



Healthcare Organization Commitment

Contact Details

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Position

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Commitment Details

Commitment Name

Challenge #1: Improving Safety Culture

Participants

Linda I Dickey

What Patient Safety Challenge does your Commitment address?

Challenge 1 - Culture of safety

Commitment Start Date

01/01/2018

How Many Hospitals Will This Commitment Represent

1

Action Plan

UC Irvine Health is targeting 4 overall strategies for improvement of our culture of safety: -- Implementing TeamSTEPPS --Implementing our Just Culture policy --Using an internally developed measurement tool ("Crosswalk " document) to monitor safety & quality metrics; multiple improvement efforts are underway related to these metrics --Participating in the PSMF Zero Lives by 2020 Campaign Specific actions include: 1) Rolled out a Campaign to change Culture from current state to a Culture of Safety 2) Conducted a Culture of Safety Survey 3) Used Results from the Culture of Safety Survey to develop a message to hospital stakeholders, and to inform corrective actions to make the hospital safer, and make the safety culture more robust. 4) Have developed multidisciplinary teams composed of MDs, RNs, Quality Experts, Pharmacists, Lab medicine, Radiology, Respiratory therapy, and other ancillary stakeholders, to review our safety data, and have asked these teams to develop corrective measures in their domains to improve safety and quality. We meet with these teams every 4-6 weeks to track improvements in safety and quality metrics. 5) Developed a TeamSTEPPS training program and began teaching this work. 6) Developed a Just Culture Algorithm for dealing with errors when they occur to increase reporting and increase the ability to make systems changes, rather than individual blame. 7) Developed a balanced scorecard (one for inpatient and one for ambulatory) that is now shared at Managers Forum, Director's Council, Medical Executive Committee to align all stakeholders on our institutional goal of Zero Harm to patients (especially by 2020). 8) We have a daily review of 100% of IRs that occurred in hospital within the prior 24 hours (72 hours for the Monday review). 9) We have a robust RCA and ACA review process of all IRs that come in or other systems errors that are reported to our critical event management team (CEMT). 10) Began a daily operations huddle that includes representatives for all hospital stakeholders - we lead off this meeting with requests for safety concerns. 11) we do 100% mortality review of all expired patients to search for safety factors.

Commitment Timeline

1) Jan 15, 2017 - began Roll out on Campaign to change Culture from current state to a Culture of Safety (Zero Harm by 2020) 2) May 2017 - Conducted a Culture of Safety Survey 3) July/Aug 2017 - Used Results from the (May 2017) Culture of Safety Survey to develop a message to hospital stakeholders, and to inform corrective actions to make the hospital safer, and make the safety culture more robust. We are in the process of rolling this message out to stakeholders - should be complete by December 2017. 4) Jan 15, 2017 - developed multidisciplinary teams composed of MDs, RNs, Quality Experts, Pharmacists, Lab medicine, Radiology, Respiratory therapy, and other ancillary stakeholders, to review our safety data, and have asked these teams to compose corrective measures in their domains to improve safety and quality. We meet with these teams every 4-6 weeks to track improvements in safety and quality metrics. On going. Note last year our Vizient Hospital Quality Scorecard was 51 of 107 AMC hospitals in 2016; our rank increased to 34 of 107 hospitals in the

recently announced rankings (Sept 15, 2017). 5) Began developing TeamSTEPPS training program in fall of 2017; after revising material based on survey feedback, teaching began spring 2018 and will be implemented to all departments. 6) Approximately 3 years ago began work on a Just Culture Algorithm and Policy. We completed this work in July, 2017 and have now begun training. We presented the work to medical staff in July, and presented to Managers Forum September 27, 2017. We will now roll this education out to rank and file front line stakeholders. Roll-out is led by 2 MD Champions, and 2 Nurse Champions - the CMO & CNO are also supporting this work. The goal will be to increase reporting (tracked by monthly IR tallies) and increase the ability to make systems changes, rather than individual blame (we conducted a pre-introduction survey), we will send out a post training survey once the education is completed - likely in March/April 2018. 7) June 2017 we developed a balanced scorecard (one for inpatient and one for ambulatory). These were refined monthly, and now deployed. The scorecards are available on line, and have also been shared at Managers Forum, Director's Council, Medical Executive Committee, and other venues to align all stakeholders on our institutional goal of Zero Harm to patients (especially by 2020). Execution complete. 8) Aug. 2014 started a daily review of 100% of IRs that occurred in hospital within the preceeding 24 hours (72 hours for the Monday review). We have improved the process over time, and now have a stable, mature process. We have more IRs submitted than any other of the 5 University of California Hospital systems. 9) We have a robust RCA and ACA review process of all IRs that come in or other systems errors that are reported to our critical event mangement team (CEMT). We revised the system in July 2015, and then again in July 2016, and have once again improved processes as of August , 2017 and are having a 2018 Kaisen event to again revise our RCA/ACA process for continued improvement. 10) March, 2017 Began a daily operations huddle that includes representatives for all hospital stakeholders - we lead off this meeting with requests for Safety concerns. This process allows for immediate conveyance of safety concerns and rapid correction by stakeholder on site. 11) July, 2013 began 100% mortality review of all expired patients to search for safety factors. We have bolstered the program in July 2017. This work has allowed focus on correction of safety concern that have led to patient deaths. Our improvement activity is ongoing throughout the year.

Impact Details

Lives Lost in Last Calendar Year

551

How many lives do you expect to spare from harm in the next calendar year?

0

How many lives do you expect to save in the next calendar year?

57

Methodology for Determining Lives Saved

UCI Health has established an internal mortality goal based on our overall mortality. Based on the overall as the population for calculating mortality rates/lives saved, UC Irvine Health

has used data from Vizient to calculate lives saved for 2018 (57).