RANCHO LOS AMIGOS
NATIONAL REHABILITATION CENTER

ADMINISTRATIVE POLICY AND PROCEDURE

Subject: QUALITY AND IMPROVEMENT PLAN **Policy No.:** A128

Supersedes:	April 19, 2023	Review Date:	April 8, 2024
Origin Date:	February 1, 1994	Revision Date:	

PURPOSE:
Rancho Los Amigos National Rehabilitation Center (Rancho) is committed to the provision of a well-designed and well-implemented Quality and Improvement Program. Rancho's culture, systems, and processes are structured around its mission to restore health, rebuild, and revitalize hope for persons with a life-changing illness, injury, or disability of all patients. The Quality and Improvement Program utilizes a systematic approach to quality and process improvement using reliable and valid methods of monitoring, analysis, evaluation, and improvement in the delivery of health care provided to all patients that reflect the organizational strategic goals or in response to regulatory and accreditation requirements.

The Quality and Improvement Plan is a working document that guides our activities and performance for improving processes and ensuring quality outcomes. The Quality and Improvement Plan, processes and systems are reviewed annually and as necessary by the Quality, Risk, and Safety Committee (QRS), the Chief Quality Officer, the Chief Executive Officer, the Chief Medical Officer, the Chief Nursing Officer, and the Governing Body. As appropriate, the plan, processes, and systems are revised to reflect current policies, procedures, standards, and practices that evolve through the performance improvement process.

POLICY:
The Quality and Improvement Plan is a living document that provides structure to our quality and improvement initiatives to improve processes related to the safety and quality of services provided to Rancho patients. The Quality and Improvement Plan describes a framework that is driven by the Quality Department leadership and supported by hospital operational and clinical leadership. The framework for improving our key functions emphasizes the utilization of the Institute for Hospital Improvement's (IHI) Model for Improvement, the National Association of Healthcare Quality's (NAHQ) Framework for Improvement, and the improvement domains set forth by the National Academy of Medicine (NAM).

PROCEDURES:
Rancho's Quality and Improvement model incorporates a planned, systematic, organization-wide approach to process design and performance measurement, analysis, and improvement. The organization primarily uses the FOCUS-PDSA model to guide its quality, performance, and patent safety improvement activities. (Appendix 1-Quality and Improvement Plan)

Organizational leadership and other key staff are responsible for prioritizing, monitoring, analyzing and improving the performance of clinical outcomes, processes and systems at Rancho that reflect the organizational strategic goals. Quality Department staff will provide consultation to and guidance to departments and teams with the development, monitoring, and evaluation of improvement projects.

The Quality and Improvement Plan works in concert with the Los Angeles County Department of Health Services' strategic plan.

Revised: 3/03, 6/06, 7/13, 4/23
Reviewed: 3/03, 6/06, 7/13, 4/23, 4/24

Approved By: Aries Limbaga
Digitally signed by Aries Limbaga
Date: 2024.04.16 10:54:31 -07'00'

Rancho's Quality Department will respond to a non-sentinel event with a thorough and interdisciplinary root cause analysis including problem identification and the development of an action plan with deliverables as needed in accordance with the IHI Model for Improvement methodology or other targeted improvement methodology. These non-sentinel root cause analyses will be selected at the discretion of the Chief Quality Officer, Patient Safety Officer, or by other departmental request.

Rancho will also select at least one system or process annually and conduct a Failure Mode Effects and Analysis (FMEA). The selection of the FMEA topic will be decided upon by the Chief Quality Officer in collaboration with the QRS Committee and organizational leadership.

ATTACHMENT:
Appendix I – Quality and Improvement Program 2023

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

RANCHO LOS AMIGOS
NATIONAL REHABILITATION CENTER

QUALITY AND IMPROVEMENT PROGRAM
2023

I. INTRODUCTION:

Rancho Los Amigos National Rehabilitation Center (Rancho) is committed to its mission to restore health, rebuild life, and revitalize hope for persons with a life changing illness, injury or disability. It is the intent of leadership to support improvement that enables all departments and systems of care to work through interdisciplinary collaboration to improve systems, processes, and outcomes to minimize risks, and create a safe clinical environment.

II. PURPOSE:

The purpose of Rancho's plan for quality improvement is to:

- Provide a framework for Rancho's systematic approach to the design, measurement, and analysis for improvement to ensure safe, effective, high quality, and continuously improving medical and rehabilitation services in an environment of minimal risk

- Develop and implement projects that support organizational goals, policies, procedures, and workflows to ensure quality and improvement in patient care

- Increase the likelihood of desired health outcomes consistent with professional knowledge

- Deliver an annual report to Executive Council (EC) that details departmental improvement projects and the outcomes

III. QUALITY AND IMPROVEMENT PLAN

Rancho is committed to operating efficiently and effectively in order to meet the needs of patients, families, and staff. Improvement in all activities is vital for Rancho's establishment and maintenance of successful patient and staff-related outcomes. The implementation of this quality and improvement plan provides a framework for Rancho's quality and improvement program.

- **Improvement Committee**

The Quality, Risk and Safety Committee (QRS) will be led by the Chief Quality Officer and have representation from various hospital departments as determined by the Chief Quality Officer.

The QRS committee will objectively, systematically, and regularly assess the progress of performance improvement projects. The QRS Committee will ensure that all implemented projects reflect the support of an organizational goal or objective.

- **Improvement Department**

Rancho utilizes a departmental operation system based on the National Association of Healthcare Quality (NAHQ) framework focusing on 8 essential areas:

- Regulatory and Accreditation
    - Direct the evaluating, monitoring, and improving compliance with internal and external requirements.
    - Lead the process to prepare for, participate in, and follow up on regulatory, accreditation, and certification surveys.
- Quality Review and Accountability
    - Direct activities that support compliance with voluntary, mandatory, and contractual reporting requirements for data acquisition, analysis, reporting, and improvement.
- Professional Engagement
    - Engage in the healthcare improvement profession with a commitment to practicing ethically, enhancing one's competence, and advancing the field.
- Improvement of Leadership and Integration
    - Advance the organization through collaboration, learning, and communication.
    - Lead the integration of improvement in the fabric of the organization to achieve objectives.
- Performance and Process Improvement
    - Use improvement processes, project management, and change management methods to support operational and clinical improvement.
- Population Health and Care Transitions
    - Evaluate and improve healthcare processes and care transitions to advance the efficient, effective, and safe care of defined populations.
- Health Data Analytics
    - Leverage the organization's analytic environment to help guide data-driven decision-making and inform improvement initiatives.
- Patient Safety
    - Cultivate a safe healthcare environment by promoting safe practices, nurturing a Just Culture and improving processes that detect, mitigate, or prevent harm.

Rancho's Quality and Improvement Department clinical staff will assist departments or programs in the development and coordination of project goals, objectives and measures (performance indicators). The Improvement Department clinical staff will assist in the education of hospital staff in quality improvement methods and tools as needed.

Rancho's Quality and Improvement Department will assist in the development and coordination of organizational, department-wide and/or specific program

goals, objectives and measures (performance indicators) and includes education of staff in improvement methods and tools by individual department representatives on the QRS Committee.

The Quality and Improvement Department will develop an annual Quality and Improvement report based on the existing improvement projects being conducted at the department level. These projects will primarily be utilizing the organizational choice for improvement methodology: the Institute for Hospital Improvement's (IHI) Model for Improvement and the Plan-Do-Study-Act (PDSA).

Components of the report will include, but not be limited to:

a. Establishment/support of departmental quality committees
b. Roles and responsibilities of members
c. Improvement activities, projects, measures, resources, and timelines
d. Methods to evaluate processes, programs, and services to identify opportunities for improvement
e. Provisions for the use of patient satisfaction data and feedback
f. Use the PDSA format to submit, plan, monitor, and evaluate results
g. Provisions for training staff in the PDSA process for improvement

- **Model for Improvement**

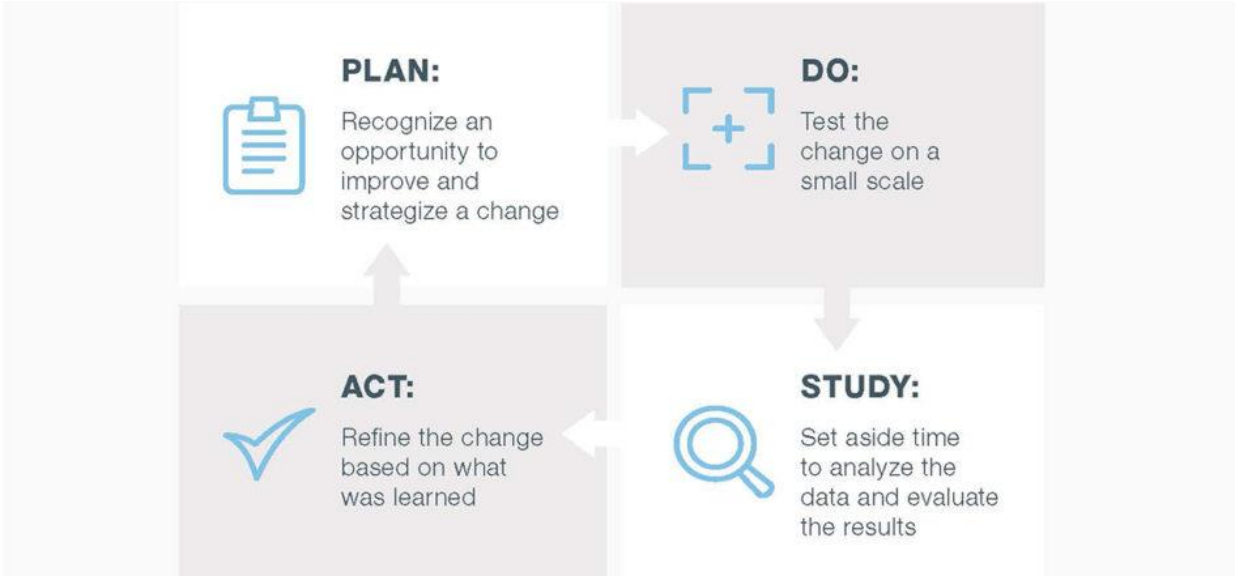
The PDSA model is the structure through which Rancho staff identifies, plans, measures and evaluates improvement projects. Elements from other improvement methodologies, such as Six Sigma, LEAN, etc. can be implemented within the PDSA process as warranted.

Rancho uses the PDSA process as the methodology for improvement based on recommendations by organizations such as the Institute for Healthcare Improvement (IHI), Association of Healthcare Research and Quality (AHRQ), Commission on the Accreditation of Rehabilitation Facilities (CARF), National Quality Forum (NQF), National Academy of Medicine (NAM), National Association of Healthcare Quality (NAHQ) and others.

The PDSA process provides a framework for carrying out improvement initiatives. The following six key elements are the foundation of the program:

- Setting Aims
- Establishing Measures
- Selecting Changes
- Testing Changes
- Implementing Changes
- Spreading Changes


Model for Improvement
What are we trying to accomplish?
How will we know that a change is an improvement?
What change can we make that will result in improvement?
Act
Plan
Study
Do


PLAN:
Recognize an opportunity to improve and strategize a change
DO:
Test the change on a small scale
STUDY:
Set aside time to analyze the data and evaluate the results
ACT:
Refine the change based on what was learned

- **Improvement Reporting**

The Quality and Improvement Department will develop an annual Quality and Improvement Report based on the existing improvement projects being conducted at Rancho.

The Quality and Improvement Report will include the development, implementation, and evaluation of projects from (but not limited to) the following key departments at Rancho:

- Inpatient
    - Department of Rehabilitation Services
    - Department of Medical Surgical Services
- Outpatient
    - Primary Care
    - Specialty Care
    - Therapy
- Department of Nursing
- Department of Surgery

These departments will be required to do at least 1 improvement project, annually, utilizing the PDSA process for improvement initiatives to be included in the report.

Any improvement initiatives mandated as a result of a regulatory standard finding will be included in the report.

The Quality and Improvement Department will present the Quality and Improvement Report annually to QRS and EC.

All improvement projects should address one of the six domains of healthcare quality as set forth by the National Academy of Medicine:

Safe: Avoiding harm to patients from the care that is intended to help them.

Effective: Providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and misuse, respectively).

Patient-centered: Providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.

Timely: Reducing waits and sometimes harmful delays for both those who receive and those who give care.

Efficient: Avoiding waste, including waste of equipment, supplies, ideas, and energy.

Equitable: Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.

Plan Do Study Act (PDSA) Form

Cycle #: **Start Date:** **End Date:**

Project Title:

Team Members:

Objective of this cycle (check one): ☐Develop a change ☐Test a Change ☐Implement a Change

Which accreditation standard is being met (if applicable): TJC, CARF, Magnet **OTHER:**

All required elements of the accreditation standard have been met: ☐ Yes ☐ No, please explain:

Aim Statement (WHAT ARE YOU TRYING TO ACCOMPLISH):

- ***Specific-targeted population:***
- ***Measurable-what to measure and clearly stated goal:***
- ***Achievable-brief plan to accomplish it:***
- ***Relevant-why is it important to do now:***
- ***Time Specific-anticipated length of cycle:***

PLAN

Test/Implementation Plan
(THINK ABOUT WHAT CHANGES YOU CAN MAKE THAT WILL RESULT IN IMPROVEMENT)
What change will be tested or implemented? Include how the change will be conducted, who will run it, where it will be run, and when it will be run unless already noted in Aim Statement above. (If needed, include specifics on tasks, responsibilities, and due dates.)

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Prediction:

……..

Data Collection Plan (THINK ABOUT HOW YOU WILL KNOW THE CHANGE IS AN IMPROVEMENT):
What data/measures will be collected?

Who will collect the data?

When will the collection of data take place?

How will the data (measures or observations) be collected or displayed?

What decisions will be made based on the data?

DO

Activities/Observations:

Record activities/observations that were done in addition to those listed in the plan above:

STUDY

Questions: Copy and paste PREDICTION from PLAN above and evaluate learning. Complete analysis of the data.
Prediction:
Learning (comparison of questions, predictions, and analysis of data):
Insert graphic analysis below if possible.

Summary (look at your data. Did the change lead to improvement? Why or why not?):

ACT

Describe the PDSA Cycle (based on the learning in STUDY, what is your next step: adapt, adopt, or abandon?