Washington Patient Safety Coalition (WPSC)

Coordinated Quality Improvement Program

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1 **Washington Patient Safety Coalition (WPSC)**
2
3 **I. Background and Mission**
4
5 The Institute of Medicine's landmark 1999 report, "To Err is Human," alerted the
6 nation to the patient safety challenge in ways that prior studies had not. This
7 study, as well as Agency for Healthcare Research and Policy publications and
8 meetings, ignited a national dialogue and nationwide effort to improve patient
9 safety in the 21st Century.
10
11 Along with other health care leaders in Washington, the Department of Health
12 and the Health Care Authority approached the Foundation for Health Care
13 Quality (FHCQ) in 2002 to convene and facilitate a work group representing a
14 broad spectrum of those interested in patient safety challenges. This group's
15 discussion led to an inaugural conference in June 2002 at which health care
16 leaders from across the state discussed patient safety issues, prioritized topics,
17 and made a public commitment to work together to decrease medical errors and
18 improve safety for all people receiving health care in Washington. The FHCQ
19 was asked to continue to provide a home for the ongoing work of what became
20 the Washington Patient Safety Coalition, a voluntary, statewide organization. The
21 Foundation is a private, 501(c) 3 organization that is a trusted venue for
22 collaborative with a wide variety of stakeholders in health care; its status helps
23 health care leaders stay focused on the core mission of advancing a patient
24 safety agenda in Washington.
25
26 The Coalition builds on Washington's significant history of diverse groups
27 working together toward innovative quality improvement efforts. Participants
28 offer time, knowledge and experience in a collaborative atmosphere to achieve
29 shared goals. The Coalition welcomes the involvement of individuals and
30 organizations from all parts of the health care system: patients, providers,
31 purchasers, regulators, quality improvement and risk reduction organizations,
32 researchers, and others.
33
34 **Mission**
35 The mission of the Washington Patient Safety Coalition is to improve safety for
36 patients receiving health care in Washington, in all care settings.
37
38 The WPSC's vision is Safe care: every patient, every time, everywhere.
39
40
41 **Goals**
42 The WPSC will improve safety within and across all care settings by:
43 • Facilitating the exchange of information about best practices relative to
44 patient safety.
45 • Disseminating new knowledge and new practices.
46 • Supporting coordinated/collaborative efforts and new partnerships.

- Raising awareness of the need for safe practices.

Values

The Coalition's values are the following:

- Patient-centered: The methods used and promoted by the Coalition will be driven by the needs of the patient.
- System-oriented and sustainable: The Coalition will focus on system changes that create and sustain a safe environment.
- Evidence-based: The Coalition will strive to promote methods and activities that are evidence-based, while accommodating new research and emerging applications.
- Inclusive: The Coalition's work will recognize the diversity of our community and will strive to include all populations.
- Resource-sensitive: The Coalition will be sensitive to the resources required to implement and sustain change.

The Coalition sought CQIP-approved status in order to facilitate its activities to improve safety; CQIP status enables entities (e.g., hospitals, clinics, health plans) participating in its programs to share quality improvement lessons and activities in greater detail, which benefits all participants.

II. WPSC Administration, Authority and Accountability

The WPSC is administered as a self-governing program under the auspices of the Foundation for Health Care Quality (FHCQ), a private, non-profit entity that provides requisite stewardship over the data collection, analysis, discussion, and reporting of confidential information and data. As the Coalition's host, the FHCQ brings its status as an independent, trusted venue for collaboration with a wide variety of stakeholders to bridge public and private concerns. It provides staffing and facilitation, and serves as the Coalition's fiscal agent; when necessary to support and facilitate the work of the WPSC, the FHCQ can enter into contracts with organizations such as hospitals, health plans, data management firms, and/or other entities.

The following section describes the organization and governance of the Coalition.

A. Steering Committee:

The Steering Committee provides leadership and strategic planning for the Coalition's goals and activities; its members represent the major interests and stakeholders in health care and patient safety. It identifies priorities; nurtures and provides coordination for work groups; measures progress toward goals; communicates with stakeholders and disseminates information and materials; and identifies sources of financial support. The initial composition of the Steering Committee was determined following the Coalition's inaugural conference in

June 2002, and membership was recruited from organizations and others representing key interests in addressing patient safety. The membership and participation of a wide range of stakeholders cannot be overemphasized. Current Steering Committee membership is in Appendix A.

This Committee may revise or establish new rules of conduct. The governing structure is as follows:

1. The Steering Committee has been established as the Coalition's primary governing body.
2. The Foundation for Health Care Quality has recognized the members of the Steering Committee and delegated control to the Steering Committee over the Coalition rules of operation and program activities, which may include directing strategic planning and quality improvement activities.
3. The Steering Committee will be self-perpetuating: it will elect additional member representatives as needed, as terms expire or vacancies are created.
4. Member representatives:
    - B. There will be no more than 15 member representatives, nominated by the Executive Subcommittee from Coalition members, to be widely representative of stakeholders. Member representatives vote on all actions of the Steering Committee. Any vacant seats will be filled by recommendation of the Executive Subcommittee and approved by the Steering Committee.
    - C. Member representatives of the Steering Committee will serve renewable two-year terms.
    - D. If a member representative leaves his/her position on the Steering Committee prior to end of a two-year term, the represented organization may provide a replacement to serve for the remainder of the term; at the end of the term the seat will be filled by the recommendation of the Executive Subcommittee and approved by the Steering Committee; the seat may, but will not necessarily, transfer to another person from the same organization.
5. The Steering Committee will elect a Chair and Vice-Chair from its member representatives to serve a non-renewable two-year term.
6. The Steering Committee may create subcommittees at its own discretion.
7. Steering Committee meetings and related business will be conducted by agreed-upon Rules of Order.
8. The Steering Committee will conduct regularly-scheduled meetings.
9. Minutes of Committee meetings will be kept, and will be made available to all Coalition members.

10. Steering Committee actions require a quorum of eight voting members. Ties will be broken by the Chair.

11. All actions of the Steering Committee will be approved by a simple majority vote.

12. In the absence of a quorum, those present may recommend that an action take place, which may then be voted upon by the Steering Committee via e-mail.

13. In the absence of both the Chair and Vice-Chair, meetings may be chaired by the CEO of the Foundation for Health Care Quality or by the Coalition's Program Director.

14. Attendance and participation expectations:

    B. Attendance: each member representative will attend at least 2/3 of the meetings each year, either in person or by phone.

        i. Substitute: each member representative may designate one substitute from his/her organization, to attend no more than two meetings each year.

    C. Participation: each member representative will participate in at least one Coalition subcommittee or work group.

    D. The Executive Subcommittee will review member representatives' attendance and participation; at its discretion, member representatives who do not meet the standard may be asked to resign their seat; may not be nominated to renew their term; or may be invited to join the Advisory Group.

B. Advisory Group:

Designated individuals from member organizations not represented on the Steering Committee may join the Advisory Group. Other individuals who are not from member organizations (e.g., consumer representatives) may be invited to join the Advisory Group at the recommendation of the Executive Subcommittee they are welcome to attend Steering Committee meetings without expectations of attendance, will receive Steering Committee minutes and other materials, and are encouraged to join subcommittees. Advisory Group members do not vote on action items.

C. Subcommittees:

1. Standing Subcommittees:

    a. Executive Subcommittee:

i. The membership of the Executive Subcommittee consists of the following: the immediate Past Chair and the current Chair and Vice-Chair of the Steering Committee; Chairs of the Membership and Finance and the Annual Conference subcommittees.

ii. This subcommittee hears reports from the above-named chairs and develops the agenda for each Steering Committee meeting; reviews the Coalition's Governance documents and issues at least annually and makes recommendations for changes to the full Steering Committee; it identifies and vets potential new member representatives of the Steering Committee and recommends them; and it monitors member representatives' attendance and participation and makes recommendation about term renewals. It may also make decisions and recommendations that, due to time constraints, cannot be delayed until the next Steering Committee meeting.

b. Membership and Finance Subcommittee:

i. This committee is responsible for reviewing the financial status and plans for the Coalition and it develops and monitors strategies, including membership. Membership in this subcommittee is open to any member of the Coalition and will have no more than nine members, a majority of whom are Steering Committee members. It will be chaired by a member of the Steering Committee.

c. Annual Conference Subcommittee:

i. This committee develops and coordinates the annual conference. Membership is open to any member of the Coalition. Its size will be determined by the subcommittee Chair. It will be chaired by a member of the Steering Committee.

2. Other Subcommittees:

a. Other subcommittees and workgroups may be formed to carry out the priorities of the Coalition. Examples include medication safety and webinars. All members of the Coalition are strongly encouraged to serve on these subcommittees. Each subcommittee will determine its own membership, structure, meeting schedule, and other operational aspects.

Minutes will be recorded at each Steering Committee and sub-committee meeting and will be distributed to appropriate participants in the WPSC.

D. Program Director

The WPSC program director will serve as a compensated employee of the FHCQ; shares responsibility for strategic planning with the Chair and Vice-Chair of the Steering Committee; and will be responsible for managing day-to-day operations, including implementation of policies and procedures approved by the Committee. This position will have joint accountability to the WPSC Steering Committee for all program activities and to the CEO of the FHCQ for general administrative and resource management issues.

III. Steering Committee Responsibilities

The Steering Committee provides guidance and inspiration for the development and implementation of selected activities to improve patient safety in Washington, while adhering to the Coalition's principles outlined earlier.

Specific responsibilities include the following: the Steering Committee provides leadership and strategic planning for the Coalition by considering and addressing the primary question: How best can patient safety be improved effectively and efficiently throughout Washington? The Committee identifies and prioritizes opportunities for partnership or collaboration with organizations across the state and regionally, develops the statewide agenda for patient safety, participates in dialogue about policy at the state level, and provides guidance and coordination for the interest groups.

IV. Information Collection and Maintenance

The Steering Committee will oversee the collection and maintenance of any information; the nature of the information will be determined by the quality improvement activity. For example, in the ongoing efforts to eliminate wrong-site surgery, it may be helpful to gather, analyze, and disseminate information about the following: "near-misses;" wrong-site or wrong-patient procedure; hospitals' compliance with or deviation from their surgical site verification policy; root cause analyses; changes in policy associated with improvements. (See VI below for more detail and examples.)

WPSC may contract with a data management vendor and/or analyst (e.g., biostatistician) for the direct management and/or analyses of data collected. Such contracts would be between the FHCQ and the vendor.

V. Quality Improvement Activities, Education, and Dissemination

Activities sponsored and/or carried out by the Coalition will vary in response to opportunities, community interest and priorities, and resources. Activities are selected, developed, and implemented using the criteria in the Coalition's mission, goals, and principles. Examples of Coalition activities include but are not limited to the following: surgical site marking and eliminating wrong-site surgery; eliminating dangerous abbreviations; promoting medication reconciliation; and improving care of patients with congestive heart failure.

Effective quality improvement activities of all types are dependent on the use of information to identify improvement opportunities, direct participants' direction to those opportunities, and evaluate the effectiveness of the activities. Sharing of processes and best practices is very helpful and productive, but limited; being able to collect, analyze, and share data related to the prioritized patient safety issues would enhance the effectiveness of the WPSC participants, and would be essential for some of the activities under consideration. It is the intent of the WPSC to broadly disseminate the lessons learned from its activities via conferences, e-mail distribution lists, its web site, through its partner organizations, and other means that are appropriate, effective, and efficient.

All documents generated by the WPSC that include QI data or information will be identified as protected under the "Coordinated Quality Improvement Program," unless specifically described by the steering committee. It is the intent of WPSC that program documentation and reports shall be protected from legal discovery to the fullest extent allowed by law.

Reports and information provided by WPSC to organizations participating in its initiatives will be gathered and developed with the oversight of the Steering Committee, with the goal of identifying opportunities for improvement. Since the function of this program is to promote and support improved safety, reduced error, and enhanced quality, it will be the responsibility of the participating institution to identify changes that should take place in response to the data. The Steering Committee takes responsibility for producing the most accurate and clinically meaningful reports possible based on the available data.

Reports' content, format, and frequency will be determined by the QI activity to be most pertinent and useful for the participants, who are expected to use the information provided, coupled with their standard policies and procedures, to provide education and training on the following: 1) safety, injury prevention, infection control and hazardous materials; 2) responsibilities for reporting professional misconduct; 3) legal aspects of providing health care; 4) improving communication with health care recipients; 5) cause, prevention and reduction of malpractice claims; 6) identification of opportunities for improvement, to identify goals, and take steps to achieve those goals.

VI. Provider Evaluation

Periodic evaluation of each provider participating in Coalition-sponsored activities will be delegated to the organization(s) in which that provider practices or provides health care. It is recommended that periodic evaluation of mental and physical capacity, competence in delivery of health care and verification of current credentials be done at least every two years.

Information gathered under the purview of the WPSC will be maintained in a confidential format. When reports are generated for participants, organization (e.g., hospital, clinic) and provider (e.g., physician, pharmacist) identifiers will be coded. It will be left to the policies and procedures of each institution as to how they wish to convey provider level information. It is our recommendation that provider specific reports generated by participating organizations be included in that individual's personnel file. Patient identifiers will not be included with such reports.

VII. Adverse Outcomes Reporting

Through the process described in this proposal, an individual report from a patient or provider describing a negative consequence of care that would require communication with the physician, hospital or health plan involved may come to the Steering Committee's attention. In these cases, it is our plan to pass along the information in a discreet form to the appropriate contact, and not represent the incident to general WPSC participants. Information on professional liability premiums, settlements, awards and costs for injury prevention, safety improvement and health care improvement activities where obtained by the Steering Committee will be forwarded to appropriate personnel at each institution for internal review.

VIII. Dispute Resolution

The program will incorporate a mechanism to investigate and resolve, in a timely and appropriate fashion, disputes that emerge between participating parties. Responsibility for dispute resolution will lie with the Steering Committee and with the program director. Where disputes occur, the program director and steering committee will investigate the situation by reviewing relevant documents and listening to differing perspectives, after which recommendations for a fair solution will be made. Where disputes occur within the Steering Committee and can not be resolved through deliberation and voting procedures, the program director and FHCQ will help provide guidance and make recommendations as to ways to resolve the matter.

APPENDIX A: WPSC Steering Committee, Advisory Group, and Staff

Rosalee Allan
Sr. Vice President/Chief Operations Officer
Pathology Associates Medical Laboratory
Spokane, WA

John Arveson
Director of Professional Affairs
Washington State Medical Association
Seattle, WA

Jennifer Bayersdorfer, MHA
Vice President, Regional Quality & Risk Management
WA MT Region of Providence Health & Services
Renton, WA

Karen Benson, RN, PhD Nursing Practice & Education Specialist
Washington State Nurses Association
Seattle, WA 98188-3321

Sharon I. Eloranta, MD
Qualis Health
Seattle, WA

Nancy L. Fisher MD, MPH
Chief Medical Officer
Center for Medicare & Medicaid Services, Region X
Seattle, WA

Michael Glenn, MD, FACS
Virginia Mason Medical Center
Seattle, WA

Mary G. Gregg, MD
Medical Director of Quality and Patient Safety
Senior Medical Director, Swedish-Cherry Hill campus
Seattle, WA

Barbara Hyland-Hill, RN, MN, CNAA-BC
Director, Nursing Operations
Group Health Cooperative
Seattle, WA

Gene N. Peterson, MD, PhD Assoc. Medical Director, Center for Clinical Excellence
University of Washington Medical Center
Seattle, WA

Patti Rathbun
Health Policy Development Coordinator
Office of Leg. & Consumer Relations, Dept. of Health
Olympia, WA

Jeff Rochon, PharmD
Chief Executive Officer
Washington State Pharmacy Association
Renton, WA

Lucy Sutphen, MD
Medical Director
Community Health Plan of Washington
Seattle, WA

Carol Wagner
Vice President, Patient Safety
Washington State Hospital Association
Seattle, WA

Foundation for Health Care Quality
Seattle, WA 98104

Miriam Marcus-Smith, RN, MHA
Program Director

Terry R. Rogers, MD
Chief Executive Offficer

Advisory Group

Brandelyn Bergstedt
Consumer Representative

Andy Bernstein
Individual (Sanofi-aventis)

Karen Chadduck
Seattle Cancer Care Alliance

Kim Cummins
Individual (Western State Hospital)

Mely Davenport
Yakima Valley Memorial Hospital

Kathy DePape, MHA, RN, ARM, CPHRM
PeaceHealth System

Tim Downie, MPA, CHC, CHPS
Individual (Radia)

Jason Fouts
Individual (Mobia Group)

Linda Goodwin, RNC, M.Ed
Evergreen Healthcare

Marilyn Heger-Guy PhD, CPHQ
Individual (Grays Harbor Community Hospital)

Barbara Hostetler, RN, MS
The Regional Hospital

Jill Langle, MHA, RPh
Seattle Children's

Ann Lervold, MA
First Choice Health

Elaine Lobdell, RN, MS, CPHQ
Valley Medical Center

Elizabeth Mattox
Puget Sound VA Health Care System

Mary J. McHugh, FACHE
Northwest Kidney Centers

Lauren Newcomer, RN, BSN
Harrison Medical Center

Lori Nichols
Whatcom Health Information Network (HINET)

Adi Nkwonta, MT (ASCP)
Pullman Regional Hospital

Dennis Olson
Physicians Insurance

Suzanne Saunders, RN, BSN, CNOR
Wenatchee Valley Medical Center

Kathlyn Springer, BA, RN, CPHRM
Individual (The Doctors Company)

Kim Stagner
U.S. Family Health Plan/Pac Med

Anita Sulaiman
Consumer Representative

Kathi Trussell, RN, MN
Othello Community Hospital

Elizabeth Ward, RN, MN
Navos

Michael Whitenack
Individual (Lilly, US)