PURPOSE:

• The purpose of the Organizational Performance Improvement Plan at Premier Medical Group (PMG) is to ensure that the medical staff and professional service staff demonstrate a consistent endeavor to deliver safe, effective, optimal patient care and services in an environment of minimal risk.

• In keeping with this organization’s mission; to foster, nurture and perpetuate the concept of a family centered, quality conscious and cost-effective medical practice of excellence, providing a continuum of care with a profound respect for life and dignity at each stage of the human experience. The Organizational Performance Improvement Plan allows for a systematic, coordinated and continuous approach to improving performance focusing upon the processes and mechanisms that address these values.

• As patient care is a coordinated and collaborative effort, the approach to improving performance involves multiple departments and disciplines in establishing the plans, processes and mechanisms that comprise the performance improvement activities at PMG. PMG has the responsibility for monitoring every aspect of patient care (including contracted services), from the patient’s first visit through diagnosis, treatment, recovery and discharge in order to identify and resolve any breakdowns that may result in suboptimal patient care and safety, while striving to continuously improve and facilitate positive patient outcomes.

GOALS OF PERFORMANCE IMPROVEMENT:

• The primary goals of the Organizational Performance Improvement Plan are to continually and systematically plan, design, measure, assess and improve performance of critical focus areas, improve healthcare outcomes, and reduce and prevent medical/health care errors. To achieve these goals, the plan strives to:

  • Incorporate quality planning throughout the practice, i.e. multi-level administrative meetings

  • Provide a systematic mechanism for the facility's appropriate individuals, departments and professions to function collaboratively in their efforts toward performance improvement, providing feedback and learning throughout the facility, i.e. supervisor meetings, staff meetings and multi-disciplinary meetings and cross departmental meetings.
Provide for an organizational-wide program that assures the facility designs processes (with special emphasis on design of new or revisions in established services) well and systematically measures, assesses and improves its performance to achieve optimal patient health outcomes in a collaborative, cross-departmental, interdisciplinary approach. These processes include mechanisms to assess the needs and expectations of the patients and their families, staff and others. Process design contains the following focus elements:

- Consistency with the organization's mission, vision, values, goals and objectives, and plans
- Meets the needs of individuals, staff and others
- Use of clinically sound and current data sources (for instance, use of practice guidelines, information from relevant literature and clinical standards), i.e. American Gastroenterology Association, American Urology Association and American College of Physicians.
- Is based upon sound business practices, i.e. daily financial reports and annual budgets.
- Incorporates available data from internal sources and other organizations about the occurrence of medical errors and sentinel events to reduce the risk of similar events in this practice.
- Utilizes the results of performance improvement, patient safety and risk reduction activities as demonstrated by the outcome data from ongoing audits.

The organization incorporates information related to these elements, when available and relevant, in the design or redesign of processes, functions or services.

Assure that the improvement process is practice-wide, monitoring, assessing and evaluating the quality and appropriateness of patient care, patient safety practices and clinical performance to resolve identified problems and improve performance. Appropriate reporting of information to the Governing Body to provide the leaders with the information it needs in fulfilling its responsibility for the quality of patient care and safety is a required mandate of this plan.

Necessary information is to be communicated among staff when problems or opportunities to improve patient care and patient safety practices involve more than one department/service.

The status of identified problems is tracked to assure improvement or problem resolution.

Information from departments/services and the findings of discrete performance improvement activities are used to detect trends, patterns of performance or potential problems that affect more than one department/service.

The objectives, scope, organization and mechanisms for overseeing the effectiveness of monitoring, assessing, evaluation and problem-solving activities in the performance improvement program are evaluated annually and revised as necessary.

Treatment and services affecting the health and safety of patients are identified. Included are those that occur frequently or affect large numbers of patients; place patients at risk of serious consequences or deprivation of substantial benefit if care is not provided correctly or not provided when indicated; or care provided is not indicated, or those tending to produce problems for patients, their families or staff.
**SCOPE OF ACTIVITIES:**

- The scope of the organizational performance improvement program includes an overall assessment of the efficacy of performance improvement activities with a focus on continually improving care provided, and patient safety practices conducted, throughout the practice. The program consists of these focus components: performance improvement, patient safety, quality assessment/ improvement and quality control activities. Collaborative and specific indicators of both key processes and outcomes of care are designed, measured and assessed by department leaders and disciplines of the organization in an effort to improve patient safety and organizational performance. These indicators are objective, measurable, based on current knowledge and experience and are structured to produce statistically valid, data driven, performance measures of care provided. This mechanism also provides for evaluation of improvements and the stability of the improvement over time.

- The scope of the organizational performance improvement program includes performance of the following medical staff functions:

  Monitoring, assessment and evaluation of the patient care and the clinical performance of all individuals with clinical privileges as appropriate. The organization collects data on the following:

  - Operative or other procedures that place patients at risk of disability or death.
  - Adverse events related to using moderate or deep sedation or anesthesia.
  - Significant medication errors.
  - Significant adverse drug reactions.
  - Patient perception of the safety and quality of care, treatment, or services.

- Relevant findings from performance improvement activities performed are considered part of:

  - Reappraisal/reappointment of medical staff members
  - The renewal or revision of the clinical privileges of individuals who practice independently
  - The mechanism used to appraise the competence of all those individuals not permitted to practice independently

- Information Management:

  - Performance improvement activities throughout the practice are dependent upon the management of information function. This function is performed in an interdisciplinary collaborative approach throughout the organization.
  - This function is performed to obtain, manage and use information to enhance and improve individual and organizational performance in effective communication, patient care and safety, governance, management and support processes. The quality of the medical record is reviewed for accuracy, timeliness, completeness, clinical pertinence and legibility.
Performance Improvement Oversight Responsibility:

- The results of performance improvement activities performed throughout the facility will be considered in the decision process for determination of educational programs for medical staff and all personnel that this education may benefit.

Relevant findings from the outcome of performance improvement activities performed to monitor, assess and evaluate the patient safety practices, and patient care and services provided by individuals who are not subject to the medical staff privilege delineation process will be considered as part of clinical competence evaluations.

- The findings, conclusions, recommendations, actions taken to improve performance and the results of actions taken are documented and reported through the practice on at least a quarterly basis.

**ANNUAL EVALUATION AND APPROVAL:**

To assure that the appropriate approach to planning processes of improvement; setting priorities for improvement; assessing performance systematically; implementing improvement activities on the basis of assessment; and maintaining achieved improvements, the organizational performance improvement program is evaluated for effectiveness at least annually and revised as necessary.

**CONFIDENTIALITY:**

- All information related to performance improvement activities performed by the medical staff or PMG personnel in accordance with this plan are confidential

- Confidential information may include but is not limited to Performance Improvement reporting, electronic data gathering and reporting, untoward incident reporting and clinical profiling.

- Some information may be disseminated on a “need to know basis” as required by agencies such as federal review agencies, regulatory bodies, the National Practitioners Data Bank.

**Date Policy to be reviewed:** 05/15