

WEILL CORNELL MEDICINE
JOAN AND SANFORD I. WEILL DEPARTMENT OF MEDICINE
QUALITY AND PATIENT SAFETY PLAN

I. Introduction

The Joan and Sanford I. Weill Department of Medicine (WDOM) establishes this plan to support and promote the mission, vision, and values of the organization by enhancing patient safety and quality of care, reducing the potential for healthcare errors, mitigating risk for patients, and establishing a reliable, safe, equitable and patient-centered healthcare environment through oversight of both the inpatient and outpatient settings across the divisions. The plan acknowledges that safety and quality are inseparable and incorporates a process that links assessment of events with process improvement measures.

Working collaboratively and collegially with New York-Presbyterian Hospital (NYP), Weill Cornell Medicine (WCM)/Physician Organization (PO), and the Division of Medical Nursing, the goals of this patient safety plan include but are not limited to:

- Consistent delivery of high quality, high value, equitable patient care;
- Prevention of patient injury and healthcare errors;
- Redesign of processes to support patient safety and mitigate risk;
- Management of patient-related incidents, complaints, and lawsuits;
- Assessment of various quality metrics to improve performance and patient safety on both the inpatient and outpatient services;
- Education of and support for faculty, staff, patients and families in patient safety and risk management;
- Building and promoting a culture of safety to enhance collaboration, wellbeing and resiliency across the department.

This plan sets forth a comprehensive patient safety program for the Weill Cornell and Lower Manhattan Hospital campuses to ensure consistent and sustainable improvements in patient safety and risk management by utilizing a systematic, coordinated approach to performance improvement. The key features of the patient safety program establish mechanisms to minimize or eliminate healthcare errors and risk to patients and staff, systematically review adverse events and/or hazardous conditions, design support systems for those involved in adverse events, and proactively integrate patient safety priorities in the design of organizational processes, functions, and services.

The essential components of the WDOM's quality and patient safety plan include:

- A. Oversight by the Department Chair and/or Vice Chair for Quality and Patient Safety (VCQPS) of the actions and collaboration of the Quality Committees (the Quality Improvement/Patient Safety Committee and the Quality Assurance Committee) to direct the patient safety and risk management programs for all divisions inclusive of both inpatient and outpatient services;
- B. Appointment of representatives from the major Clinical Divisions, including the Chief Resident of Quality and Safety (CRQS), and the Division of Medical Nursing to the Quality Improvement/Patient Safety (QI/PS) committee who are dedicated to a proactive approach to QPS and are expected to lead the QPS activities of their teams and divisions while upholding departmental standards of excellence;
- C. Formation of a nonpartisan Quality Assurance (QA) committee who will meet at least twice monthly to review all patient-related incidents, grievances, and lawsuits in a coordinated, interdisciplinary manner with timely plans of correction (POC) as needed. Results of all reviews and POCs will be reported to the Chair and VCQPS;
- D. Focus and emphasis beyond mandated quality measures, encouraging proactive, longitudinal division-specific quality and performance improvements. QI/PS committee members will be responsible for semi-annual updates on division-wide measures to be presented to the QI/PS committee and included in the Department Annual Report;
- E. Establishment of standardized policies, procedures, and processes to promote patient safety, equity and mitigate risk;
- F. Implementation of corrective actions to reduce medical errors and the possibility of patient injury;

- G. Assessment and monitoring of compliance with patient safety initiatives and quality metrics and communication to clinical and administrative staff;
- H. Education of faculty, staff, patients and families to promote awareness of quality improvement and patient safety;
- I. Establishment of a just culture for faculty and staff that promotes patient safety and encourages reporting of safety concerns in a non-threatening, non-retaliatory environment;
- J. Development of departmental strategies to engage and support faculty and staff involved in adverse events and promote well-being;
- K. Collaboration between PO, NYP, the Division of Medical Nursing, the QI/PS and QA Committees for the WDOM on all patient safety matters to achieve the goals of this plan;
- L. Reporting of departmental and divisional activity on a periodic, regular basis to the NYP Joint Executive QPS Committee and PO QPS Committee.

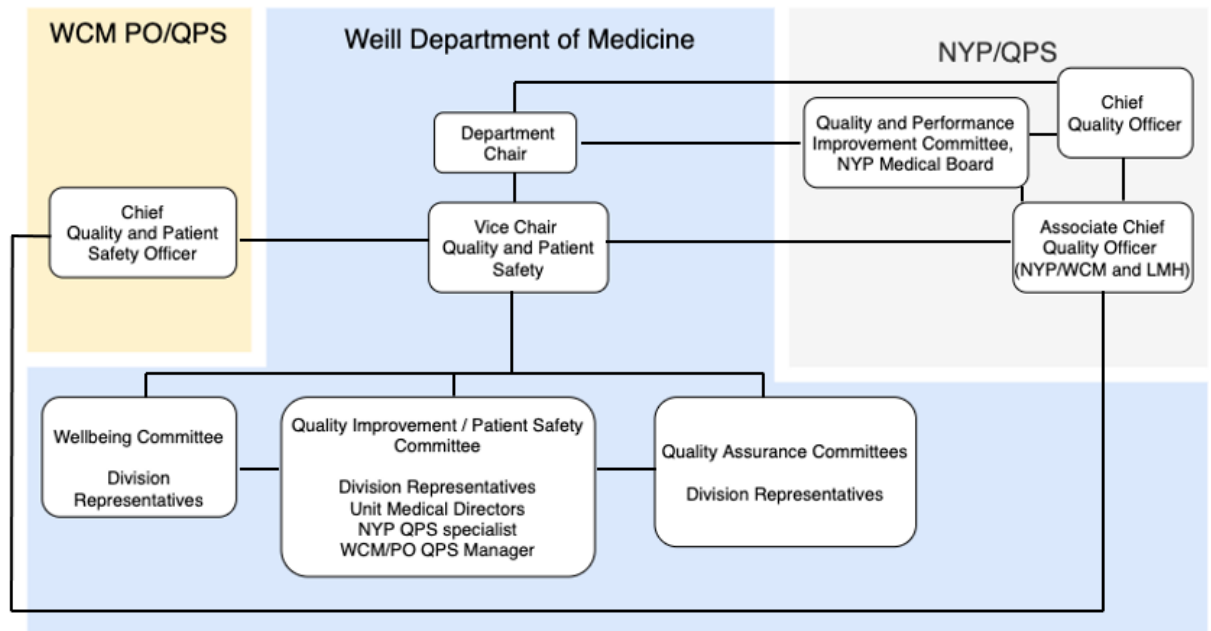
II. Scope

The provisions of this plan apply to all WDOM faculty and staff on the Weill Cornell and Lower Manhattan campuses. Additionally, the principles of this plan should guide the actions of any employee of an affiliated institution, including post-graduate trainees, who are involved in any aspect of patient care at the Medical College.

III. Oversight

The WDOM’s Chair, VCQPS, along with QA and QI/PS Committees’ leadership and representatives, are responsible for implementing and managing the QPS plan. To assist in this effort, the PO’s Chief Quality and Patient Safety Officer (CQPSO) works collaboratively with the WDOM and NYP QPS to ensure full integration of all patient safety and risk management initiatives, policies and procedures between the PO and NYP quality and patient safety programs.

The patient safety and risk management oversight reporting relationships are shown in the following table of organization:



IV. Policies

The WDOM is committed to establishing policies, procedures, and processes that are consistent with quality, patient safety and risk mitigation, while integrating them with the NYP and PO QPS standards. Faculty and staff are required to conduct clinical practice and business activities consistent with these policies, procedures, and processes.

At a minimum, the Department will:

- Integrate the WDOM Patient Safety Plan with the NYP and the PO quality programs;
- Conduct a comprehensive assessment of the clinical and administrative activities of all Divisions to identify and address patient safety risks on both the inpatient and outpatient services, then establish and implement plans of correction and/or policies to minimize or eliminate medical errors;
- Implement The Joint Commission National Patient Safety Goals (NPSG) on an annual basis and ensure compliance with these goals;
- Review and investigate reports from KEEPSafe, SafetyZone, adverse patient events, including near-misses, grievances, and lawsuits through the QA Committee, in collaboration with the WDOM QI/PS committee and NYP representatives; implement corrective action as necessary. All events representing a quality of care issue attributable to the WDOM will be tracked and reports filed upon resolution with the WDOM Patient Safety Administrator, the Performance Improvement Specialist, VCQPS and Department Chair's office;
- Develop procedures for immediate review, investigation, and response to serious patient safety issues;
- Report results of monitoring activity on a regular basis to the Department Chair;
- Seek consultation from the PO and NYP Executive QPS Committees as needed to enhance patient safety;
- Educate faculty, staff, patients and families in patient safety and risk mitigation;
- Develop and implement departmental strategies to engage and support faculty and staff involved in adverse events and promote well-being.

V. Departmental Quality and Patient Safety Plan

A Vice Chair for QPS and QPR Committee Chair(s) are appointed by the WDOM Chair and are responsible to the Department Chair, CQO and PO leadership for establishing and implementing a departmental patient safety and risk management plan in accordance with Medical College and NYP policies and procedures. They are assisted in these activities by the QPS Specialist assigned by NYP and PO QPS Administrator.

The Department's QPS Plan includes:

- A. Appointment to the QI/PS Committee of representatives from the Divisions within the WDOM and from the Division of Medical Nursing named as members. The Committee will meet monthly with oversight by the WDOM VCQPS. Proceedings of the committee will be reported to the Department Chair, campus Associate Chief Quality Officers (ACQOs) for Weill Cornell and Lower Manhattan hospitals and PO CQPSO.
- B. Appointment to the QA Committee of peer-nominated representatives from the Divisions named as members. The Committee will meet twice monthly and will be led by the QA Chair(s) with oversight by the WDOM VCQPS. Proceedings of the committee will be reported to the Department Chair, campus ACQO and WCMC QPSO. Minutes will be taken by the NYP QPS Specialist who is responsible for recording and returning completed and signed reviews to the hospital administration.
- C. Review of adverse patient safety events, near-misses, grievances and lawsuits to be conducted by members of the QA Committee. The results of the review will be presented and discussed by the members of the QA Committee. Determination will be made as to whether the standards of care were met and whether process improvement measures are indicated to minimize or eliminate healthcare errors, inequity and improve quality of care. Recommendations for quality and process improvement measures will be communicated to the VCQPS for further discussion at the QI/PS committee meeting.
- D. Development of procedures for immediate review, investigation, and response to serious patient safety issues through *ad hoc* QA Committee meetings.

- E. Recommendations for investigation and/or corrective actions will be presented by the VCQPS to the Department Chair.
- F. Maintenance of results of reviews in confidential quality files by the NYP QPS Specialist in an NYP designated and protected file.
- G. Assessment of recommendations for process improvement measures from all events reviewed by the QA Committee to be made by the VCQPS and QI/PS committee for the development and initiation of policies to minimize and eliminate healthcare errors.
- H. Collection and analysis of data on all events reviewed by the WDOM Quality Committees and periodic reporting as required by WCM and/or NYP. Quality metrics collected by WCM and NYP will be made available and reviewed by WDOM QPS leadership to assess trends and compliance with quality of care policies, procedures, and processes, including compliance with:
 - i. The Joint Commission National Patient Safety Goals (NPSGs)
 - ii. NYS Department of Health (DOH)
 - iii. Centers for Medicare and Medicaid (CMS)
 - iv. Meaningful Use
 - v. CMS data on core measures, hospital acquired infections and conditions
 - vi. HCAHPS.
- I. Comprehensive assessment of clinical and administrative activities within the Divisions of the Department of Medicine, inclusive of both inpatient and outpatient services, by Division Quality representatives serving as members of the QI/PS committee to identify and address patient safety risks, with establishment and implementation of policies to minimize or eliminate healthcare errors.
- J. Establishment of division-specific and hospital unit-specific best practices as goal for clinical performance.
- K. Education of faculty, staff, patients and families in patient safety and risk mitigation through regularly scheduled QPS Conferences, orientation of new faculty, residents, and staff on their first day of employment, and through other educational methods.
- L. Development and implementation of departmental strategies to engage and support faculty and staff involved in adverse events and promote well-being.
- M. Collaboration with the CRQS, Housestaff Quality Council WDOM representative(s) in the review and evaluation of care delivered by the Medicine residents. Care delivery concerns involving physician assistants will be reviewed with the Chief PA. POCs will be implemented and documented for accountability.
- N. Collaboration with the Division of Medical Nursing, Patient Care Directors and committee representatives in the review and evaluation of quality of care delivered by the nursing staff.
- O. Consultation with the CQO, campus ACQOs, NYP Executive QPS Committee and WDOM VCQPS as needed to enhance patient safety.

The WDOM QPS plan will ensure that quality of care is evaluated using appropriately identified metrics that are applicable, on both the division and department level, to care rendered on the inpatient and outpatient services. Routine monitoring of patient safety is conducted, such as Patient Safety rounds, morbidity and mortality review, and/or prospective review of high-risk, high-error prone activities. Findings are communicated by the Department Chair and/or V QPS to the campus ACQO and/or PO CQPSO on a periodic basis.

The responsibilities of the Vice Chair for QPS include but are not limited to:

- A. Development and implementation of a patient safety plan in accordance with the Medical College patient safety plan that is integrated with the NYP and PO Quality and Patient Safety plans;
- B. Assessment of patient safety risks, establishment of processes to mitigate risk and monitor compliance with processes;
- C. Collaboration with the QA Chair(s) from WCM and LMH in the review of patient safety adverse events, including near-misses, deaths, grievances and lawsuits and facilitating investigations and corrective actions as necessary;
- D. Collaboration with the NYP campus-specific ACQOs for WCM and LMH to ensure compliance with NYP and national quality and patient safety guidelines;
- E. Research and establishment of best practices as goal for clinical performance;
- F. Reporting results of monitoring activity to Department Chair, PO CQPSO, campus ACQOs and NYP CQO;

- G. Recommending Focus Professional Performance Evaluations affecting the credentialing and reappointment process for recurrent provider-related patient safety concerns;
- H. Serving as departmental representative on the NYP Executive QPS Committee and/or appointing a designee;
- I. Education of faculty, staff, patients and families in patient safety and risk management;
- J. Development of departmental strategies and opportunities to engage and support faculty and staff involved in adverse events and promote well-being;
- K. Mentorship of students, residents and faculty in high impact, proactive quality improvement projects to ensure continuous process improvement and academic scholarship;
- L. Facilitating collaboration with other disciplines to identify opportunities for quality improvement and patient safety research;
- M. Serving or appointing a designee as Department patient safety representative on various NYP committees such as Risk Management and Institutional Claims;
- N. Overseeing and guiding the implementation of quality and patient safety projects across the department;
- O. Development and maintaining expertise on quality improvement, patient safety and risk management; participation in national meetings and organizations focused on these topics.

The responsibilities of the Department QA Committee Chair(s) include but are not limited to:

- A. Appointment to the QA Committee peer-nominated representatives from the Divisions within the WDOM named as members;
- B. Collaboration with the VCQPS and NYP QPS Specialist in the monthly review of adverse patient safety events, near-misses, complaints or lawsuits. Review of events to be conducted through assignment by the QPS Specialist to the QA Committee.
- C. Determination as to whether the standards of care were met and whether process improvement measures are indicated to minimize or eliminate healthcare errors and improve quality of care;
- D. Development and activation of procedures for immediate review, investigation, and response to serious patient safety issues with time-appropriate *ad hoc* QA committee meetings;
- E. Recommendations for investigation and/or corrective actions presented to the Department Chair and VCQPS;
- F. Recommendations for improvement measures presented to the VCQPS for further discussion at the QI/PS committee meetings.

VI. Monitoring

The Department will monitor compliance with patient safety policies, procedures, and processes through its Quality Committees on a regular basis and will report findings to the Department Chair, VCQPS and to the NYP CQO and Medical Board when appropriate. At a minimum, monitoring activity will include proactive and reactive reviews such as:

- Compliance with NPSGs
- Morbidity and mortality
- Infections (i.e. HAIs, procedure associated)
- Hospital Acquired Conditions
- CMS Core Measure Data (CAP, AMI, CHF, VTE)
- Any adverse patient event, including sentinel events, that are self-reported, reported through the NYP event reporting system KEEPSAFE
- Referrals for review from any other source with follow-up and corrective action as needed, such as inter-departmental, IPRO, Patient Services Administration (PSA)
- Grievances
- Lawsuits
- Completion of Root Cause Analyses (RCAs) and POCs
- Ongoing Professional Practice Evaluation (OPPE) and Focused Professional Practice Evaluation (FPPE)
- Staff Safety (needle sticks, compliance with vaccinations standards, etc.)
- NYP Annual Quality Goals

After conducting a comprehensive assessment of patient safety and potential risks, the Department will identify patient safety concerns, develop safety indicators to monitor, track, trend, and conduct focused reviews of high-risk, high-error prone patient safety activities.

Results of monitoring will be analyzed for identification of negative patterns and/or opportunities for improvement, and changes in clinical practice will be recommended.

VII. Investigating and Reporting Patient Safety Issues

Through KEEPSafe and SafetyZone, which is integrated with the NYP and PO Quality and Safety program, patient safety adverse events will be identified, investigated, and reported to the Department Chair and VCQPS on a regular basis. Data provided by NYP and the PO will be aggregated and analyzed to identify trends for corrective action and these will be communicated to appropriate Medical College, Medical Staff, and NYP committees.

All faculty and staff are encouraged and expected to identify patient safety risks and concerns and report these through several mechanisms, including but not limited to the Department Chair and/or VCQPS, Division Quality representatives, campus ACQO and/or WCM/PO QPSO, KEEPSafe, SafetyZone or PSA. Patients and families will be encouraged to identify patient safety concerns and report these to the campus ACQO, the Department Chair and/or VCQPS, Division Quality representatives, Nursing leadership, PSA and/or member of the patient's direct care team.

Complaints received from faculty, staff, patients and families are referred to the PSA for review and investigation. Responses to complaints will be handled as outlined in the Department Patient Safety Plan and not directly by the provider named in the complaint.

VIII. Patient Safety Enhancement, Education, and Training

The WDOM is committed to ensuring that all faculty and staff are apprised of patient safety policies, procedures, and processes and that patient safety concerns are communicated effectively and timely to them.

All department faculty and staff are required to attend a minimum of five (5) hours of patient safety and risk management education on an annual basis. Patient safety and risk management education hours accrued for credentialing by NYP, such as Fire Safety and Infection Control, can be applied to this minimum requirement.

The Department will conduct an orientation for new faculty and staff on their first day of employment to ensure that they are fully acquainted with the Department's patient safety and risk management plan. Among other topics, orientation includes educating the faculty and staff to actively listen to patient and family concerns and report those concerns to the Department leadership. These concerns, in turn, are reported to the NYP CQO and/or PO CQPSO when appropriate.

The Department QPS Plan will be posted for all faculty, residents, and other key staff to review on an annual basis.

Topics that apply to meeting the minimum patient safety and risk management education hours include but are not limited to the following:

- Patient safety practices
- NPSGs
- Error reduction
- Risk management
- "Lessons learned" translated into changes in clinical practice
- Presentation of aggregated patient safety data
- Infection control education

- Education of patients and families in patient safety activities
- Resources for support and maintaining wellness
- Departmental orientation to patient safety
- Team Training in patient safety
- Patient safety research activity
- Psychologic first aid

IX. Revision of the Patient Safety Plan

On an annual basis, the Department Quality and Patient Safety Plan will be reviewed and revised as necessary, with attention to integration with the NYP and PO Quality and Patient Safety plans.

Last update: November 10, 2021