



**NORTH MEMORIAL AMBULATORY SURGERY CENTER
AT MAPLE GROVE**

**QUALITY ASSURANCE & PERFORMANCE
IMPROVEMENT PROGRAM DESCRIPTION**

OVERVIEW

Each patient has needs, including psychosocial, economic, spiritual and physical, which comprise the individual. North Memorial Ambulatory Surgery Center at Maple Grove is responsible for meeting the patients' needs according to their individual state of health. We shall strive for optimal outcomes with continuous improvements that consistently represent a high standard of practice, minimize risks to patients and are cost effective.

Mission

North Memorial Ambulatory Surgery Center at Maple Grove's mission is to provide excellent patient care in an environment of skill and compassion.

Goals and Objectives

- To create a safe and convenient environment for patients, physicians, and staff.
- To ensure all patients receive the highest quality of care.
- To function at a high level of efficiency for both the patient and physician.
- To assure that all information regarding patients is kept private and confidential.
- To provide an atmosphere of compassion and understanding with minimal stress and anxiety.
- To ensure that the medical staff, clinical and non-clinical personnel display professional performance and conduct.
- To demonstrate measurable improvement in patient health outcomes and improve patient safety.

Program Purpose

In accordance with its mission, the QAPI Program Description defines the context in which NMASCMG conducts its QAPI, Infection Control and Safety program. NMASCMG also develops an annual QAPI work plan, consistent with the program description to describe the priority improvement opportunities for each year.

Goals and Objectives

1. Improve the quality of care provided through ongoing, objective and systematic measurement, analysis and improvement of performance.
 - a. Utilize appropriate quality tools to assist with problem identification and to ascertain improvement opportunities.
 - b. Tabulate, aggregate, and summarize data and present in a meaningful format to assist in the identification of quality improvement activities and problem solving.
 - c. QAPI training
2. Maximize patient and employee safety and minimize risk of adverse occurrence

- a. Policies/procedures and practices to recommended best practices to include but not be limited to Minnesota Adverse Event Guidance, JCAHO Patient Safety Goals, and OSHA Regulations.
3. Improve patient and employee satisfaction
 - a. Addressing processes and or underlying issues identified through analysis of complaints;
 - b. Analyzing patient and employee satisfaction surveys on an ongoing basis;
 - c. Track and trend patient and employee satisfaction data to determine priority areas for improvement.
4. Innovative and cost effective care
 - a. Monitor and benchmark industry standards for cost-effective care (e.g. supply cost/case, staffing hours/case, etc.).
 - b. Seek to reduce overall healthcare costs by providing service in an outpatient setting (e.g. outpatient total joint procedures, etc.).

PROGRAM STRUCTURE

QAPI Program Components

The following components form the basis of NMASCMG's QAPI Program:

- **Leadership:** NMASCMG's management works to create and maintain an environment of excellence through leadership, personal involvement and visibility.
- **Information and Analysis:** Data analysis and reporting drive NMASCMG's decisions and provide direction in setting operational priorities and QAPI goal setting.
- **Strategic Quality Planning:** NMASCMG utilizes a comprehensive planning process for achieving and maintaining quality goals. This process uses internal and external benchmarks, comparisons, and customer satisfaction requirements to identify, prioritize, and evaluate improvement opportunities.
- **Quality Improvement Methods and Tools:** NMASCMG uses tested for quality improvement. Methods include baseline measurement, root cause and barrier analysis, identification of best practices, and implementation through focused interventions, re-measurement and evaluation.
- **Operational Evaluation:** The program results are evaluated for patterns or trends. In evaluating results, processes and strategies, NMASCMG uses objective measures derived from customer satisfaction requirements and expectations, and then assesses progress towards internal gals and external best practice benchmarks.

QAPI Model

NMASCIMG uses the Plan-Do-Study-Act (PDSA) model to identify and implement improvement strategies and activities.



The PDSA process helps to focus project development and implementation around these key questions:

- What goals are we trying to accomplish?
- How can we change current process to achieve improvement?
- How will we know that the changes, once made, have resulted in improvements/

The PDSA process continues until NMASCIMG meets its goals, or until improvement cycle results show a need to focus resources in another way.

Identifying Opportunities for Improvement

In identifying opportunities for improvement, NMASCIMG focuses on high-risk, high-volume, and problem-prone areas that may expose patients to potentially adverse outcomes. NMASCIMG integrates clinical quality priority setting, risk management priorities and patient satisfaction in to the identification process. NMASCIMG evaluates the full spectrum of clinical care and service the patient encounters.

NMASCIMG routinely monitors, analyzes, and trends data from a variety of sources, including:

- Utilization data

- Medical records
- Infection control
- Patient and employee satisfaction surveys
- Medication management
- Complaints
- Occurrence reports
- Safety reports
- Operative and pain management procedures
- Regulatory audit results
- Quality improvement initiatives

Policies

- **Confidentiality:** All records, data and information collected and then maintained by the quality department are to be used strictly for peer/professional review as defined by the Medical Staff By-laws and Board approved staff and committees involved in QAPI activities. Data, reports, or records, including minutes, collected for or by individuals to committees assigned peer review functions are confidential, not public records, and are not available for court subpoena in accordance with MSA 145.61-145.67, 144E.32 and other state and federal laws. No one will have access to or the right to release documents collected or prepared by the risk management staff without authorization.
- **Conflict of Interest:** No provider may participate in the evaluation and approval of any issue he/she has been professionally involved. Or in which relationships with parties involved may compromise the reviewer's judgment. All members of NMASCMG's Board sign a "conflict of interest" statement annually. In addition, all NMASCMG employees must attest to their understanding and agreement to abide by our confidentiality and corporate compliance programs, which includes conflict of interest provisions.

Communication of Program Activity

NMASCMG communicates QAPI activities and results to internal and external customers. Internal communication occurs through meeting minutes, emails, QAPI project reports, memorandums and posting of satisfaction data and QAPI project data. External communication vehicles include member and provider letters, NMASCMG web site, and reports to the Board of Governors.

AUTHORITY, RESPONSIBILITY AND STRUCTURE

The authority and accountability for the establishment, support, and evaluation of the QAPI program is vested in the Board of Governors who in turn shall delegate the responsibility for implementation of the programs to the Executive Director, who in turn

may delegate this responsibility to another Director. The Executive Director, in turn, reports directly to the Board of Governors. The Medical Staff shall be delegated authority and accountability for review and evaluation of Medical Staff functions and activities. Problems related to the safe delivery of medical/professional care and/or visitors, volunteers, medical staff, or employees shall be evaluated and acted upon through the risk management program as part of the organizational quality program. Appropriate peers shall evaluate data concerning individual events or adverse patterns of care involving physician practice. The Board, through this plan, authorizes the Medical Director, quality improvement staff, and risk management to coordinate, initiate and conduct peer/professional review. The peer/professional review process is conducted in such a way as to ensure confidential and secure handling of materials and outcomes as identified by organizational policy. The board, medical staff, and management shall work to establish, maintain, and support his comprehensive integrated program.

The Board of Governors

The Board of Governors has final authority and responsibility for establishment, maintenance, oversight, and support of the integrated quality program. The Board of Governors delegates oversight and responsibility for these programs to the Executive Director, who in turn delegates responsibilities to the Director of Regulatory Affairs. The Board will:

- Evaluate and approve the overall Quality Assurance and Performance Improvement Program Description. .
- Evaluate and approve the annual strategic QAPI Work Plan.
- Evaluate and approve the annual QAPI Evaluation.
- Oversee the peer review process.
- Participate in the review of credentials as well as quality of care issues and concerns of all active staff prior to their reappointment.
- Ensure regulatory compliance.
- Consider individual patient/physician data on potential and actual claims submitted.
- Review data on physician practice/patterns of practice or trends, and medical malpractice case findings submitted by the quality team.

Quality Assurance and Performance Improvement Committee

The QAPI Committee direct NMASCMG's quality and risk management processes to enhance quality and safety throughout the organization. Individuals within the team will represent the entire facility, providing a cross-functional group that possesses an overall knowledge and understanding of the surgical center as a whole and is facilitated by the Director of Regulatory Affairs. The committee meets quarterly and/or as needed and the members include:

- Executive Director

- Administrative Service Director/Human Resource Manager
- Director of Regulatory Affairs
- Manager, OR
- Manager, Pre/Post-Op
- Manager, Endoscopy
- Manager Human Resources
- Safety Officer
- Employee Health Nurse
- OSHA Nurse Representative
- Pre/post-op Staff Representative
- OR, Staff Representative
- Endoscopy Staff Representative
- Business Office Rep
- Anesthesia Representative
- Physician

The QAPI Committee's role is to:

- Direct and oversee implementation of NMACMG's QAPI Program which may include:
 - Review data and reports from infection control and transfer/hospitalization.
 - Review data and reports from patient satisfaction.
 - Review occurrence report data and make recommendations.
 - Receive reports on quality improvement project status and make recommendations.
 - Review reports regarding prevention and improvements in patient and employee safety and make recommendations
- Evaluate the scope, organization and effectiveness of the QAPI Program Description and make revisions as necessary.
- Assist in the identification and monitoring of QAPI activities.
- Assist in the development and evaluation of the Annual QAPI Work Plan and approval of the document
- Assist in the development of the annual evaluation and approval of the document.
- Act as the organizational body responsible for risk management activities.
- Review contracted services quality studies, and make recommendations based on results.

Physician Representatives/Medical Staff

- Contribute to medical staff quality assurance activities.
- Provide input in the development of criteria to be monitored in order to evaluate the quality and appropriateness of clinical performance.

Executive Director

- Is responsible for and accountable to the Board of Governors for the facility's QAPI Program.
- Acts as a liaison between the Board of Governors and organizational departments for matters affecting operations.
- Reporting improvement activities to the Board of Governors

Director of Regulatory Affairs

- Leads the Quality Improvement and Performance Improvement Program and Chairs the QAPI Committee meetings.
- Leads multiple, cross- functional and/or cross-departmental projects and initiatives.
- Advises Executive Director in defining and identifying key measures and performance targets.
- Facilitates and promotes organization wide philosophical commitment to quality.
- Communicates project status to sponsors, stakeholders.
- Develops project work plans and performs project management
- Mentors managers and staff in the development and implementation of improvement initiatives.

Managers

- Assure all new employees within their department are oriented to the QAPI Program.
- Serve on the QAPI Committee and actively participate in the QAPI process.
- Support and nourish the improvement efforts of every group and individual in the organization.
- Set and communicate expectations, developing plans, and implementing procedures to assess and improve the processes.

Safety Officer

- Works to develop and implement employee injury prevention strategies and programs. Monitors program effectiveness and makes adjustments as necessary.
- Reviews and investigates all adverse events and/or close calls reported, in partnership with the department manager.
- Investigates incidents regarding malfunctioning medical devices.
- Promotes an atmosphere of "culture safety" without blame.
- Ensures compliance with all environmental health and safety standards promulgated by all local, state, and federal agencies through development and implementation of on-site inspection and monitoring programs.
- Develops and recommends new procedures and approaches to safety and loss prevention based on reports of incidents, accidents and other relevant information.
- Facilitates building and grounds hazard surveillance surveys on a periodic and regular basis to detect code violations, hazards, and incorrect work practices and procedures

Departmental Representatives to QAPI Committee

- Actively participate in the development of the annual specific plan.
- Participate in specific process improvement teams as activities indicate.
- Responsible for reporting findings, actions and follow-up of activities to his/her department.

Employees

- Be knowledgeable of and actively participating in and supporting the QAPI process, specifically process improvement efforts in the form of PDSAs.
- Contribute to the achievement of improvement goals through individual action or in partnership with others.
- Communicate and work together to achieve the mission statement, values and goals of North Memorial Ambulatory Surgery Center.
- Develop a teamwork relationship with all customers and suppliers.
- Focus on the QAPI process to exceed the needs and expectation of the customers, suppliers.
- Commit to making customer satisfaction and safety top priority.

PROGRAM SCOPE

The QAPI Program encompasses the spectrum of clinical and service initiatives affecting patients, providers and employees. Key focus areas include:

- Access and availability
- Clinical review
- Complaints
- Continuity of care
- Patient rights and responsibility
- Patient, employee, and provider satisfaction
- Patient, employee, and provider safety
- Quality and cost information
- Utilization analysis
- Infection Prevention

PEER REVIEW

Peer review shall be completed to assist in credentialing as well as be a mechanism for evaluating the quality of patient care in an environment that is safe convenient and comfortable. Evaluating the health care provided insures that the health care professionals are providing the quality of patient care that NMACSMG makes every effort to achieve. Peer review shall involve a continual, routine gathering of information. Objective and systematic monitoring will be utilized in the evaluation of documentation and unexpected outcomes Staff members as well as physicians shall be engaged in this process. Peer review information will be incorporated in the reappointment process.

CREDENTIALING

All new applicants and applicants for reappointment to medical staff will meet all requirements according to the North Memorial Ambulatory Surgery Center Credentialing policies. To obtain privileges, appropriate information will be submitted by the physician/practitioner outlining the general qualifications, delineation of their intended scope of practice and their obligations as members of the medical staff. The applicant further agrees to abide by the stipulations stated in the MN Uniform Application and Authorization and Release and understands the applicant has the burden to insure responses are received in a timely manner. The application must be completed in full including the required disclosure questions. In addition, they understand the burden is on them to insure provision of adequate information to resolve any query regarding qualifications.

It is the responsibility of appointed Medical Director to review the application file and applicant's delineation of privileges request in a timely fashion. Any concern or request considered inappropriate will be highlighted for response from the North Memorial Ambulatory Board. It is the responsibility of the Medical Director to review the application file, and make a recommendation to approve or deny the request to the North Memorial Ambulatory Board. It is the responsibility of the North Memorial Ambulatory Board to review the application file, the recommendations of the Medical Director and to approve or deny the physician/practitioner's request for appointment/reappointment to the medical staff.

North Memorial Ambulatory has Medical Staff Rules & Regulations that govern the credentialing process and all associated activities of the medical staff.

QAPI WORK PLAN

The QAPI Work Plan is a fluid document that highlights the key improvement initiatives NMACMG undertakes each year. The Work Plan documents the significant quality and risk management planning, monitoring and performance improvement activities. It further addresses person responsible, interventions, goals/benchmarks, and timelines. The Work Plan is adjusted if activities change during the year based on the project assessments, or as goals and priorities change. The Work Plan is reviewed and approved by the QAPI Committee and Board of Governors.

QAPI MANAGEMENT PROGRAM EVALUATION

NMACMG's annual program evaluation outlines the previous year's quality and risk management activities, as outlined in the annual Work Plan. The evaluation includes:

- Descriptions of the year's principal QAPI activities
- Measures and trending to assess performance
- Analysis of NMACMG's success in demonstrating improvements
- Evaluation of the overall effectiveness of the QAPI program

North Memorial ASC at Maple Grove QAPI Program Description

- Recommendations for changes in areas that did not meet goals

The QAPI Program Evaluation forms the basis for the next year's QAPI Work Plan.

The program evaluation is reviewed and approved by the QAPI Committee and is then reviewed and approved by the Board of Governors.

REVIEW AND UPDATE OF QAPI PROGRAM DESCRIPTION

The QAPI Program Description is reviewed annually. As changes are made to the program and or organization, the Program Description is revised. Any changes to the Program Description need to be approved by the QAPI Committee. Revisions to the program will be effective upon approval of the Board of Governors. .

Signatures of Acceptance and Approval

QAPI Committee

Date

Board of Governors

Date