Renown Acute Services Division

FY22 Quality & Patient Safety Plan

Approved by	Approval dates
Acute Care Quality and Patient Safety Committee (QPSC)	9/15/2021
Medical Staff Quality Improvement Committee	9/15/2021
System Quality Committee (SQC)	9/17/2021
Quality and Professional Affairs Subcommittee of the Board (QPA)	9/21/2021

Table of Contents

Introduction **1**
Renown Acute Services Quality Program 1
Quality Framework 1
Mission and Vision **1**
Mission 1
Vision 1
Values 1
Program Structure **2**
Scope 2
Oversight and Accountability 6
Quality Improvement Resources 7
FY22 Annual Work Plan **8**
Regulatory and Accreditation 9
Clinical Excellence 10
Safety 13
FY21 Annual Summary 15
Appendix: Quality Committees **16**
Quality and Professional Affairs Subcommittee of the Board (QPA) 16
System Quality Council (SQC) 17
Medical Staff Quality Improvement Committee (MSQI) 18
Acute Care Services Quality and Patient Safety Committee (QPSC) 19

Introduction

In alignment with our mission to make a genuine difference in the health and well-being of the people and communities we serve, we aim to ensure that quality, safety, and service are the standards that differentiate us in the marketplace. We strive to be recognized as an organization that provides highly reliable care as evidenced by a commitment to quality and safety throughout the entire health system from the frontline to the Board. The Renown Acute Division includes Renown Regional Medical Center, South Meadows Medical Center & the Renown Rehabilitation Hospital all of which are located in Reno, Nevada. This Quality Plan was established to provide structure around quality, safety, regulatory and accreditation for the Acute Care division.

Renown Acute Care Services Quality Program

To ensure that the Quality Program maintains a constant focus and remains aligned with our strategic plan and organizational objectives, program goals and a framework, including four core domains have been identified:

- Reduction of Clinical Variation
- Infrastructure Optimization
- Innovation Investments
- Network Development and Integration

Mission and Vision

Mission

Renown Health makes a genuine difference in the health and well-being of the people and communities we serve. These important words were carefully selected and lay our foundation for future success:

- We make a genuine difference.
- We are about the people and communities we serve.
- We care about health — and not just illness care.

Vision

Renown Health, with our partners, will inspire better health in our communities.

- We inspire being and staying healthy — even as we restore health for those in need.
- We take an active role in community initiatives, with a renewed focus on the underserved.
- We will have many partners because we cannot do it alone.
- We address our community's biggest health needs. Together.

Values

Our values are the words we live by:

- We are caring and compassionate.
- We demonstrate respect and integrity.
- We collaborate with our patients, families, physicians and communities.
- We strive for excellence in all we do.

Program Structure

Scope

1. Renown Health puts quality and patient safety first in every decision.
2. The patient and family are at the center of everything we do.
3. There is information sharing and accountability between Governance and Operations
4. We have a culture of quality improvement that empowers all employees and providers to critically analyze opportunities for process and performance improvement and collaboratively derive solutions for evaluation and implementation.
5. We routinely examine the culture of safety throughout the organization and focus on data-driven improvement at both the system and local levels.
6. We focus on the reduction of variation to improve individual patient outcomes in the context of population health.

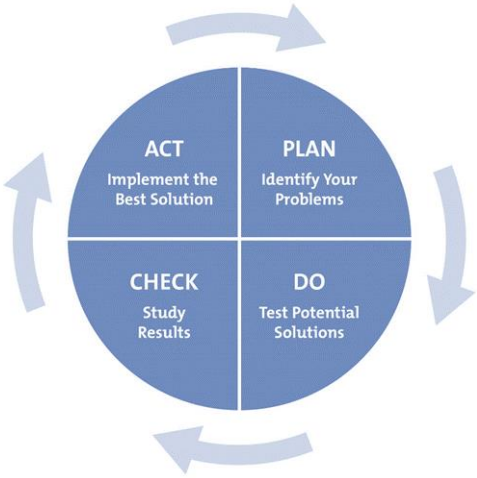
Quality Assurance Performance Improvement (QAPI)

QAPI is the coordinated application of two mutually-reinforcing aspects of a quality management system: Quality Assurance (QA) and Performance Improvement (PI). QAPI takes a systematic, comprehensive, and data-driven approach to maintaining and improving safety and quality, including the monitoring and evaluation of activities and outcomes which address patients of all ages served by Renown Regional Medical Center, Renown South Meadows Medical Center and Renown Rehabilitation Hospital.

Quality Assurance (QA) is on-going and the efforts are both anticipatory and retrospective to ensure that the standards for quality, safety and service outcomes are met and maintained. Renown utilizes both internal and external data sources to measure and assess the quality of care delivered. Data and action plans are presented at the Acute Care Quality & Patient Safety Committee (QPSC) on a regular basis where priorities are established by leadership and outcomes are monitored.

Performance Improvement (PI) is the continuous study and improvement of processes. A key tenet of continuous improvement is use of the Plan, Do, Check, Act (PDCA) Cycle. Once a team has set an aim, established its membership, and developed measures to determine whether a change leads to an improvement, the next step is to test a change in the real work setting. The PDCA

cycle is shorthand for testing a change—by planning it, trying it, observing the results, and acting on what is learned. This is the scientific method, used for action-oriented learning.



Renown Health utilizes the A3 process to provide structure for and documentation of continuous improvement efforts related to public transparency. This process enables key stakeholders to actively collaborate on the purpose, goals, and strategy of a project. It encourages in-depth problem solving throughout the process and adjusting as needed to ensure that the project most accurately meets our objectives. The steps in the process follow the Plan-Do-Check-Act (PDCA) cycle and include:

1. Identify the problem or need
2. Understand the current situation/state
3. Develop the goal statement
4. Perform root cause analysis
5. Brainstorm/determine countermeasures
6. Create a countermeasures implementation plan
7. Check results
8. Update standard work

Public Transparency (CMS Star Ratings & Leapfrog Safety Grades)

Renown Acute Care Services is committed to improving measures selected by both CMS and The Leapfrog Group through engagement of key stakeholders in process improvement. Individual metrics have been assigned to the appropriate operational and/or physician leader. This supports the transparency of data and actionable tactics to drive improvement.

CMS Hospital Quality Initiatives

Hospital Compare is part of the Centers for Medicare & Medicaid Services (CMS) Hospital Quality Initiative. The Hospital Quality Initiative uses a variety of tools to help hospitals improve the

quality of care they deliver. The aim is to help hospitals easily understand performance data and quality information from the patient's perspective.

Renown Health uses Hospital Compare and the Hospital Quality Initiative to help drive quality, safety and service. This system looks at a variety of measures that result in a Star rating for the hospital (1-5). These measures include:

1. Mortality
2. Safety of Care
3. Readmission
4. Patient Experience
5. Effectiveness of Care
6. Timeliness of Care
7. Efficient Use of Medical Imaging

Leapfrog Hospital Grades & Reporting

As a not-for-profit entity the Leapfrog Group promotes safety and quality through data transparency reflecting hospital performance in key areas. Leapfrog rates hospitals through its two main initiatives: The Leapfrog Hospital Survey and the Leapfrog Hospital Safety Grade. Renown Health participates in the Leapfrog program to further improve quality, safety and service.

Patient Safety

The Renown Health Acute Care Division develops patient safety checklists and patient safety policies to continuously improve quality, safety and service. These are reviewed and approved annually by the Acute Care Quality Patient Safety Committee.

Infection Prevention

The Quality and Patient Safety Plan includes an infection control program that carries out the infection control policy. The Renown Health Infection Prevention Plan and Program is established and approved by the Renown Health Infection Control Committee and approved by the Quality and Professional Affairs Subcommittee of the Board (QPA). Regular reports and updates regarding the Infection Prevention Program are provided to the Acute Services Quality and Patient Safety Committee.

Violence Prevention Committee

The Violence Prevention Committee consists of representatives from different multidisciplinary divisions and departments of all major areas of the facility. The safety and health of personnel, patients and visitors is vital to the organization. Acts of physical violence, intimidation and

harassment, which occur on Renown Health properties, are not tolerated. The committee's mission is preventing workplace violence and creating a safe environment for personnel, patients and visitors.

Data Analysis

Changes are occurring in every corner of health care and data is the single most important asset available to drive change, using information from across functional areas of our organization. Data analysis allows for an assessment of past and current performance and provides an objective look at opportunities for continuous improvement. Our Business Intelligence team is dedicated to helping the organization analyze production data from new angles and different viewpoints. Data analytics clearly demonstrate that actions taken at a process or structural level can influence multiple outcomes and improve care delivery.

Service Excellence

An important component of our quality improvement system is vigilant attention to the voice of the customer. Guided by The Service Excellence Plan, the team aims to advocate for the patient experience, enhance the customer journey and also manage and facilitate the resolutions of the complaints and grievances. Additionally, the department maintains service transparency by capturing real-time feedback, raising awareness, and ensuring access to patient experience data.

Culture of Safety

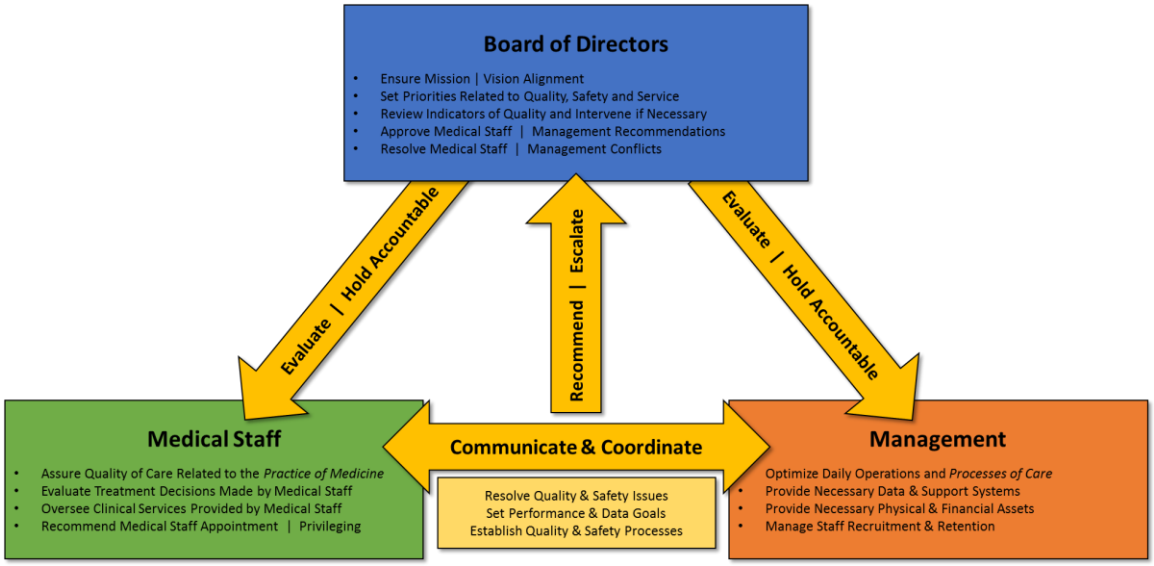
To facilitate the systemic change that is needed to drive transformation all employees must understand their role in the journey. Employee engagement has been consistently and transparently communicated to the entire organization as a key driver of performance. Sustained improvement requires insight into consumer, patient and caregiver needs, as well as, cultural alignment and a commitment to daily execution. Renown Health continues to strive to improve communication and collaboration within its workforce to raise our service levels across the organization and strengthen the cultural environment.

Medical Staff Quality Improvement (MSQI)

The medical staff is integral in the improvement of quality, safety and service. The Medical Staff Quality Improvement or MSQI is responsible for monitoring, reviewing, and reporting on the activities of the medical staff quality program as defined by the Medical Executive Committee (MEC). The critical work of the MSQI is to develop a plan for outcome improvement and monitor performance. The culture must be one of robust engagement, marked by high standards and a willingness to ask hard questions of peers and staff. Essential to its success are data analysis, a commitment to transparency and hearing the voice of the patient.

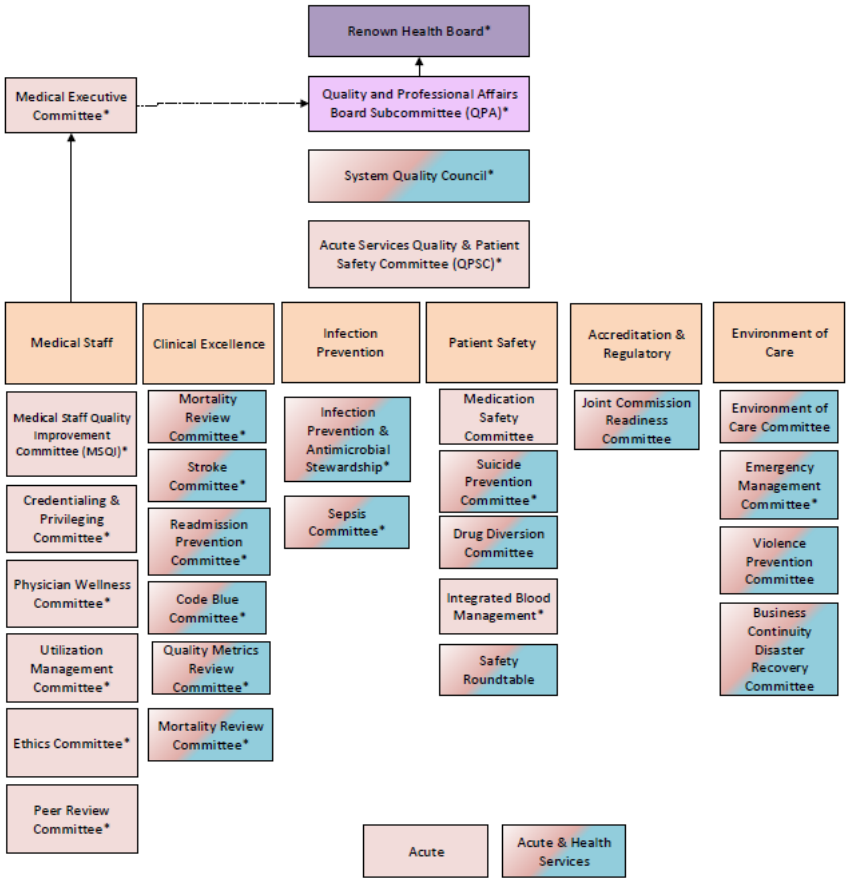
Oversight and Accountability

Renown Health is committed to improving the performance of our health care system. These bodies are responsible for ongoing performance monitoring and assessment to identify organizational quality improvement priorities (see Appendix for additional detail).



In addition to other reporting venues specific to each department and division, data will be presented in the form of dashboards to the Operations Council, Acute Medical Staff Quality Improvement Committee (MSQI), System Quality Council (SQC), Acute Medical Executive Committees (MEC), Acute Quality & Patient Safety Committees (QPSC), and the Quality & Professional Affairs Committee of the Board (QPA) on a monthly basis.

The work of quality and safety is executed through a committee structure with the flexibility to stand up ad-hoc sub-committees and/or task forces to address issues and opportunities as they arise. As noted in the graphic below, many of the committees are cross-divisional allowing for collaboration throughout the health system.



* Indicates Medical Staff Leadership Representation

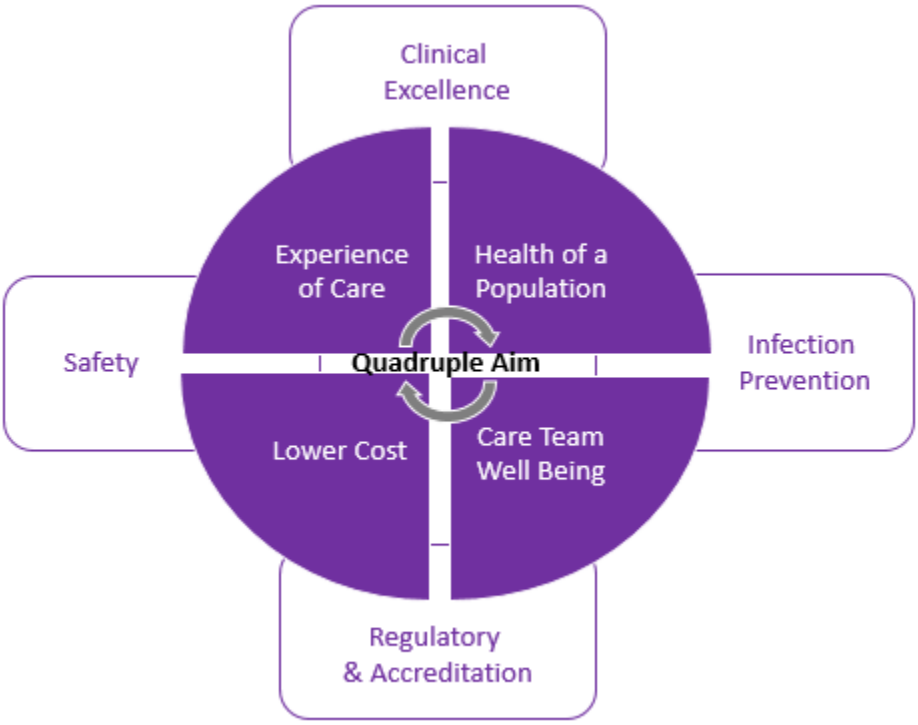
Quality Improvement Resources

The Renown Acute Care Division employs quality coordinators, infection preventionists, a safety program coordinator, an emergency preparedness coordinator and data abstractors who serve as internal resources for performance improvement activities through data analysis, process analysis and redesign and team facilitation throughout the organization. Quality and safety leaders collaborate with operational and medical staff leaders on an ongoing basis to ensure that resources are aligned with activities that will improve the care and experience of patients and clinicians, yield the most improvement in outcomes, and/or impact an area of critical focus related to the health and well-being of the patients and communities we serve.

Annual Work Plan

Multiple sources are used to identify potential improvement projects based on continuous analysis of information which comes to staff and standing committees through either employee, provider, or patient experience surveys, patient safety events, observed needs or problems, member complaints or the evaluation of errors or events.

The final decision on the priority of projects in the annual work plan is made by quality leaders and takes into consideration the organization's strategic plan. In this manner, staff are working on and contributing to a "living work plan", in which objectives, goals and/or activities may require adjustment as needs change based on measurement of effectiveness, business planning or budget constraints. Designated team leaders or subcommittee members report periodically to the either the Quality and Patient Safety Committee or other committees, as appropriate. The categories of focus and aims are:



Accreditation & Regulatory Compliance

SCOPE OF WORK

The goal of Regulatory and Accreditation is to lay the foundation for ongoing compliance and sustained survey readiness. This is achieved through the utilization of tracer methodology, on-going process improvement and education to leadership and staff.

Renown Regional & Renown South Meadows Medical Centers are accredited by The Joint Commission (TJC), an independent not-for-profit organization committed to ensuring safe and effective care is being provided in healthcare organizations.

The Renown Rehabilitation Hospital is accredited by The Commission on Accreditation of Rehabilitation Facilities (CARF). CARF is a nonprofit accreditor of health and human services focused on advancing the quality of services to ensure to best possible outcome.

FY22 Objectives

- Structured Continual Readiness Plan
  - Hospital
  - Inpatient Rehabilitation
- Leadership Boot camp
- Ongoing Surveillance of Regulations
- Integrate Diversity

Clinical Excellence

Scope of Work

Within the acute care setting, the clinical excellence department provides support for several key process improvement initiatives: 1) Quality Management Event Review, 2) Medical Staff Departmental Case Review, and 3) Data Collection & Analysis.

FY22 Objectives

- Reduce Inpatient & 30 Day Mortality - Regional and South Meadows
- Reduce 30 Day All Cause Readmission Rate - Regional and South Meadows
- Decrease Iatrogenic Pneumothorax Rate - Regional and South Meadows
- Decrease Post-Operative PE/DVT Rate- Regional & South Meadows
- Increase Discharge to Community Rate– Rehab
- Decrease Discharge to Acute Rate- Rehab

Tactics

Mortality	Readmissions	Patient Safety Indicators	Rehab
• Collaboration with Clinical Documentation Improvement & Coding • Right level of care • End of life care planning • Multidisciplinary Committee	• Post acute placement • Remote home monitoring • Multidisciplinary Committee	• Collaboration with Clinical Documentation Improvement & Coding • 100% physician review	• Expansion of consulting service to include neurology & pulmonary • Adding neuropsychologist • Establish discharge plan early

Metrics

RRMC Metrics	Description	FY21 Baseline	FY22 Target
Inpatient Mortality O/E	Comparison of observed to expected mortality for Medicare inpatient encounters	1.46	1.15
CABG 30 Day Mortality Rate	Percentage of Medicare patients that expire within 30 days of a previous inpatient admission for CABG.	0%	Maintain below benchmark 2.9%
AMI 30 Day Mortality Rate	Percentage of Medicare patients that expire within 30 days of a previous inpatient admission where the primary diagnosis was AMI.	11.1%	Maintain below benchmark 12.3%
CHF 30 Day Mortality Rate	Percentage of Medicare patients that expire within 30 days of a previous inpatient admission where the primary diagnosis was CHF.	9.09%	Maintain below benchmark 11.2%

Pneumonia 30 Day Mortality Rate	Percentage of Medicare patients that expire within 30 days of a previous inpatient admission where the primary diagnosis was pneumonia.	21.3%	15.3%
COPD 30 Day Mortality Rate	Percentage of Medicare patients that expire within 30 days of a previous inpatient admission where the primary diagnosis was COPD.	7.58%	Maintain below benchmark 8.10%
30 Day All Cause Readmissions	Percentage of non-elective Medicare inpatient readmissions within 30 days of a previous inpatient admission.	11.1%	Maintain below benchmark 15.5%
PSI 06: Iatrogenic Pneumothorax Rate	Iatrogenic pneumothorax cases (secondary diagnosis) per 1,000 surgical and medical discharges for patients ages 18 years and older.	0.43	.25
PSI 12: Perioperative PE/DVT Rate	Perioperative pulmonary embolism or proximal deep vein thrombosis (secondary diagnosis) per 1,000 surgical discharges for patients ages 18 years and older.	2.90	Maintain below benchmark 3.74

SMMC Metrics	Description	FY21 Baseline	FY22 Target
Inpatient Mortality O/E	Comparison of observed to expected mortality for Medicare inpatient encounters	1.16	0.88
30 Day All Cause Readmissions	Percentage of non-elective Medicare inpatient readmissions within 30 days of a previous inpatient admission.	12.4%	Maintain below benchmark 15.5%
CHF 30 Day Mortality Rate	Percentage of Medicare patients that expire within 30 days of a previous inpatient admission where the primary diagnosis was CHF.	9.86%	Maintain below benchmark 11.2%
Pneumonia 30 Day Mortality Rate	Percentage of Medicare patients that expire within 30 days of a previous inpatient admission where the primary diagnosis was pneumonia.	17.17%	15.3%
COPD 30 Day Mortality Rate	Percentage of Medicare patients that expire within 30 days of a previous inpatient admission where the primary diagnosis was COPD.	4.76%	Maintain below benchmark 8.10%
PSI 06: Iatrogenic Pneumothorax Rate	Iatrogenic pneumothorax cases (secondary diagnosis) per 1,000 surgical and medical discharges for patients ages 18 years and older.	0	Maintain below benchmark 0.25
PSI 12: Perioperative PE/DVT Rate	Perioperative pulmonary embolism or proximal deep vein thrombosis (secondary diagnosis) per 1,000 surgical discharges for patients ages 18 years and older.	3.24	Maintain below benchmark 3.74

Rehab Metrics	Description	FY21 Baseline	FY22 Target
Discharge to Acute	Rate of rehab patients requiring transfer to an acute care hospital for greater than 3 midnights.	7.8%	Maintain below

			benchmark 8.3%
Discharge to Community	Rate of patients who are discharged to a CMS defined level of community.	82.6%	83.1%

Patient Safety

Scope of Work

Within the acute care setting, the Infection Prevention and Safety departments provide support for several key safety processes: 1) Prevention of hospital-associated infections and 2) Prevention of serious patient safety events 3) Prevention of violence in the workplace

FY22 OBJECTIVES

- Reduce Colon Surgical Site Infections- Regional
- Reduce Blood Stream Infections (CLABSI & MRSA)
- Reduce Hospital Acquired Injuries
- Reduce Serious Patient Safety Events (Sentinel Events)
- Reduce Workplace Violence Events

Tactics

Hospital Acquired Infections	Hospital Acquired Injuries	Sentinel Events
• Eliminate clinical variation • Monitor bundle compliance • Infection prevention champions	• Fall prevention committee • Fall prevalence rounds monthly	• Safety Roundtable • Root Cause Analysis

Metrics

RRMC Metrics	Description	FY21 Baseline	FY22 Target
Colon Surgical Site Infections	Standardized Infection Ratio(SIR) NHSN	0.785	Maintain Below Benchmark (0.86)
CLABSI	Standardized Infection Ratio(SIR) NHSN	0.784	0.69
MRSA Bloodstream Infections	Standardized Infection Ratio(SIR) NHSN	0.872	0.82
Hospital Acquired Injuries	Falls and trauma per 1,000 patient discharges, CMS HAC reporting	0.469	0.454
Sentinel Event Rate	# of Sentinel Events per 1000 equivalent patient days.	0.08	Decrease by 20%

SMMC Metrics	Description	FY21 Baseline	FY22 Target
Colon Surgical Site Infections	Standardized Infection Ratio-NHSN	1	0

CLABSI	Standardized Infection Ratio(SIR) NHSN	0.825	0.82
MRSA Bloodstream Infections	# of MRSA bloodstream infections	1	0
Hospital Acquired Injuries	Falls and trauma per 1,000 patient discharges, CMS HAC reporting	0	Maintain Below Benchmark (0.454)
Sentinel Event Rate	# of Sentinel Events per 1000 equivalent patient days.	0.13	Decrease by 20%

Rehab Metrics	Description	FY21 Baseline	FY22 Target
CAUTI	Standardized Infection Ratio(SIR) NHSN	0	Maintain ZERO
Falls	# of falls	84	0
Hospital Acquired Pressure Ulcers	# of HAPI's	7	0
Sentinel Event Rate	# of Sentinel Events per 1000 equivalent patient days.	0	Maintain ZERO

Acute Care Metrics	Description	FY21 Baseline	FY22 Target
Workplace Violence Events	# of reported events	132	Decrease by 10%

FY21 Annual Summary

	FY20	FY21	Target	Change
Mortality O/E- Regional	1.38	1.35	1.24	↓
Mortality O/E- South Meadows	0.67	1.09	1.0	↑
30 Day All Cause Readmissions- Regional	10.8%	11.1%	15.6%	↑
30 Day All Cause Readmissions- South Meadows	10.9%	12.4%	15.6%	↑
PSI 6- Iatrogenic Pneumothorax- Regional	0.82	0.24	0.25	↓
PSI 6- Iatrogenic Pneumothorax- South Meadows	1.46	0.0	0.25	↓
PSI 12- Post Op PE/DVT- Regional	3.88	3.11	3.76	↓
PSI 15- Accidental Puncture & Laceration- Regional	4.20	2.79	1.26	↓
Foreign Object Retained- Regional	0.12	0.04	0	↓
Colon Surgical Site Infections-Regional	1.72	0.79	0.89	↓
Colon Surgical Site Infections-South Meadows	1	0	0	↓
Catheter Associated Urinary Tract Infections- Regional	0.35	0.39	0.74	↑
Catheter Associated Urinary Tract Infections- South Meadows	0.78	0.71	0.74	↓
Falls with Serious Patient Harm- Acute	4	10	0	↑
Serious Patient Safety Events (Sentinel Events)- Acute	28	32	0	↑
Rehab: Admit to Referral	5.1	7.0	4.0	↑

Appendix: Quality Committees

Quality and Professional Affairs Subcommittee of the Board (QPA)

Cadence
Bi-Monthly

Purpose
The Quality & Professional Affairs Committee shall be a standing committee of the Renown Health Concurrent Board of Directors. The primary purpose of the committee shall be to assist the Board of Directors in overseeing:

> (i) medical staff and management's identification and evaluation of the health system's principal aim of building a culture that continuously seeks to foster continuous improvement of integrated health care services, including the health system quality and risk reduction plans and the monitoring of practices employed to manage safe, effective and person centered care across all services, and (ii) the health system's ethics and federal, state and voluntary health regulatory programs.

Function
Quality, safety, and service are responsibilities that extend from the frontline to the Board. In collaboration with the Boards and medical staff, the Renown Health Leadership Team has ultimate accountability for ensuring quality, safety, and service excellence throughout the health system. The Quality & Professional Affairs Committee is responsible for ensuring the priorities of quality, safety, and service are aligned with the strategic priorities of the health system. In addition, responsibilities of committee members include:

- Practicing a culture of openness and transparency and creating shared values, fairness, and ethical practice at all levels throughout the health system.
- Maintaining awareness of emerging quality of care issues, challenges, and opportunities.
- Validating the development of data-driven, patient-focused metrics in clinical outcomes, safety, and patient experience.
- Ensuring medical staff and leadership accountability for program quality and performance.
- Monitoring regulatory adherence across the health system.
- Supporting the organization's participation in deemed status reviews for federally funded reimbursement programs which ensure the link between organizational objectives and national quality and safety standards.
- When necessary, recommending new policies or policy revisions for approval by the Renown Health Board.

Composition
The number of members and the identity of the members of the Quality & Professional Affairs Committee, who, except for the chair, need not be members of the Renown Health Board, shall be determined by appropriate resolutions of the Renown Health Board adopted from time to

time, provided, however, that the following positions serve as ex-officio voting members on the Committee: (i) Renown Regional Medical Center Chief of Staff; and (ii) Renown South Meadows Medical Center Chief of Staff. The Governance & Nominating Committee of the Renown Health Board shall nominate the chair and members of the Quality & Professional Affairs Committee, subject to the consent and approval of the Renown Health Board.

System Quality Council (SQC)

Cadence
Bi-Monthly

Purpose
The purpose of System Quality Council (SQC) is to provide a system-wide quality and safety working group for three Renown quality committees including the respective Acute Care and Health Services Quality and Patient Safety Committees and the Joint Medical Quality and Safety Improvement (MSQI) committee. A critical role for the council is providing both oversight and resolution of unresolved issues of these three committees and escalating those to key executive stakeholders, assigning escalated issue ownership and resolution timeline if possible. The scope of the committee is inclusive of the three reporting quality committees, and as directed by QPA or the CEO of Renown Health. The SQC reports to the Quality and Professional Affairs (QPA) Subcommittee of the Board of Directors.

Function
- Identify opportunities for improvement that translate across the entire health system
- Review current and trending publicly reported data (CMS Stars/Leapfrog/US News and World Report) for the Acute and Health Services Divisions
- Serve as a point of escalation for barriers/delays in resolution of quality issues
- Report to QPA progress on goals/priorities/timelines for quality or safety issues from the JQC
- Evaluate and monitor performance indicators that are benchmarked against top-performing organizations and assist the organization to achieve targets
- When appropriate make recommendations to QPSC and MSQI to facilitate achievement of annual targets
- Reprioritize improvement efforts and network priorities in response to internal or external requirements, changing regulatory demands, new expectations, sentinel events, and new knowledge or information

Membership
CEO, Renown Regional
CEO/Administrator, South Meadows & Rehab Hospital
Chief Medical Officer, Acute Care
Chief Medical Officer, Health Services
Chief Nursing Officer, Acute Care

Chief Nursing Quality Officer, Health Services
Chief Quality Officer, Acute Care
Acute Care Physician Representative
Health Services Physician Representative
Renown Regional Chief of Staff
South Meadows Chief of Staff
MSQI Chairs
Director of Clinical Excellence, Acute
Director of Clinical Excellence, Health Services

Medical Staff Quality Improvement Committee

Cadence
Monthly

Primary Functions
The purpose of the Medical Staff Quality Improvement Committee (MSQI) is to monitor, review, and report on the activities of the medical staff quality program as defined by the Medical Executive Committee (MEC). The MSQI committee reports to the MEC, identifying and prioritizing opportunities for improvement.
The Committee's critical work is to develop a plan for outcome improvement and monitor performance. The Committee's culture must be one of robust engagement, marked by high standards and a willingness to ask hard questions of peers and staff. Essential to its success are data analysis, a commitment to transparency and hearing the voice of the patient.

Responsibilities
- Identify opportunities for improvement through evaluation of quality, safety, experience & outcomes data.
- Understand the medical staff's and administration's approach to and methods of performance improvement;
- Assist the hospital to ensure that important processes and activities to improve performance and patient safety are measured, assessed, and spread systematically across all disciplines throughout the hospital;
- Participate as requested in identifying and managing sentinel events and events that warrant intensive analysis; and
- Participate as requested in the hospital's patient safety program including measuring, analyzing, and managing variation in the processes that affect patient care to help reduce medical/healthcare errors.
- Identify priorities for improvement and collaborate with the Acute Care Quality Department to develop outcome improvement plans utilizing the Plan-Do-Study-Act (PDSA) model.
- Report to the MEC progress related to identified goals/priorities.
- Evaluate and monitor key performance indicators that are benchmarked against top-performing organizations and assist the organization to achieve targets.

- Recommend programs, activities and/or processes to the medical staff(s) to facilitate achievement of annual targets
- Cultivate philosophical and cultural changes required for successful collaboration to improve performance.
- Reprioritize improvement efforts and network priorities in response to internal or external requirements, changing regulatory demands, new expectations, sentinel events, and new knowledge or information.

Membership

Voting Members:

Co-Chairs: Regional Quality Chair
South Meadows Quality Chair
Renown Regional Chief of Staff
South Meadows Chief of Staff
Regional Members- 5
South Meadows Members- 3
Academic Member

Staff:

CEO, Renown Regional
CEO, South Meadows & Rehab
Chief Medical Officer, Acute Care
Chief Nursing Officer, Acute Care
VP of Quality
Director of Clinical Excellence, Acute Care

Acute Quality and Patient Safety Committee

Cadence

Monthly

Primary Function

The Acute Quality and Patient Safety Committee (QPSC) is responsible for ensuring that the mission, vision, and values of Renown Health are achieved through continuous improvement of quality and patient safety. QPSC is responsible for ensuring that the Renown Acute Division provides safe, efficient, effective quality care by evaluating data from numerous sources, including but not limited to serious safety events, sentinel events, event reports, infections prevention and control data, comparative outcome data, accreditation surveys, closed litigation/settlement cases, and culture survey data. The Committee uses these data to set priorities for performance improvement and monitors the effectiveness of these efforts.

Duties and Responsibilities

- Sets goals annually and approves the Quality Improvement and Patient Safety Plan.
- Sets organization-wide priorities for quality improvement and patient safety.
- The QPSC accepts accountability for removing barriers, assigning resources and ensuring implementation and compliance for approved recommendations resulting from analysis of events, data or performance improvement project outcomes.
- Reviews analysis of aggregated, trended data related to quality and patient safety and recommends and monitors actions.
- Recognize and celebrate successful performance improvement efforts and staff actions impacting patient safety.
- Provides regular updates to the System Quality Council (SQC) institutional performance on selected benchmarks, performance improvement projects, compliance with regulatory requirements, and sentinel events.
- The Committee reports to the System Quality Council (SQC) and is responsible to the System's leadership for assuring appropriate oversight for quality and patient safety.

Membership

VP of Quality, Acute Care
Chief Medical Officer, Acute Care
CEO, Renown Regional
CEO/Administrator, South Meadows & Rehab
Chief Nursing Officer, Acute Care
Acute Care Directors