VII. STANDING COMMITTEES

A. Academic and Student Affairs Committee

in Joint Session with

B. Finance, Audit and Facilities Committee

UW Medicine Board Annual Patient Safety and Quality Committee Report

There will be an oral report for information only.

Attachment
UW Medicine Board Patient Safety and Quality Committee Annual Report to the UW Board of Regents, July 2012

UW Medicine Board

Patient Safety and Quality Committee

Annual Report to the UW Board of Regents

July 2012

UW Medicine Board Patient Safety and Quality Committee
Annual Report to the UW Board of Regents
July 2012

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Introduction

The UW Medicine Board Patient Safety and Quality Committee is providing the first annual report to the UW Board of Regents to inform the Regents on the patient safety and quality improvement programs at UW Medicine.

1. Governing Documents and Committee Charters

UW Medicine Coordinated Quality Improvement Program (CQIP)

Quality improvement programs for hospitals in Washington are required as a matter of facility licensure (RCW 70.41.200). UW Medicine, which consists of hospital and non-hospital components, chose to formalize its program by creating and submitting a Coordinated Quality Improvement Program (CQIP) plan (RCW 43.70.510) to the Washington Department of Health in order to provide a framework for its joint quality improvement efforts and to receive the same confidentiality protections for its collaborative work granted to hospitals under state law. The initial CQIP plan was approved on January 30, 2008, by the Department of Health. Since that time, the scope, components and operation of UW Medicine and associated quality improvement activities have expanded. For this reason, UW Medicine is in the process of modifying the CQIP in order to ensure that its coordinated quality improvement and malpractice prevention programs, and its peer review processes, continue to be appropriately organized, as well as to ensure that all applicable privileges, immunities, and protections for quality improvement, malpractice prevention and peer review are preserved.

Under the CQIP, the delivery of healthcare services to patients in all components of UW Medicine, as well as services delivered by UW Medicine affiliated providers at other institutions or locations, are subject to retrospective and prospective review for the purposes of: (a) improving the quality of care of patients and preventing medical malpractice; (b) assessing the competence of, and maintenance of relevant information concerning, individual physicians affiliated with UW Medicine; (c) resolving patient grievances; (d) developing information concerning negative outcomes and incidents, liability claims, settlements and awards, costs of insurance, and patient injury prevention; (e) delivering educational programs concerning quality improvement and patient safety, etc.; and (f) maintaining and improving policies to ensure these purposes are served.

By delegation from the Board of Regents and the President of the University, the Chief Executive Officer, UW Medicine and Executive Vice President for Medical Affairs and Dean of the School of Medicine, University of Washington CEO/EVPMA/Dean exercises responsibility for overseeing, planning and coordinating the resources of UW Medicine, including its QI activities.

The UW Medicine Board Patient Safety and Quality Committee serves in an advisory role to the CEO/EVPMA/Dean with respect to QI activities of UW Medicine. The CEO/EVPMA/Dean also has assigned responsibility for various aspects of the CQIP to the UW Medicine Quality & Safety Executive Committee (QSEC) and the UW Medicine Quality & Safety Coordination Committee (QSCC). Together, these committees are responsible to the CEO/EVPMA/Dean for the policy components and operational components of the CQIP.

These UW Medicine quality improvement committees and the UW Medicine CQIP serve as forums to share systemwide standards and best practices from each site. For example, Harborview Medical Center (HMC), Northwest Hospital and Medical Center (NWH), Valley Medical Center (VMC), University of Washington Medical Center (UWMC) and Seattle Cancer Center Alliance (SCCA) have quality improvement plans and activities under RCW 70.41.200. The UW School of Medicine clinical departments conduct ongoing evaluations of the qualifications and competency of health professionals, and of the quality of care provided by department health professionals under RCW 70.41.190 and RCW 43.70.510, including Mortality and Morbidity (M&M) peer review process. UW Medicine component and affiliated entities have ongoing provider credentialing and privileging processes and activities.

Under the direction of the CEO/EVPMA/Dean, these quality improvement (QI) functions are carried out at the operational level under the UW Medicine Quality & Safety Executive and UW Medicine Quality & Safety Coordination committees. These committees have oversight responsibility for selected University and UW Medicine QI activities described in the CQIP plan, including communications by and between the various components of UW Medicine. These committees, and their members, also participate in quality improvement, quality assurance, medical malpractice prevention and peer review at University member organizations, affiliated institutions or facilities, and approved sites of practice, both current and future. Support for these functions is provided by the Chief Health System Officer, UW Medicine/Vice President for Medical Affairs, University of Washington (CHSO/VPMA) and Vice Dean for Clinical Affairs and Graduate Medical Education, University of Washington School of Medicine.

In addition, to a variety of University and UW Medicine organizations, including but not limited to Health Sciences Risk Management and the University Office of Risk Management, various facility-based QI and peer review programs, and the UW Medicine Board via the UW Medicine Patient Safety and Quality Improvement Committee, participate and provide advice to the CEO/EVPMA/Dean on the operation of UW Medicine. These support organizations create, collect and maintain information and documents in furtherance of this CQIP and its QI committees.

UW Medicine Board Patient Safety & Quality Committee Charter

The UW Medicine Board, which is comprised of community leaders appointed by the Board of Regents, advises the CEO/EVPMA/Dean in strategic planning and oversight of programs across UW Medicine. Through its Patient Safety and Quality Committee, the UW Medicine Board provides guidance and advice regarding patient safety and quality, including: review and evaluation of the patient safety and quality programs of UW Medicine; strategic planning and program development; risk assessment; analysis of emergent and ongoing system-wide patient safety and quality issues; analysis and advice on proactive risk mitigation plans for any patient safety and quality items that could result in patient harm or potential loss of public trust in UW Medicine; and resource allocation associated with UW Medicine patient safety and quality. In addition, the committee also periodically reviews the CQIP. For these purposes, the UW Medicine Board may receive documents and information generated, collected and maintained as a part of UW Medicine's CQIP and, to that extent, functions as a quality improvement committee under WAC 246-50-020(1)(b).

UW Medicine Quality & Safety Executive Committee (QSEC)

The CEO/EVPMA/Dean has delegated operational authority for the coordinated quality improvement program and this CQIP to the UW Medicine Quality & Safety Executive Committee (QSEC) and appoints its members. The QSEC's purpose is to organize, coordinate and align QI efforts among all UW Medicine components (UWMC, HMC, NWH, VMC, UW Physicians (UWP), Airlift Northwest (ALNW) and UW School of Medicine), University member and affiliated organizations, and Approved Sites of Practice to ensure that quality of care is reviewed across all locations where University-affiliated providers deliver services.

The QSEC also: (1) supports hospital-based QI programs as needed by authorizing and directing hospital incident reporting, peer review and M&M processes as required by The Joint Commission (TJC) or other accreditation bodies, into the CQIP process; (2) through review of quality improvement reports,

professional liability claims and litigation, seeks to avoid negative financial implications and damage to reputation related to adverse patient events by providing education and "lessons learned" to the hospitals and clinical services; and (3) integrates Research Adverse Event Reviews into QI and clinical risk management reviews. The QSEC's purposes also include ensuring that existing QI programs within UW Medicine component entities are aligned with this CQIP, avoiding duplication of resources, prevention of delayed recognition of potentially compensable patient safety events and practice events, management and mitigation of such events, and damage to reputation. The QSEC functions as a quality improvement committee under WAC 246-50-020(1)(b).

UW Medicine Quality & Safety Coordination Committee (QSCC)

The QSCC meets on a monthly basis. This committee receives executive direction from, and reports quarterly to, the QSEC and periodically as needed. The QSCC oversees and relies on the established component parts of QI processes including hospital-based committees, UW School of Medicine departmental reviews including M&M processes, blood borne pathogen policy reviews, peer review processes related to physician competence, event and incident reports, Pharmacy and Therapeutics (P&T) Committee reviews, Infection Control Committee reviews, and departmental and Graduate Medical Education (GME) Committee evaluations of GME program participants. The QSCC may form sub-committees and task force workgroups to perform the work of the committee. The QSCC, and any subcommittees formed at its direction, function as QI committees under WAC 246-50-020(1)(b).

2. Patients Are First Executive Steering Committee

The Patients Are First initiative has been implemented under the leadership of the CHSO/VPMA throughout UW Medicine as an organizational framework for delivering consistent service excellence to every patient, every time. In support of this initiative, UW Medicine has engaged a resource from Studer Group, LLC, a national expert consultant group on implementing evidence-based practices that improve service, satisfaction, quality and safety while reducing costs. The framework includes the deployment of evidenced-based leadership tools and tactics across the health system to achieve goals related to quality, safety, satisfaction and fiscal responsibility. Performance measurement of these established Pillar Goals and Metrics are shared throughout the organization with all levels of staff. Through Patients Are First, UW Medicine is creating better leaders and greater consistency across the

health system, 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 has established four "Pillars" as the foundation for building a Patients Are First culture.

- Focus on Serving the Patient and Family: serve all patients and family members with compassion, respect and excellence;
- Provide the Highest Quality Care: provide the highest quality, safest and most effective care to every patient, every time;
- Become the Employer of Choice: recruit and retain a competent, professional workforce focused on serving our patients and their families;
- Practice Fiscal Responsibility: ensure effective financial planning and the economic performance necessary to invest in strategies that improve the health of our patients.

3. Major Quality and Safety Initiatives at UW Medicine

Just Culture and TeamSTEPPS

In 2009, UW Medicine embarked on the journey to become a "Just Culture." The UW Medicine "Just Culture" focuses on creating a learning culture, designing and implementing safety systems, and managing behavioral choices that promote and improve patient safety. The Just Culture approach emphasizes the importance of training and systems to support personal accountability and corporate 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.

UW Medicine began deployment of Team Strategies and Tools to Enhance Performance and Patient Safety (TeamSTEPPS) in 2008 to improve patient safety by improving communication and teamwork skills among its health professionals. UW Medicine is a national training site for TeamSTEPPS, with 127 master trainers on staff. Over 1,000 UW Medicine faculty and staff have trained in TeamSTEPPS, including operating room, intensive care unit, emergency room and labor and delivery personnel. Since 2010, all incoming residents and fellows (over 200 per year) have been trained in TeamSTEPPS during orientation.

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

Institute for Simulation and Interprofessional Studies (ISIS)

Following the example of the aerospace industry training model that uses simulation for training and testing, UW Medicine has led the nation in the use of simulation technology training for healthcare. Since 2006, UW Medicine's Institute for Simulation and Interprofessional Studies (ISIS) has pioneered simulation training and retraining for health professionals to improve healthcare through increased patient safety. Within safe and realistic learning environments, ISIS 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. ISIS simulation facilities are located at UW Medical Center, Harborview Medical Center and Northwest Hospital.

With expansion to these three facilities, UW Medicine has dramatically increased ISIS training. For example, the Harborview site provided more than 31,500 documented learner hours in fiscal year 2010, with trainees participating from multiple specialties, including emergency medicine, neurological surgery, orthopedics, otolaryngology, vascular surgery and nursing. ISIS has been recognized by the Josiah Macy, Jr. Foundation in New York as a national leader in using simulation for interprofessional team training of healthcare professionals.

4. Performance Measurement and Local and National Benchmarking

UW Medicine uses national and regional benchmarking tools to drive performance improvement. Leaders across UW Medicine monitor all such benchmarking reports as a way to gauge the success of our performance relative to other institutions. UW Medicine has a single mission; to improve the health of the public. In pursuit of this mission, UW Medicine has a large, comprehensive clinical care program,

a large and diverse range of health professional education and training programs and one of the largest, most advanced biomedical research programs in the world.

For performance measurement and benchmarking, UW Medicine's clinical programs are compared with other major academic medical centers, especially those performing a similar spectrum of clinical care. The University Healthsystem Consortium (UHC) provides benchmarking data. Each year the UHC generates a national scorecard combining mortality, core measures and readmissions, harm events, efficiency and patient satisfaction. Over the past 5 years, UW Medicine has shown substantial improvements relative to other academic health systems, with our institutions now performing in the top third nationally on most measures.

These data show outstanding progress relative to other leading academic institutions across the county. While this performance relative to national benchmarks generates substantial recognition, there are many options for medical care available to patients in our own region. Because UW Medicine competes with a wide range of outstanding medical programs in the Puget Sound region and in the northwest generally, it is essential that UW Medicine leaders challenge our systems to be as efficient, patient-centered and high quality as any in the region.

Numerous comparative tools are available to assess overall performance relative to Washington State hospitals. Leapfrog and Centers for Medicaid & Medicare Services (CMS) are two of the leading national-scale web-based comparative reports readily available to the general public. At a regional-level there are also three prominent publicly available comparative tools including the Washington State Hospital Association site, the Puget Sound Health Alliance and the COAP/SCOAP collaborative programs. The combined efforts of UW Medicine hospitals as represented on these performance scorecards shows the substantial improvements made over the past several years relative to other local institutions.

In addition, the US News and World Report issues hospital rankings annually. In 2012, UWMC was listed as one of the top 20 Honor Roll "Best Hospitals" in the country based on the outstanding clinical programs and physicians. All four UW Medicine hospitals "HMC, UWMC, VMA and NWH) were listed in the top 10 metropolitan rankings of the US News and World Report best hospitals in the region.

Managing Harm Events at UW Medicine

Health care professionals and staff across UW Medicine are expected to report adverse and sentinel events through supervisory or management leadership using the electronic incident report tools when

witnessing or becoming aware of a harm event or near miss. On-line incident reporting systems are available and in use by physicians and staff at HMC, UWMC, VMC and NWH. Hall Health Primary Care Center (HHPCC) and UW Neighborhood Clinics (UWNC) use electronic incident report forms that are downloaded into the Riskmaster database, which also receives daily downloads of incident reports from Patient Safety Net. Each clinical department also reviews harm events within the context of departmental Morbidity and Mortality (M&M) conferences.

UW Medicine quality, patient safety, and risk management professionals collaborate to review incident reports on a daily basis. Incidents involving serious outcomes of care that may qualify as adverse or sentinel events and require further review via Root Cause Analysis (RCA) are identified and reported to senior leadership, including the Medical Director, Chief Nursing Officer, Director of Quality Improvement, and the Director of Risk Management. The Risk Management and Quality Improvement departments review incident reports and M&M case reviews for possible reportable or reviewable events and take immediate steps to investigate and mitigate situations involving patient harm.

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

- Joint Commission (TJC): A Sentinel Event is an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or function. The phrase, 'or the risk thereof' includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome.
- State Department of Health (DOH): Per RCW 70.56.010, an Adverse Event is described as the list of 28 serious reportable events adopted by the National Quality Forum (NQF) in 2006. NQF has further stated that "adverse events are serious, largely preventable, and of concern to healthcare providers, consumers, and all stakeholders." The department is currently considering additions to this list that have been recently added by the National Quality Forum.

All UW Medicine components review serious outcomes of care using a formal review process that invites participation by the health professionals involved in an adverse or serious event. The hospital components use a more formal process known as a Root Cause Analysis to determine what may have caused the event (e.g. human factors, system design issues, training/education). The review focuses primarily on systems and organization processes, and identifies potential improvements in those processes or systems that would tend to decrease the likelihood of such events in the future. It may

also determine, after analysis that no such improvement opportunities exist. While there are multiple mechanisms for reporting quality, safety and harm events, RiskMaster is a software system managed by Health Sciences Risk Management that maintains a complete summary of each harm event, an analysis of the event, and opportunities for improvement. This database is also used to track patient complaints and grievances at HMC, UWMC, NWH, UWNC and HHPCC. VMC uses the Quantros software to track and report patient grievances. Reports from this database are used in the medical staff reappointment processes for HMC and UWMC.

5. Pay for Performance / Value-Based Purchasing

Value-Based Purchasing (VBP) and Pay For Performance (P4P) programs that are applied to health care payment calculations. In principle, an institution is rewarded or penalized based on a set of pre-defined quality goals. Earliest versions of P4P, were loosely termed "Pay For Participation" which meant that an institution that fully participated in data collection and reporting was eligible for the full incentive payment from the payer (most notably Medicare). Such programs are now transitioning to be based on the actual performance relative to the quality goal.

Medicare has developed a Value-Based Purchasing (VBP) formula that is based on the Core Measures and the inpatient patient experience survey data. CMS in currently withholding 1% of the base payments for patients with Fee-For-Service Medicare coverage. A hospital is then eligible to "earn back" the amount withheld based on a performance score weighted 70% by Core Measures and 30% by HCAHPS. The VBP program will be budget neutral such that roughly half of the hospitals nationwide will receive a bonus payment above the amount withheld while the other half will receive less than the amount withheld. The first distribution of "earn back" payments will occur in October 2012, based on performance between July 1, 2011 and March 31, 2012. This VBP formula is part of a multi-year CMS program that will steadily increase the amount of payment at risk (1% in FY12 to 2% in FY 2017) and steadily increase the measures that are included in the performance score. Other P4P and VBP programs are also underway including a CMS readmission incentive program, CMS Meaningful Use incentive program focused on adoption of electronic health records and multiple health plan-specific programs.

6. 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 also attracts the best and brightest students and resident trainees from across the nation. As an organization we continuously strive to improve and excel in patient safety and quality.

This proactive attitude is at the heart of the culture that is evident across UW Medicine. With many resources available locally and nationally for comparative benchmarking, UW Medicine has been able to assess where we are in the top tier and where we have opportunities for improvement. This document has outlined the key drivers that are helping to transform the environment, culture and expectations in pursuit of the highest level of quality, safety and cost effective service for our patients.

UW Medicine is demonstrating rapid and consistent improvement throughout our clinical care delivery system. Physicians and staff are working with the common sense of purpose and recognize the satisfaction that comes with reaching shared goals. UW Medicine is committed to clinical excellence and strives to be the leader in quality, safety, satisfaction and cost effective care to fulfill our mission of improving health.

UW Medicine

UW Medicine Board Patient Safety and Quality Committee

Annual Report to the UW Board of Regents

July 2012

HARBORVIEW MEDICAL CENTER

NORTHWEST HOSPITAL & MEDICAL CENTER

VALLEY MEDICAL CENTER

UNIVERSITY OF WASHINGTON MEDICAL CENTER

UW NEIGHBORHOOD CLINICS

UW PHYSICIANS

UW SCHOOL OF MEDICINE

AIRLIFT NORTHWEST

ONE SYSTEM.
EIGHT ENTITIES.
A SINGLE MISSION.

UW Medicine

Presentation Summary

- Coordinated Quality Improvement Program (CQIP)
- UW Medicine Board Patient Safety & Quality Committee
- Patients Are First Initiative at UW Medicine
- Major Quality and Safety Initiatives at UW Medicine
- Managing Harm Events at UW Medicine
- Pay For Performance / Value Based Purchasing

UW Medicine

Coordinated Quality Improvement Plan (CQIP)

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Coordinated Quality Improvement Program (CQIP)*

- *Washington State has recognized the importance of confidentiality to the success of quality improvement and medical malpractice prevention;*
- *Information in the CQIP is not discoverable in civil litigation and is exempt from disclosure as a public record;*
- *The public policy objective is to encourage the frank and self-critical discussions needed to analyze sensitive outcomes of patient care in an environment that is supportive of health professionals so that improvements can be made in care delivery.*

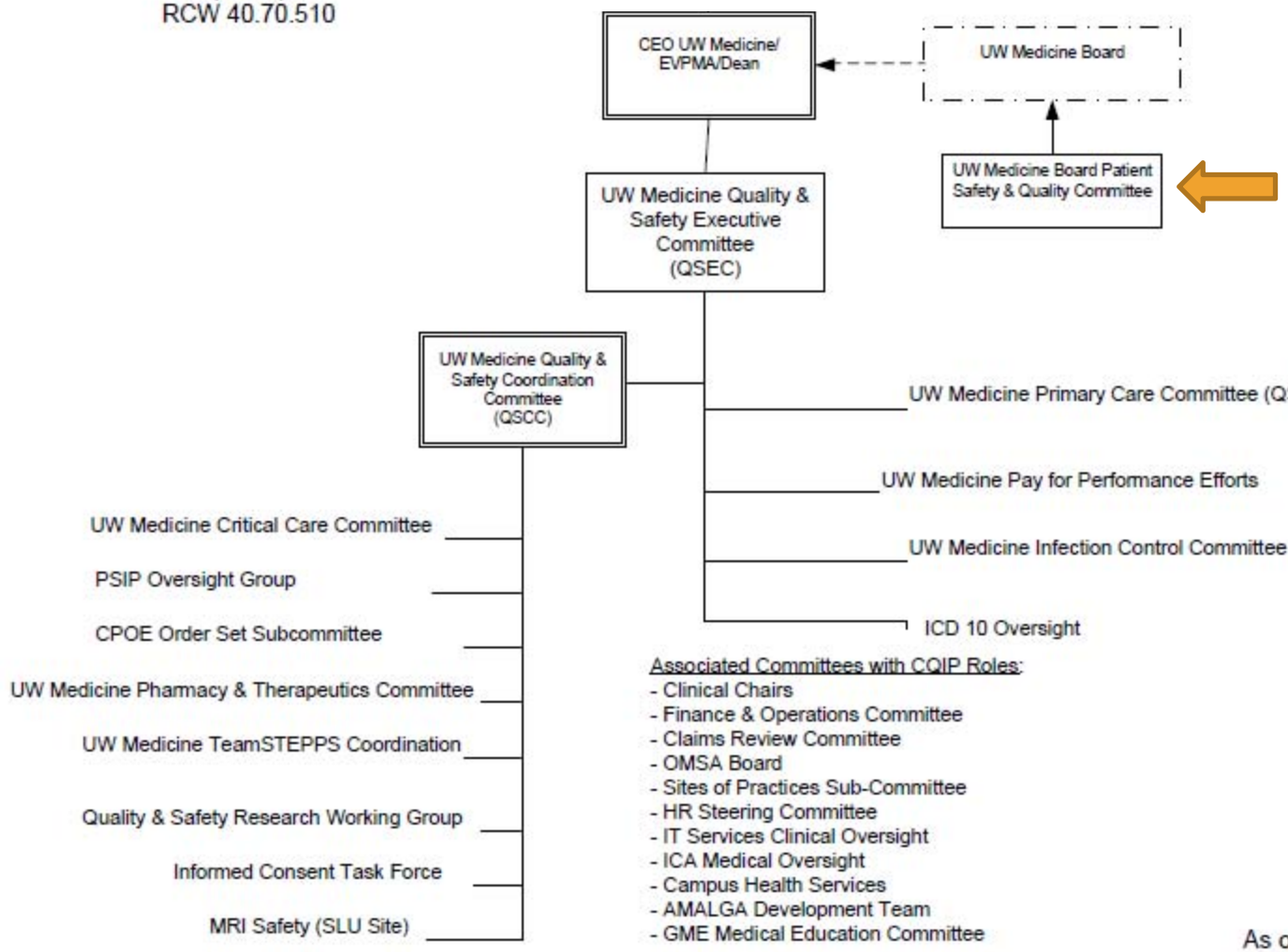
***approved by the WA State Department of Health (DOH) in Jan 2008**

Coordinated Quality Improvement Program (CQIP)

Under CQIP, the delivery of healthcare services to all patients in all components of UW Medicine, as well as services delivered by UW Medicine at affiliated institutions are subject to retrospective and prospective review for the purposes of:

- Improving the quality of care
- Assessing the competence of individual physicians and practitioners
- Resolving patient grievances
- Developing information concerning negative outcomes and incidents
- Delivering educational programs for continuous improvement
- Developing policies and procedures to ensure these purposes are served

UW Medicine
Quality & Safety Structure
(CQIP)
RCW 40.70.510



Associated Committees with CQIP Roles:
- Clinical Chairs
- Finance & Operations Committee
- Claims Review Committee
- OMSA Board
- Sites of Practices Sub-Committee
- HR Steering Committee
- IT Services Clinical Oversight
- ICA Medical Oversight
- Campus Health Services
- AMALGA Development Team
- GME Medical Education Committee

As of 6.4.12

UW Medicine

UW Medicine Board Patient Safety & Quality Committee

UW Medicine

UW Medicine Board Patient Safety & Quality Committee Establishment and Authority

- Section 1.2.1 (e) of the UW Medicine Board Bylaws established the responsibility of the UW Medicine Board (UWMB) to advise the Board of Regents, the President, and 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) regarding the provision of medical services.

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UW Medicine Board Patient Safety & Quality Committee Establishment and Authority

- Pursuant to that responsibility and Section 6.1 of the UW Medicine Board Bylaws, the Board established the ***UW Medicine Board Patient Safety and Quality Committee*** to assist the Board in fulfilling that responsibility. The authority of the Committee is defined through a charter.

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UW Medicine Board Patient Safety & Quality 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 preparing the Chairperson of the UW Medicine Board to advise the Board of Regents, the UW President, and the UW Medicine CEO/EVPMA/Dean regarding the implementation and effectiveness of the UW Medicine patient safety and quality programs.

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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;*
- *Analysis of emergent and ongoing system-wide patient safety and quality issues and trends;*
- *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.*

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Patients Are First

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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.

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.

UW Medicine
PATIENTS ARE FIRST

Report Specification

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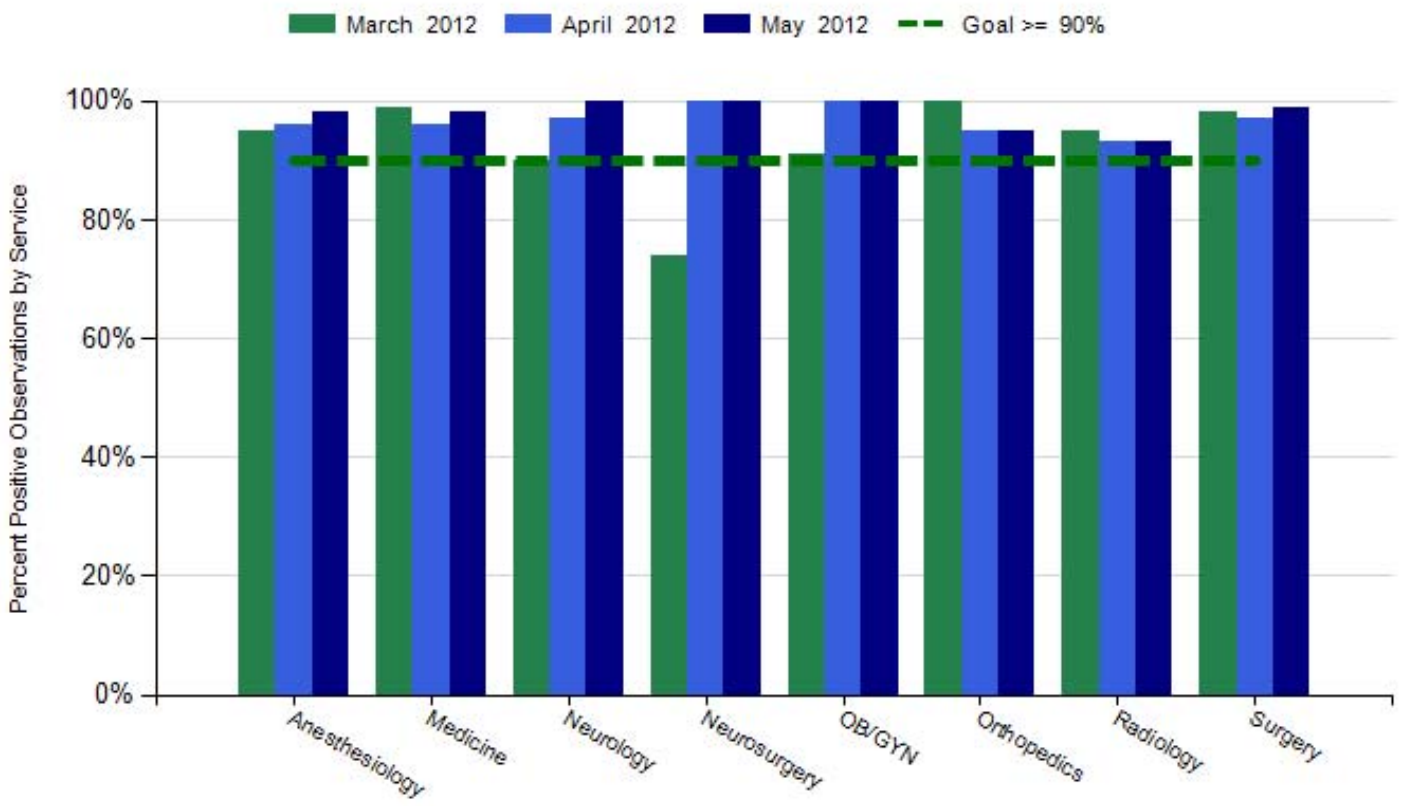
Facility Trend | Hand Hygiene by Dept | Hand Hygiene by Profession

UW Medicine Inpatient Hand Hygiene Compliance by Department from 3/1/2012 through 5/31/2012

UW Medicine
HMC
UWMC



Hand hygiene data is collected in the following ways: by observation and by rounding with teams.

⊞ Show Detail

F-11/207-12
7/12/12

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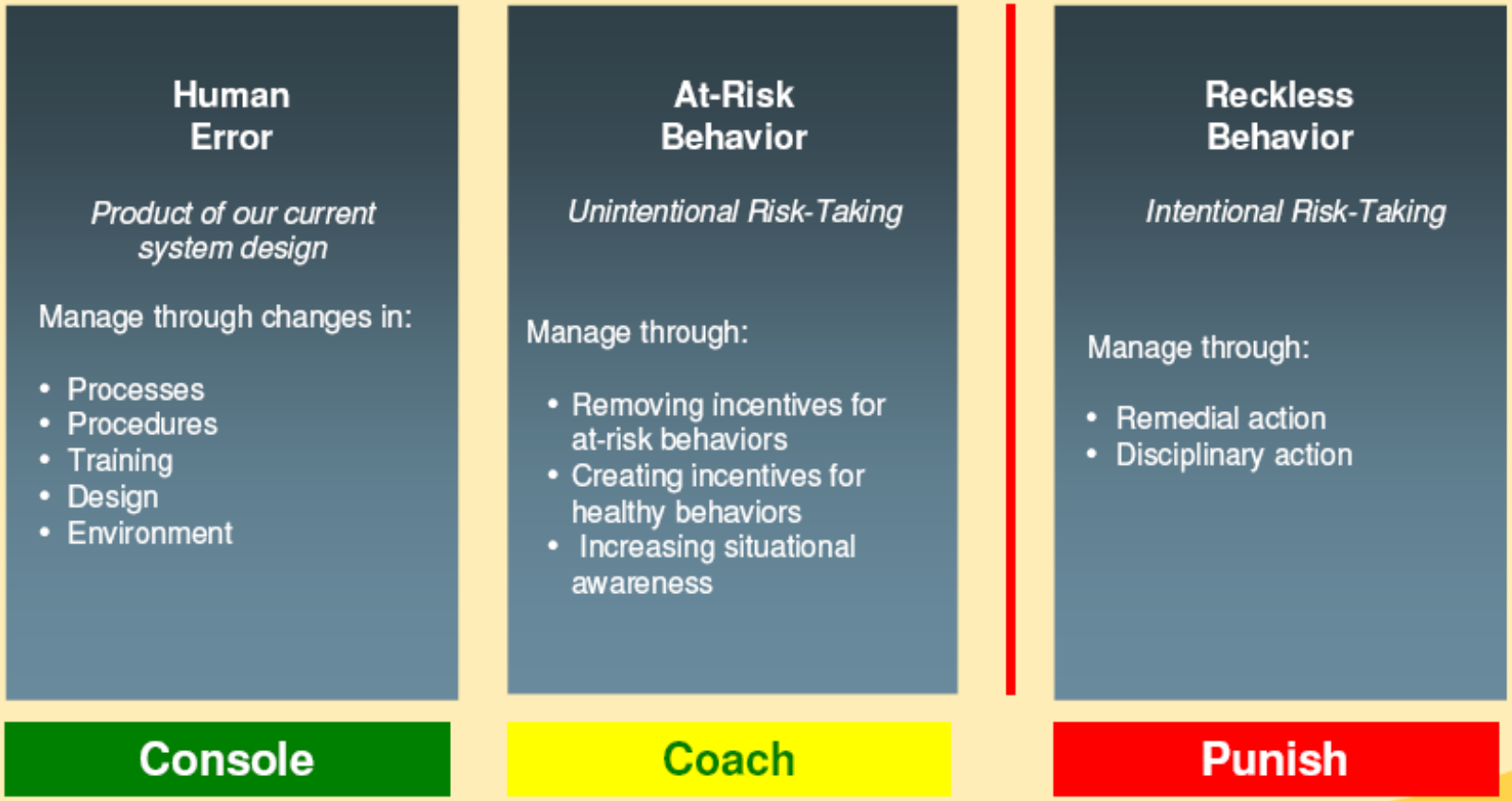
Quality and Safety Initiatives at UW Medicine

"Just Culture"

- Focuses on
  - Creating a learning culture
  - Designing safety systems
  - Managing behavioral choices that promote and improve patient safety
- Emphasizes the importance of training and systems to support personal accountability and corporate self-regulation in safety matters

Accountability for our Behavioral Choices



FAIRVIEW

David Marx, JD Outcomes Engineering

TeamSTEPPS

- Team Strategies and Tools to Enhance Performance and Patient Safety (TeamSTEPPS) started in 2008
  - UW Medicine is a national training site for TeamSTEPPS
  - 127 master trainers on staff
  - Over 1,000 UW Medicine faculty and staff trained in TeamSTEPPS
  - Since 2010, all incoming residents and fellows (250/year) have been trained in TeamSTEPPS

Institute for Simulation and Interprofessional Studies (ISIS)

- UW Medicine a leader in simulation technology training in healthcare;
- Use of sophisticated mannequins, virtual electronic cases and on machines, re-creating actual clinical circumstances;
- Metric-driven assessment of trainees skills and progress;
- ISIS facilities at UWMC, HMC and NWH.

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Managing Harm Events

Managing Harm Events

- All health care professionals are expected to report adverse and sentinel events;
- On-line incident reporting available;
- Mortality & Morbidity case review conferences within departments;
- Serious outcomes review through “Root Cause Analysis”;
- Joint Commission and WA State Department of Health standards for reporting

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Pay For Performance and Value Based Purchasing

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Pay For Performance / Value Based Purchasing

- Applied to health care payment calculations;
- “Pay For Participation” programs have progressed to reflect “Pay for Performance”;
- Medicare’s Value Based Purchasing has greatest impact;
- 1% of Medicare payments are withheld, and an institution earns back this amount through Core Measures (70%) and Patient Satisfaction (30%).
- Over 5 years the withhold will become 2%, with more performance measures included.

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Thank You!