Patients Achieving Best Care Award
2013
American Heart Association: “Get With The Guidelines” Gold Performance Achievement Award for Heart Failure and Lifeline Bronze Quality Achievement Award for Heart Attack Care

American Hospital Association – Hospitals & Health Networks: “Most Wired” Hospital

American Stroke Association: “Get With The Guidelines” Gold Plus Performance Achievement Award and Target Stroke Honor Roll

Centers for Medicare and Medicaid Services: Best Hospital for Joint Replacement (Medicare)

Healthcare Equity Index: Leader in LGBT Healthcare Equality

Washington State Hospital Association: Safe Care in Action Award

2012
American College of Radiology: Breast Center of Excellence

American Heart Association: “Get With The Guidelines” Silver Performance Achievement Award for Heart Failure

American Stroke Association: “Get With The Guidelines” Silver Performance Achievement Award

Commission on Cancer: Accredited Program with Commendation

Global Healthcare Exchange: Provider of the Year

Healthcare Equity Index: Leader in LGBT Healthcare Equality

U.S. News & World Report – Best Hospitals: No. 4 in Seattle Metro

Premera+Regence: Blue Distinction Center for Spine Surgery and Blue Distinction Center for Hip & Knee Replacement

Seattle Business: No. 1 Non-Profit in Washington

U.S. News & World Report – Best Hospitals: No. 5 in Seattle Metro
UW Neighborhood Clinics Quality Awards
2012-2016

2016
National Committee for Quality Assurance: Five UW Neighborhood Clinics awarded Level 3 Patient-Centered Medical Home Recognition

Qualis Health: Award of Excellence in Healthcare Quality Outpatient Setting for “Integrating Behavioral Health into Primary Care”

2015
Washington State Medical Association: William O. Robertson Patient Safety Award for lowering vaccine errors

2014
Accreditation Association of Ambulatory Health Care: Three-year accreditation (ongoing) for meeting nationally recognized standards of high-quality healthcare.

Seattle Met Top Doctors: Thirteen UWNC providers recognized in doctor and nurse practitioner rankings

UW Medicine: 68 faculty and resident providers, received a PRAISE Award for achieving an 80th percentile (94% top box) score on the CG-CHAPS survey for Provider Communication (with 15 or more survey respondents)

Washington Health Alliance: One of five medical groups (out of 46) in Washington with above average regional scores in all four categories of the “Your Voice Matters” survey
- Getting timely appointments, care, and information
- How well providers communicate with patients
- Helpful, courteous, and respectful office staff
- Patient’s overall rating of the provider

2013
Accreditation Association of Ambulatory Health Care: Three-year accreditation (ongoing) for meeting nationally recognized standards of high-quality healthcare

National Committee for Quality Assurance: Physician Practice Connections – Patient-Centered Medical Home Recognition (expired in July 2013)

National Committee for Quality Assurance: 21 qualifying physicians recognized for excellence in diabetic care
2012
Accreditation Association of Ambulatory Health Care: Three-year accreditation (ongoing) for meeting nationally recognized standards of high-quality healthcare

National Committee for Quality Assurance: Physician Practice Connections – Patient-Centered Medical Home Recognition

National Committee for Quality Assurance: Qualifying physicians recognized for excellence in diabetic care
Appendix C

UW School of Medicine Awards and Recognition
2012-2016

National and global honors
Canada Gairdner Foundation International Award: 10 recipients
CEO Roundtable on Cancer: 2015 and 2016 Cancer Gold Standard Employer (UW Medicine) Howard Hughes Medical Institute: 16 investigators
Lasker Foundation Award: 7 recipients
Nobel Prizes in Physiology or Medicine: 5 Nobel Laureates
National Academy of Medicine (formerly Institute of Medicine): 35 elected members
National Academy of Sciences: 36 elected members
National Academy of Engineering: 5 elected members

U.S. News & World Report (2016 release date)
- Primary Care Medical Schools: No. 1 in the nation 22 out of past 23 years
- Research Medical Schools: No. 8 (tie) in the nation
- Family Medicine: No. 1 teaching program in the nation for 25 consecutive years
- Family Medicine: No. 1 residency program in the nations
- Rural Medicine: No. 1 teaching program in nation for 25 consecutive years
- Other highly ranked teaching programs include Pediatrics (No. 5), Internal Medicine (No.7), Drug and Alcohol Abuse (No. 8, tie), Geriatrics (No 8, tie), Women’s Health (No. 8, tie)
- Graduate Programs: Genetics/Genomics/Bioinformatics (No. 3), Biomedical/Bioengineering (No. 9, tie)
- Federal Research Funding: Top public medical school in the nation for National Institutes of Health grant funding and second in nation among all medical schools
- Best Global Universities: No. 2 in Microbiology

2015
U.S. News & World Report: Primary Care Medical School (No. 1), Family Medicine (No. 1), Rural Medicine (No. 1), Primary Care (No. 1), AIDS (No. 4), Geriatrics (No. 8), Internal Medicine (No. 8, tie), Pediatrics (No. 8)

2014
U.S. News & World Report: Primary Care Medical School (No. 1), Family Medicine (No. 1), Rural
Medicine (No. 1), Primary Care (No. 1), AIDS (No. 4), Internal Medicine (No. 8), Pediatrics (No. 5), Geriatrics (No. 7), Internal Medicine (No. 7), and Drug and Alcohol Abuse (No. 9)

**2013**
U.S. News & World Report: Primary Care Medical School (No. 2), Family Medicine (No. 1), Rural Medicine (No. 1), AIDS (No. 5), Internal Medicine (No. 8), Geriatrics (No. 9), and Pediatrics (No. 9)

**2012**
U.S. News & World Report: Primary Care Medical School (No. 1), Family Medicine (No. 1), Rural Medicine (No. 1), AIDS (No. 4), Pediatrics (No. 7), Geriatrics (No. 7 tie), and Internal Medicine (No. 8)
UW Medicine’s
Patient Safety & Quality Committee

UW Medicine Board of Regents

Cindy Hecker, Interim Chief Health System Officer, UW Medicine
Kimberly McNally, Chair, UW Medicine Patient Safety Committee
Rick Goss, M.D., Medical Director, HMC

July 14th 2016
UW MEDICINE HISTORY

1940s - 1960s
- 1945: Governor Wallgren signs legislation for creation of UW School of Medicine and UW School of Dentistry
- 1946: UW SOM opens
- 1959: University Hospital (now UW Medical Center) opens
- 1969: UW signs with King County to operate Harborview

1970s - 2007
- 1982: Airlift NW established
- 1996: UW Neighborhood Clinics established
- 1998: Seattle Cancer Care Alliance established

2008 - 2016
- 2008: UW Medicine launches new Strategic Plan
- 2010: Northwest Hospital & Medical Center joins
- 2010: Health care reform signed into law; Launch of UW Medicine Patients Are First
- 2011: Valley Medical Center joins
- 2012: MFM Clinic at Yakima Valley Memorial Hospital opens
- 2014: UW Medicine Accountable Care Network established; (Boeing is first)
- 2015: A year of tremendous growth
We believed that:

• We were very focused on quality

• We have a well organized Quality Program

• We did not have issues that were described in the report

• We follow data and make changes when needed

• We felt the data must be wrong
What we realized was:

- We were focused on quality however we needed to elevate quality to our top priority
- We had room to improve and it was our issue
- We were data poor, we didn’t know what we didn’t know
- We had a siloed quality program, it was not well integrated into operations
- We did follow the data we had, however we were not transparent and did not have good loop closure with the care team
We had accomplished a lot:

• We had refocused our quality programs, they were well integrated at the local level

• We significantly improved our data availability

• We developed quality dashboards at the entity level

• We had significantly increased transparency at the local level
What was next:

• We needed to expand our quality programs from local programs to a unified system program

• We needed to focus on service the same way we were focused on quality

• We needed to develop common goals, leverage best practices, and develop a culture of accountability for quality and service across our system

• We needed help to provide system alignment
We needed to:

- Establish a **uniform approach** to measurement and reporting around service and quality, with clearly defined **accountabilities**

- Set **performance standards** that promoted excellent care and service from first contact through discharge and follow-up care

- We needed to rapidly develop a focus around service and identify high impact immediate **behaviors** that could be implemented to improve patient and family experience
Organizations with high performance in quality, safety & service had 5 key attributes:

- Shared sense of purpose
- Leadership alignment
- Accountability system for service, quality, and safety
- A focus on results
- Collaboration
UW Medicine partnered with the Studer Group to assist with developing a service excellence framework.

UW Medicine launched Patients Are First and the UW Medicine Pillar Goals were created.

**Focus on Serving the Patient/Family**
Serve all patients and family members with compassion, respect and excellence.

**Become the Employer of Choice**
Recruit and retain a competent, professional workforce focused on serving our patients and their families.

**Provide the Highest Quality Care**
Provide the highest quality, safest and most effective care to every patient, every time.

**Practice Fiscal Responsibility**
Ensure effective financial planning and the economic performance necessary to invest in strategies that improve the health of our patients.
A culture of service and quality excellence exists across UW Medicine

Patients are First sets the overarching framework for everything we do

Yearly Pillar Goals are developed that are standardized across our health system with measurable outcomes.

Data is robust and transparent

Quality, Safety and Service goals now exist across our accountable care network

Quality, Safety and Service is a focus for all entity boards and for the system through the work of the UW Medicine Quality and Safety Committee

We are actively focused on transforming care and managing populations health.
At UW Medicine each entity board reviews quality of care, patient safety and service and conducts Patient Safety Rounds with the executive leadership team members.

The **UW Medicine Board Patient Safety & Quality Committee** meets quarterly to:

- Review patient safety & quality data from all clinical entities
- Provide overall guidance on patient safety & quality programs
- Assist with strategic planning and program development
- Review and analyze system-wide issues and trends
- Advise on proactive risk mitigation strategies
# UW Medicine Patients Are First Dashboard

FY16 July Report (as of 06/30/2016)

UW Medicine and Entity scores based on YTD results. 4 Month Trends based on monthly results. Entity results color-coded based on comparison to entity specific goal, which may differ from UW Medicine goal.

Hover mouse over result to view entity goal, or click on result to view detailed info.

* Not included in UW Medicine rollout. † FY15 data displayed due to time lag in availability of measure.

## Serving the Patient/Family

<table>
<thead>
<tr>
<th></th>
<th>YTD as of</th>
<th>HMC AZE</th>
<th>NWH AZE</th>
<th>UWMC AZE</th>
<th>VMC AZE</th>
<th>UWMC AZE</th>
<th>HH AZE</th>
<th>ALNW</th>
<th>UWP</th>
<th>Home Page</th>
<th>Department Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Percentage</td>
<td>Apr 2016</td>
<td>71.4%</td>
<td>75.2%</td>
<td>81.7%</td>
<td>76.1%</td>
<td>77.2%</td>
<td>79th</td>
<td>79th (pr)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentile Rank</td>
<td>Apr 2016</td>
<td>51st</td>
<td>71st</td>
<td>88th</td>
<td>75th</td>
<td>90.6%</td>
<td>48th</td>
<td>60th (pr)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ambulatory Clinic Percentage</td>
<td>Apr 2016</td>
<td>86.9%</td>
<td>92.5%</td>
<td>91.0%</td>
<td>91.8%</td>
<td>90.4%</td>
<td>85.0</td>
<td>67.0%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentile Rank</td>
<td>Apr 2016</td>
<td>24th</td>
<td>65th</td>
<td>50th</td>
<td>58th</td>
<td>47th</td>
<td>41st</td>
<td>60th (pr)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Mean Score</td>
<td>Apr 2016</td>
<td>82.3</td>
<td>86.3</td>
<td>84.4</td>
<td>85.7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentile Rank</td>
<td>Apr 2016</td>
<td>20th</td>
<td>53rd</td>
<td>36th</td>
<td>47th</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access to Care Percentage</td>
<td>Apr 2016</td>
<td>57.9%</td>
<td>65.3%</td>
<td>61.1%</td>
<td>65.1%</td>
<td>53.1%</td>
<td>60.6%</td>
<td>50th (pr)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentile Rank</td>
<td>Apr 2016</td>
<td>19th</td>
<td>44th</td>
<td>30th</td>
<td>43rd</td>
<td>10th</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Provide the Highest Quality Care

<p>| | | | | | | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>CA-UTI (per 1000 cath days)</td>
<td>May 2016</td>
<td>2.13</td>
<td>1.17</td>
<td>1.10</td>
<td>0.26</td>
<td>1.45</td>
<td>0.52</td>
<td>1.95</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CLA-BSI (per 1000 cath days)</td>
<td>May 2016</td>
<td>0.53</td>
<td>0.35</td>
<td>0.58</td>
<td>0.35</td>
<td>0.52</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hand Hygiene (%)</td>
<td>May 2016</td>
<td>94.2%</td>
<td>91.5%</td>
<td>94.6%</td>
<td>99.2%</td>
<td>95.2%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Safety Indicator (per 1000 elig pts)</td>
<td>Apr 2016</td>
<td>2.31</td>
<td>0.92</td>
<td>1.89</td>
<td>1.09</td>
<td>1.67</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CMS Clinical Quality Composite (%)</td>
<td>Dec 2015</td>
<td>95.8%</td>
<td>96.4%</td>
<td>90.9%</td>
<td>94.7%</td>
<td>94.7%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30 Day Readmission (%)</td>
<td>Mar 2016</td>
<td>13.6%</td>
<td>10.2%</td>
<td>18.0%</td>
<td>12.5%</td>
<td>13.3%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ambulatory Disease Management (%)</td>
<td>May 2016</td>
<td>71.9%</td>
<td>81.5%*</td>
<td>80.7%</td>
<td>78.9%</td>
<td>75.1%</td>
<td>75.6%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ambulatory Preventative Care (%)</td>
<td>May 2016</td>
<td>71.9%</td>
<td>68.0%*</td>
<td>73.9%</td>
<td>81.0%</td>
<td>83.8%</td>
<td>74.3%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Become the Employer of Choice

<p>| | | | | | | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinician Satisfaction (%)</td>
<td>Jun 2016</td>
<td>78.4%</td>
<td>73.5%</td>
<td>75.7%</td>
<td>83.3%</td>
<td>80.7%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee Engagement (mean score)</td>
<td>Mar 2016</td>
<td>3.92</td>
<td>4.07</td>
<td>3.91</td>
<td>4.12</td>
<td>3.91</td>
<td>4.01</td>
<td>3.98</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Practice Fiscal Responsibility

<p>| | | | | | | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Increment +/- Total Margin (YTD % points)</td>
<td>May 2016</td>
<td>+0.5%</td>
<td>-0.2%</td>
<td>-3.6%</td>
<td>+0.8%</td>
<td>+3.2%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

Dashboard Content cannot be shared outside UW Medicine without permission.

This document was created specifically for, and collected and maintained by a quality improvement program or committee and is not subject to discovery or introduction into evidence in any civil action. See RCW 70.41.200, RCW 4.24.250, RCW 43.70.510, and RCW 70.168.090. Any joint preparation or sharing of this information with another coordinated QI program is pursuant to the protection of RCW 70.41 and 43.70.510. Do not disclose, reproduce, or distribute without permission. (c) UW Medicine, Harborview Medical Center, University of Washington Medical Center, Northwest Medical Center, Valley Medical Center, Quality Improvement. All rights reserved. This code and content is for internal use at UW Medicine. For permission to use this code or content outside of UW Medicine, please contact Patty Calver (ppr@uw.edu).

** QI Document - Confidential **
2015 Quality and Accountability Performance Scorecard
Harborview Medical Center

**Star Rating:**
- Overall Rank: 36
- Overall Score: 65.89%

**Domain Performance:**
- Mortality: 15.63% of 25%
- Equity: 5.00% of 5%
- Efficiency: 6.09% of 10%
- Safety: 14.38% of 25%
- Patient Centeredness: 7.71% of 15%
- Effectiveness: 17.08% of 20%

**Overall Score:** 65.89%

**Domain Performance Table:**
<table>
<thead>
<tr>
<th>Domain</th>
<th>Rank</th>
<th>Weight</th>
<th>Score</th>
<th>Weighted Score</th>
<th>UHC Median</th>
<th>UHC Top Performer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>36</td>
<td>100%</td>
<td>65.89</td>
<td>65.89%</td>
<td>64.00%</td>
<td>72.55%</td>
</tr>
<tr>
<td>Mortality</td>
<td>20</td>
<td>25%</td>
<td>62.50</td>
<td>15.63%</td>
<td>56.25%</td>
<td>76.25%</td>
</tr>
<tr>
<td>Safety</td>
<td>68</td>
<td>25%</td>
<td>57.50</td>
<td>14.38%</td>
<td>60.00%</td>
<td>77.50%</td>
</tr>
<tr>
<td>Effectiveness</td>
<td>12</td>
<td>20%</td>
<td>85.42</td>
<td>17.08%</td>
<td>79.17%</td>
<td>92.71%</td>
</tr>
<tr>
<td>Patient Centeredness</td>
<td>67</td>
<td>15%</td>
<td>51.39</td>
<td>7.71%</td>
<td>56.25%</td>
<td>79.17%</td>
</tr>
<tr>
<td>Efficiency</td>
<td>29</td>
<td>10%</td>
<td>60.94</td>
<td>6.09%</td>
<td>57.03%</td>
<td>75.00%</td>
</tr>
<tr>
<td>Equity</td>
<td>1</td>
<td>5%</td>
<td>100.00</td>
<td>5.00%</td>
<td>100.00%</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

**Top Performers:**
- NYU: 72.55%
- RUSH: 72.37%
- MAYOCLINIC_MN: 72.16%
- EMORY: 72.06%
- FROEDTERT: 71.48%
- COLORADO: 71.46%
- UTAH: 71.38%
- METHODIST_HOUSTON: 70.65%
- OHIOSTATE: 70.63%
- HERMANN: 70.47%
- BEAUMONT-ROYALOAK: 70.36%
- TUFTS: 69.97%
- KANSAS: 69.84%

**Historical Overall Rank:**
- 2005: 50
- 2006: 50
- 2007: 57
- 2008: 49
- 2009: 36
- 2010: 36
- 2011: 31
- 2012: 31
- 2013: 28
- 2014: 21
- 2015: 21
2015 Results - UWMC

2015 Quality and Accountability Performance Scorecard
UW Medical Center

Star Rating | Overall Rank | Overall Score
---|---|---
3.5 | 23 | 67.01%

Domain Performance

Overall Score: 67.01%

Top Performers:
- NYU: 72.55%
- RUSH: 72.37%
- MAYOCLINIC,MN: 72.16%
- EMORY: 72.06%
- FROEDTERT: 71.48%
- COLORADO: 71.46%
- UTAH: 71.38%
- METHODIST,HOU: 70.65%
- OHIOSTATE: 70.63%
- HERMANN: 70.47%
- BEAUMONT-ROYAL: 70.36%
- TUFTS: 69.97%
- KANSAS: 69.84%

Domain Performance Table

<table>
<thead>
<tr>
<th>Domain</th>
<th>Rank</th>
<th>Weight</th>
<th>Score</th>
<th>Weighted Score</th>
<th>UHC Median</th>
<th>UHC Top Performer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>23</td>
<td>100%</td>
<td>67.01</td>
<td>67.01%</td>
<td>64.00%</td>
<td>72.55%</td>
</tr>
<tr>
<td>Mortality</td>
<td>39</td>
<td>25%</td>
<td>58.75</td>
<td>14.69%</td>
<td>56.25%</td>
<td>76.25%</td>
</tr>
<tr>
<td>Safety</td>
<td>9</td>
<td>25%</td>
<td>67.50</td>
<td>16.88%</td>
<td>60.00%</td>
<td>77.50%</td>
</tr>
<tr>
<td>Effectiveness</td>
<td>92</td>
<td>20%</td>
<td>69.79</td>
<td>13.96%</td>
<td>79.17%</td>
<td>92.71%</td>
</tr>
<tr>
<td>Patient Centricity</td>
<td>4</td>
<td>15%</td>
<td>70.03</td>
<td>10.63%</td>
<td>56.25%</td>
<td>79.17%</td>
</tr>
<tr>
<td>Efficiency</td>
<td>42</td>
<td>10%</td>
<td>58.99</td>
<td>5.88%</td>
<td>57.03%</td>
<td>75.00%</td>
</tr>
<tr>
<td>Equity</td>
<td>1</td>
<td>5%</td>
<td>100.00</td>
<td>5.00%</td>
<td>100.00%</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

Historical Overall Rank

B-4.2/207-16
7/14/16
UWMC 2015 UHC Q&A Scorecard

- **Five Stars**: n = 13, Max = 72.6%, Median = 71.4%, Min = 69.8%
- **Four Stars**: n = 24, Max = 69.3%, Median = 66.8%, Min = 65.8%
- **Three Stars**: n = 37, Max = 65.4%, Median = 63.6%, Min = 61.2%
- **Two Stars**: n = 18, Max = 60.7%, Median = 58.8%, Min = 56.5%
- **One Star**: n = 10, Max = 55.4%, Median = 55.2%, Min = 48.7%

Overall Rank

---

B-4.2/207-16
7/14/16

***HMC QI October 2015***
TRANSPARENCY BECOMES PERSONAL

CLEAN HANDS SAVE LIVES

Preventing infections is in our hands. Everyone. Every time.

UW Medicine

HARBORVIEW MEDICAL CENTER
CLEAN HANDS SAVE LIVES

Harborview Medical Center Hand Hygiene Compliance at Hospital

UW Medicine
REPORTING AT THE MD LEVEL

HMC - Operative Report Late Completion Fall out by Month

HMC - Operative Report Completion

Confidential Quality Data RCW 70.41.200, 4.24.250, 43.70.510, and 70.168.090

Confidential Quality Data RCW 70.41.200, 4.24.250, 43.70.510, and 70.168.090
Important Message from Dr. Bill Bremner

From:  ProEngagementCorp@uw.edu  Add
To:  rgoss@u.washington.edu
Date:  14 Mar 2016 09:43:19 -0700
Attachments: Communication Tips for Healthcare Professionals.pdf (View | Download), High Performing Physician Self-Test.pdf (View | Download)

This message is sent on behalf of Dr. Bill Bremner and the UW Medicine Physician Engagement Team.

Dear Dr. J Richard Goss,

The link below takes you to your current results for 3 sets of patient survey questions around the clinic-based care you have provided. These results will arrive monthly in an email. You will need your AMC login and password to access these links.

1. Willingness to Recommend Your Clinic: Patients who would definitely recommend your clinic to family and friends.

2. MD Communication Did you have a background of knowledge of the patient before the visit, listen carefully, explain things in a way that was easy to understand, provide clear instructions and spend enough time with your patient. These are, after all, the measures of respect that we all use to assess a conversation.

3. Overall MD Rating Percent of patients who give you a 9 or 10/10 overall score.


The link below shows your MD Communication scores relative to other Department of Medicine members:


Enclosed are two attachments: Communication Tips for Healthcare Professionals and High Performing Physician Self-Test that you will find of value for you and your team as you review your scores.
HMC OP CG-CAHPS Survey Results Updated Monthly - Feb 2015 to Jan 2016
Goss, J Richard (General Internal Medicine)

Willingness to Recommend
% said Yes. Definitely would recommend this doctor's office to your family and friends.

MD Communication
% Yes. Definitely did the doctor explain things in a way that was easy to understand, took care to listen to you, was able to understand instructions about taking care of health problems, seemed to know the important information about your medical history, showed respect for what you had to say, spent enough time with you.

Overall MD Rating
% Rating 9 or 10 on 10pt Scale

Source: UW Medicine Amiga Data Warehouse. For more information, please contact Astrid B Schreuder, PhD (astrid@u.washington.edu)
** QI Confidential **
Leadership: from No place to hide...

HMC OP CG-CAHPS Survey Results Updated Monthly - Feb 2015 to Jan 2016
Goss, J Richard (General Internal Medicine)
Validation tool for behaviors that support a positive patient experience.

- Peer reviewed research indicates that physicians empathy and communication improves clinical outcomes
- Patient experience is positively associated with clinical effectiveness and patient safety
- Physician communication tied directly to Value Based Purchasing (VBP); the physician is at the heart of the new paradigm
- Physician pay for performance is on its way – staying ahead of the wave is easier than catching it later

<table>
<thead>
<tr>
<th>Question</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Do you review the patient record and/or speak with staff in order to be prepared and aware before you enter the room?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2. Do you knock on the door and/or call out and pause prior to entering the room to let the patient know you are there?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3. Upon entering the room do you acknowledge everyone in the room and make physical contact? Do you make a non-medical query/connect with the patient/family?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4. Do you sit down?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5. Do you give the patient/family 2 minutes to tell their story?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6. When you get up to perform the physical examination, do you tell the patient? Do you convey your findings?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>7. Do you give a clear summary of your diagnostic impression, workup and time-frame for results and/or healing process?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>8. Are you using key words to convey patients your commitment to their comfort and safety?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>9. Are you collaboratively rounding on patients with the nurse/assistant in the room as a vital team member?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>10. Are you managing up other staff members and physicians and conveying a sense of team caring for the patient/family?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>11. Are you completing the patient visit with “What questions do you have for me” or “Is there anything you would like for me to go over again?”</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>12. Are you/your staff making follow up phone calls to patients the next day, to check in with them re: questions/concerns?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
Dr. Esselman, Chair of the Department of Rehabilitation Medicine and Co-Chair of the Physician Engagement Committee
PARTNERSHIP WITH NURSING

- Impact of Physicians Rounding for Outcomes with Nurse Leaders as a tactic that has increased collaboration and alignment

- Darcy Jaffe, Harborview Chief Nursing Officer and UW Medicine Service Pillar Co-Champion
WHAT DOES PHYSICIAN ENGAGEMENT LOOK LIKE AT UW MEDICINE?
WHAT’S NEXT IN 2017?

We will continue on our quality, safety and service journey along with renewed efforts to transform our care delivery system, manage the health of populations and identify and act upon health disparities.

UW Medicine will work to meet the triple aim that has been mandated by the Affordable Care Act.

- Improve the patient experience of care
- Improve the health of populations
- Reduce the cost of care
Overview of the Safety and Quality program throughout UW Medicine

Governance
- Coordinated Quality Improvement Program
- UW Medicine Board Patient Safety & Quality Committee
- UW Medicine Patient Safety & Quality Executive Committee
- UW Medicine Patient are First Executive Committee

UW Medicine Patients Are First Program
- Attachment, 2017 goals

Culture of Safety Initiatives
- TeamCORE and TeamSTEPS

Training and Clinical Transformation Efforts
- WWAMI Institute for Simulation in Healthcare (WISH)
- Creation of the CMO’s office and the efforts underway to transform care deliver to meet the needs of our time

Patient Safety Innovation Program (PSIP)
- Attachment, update on projects

Performance Measurement and Benchmarking
- AHA pledge to focus on health care disparities
Harm Event
- Identification, Analysis and Prevention

Pay for Performance/Value Based Purchasing
- Payment tied to performance related to quality and cost goals

Center for Scholarship in Patient Care Quality and Safety
- The center’s goals are to stimulate innovative research and scholarship around quality and safe, foster collaboration and discover innovative approaches to quality and safety and to share and promote creativity.
- Oversee the Patient Safety Innovations Program and support large grant applications related to quality and safety.

Conclusion
- UW Medicine is committed to clinical excellence and strives to be the leader in quality, safety, satisfaction and cost effective care to fulfill our mission of improving health.