Spring Valley
Risk Management/
Patient Safety Plan

Revised 1/2023

I. Overview

Spring Valley Hospital endorses an integrated, system-wide patient safety program designed to improve patient safety and reduce risk to patients.
Patient safety is a cornerstone of quality care and is a leadership priority. Spring Valley Hospital operates a component listed Patient Safety Organization, the UHS Acute Care PSO, to further its commitment in promoting patient safety and assuring that UHS affiliated facilities remain at the forefront in the delivery of safe and effective clinical care. The Member Patient Safety Evaluation System (PSES) is utilized by Spring Valley Hospital to track safety information, generate Patient Safety Work Product (PSWP) analysis of safety and clinical performance, and promote best practices. The Risk Management/Patient Safety Plan ("Plan") provides the general framework to identify, manage, reduce, and eliminate patient safety risks.

The Plan identifies the mechanisms to continually assess and improve the patient safety systems within each organization to which it applies. It is our strategy to utilize statistical tools and defined project work to achieve breakthrough gains in patient safety. Performance improvement tools are used in developing and delivering consistent processes and services. The cultural aspect of the Plan is to promote a non-punitive approach to identifying and reporting adverse events. This is consistent with the "Just Culture" concept to promote patient safety practices by instituting a culture of safety and embracing concepts of teamwork and communication.

Most patient safety events are due to a failure of systems; therefore, a systems analysis approach is mainly utilized in evaluations. The goal is to identify and track errors, deficiencies, and problematic trends in order to continuously improve the underlying systems and to intervene as necessary to improve system processes. Although a non-punitive culture is promoted, this approach is balanced by holding caregivers personally responsible for at-risk behaviors and failures to meet the standard of care. When warranted, discipline measures will be initiated as needed consistent with individual facility policies. Spring Valley Hospital employees, employees of acute care facilities, contractors, vendors, and members of each facility's medical staff share responsibility to participate in detection, reporting, and remediation to prevent errors.

GENERAL STATEMENTS ON GOALS AND OBJECTIVES

To support, maintain and enhance the quality of patient care delivered by:

- Systematic and objective monitoring and evaluation of reports of injuries, accidents, patient safety issues, safety hazards, and/or clinical services findings.
- Identification and assessment of general areas of actual or potential risk in the clinical aspects of the delivery of patient care and safety.
- Implementation of appropriate corrective action, to the extent possible, to alleviate and resolve identified problems or concerns with patient safety issues.

- Evaluation and documentation of the effectiveness of actions implemented.
- Aggregation of data/information collected for integration in information management systems and use in managerial decisions and operations.

II. Mission and Vision

Spring Valley Hospital mission, vision and values drive the Plan and serve as the foundation in identifying strategic goals, objectives, and priorities. Our mission is to improve patient safety and the quality of health care delivery through the provision of excellence in clinical care while fostering safe care to our communities, that our patients will recommend to their families and friends, physicians prefer for their patients, purchasers select for their clients, employees are proud of and investors seek for long-term results. The vision is to be recognized as the provider of choice for healthcare services in the local community where we are trusted by our patients, families and physicians to create a safe, caring and compassionate experience.

In support of our mission, vision, and values, the Plan promotes:

- Collaboration of administrative leadership, medical staff, and other healthcare providers to deliver integrated and comprehensive high-quality healthcare.
- Communicate honestly and openly to foster trusting and cooperative relationships among healthcare providers, staff members, and patients along with their families, to ensure accountability for the patient safety priorities.
- Preservation of dignity and value for each patient, family member, employee, and other healthcare providers.
- Accountability for every healthcare related decision and action based on the level of risk-taking or egregious behavior identified.
- A focus on continuous learning and improving, system design, and the management of choices and changes; bringing the best possible outcomes or performances to the facility.
- Incorporation of evidence-based practice guidelines to deliver high quality healthcare.
- Education of staff and physicians to assure coordination and integration of care across disciplines and specialties.

Spring Valley Hospital recognizes that providing safe patient care requires significant coordination and collaboration. The optimal approach to patient safety involves multiple departments and disciplines to establish and effectively implement the processes and mechanisms that comprise this plan.

III. ROLES AND RESPONSIBILITES

A. Responsibilities for Patient Safety and Risk Management

Spring Valley Hospital has a designated Risk Director/Manager responsible for patient safety risk identification and reduction for their respective facilities. Spring Valley Hospital is required to submit scheduled reports to the Insurance Department describing patient safety risk reduction efforts associated with facility specific risk areas quantified against industry or established benchmarks to assess exposures. Reports are thoroughly reviewed and analyzed by Department risk staff to determine effectiveness and follow-through of identified corrective action plans.

B. Patient Safety

UHSD operates operate the UHS Acute Care PSO, a listed component Patient Safety Organization, to support the patient safety activities at STHS. UHSD and STHS have established Patient Safety Councils (PSCs) to support patient safety activities. Each PSC should ensure that their respective Patient Safety Plan is promoted and executed successfully. STHS has also assembled participants to serve in the Member Workforce and to utilize the Member PSES to generate PSWP and exchange analysis and recommendations with the Acute Care PSO Workforce. The main vehicles for these analytic activities occurring within the Member PSES include the Acute Care Division Corporate Patient Safety Council meetings and the member facility Patient Safety Council meetings. The Member PSES is made up of both electronic and physical spaces for the reporting, storing, and generation of PSWP, including secure SharePoint site, and other electronic databases (including but not limited to Riskonnect (STARS) and Midas) to maintain and manage PSWP.

I. Spring Valley Hospital Patient Safety Council

Spring Valley Hospital has a Patient Safety Council (PSC) that meets on a regular basis and at least monthly.

Membership:

The committee core membership consists of 5 Key Members: (CEO, CNO, Physician, Risk, and Quality). The COO, CMO and Regional CMO are discretionary participants as applicable. The required members attend the meetings on a monthly basis. If a required member is absent, the facility makes a suitable replacement with someone that has authority to implement actions identified by the PSC.

Duties and Responsibilities:

Spring Valley Hospital PSC is charged with the assessment and improvement of high-risk processes related to patient safety. This is to be carried out using a four-step methodology:

- Issue Identification: The primary issue is the most important risk and / or patient safety issue facing the facility and is determined by reviewing the facility's claims

history, claims history unique to UHS facilities, patient safety concerns, industry claims, and through discussions with the corporate risk and patient safety staff. Other issues may be related to process and corporate initiatives

- Best Practice: Once identified, the primary issue is dissected to determine its component issues. For each component issue, a best practice is selected. Best practices represent the most appropriate method for performing the delineated process and should not be selected until the council is assured that it is truly the "Best Practice."
- Implementation: Implementation strategies are those methods used to put the best practices into place. Often this includes revising policies, education, newsletters, phone calls, meetings, formal training, etc. Responsible parties and dates for completion are identified to ensure success.
- Monitoring and Accountability: Monitoring is essential to ensure that the strategies identified have been effective. Improvement should be demonstrated statistically whenever possible.

In addition to the work done on the primary issue, the PSC is charged with addressing issues identified through corporate patient safety council, claims reporting, Safety Watch Newsletters, The Joint Commission (Sentinel Event Alerts) and others, and from the TERM evaluation or other surveys, or site assessments. Feedback is provided on an ongoing basis as to the functioning of the Patient Safety Council.

II. Patient Safety Advisories

When an untoward event occurs at a facility or in the industry, it is important that we respond in a positive manner. Systems that lead to failure at one facility can be assessed at other facilities to avoid the same or similar occurrence. To this end, the Acute Care PSO distributes Safety Watch newsletters. These alerts detail the circumstances that lead to the negative outcome and facilities are charged with assessment and improvement of their own processes.

Spring Valley Hospital is required to address the Safety Watch newsletters via their Patient Safety Council, and this is evidenced in their monthly minutes. Responses to the Safety Watch are reviewed for the opportunity to generate a best practice to implement. In addition, Clinical Risk Alerts and Medication Safety Alerts are also formulated to apprise the facility of a specific safety issue that need to be assessed to prevent re-occurrence.

C. TERM Program

The facility has utilized its formalized risk management program identified as TERM, or the Technical Elements of Risk Management. Each element focuses on a separate organizational function and details specific strategies for managing risk in these areas. In addition to the delineated elements, the TERM program also includes an evaluation of

clinical practices that have or are likely to result in liability or patient harm. The TERM elements are summarized as follows:

Element I: Administration of the Risk Management Program: The tenets outlined in Element 1 lay the foundation for an effective risk management program. The Risk Manager/Director must be seen as a resource to administration, facility, and medical staff. Written plans, goals, and objectives provide a clear vision to meet the purpose of the UHS program. Although the TERM program uses the title "Risk Manager," this applies equally to Risk Directors.

Element II: Risk Identification: Risk identification is essential in order to avoid, mitigate, and eliminate risk-generating practices. This Element focuses on those steps taken to identify exposures faced by the facility.

Element III: Risk Education: Education is a cornerstone of the TERM program. Risk management education is intended to reduce and eliminate risk-generating practices and to promote best practices that enhance the provision of safe patient care.

Element IV: Patient Safety Initiative: Imperative to a comprehensive RM program is one that focuses on the improvement of patient and staff safety through the creation of an environment that maximizes safety and reduces liability claims exposure. The mechanism used to drive the culture of safety is the Patient Safety Council (PSC) at each facility. The council operates using a four-step process. These steps include: identification of the problem, determining best practice, implementing the recommendations, and monitoring and accountability. Corrective actions are discussed, monitored, and validated by the PSC.

Element V: Patient Safety Priority: Root Cause Analysis (RCA): The cornerstones of an effective patient safety and risk management program are (i) the performance of a thorough and credible RCA when a serious, sentinel, never event or a significant near miss event occurs; and (ii) implementation of systemic improvements to enhance patient safety and improve healthcare outcomes going forward.

Element VI: Environment of Care; Safety and Security Programs: The safety and security programs in the facility serve to protect and preserve both life and property. Areas of safety include: licensing, accreditation and federal, state, and local safety practices and programs, including the EPA, TJC, etc.

Element VII: Claims and Litigation Management: The risk manager serves as the on-site representative of the corporate insurance program in the management of general and professional claims and litigation.

Element VIII: UHS Acute Care Patient Safety Organization (PSO): Facilities will designate key individuals to serve as participants in each Facility's Member Workforce.

Element IX. Medication Safety Initiative: The medication safety initiative is geared toward preventing and responding to the accidental injury of a patient due to medical care or medical errors during the medication-use process. The mechanism used to drive the culture of safety is the Medication Safety Committee at each facility. The committee proactively assesses risk points at every level of the medication use cycle: procurement, storage, ordering/prescribing, transcription, distribution, preparation, dispensing, administration, documentation, and monitoring.

Workforce participants are expected to perform identified patient safety activities on behalf of their Facility and to make regular reports to the Acute Care PSO. Workforce participants will be trained in their responsibilities and must also understand and acknowledge their obligations, including maintaining the confidentiality of PSWP, as required by the Patient Safety and Quality Improvement (PSQIA), and of Protected Health Information, as required by the Health Insurance Portability and Accountability Act (HIPAA) and its regulations, and other federal and state laws.

D. MIDAS

The MIDAS system is the electronic event reporting system utilized by the facilities to report patient and visitor safety events. The risk management module allows for the collection, categorization, and analysis of incident data using electronic reporting functions (Remote Data Entry - RDE). The facility enters incidents into MIDAS through identification of the type of incident and characteristics of the event using risk parameters and outcomes. Additional information and self-analysis can be attributed to a department, physician, or individual, along with further details of the event. This allows the retrieval of information in a variety of ways for additional analysis and review.

E. Riskonnect (STARS)

STARS is an integrated claims management program that allows for complete claims management, including extensive analysis of reportable fields associated with reported claims. STARS also provides for the electronic submission of potential claims by user facilities.

Delineation of issues featured in the probable claim module allows for the facility and corporate staff to identify causation factors associated with any reported event. The system also provides for the entry of details that will describe the event and liability concerns.

Trending of claim information is performed on a scheduled basis to operations leadership that includes metrics that assist in identifying strategies to facilitate risk reduction efforts. Previous examples of this function include the formation of an OB HRU and Perioperative concepts. Quarterly reports should be provided by the facility's RM to the Governing Board of all claims' activities.

F. Event Notification Site

The Risk Management Department developed the Event Notification Site or ENS, a web-based system that allows for contemporaneous reporting of serious adverse events and key near miss sentinel events to facility and UHSD management. Updates to the event are reported in real-time to all identified facility and corporate stakeholders via the ENS. The corporate risk management staff reviews each ENS to determine its completeness; follow-up is to be completed within 45 days.

G. Root Cause Analysis

A Root Cause Analysis is a process for identifying the root causes of the problem(s). It focuses on the process instead of individuals. Before analyzing the root causes, defining problems based on facts and data is essential for successfully conducting root cause analysis.

The Joint Commission's root cause analysis framework and action plan table should be used as reference. It contains analysis questions and guides the organization in the steps of a root cause analysis. Not all the questions apply to all the events or cases.

Utilization of the "5 Whys" technique should be used to explore the cause-and-effect relationship underlying a problem. One can find the root causes by asking "why" no less than five times.

RCA Responsibilities

- Organize and coordinate the RCA process.
- Assemble and encourage a supportive and proactive team.
- Assign investigative and implementation tasks to the team members.
- Conduct and be actively involved in the investigation, RCA and corrective action plan implementation process.
- Communicate the progress of the investigation, institutional barriers and finalized action plan to executive leadership.
- Monitor goals and progress towards completion of the Corrective Action Plans.

H. MEMBER PATIENT SAFETY EVALUATION SYSTEM (PSES)

The Patient Safety and Quality Improvement PSQIA of 2005 (PSQIA) and its regulations govern the operations and activities of the UHS Acute Care PSO and its Members. This includes assembling a "workforce" of employees, volunteers, trainees, contractors, and other persons who carry out patient safety activities on behalf of the Members within the Member Patient Safety Evaluation System ("Member PSES"). Participants in the Member Workforce are expected to perform identified patient safety activities and to be well-trained in their responsibilities. They must also understand and acknowledge their obligations, including maintaining the confidentiality of PSWP, as required by the PSQIA, and of Protected Health Information, as required by the Health Insurance Portability and Accountability Act (HIPAA) and its regulations, and other federal and state laws. The Member PSES serves as a means by which patient safety information is collected, maintained, reported, and analyzed for the UHS Acute Care PSO for the purposes of improving patient safety.

I. Training and Education

Training is essential to successful implementation of the Patient Safety and TERM program. All facility risk managers undergo extensive orientation and education related

to Patient Safety, TERM program and other healthcare, risk-related topics. Newly hired risk managers receive both on-site and collaborative corporate-based education and training to afford them the requisite skills to manage their facility assignment. Each risk manager is provided a copy of the corporate TERM source documents and other reference materials that guide the risk management function. In addition, formalized supplemental training is provided to all facility risk managers as needed, including quarterly risk management meetings. Corporate risk staff provides ongoing support and consultation to their assigned facility risk managers to facilitate the minimization of liability exposures and enhancement of safe patient care.

The corporate risk management staff provides consultative services to each facility and as members of corporate projects. These activities include on-site assistance, research, and consulting from off-site. Examples are as follows:

- Facility specific risk Issues
- Safety Watch newsletters
- MIDAS Focus advisories
- Clinical Risk Alerts
- Medication Safety Alerts

IV. Spring Valley Hospital Patient Safety Priorities, Goals and Objectives for 2023

A. The Corporate Patient Safety Council Goals for 2023 will include:

- **Culture of Safety**
  - ***Goal***: reduce the number of GHI events (serious safety event rate) for the Acute Care Division by the end of 2023. Ultimately, the goal is 0.
- **Perinatal Safety**
  - **Reduction/elimination of serious harm by reducing the response time to excessive obstetrical bleeding initiative**. As evidenced by:
    - ***Goal***: Quantification of blood loss will occur at 95% of all deliveries.
    - ***Goal***: Increase the percentage of patients with QBL of 2000 ml who receive transfusions to ≥ 50%.
  - **Reduction / elimination of serious harm of newborns.** As evidenced by:
    - ***Goal:*** Reduce the number of full-term newborns requiring NICU admission by 10%.
- **Surgical and Procedural Safety**
  - **Wrong Site Surgery (WSS)**
    - ***Goal***: A 50% reduction in WSS events for 2023. Ultimately, the goal is 0.
  - **Retained Procedural items (RPIs)**
    - ***Goal***: Prevent RPIs- a 50% reduction in RPIs with harm for 2023. Ultimately, the goal for RPIs is 0.

B. The Corporate Patient Safety Council will monitor the following metrics for 2023:

- **Reduce Falls and Falls with Injury**
  - ***Goal***: 10% reduction in the inpatient rate of falls in the Acute Care Division by the end of 2023.
  - ***Goal***: 10% reduction in the rate of falls with harm in the Acute Care Division by the end of 2023.
- **Decreasing Hospital Acquired Pressure Injuries**
  - ***Goal*:** 10% reduction of NPOA rate for all HAPI stages in the Acute Care Division by the end of 2023.
- **Safe Medication Use**
  - **Anticoagulant Safety in the Perioperative Setting**.
    - ***Goal:*** AHRQ PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis benchmark is 3.950 per 1000 inpatients. The goal is to decrease the Patient Safety Indicator (PSI) 12 rate by 10% by the end of 2023.
    - ***Goal:*** The VTE Advisor will be used to assess the patient's postoperative risk for thromboembolism and documented prophylaxis through the VTE advisor The goal is 80% compliance with "VTE Advisor" usage.
- **Smart Infusion Pump High Risk Event Reduction Initiative**
    - ***Goal***: Decrease the number of high-risk medication overrides by 50% by the end of 2023.
    - ***Goal*:** Increase "Guardrails Suite" usage to 95% by the end of 2023.
- **Infection Initiative**
    - ***Goal***: CLABSI will be reduced to less than the CMS national mean Standardized Infection Ratio (SIR: CLABSI 0.736) in 2023.

V. Monitoring and Accountability

A. Evaluation of TERM Program

Corporate risk management provides site visits to each facility in a variety of ways. Some visits focus solely on a review of risk function and compliance with the TERM program. These evaluations consist of both a core risk and clinical risk review. Each facility is required to submit written corrective action plans for noted deficiencies determined during the TERM visit. All information is shared with senior staff at both the facility and the corporate level and monitored through the facility PSC.

B. Patient Safety Council Coaching

As detailed above, each facility is required to post their monthly reports or minutes that details the work conducted by their Patient Safety Council to the facility PSES site. The representative Corporate Risk Management staff review these minutes and

provide detailed feedback to coach the councils on their form and function. Corporate Patient Safety may also provide feedback.

C. Dashboard

The Patient Safety Dashboard includes multiple indicators to demonstrate the facility's performance as to patient safety markers. These include: event reporting statistics, overall harmful event rate, fall rate including harmful event rate, medication event rate including harmful medication events or adverse drug events, serious harm OB events, pressure injury rates, infection variances, and procedural events.

VI. Evaluation/Review:

A. Corporate risk staff reviews the effectiveness of the corporate Patient Safety Plan to ensure activities are appropriately focused on improving patient safety, decreasing harmful errors, decreasing rate of compensable events, facility risk program consistency/functionality and support of clinical delivery in the field. Evaluation will include the following:

- The culture supports the identification and reporting of "Near Miss" events
- The framework advances a "Just Culture" approach to patient safety
- Accountability is promoted when acts of "human error", "at risk", or "reckless behavior" are identified and corrected resulting in a reduction of potential/actual adverse outcomes
- Comparison of trended incident data to include analysis of performance to stated targets, submission of incident data in compliance to SOX stipulations and review of trended data submitted to CPSC for potential action from the corporate leadership team
- Review of annualized and prior year's probable claim reports to determine needs for corporate-based projects designed to improve outcomes in an identified service line;
- Review of educational products distributed for the concluding operating year that were intended to improve outcomes associated with a particular clinical emphasis;
- Review information, analyses and reports from the Acute Care PSO for integration into the UHS of Delaware Patient Safety Evaluation System.

VII. Confidentiality and Annual Evaluation

All PSWP reported, stored, or generated in the Member PSES is confidential and privileged under Federal law. The Member PSES will only be accessed by authorized staff. Workforce participants will be trained on policies and procedures governing their patient safety activities and responsibilities. CPSC annually reviews the effectiveness of

the UHS of Delaware, Inc. Safety Plan to ensure goals and objectives are appropriately focused on improving patient safety.