

**AMBULATORY CARE NETWORK (ACN)
QUALITY IMPROVEMENT PATIENT SAFETY AND CLINICAL RISK REDUCTION
PROGRAM & PLAN**

Outline

- I. ACN Purpose and Core Values
- II. Program Purpose & Objectives
- III. Program Structure
- IV. Roles & Responsibilities
- V. Activities
- VI. Metrics

I. ACN Purpose and Core Values

Purpose: Healing and empowering our patients to live healthier and better lives.

Core Values:

- QUALITY affordable and accessible health care
- COMPASSION for patients and each other
- RESPONSIBILITY in planning and managing of resources
- PATIENT-CENTEREDNESS

II. Program Purpose & Objectives

Purpose: The ACN Quality Improvement Program (QIP) serves to provide leadership in quality improvement, patient safety and clinical risk reduction activities for the facilities within the Los Angeles County Department of Health Services Ambulatory Care Network (ACN) and collaborate with outpatient care efforts throughout the Department of Health

Services (DHS).

Objective: The ACN QIP supports the objectives of the DHS and the ACN by providing leadership and facilitation in quality improvement, risk management, and patient safety activities that:

- Are consistent with the Institute of Medicine's Quality Aims:
 - Patient/Family centered
 - safe
 - effective and reliable
 - efficient
 - equitable
 - timely
- Are data driven
- Are outcome and process oriented
- Aim at continuous quality improvement
- Increase transparency
- Facilitate communication among patients and care providers
- Identify and work to resolve conflicting values
- Focus on satisfying internal and external customers
- Employ and advance technological solutions
- Promote accountability
- Wherever possible, evidenced based

III. Activities

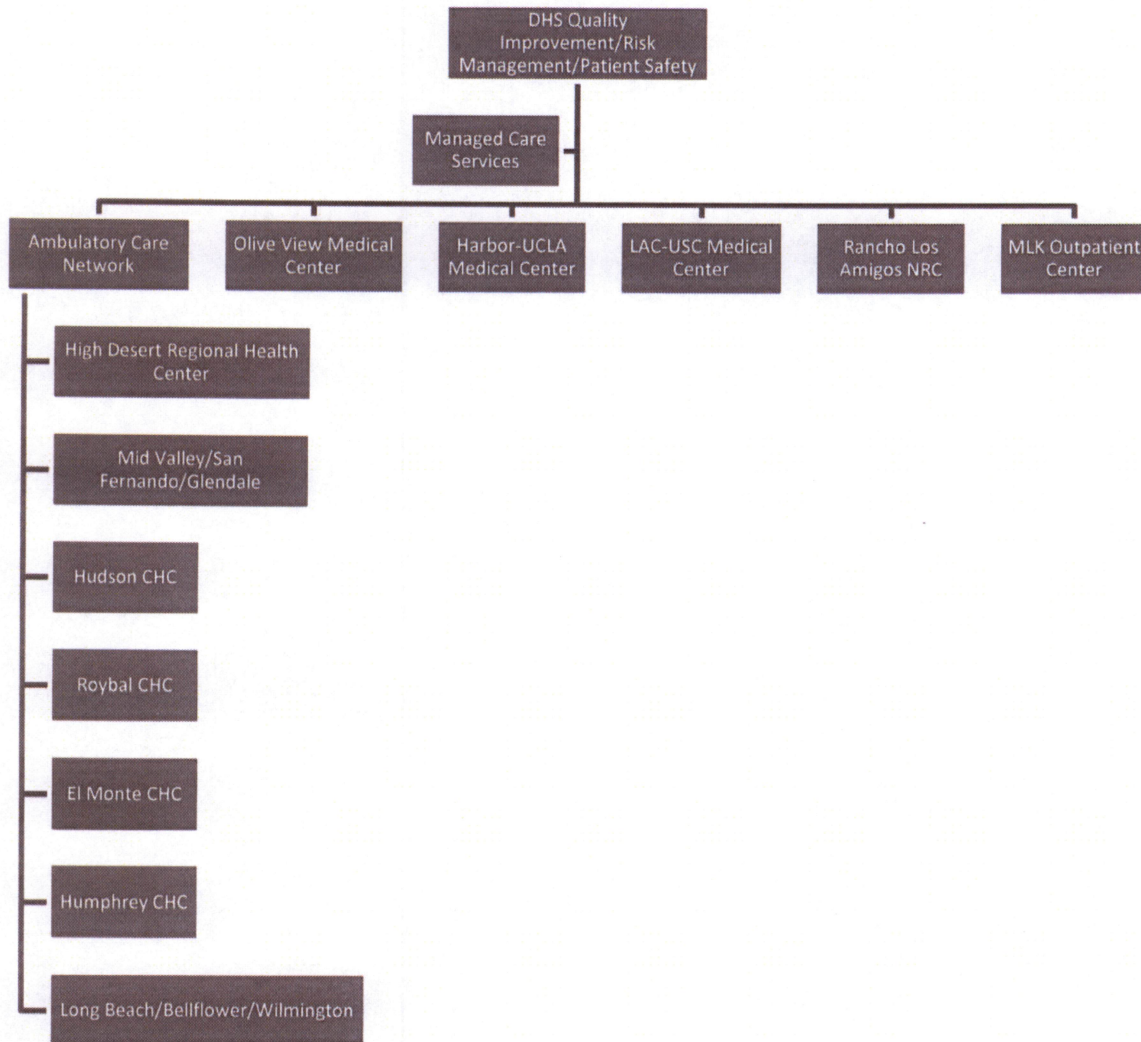
Quality related activities are focused on data collection, designing, implementing, monitoring, and improving clinical or non-clinical processes and functions.

Patient Safety activities are focused on the prevention of medical errors and adverse events, as related to clinical processes, functions and culture.

Risk Reduction activities are focused on the mitigation and response to actual medical errors and adverse events. This may include, but is not limited to root Cause Analyses or Failure Mode and Effects Analyses.

IV. Program Structure

The context and position of the ACN Quality Program, relative to the DHS and facility-specific programs is as follows:



The ACN QIP is led by the ACN Director of Quality-Risk-Patient Safety (Director), under the authority of the ACN Chief Executive Officer/Chief Medical Officer.

Communication

The ACN Quality Program and Committee is chaired by the ACN Director of Quality-Risk-Patient Safety and is comprised of representatives from the ACN facilities. The Director is a member of the DHS Executive Quality Improvement Patient Safety Risk Reduction Committee, Sub-Committees, as well as Managed Care Services Quality and Utilization Management Programs. The Director presents performance measures results and quality improvement activities at least quarterly at the DHS ACN Advisory Board.

The ACN Quality Improvement Committee (QIC) provides an avenue for communication of outpatient quality improvement, risk management and patient safety activities to ACN Executive, Facility leadership and DHS ACN Advisory Board that include, but not limited to:

- Development, evaluation, and facilitation of network-wide initiatives, including the PRIME measures, ACN performance measures and facility specific measures.
- Review, analysis and formation of recommendations around network-wide and facility specific Patient Safety Initiatives.
- Development, review and analysis of network-wide and facility-specific Clinical Risk Reduction Initiatives.
- Review analysis and recommendation formation around regulatory readiness activities, including federal/state and local regulatory requirements, managed care requirements, NCQA certification requirements, The Joint Commission accreditation standards (e.g., The Joint Commission Lab Accreditation).
- Annually reviews the Quality Improvement, Patient Safety and Clinical Risk Reduction Plan. The plan's strategic goals will align with the executive and local leadership/organizational priorities.
- Serves as the compass, guiding and reflecting the operational activities of each ACN facility.

The local QIC at each ACN facility/cluster is led by its Physician Director (or Administrator or Medical Director), Quality Facilitator, and Quality Committee which includes at a minimum, facility leadership (Administrator/Director, Medical Director and Nursing Director), at least one

representative from the PCMH clinic line staff. The quality leadership at each facility/cluster ensures that a local structure is in place that effectively implements, monitors and improves clinical quality, operational efficiency and patient/staff safety in alignment with network and departmental strategic priorities. The local structure is multi-disciplinary and promotes the participation of front-line staff. For example, a facility/cluster may create unit-based Care Improvement Teams (CITs). The facility Quality Committee shall meet at least quarterly to identify and act upon opportunities for improvement.

The facility QIC communicates network wide initiatives, facility and provider team specific QI results to staff and patient/family consumer members using a variety of methods, including but not limited to:

- Storyboards and/or poster displayed in common areas
- Facility, Team or departmental meetings
- Newsletters, memos and/or handouts
- ACN Website or other public entities

V. Roles and Responsibilities

ACN Executive Leadership:

- Supports and guides the implementation of the QI activities
- Reviews, evaluates and approves the QI Plan, annually

ACN Director of Quality/Risk/Patient Safety:

- Directs the activities of the ACN Quality/Patient Safety/Risk Reduction Program
- Chairs the ACN Quality/Patient Safety/Risk Reduction committee (which is comprised of ACN representatives from the area(s) of Administration, Medical Staff, Nursing, and facility Quality Improvement, Patient Safety, and/or Risk Management
- Operational responsibilities for the ACN Quality/Patient Safety/Risk Reduction Program
- Represents the ACN facilities and ACN executive leadership on DHS Quality/Patient Safety/Risk committees
- Facilitate or provide training and professional development for facility

Quality Facilitators/Leads

- Assist and guide the facility Quality Facilitators/Leads in performing their roles and responsibilities
- Communicates DHS and ACN Performance Measures and QI priorities to Facility Leadership
- Consults with QI teams in the implementation projects and plans aimed at quality improvement
- Presents to the DHS ACN Advisory Board at least quarterly on system wide Performance Measures and Quality Improvement activities

ACN Risk and Patient Safety Manager:

- Assists the ACN Director of Quality/Risk/Patient Safety on implementation of activities related to Quality/Risk/Patient Safety
- Co-chairs the ACN Quality/Patient Safety/Risk Reduction committee
- Monitors/tracks/trends the operational responsibilities for the ACN Quality/Patient Safety/Risk Reduction Program
- Facilitate or provide training and professional development for facility Quality Facilitators/Leads
- Assist and guide the facility Quality Facilitators/Leads in performing their roles and responsibilities

ACN Facility Administrator/Director:

- Represents facility on the ACN QIC
- Supports QI activities through the planned coordination and communication of the results of measurement activities related to QI initiatives and overall efforts to continually improve the quality of care provided.
- Through a planned and shared communication approach, ensures the ACN Executive Leadership, staff, patients/family consumer members have knowledge of and input into ongoing QI initiatives as a means of continually improving performance.
- Communicates to all staff the importance of QI and each staff person's role in ensuring the organization has a successful program

- Ensures that ACN-wide and local QI initiatives are implemented
- Works with local team(s) to meet ACN and local goals
- Ensures availability of local resources
- Ensures that PCMH recommendations for improvement are given equal weight and consideration

Facility (Clinic) Quality Facilitators/Leads:

- Reports to local facility leadership
- Liaison with the ACN Director
- Provides motivation and direction for QI goals
- Helps identify gaps in services or overuse of services and potential areas for improvement
- Help the facility and teams track changes in performance over time
- Provides prominent participation and leadership in conjunction with the local leadership over the following local activities:
 - Quality measurement and data collection, dashboards, benchmarking including oversight, training and trending in the Safety Intelligence system
 - QI projects that employ rapid-cycle improvement methods (e.g. Plan-Do-Study-Act)
 - Error prevention and risk reduction, including proactive risk assessments and patient safety initiatives (Infection Control, Patient Safety Culture)
 - Response to adverse events, including root cause analysis and risk mitigation.
 - Assisting local leadership in the communication of QI activities throughout the organization and to our patients/families consumer members.
 - Monitors facility's activities and results in meeting system-wide performance measures and reports findings to the Facility Leadership and the Director

DHS ACN Advisory Board

- Brings the patient and family perspective on performance measures and quality improvement initiatives
- Act as a sounding board for implementation of programs across the system
- Evaluate how patient and family centered care improves the quality and safety outcomes for patients and their families
- Work in advisory role to enhance the quality of health care and the experience of care by advancing the practice of patient and family centered care.
- Represent patient and family perspectives about the health care experience at ACN facilities and make recommendations for improvement



PCMH Teams

- Meets at least monthly
- Reviews PCMH facility and provider team reports at least quarterly.
- Recommends actions to leader and implements endorsed actions to improve outcomes

VI. Data Collection

Data collection will be collected and communicated centrally for standardized metrics as much as possible, with electronic data preferred over manual data. Locally, the data collected will be used to monitor the stability of existing processes, identify opportunities for improvement, identify changes that lead to improvement, and/or to demonstrate sustained improvement.

Approved By:

ACN Director of Quality-Risk-Patient Safety: 	Date: 3/1/16
Chief Executive Officer/Medical Director 	Date: 3/1/16

Sources:

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