

Ferry County Health

2024 Quality Plan

LEADERSHIP: Organizational top-down commitment to zero-harm

SAFETY CULTURE: Empower all staff to speak up

PROCESS IMPROVEMENT: Robust data-driven approach to complex problem solving

DISTRICT-WIDE

- Implement A3 problem-solving method for Management led process improvement projects
- Optimize Policy/Procedure computer organization and department review routine

QUALITY PROGRAM GROWTH

- Establish Quality Improvement Committee Charter
- Optimize district Event Reporting policy and onboarding routine

Data Visualization Goals:

- Increase reporting and sharing of district quality data trends and reports
- Develop quick access to data and evidence for Leadership and Management decision-making

STAFF EDUCATION

Managers:

- Education about consistent and timely event reporting documentation and comments
- SMART goals and the relation to process improvement
- Standardize agency staff member orientation to quality and event reporting

Hospital:

- Utilization review program optimization—Interqual program rollout to hospital staff
- Transitional Care program education and multidisciplinary team development.



CLINICAL DATA MONITORING

Provider documentation completeness timing—**Informaticist**

New Provider chart reviews—**Chief of Staff**

Adverse Event reporting—**CNO**

Provider peer review program—**CNO**

Restraint documentation audits—**ER Nurse Manager**

Multidisciplinary Trauma Quality Improvement Program—**ER Nurse Manager**

Fall events and prevention program—**Resident Care Coordinator**

QBS annual Medicare wellness exams—**Health Data Analyst**

QBS PHQ depression screening — **Health Data Analyst**

QBS well-child visits — **Health Data Analyst**

QBS controlling blood pressure — **Health Data Analyst**

QBS Diabetes A1c monitoring — **Health Data Analyst**

Culture contamination audits—**Lab Manager**

Transfusion reaction audits—**Lab Manager and ER Nurse Manager**

Antibiotic stewardship program—**Infection Prevention RN**

Handwashing audits—**Infection Prevention RN**

Healthcare acquired infections—**Infection Prevention RN**

2024 Quality Improvement Committee Agenda

MONTHLY STANDING TOPICS:

- ❖ Complaint and Grievance review
 - ❖ Negative health outcomes review
 - ❖ Current regulatory or legal matter concerns
 - ❖ Adverse event review
 - ❖ Patient or visitor injury review
 - ❖ Insurance-related malpractice claims or concerns
 - ❖ Manager project reports as scheduled
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JANUARY

Manager project updates

Restraint use review

FEBRUARY

Contracted services program updates

MARCH

Provider medical record delinquency review

Infection Control risk assessment review

APRIL

Falls dashboard review

Risk Management review (visitor/vendor, equipment related, security, delays in care events)

Mortality—unanticipated death review

MAY

Medication Use event dashboard review

Trauma program quality dashboard review

NRC patient survey dashboard review

JUNE

Infection Control dashboard review

QBS dashboard review

Antimicrobial Stewardship review

Blood transfusion reactions review

Restraint use and documentation audit review

JULY

Mortality—unanticipated death review

Risk Management review (visitor/vendor, equipment related, security, delays in care events)

Provider medical record delinquency review

AUGUST

Trauma program quality dashboard review

NRC patient survey dashboard review

SEPTEMBER

Provider medical record delinquency review

QBS dashboard review

OCTOBER

Mortality—unanticipated death review

Risk Management review (visitor/vendor, equipment related, security, delays in care events)

Medication Use event dashboard review

NOVEMBER

Provider medical record delinquency review

NRC patient survey dashboard review

Endoscopy program (wrong site, patient, procedure) review

DECEMBER

Infection Control dashboard review

Antimicrobial Stewardship Program review

QBS dashboard review

Restraint use and documentation audit review

Blood transfusion reactions review