UW Medicine Board Annual Report on Patient Safety and Quality

INFORMATION ITEM

This item is for information only.

BACKGROUND

UW Medicine Board’s Annual Report on Patient Safety and Quality is one of three annual reports UW Medicine provides to the Board of Regents. UW Medicine last reported to the Board on patient safety and quality in June 2014.

Attachment
UW Medicine Board Annual Patient Safety and Quality Committee Report to the UW Board of Regents, November 12, 2015
UW Medicine Board

Annual Patient Safety and Quality Committee

Report to the UW Board of Regents

November 12, 2015
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1. Introduction

The UW Medicine Board Patient Safety and Quality Committee is providing the fourth 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 service, satisfaction, quality and safety while reducing costs. The framework includes the deployment of evidenced-based leadership tools and tactics across the health system to achieve goals related to quality, safety, satisfaction and fiscal responsibility. Performance measurement of these established Pillar Goals and Metrics 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. IHI believes that new designs must be implemented to pursue three dimensions known as the “Triple Aim”. These 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 the focused efforts on improving 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. For example, over the past year, UW Medicine has implemented a peer
support program for faculty and has offered courses in mindfulness. It has trained interested faculty in
the peer support methodology and is actively seeking partnerships across UW Medicine to support
healthcare professionals for the purpose of improving the work life of care providers.

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.

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 UW Medicine Patients Are First Pillar Goals and Metrics for FY 2015 and a
summary of the improvements.*

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 2014 who rated patient safety as very good or excellent ranged from 72% to 83% across the four hospitals, representing an improvement of 5-10% from prior surveys. Improvements were seen in staff willingness to speak up or to question the decisions of those with more authority, teamwork, and discussion of ways to prevent errors from recurring. Areas for greatest opportunity include handoffs and transitions, speaking up when there are safety concerns, and ensuring non-punitive responses to errors. The survey results also identified the need to work on transitions of care as particularly vulnerable periods in patient care, as well as the importance of non-punitive reporting and the essential value of team work. 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. Changes have been initiated in response to the survey results and will be reviewed in future meetings. 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**

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 Team Strategies and Tools to Enhance Performance and Patient Safety (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 127 master trainers on staff. Over 1,500 UW Medicine faculty and staff have trained in TeamSTEPPS, including operating room, intensive care unit, emergency room and labor and delivery personnel. Since 2010, all incoming residents and fellows (over 200 per year) have been trained in TeamSTEPPS during orientation.

As one of eight test hospitals for the World Health Organization Surgical Checklist project, UW Medicine introduced TeamSTEPPS principles in the final pre-surgery checklist that is used routinely by our surgeons. Just as pilots rely on checklists to operate airplanes safely, the Surgical Checklist has been demonstrated to reduce deaths and complications substantially among surgical patients. Our physicians have been national leaders in implementing the Surgical Checklist and are continuing in their responsibilities for implementation throughout other State of Washington hospitals.

Working through the UW Institute for Simulation and Interprofessional Studies, 2015 marked the 6th year as a regional training center for Team Strategies and Tools to Enhance Performance and Patient Safety (TeamSTEPPS). During this time UW simulation center has trained 500 master trainers from 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.

The UW Medicine simulation center 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. Other work at the UW simulation center includes an alliance between the TeamCORE, OD&T, and UW Medicine LEAN team members to develop training for the opening of the University of Washington Medical Center’s opening of the new Eastside Specialty Center in February 2014. 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. This initial effort is being used as a model for five additional team training efforts.

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 Institute for Simulation and Interprofessional Studies. 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:

**Institute for Simulation and Interprofessional Studies**

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’s Institute for Simulation and Interprofessional Studies has pioneered simulation training and retraining for health professionals to improve healthcare through increased patient safety. Within safe and realistic learning environments, the UW simulation center 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. UW Medicine simulation facilities are located at UW Medical Center, Harborview Medical Center and Northwest Hospital. 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 and nursing. The UW simulation center 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.

**Transformation of Care (ToCC) Committee**
The ToCC is a UW Medicine enterprise level committee with a primary charge to transform clinical practice by seeking standardization of practice, cost reduction and educational outreach in the clinical arena. The committee structure is set up to promote system level initiatives such as Length of Stay reductions and uniform purchasing of devices and pharmaceuticals, as well as, support for initiatives at each institution that are unique to the clinical care services provided.

The ToCC process is already yielding positive results both in terms of actual cost reductions and efficiency gains, but perhaps even more importantly, in setting expectations for rigorous review of all products used in the clinical environment. It is well known that individual physicians have individual preferences based on historical patterns or where and how people trained. The ToCC process is aimed at working in a collaborative and iterative fashion to provide the clinical data and cost information needed to generate constructive dialogue across physicians to promote much greater standardization in clinical care. Examples of clinical pathways implemented this past year to improve quality, safety and efficiency of care include:

- **Cardiac Transplant pathway**-the cost savings over 9 months of implementation (1/1/2015 - 9/30/2015) were $909,940. The pathway has shortened inpatient length of stay (LOS) by 5 post-operative days, a reduction of 25% from the pre-pathway baseline.

- **Cardiac Ventricular Assist Device (VAD) pathway**-the cost savings over 6 months of implementation (1/1/14 - 6/30/15) were $1.5 million. The pathway has shortened inpatient LOS by 9 post-operative days per patient, a reduction of 23% from the pre-pathway baseline.

- **Esophagectomy pathway**- the cost savings were $332,039 over 9 months of implementation (1/1/2015 - 9/30/2015). The pathway has shortened inpatient LOS by 5 post-operative days.

**Patient Safety Innovations Program (PSIP)**

In 2008, UW Medicine embarked on a program to empower the creative potential of its faculty and frontline 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 University Healthsystem Consortium (UHC) provides benchmarking data. Each year the UHC generates a national scorecard combining mortality, core measures and readmissions, harm events, efficiency and patient satisfaction. Over the past 6 years, UW Medicine has shown substantial improvements relative to other academic health systems, with our 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. While this performance relative to national benchmarks generates substantial recognition, there are many options for medical care available to patients in our own region. Because UW Medicine competes with a wide range of outstanding medical programs in the Puget Sound region and in the northwest generally, it is essential that UW Medicine leaders 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 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 2015, 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. Please see Appendix C for a summary of the awards and recognition received at each UW Medicine entity.

7. Managing and Learning from Harm Events at UW Medicine

Health care professionals and staff across UW Medicine are expected to report adverse and sentinel events through supervisory or management leadership using the electronic incident report tools when witnessing or becoming aware of an unsafe condition, harm event or near miss. Fully-automated, electronic incident reporting systems are available and in use by physicians and staff at ALNW, HMC, NWH, UWMC, and VMC. Hall Health Center (HHC) and UW Neighborhood Clinics (UWNC) use electronic incident report forms that are captured in a separate database that aggregates event information from most of the UW Medicine components. In 2014, we successfully updated our electronic incident reporting system, Patient Safety Net (PSN), and deployed it at Airlift Northwest, Hall Health Center, Harborview Medical Center, University of Washington Medical Center, and UW Neighborhood Clinics. Northwest Hospital & Medical Center will begin using PSN within the next several months.

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.

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:

- Joint Commission (TJC): A Sentinel Event is an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or function. The phrase, ‘or the risk thereof’ includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome.

- 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.

This past year the PSQCC hosted a Quality Improvement Summit meeting that brought together all the UW Medicine quality improvement, patient safety, and clinical risk management staff together for the first time to promote accountability for an action-oriented approach to problem-solving, transparency, and standardization of methods. At the conclusion of the summit, each UW Medicine component had identified one leading practice it had learned from colleagues to implement within 90 day. Accountability for the implementation of the 90 day plans is monitored by the PSQCC.
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 tie 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 85% of Medicare fee-for-service reimbursement to quality or value by the end of 2016, and 90% by the end of 2018. In addition, HHS has set a goal of tying 30% of traditional payments to quality or value via Accountable Care Organizations (ACOs) or bundled payments by 2016, and 50% by 2018. Almost all other payers are following Medicare’s lead in transitioning to value-based payments. UW Medicine has organized 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 system, and assisting with development of clinically effective strategies that make data actionable to ensure delivery of same high level of care across the system.

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.

Over the next year, UW Medicine has a unique opportunity to lead the country in care transformation. In September 2015, UW Medicine was awarded a $30.2M Practice Transformation Network (PTN) grant over a four year period from the Center for Medicare and Medicaid. This award will help us transform the practices of more than 6,700 clinicians in the WWAMI region, with the potential to impact more than 1.9M patients. Please see Appendix D for a summary of the award.
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: ≥ 77% Top Box (80th percentile)
  - Ambulatory Clinics: ≥ 92% Top Box (70th percentile)
  - Emergency Department: ≥ 88.03 Mean Score (65th percentile)
  - Ambulatory Surgery: ≥ 94.89 Mean Score (65th percentile)
  - Outpatient Tests/Treatments: ≥ 93.46 Mean Score (70th percentile)

Goal: Improve patient access to primary and specialty care services across UW Medicine as measured by:
- Achieving the ≥ 66% Top Box (60th percentile) in the CG-CAHPS Access to Care composite score

Goal: Reduce morbidity and mortality, as measured by:
- A decrease in hospital acquired infections as follows:
  - C. Difficile to ≤ 0.53/1000 patient-days
  - CLA-BSI to ≤ 0.88/1000 catheter-days
- A decrease in Patient Safety Indicator composite score to ≤ 2.30/1000 eligible patients
- An increase in hand hygiene best practices to ≥ 98.0%

Goal: Reduce the likelihood of adverse events associated with transitions of care, as measured by:
- A decrease in readmissions for heart attack, heart failure, pneumonia, stroke, or chronic obstructive pulmonary disease to ≤ 11.7%

Goal: Establish best practices in hiring, using teamwork to identify and on-board staff and faculty with patient-centered values as well as the right skills, and increase employee engagement through strategic efforts including rounding on staff, as measured by:
- Achieve a voluntary staff turnover rate of ≤ 7.6% system-wide based on the 80th percentile of benchmark

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 diabetes disease management composite score to ≥ 68.4%, by increasing the percentage of patients with hemoglobinA1c at or below 9.0%, LDL below 100mg/dL, and blood pressure below 140/90mmHg
- An increase in the number of providers who meet or exceed the Meaningful Use of Electronic Health Records documentation thresholds across all applicable measures to ≥ 95.0%
- An increase in breast, cervical and colon cancer screening rates; and pneumococcal pneumonia vaccination rates to a composite score of ≥ 73.7%
- An increase in the CMS clinical quality composite score to ≥ 94.5%
- An increase in the influenza vaccination rate among qualifying patients to ≥ 95.9%

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 ≥ 0.9% for the fiscal year

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 ≥ 68.9% for clinicians with the clinical portion of their UW Medicine activities
- An improvement in overall employee engagement of ≥ 1.0% 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 ≥ 0.9% for the fiscal year
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.

(over)
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.
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
OPAT Bundle: Improving patient safety and quality of care for patients on outpatient parenetal antimicrobial therapy
Principal Investigator: Shireesha Dhanireddy, MD

The goal of this project is to improve patient safety and quality of care through the creation of a multifaceted plan for transition of care of patients on long term parenetal antimicrobial therapy. Optimal transition from inpatient acute care to the outpatient setting involves coordination by a number of members of the care team, including hospitalists, housestaff, discharge coordinators, nursing, pharmacy, as well as outpatient providers. Many patients on long-term parenetal antibiotics are discharged from surgical services with well coordinated plans for surgical follow-up, however, the transition of antimicrobial care has not been as smooth, which has resulted in lack of appropriate follow-up for adjustments in antibiotic plan, missed opportunities for early intervention to prevent drug toxicities, and inadvertent early discontinuation of therapy. Through an innovative approach which utilizes existing resources in addition to the creation of the clinical dashboard, we propose to create an OPAT bundle to capture and follow these patients prospectively to ensure quality of care as well as to evaluate important outcomes from the program, including mortality, length of hospital stay, and need for readmission. This project addresses our Patients are First Pillar Goals by focusing on communication, service, quality, and has the potential to decrease costs by preventing adverse outcomes.

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

Tracheotomy mismanagement is common and can be life-threatening. There is no consistent standard for tracheotomy care, education, and documentation. A multidisciplinary panel of experts will design and build the UW Tracheotomy Care Safety Program that includes: bedside safety tools and algorithms, documentation templates, and two multimedia training modules: one for providers in the inpatients setting, and another that extracts and adapts critical and relevant elements for patients and caregivers in the outpatient setting. The program will be enhanced by a needs assessment with input from patients, nurses, respiratory therapists, advanced practice providers, and physicians via electronic and paper survey. While the safety program is being constructed, baseline data on adverse events involving tracheotomy will be collected. The Tracheotomy Care Safety Program will then be implemented at two UW Medicine Sites, and its impact will be measured. Short term metrics include: trainee competence and confidence involving tracheotomy care for both inpatient cohorts and home care cohorts. Long-term metrics include: Knowledge retention, and frequency of adverse safety events involving tracheotomy care. Products include 1) Tracheotomy safety package with documentation and communication materials and curricula for dissemination to other UW Medicine sites and outside institutions; 2) Publications associated with impact of the intervention.
An estimated 44,000 – 98,000 inpatients die each year as a result of preventable medical errors. The Joint Commission sentinel event statistics estimate that communication errors contribute to two thirds of these events, and that one half of communication errors are a direct result of handoff failures. In response, the ACGME and the Joint Commission now require education regarding, and institution of, standardized handoff procedures. I-PASS is a standardized verbal handoff curriculum developed by Boston Children’s. In pilot studies I-PASS implementation resulted in a 40% decrease in error rate. Objectives: The proposed project will improve patient quality and safety of healthcare at UWMedicine through reducing the rate of medical errors in the intensive care units. Methods: I-PASS curriculum will be implemented among all residents and Advanced Care Practitioners serving in the Intensive Care Units at Harborview and the University Hospital. Implementation will be initiated in a staggered, randomized fashion in order to allow for both pre- and post-intervention comparisons within units, and inter-unit comparisons. Outcomes of interest will include subjective measures of provider perception of handoff accuracy, efficiency, and satisfaction, and objective measures of patient quality care including de-identified aggregate data regarding Intensive Care Unit (ICU) length of stay, ventilator associated pneumonia, ICU “bounce-back”, and mortality. Conclusion: Implementation of the I-PASS curriculum at UW Medical Centers will be sustainable through existing continuing education measures, meets ACGME and Joint Commission requirements for handoff standardization, and most importantly, will improve patient safety and quality care through reduction in medical errors.

**mPOWEr: Piloting a Mobile Health App for Post-Discharge Surgical Site Monitoring**

**PI: Heather Evans, MD**

Surgical site infection (SSI) is the most common healthcare associated infection, affecting 500,000 postsurgical patients in the United States annually. There are no tools for the prospective surveillance of surgical wounds after hospital discharge, and a majority of these infections occur before the first clinic follow-up visit. The detection of evolving post-discharge (PD) wound problems therefore depends on the patient or caregiver to recognize when post-operative milestones are not met at home. In prior work, we previously established the need for improved PD monitoring and communication for patients with post-surgical wounds, as well as an openness to mHealth solutions to address this need. Using patient-centered design, we developed the mobile Post-Operative Wound Evaluator (mPOWEr), an mHealth platform including a patient smartphone app and provider dashboard to facilitate secure communication of patient-initiated wound photography and symptom monitoring to surgical providers. The goals of this proposal are to (1) describe the current workflow and barriers to quality PD surgical wound care within the University of Washington Medical System (UW Medicine), (2) design an implementation plan for mPOWEr within the established workflow requirements, and (3) pilot a full implementation of the mobile app platform in a single UW Medicine surgical clinic. This will lay essential groundwork to study mPOWEr more broadly across the population of surgical patients served by the UW Medicine Accountable Care Organization as a novel tool to improve the quality of PD care delivery through enhanced communication and standardized SSI surveillance.
Harborview Medical Center Quality Awards
2009-2015

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

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


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)

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

10/23/2015
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

2011

National Association of Public Hospitals: Safety Net Award Honorable Mention (Central Line-Associated Bloodstream Infections – UW Medicine Award)

National Council on Interpreting in Health Care: Language Access Champion Award (EthnoMed)

National Patient Safety Foundation/National Association of Public Hospitals: Leadership Award (Fall Prevention)
Practice Greenhealth: Partner for Change Award (Environmental Stewardship)

Qualis Health: Award of Excellence in Healthcare Quality and Leadership in Improving Healthcare (Code Sepsis)

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

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

2010
American Association of Critical Care Nurses: Beacon Award for Excellence (Pediatric/Trauma Intensive Care Unit, Neurosurgery Intensive Care Unit)

American Heart Association/American Stroke Association: Target: Stroke Honor Roll

Blue Cross Blue Shield: Blue Distinction Center of Excellence (Spine Surgery)

LifeCenter Northwest: Jack Slater Community Excellence Award for Organ Donation.

National Minority Quality Forum and the Congressional Black Caucus: Booker T. Washington Award for Promoting Wellness in Minority Communities (Community House Calls)

Practice Greenhealth: Partner for Change Award (Environmental Stewardship)

Qualis Health: Award of Excellence in Healthcare Quality (“Safe in Our Hands”)

State of Washington: Warren Featherstone Reid Award for Excellence in Health Care (Satellite Clinics for HIV/AIDS Patients)

Washington State Hospital Association: “Best Hands on Care” Award

2009
King County Mental Health, Chemical Abuse and Dependency Services: Exemplary Service Award for Systems Integration (Peer Specialists)

National Association of Public Hospitals: President’s Health Information Technology Award (Pneumonia Vaccination Rates)


Seattle Business: Leaders in Healthcare Award for Community Outreach

SightLife: Hospital of the Year (Eye Tissue Donation)
University of Washington Medical Center Quality Awards  
2009-2015  

2015  
Becker’s Hospital Review: 100 Great Hospitals in America  
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 Bypass Surgery and High Performing in Knee Replacement  

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  
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  

10/23/2015  
B–3.1/211-15  
11/12/15
UW Medicine Transplant Teams: 6,000th Transplant


Washington State Hospital Association: Community Health Leadership Award for Edward Thomas House Expanded Medical Respite Program (with Harborview Medical Center 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


**2011**

Aetna: Designation as Institute of Quality for Cardiac Medical Intervention

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

Practice Greenhealth: Environmental Leadership Circle Award

Qualis Health: Award of Excellence in Healthcare Quality

UHC Quality and Accountability Performance Scorecard: 3-star rating for quality care and patient safety

U.S. News and World Report: National Honor Roll Hospital

**2010**

*Kidney Disease*

10/23/2015
50 Years of Achievement in the Field of Chronic Dialysis 1960-2010, Fresenius Medical Care

50 Years of Achievement at UWMC in the Field of Nephrology Nursing 30th Annual Dialysis Conference, March 2010

American Kidney Fund Recognition of 50th Anniversary of Chronic Dialysis Treatment, March 2010

Baxter 50 Years of Innovative & Exceptional Care for Patients with Kidney Disease, March 2010

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American Association of Critical Care Nurses: Beacon Award for Excellence, Cardiovascular Intensive Care Unit and Medical/Surgical/Transplant Intensive Care Unit

American Pain Society: Clinical Center of Excellence Award

Practice Greenhealth: Environmental Leadership Circle Award

Qualis Health: Award in Healthcare Quality for Leadership in Improving Healthcare

SightLife: Cornea Donation Award

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

UHC Quality and Accountability Performance Scorecard: 3-star rating for quality care and patient safety

U.S. News and World Report, National Honor Roll Hospital

Washington State Hospital Association: Best Hands On Care Award

2009
Joint Commission, Center of Excellence, Ventricular Assist Device Program

Practice Greenhealth: Environmental Leadership Circle Award

UHC Quality and Accountability Performance Scorecard: 3-star rating for quality care and patient safety

UNICEF: Baby Friendly Hospital

10/23/2015
U.S. News and World Report: National Honor Roll Hospital

Washington State Hospital Association: Best Hands On Care Award
Northwest Hospital & Medical Center Quality Awards  
2009 - 2015

2015
American Heart/American Stroke Association: “Get With the Guidelines” Silver Plus Award

HealthGrades (Note: NWH is not currently licensed to advertise HealthGrades awards):
- 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)

2011
American Heart /American Stroke Association: “Get With the Guidelines” Gold Plus Award
HealthGrades: Patient Safety Excellence Award and Spine Surgery Excellence Award
Joint Commission: Primary Stroke Center Gold Seal
U.S. News & World Report – Best Hospitals Rankings: No. 6 in Seattle Metro
2010
American Heart /American Stroke Association: “Get With the Guidelines” Silver Award

HealthGrades: Patient Safety Excellence Award and Spine Surgery Excellence Award

Joint Commission: Primary Stroke Center with Certificate of Distinction

NW Jobs – People’s Picks Top Finalist: Favorite Healthcare Company, Favorite Non-Profit, Favorite Seattle-Area Company, and Best Benefits

2009
Diversified Clinical Services: Center of Distinction Award (Northwest Hospital Wound Care Center)

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

Joint Commission: Primary Stroke Center with Certificate of Distinction
Valley Medical Center Quality Awards
2009 - 2015

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 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

10/23/2015
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

2011

American Heart Association: “Get With The Guidelines” Gold Performance Achievement Award

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

Commission on Cancer: Accredited Program with Commendation

Joint Commission: Primary Stroke Center Gold Seal

Modern Healthcare: Best Place to Work in Healthcare

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

2010

American Heart Association: “Get With The Guidelines” Gold Performance Achievement Award

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

Modern Healthcare: Best Place to Work in Healthcare

Premera+Regence: Blue Distinction Center for Spine Surgery and Blue Distinction Center for Hip & Knee Replacement
2009
American Heart Association: “Get With The Guidelines” Silver Performance Achievement Award

Modern Healthcare: Top 10 in the Nation Best Place to Work in Healthcare
UW Neighborhood Clinics Quality Awards
2009-2015

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

10/23/2015
2011
Accreditation Association of Ambulatory Health Care: Three-year accreditation (renewed) 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

Washington State Collaborative: Participation in Washington State Collaborative on Medical Home and Multi-Payer Pilot on Medical Home

2010
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

Washington State Collaborative: Participation in Washington State Collaborative on Medical Home and Multi-Payer Pilot on Medical Home

2009
Accreditation Association of Ambulatory Health Care: Three-year accreditation (ongoing) for meeting nationally recognized standards of high-quality healthcare

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

Washington State Collaborative: Participation in Washington State Collaborative on Medical Home and Multi-Payer Pilot on Medical Home
UW School of Medicine Awards and Recognition  
2009-2015

National and global honors
Canada Gairdner Foundation International Award: 10 recipients
CEO Roundtable on Cancer: 2015 Cancer Gold Standard Employer (UW Medicine)
Howard Hughes Medical Institute: 14 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: 6 elected members

U.S. News & World Report (2015 release date)
- Primary Care Medical Schools: No. 1 in the nation 21 out of past 22 years
- Research Medical Schools: No. 10 (tie) in the nation
- Family Medicine: No. 1 teaching program in the nation for 24 consecutive years
- Rural Medicine: No. 1 teaching program in nation for 24 consecutive years
- Other highly ranked teaching programs include AIDS (No. 4, tie), Pediatrics (No. 8), and Internal Medicine (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

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)

2011
U.S. News & World Report: Primary Care Medical School (No. 1), Family Medicine (No. 1), Rural Medicine (No. 1), AIDS (No. 5), Geriatrics (No. 5 tie), Internal Medicine (No. 8), and Pediatrics (No. 8)
2010
U.S. News & World Report: Primary Care Medical School (No. 1), Family Medicine (No. 1), Rural Medicine (No. 1), AIDS (No. 4), Geriatrics (No. 6), Internal Medicine (No. 6), Pediatrics (No. 8), and Women’s Health (No. 9)

2009
U.S. News & World Report: Primary Care Medical School (No. 1), Family Medicine (No. 1), Rural Medicine (No. 1), AIDS (No. 4), Women’s Health (No. 4), Geriatrics (No. 6), Pediatrics (No. 6), and Internal Medicine (No. 8)
Practice Transformation Network

Collaboration focuses on health care transformation in WWAMI area

What is the initiative? The Center for Medicare and Medicaid Innovation announced that 39 healthcare collaborative networks, including UW Medicine have been awarded Practice Transformation Network (PTN) contracts. Announced Sept. 29 by U.S. Health and Human Services Secretary Sylvia Burwell, UW Medicine will receive up to $30.2 million over a four-year period to help support clinician practice improvement in Alaska, Montana, Idaho, Wyoming and Washington (WWAMI). This award will help transform the practices of more than 6,700 clinicians in the WWAMI region, with the potential to impact more than 1.9 million patients.

Who does this involve? The PTN will help all patients seen by participating clinicians throughout UW Medicine, UW Medicine’s Accountable Care Network and in the WWAMI-region Practice and Research Network, with an emphasis on clinicians in rural and underserved areas.

What are examples of specific work that will happen under the initiative?

- **Project ECHO** - Extends telemedicine to patients in the most remote areas of the Northwest, supporting clinicians who care for patients in the most hard-to-reach and medically underserved areas by providing access to world-renowned specialists.
- **mPOWER** - A mobile phone application for patients going home from the hospital after surgery for surgical wound photo sharing to improve communications between surgeons and patients. This reduces unnecessary hospital visits and post-operative surgical site infections.
- **INFORM** - Improves transitions in care from hospital to nursing facility using checklists and handoffs and supporting a collaboration of hospitals and nursing homes to collect data and share best practices to avoid complications and rehospitalization.
- **Care Coordination for High-Risk Patients** - Provides training and best practice workgroups for those who manage and coordinate care for complex patient populations.

What are the next steps? Most of these programs are already in place, and will be extended to many more patients due to the award. New initiatives will launch in Spring of 2016.

More questions? Contact Drs. David Flum at 206-616-5440 or David C. Dugdale at 206-543-3547. Barbara Clements, Communications Manager, UW Medicine at 206-221-6706.
UW Medicine among 39 systems in U.S. plan to transform care

Nationwide initiative aims to improve clinical practices and care quality, and reduce cost

By Barbara Clements | HSNewsBeat | Updated 1:00 PM, 10.13.2015

UW Medicine is one of 39 healthcare collaborative networks that will participate in the Transforming Clinical Practice Initiative announced today by U.S. Health and Human Services Secretary Sylvia Burwell.
UW Medicine will receive up to $5.5 million for the first year, and then up to $30.2 million over a four-year span to assist clinicians in Washington, Wyoming, Alaska, Montana and Idaho.

The aim is to improve quality of care, increase patients’ access to information, and spend healthcare dollars more wisely.

“Helping doctors and other healthcare professionals change the way they work is critical to improving quality and spending our healthcare dollars more wisely,” Burwell said. “These awards will give patients more of the information they need to make informed decisions about their care, and give clinicians access to information and support to improve care coordination and quality outcomes.”

As a Practice Transformation Network, UW Medicine will support more than 6,700 clinicians, with potential impact to more than 1.9 million patients. Top priorities are coordinating care for patients with chronic conditions and sharing data across practices. The network will train primary- and specialty-care practitioners using a hybrid model of web-based and in-person learning, including on site coaching.

The network will also deploy targeted programs aimed at reducing hospital readmissions and unnecessary tests and procedures, and healthcare costs.

The UW Medicine initiative was led by Drs. David Flum, professor of surgery, and David Dugdale, professor of medicine.

“Everyone knows something about the healthcare system which they don’t like,” Flum said. “You try to see the doctor, and it’s hard to get an appointment. Tests are lost or repeated.”

The notion of accountable care, and this grant, is targeted at “fixing these things,” he said.

Flum gave examples of programs that will be boosted or begun through the grant.

One project will use the "big data" of computerized health information to generate a sort of daily report card for each doctor to help them see where they can tweak the care they are delivering.

"This performance tracking, so common in aviation and other high-risk industries, allows doctors to learn from the thousands of patients with a similar condition treated in the last few months to deliver better care for the patient in front of them,” he said.

Dr. Danielle Lavallee, UW research assistant professor of surgery, said her project will allow clinicians to look at how patients report their health-related quality of life, pain and function related to medical interventions, over time. Such data is not traditionally captured in a systematic and reportable manner. The database will grow as clinicians follow up with patients one or two years into the future, she said.
Another project funded by the grant combines Instagram-like technology with clinician to patient care.

The Mobile Postoperative Wound Evaluator, called mPOWER, is an app developed by a team at UW Medicine, Harborview and the School of Nursing. It allows patients to transmit pictures of wounds after surgery to their doctors to determine whether follow-up care is needed.

Dr. Heather Evans, a Harborview surgeon, said the idea came about after patients started emailing postoperative photos of their wounds to their surgeons, asking if they looked “normal.” Other patients go directly to the emergency department, and then realize the visit is unnecessary, but only after incurring the costs and inconvenience.

“Surgical site infection is a huge problem for the health care industry, representing the highest cost of all the healthcare-associated infections,” she said. “And it’s the most common reason that patients are readmitted to the hospital after surgery.” The app will be launched this month in Seattle.
SERVING THE PATIENT AND FAMILY

- Inpatient satisfaction has increased from under the 50\textsuperscript{th} percentile in FY11 to above the 70\textsuperscript{th} percentile today.
- Clinic willingness to recommend has increased from under the 40\textsuperscript{th} percentile in FY11 to the 54\textsuperscript{th} percentile today.
Core Measure Composite and Patient Safety Indicator Score reflect continual process improvements to implement best practices and standardized systems.
Our central line associated bloodstream infection (CLA-BSI) rate is 50% lower today than in FY12. While it is great news that fewer patients are having negative outcomes, the opportunity for improvement continues.

**HIGHEST QUALITY CARE**

Cla-BSI
(Lower is better)
HMC 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 = 58.6%
- Min = 56.5%

**One Star**
- n = 10
- Max = 55.4%
- Median = 55.2%
- Min = 48.7%
UWMC 2015 UHC Q&A Scorecard

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