

# Compliance Responsibility and Healthcare Quality: What Does Your Board Need to Know?

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***What are the goals of the organizations quality improvement program? What metrics and benchmarks are used to measure progress towards each of these performance goals? How is each goal specifically linked to management accountability?***

Our goals for our patients are to:

- Decrease Mortality
  - Decrease Morbidity
  - Increase Patient Satisfaction
  - Improve Patient Safety
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- We utilize the University Healthcare Consortium for benchmarks in mortality, morbidity and safety. Our patient satisfaction information utilizes the Press Ganey organization, and the Pickar survey.
  - Each Clinical Chair will be asked to report their departments progress on these goals to the Board at least annually.

***How does the organization measure and improve the quality of patient care? Who are the key management and clinical leaders responsible for these quality and safety programs?***

We measure and improve the quality of patient care with the following metrics:

- UHC Reports:
  - Quality and Safety Management Report (QSMR)
  - Hospital Quality Measures Report (HQMR)
  - Clinical Outcomes Report
  - Key Indicator Report
  - Quality and Accountability Report
  
- Patient and Referring Physician Satisfaction Surveys
  
- Hospital Quality Matrix
  
- Hospital Incentive Program
  
- Each of the 19 clinical departments are responsible for ensuring the quality and safety of their departments.

***How are the organizations quality assessment and improvement processes integrated into overall corporate policies and operations? Are clinical quality standards supported by operational policies? How does management implement and enforce these policies? What internal controls exist to monitor and report on quality metrics?***

- Our faculty adheres to the policy and procedures of the health care entities in which they practice.
- The Compliance Committee of the School of Medicine enforces the compliance of the practices of the school.
- The Credentialing Committee credentials all providers.
- The Medical Management Committee has been charged by the Board to develop, implement, and review all the quality and safety activities of the organization.

***Does the board have a formal orientation and continuing education process that helps members appreciate external quality and patient safety requirements? Does the board include members with expertise in patient safety and quality improvement issues?***

- The Medical Director meets with each of the Department Chairs, or their designee to share and review the departments quality and safety data and develop improvement plans when necessary.
- The Board includes members with expertise in patient quality and safety.

## Physician Education and Training

- **Partnership between Medical Education, IUSOM, & Quality**
  - Residents, Faculty, New medical staff, & Medical students. Orientations for all new interns, 3<sup>rd</sup> year med students, new faculty on staff.
  - Ongoing training with quality and safety lunches, intersessions for med students, orientation for new faculty mid-year.
- **Core curriculum**
  - Quality, Safety, Medical Equipment, EHR, Regulatory Compliance, Infection Control, Medication Safety, etc.
  - Designed for orientation & on-going information sharing

***What information is essential to the board's ability to understand and evaluate the organization's quality assessment and performance improvement programs? Once these performance metrics and benchmarks are established, how frequently does the board receive reports about the quality improvement efforts?***

- The Board requires each of the Clinical Departments to report at least annually to report on the following:
  - Mortality
  - Morbidity
  - Satisfaction
  - Safety
- CMS Physician Voluntary Reporting Program (PQRI)
- EHR implementation
- Communication with referring physicians and patients

***How does the quality assessment and improvement processes coordinated with its corporate compliance program? How are quality of care and patient safety issues addressed in the organization's risk assessment and corrective action plans?***

- The physician faculty are integral to promoting corporate compliance, as well as to risk management and organizational reputation. All employees and faculty are encouraged to use the confidential hotline numbers to report compliance issues anonymously. The use of the hotline is not limited to compliance, and can be used for quality and safety concerns as well.
- We collaborate with each of our hospital partners in their risk assessment and corrective action programs

***What processes are in place to promote the reporting of quality concerns and medical errors and to protect those who ask questions and report problems? What guidelines exist for reporting quality and patient safety concerns to the board?***

- We encourage all employees and faculty to utilize the confidential compliance hotlines to report any issue. All quality and safety issues are investigated by the Medical Director, and are reviewed by the Medical Management Committee, which reports to the Board. All such reports are handled in a confidential manner.

***Are human and other resources adequate to support patient safety and clinical quality? How are proposed changes in resource allocation evaluated from the perspective of clinical quality and patient care? Are systems in place to provide adequate resources to account for differences in patient acuity and care needs?***

- Resources are assessed at least on an annual basis. Our Board has recently allocated additional resources for quality and safety.
- We utilize the UHC case mix index to benchmark the acuity of our patients.

***Does the competency assessment and training, credentialing, and peer review processes adequately recognize the necessary focus on clinical quality and patient safety issues?***

- We review malpractice complaints, the National Practitioner Databank, patient satisfaction, credentialing and physician specific complaints. The Credentialing Committee and the Medical Management Committee review and act on this information and report to the Board.

***How are “adverse patient events” and other medical errors identified, analyzed, reported, and incorporated into performance improvement activities? How do management and the board address quality deficiencies without unnecessarily increasing the organization’s liability exposure?***

- We are linked to the Risk Management departments of each of our affiliated hospitals. We also assist with the following:
  - State Department of Health Reportable Events
  - JCAHO Sentinal Events
  - Internal investigations and Reviews of adverse events

## Questions?

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