

Hendricks Regional Health Patient Safety Strategic Plan

Strategic Planning

Achieve Excellence in Healthcare Industry Role: Administration, Medical staff leaders and patient safety staff will participate in patient safety improvement collaboratives with one of the following organizations, ISDH VHA, IHI, CMS, and/or Leapfrog.

2008 Objectives

With input and approval from the board of trustees, involve members of administration, medical staff and patient safety champions in development of patient safety improvement programs in collaboration with one or more of the organizations listed above.

Continue and enhance our participation on collaboratives for Prevention of Pressure Ulcers, High alert medications, and Prevention of Hospital acquired infections.

Regularly correspond with elected and/or appointed officials to influence regional and state patient safety initiatives.

Accomplish by 2010

Seek recognition from regional, and or state organizations for patient safety initiatives.

Achieve excellence involving our Community: Members of the community will learn of opportunities for improvement, and will review improvement activities for patient safety.

Objectives beginning 2008 through 2010

Patient Safety Officer, or designee will coordinate with Marketing, opportunities to speak to community groups. (2-3 in 2008, 4-5 in 2009, and 6-8 by 2010.)

Patient Safety lead news media coverage and press releases.

(2-2008, 3-5 in 2009, 5 or more by 2010.)

Accomplish by 2010

Develop a Patient Safety Advisory group consisting of members of the community who will receive information on patient safety initiatives and provide feedback.

Achieve excellence for Fiscal Resources: Patient Safety Budget allows for educational conferences and reference materials for patient safety.

Objectives beginning 2008 through 2010

Approval for 2008, 2009 and 2010 Patient Safety Budgets.

2009

Include budget monies for increased technical support, e.g.; software programs, consultants.

Accomplish by 2010

Allocate comprehensive funds to support organization-wide activities, including funds towards achieving patient safety awards.

Institute for Safe Medication Practice- Cheers Award, given to honor individuals or organizations that set a superlative standard of excellence for others to follow in prevention of medication errors.

Achieving excellence in Physician Leadership: Involve physician champions leading initiatives aimed at improving patient safety.

2008

Surgery medical staff to lead improvement for SCIP measures, Cardiology med staff to lead improvements for CHF, and AMI, Medicine to continue leading improvements with prevention of aspiration and pneumonia. Infectious Disease to lead improvements in preventing hospital acquired infections.

Continue to implement recommendations from OB/PEDs committee towards “Pediatric Care Priorities”.

2009

Increase the number of physicians serving as champions for new initiatives. (Utilize the baseline number of physicians involved in 2006-07 to set goals for 2009)

Select Computerized Physician Order Entry, (CPOE) system with decision support.

2010

Implement CPOE system.

Competency Goals

Achieve excellence with Physician and Patient Safety Staff

Knowledge: Many physicians and staff are proficient in measurement, process improvement, and systems design to transform performance.

2008

Adopt and implement Patient Safety Policy that defines HRH patient safety responsibilities for promoting and sustaining improvement across organization.

2008 into 2009

Implement curriculum to educate patient safety staff and physicians on process improvement tools. (Root- cause analysis, Failure mode effects analysis, and hazard vulnerability.)

2009

Identify key behaviors required to measure staff and physician performance in promoting patient safety.

2010

Measure key staff and physician performance behaviors previously identified. Report results back to organization including the Board of Trustees.

Achieve excellence in General Staff Knowledge: Appoint unit/department specific patient safety facilitators to be liaisons from safety/patient safety committees to their unit/departments. Provide facilitators with education and training on patient safety programs.

2008

Appoint departmental patient safety facilitator staff. Department patient safety facilitators will increase their knowledge and use of tools to manage the change process.

2009

Departmental facilitators will lead root cause analysis, and failure mode effects analysis, and increase participation in patient safety walk-arounds.

2010

Department patient safety facilitators will become proficient in interpreting measurements, and system designs, to transform patient safety performance.

Achieve excellence with [Patient Safety Staff Professional Development](#): Patient safety officer to become a facilitator for patient safety improvement methods.

2008

Patient Safety Officer to pursue education and training towards certification by a recognized organization.

2009

Patient Safety Officer Certified. Consider if others, such as the Department Patient Safety Facilitators should also receive certification.

2010

Departmental patient safety facilitators will develop presentation skills needed to demonstrate results of projects and improvements regarding patient safety.

2010

At least one physician will attend a Patient Safety Conference.

Leading Change/Patient Safety Improvement and Education

Achieving excellence in **Organization-wide Learning and Improvement Process**: Patient safety activities integrated throughout the organization with clinical process redesign a common practice and results exceeding measurable targets.

2008

Coordinate Patient safety concepts curriculum in new hire orientation and annual education for associates and volunteers. Patient Safety Policy includes definitions, and core message of expectations, HRH patient safety philosophy.

Expand physician orientation to include patient safety processes.

Patient Safety Officer will attend at least one unit staff meeting for each department and med staff meeting, introducing patient safety concepts and strategic plan. This will include off-campus sites.

2009 into 2010

Each Department will identify an improvement project and will utilize patient safety/quality improvement tools.

** 50% in 2009, and 90% in 2010.*

Achieve excellence by **Focusing on Improvement**: Patient safety staff use proactive approach to improvement activities. Prevention is the main goal.

2008

Utilize research for evidence-based practice when developing or changing clinical processes.

2009

Participate in state and region collaboratives aimed at prevention.

2010

The Board, associates, physicians, and suppliers will collaborate to utilize hazard analysis with re-design of a clinical process.

** Place emphasis on new OR addition and new clinical software.*

Measurement and Evaluation

Achieve excellence in **Data Analysis and Outcomes Evaluation**: Sufficient patient safety staff resources allocated to support data driven evaluation and management of process and clinical outcomes for all patient safety strategic goals.

2008

Utilize the reports for improvements from the Event Management System in collaboration with other SHO facilities.

Designate Information Systems staff, (most likely the departmental champion) to work directly with Quality and Patient Safety.

2009

Engage Information Services in developing process, tools to track clinical and financial patient safety outcomes.

2010

Utilize computerized tools and process to track clinical and financial patient safety outcomes.

Achieve excellence by **Direct Access to Concurrent and Retrospective Process and Outcome Data, Best Practice, and Comparative Data**:

This includes transparency of performance information.

2008

Evaluate software tools (3 M, IHM, others) to automate data gathering and evaluation.

2009

Identify new outcomes, processes to measure best practice and apply comparative data.

2010

Measure HRH organization best practice goals... adjusting measures and targets over time.

Integrate key Patient safety data in the electronic medical record systems at the point of care. (*Example: electronic flags, pop-up boxes for patient safety indicators prompting need for prevention interventions.*)

Reporting

Achieve excellence when Data is Consistently Presented in Visual Form as actionable information, and interpretations lead to informed decision making.

2008

Train Patient Safety Facilitators in interpreting and reporting outcomes data for specific department.

Current outcomes data in 2008, and new outcomes data in 2009.

Reports should include outcomes related to patient harm, such as medication errors, falls, and medical error related to mis-communication.

2009

Patient Safety Officer will report to each Quality Forum meeting, and to the Board of Trustees 6 times a year.

2010

Develop patient safety specific dashboards for hospital staff, physicians, and the Board of Trustees.

Achieve excellence Reporting Systematically throughout the organization; focus on sustaining improvements and preventing problems.

2008

Facilitate patient safety champions with delivering outcome reports to their specific unit/department.

2009

Utilize internal communication to consistently deliver outcomes data to all groups: Board, medical staff, and all associates.

2010

Reports should track both the progress toward target dates for implementation of patient safety improvement processes, and target levels of achievement.

Utilize dashboards to promote patient safety improvements.