UW Medicine Annual Patient Safety and Quality Report

INFORMATION

This item is for information only

BACKGROUND

UW Medicine’s Patient Safety and Quality Report is one of three annual reports that UW Medicine provides to the Board of Regents, per Board of Regents Governance, Standing Orders, Chapter 4, Section E(iii)(a).

Attachments

1. UW Medicine Annual Patient Safety and Quality Committee Report to the Board of Regents, March 14, 2019
2. UW Medicine Annual Patient Safety and Quality Report to the Board of Regents – Slides
UW Medicine
Annual Patient Safety and Quality Committee
Report to the UW Board of Regents

March 14, 2019
Table of Contents

1. Introduction............................................................................................................................................. 3
2. UW Medicine: Mission, Vision and Values............................................................................................... 3
3. Coordinated Quality Improvement Program Governing Structure and Committees .......................... 4-5
4. Patients Are First Executive Steering Committee................................................................................ 5-6
5. Culture of Safety: Major Initiatives at UW Medicine .............................................................................. 6-7
6. Center for Scholarship in Patient Care Quality and Safety................................................................. 8
7. Performance Measurement and Local and National Benchmarking ..................................................... 8-9
8. Healthcare Equity...................................................................................................................................... 9
9. Managing and Learning from Harm Events at UW Medicine ............................................................. 9-11
10. Value-Based Care................................................................................................................................. 11-12
11. Conclusion........................................................................................................................................... 12

Appendices:

A. UW Medicine Patient Safety and Quality Committee Charter
B. UW Medicine Patient Safety and Quality Committee List
C. UW Medicine Patients Are First Goals and Targets Summary for FY19
D. UW Medicine summary of Funded Projects in the Patient Safety Innovations Program (PSIP)
E. UW Medicine summary of Patient Safety & Quality Awards by UW Medicine organization
1. **Introduction**  
The UW Medicine Patient Safety and Quality Committee is providing the seventh annual report to the UW Board of Regents to inform the Regents on the patient safety and quality improvement activities at UW Medicine.

2. **UW Medicine: Mission, Vision, Values**  
UW Medicine provides outstanding care to patients from around the globe, educates the next generation of physicians and scientists, and supports one of the world’s largest and most comprehensive medical research programs. UW Medicine’s four hospitals – Harborview Medical Center (HMC), Northwest Hospital & Medical Center (NWH), University of Washington Medical Center (UWMC) and Valley Medical Center (VMC) – admit more than 63,000 patients each year. UW Medicine provides outpatient care for more than 1.3 million patients each year at its 14 UW Neighborhood Clinics (UWNC) and its many other primary and specialty care clinics.

The UW School of Medicine leads the internationally recognized, community-based WWAMI Program, serving the states of Washington, Wyoming, Alaska, Montana and Idaho. The WWAMI Program is supported by major affiliations with the University of Alaska, Gonzaga University, the University of Idaho, Montana State University and the University of Wyoming. The School of Medicine has been ranked No. 1 in the nation in primary-care training for more than 20 years by U.S. News & World Report. It is also second in the nation in total federal research grants and contracts with $1,000.8 million in total revenue (fiscal year 2017) according to the Association of American Medical Colleges.

UW Medicine also includes Airlift Northwest and the UW Physicians faculty practice group, the largest physician practice plan in the region. UW Medicine shares in the ownership and governance of the Seattle Cancer Care Alliance with Fred Hutchinson Cancer Research Center and Seattle Children’s and also shares in the ownership of Children’s University Medical Group with Seattle Children’s.

UW Medicine advances its mission through partnerships with other healthcare organizations in the region and through strong affiliations with Seattle Children’s Hospital, Fred Hutchinson Cancer Research Center, VA Puget Sound Health Care System and Boise VA Medical Center.

**Mission**  
UW Medicine has a single mission: To Improve the Health of the Public. The nearly 30,000 members of our community advance this mission through the excellence of their work in patient care, medical education and research.

**Vision**  
UW Medicine will provide: a care experience for patients and their families that helps them achieve their personal goals for wellness and disease management; an educational environment for health professionals, students and trainees that prepares them for leadership in their professional careers; and a research enterprise for scientists that enables them to advance medical knowledge and clinical innovations with groundbreaking discoveries.

**Values**  
We treat people with respect and compassion.  
We embrace diversity, equity and inclusion.  
We encourage collaboration and teamwork.  
We promote innovation.  
We expect excellence.
3. Coordinated Quality Improvement Program Governing Structure and Committees

UW Medicine Coordinated Quality Improvement Program (CQIP)

Washington requires hospitals to have coordinated quality improvement programs (CQIP) as a matter of facility licensure (RCW 70.41.200). UW Medicine, which consists of hospital and non-hospital components, voluntarily created a comprehensive Coordinated Quality Improvement Program (CQIP) plan (RCW 43.70.510) that has been approved by the Washington Department of Health. This plan provides a framework for aligning system-wide quality improvement, patient safety and medical malpractice prevention efforts, supports clinical standardization efforts, and the sharing of resources. It also serves as a forum for joint policy and program development and quality and patient safety goal-setting.

The scope of the UW Medicine and entity CQIPs includes the review of healthcare services to
(a) Improve the patient care quality and prevent medical malpractice;
(b) Assess the competence of individual providers;
(c) Resolve patient grievances;
(d) Review adverse events associated with patient care, lessons learned from professional liability claims and lawsuits, costs of professional liability self-insurance, and patient injury prevention;
(e) Provide educational programs concerning quality improvement and patient safety; and
(f) Maintain and improve policies to ensure these purposes are served.

The CEO, UW Medicine, Executive Vice President for Medical Affairs and Dean of the School of Medicine, University of Washington (CEO/EVPMA/Dean) has responsibility for overseeing, planning and coordinating the resources of UW Medicine, including its quality improvement, patient safety and medical malpractice prevention activities. The CEO/EVPMA/Dean has delegated executive leadership for all UW Medicine quality improvement and patient safety functions jointly to the UW Medicine Chief Medical Officer/Vice President for Medical Affairs (CMO) and Chief Health System Officer/Vice President for Medical Affairs (CHSO). The CMO also has overall responsibility for UW Medicine’s clinical risk management functions for the prevention of harm to patients.

The UW Medicine Patient Safety and Quality Committee (PSQC) provides guidance and advice to the CEO/EVPMA/Dean, UW Medicine regarding patient safety and quality, including strategic planning and program development, risk assessment, analysis of emergent and ongoing system-wide patient and safety and quality issues. It also provides 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 for UW Medicine patient safety and quality initiatives. The PSQC also periodically reviews the CQIP and makes changes to it as necessary.

The UW Medicine CEO delegates management of UW Medicine CQIP operations to the UW Medicine Patient Safety & Quality Executive Committee (PSQEC). This committee reports quarterly to the UW Medicine PSQC for policy guidance, sets system-wide quality and safety performance improvement goals, and coordinates the CQIP’s operations. It also delegates to other UW Medicine quality improvement committees as necessary to accomplish its work.

In addition to the CMO and CHSO, the PSQEC’s membership includes the executive, clinical, and/or quality improvement leaders from the UW Medicine component entities: Airlift Northwest (ALNW); HMC; NWH; UW School of Medicine (SoM); UWMC; UWNC; UW Physicians (UWP); and VMC; as well as the Seattle Cancer Care Alliance (SCCA), an affiliate of UW Medicine. The Director for Health Sciences and UW Medicine Risk Management and Manager, UW Medicine CQIP, the Director of Claim Services, and the CMO represent the University’s medical malpractice prevention activities on the committee.
In addition to the UW Medicine CQIP plan and committees, each UW Medicine component has entity-based quality improvement and patient safety plans, committees, and activities that align with UW Medicine-level priorities and address quality improvement and patient safety that are unique to the entity.

4. Patients Are First Executive Steering Committee

The UW Medicine Patients Are First initiative operates under the leadership of the CHSO as an organizational framework for delivering consistent service excellence to every patient, every time. In support of this initiative, UW Medicine has implemented 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 patient experience, quality and safety, becoming the employer of choice, 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 “Quadruple Aim” in health care. The Quadruple Aim builds upon the Institute for Healthcare Improvement (IHI) Triple Aim recognizing that optimizing health system performance requires the care of the healthcare team members. In order to achieve the quadruple aim, new healthcare designs must be implemented to pursue these four dimensions which include:

- Improving the patient experience of care (including quality of care and experience);
- Improving the health of the population;
- Reducing the per capita cost of health care; and
- Care for the care giver/improving the clinician experience.

UW Medicine’s Patients Are First has foundational pillars that support these four dimensions including 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. Please see Appendix C for the UW Medicine Patients Are First Pillar Goals and Metrics for FY 2019.

- 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.

Recognizing the shift towards value-based care and the need to provide the highest quality of care not only to the individual patient, but also to the population of patients for whom we are responsible, new panel-based metrics reflecting both population quality measures and the completion of Annual Wellness Visits (AWV’s) were introduced in FY2019. UW Medicine continues a system-wide effort that began in 2016 to accurately link all patients obtaining primary care within our system with the most appropriate individual
as the primary care provider (PCP). This “empanelment” effort has linked over 270,000 individuals with a PCP allowing better understanding of the health of the population and building the foundation for the development of population health quality metrics. These quality metrics allow us to identify care gaps referring to a range of screening tests (e.g. colonoscopy, mammography, depression) and/or disease management tests (e.g. diabetes A1c value, blood pressure control, weight management) that are indicated for a patient but have not been obtained in the indicated timeframe. Similarly, another important area of interest by the Centers for Medicaid & Medicare Services (CMS) is the role of AWVs for patients receiving their care as an enrolled Medicare Advantage plan member. An AWV is a visit designed to ensure a patient sees their primary care provider and team annually; has their health risks assessed and updated each year; ensure the patient is up to date on their care gaps as outlined above; and assure that the patient’s problem list of chronic diagnoses and conditions are current and accurate.

5. Culture of Safety

The UW Medicine PSQC has expressed considerable interest in how the culture of safety is measured and promoted across the organization. In the annual work plan, the PSQC 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 PSQEC 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 and in 2018, the UW Neighborhood Clinics were also included. The UW Medicine hospitals use the same survey tools and conduct the surveys simultaneously. In 2018, the percentage of hospital staff who participated in the survey ranged from 70% to 91% and the percentage of staff that rated patient safety as very good or excellent was very similar across the four hospitals at 76-77%. Clinic staff participation ranged from 41% to 93% with the percentage of staff that rated patient safety as very good or excellent ranging from 56% to 73%, which may reflect more recent focus on clinic staff participation and the culture of safety in the clinic environment. Staff felt our strengths revolve around teamwork within units, supervisor/manager expectations and actions promoting patient safety, and organizational learning/continuing improvement. 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 PSQC and PSQEC committees. 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 TeamSTEPPS and TeamCORE in promoting highly effective inter-professional communication and teamwork.

Just Culture

Beginning in 2009, UW Medicine embarked on a journey to become a “Just Culture.” The Just Culture concept is based on the principle that perhaps the single greatest impediment to error prevention in the medical industry is that we punish people for making mistakes (Lucian Leape). By promoting system improvements over individual punishment, a Just Culture in healthcare does much to improve patient safety and reduce errors. The UW Medicine Just Culture approach focuses on creating a learning culture, designing and implementing safety systems, and managing behavioral choices that promote and improve patient safety. A Just Culture approach emphasizes the importance of training and systems to support personal accountability and incorporates 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.

**TeamSTEPPS, Simulation Training, and TeamCORE**

Team Strategies and Tools to Enhance Performance and Patient Safety (TeamSTEPPS) is an evidence-based teamwork system to optimize 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 integrate teamwork principles successfully into a variety of settings.

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.

**Simulation Training to Support Patient Safety**

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, the UW Medicine WWAMI Institute for Simulation in Healthcare (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.

WISH has been instrumental as a regional training center for (TeamSTEPPS) training over 1000 master trainers from more than 90 local, national and international institutions over the past 10 years. These master trainers take the fundamentals of TeamSTEPPS to their own hospital or clinic, and teach others communication strategies and skills.

WISH collaborated with UW Organizational Development and Training (OD&T) to create a customized 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, TeamCORE 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 Performance Improvement/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 (TeamCORE, 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.
6. 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 also supports patient safety and quality improvement education and training activities for faculty, staff and trainees in alignment with UW Medicine quality and safety initiatives under the auspice of the PSQEC. These include co-directing the Certificate Program in Patient Safety and Quality in collaboration with Seattle Children’s, sponsoring Quality Improvement Boot Camps in conjunction with the CMO’s Office, and leading the operations of the Patient Safety Innovations Program (PSIP).

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 evaluate patient safety and quality improvement project outcomes, and serve as change leaders to ensure rapid implementation of patient safety and quality interventions. Recognizing the time demands for faculty and staff, the Quality Improvement Boot Camps are 4-hour sessions that provide a practical framework for approaching quality improvement and the tools needed to drive care transformation projects.

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 Clinical 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 from the retired self-insurance revolving fund. Since its launch, the PSIP program has supported 22 projects with grants involving faculty, residents, and staff totaling nearly $1,250,000 with a 5th round of projects anticipated to begin in 2019. These projects have aligned strategically with lessons learned from our quality improvement and clinical risk management activities and often have long lasting impacts improving patient safety in such areas as team communications and speaking up about safety concerns, handoffs and transitions of care in the critical care area, highlighting critical test results, and improving the problem list use and functionality. Please see Appendix D for program details.

7. 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’s clinical programs are compared with other major academic medical centers’ using benchmarking data from Vizient (formally known as the University Healthsystem Consortium or UHC). Each year Vizient generates a national scorecard combining mortality, core measures, readmissions, harm events, efficiency and patient experience. These data show outstanding progress at UW Medicine relative to other leading academic institutions across the county.

UW Medicine competes with a wide range of outstanding medical programs in the Puget Sound area and 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. While our performance relative to national benchmarks generates substantial recognition, there are many options for medical care available to patients in our local region. Numerous comparative tools are available to assess overall quality and safety performance relative to State of Washington hospitals. Leapfrog and 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 2018, 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.

8. **Healthcare Equity**

UW Medicine is committed to promoting healthcare equity and reducing healthcare disparities and in 2017 developed a Healthcare Equity Blueprint that builds upon previous efforts to address disparities in a coordinated fashion across our healthsystem.

The Healthcare Equity Blueprint sets three strategic objectives:
1. Increase diversity, increase cultural humility and reduce implicit bias in the healthcare workforce.
2. Engage the communities we serve as partners in assessing and addressing healthcare equity.
3. Deploy targeted quality improvement and healthcare services to meet the needs of marginalized populations.

In order to target quality improvement initiatives to reduce healthcare disparities, UW Medicine is working diligently to understand how equity of care related to Race, Ethnicity and Language (REAL) is reflected in our own setting. We are standardizing our processes across UW Medicine for collecting patient-reported REAL data. We have worked to develop our electronic health record (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 develop a system-wide dashboard allowing us to explore equity as it relates to readmissions, patient experience and quality of care in our ambulatory setting.

We have also implemented the requirements of the nondiscrimination provisions of the Affordable Care Act (Section 1557). This law prohibits discrimination on the basis of race, color, national origin, sex, age, or disability in healthcare organizations that receive federal funding. As part of the implementation, we have revised our websites, signage and certain registration forms to alert patients to the availability of interpreter services, while also working to enhance our interpreter and navigation services. In addition, Section 1557 requires us to have formal grievance procedures in place to manage patient concerns about discrimination in care. The relevant staff has received training and are tracking complaints and grievances so that we may use the information in our efforts to improve healthcare equity.

9. **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 and in a Just Culture environment, 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, Hall Health, HMC, NWH, UWMC and UWNC. 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. These individual departmental reviews are then presented at a hospital-level quality improvement committee with representatives from the various departments and hospital services that allows interdisciplinary peer review and a standardized assessment of the harm event. This interdisciplinary peer review also allows review of those cases where multiple services may be involved in the care of the patient as well as sharing of lessons learned between clinical services and departments.

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 Intensive Review and Root Cause Analysis (RCA) are identified and reported to senior leadership, including the hospital medical director, hospital chief nursing officer, Director of Quality Improvement, and the Director of Risk Management. Immediate steps are taken to investigate and mitigate situations involving patient harm, including consideration for patient and healthcare professional well-being. In recognition of our patients’ rights to autonomy in making healthcare decisions and to improve our culture of safety by demonstrating accountability for patient harm, UW Medicine is increasing its transparency with patients and their families when harm occurs.

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

a. 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.

b. 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 Root Cause Analysis process considers standardized causative factors that may contribute to an 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 (CRMQC). UW Medicine components also track patient complaints and grievances and incorporate this information in medical staff reappointment processes.

**UW Medicine Collaborative for Accountability and Improvement**

The Collaborative for Accountability and Improvement was established by UW Medicine faculty as a national leader in patient safety focused on the establishment of Communication and Resolution Programs (CRP) as a principled, comprehensive, and systematic approach to responding to patients who have been harmed by their healthcare and include the following core elements:

- Early event reporting;
• Open, ongoing communication with patients and families, including apologies when appropriate;
• Event analysis using human factors lens to identify system flaws;
• Providing psychosocial support for the patient, family, and involved clinicians (including peer support and care for the care giver);
• When an adverse event is due to unreasonable care, making fair and proactive offer of compensation; and
• Ensuring that lessons are learned to prevent recurrences.

In 2018 the Collaborative for Accountability and Improvement became a UW Medicine program, further establishing UW Medicine as a national leader in patient safety. Under the direction of PSQEC and in partnership with the Collaborative, our patient safety and quality improvement teams performed a gap analysis for our response to harm events. While UW Medicine has all the appropriate elements of a CRP in place, opportunities were identified to standardize and improve consistency when a harm event occurs. Therefore, the PSQEC endorsed the implementation of a Communication and Resolution Program (CRP) across UW Medicine as our approach to harm events.

**Drug Diversion Prevention and Opioid Stewardship**
Recognizing the national opioid crisis and identifying the diversion of controlled substances as an emerging risk to patient safety, PSQEC established a system-wide Drug Diversion Program to address the prevention, monitoring, investigation, and reporting of controlled substance diversion as part of our quality improvement and patient safety efforts. Under the direction of an Oversight Committee the Drug Diversion Prevention Specialist, the program is guiding consistent investigation efforts and tracking and trending them to provide better information to improve patient safety and reduce actual and potential instances of drug diversion.

In 2018, the UW Medicine Pharmacy & Therapeutics Committee established a new Opioid Stewardship Subcommittee to improve the safe use of opioids for the treatment of pain. The subcommittee will evaluate the utilization of opioids in all patient care settings; develop potential interventions to improve appropriate use of opioids and non-opioid analgesia; coordinate education initiatives related to opioid prescribing, utilization, and abuse potential; review opioid prescribing regulations and assess the impact on clinical practice, and allow sharing of best practices across the system.

10. **Value-Based Care**
Under the Affordable Care Act and the Medicare Access & CHIP Reauthorization Act (MACRA), The Centers for Medicare and Medicaid Services (CMS) launched the Quality Payment Program (QPP) in January 2017, signaling the shift in Medicare reimbursement from fee-for-service to value-based care by rewarding high quality care while driving improvements in care processes, increasing use of electronic healthcare information and reducing healthcare costs.

QPP is an attempt to distribute reimbursement in a budget-neutral, value-based manner and allows clinicians to participate via one of two tracks as they begin their value-based journey: Merit-based Incentive Payment System (MIPS) or an Alternative Payment Model (APM). MIPS combines and expands upon legacy programs and is intended to drive us toward APM. The APM track provides potentially greater bonus opportunities while sharing in increased risk through novel healthcare delivery models.

UW Medicine began on the MIPS track for the 2017 performance year with our score impacting covered professional service payments made under, or based on, the Medicare Physician Fee Schedule in 2019.
2017, MIPS evaluated our performance in three areas: quality metrics (ambulatory preventive care metrics), improvement activities (enhancing care coordination and engagement of patients), and promoting interoperability (use of the electronic health record and the exchange of health information between clinicians and patients). In 2018, an additional category evaluating the cost and utilization of care has been added accounting for 10 percent of the MIPS score. Based on MIPS data reported for 2017, all three of our primary practice groups at UW Physicians, NWH, and VMC received the highest adjustment of an additional 1.88%, which will impact our Medicare payments for professional services in 2019.

In 2018, Valley Medical Center entered the APM track with the Medical Shared Savings Program, which will allow us to gain experience in a Medicare APM while continuing to evaluate our overall UW Medicine Medicare strategy.

11. 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 trainees from across the nation. In support of UW Medicine’s mission as we strive to achieve the quadruple aim, patient safety and quality remain a key pillar supporting our efforts to improve the patient experience of care, improve the health of the population, decrease healthcare costs, and to care for those who provide our outstanding care.
UW Medicine Patient Safety and Quality Committee Charter

Committee Name

UW Medicine Patient Safety and Quality Committee

Committee Establishment and Authority

This committee is established by the chief executive officer, UW Medicine, executive vice president for medical affairs, University of Washington, and dean, University of Washington School of Medicine (CEO/EVPMA/Dean). The work of this committee will be reported to the University of Washington Board of Regents.

Committee General Duties

The patient safety and quality committee is responsible for reviewing and evaluating the patient safety and quality programs of UW Medicine and advising the CEO/EVPMA/Dean regarding the implementation and effectiveness of UW Medicine's patient safety and quality programs. As to organizations that are partially owned by UW Medicine or operated as part of UW Medicine, the committee shall be responsible to advise as to whether UW Medicine, within the powers it has under governing documents of the organization or definitive agreements with UW Medicine, assures that the organization has effective quality and safety programs when the organization is one that should have them. The committee will participate in the development of the annual UW Medicine patient safety and quality report to the UW Board of Regents in conformance with the standing orders of the University of Washington Board of Regents Chapter 4, section 1.E.3) a) ii).

The committee shall keep the CEO/EVPMA/Dean informed of its activities and findings concerning the implementation and effectiveness of UW Medicine health system patient safety and quality programs.

Committee Specific Duties and Responsibilities

Duties of the committee include but are not limited to advising on the following:

- Strategic planning, program development, organizational structure and resource allocation associated with UW Medicine patient safety and quality at a system-wide level;
- Advocacy and support for UW Medicine patient safety and quality at a system-wide level;
- Risk assessment;
- Analysis of emergent and ongoing system-wide patient safety and quality issues and trends; and
- 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.

In addition, the committee shall carry out the following functions, to advise the UW Medicine CEO/EVPMA/Dean:

- Oversee compliance activities in the following areas:
  - The Joint Commission;
  - Patient safety;
  - Workforce safety;
  - Accreditation Association for Ambulatory Health Care (AAAHC); and
  - Compliance matters that involve patient safety and quality;

1 UW Medicine includes Harborview Medical Center (HMC), Northwest Hospital & Medical Center (NWH), Valley Medical Center (VMC), UW Medical Center (UWMC), UW Neighborhood Clinics (UWNC), UW Physicians (UWP), UW School of Medicine (UW SoM) and Airlift Northwest (Airlift), and UW Medicine's partial ownership of Children’s University Medical Group (CUMG), the Seattle Cancer Care Alliance (SCCA), and RCCH-UW Medicine Healthcare Holdings, LLC.
Committee Member Composition

The chair of the committee is appointed by the CEO/EVPMA/Dean.
The voting members of the committee are appointed by the CEO/EVPMA/Dean.
Committee members will be appointed to the committee for a term of one year, which may be renewed annually. Any vacancies that occur will be filled in the same manner as the initial appointments to the committee.
The following non-voting individuals are also invited to attend the committee meetings on a regular basis:
- CEO/EVPMA/Dean or designee
- Chief health system officer/vice president for medical affairs, University of Washington (CHSO/VPMA);
- Chief medical officer, UW Medicine/vice president for medical affairs, University of Washington;
- One representative of the executive directors of HMC, UWMC, UWNC, NWH and Airlift;
- Medical directors/officers for HMC, NWH, VMC, UWMC, and UWNC;
- Chief nursing officers for HMC, NWH, VMC, and UWMC;
- President, UWP;
- Director, UW Medicine Risk Management; and
- Other non-voting individuals invited by the committee chair.

Committee Member Requisite Skills and General Qualifications

Committee members are selected for the following skills and qualifications:

- The highest ethical standards and integrity;
- A willingness to act on and be accountable for committee decisions;
- The ability to provide informed and thoughtful counsel to senior leaders;
- A history of achievement that reflects superior standards;
- A commitment to act in the best interests of UW Medicine; and
- A background that provides a portfolio of experience and knowledge commensurate with UW Medicine’s needs.

Committee Decision-Making Processes

A majority of voting committee members will constitute a quorum for the purpose of making official recommendations.

Committee Reporting Requirements

The committee shall report meeting proceedings and recommendations to the CEO/EVPMA/Dean, and committee work and recommendations will be reported to the University Board of Regents on annual basis or more frequently if appropriate.

Committee Member Obligations

- Members shall attend the majority of scheduled committee meetings and notify the committee chair when circumstances prevent attendance.
- Members will review germane materials in advance of each committee meeting.
- Members will not act as an agent for any person or organization where such an act would create a conflict of interest with the terms of service to the committee.
- Members will recuse themselves from discussions or decisions that may represent a potential conflict of interest.
- Members will safeguard the confidentiality and security of information obtained during the course of their committee service.
Annual Committee Goals, Objectives and Performance Measures

- **Goal**: Assess the performance of UW Medicine in maintaining the highest standards of patient safety and quality.

  - **Performance Measure**: The committee receives and reviews quarterly patient safety and quality updates from UW Medicine regarding the patient safety and quality program and reviews an annual report on the UW Medicine/UHC Patient Safety and Quality Scorecard including plans for improvement. Members have opportunities to ask questions and provide feedback on program activities, including the dashboards that are used to present information about the quality of UW Medicine clinical care programs.

- **Goal**: Maintain awareness of UW Medicine’s primary patient safety and quality risks, mitigation strategies, and work plans for continuous improvement of the quality of care.

  - **Performance Measure**: The primary risk areas are identified at least annually from analyses (including risks, risk mitigation strategies and work plan) for the system-wide patient safety areas including: sentinel events, significant trends and variances, national benchmarks, best practice models, findings and plans for improvement. Members have opportunities to ask questions and provide feedback.

- **Goal**: Maintain awareness of emerging patient safety and quality issues facing UW Medicine.

  - **Performance Measure**: Each meeting of the committee will include briefings about emergent issues, changes in the patient safety and quality environment, and late-breaking or urgent developments. Members have opportunities to ask questions and provide feedback.

Committee Administrative Matters

The patient safety and quality committee meets at the call of the chair as often as necessary, but not less than quarterly, to perform its duties. The annual schedule of meetings (including planned focus areas) is developed and distributed at the beginning of each fiscal year. This schedule is updated as necessary. Material referenced in the schedule is provided to committee members one week in advance of the relevant meeting.

The committee is staffed by the CHSO/VPMA, in consultation with the Medical Directors.

Voting members of the committee are oriented to their roles and responsibilities in a joint meeting with the committee chair and the CHSO/VPMA.

Written minutes are maintained of each patient safety and quality committee meeting. Minutes shall accurately record the topics discussed, recommendations made, and attendance of committee members and guests. Official documentation of each meeting, including minutes, supporting handouts, and presentation materials, shall be maintained by the office of the CHSO/VPMA.

The committee charter will be reviewed annually.

Other Committee Items

None.
Approved by the Committee and Recommended to the CEO/EVPMA/Dean of UW SoM

Committee Chair

Date

Approved by the CEO/EVPMA/Dean of UW SoM

CEO/EVPMA/Dean of UW SoM

Date
UWM Patient Safety and Quality Committee List – 2018/2019

Reports to: University of Washington Board of Regents

Committee members:
Kimberly McNally, Chair
Gary Beck
Peter Evans
Toni Hoover
Lisa Jensen
James MacLean, M.D.
Skip Oppenheimer
*Marian Svinth
*Joan Wellman

Non-Voting Guests:
Paul Ramsey, M.D.
Lisa Brandenburg
Tim Dellit, M.D.

Medical Directors:
Rick Goss, M.D.
Tom Staiger, M.D.
Pete McGough, M.D.
James Park, M.D.
Santiago Neme, M.D.

Chief Nursing Officers:
Theresa Braungardt
Paula Minton-Foltz (Interim)
Sue Manfredi
Cindy Sayre

Executive Director Representative:
Cindy Hecker

Patient Representatives:
TBD

*Potential Board members
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: ≥ 76.7% Top Box (75th percentile)
  - Ambulatory Clinics: ≥ 91.2% Top Box (44th percentile)
  - Emergency Department: ≥ 60.2% Top Box (30th percentile)
  - Outpatient Ambulatory Surgery: ≥ 84.2% Top Box (39th percentile)

Goal: Improve patient access to primary and specialty care services across UW Medicine as measured by:
- An increase in the CGCAHPS Access to Care composite score to ≥ 82.2% Top Box (73rd percentile)

Goal: Reduce morbidity and mortality, as measured by:
- A decrease in hospital acquired infections as follows:
  - CAUTI to ≤ 1.60/1,000 catheter-days
  - C-Difficile to ≤ 7.68/10,000 patient days

Goal: Reduce the likelihood of adverse events associated with transitions of care, as measured by:
- A decrease in all cause readmissions for adult inpatients following care to ≤ 10.1%
- A decrease in falls with injury (based on NDNQI definition) to ≤ 0.51/1,000 patient days

Goal: Create systems that provide for delivery of evidence based, high quality, and timely care for every patient, as measured by:
- An increase in adherence to evidence based, best practice care for patients with diabetes for a disease management composite score of ≥ 66.6%
- An increase in breast, cervical and colon cancer screening rates; chlamydia screening; pneumococcal pneumonia vaccination and pediatric immunization rates for a composite score of ≥ 74.7%
- An increase in Panel-based quality metrics composite score within ambulatory primary care clinics to ≥ 73.7% by the end of CY2018
- An increase in Annual Wellness Visits (AWV) within empaneled Medicare Advantage patients within Primary Care Clinics to ≥ 62.5% by end of CY2018

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 ≥ 85% for clinicians with the clinical portion of their UW Medicine activities
- Achieve an overall employee engagement score of ≥ 4.00, as measured by the annual employee engagement survey

Goal: Establish and replicate best practices in recruitment, hiring and managing employment relationship by:
- Achieving a system-wide staff voluntary turnover rate of ≤ 9.5%

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
<table>
<thead>
<tr>
<th>Project Title</th>
<th>Principal Investigator</th>
<th>Accomplishments</th>
<th>Impact on Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highlighting radiology critical results in UW Medicine electronic medical records systems</td>
<td>Gunn</td>
<td>Developed a system that highlights radiology reports containing critical results in UW Medicine EMRs.</td>
<td>Decreased chances that critical radiology results will be missed. Failures to diagnose cancers are the most frequent cause for malpractice claims based on information in the PIAA database. Those claims frequently result from critical results reported in radiology reports.</td>
</tr>
<tr>
<td>An innovative multidisciplinary approach to code blue curriculum development and training aimed at improving patient outcomes</td>
<td>Ross</td>
<td>Developed standardized approach to Code Blue processes and documentation, trained healthcare teams at UWMC in HMC in new approach.</td>
<td>Improved ability to defend code blue cases.</td>
</tr>
<tr>
<td>UW Division of Emergency Medicine TeamSTEPPS proposal</td>
<td>Hurley</td>
<td>Provided cutting edge team-communication training in Emergency Departments at UWMC and HMC.</td>
<td>Less risk of dropping key communication.</td>
</tr>
<tr>
<td>Effect of the quality and safety dashboard to improve patient care in the intensive care unit</td>
<td>Fletcher</td>
<td>Quality and Safety Dashboard developed to provide real-time information regarding compliance with key quality measures, implemented in 6 ICUs at UWMC and HMC.</td>
<td>Units where Dashboard implemented had higher proportion of patients in compliance with key quality measures such as DVT prophylaxis and ventilator care.</td>
</tr>
<tr>
<td>Using an institutional M&amp;M tool to standardize the quality improvement process</td>
<td>Mcinrye</td>
<td>Created standardized electronic interface to ensure adverse events discussed in surgical Morbidity and Mortality rounds are entered into the institutional reporting system.</td>
<td>Increased adverse event and surgical complication reporting and improved analysis to promote learning, and reduce recurrences. HMC and UWMC are considering options for wider distribution of this tool to promote learning and the recurrence of medical staff-related adverse events.</td>
</tr>
<tr>
<td>Video and simulation based identification, correction, and monitoring of critical events on the labor and delivery unit.</td>
<td>Fialkow</td>
<td>Novel method for videotaping emergent C-sections to study team communication developed, implemented in UWMC Labor and Delivery.</td>
<td>Heightened awareness in high risk L&amp;D area at UW of importance of team communication could improve performance during emergencies.</td>
</tr>
<tr>
<td>Topic</td>
<td>Author</td>
<td>Method or Intervention</td>
<td>Outcome or Impact</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>--------------</td>
<td>----------------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Attitudes towards safety of healthcare provider attire</td>
<td>Pottinger</td>
<td>Surveyed 212 patients and 782 providers regarding whether provider dress and appearance could transmit infections.</td>
<td>Increasing patient confidence in the safety of their healthcare settings could diminish claims related to hospital-acquired infections.</td>
</tr>
<tr>
<td>Round 2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Development of a training intervention to decrease procedure-related errors</td>
<td>Branzetti</td>
<td>Developing and assessing just-in-time simulation training tools for performance of emergency procedures. (Project still in progress)</td>
<td>Just-in-time training could reduce rate of complications for infrequently performed emergency procedures.</td>
</tr>
<tr>
<td>Entrenched conflict at workplaces: Promoting patient safety using an experiential training model</td>
<td>Kim</td>
<td>Conducted focus groups with healthcare workers to understand the nature and solutions to entrenched conflict. Developing and pilot testing healthcare workers training to reduce conflict.</td>
<td>Reduced entrenched conflict among healthcare workers could prevent adverse events associated with communication breakdowns. The Joint Commission’s analysis of sentinel events nationally shows that most involve significant breakdowns in communications that adversely affected patient care.</td>
</tr>
<tr>
<td>Improving glycemic control using a real-time decision support system</td>
<td>Nair</td>
<td>Developed real-time decision support tool to enhance glycemic control during perioperative period.</td>
<td>Better glycemic control during surgery could reduce the rates of post-operative complications, a frequent source of claims and patient grievances.</td>
</tr>
<tr>
<td>Improving ORCA patient problem list rate of use and functionality</td>
<td>Payne</td>
<td>Collaborated with Housestaff Quality and Safety Council to improve the functionality of the ORCA Problem List and encourage Housestaff utilization.</td>
<td>Improved problem lists reduce chances that key problems are missed by subsequent practitioners.</td>
</tr>
<tr>
<td>Multidisciplinary approach to decreasing catheter associated complications in hospitalized patients.</td>
<td>Pottinger</td>
<td>Developed and implemented multimodal training to reduce catheter-associated urinary tract infections across UW Medicine hospitals.</td>
<td>Better compliance with best practices for urinary catheter maintenance and removal could reduce catheter-associated UTIs, similar to the dramatic improvement with central lines.</td>
</tr>
<tr>
<td>Improving quality and patient safety with online clinical care algorithms &amp; messaging (OCCAM)</td>
<td>Van Eaton</td>
<td>Created OCCAM, a method for centralizing, updating, and electronically distributing clinical care protocols and algorithms.</td>
<td>Has potential to reduce claims associated with failure to comply with our own established care protocols.</td>
</tr>
<tr>
<td>An innovative approach to comprehensive standardization of the pre-surgical patient-The UW Strong for Surgery program</td>
<td>Varghese</td>
<td>Extended Strong for Surgery Initiative, an innovative program to optimize patients’ pre-operative health prior to elective surgeries, to important areas including smoking cessation, glycemic control, and medication optimization.</td>
<td>Improving patients’ preoperative health can reduce the probability of post-operative complications, a frequent source of claims.</td>
</tr>
<tr>
<td>Round 3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td>Dhanireddy</td>
<td>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.</td>
<td>The development of this tool has allowed the OPAT team (which currently consists of 1 MD, 1 PA-C, and 1 MA) to determine areas for improvement and the need for additional resources to support our program to improve outcomes and patient follow-up rates (particularly for vulnerable patients).</td>
</tr>
<tr>
<td>Pilot a full implementation of 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, in a single UW Medicine surgical clinic</td>
<td>Evans</td>
<td>Since November 2015, 79 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. 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.</td>
<td>Two patients identified early surgical site infections and received antibiotic therapy as outpatients, avoiding emergency room visits or readmissions.</td>
</tr>
<tr>
<td>Implement UW-IPASS, a standardized handoff curriculum, in all ICUs at Harborview and UW.</td>
<td>Kritek</td>
<td>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.</td>
<td>Data from the project indicate that UW-IPASS increases provider preparedness and decreases miscommunication.</td>
</tr>
</tbody>
</table>
Implement the Tracheotomy Care Safety Program at two UW Medicine Sites, and measure its impact.

Sardesai

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 created tracheotomy care training programs involving electronic modules and simulation exercises for providers, patients, and their care-givers at UWMC and at HMC.

Hypothesize this will improve patient outcomes by reducing long-term complications, emergency room visits, hospital readmissions, and catastrophic events, and may serve as a model for improving patient and provider processes for inpatient and post-discharge care involving other medical appliances.

Round 4

<table>
<thead>
<tr>
<th>Project Title</th>
<th>Principal Investigator</th>
<th>Project Goals</th>
<th>Impact on Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improving efficiency and effective contraceptive counseling in UW primary care and women’s health clinics using a novel anticipatory counseling video for the hormonal IUD</td>
<td>Godfrey</td>
<td>Evaluate improved patient counseling satisfaction, as well as reduced clinician counseling time by performing two separate assessments: a baseline assessment, followed by a post-video intervention assessment.</td>
<td>By the end of the study period, the average patient counseling satisfaction score will increase by 25% and average clinician counseling time will be reduced by 25% compared to baseline. (ANTICIPATED)</td>
</tr>
</tbody>
</table>
| The use of standardized transfer of care checklists to improve perioperative communication and care | Jelacic | (1) Design and implement a novel computerized intraoperative handoff checklist for transfer of care between anesthesia providers at shift changes (“Anesthesia Provider Transfer” checklist)  
(2) Design and implement a novel computerized postoperative handoff checklist for transfer of care between anesthesia provider and recovery room nurse (“Anesthesia to Recovery Transfer” checklist)  
(3) Compare the incidence of anesthesia-related adverse events before and after the implementation of perioperative transfer of care checklists | We have designed and implemented new standardized process for conducting anesthesia to recovery room transfer of care as required by The Joint Commission in the main UWMC recovery room area. After the computerized “Anesthesia to Recovery Transfer” checklist implementation, the proportion of critical information items exchanged increased from 58% to 76%. Although the length of recovery room stay and incidence of moderate to severe pain was similar before and after the computerized “Anesthesia to Recovery Transfer” checklist implementation, the incidence of moderate to... |
### Speaking Up for Promoting the Culture of Safety: Piloting the SPEAK-PREP Tool

<table>
<thead>
<tr>
<th>Authors</th>
<th>Objective</th>
<th>Descriptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kim</td>
<td>(1) Develop a taxonomy of speaking up strategies associated with both speaker and listener behaviors based on themes identified during focus groups with physicians and nurses at early, mid-, and advanced careers. (2) Design the SPEAK-PREP tool that includes didactics and video simulations for preparation and rehearsal for real-life speaking up events. (3) Evaluate SPEAK-PREP efficacy based on clinicians’ interactions as both the persons speaking up and the person being spoken up to.</td>
<td>(1) UW Medicine has made a significant investment into implementing the TeamSTEPPS and TeamCORE for improving patient safety and quality. The new speaking up Web-based educational tool, SPEAK-PREP, will complement the existing enterprise-wide team training. (2) The Culture of Safety survey administered at UW Medicine measures communication openness and non-punitive reporting of errors. These measures do not explicitly address power differentials beyond a single item: “Staff/providers feel free to question the decisions or actions of those with more authority.” We will adapt surveys from business and organizational psychology associated with power distance, leader inclusivity and psychological safety in the context of speaking up. (3) The proposed collaboration with WISH, ODT, and the UW School of Medicine Standardized Patient program leverages in-house expertise and resources to developing, delivering and evaluating (ANTICIPATED)</td>
</tr>
</tbody>
</table>
Integration of the bundle into TSICU culture will be facilitated by a widespread educational campaign to engage frontline and senior-level stakeholders, an OCCAM protocol, an admission order set in ORCA, and a dot phrase template for consistency of documentation in daily progress notes.

(3) Evaluate and revise the bundle using the Plan-Do-Study-Act cycle, with quarterly work group meetings. Compliance will be measured weekly with provision of feedback to key stakeholders in multiple venues including weekly in-person huddles, TSICU M&M conference, Trauma Council, and Critical Care Advisory Council meetings.
Appendix E

Harborview Medical Center Quality Awards 2014-2018

2018
American Association of Critical-Care Nurses:
  • Silver-level Beacon Award for Excellence, Burn ICU
  • Silver-level Beacon Award for Excellence, NICU

HealthGrades: Distinguished Hospital Award for Clinical Excellence

The Joint Commission eCQM "Pioneers in Quality™: Proven Practices Collection"

Human Rights Campaign: National Leader in LGBT Healthcare Equality

Lifeline Silver STEMI Recognition Award Notification

2018 Get With the Guidelines®- Stroke Gold Plus Quality Achievement Award

The Target: Stroke Elite Plus Honor Roll

Washington State Department of Health: Antimicrobial Stewardship Honor Roll

Washington State Hospital Association: Community Health Leadership Silver Award, UW TASP, based at HMC

2017

Qualis Health Award of Excellence in Healthcare Quality: Improving Diabetes Self-Management with Limited-English-Proficient Patients Using Bilingual/Bicultural Diabetes Navigators

U.S. News & World Report – Best Hospitals 2017-2018
  • No. 6 in Seattle Metro (tie)
  • No. 8 in Washington (tie)
  • Nationally ranked in orthopaedics and rated high-performing in urology

Washington State Department of Health: Antimicrobial Stewardship Honor Roll

2016
The Joint Commission Accreditation for Palliative Care

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

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

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)

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:

- Number 3 in Seattle Metro
- Number 4 in Washington
University of Washington Medical Center Quality Awards
2014-2018

2018
American Nurses Credentialing Center: Magnet Recognition Award for Excellence in Nursing Service

Becker’s Hospital Review:
- 100 Hospitals and Health Systems with Great Oncology Programs (2018-2017 SCCA-UWMC)
- 68 Greenest Hospitals in America | 2018
- 100 Hospitals with Great Heart Programs

CMS Overall Star Ratings – 5 Star-Rating (most recent information on Medicare.gov/hospitalcompare)

Greenhealth Practice:
- Top 25 Environmental Excellence Award - recognizes the top 25 hospitals in the nation who are leading the industry with innovation in sustainability. (12th consecutive year)
- Health Food Circle of Excellence (recognizes sustainable food services, including reductions in meat and sugar-sweetened beverages, healthier meat procurement, local food sourcing and food waste prevention. UWMC is one of eleven hospitals nationally to receive this award.)
- Green Building Circle (The Green Building Circle is presented to hospitals that have demonstrated LEED and other innovative green building achievements over the past five years. Hospitals emphasize policies that show a commitment to the requirement of LEED-construction standards. UWMC is one of ten hospitals nationally to receive this award.)

Healthgrades:
- Outstanding Patient Experience Award 2018, 2017, 2016, 2015 (we’ve received this for at least the last 5 years; based on patient satisfaction – 85% of patients would recommend UWMC)
- America’s 100 Best Hospitals for Gastrointestinal Care Award™ 2019, 2018
- America’s 100 Best Hospitals for General Surgery Award™ 2019, 2018
- America’s 100 Best Hospitals for Prostate Surgery Award™ 2019 (4th consecutive year)


Joint Commission:
- Certification for Advanced Palliative Care
- Certification for Ventricular Assist Device

Leapfrog Group: “A” for Hospital Safety (Spring 2018 reporting period – fifth consecutive A Grade)

U.S. News & World Report – Best Hospitals:
- Number 1 in Washington
- Number 1 in Seattle Metro
- Number 5 Ranking Nationally in Rehabilitation (joint program at Harborview)
- Number 7 Ranking Nationally in Cancer (provided through the Seattle Cancer Care Alliance of UW Medicine, Fred Hutchinson Cancer Research Center and Seattle Children’s)
- Number 12 Ranking Nationally in Diabetes and Endocrinology
U.S. News & World Report – Best Hospitals for Adult Procedures and Conditions:
  High Performing in 5 of 9 Procedures/Conditions: Aortic Valve Surgery, Colon Cancer Surgery, Heart Bypass Surgery, Heart Failure, Lung Cancer Surgery

Washington State Hospital Association 2018 Community Health Leadership: UW Medicine: Tele-antimicrobial stewardship program - Silver Award

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

Washington State Department of Health: Antimicrobial Stewardship Honor Roll

2018 Women's Choice Award: Best Hospitals for Bariatric Care, Cancer Care, Best Hospitals for Heart Care, Obstetrics, Patient Experience, Patient Safety, and Stroke Care

2017
American Nurses Credentialing Center: Magnet Recognition Award for Excellence in Nursing Service

Becker’s Hospital Review:
• 100 Great Hospitals in America
• 100 Hospitals and Health Systems with Great Oncology Programs (2017 SCCA-UWMC)
• 60 Greenest Hospitals in America

CMS Overall Star Ratings – 4 Star Rating (spring reporting period)

Greenhealth Practice:
• Top 25 Environmental Excellence Award - recognizes the top 25 hospitals in the nation who are leading the industry with innovation in sustainability. (11th consecutive year)
• Health Food Circle of Excellence
• Climate Circle of Excellence (The Climate Circle of Excellence recognizes hospitals who are taking the lead on tracking and measuring carbon dioxide (CO2) emissions and overall climate program development. UWMC is one of ten hospitals in the nation to receive this award.)
• Greening the OR Recognition Honoree (Greening the OR recognizes facilities that have made substantial progress toward reducing waste in the surgical environment. Sustainable practices are especially important in the OR, which often accounts for 20 to 30 percent of a hospital’s total waste. UWMC is one of several dozen hospitals nationally to receive this designation.)

Healthgrades
• Outstanding Patient Experience Award (4th consecutive year)
• America’s 100 Best Hospitals for Gastrointestinal Care Award™
• America’s 100 Best Hospitals for General Surgery Award™
• America’s 100 Best Hospitals for Prostate Surgery Award™


Leapfrog Group: “A” for Hospital Safety (fall reporting period – fourth consecutive A Grade)

U.S. News & World Report – Best Hospitals:
- Number 1 in Washington
- Number 1 in Seattle Metro
- Number 5 Ranking Nationally in Rehabilitation (joint program at Harborview)
- Number 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 Adult Procedures and Conditions:
  - High Performing in 5 of 9 Procedures/Conditions; Aortic Valve Surgery, Colon Cancer Surgery, Heart Bypass Surgery, Heart Failure, Lung Cancer Surgery

Scientific Registry of Transplant Recipients (SRTR), rated UWMC’s heart-transplant program as one of eight in the United States to achieve a score of 5, the highest possible, denoting “better than expected” patient outcomes

Scientific Registry of Transplant Recipients (SRTR), rated UWMC’s Kidney transplant program as one of thirty in the United States to achieve a score of 5, the highest possible, denoting “better than expected” patient outcomes

Vizient/UHC Quality and Accountability Scorecard - 4 Stars

2016
Centers for Medicare & Medicaid Services - Overall Hospital Quality Rating: 5 Stars

The Joint Commission Accreditation for Palliative Care
  Joint Commission: Certification for Advanced Palliative Care

StuderGroup: Excellence in Patient Care Award for Discharge Information

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


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
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:
• Number 1 in Washington
• Number 1 in Seattle Metro
• Number 4 Ranking Nationally in Rehabilitation (joint program at Harborview)
• Number 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:
• Number 1 in Washington
• Number 1 in Seattle Metro
• Number 11 in nation.
• Number 4 Ranking Nationally in Rehabilitation (joint program at Harborview)
• Number 6 Ranking Nationally in Adult Cancer
• Number 10 Ranking Nationally in Diabetes & Endocrinology
• Number 12 Ranking Nationally in Nephrology
Northwest Hospital & Medical Center Quality Awards
2014 - 2018

2018
UW Medicine Patients Are First Annual Quality Pillar Awards in both the inpatient and ambulatory categories

Baby-Friendly USA: Baby-friendly designation for maternity care

Human Rights Campaign: National Leader in LGBT Healthcare Equality

2017
Human Rights Campaign: National Leader in LGBT Healthcare Equality

Leapfrog Group: “A” for Hospital Safety

U.S. News & World Report: Best Hospitals 2017-2018
High performing in Hip Replacement

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:

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

Human Rights Campaign: National Leader in LGBT Healthcare Equality
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

Human Rights Campaign: National Leader in LGBT Healthcare Equality

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
Valley Medical Center Quality Awards
2014-2018

2018
American Hospital Association:
   Gold Plus - Stroke Care Quality Measures
   Target: Stroke Honor Roll - Elite Plus (Stroke Care – door to needle time)

Institute for Safe Medication Practices: Annual Cheers Award (Medication Safety)

Washington Health Alliance Community Check-up: #1 for Medicaid Insured Patients

HealthGrades:
   • America’s 100 Best Hospitals Award
   • Distinguished Hospital Award for Clinical Excellence
   • Specialty Clinical Quality Awards: America’s 100 Best Hospitals for Joint Replacement
   • Specialty Clinical Quality Awards: Critical Care Excellence

The Joint Commission’s Disease-Specific (re)Certification: Palliative Care

Quantros’ CareChex* Quality Rating System: #1 in Joint Replacement, Heart Failure, Orthopedic Surgery, and Trauma Care

2017

Healthgrades: Distinguished Hospital Award for Clinical Excellence

U.S. News & World Report – Best Hospitals 2017-2018:
   No. 6 in Seattle Metro Area (tie)
   No. 8 in Washington (tie)
   High performing in Heart Failure, Hip Replacement, and Knee Replacement

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
  Five-Star Recipient for Appendectomy for 2 Years in a Row (2013-2014)
  Cardiac: Five-Star Recipient for Treatment of Heart Failure
  Critical Care: Five-Star Recipient for Treatment of Respiratory Failure for 2 Years in a Row (2013-2014)
  Gastrointestinal: Five-Star Recipient for Colorectal Surgeries
    Five-Star Recipient for Treatment of Bowel Obstruction
  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)

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
UW Neighborhood Clinics Quality Awards
2014-2018

2017
NCQA: 5 clinics awarded Level 3 Patient Centered Medical Home Recognition

AAAHC: Three-year accreditation (ongoing) for meeting nationally recognized standards of high-quality healthcare

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
- Primary Care Medical Schools: No. 1 in the nation 23 out of past 24 years
- Research Medical Schools: No. 12 in the nation
- Family Medicine: No. 1 teaching program in the nation for 26 consecutive years
- Rural Medicine: No. 1 teaching program in nation for 26 consecutive years
- Other highly-ranked teaching programs include: pediatrics (No. 5); Internal Medical (No. 6, tie); Geriatrics (No. 7) and Drug and Alcohol Abuse (No. 8)
- Graduate Programs: Genetics/Genomics/Bioinformatics (No. 3); Biomedical/Bioengineering (No. 10, tie)
- Federal Research Funding: Top public medical school in the nation for National Institute of Health grant funding and second in national among all medical schools
- Best Global University for Microbiology: No. 3 in the world
- Best Global University for Immunology: No. 6 in the world

Center for World University Rankings by Subject: UW Medicine faculty contribute to top-10 world rankings in 31 subject categories based on the number of research articles in top-tier journals.

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
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)
UW Medicine
Annual Patient Safety and Quality Report to the Board of Regents

BOARD OF REGENTS
March 14, 2019
UW Medicine Patient Safety and Quality Report

- UW Medicine Mission, Vision and Values
- Coordinated Quality Improvement Program Governing Structure
- Patients Are First
- Culture of Safety
- Center for Scholarship in Patient Care Quality and Safety
- Performance Measurement and Benchmarking
- Healthcare Equity
- Managing and Learning from Harm Events
- Value-Based Care
UW Medicine Patient Safety & Quality Committee

Advise on Patient Safety and Quality at system-wide level

- Strategic planning, program development, organizational structure and resource allocation;
- Advocacy and support;
- Risk assessment;
- Analysis of emergent and ongoing issues and trends;
- Analysis and advice on proactive risk mitigation for items that could result in patient harm or potential loss of public trust.
Patients are First Foundation

Focus on Serving the Patient/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.

Strive towards Quadruple Aim
• Improving the patient experience and quality of care;
• Improving the health of the population;
• Reducing the per capita cost of health care; and
• Care for the care giver/improving the clinician experience.

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.
<table>
<thead>
<tr>
<th>Clinic / Location</th>
<th>Number of Clinics</th>
<th>Specialties</th>
<th>Number of PCPs</th>
<th>Patients ≤ 3 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hall Health Center</td>
<td>1 clinic, 3 specialties</td>
<td>1. Family Health, 2. Primary Care Team, 3. Women’s Clinic</td>
<td>20 PCPs</td>
<td>29,656 patients ≤ 3 years</td>
</tr>
<tr>
<td>Northwest Hospital &amp; MC</td>
<td>5 clinics</td>
<td>1. Fremont, 2. Outpatient Medical Center (OPMC), 3. Main Campus, 4. Richmond Beach, 5. Lake Forest Park</td>
<td>26 PCPs</td>
<td>23,592 patients ≤ 3 years</td>
</tr>
<tr>
<td>UWMC</td>
<td>3 clinics</td>
<td>1. GIMC, 2. WHCC, 3. Pediatrics</td>
<td>44 PCPs</td>
<td>17,951 patients ≤ 3 years</td>
</tr>
<tr>
<td>Harborview Medical Center</td>
<td>8 clinics</td>
<td>1. Family Medicine, 2. Adult Medicine, 3. MHS Pioneer Square, 4. International Medicine, 5. Madison, 6. Pediatrics, 7. PSQ Pioneer Square, 8. Senior Care Clinic</td>
<td>116 PCPs</td>
<td>18,064 patients ≤ 3 years</td>
</tr>
</tbody>
</table>

**Totals:**
- UW Medicine: 451 PCPs, 313,977 patients
Patients are First Dashboard: Incorporation of Panel-Based Metrics

Care gaps refer to screening tests or management of chronic conditions for our population of patients.
Hospital Survey - “Give the institution, as a whole, an overall grade on patient safety.”
Medical Office / Clinic Survey - “Overall, how would you rate the system and clinical processes in place in your medical office to prevent, catch, and correct problems that have the potential to affect patients?”

Clinics added in 2018
# UW Medicine Culture of Safety -- Strengths

<table>
<thead>
<tr>
<th>HOSPITAL</th>
<th>CLINICS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HMC</strong></td>
<td><strong>Teamwork</strong></td>
</tr>
<tr>
<td>• Teamwork within units</td>
<td>• Patient safety and quality issues</td>
</tr>
<tr>
<td>• Supervisor/manager expectations and actions promoting patient safety</td>
<td>• Patient care tracking and follow up</td>
</tr>
<tr>
<td>• Organizational learning / continuous improvement</td>
<td></td>
</tr>
<tr>
<td><strong>NWHMC</strong></td>
<td><strong>Teamwork</strong></td>
</tr>
<tr>
<td>• Teamwork within units</td>
<td></td>
</tr>
<tr>
<td>• Supervisor/manager expectations &amp; actions promoting patient safety</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Patient care tracking and follow up</td>
</tr>
<tr>
<td></td>
<td>• Teamwork</td>
</tr>
<tr>
<td><strong>UWMC</strong></td>
<td><strong>Teamwork</strong></td>
</tr>
<tr>
<td>• Teamwork within units</td>
<td></td>
</tr>
<tr>
<td>• Supervisor/manager expectations and actions promoting patient safety</td>
<td></td>
</tr>
<tr>
<td>• Organizational learning / continuous improvement</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Patient safety and quality issues</td>
</tr>
<tr>
<td></td>
<td>• Patient care tracking and follow up</td>
</tr>
<tr>
<td><strong>VMC</strong></td>
<td><strong>Teamwork</strong></td>
</tr>
<tr>
<td>• Teamwork within units</td>
<td></td>
</tr>
<tr>
<td>• Supervisor/manager expectations &amp; actions promoting patient safety</td>
<td></td>
</tr>
<tr>
<td>• Organizational Learning – Continuous Improvement</td>
<td></td>
</tr>
<tr>
<td>• Nonpunitive Response to Error</td>
<td></td>
</tr>
<tr>
<td><strong>UWNC</strong></td>
<td><strong>Teamwork</strong></td>
</tr>
<tr>
<td>• People support each other in this program</td>
<td></td>
</tr>
<tr>
<td>• Information is shared during shift changes</td>
<td></td>
</tr>
<tr>
<td>• I am able to listen with openness and curiosity when challenged by</td>
<td></td>
</tr>
<tr>
<td>staff about safety concerns</td>
<td></td>
</tr>
<tr>
<td><strong>ALNW</strong></td>
<td><strong>Teamwork</strong></td>
</tr>
<tr>
<td>• People support each other in this program</td>
<td></td>
</tr>
<tr>
<td>• Information is shared during shift changes</td>
<td></td>
</tr>
<tr>
<td>• I am able to listen with openness and curiosity when challenged by</td>
<td></td>
</tr>
<tr>
<td>staff about safety concerns</td>
<td></td>
</tr>
</tbody>
</table>

*2018 AHRQ Comparative Database HSOPS – Top Composites*

*Teamwork within units, Supervisor/Manager expectations, Organizational learning – Continuous improvement*
# UW Medicine Culture of Safety -- Opportunities

<table>
<thead>
<tr>
<th></th>
<th>HOSPITAL</th>
<th>CLINIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>HMC</td>
<td>• Hospital handoffs and transitions</td>
<td>• Work pressure and pace</td>
</tr>
<tr>
<td></td>
<td>• Staffing</td>
<td>• Office processes and standardization</td>
</tr>
<tr>
<td></td>
<td>• Non-punitive response to error</td>
<td>• Leadership support</td>
</tr>
<tr>
<td>NWHMC</td>
<td>• Hospital handoffs and transitions</td>
<td>• Work pressure and pace</td>
</tr>
<tr>
<td></td>
<td>• Non-punitive response to error</td>
<td>• Staffing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Office processes and standardization</td>
</tr>
<tr>
<td>UWMC</td>
<td>• Hospital handoffs and transitions</td>
<td>• Work pressure and pace</td>
</tr>
<tr>
<td></td>
<td>• Staffing</td>
<td>• Office processes and standardization</td>
</tr>
<tr>
<td></td>
<td>• Non-punitive response to error</td>
<td>• Leadership support</td>
</tr>
<tr>
<td>VMC</td>
<td>• Management Support for Patient Safety</td>
<td>• Work Pressure and Pace</td>
</tr>
<tr>
<td></td>
<td>• Hospital handoffs &amp; transitions</td>
<td>• Office Processes and Standardization</td>
</tr>
<tr>
<td></td>
<td>• Feedback &amp; Communication About Error</td>
<td>• Staff Training</td>
</tr>
<tr>
<td>UWNC</td>
<td></td>
<td>• Work Pressure and Pace</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Office Processes and Standardization</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Communication Openness</td>
</tr>
<tr>
<td>ALNW</td>
<td>• Things do not “fall through the cracks” when communicating with supervisors of the various disciplines</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Fear of conflict with others makes me unable to speak up when a safety concern arises</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Staff feel free to question the decisions or actions of those with more authority</td>
<td></td>
</tr>
</tbody>
</table>
Engagement of Faculty and Staff in Patient Safety and Quality

UW Medicine Center for Scholarship in Patient Care Quality and Safety

• Workforce/Professional Development
  • Certificate program in patient safety and quality
  • QI bootcamps

• Scholarship and Project Support
  • Academic research/project support, grant writing
  • Program evaluation/gap analysis

• Innovation
  • Patient Safety Innovations Program
    • 22 projects totaling $1.25 million in grants now launching 5th round
Health Care Equity

The Healthcare Equity Blueprint sets three strategic objectives:

• Increase diversity, increase cultural humility and reduce implicit bias in the healthcare workforce.

• Engage the communities we serve as partners in assessing and addressing healthcare equity.

• Deploy targeted quality improvement and healthcare services to meet the needs of marginalized populations.
Targeting Healthcare Disparities: Improving diabetic retinopathy screening

Cameras for diabetic retinopathy screening in primary care

Disparity index – Diabetes Retinal Exam
African American vs White Patient Populations

Disparity index is calculated as how often a quality measure *doesn’t get done* in the minority group [over] how often a quality measure *doesn’t get done* in the majority group. A disparity index greater than 1 means there is an inequitable disparity in healthcare delivery.
Managing and Learning from Harm Events

UW Medicine has endorsed Communication and Resolution Programs as our approach to harm events

• Early event reporting;
• Open, ongoing communication with patients and families, including apologies when appropriate;
• Event analysis using human factors lens to identify system flaws;
• Providing psychosocial support for the patient, family, and involved clinicians (including peer support and care for the care giver);
• When adverse event due to unreasonable care, making fair and proactive offer of compensation; and
• Ensuring that lessons are learned to prevent recurrences.
National and Local Opioid Crisis

Drug Diversion Prevention Program
- Prevention
- Monitoring
- Investigation
- Reporting

Pharmacy & Therapeutics Opioid Stewardship Subcommittee
- Improve safe and appropriate use
- Monitor utilization
- Education
- Meet regulatory requirements

Care for those with opioid use disorder
Medicare Quality Payment Program

- Medicare shift from fee-for-service to value-based care
  - Goal of 80% of payments based in value by 2020
  - Medicare is our single largest payer at 27% of net revenue in FY2017
- Quality Payment Program major vehicle to drive shift to value
  - Merit-Based Incentive Payments (MIPS) combines previous quality reporting programs into a single pay-for-performance program
  - Advanced Alternative Payment Model (aAPM)
    - Can apply to a specific clinical condition, episode of care, or population
    - Medical Shared Savings Program
- UW Medicine performance in MIPS
  - UW Physicians, NWH, and VMC all earned 1.88% increase to Medicare professional services for 2019 based on 2017 performance
UW Medicine Mission:
Improve the Health of the Public

Patient safety and quality remains a key pillar as UW Medicine strives toward the quadruple aim!