Renown Health

2023 Acute Care Quality Plan

Approved by	Approval dates
Acute Care Quality Assurance & Performance Improvement Committee (QAPI)	10/19/2022
Medical Staff Quality Improvement Committee (MSQI)	10/18/2022
PHSO & Concurrent Quality Committee	10/25/2022
Renown Health Concurrent Board System Quality Committee	11/29/2022

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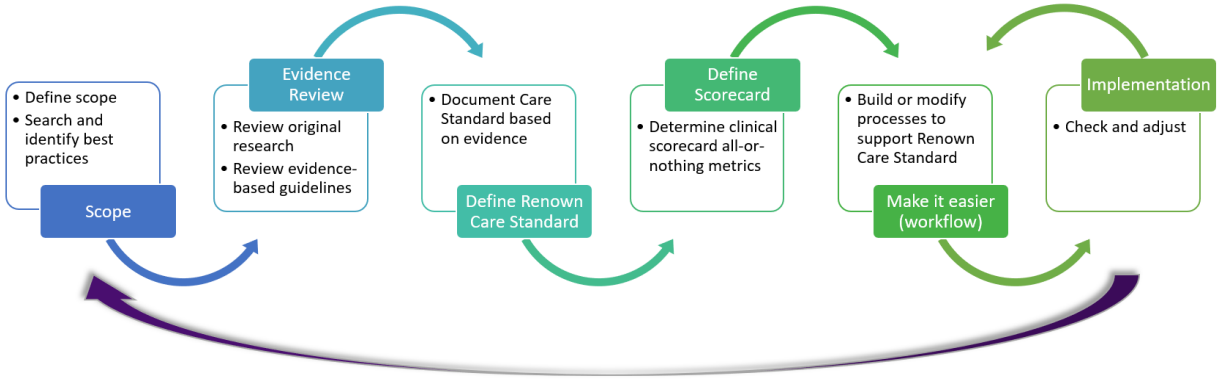
Introduction

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.

Reliable and Exact Care

Our aim is to continuously improve the quality of care provided at Renown Health. To achieve these goals, Renown Health uses the Reliable and Exact Care process. Reliable and Exact Care is an evidence-based quality improvement methodology used to improve clinical quality. The goal of Reliable and Exact Care is to leverage the entire Renown Health system from the care team, to the engagement center, to pharmacy and even the patient to improve outcomes. This process creates a quality framework that allows for measurably better performance, systems of care, and drives higher quality and more efficient care.

Reliable and Exact Care Process



Mission, Vision & Values

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

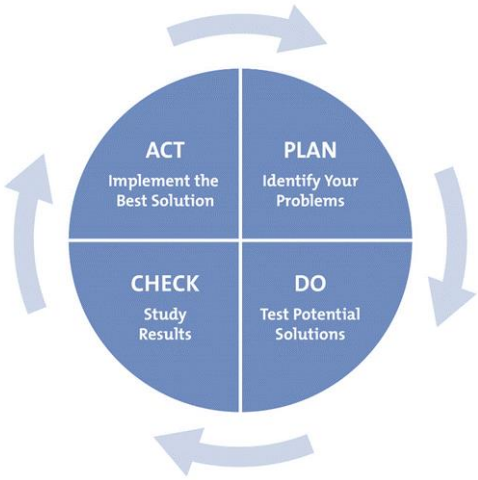
1. Renown Health puts quality and patient safety first in every decision.
2. The patient and family are at the center of everything we do.
3. There is information sharing and accountability between Governance and Operations
4. We have a culture of quality improvement that empowers all employees and providers 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 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. Readmission
3. Safety of Care
4. Patient Experience
5. Timely & Effective Care

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.

Safety Roundtable

The Patient Safety Roundtable or Roundtable serves as a venue to review and discuss various patient safety topics, initiatives and monitoring of Root Cause Analyses (RCAs). Each ongoing RCA conducted pursuant to a patient safety event is presented at the Roundtable. The RCA Team Leader or designee provides an update as to progress and roadblocks to successful intervention. The Roundtable provides feedback, analysis and assistance to ensure corrective strategies are employed and measures of success are monitored.

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 PHSO & Concurrent Quality Committee and the Renown Health Concurrent Board System Quality Committee. Regular reports and updates regarding the Infection Prevention Program are provided to the Acute Services Quality and Patient Safety Committee.

Workplace 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

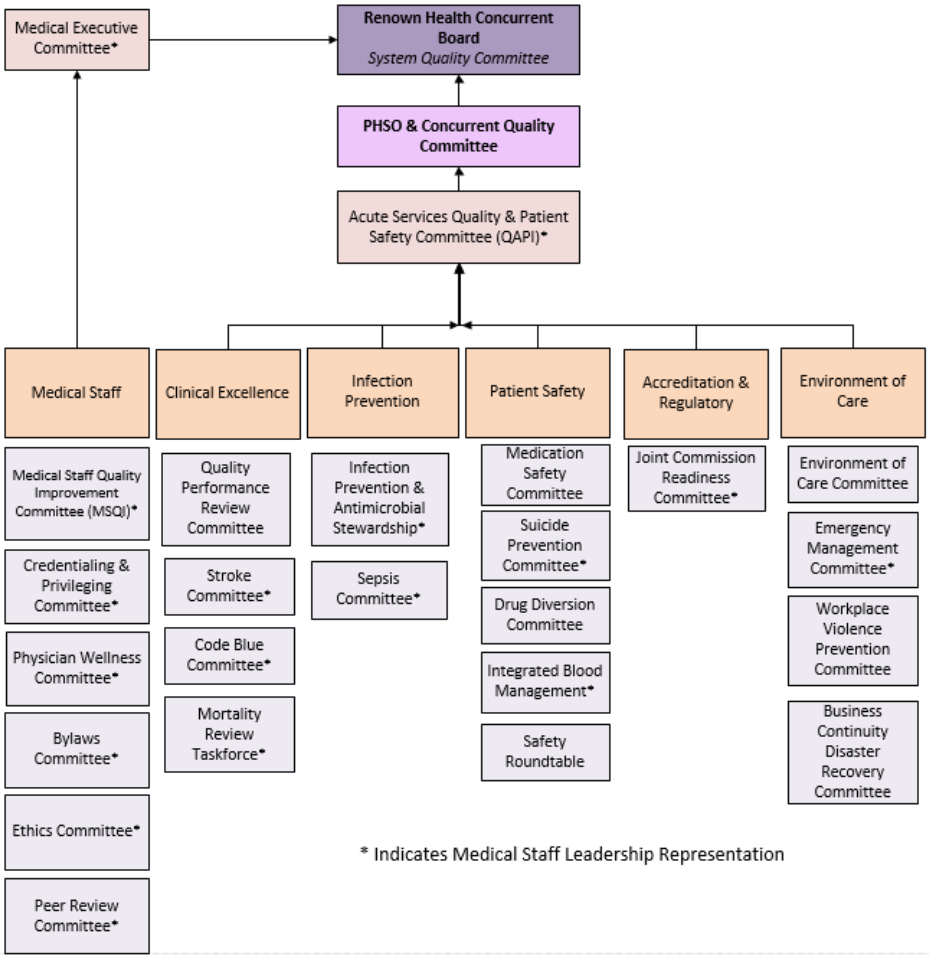
(MEC). The critical work of the MSQI is to develop a plan for outcome improvement and monitor performance. The culture must be one of robust engagement, marked by high standards and a willingness to ask hard questions of peers and staff. Essential to its success are data analysis, a commitment to transparency 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), Acute Medical Executive Committees (MEC), Acute Quality & Patient Safety Committees (QAPI), the PHSO & Concurrent Quality Committee and the Renown Health Concurrent Board System Quality Committee.

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. Many of the committees are cross-divisional allowing for collaboration throughout the health system.



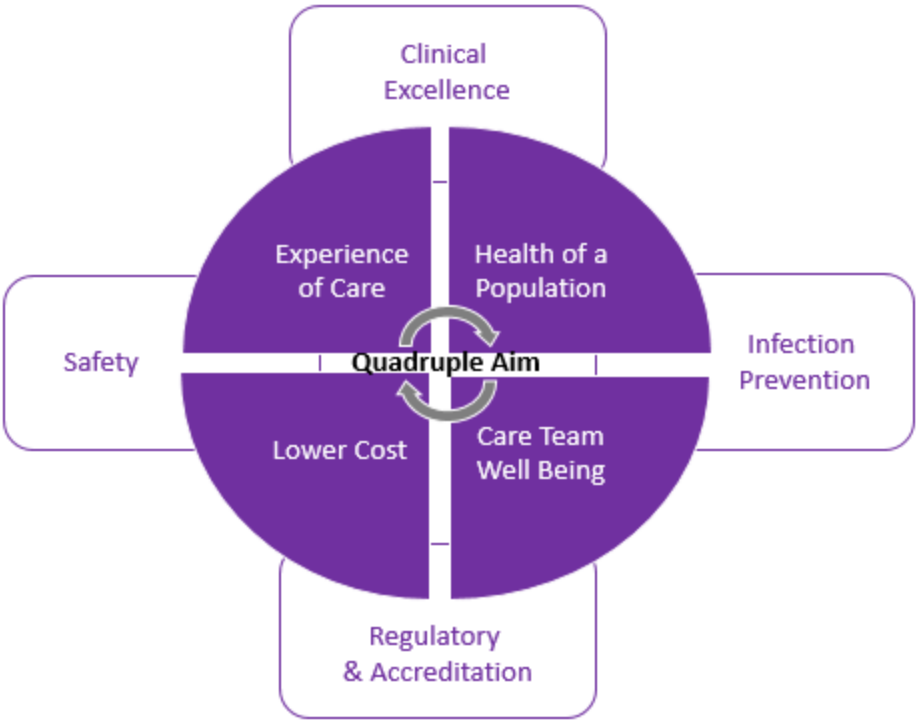
Quality Improvement Resources

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:


Clinical Excellence
Experience of Care
Health of a Population
Safety
Quadruple Aim
Infection Prevention
Lower Cost
Care Team Well Being
Regulatory & Accreditation

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.

2023 Objectives
- Reduce Mortality - Regional & South Meadows
- Reduce Readmission Rates - Regional & South Meadows
- Decrease Post-Operative PE/DVT Rate- Regional & South Meadows
- Increase Discharge to Community Rate– Rehab
- Decrease Discharge to Acute Rate- Rehab

Regulatory & Accreditation

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.

2023 Objectives
- Structured Continual Readiness Plan
  - Hospital
  - Inpatient Rehabilitation
- Leadership Boot camp
- Ongoing Surveillance of Regulations
- Integrate Diversity

Safety & Infection Prevention

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

2023 OBJECTIVES

- Reduce Colon Surgical Site Infections- Regional & South Meadows
- Reduce Blood Stream Infections (CLABSI & MRSA)- Regional & South Meadows
- Reduce Hospital Acquired Injuries- Regional & South Meadows
- Reduce Hospital Acquired Pressure Ulcers- Regional & South Meadows
- Reduce C-Diff Infections- Regional & South Meadows
- Reduce Catheter Associated Urinary Tracy Infections- Regional & South Meadows
- Reduce Serious Patient Safety Events (Sentinel Events)
- Reduce Workplace Violence Events

Appendix A: Quality Committee Charters

Renown Health Concurrent Board of Directors- System Quality Committee

Cadence
Not less frequently than four (4) times per year.

Primary Functions

The System Quality Committee shall be a standing committee of the Renown Health Concurrent Boards 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 systems ethics and federal, state and voluntary health regulatory programs.

Responsibilities

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 System Quality 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.

- Overseeing all matters relating to Medical Staff membership and clinical privileges, including such matters as appointment, reappointment, and corrective action.
- Receiving reports from leadership, as frequently as appropriate, summarizing significant deviations from Renown's quality of care and patient safety standards, corrective and preventative actions, and other matters deemed appropriate by the Committee.
- Reviewing, as appropriate, system-wide data and information relating to quality, risk management, patient safety, life safety, performance improvement, and infection prevention, and the results and recommendations for improvement.
- Monitoring the application of best practice standards, focused across the health system, to achieve consistent and predictable results.
- Receiving reports from leadership summarizing service excellence performance and reviewing the organization's plans to improve performance.

Membership

The number of members and the identity of the members of the System Quality 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 System Quality Committee, subject to the consent and approval of the Renown Health Board.

PHSO & Concurrent Quality Committee

Cadence
No less frequently than four (4) times per year.

Primary Functions

The Population Health Concurrent Quality Committee shall be a standing committee of Renown Health, Renown Regional Medical Center, Renown South Meadows Medical Center, Renown Transitional Care Services, Renown Hospice Care, Renown Direct Contracting Entity, LLC, Renown Accountable Care, LLC, Western Clinical Alliance, LLC, Hometown Health Providers Insurance Company, Inc., Hometown Health Plan, Inc. Boards of Directors ("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 ongoing 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 entities; and

(ii) the health systems ethics and federal, state and voluntary health regulatory programs; and

(iii) evaluate the effectiveness of the quality improvement and utilization management programs for Hometown Health Plan, Inc. and Hometown Health Providers Insurance Company, Inc ("Hometown Health"). It will review and provide feedback regarding plan operations including, but not limited to service management, provider network adequacy, member access and population health management initiatives. The committee will provide guidance regarding the overall direction of the Quality Program as well as provide oversight of quality functions (planning, assurance, data, and improvement) and ensure the priorities of these functions are aligned with Renown Health; and

(iv) Any matters that require board approval shall be brought to the applicable board(s) for further discussion and approval.

Responsibilities

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 Population Health Concurrent Quality Committee is responsible for ensuring the priorities of quality, safety, and service are carried out in alignment 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.

Specific to Hometown Health, the Population Health Concurrent Quality Committee will also evaluate, review, and approve Quality and Utilization Management Program elements such as:

- New medical technologies or new applications of established technologies
- Monitor and analyze utilization management trends
- Review the Utilization Management Clinical Criteria annually
- Evaluate effectiveness of the Utilization Management Program
- Oversight of delegated utilization management functions, as applicable
- Evaluate, review and approval of recommendations for the Hometown Health Drug Formularies and Utilization Management elements such as:
    - Recommended therapeutic designations and appropriate prescribing guidelines to assist with the place of products on the Formularies
    - Provide ongoing review and monitoring of the safety, effectiveness, and quality of care of drugs contained within the Formularies
    - Review and approve Drug Utilization Review programs and Prior Authorization guidelines
- Monitor and analyze results of health outcomes and preventive service quality improvement activities and make recommendations for future efforts
- Review, make recommendations and approve annually the Quality Program Description
- Review, evaluate and approve annually the effectiveness of the Quality Program, as outlined in the Program Evaluation
- Annually review, makes recommendations, and monitors the progress of all active Quality Improvement Projects (QIP). Provide guidance to Hometown Health staff regarding operational performance, quality management priorities, and utilization management practices
- Review and approve clinical practice guidelines
- Review Customer Service access reports and make recommendations regarding the following:
    - Telephone Access,

        - Monthly Average Speed of Answer
        - Monthly Abandonment Rate
        - Network Accesses and Availability Metrics
- Appeals & Grievances
    - Volume
    - Timely Resolution
    - Trending and Analysis
- Customer and Client Satisfaction feedback

Membership

The number of members and the identity of the members of the Population Health Concurrent Quality Committee, need not be members of the Board of Directors, shall be determined by appropriate resolutions of the Board of Directors 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 Population Health Concurrent Quality Committee, subject to the consent and approval of the Renown Health Board.

Medical Staff Quality Improvement Committee

Cadence
The Committee meets monthly at least 10 times per year.

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:

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
COO, Renown Regional
Coo, South Meadows
Chief Medical Officer, Acute Care
Chief Nursing Officer, Renown Regional
Director of Nursing, Renown South Meadows
VP of Quality
Director of Clinical Excellence, Acute Care

Acute Quality and Patient Safety Committee (QAPI)

Cadence
The Committee meets monthly at least 10 times per year.

Primary Function
The Acute Quality and Patient Safety Committee (QAPI) is responsible for ensuring that the mission, vision, and values of Renown Health are achieved through continuous improvement of quality and patient safety. QAPI 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 QAPI 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
Director of Clinical Excellence, Acute Care Services
CEO, Renown Regional
COO, South Meadows
COO, Renown Regional
CMO, Renown Regional & South Meadows
COS, Renown Regional & South Meadows
Chief Nursing Officer, Acute Care
Acute Care Vice Presidents
Acute Care Directors