

NORTH MEMORIAL AMBULATORY SURGERY CENTER AT MAPLE GROVE
2019 ANNUAL QUALITY IMPROVEMENT WORK PLAN

						Timeline				
Activity	Owner	Purpose	Measures/Actions	Goal/Std/benchm	Data Source	Q1	Q2	Q3	Q4	Results
Mandatory Requirements										
Compliance with MDH ASC regulations and CMS CfC's	All-NMASC MG	Remain compliant with all state and federal regulations, specifically the ASC CfC's and MN ASC Regulations.	All leadership will be knowledgeable and kept abreast of current and any revisions of standards. Education provided to staff as needed	Regulatory Compliance – Maintain compliance with CMS CFC's and MN Regulations.	CMS CfC's MN Regulations Survey Outcomes	X	X	X	X	Ongoing compliance with Regulatory Standards
Compliance with CDC Infection Control Guidelines	All-NMASC MG	Remain compliant with CDC infeciton control guidelines in an effort to remain compliant with ASC infection Control CFC	CFC and IC guidelines reviewed periodically to assure compliance . Staff education as needed.	Maintain Regulatory Compliance	Infection Rates/Observatio nal Audits	X	X	X	X	Incorporate into Infection control Program. Decrease risk of infection for nmascmg patients

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Compliance with all mandated reporting requirements.	Clinical Director	Ensure ongoing reimbursement increases from Medicare and seek to improve scores where appropriate.	Claims-based submission for Medicare requirements. Annual submission of remaining measures for both CMS and MN Community Measurement.	Submission for all measures by deadlines and on every claim.	EPIC and Provation. Measures to be reported through Quality Net, NHSN or are claim based reported via SMP	X	X	X	X	Timely reporting of mandated measures will provide maximum financial reimbursement.
Annual Evaluation	QI	Review the effectiveness of the annual plan for the previous year.	Completed evaluation.	BOG reviews and approves evaluation.	Various program description work plan.	X				Completion of annual evaluation completed by end of q1, 2019 to be approved per BOG
Quality/Risk Program Description	QI	Annual review of the program incorporating changes identified in evaluation.	Review and revise program and structure to reflect improvements.	BOG reviews and approves program description.	Various	X				BOG to approve Q1 2019
Annual Work Plan	QI	Outline the planning, monitoring and improvement activities for the year.	Work plan is completed.	Work plan is reviewed and approved by BOG.	Various	X				To be approved Q1 2019 by QAPI committee and BOG
Biannual Review of Policies and Procedures	Leadership team (including clinical supervisors and/or designees)	Assure P&P's are updated to reflect current performance parameters. Next comprehensive review is due in June 2019 and on going as needed.	Policies and procedures reviewed and revised as needed. Staff will review policies per mandatory requirements and/or with changes.	Applicable policies updated. Policy reviewed by staff with new implementation and or edits.	K: drive Policies and Procedures	X	X	X	X	ongoing

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Employee Education	Clinical Director, Clinical Supervisors and HR	Comprehensive training and education to facilitate and promote the commitment to quality of care and service.	HealthStream Online learning. Provide additional modules for other mandatory educational needs.	100% staff completion with 80% score. Additional mandatory educational modules provided.	Health Stream Reporting Continued education and inservice training as needed	X	X	X	X	Meet Regulatory compliance knowledgable staff who provide exceptional care.

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Quality Indicator Monitoring										
Infections/SSI, Implants and HAI	Clinical Director/ Clinical Supervisors and assigned committee members	Track/trend and analyze to prevent/minimize infections. Monitor adherence to infection control practices	Infection rate monthly (per 1000 cases). Follow-up on all patients sustaining post-op infection. 30days and 90 days for implants. Initiate peer review on patients who develop infections. Ongoing environmental audits.	ASCA mean 1.1:1000. Benchmark with SMP and MNASCA Analyze and report any deviations from established norms. Correct action items noted with environmental audits. Audit endoscopy cleaning process on annual basis to ensure compliance due to complexity of process. housekeeping audits	EPIC Reporting K: drive infection control folder Physician Surveys Environmental and housekeeping audits. Endoscopy cleaning competency audits, monthly monitoring of sterilization process audits.	X	X	X	X	
Transfers/ Hospital Admissions	Clinical Director, Executive Director and Clinical Supervisors	Track/trend and analyze to prevent/minimize occurrences.	Monthly rate (per 1000 cases) for direct transfers from ASC to acute-care facility. Monthly rate (per 1000 cases) for hospital admission w/in 72 hours from surgery. Provide education for physician during initial appointment. All transfers to be reviewed per peer review process	ASCA mean 1.1:1000 Benchmark with SMP/MNASCA Internal Benchmark = 1.0:1000 Analyze and report any deviations from established norms.	EPIC reporting, Surveillance forms, occurrence reports , post op phone calls, patient surveys.	X	X	X	X	72 hour admission will continue to track and trend even though not required reporting CMS measure. Continue with peer review for all transfers and admission.

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Patient/Visitor and Employee Occurrences	Safety and Quality Committee, clinical managersq	To prevent and/or minimize potential risk to patients and employees.	Track/trend pt/visitor occurrences. Track/trend employee occurrences.	Any trends noted will be given consideration for a quality improvement study and need for improvement.	Occurrence Reports	X	X	X	X	
Patient Satisfaction	QAPI, Executive director, Clinical Supervisors, and Clinical Director	Improve patient satisfaction with care received at NMASCMG.	Overall Satisfaction, Confidence in Care and Recommend Facility Patient Satisfaction Results	Goal for Overall Satisfaction, Confidence in Care and Recommend Facility to be above National Average by 0.1 each quarter.	Symphony Reports	X	X	X	X	Ongoing surveillance and education to staff

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Maintain Normothermia	Clinical Director and Clinical Supervisors	To maintain normothermia within 15 minutes post op for general and neuraxial anestehsia patients under anesthesi for > 60 minutes. To provide better patient outcomes, i.e. less infections, increase comfort levels, faster recovery times,	track and trend patient temperatures within first 15 minuts post op for general and neuraxial patients whose anesthesia has been greater than 60 minutes.	Temperature within first 15 minuts of arrival in phase 1 will be at or >96.8 degrees F 95 % of time. Normothermia measure will be reported for 2018 data per quality net portal	EPIC Patient REPORT	X	X	X	X	Ongoing - were 98% for 2018
Contracted Services	Laurie Daniels	To assure that all contracted services are maintaining quality standards and following appropriate guidelines.	Documented evidence of quality measures will be kept on file for all contracted services. It will be updated annually.	Documented evidence of quality will be kept on file for 100% of vendors.	QI Contract Manual	X	X	X	X	Quality Committee Review due March 2019

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High-Volume, High-Risk, or Problem-Prone Processes – Improvement Activities										
Infection Control- Hand Hygiene IUSS Monitoring SPD audits	Clinical Director, Clinical Supervisors and designee's	To decrease the risk of infection from the hands of health care workers. Comply with current CDC Hand Hygiene Guidelines and improve hand hygiene compliance.	Monitor compliance rates and provide feedback of rates to staff and committees. Yearly Infection Control Education and on as need basis. Monitor frequency of IUSS	Achieve 90% pre and post-hand hygiene compliance Based on IUSS frequency purchase and or add to budget new equipment and supplies	Hand washing Audits IUSS Monitoring	X	X	X	X	HH education demonstration 3rd quarter. Monthly hand hygiene audits, physician, contract and EE education and decrease IUSS frequency.
Patients pain managed during their time in the ASC	Perioperative Supervisors, Perioperative Staff, Clinical Director	Increase patient satisfaction with managing their pain adequately.	Monitor rates of this measure monthly/quarterly. Continue to educate staff on the importance.	Exceed National Average by 0.1	Symphony monthly and quarterly tracking	X	X	X	X	Improve Patient satisfaction with this measure.
Consents	Perioperative Supervisor's, scheduling, PAN, nursing staff.	To ensure completion of consents in order to avoid wrong site surgery or adverse health events	Monitor completion of consents as outlined in policy. Reconvene consent task force with members from all departments.	95% accuracy of consent completion per policy.	Consent audits per EPIC and paper consents and /good catches	x	x	x	x	Accurate completion of consents to avoid adverse health events. Condu 20 random chart audits per month.

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Medication Errors	Clinical Supervisors and Clinical Director	To Provide accurate medication administration using the 5 rights.	Track and trend all medication occurrences.	Goal <or=1.1:1000 internal benchmark Benchamrk with SMP and MNASCA	Via Occurrence reports and Good catches	X	X	X	X	ongoing TRACKING TO ASSURE MAINTENANCE OF COMPLIANCE WITH MED ADMINISTRATION
Specimen Errors	Clinical Supervisors and Clinical Director	To procure and document specimens correctly for patient safety	Track and trend all specimen occurences.	Goal No specimen errors	Via Occurrence reports	X	X	X	X	Ongoing tracking to ensure adherence to our specimen policy and procedure

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Time-Out Process/ Correct site surgery	OR Supervisor, Perioperative Supervisor and Clinical Director	To assure safety of all patients by following Universal Protocol policy.	10 Random monthly observational audits of time-out process for surgical patients and procedure room patients. Appropriate actions will be initiated based on results of the above actions.	100% compliance with all indicators on observational audits.	Chart Audits Audits by observation	X	X	X	X	Ongoing compliance with Time out Process.
Anesthesia	Dr. Monahan Perioperative Supervisors, designee and Clinical director.	NIDDM and blood sugar management with Regular insulin pathway	Ongoing monitoring and measurement of blood surgars pre and post op following anesthesia pathway for administration of insulin monitoring in place	Maintain acceptable levels of insulin. Monitor for post op infection and complication	Patient record, post op phone calls, infection surveillance forms	X	X	X	X	Provide patients with coverage for blood sugars in order to maintain optimum healing

APPROVALS:

QAPI Committee Approval:
Board of Governor Approval:

Signature: _____
Signature: _____

Date: _____
Date: _____

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