UT SOUTHWESTERN MEDICAL CENTER

Quality and Safety Plan 2014

Purpose

The Quality and Safety Council at UT Southwestern Medical Center establishes a patient-centered, nurse-sensitive system to enhance quality, patient safety, and service. The Quality and Safety Council establishes, evaluates, and maintains the Nursing Quality Improvement Program. System-wide implementation and integration of the Quality and Safety Plan is accomplished through the Nursing Shared Governance structure, endorsed by the Chief Nursing Officer, and supported by the Nursing Executive Leadership Council, and the Chief Quality Officer.

Goals and Objectives

The objective of the Quality and Safety Council is to promote the delivery of high quality, safe, patient-centered, effective patient care throughout the university hospitals and clinics. The Quality and Safety Plan and Nursing-sensitive specific targets are reviewed and updated annually and as needed. The Quality and Safety Council will develop the Annual Quality and Safety Plan in alignment with the Nursing Strategic Plan, the UT Southwestern Performance Improvement Initiatives and the Office of Quality Improvement and Safety Strategic Plan.

Prioritization and Process

Priorities are evaluated and based on patient centered, nurse-sensitive outcomes that under-perform the national benchmarks set by the National Database of Nursing Quality Indicators, (NDNQI), Press Ganey, the Centers for Medicare and Medicaid (CMS), and The Joint Commission (TJC). The summary of the 2014 Nursing Quality Council Priorities and alignment with University Hospital System Quality Improvement and Safety initiatives. Feedback to the units will be provided monthly via unit-level dashboard of core outcomes to be maintained by an analyst assigned through the Office of Quality Improvement and Safety.

Accountabilities, Membership and Roles

Detailed descriptions are included in Addendum C: "The Quality and Safety Council Charter". The Quality and Safety Council has a reporting relationship and accountability to the Office of Quality Improvement and Safety.

Scope

The Quality and Safety Council priorities and activities are focused on nursing sensitive indicators in alignment with the UT Southwestern Performance Improvement Initiatives and the Office of Quality Improvement and Safety Strategic Plan, encompassing all University hospitals, and hospital-based clinics where nursing is practiced.

Relationships

Reporting

1. The Quality and Safety Council provides monthly reports to
    A. The Shared Governance Coordinating Council
    B. The Nursing Leadership Council (Patient Care Managers & Directors)
    C. Hospital committees and councils, and Executive Leaders as requested
2. The Quality and Safety Council Committee chair, co-chair and representatives

A. Provide Committee reports to the Quality and Safety Council monthly
B. Committee reports will be given bi-monthly in rotation per PowerPoint presentation
C. Quality and Safety Council Committees in the reporting rotation include but are not limited to:
    i. CAUTI Committee
    ii. VAP Committee
    iii. CLABSI Committee
    iv. Hand Hygiene Committee
    v. Falls Committee
    vi. Skin Committee
    vii. Medication Safety Committee
    viii. Code Blue/RRT Committee
    ix. Patient Care Services Staff Safety Committee
    x. Patient Safety, Core Measures Committees, task forces and work groups as requested

Referrals to and from other councils:

1. The Share Governance Council will refer appropriate issues to the Quality and Safety Council
2. The Quality and Safety Council will submit issues and recommendations to the Shared Governance Council for referral to appropriate councils, committees and task forces
3. Unit-based councils will report nurse sensitive quality issues, interventions, and requests through the appropriate Quality and Safety Council Committees, which will be addressed at the Council level through the Quality and Safety Council committees
4. Non-Nursing disciplines shall refer issues that may affect patient quality and safety outcomes through Shared Governance Council

Chair/Co-Chair Date

Scribe Date

Advisor (s) Date

6/1/2014	**7/1/2014**	**3/1/2015**
Revised Date	Effective Date	Next Review

2014 Individual Committee Goals

Each committee will meet with all underperforming units to develop an action plan to aid the units in meeting the goals for 2014.

Skin Committee

- Reduce number patients discharged with Stage 3 & 4 pressure ulcers by 25%
- Reduce number of patients discharged with DTI by 25%
    - Restructure Skin Committee to include physician Co-Chair (Jan 2013)
    - Initiation of comprehensive total HAPUs record (Jan 2013)
    - Restructuring of the skin team evaluations that report NDNQI data to be hands on, multidisciplinary, and quarterly (Feb 2013)
    - Revision of bedside nursing documentation for skin and wound care to improve accuracy and efficiency (Jan-Feb 2013)
    - Skin and Wound education for Skin Committee members to elevate knowledge level for system wide education (March 2013)
    - Formation of subcommittees within the Skin Committee to focus on particular opportunities for improvement (DTI, Surfaces, Documentation) (March 2013)
    - Adoption of system wide SDMOs for skin and wound care (Sept 2013)

Falls Committee

- Reduce falls with serious injuries by 25%
- Sustain improvement in reduction of falls by 25% on each of the units
    - All reporting units/areas will use new structure/template (introduced March 28, 2013) to report to Fall Committee utilizing information about falls that occurred within the last 12 months on their units and trends noted. This will continue throughout 2014.
    - Fall Policy revisions will be completed April 2014 and re-education will be rolled out to UBC/Managers/Fall Committee as of May 2014.
    - Review of "Fall Bundle", fall representation on fall committee, Fall Committee Charter, Debriefing requirements and new debriefing form roll out

CAUTI Committee

- Reduce the overall incidence of CAUTIs by 50% from our 2013 occurrences of 66.
- Develop and put into policy a standardized urine collection process along with a standardized collection kit to be used university wide

    - Trained observers from the CAUTI committee, validating interrater reliability
    - Deploy observers to 5 units to study current practice, each unit with at least 30 observations
    - Study current maintenance practices
    - Video-on-demand to standardize training
    - Collaborating with UTD to produce training videos for insertion, maintenance, specimen collection
    - CAUTI committee will be the focus group to test the "show and share" video technology
    - Adjust "show and share" processes and content based on feedback from CAUTI committee focus group
    - Spread training via spot learning/drop in training …

Send trained observers to the same 5 units and perform at least 30 observations in each unit
- Study practices and monitor effect on CAUTI count, SIR, utilization ratios
- Report findings

VAP Committee

- Identify the measures selected to demonstrate the improvement
- Adherence to the VAP bundle
- Daily audits of VAP data
- Continuous education to current staff (nursing & respiratory therapy) of fall-outs with the bundle
- Education of new staff to the VAP bundle

CLABSI Committee

- Decrease incidence of CLABSI by 50% from 49 occurrences in 2013
    - Measure the effectiveness of the initiatives put in place in 2013
    - Drill down the data from 2013
    - Types of catheters
    - Insertion particulars, e.g. over-wired
    - Implement one new initiative, quarterly, by Sept 2014
    - Clarify frequency for cap changes for all infusions (2/14)
    - To develop and put in place a standard process of blood culture sampling across the University Hospital system (pending)

Hand Hygiene Committee

- University Hospitals and Clinics will maintain compliance to Hand Hygiene at 95% or better for calendar year 2013.
    - Target unit/area: All units/areas-Monthly Secret Shopping Rounds and Data collection
    - Monthly rounds with mascot Clean Handy Andy
    - Handing out When and How Hand Hygiene pamphlets from the WHO to staff and visitors while encouraging everyone to wash their hands in order to keep our patients safe from infection
    - Communication with units/areas <95% to attend HH meeting
    - Help with action plan
    - Suggest to assign HH ambassador each shift
    - HH Committee members aboard staff agenda
    - WANTED cards available to staff

Medication Safety Committee

- Increase medication event reporting to 2-3 reports/area/week (≥42/week)
- 90% usage of Smart guardrails
- 50% reduction in Smart overrides (≤ 2500 hospital-wide)
    - Address individual and unit BCMA compliance with managers and identify areas for improvement.
    - Target: Nursing units with below 95% BCMA compliance.
    - Invite end-users to identify scanning barriers.
    - Ongoing measure of BCMA patient and medication scanning compliance.

- Conduct IV pump training on all nursing units to address specific areas for improvement.
- Target: All nursing units using IV pumps.
- Measure: Before and after unit-specific basic infusion use rates.
- Completion of teaching May 5, 2014, reassessment July/August 2014
- Increase awareness of medication event reporting with award of Bill the Pill.
- Target: Nurse and pharmacists hospital-wide.
- Ongoing measure of medication events reported per doses dispensed.

Patient Care Services Staff Safety Committee

- Hospital wide survey to determine safety needs and raise awareness to safety concerns.
  - Survey to focus on :
  - Movement injuries not related to patient movement – (i.e. placement of supplies needed for patient care, CRRT fluid bags, etc.)
  - Workplace fatigue and assault.
  - Exposure injuries specifically relating to sharps safety.

Code Blue/RRT Committee

- Reduce COICU by 25%
- Develop reports to extrapolate meaningful data to track trends related to RRTs and code blues
- Create a code debriefing form to identify areas in need of improvement

  - Rapid Response Team Pilot - Target population: Patients transferred out of ICU within 6 hours, medical/surgical units and telemetry
  - 100% of RRT rounding within 6 hours of transferring out of ICU
  - COICU for patients transferred out of ICU = 0

Addendum A
Example of 2013 Nursing Unit-Level Quality Dashboard

Director Unit & Manager

3 North
4 N/W
5 West

Monthly Avoidable Harm Count

		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Running Total
Falls	3 North	1	0	0	1	1	0	0	0	0	0	0	3	5
	4 N/W	0	0	0	0	0	0	0	0	0	0	0	0	0
	5 West	2	6	1	4	2	3	1	2	1	5	4	5	36
CLABSI	3 North	0	0	0	0	0	0	0	0	0	0	1	0	1
	4 N/W	0	0	0	0	0	0	0	0	0	0	1	0	1
	5 West	0	0	0	0	0	2	0	0	0	0	0	0	2
CAUTI	3 North	0	0	1	0	0	2	0	1	0	1	0	0	5
	4 N/W	1	0	1	0	1	1	0	1	0	1	1	0	7
	5 West	0	0	0	1	0	0	0	0	2	0	1	1	5
Pressure Ulcers (Stage 3 and 4)	3 North	0	0	0	0	0	0	0	0	0	0	0	0	0
	4 N/W	0	0	0	0	0	0	1	0	0	0	0	0	1
	5 West	0	0	0	0	0	0	0	0	0	0		0	0

Path to current Nursing Scorecard:

G:\Share\Patient Services\Shared Governance\Quality and Safety Council\Nursing Quality Scorecard

Addendum C
Quality and Safety Council Charter

Purpose
The Quality and Safety Council is accountable for the design implementation and evaluation of the nursing quality improvement program.

This includes standardizing terminology and providing definition and measurement of patient outcomes that are sensitive to nursing intervention and promotion of continuous improvement of clinical outcomes.

- Develops an annual nursing quality improvement plan and ensures that it is integrated with other UTSW quality priorities
- Review, analyze and trend internal data and review external data to identify targeted areas for improvement
- Design, review and revise a unit level dashboard of core outcome indicators to monitor and improve care
- Design and implements a communication process to ensure that nurses understand the work of the committee
- Develop and acquire resources for subcommittees

Policy
Each nursing unit, area, or department will have the opportunity to have representatives on the Quality and Safety Council. Other disciplines will be selected to participate based on interdisciplinary work related to patient care. All nursing staff has the opportunity to participate in the **Quality and Safety Council** through their elected or selected representatives. Meetings will be conducted on a monthly basis.

Reporting Relationships
The council will report monthly to the Performance Improvement Committee, Central Shared Governance Council and to the Patient Care Directors meeting. Individual members will report back to and gather input from the unit based councils.

Membership

- Membership of the Quality and Safety Council is made up of professional registered nurses, physicians and ancillary staff.
- All chairs and co-chairs from individual Quality and Safety Council Committees will be voting members of the council.
- Membership will include staff from informatics, risk management, infection control and staff involved with Quality Improvement system wide.
- Staff should have a minimum of 1 year of experience at UTSW before election to the council.
- Members must be in good standing in order to participate as a member of the Council.

Representation should include all shifts and experience levels.

Other disciplines or team members can be ad hoc members of the Quality and Safety Council, without voting privileges. These ad hoc members may attend selected meetings or portions of meetings.

Chairperson: Staff nurse or ancillary staff elected by the members of the Quality and Safety Council. This person must be a regular member of the UTSW staff with a permanent status for one year and one year of experience on the Quality and Safety Council or at the discretion of the Council.

Chairperson elect or one of two co-chair persons: Staff nurse or ancillary staff elected by the members of the Quality and Safety Council. This person must be a regular member of the UTSW staff with permanent status for one year and one year of experience on the Quality and Safety Council.

At least one of the Co-chair persons will be a physician.

Nurse Director or Nurse Manager: Serves as an adviser/facilitator to the Quality and Safety Council and non-voting member.

Decision-Making Method

The Quality and Safety Council will use voting to elect membership and chairpersons and majority for council-based decisions.

Quality and Safety Council **Accountabilities**

- Provides leadership for change and problem solving within nursing units regarding nursing quality indicators and professional practice initiatives.
- Investigates best and evidence-based practices for implementation
- Provides expertise in the revision or development of nursing standards, policies, and practices based on annual regulatory requirements.
- Developing annual nursing quality goals.
- Establishes and facilitates communication among all staff and other departments
- Seeks input from and communicates with other nursing councils, committees and teams
- Promotes collaboration among team members and other disciplines
- Attendance expectation is 75% of scheduled meetings

Membership Accountabilities

Chairpersons (Chair and co-chair):

- Two year commitment, one year as chair-elect, one year as chair.
- Prepare and prioritize meeting agendas
- Prepare materials for meetings
- Establish timelines for assignments by members
- Role model by following through with assignments
- Discuss assignments and follow-through with other members as needed
- Lead meetings
- Review minutes prior to dispensing to members of group for approval.
- Monitor membership attendance and address attendance issues as needed
- Responsible for maintaining current Sharepoint data

Scribe/Administrative Assistant:

- Take minutes for each meeting
- Responsible to capture all discussions and decisions
- Forward minutes to **Quality and Safety Council** chair for review prior to sending out to **Quality and Safety Council** members for approval.

Members:

- Comply with attendance expectations
- Attend meetings and notify **c**hairperson if unable to attend
- Communicate with assigned committees or staff members to inform and solicit feedback regarding issues
- Review agendas and minutes prior to meetings
- Follow through on assignments and timelines
- Participate in discussion and decisions
- Responsible for maintaining current Sharepoint data

CNO:

- Attend meetings and serve as advisor.

Meeting Procedures

- Meetings are open to all staff; however only **Quality and Safety Council** members may vote
- Meeting time is paid for all members that are physically present
- Minutes and attendance lists are posted for all members and other nursing units/departments

Issues affecting other departments will be coordinated through the appropriate SGCC member and will be forwarded to the appropriate hospital committee, team or council.