

A large, multi-story brick hospital building at dusk. The sky is a deep blue. The building has a prominent sign on its left side that reads "North Kansas City Hospital". The building's facade is a mix of red brick and dark blue panels. Many windows are lit up, and some are reflecting the sky. The overall scene is a professional and modern healthcare facility.

North
Kansas City
Hospital

Performance Improvement

High Quality, Safe, Patient Care

North
Kansas City
Hospital

*Where your care
is personal.*

Performance Improvement

- **WHAT:** Our department's name is Performance Improvement – however – that is a broad title that includes many various functions.
- **WHERE:** Located: 2nd Floor Pavilion in Marketing Services area next to Patient Experience
- **WHO:** Our web page gives names, contact information & primary area of focus



Performance Improvement



Daily Dose

- Business Intelligence & Advisory Services +
- IT Applications and Informatics Services +
- Communications
- Compliance +
- Cybersecurity +
- Emergency +
- Employee Health
- Food and Nutrition +
- Health Information Management
- Home Health
- Infection
- Information
- Marketing Services +
- Patient Accounts
- Patient Experience +
- Performance Improvement/Quality/Accreditation** -
- Accreditation
- Core Measure Outcomes
- Initiatives
- Interpreter Services
- National Patient Safety Goals
- PI Tools & Templates
- Registries
- Scorecard/Dashboards
- Pharmacy +
- Radiology +

Click Here to get to PI main Page

Welcome to Performance Improvement

Hours: The department is open Monday - Friday from **7:30 a.m. to 4:30 p.m.**

Location: 2nd floor Pavilion, co-located with Patient Experience and Marketing Services

Who We Are:

Senior Director: Lynn Smith
 Contact Info: Extension 5335
 Email: lynn.smith@nkch.org



Team Members, their Specialty Area and Contact Information

NAME	Email	Hospital Phone Ext.	Primary Area(s) of Focus <i>(not inclusive)</i>
Becky Capps	Becky.Capps@nkch.org	5089	Code STEMI data; Cath PCI Registry; TAVR registry; & other Cardiac Registries
Christina Carter	Christina.Carter@nkch.org	5496	Core Measures, Restraints, EOC Reporting; Chest Pain Abstraction; Scorecards
Stacy Fletchall	Stacy.fletchall@nkch.org	1799	Sepsis data; Code Stroke data
Sharon Hunt	Sharon.Hunt@nkch.org	3025	STS Registry, Cath PCI Registry, & other Cardiac Registries, Board Quality Scorecards
Dan O'Keefe	Dan.OKeefe@nkch.org	5397	Risk Adjusted Outcome reporting, Interpreter Services, maintenance of registry databases
Stephanie Pilbeam	Stephanie.Pilbeam@nkch.org	5469	Joint Commission Accreditation
Ashley Smith	Ashley.Smith@nkch.org	5036	Falls Reporting, Interpreter Services, Unit Based Scorecards, Procedural sedation/ADE Review
Jesse Wiedmaier	Jesse.Wiedmaier@nkch.org	5498	Performance Improvement Reporting, eCQMs, ED data, Scorecards, including Patient Safety; Sepsis data; Code Stroke data
Patty Wood	Patricia.Wood@nkch.org	5497	Bariatric Registry, ICD Registry, Core Measures
NOTE: All staff in the P.I. department have assigned areas to work with regarding Continual Readiness for Joint Commission			



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Included in the Performance Improvement Department

- **Joint Commission**

- Accreditation preparation and compliance
- National Patient Safety Goals

- **Performance Improvement** project management & reporting

- **Clinical Outcome Data** reporting and analysis

- Registries
- Core Measures
- Other



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Joint Commission Hospital Accreditation



- **Quality/Safety Concerns**

- Report any concerns to your Director, the Risk Management Director, or the PI Senior Director

- The Joint Commission may be contacted online at jointcommission.org



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New Look

Our Resources page has a new look! You'll still find all the same, helpful information, just in a different format. Plus, we've added a new category for Patient Education Videos. This gives you quick access to videos for patients, such as the Admissions video and Pharmacy Inhaler how-tos.

Account Numbers
Directories
Employee Apparel
Employee Education
Antibiotic Susceptibility Report
Bad Bug
Behavior Expectations
HealthStream
HealthStream FAQ
Lice Information
Mission, Vision, Values and Pillars
No Pass Zone [Video]
Nursing Education
Pregnant Healthcare Worker Guidelines
Scabies Information
The Joint Commission (website)
The Joint Commission E-dition



Why Joint Commission?



- Deeming authority for CMS
 - CMS manages Medicare reimbursement
- Being Joint Commission accredited shows a commitment to excellence; high quality, safe, patient care



**NKCH had our 2020 survey-
We strive to continually maintain these
standards**



What can I do?

- Know/Follow hospital policies
 - Policies are there for a reason and TJC will hold us responsible if we are not following our own
 - If you don't know the policy know *how to find it*
- Commit to & provide *high quality, safe, patient care* and complete thorough *documentation* of such
- Maintain the skills & education needed to fulfill your job responsibilities
- Participate in preparatory (continual readiness) activities
- Speak up if you notice safety issues, noncompliance, etc.



National Patient Safety Goals (NPSG)

- **The Joint Commission:** National Patient Safety Goals
 - Everyone's responsibility to know
- **Purpose:** promote specific improvements in patient safety
- Compliance evaluated at time of survey; recommendations part of everyday practice



National Patient Safety Goals (NPSG)

- Two hospital-wide focused NPSG's
 - National Patient Safety Goal 01.01.01
 - **GOAL:** Identify patients correctly
 - **ACTION:** Identify patients by asking their **name** and **date of birth** before performing a health-related activity, e.g., administering medications, blood or treatments.
 - Compare to order!



National Patient Safety Goals (NPSG)

– National Patient Safety Goal 07.01.01

- **GOAL:** Reduce the risk of healthcare associated infections.
- **ACTION:** Comply with the CDC's hand hygiene guidelines.
 - Alcohol-based cleaner on room entry and exit
 - Thoroughly wash hands with soap and water when visibly soiled.
 - Cleanse hands with soap/water or gel/foam **before and after gloving.**



One Missed opportunity will result in a citation by TJC

National Patient Safety Goals (NPSG)



Daily Dose

Performance —
Improvement/Quality/Accreditation

Accreditation

Core Measure O

Initiatives

Interpreter Service

National Patient Safety Goals

PI Tools & Templates

Registries

Scorecard/Dashboards

Click here
for NPSG
page

2021 National Patient Safety Goals

Hospital National Patient Safety Goals

Home Health National Patient Safety Goals

NKCH NPSG Newsletter



Title
NPSG
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National Patient Safety Goals (NPSG)



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2021 Hospital National Patient Safety Goals

The purpose of the National Patient Safety Goals is to improve patient safety. The goals focus on problems in health care safety and how to solve them.

Identify patients correctly

NPSG.01.01.01

Use at least two ways to identify patients. For example, use the patient's name *and* date of birth. This is done to make sure that each patient gets the correct medicine and treatment.

Improve staff communication

NPSG.02.03.01

Get important test results to the right staff person on time.

Use medicines safely

NPSG.03.04.01

Before a procedure, label medicines that are not labeled. For example, medicines in syringes, cups and basins. Do this in the area where medicines and supplies are set up.

NPSG.03.05.01

Take extra care with patients who take medicines to thin their blood.

NPSG.03.08.01

Record and pass along correct information about a patient's medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Give the patient written information about the medicines they need to take. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.

Use alarms safely

NPSG.06.01.01

Make improvements to ensure that alarms on medical equipment are heard and responded to on time.

Prevent infection

NPSG.07.01.01

Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning. Use the goals to improve hand cleaning.

Identify patient safety risks

NPSG.15.01.01

Reduce the risk for suicide.

Prevent mistakes in surgery

UP.01.01.01

Make sure that the correct surgery is done on the correct patient and at the correct place on the patient's body.

UP.01.02.01

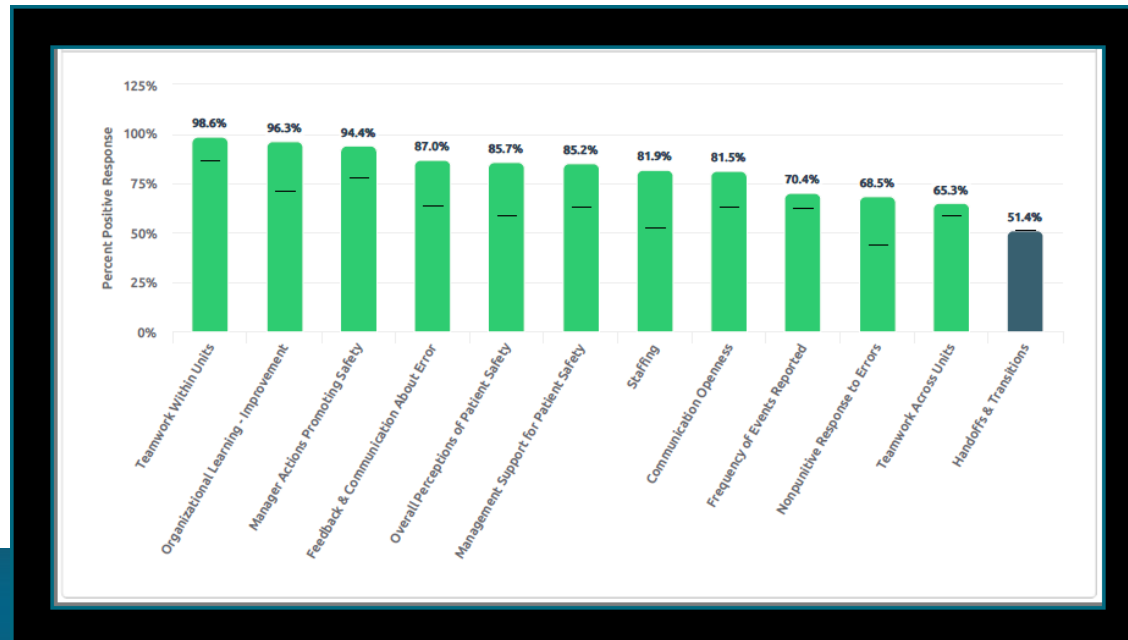
Mark the correct place on the patient's body where the surgery is to be done.

UP.01.03.01


Pause before the surgery to make sure that a mistake is not being made.

Culture of Safety

- The Joint Commission is now assessing an organization's safety culture in hospitals, as part of the survey process.
 - Expectations include:
 - The most recent Safety Culture Survey results & Actions
 - Survey questions relating to Culture of Safety
 - For example, "What process do you have in place for reporting "close calls/ near misses" or an error that occurred but did not reach the patient?"



Culture of Safety

Sample questions for assessing safety culture	
For leadership	For staff
How do you assess the culture of safety in your organization? What instrument are you using?	Have you ever completed a safety culture survey? Have you seen the results of a safety culture survey? Does your supervisor discuss the results?
Do you include safety culture improvement goals in performance expectations for leaders? What about middle management?	Is there a formal mechanism for reporting intimidating behavior? Would you feel comfortable reporting intimidating behavior?
Do you have internal or external benchmarks?	When an error occurs, do you have confidence that your leadership will take an appropriate look at how the system or process is accountable versus an individual?
What quality improvement projects have you conducted to improve your scores on safety culture?	What process do you have in place for reporting "close calls/near misses" or an error that occurred but did not reach the patient?
Does the board set expectations for improving safety culture?	
Have you adopted specific codes of behavior for physicians and staff? Are they the same for everyone? Are your disciplinary procedures equitable and transparent?	
What process do you have in place for reporting a "close call" or an error that occurred but did not reach the patient?	
In the event an error occurs and a patient is harmed, how do you determine whether it is a blameless error (for learning) or a blameworthy error (for discipline)?	

Performance Improvement Framework

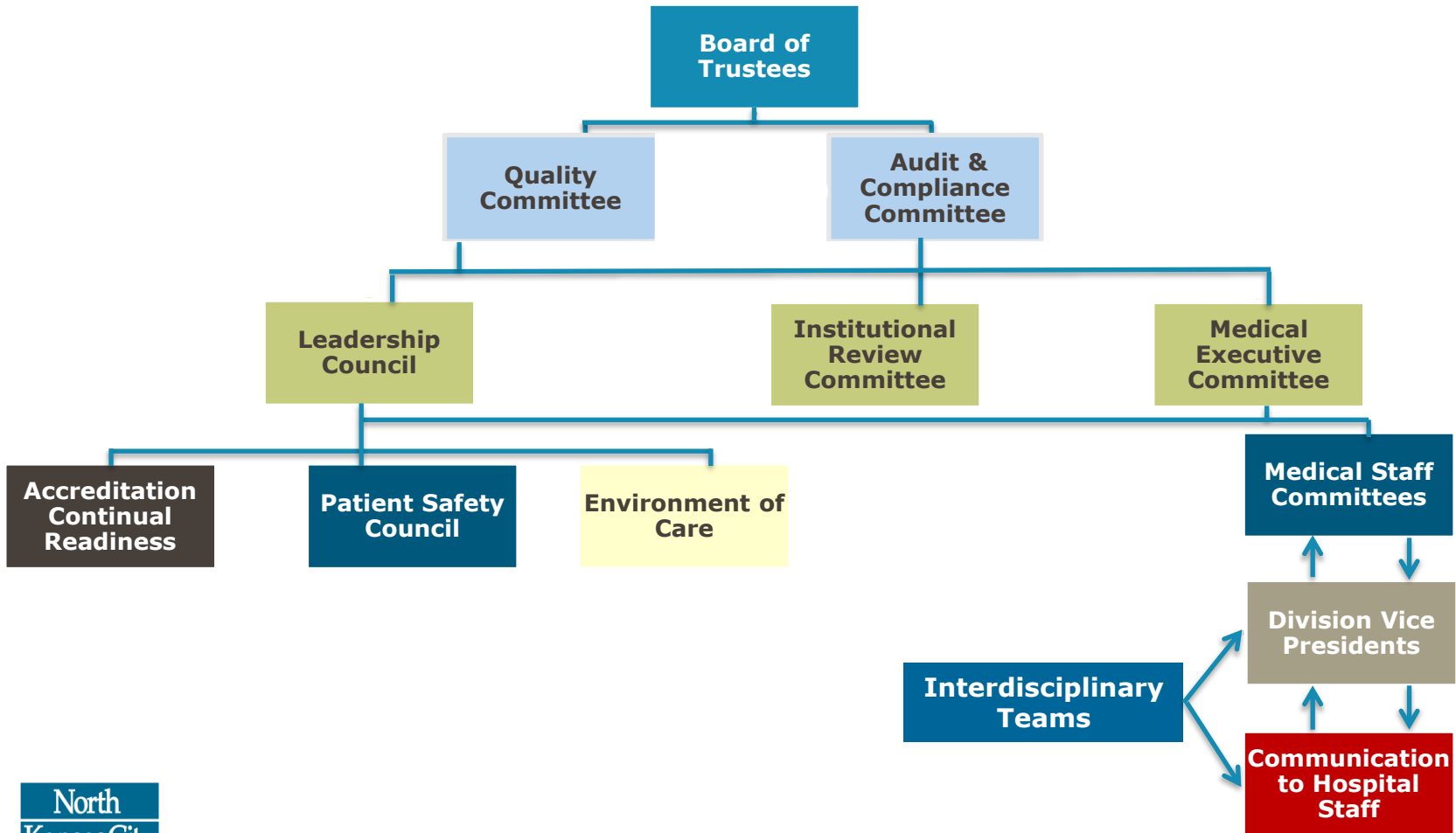
- PI/Quality is about *doing the right thing* and *doing the right thing well* for each individual patient.
- PI/Quality should NOT be viewed as a “department”... it should be an organization-wide “culture”.

Performance Improvement Plan

- Provides a framework for NKCH to systematically design, assess, monitor and continually improve the quality & safety of patient care and services.
 - ***Annually***, there is a written plan and an assessment of the previous year's plan and improvements
- **Goals**
 - Promote patient safety and reduce or eliminate risks and hazards within the facility
 - Preserve and improve the quality of patient care
 - Ensure appropriate utilization of resources
 - Design, measure, assess and improve important hospital processes

PI Structure

NKCH promotes effective communication through a network of committees and teams



PI Process: The PDSA Cycle



PI Exercise

- An activity about YOU! Let's make good even better!
- Standardize getting to work on time
 - List 5 things you do to get to work on time (elements of performance).
- Process discussion



High Fall Risk Patients

- Communicate fall risk among staff
 - History of falls
 - Impulsive/confused patients
 - Medication use that increases fall risk
 - Narcotics, Antihypertensives, Sedative/Hypnotics
 - Gait disturbance
 - Ambulatory aid use
 - Number of staff needed for assist




Fall Prevention Interventions

Interventions that make a difference:

- Involve patient/ family in care plan
- Educate patient on risks
- Bed alarms/ Chair alarms
- Safety Mats
- Gait belts during ambulation
- Self-Releasing wrap
- Bed side commodes



**Safety
trumps
privacy!!**



**Don't forget to
ambulate and
provide activity
for patients!!**

Perform frequent **SAFETY ROUNDING:**

- Every 1 hour from 0600-2200
- Every 2 hours from 2200-0600

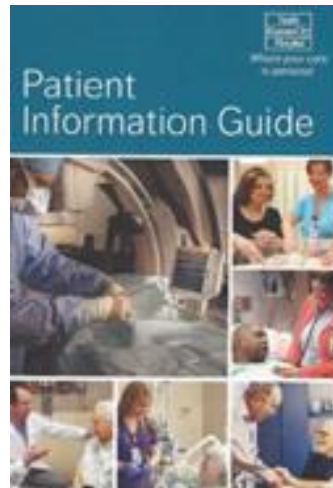
Patient Rights

- **We are committed to providing courteous and respectful patient care.**
- Purpose of our patient Bill of Rights
 - Helps establish mutual understanding between patients and staff
- Within TJC standard Rights of the Individual RI .01.01.01
 - The hospital respects the rights of the patient during his or her encounter with the hospital.

Patient Rights

- Rights

- Access to care
- Information
- Privacy and confidentiality
- Visitation
- Personal safety
- Ethics
- Billing process
- Customer service
- Autonomy/Decision Making
- Transfer and continuity of care
- Newborns, children or adolescents



* Spanish Version Available on Intranet Resources, Under "Patients & Visitors"

Patient Rights/ Interpreter Services

- Under state and federal law, and because it is the **RIGHT** thing to do, healthcare providers have an obligation to provide auxiliary aids and services for patients with disabilities, **including qualified language interpreters** when needed to provide effective communication.

IF YOU NEED AN INTERPRETER, PLEASE POINT TO YOUR LANGUAGE

Albanian: Shqip Nëse keni nevojë për përkthyes, tregoni gjuhën tuaj.	Arabic: عربي إذا كنت في حاجة إلى مترجم، أشر إلى اللغة المطلوبة
Armenian: Հայերեն Եթե դուք բարձրագույնի կարիք ունեւք, խնդրում ենք մատնանշել ձեր լեզուն:	Bosnian: Bosanski Ako vam je potreban prevodilac, označite vas jezik.
Cambodian: ខ្មែរ បើអ្នកត្រូវការអ្នកបកប្រែ សូមចង្អុលទៅកាន់ភាសារបស់ខ្លួន	Croatian: Hrvatski Ako vam je potreban prevodilac, označite vas jezik.
Dutch: Nederlands Als u een tolk nodig hebt, wijs dan uw taal aan.	Farsi: فارسي اگر به مترجم احتیاج دارید لطفاً با انگشت زبان خود را نشان دهید.
Finnish: Suomi Jos tarvitset tulkin, osoita haluamaasi kielivalintaa.	French: Français Si vous avez besoin d'un interprète, indiquez votre langue.
German: Deutsch Bitte zeigen Sie auf Ihre Sprache, wenn Sie einen Dolmetscher brauchen.	Greek: Ελληνικά Εάν χρειάζεστε διερμηνέα, παρακαλώ δείξτε τη γλώσσα σας.
Gujarati: ગુજરાતી જો તમને ભાષાતરફારની જરૂર છે, તો તમારી ભાષા તરફ ચીંધો.	Haitian Creole: Kreyòl Ayisyen Si w bezwen yon entèprèt, montre ki lang ou pale.
Hebrew: עברית אם הנכם זקוקים למתרגמן, הצביעו על השפה שלכם.	Hindi: हिन्दी यदि आप को भाषा अनुवादक की आवश्यकता है, तो अपनी भाषा की ओर इशारा करें।
Hmong: Hmoob Yog koj xav tau tus neeg pes lus, taw tes rau koj yam lus.	Hungarian: Magyar Ha tolmácsra van szüksége, mutasson anyanyelvére.



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Patient Rights/Interpreter Services



Daily Dose

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Interpreter Services

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Employee Health

Food and Nutrition +

Health Information Management

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Infection Control +

Information Technology (IT)

Marketing Services +

Patient Accounts

Patient Experience +

Performance Improvement/Quality/Accreditation

Accreditation

Core Measure Outcomes

Initiatives

Interpreter Services



Interpreter Services

For patients and family members who are visually impaired, have a hearing disability or for whom English is not the primary language, we offer signboards, telecommunication devices and foreign language interpreter services.

Interpretation Availability

All interpreter services are available 24/7. If you are in need of assistance, please call 816.691.4046 (Monday thru Friday 0800-1630 or the DCO at ext. 8200 any other time).

Please contact us if you have any issues at ext. 4046.

Survey Link

If you have utilized interpreter services for a patient and desire to leave feedback (positive or negative), please click on the following link: [Interpreter Services Survey](#).

Communication Tips

[Tips for Communication](#)

- ▶ How to Access
- ▶ **Phone Interpreter Service**
- ▶ Troubleshooting- InterpreTALK
- ▶ **Video Remote Interpretation (VRI)**
- ▶ Troubleshooting-VRI
- ▶ Tips for a Successful Call
- ▶ Translated Documents

*Also available under resources page



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Low Vision Resources are available also:

- Large button/ Braille Phone
- Quicklook Portable Magnifier
- Magnifying Glass
- Pocketalker Ultra Personal Sound Amplifier
- Volume Adjustable Phone
- Whiteboard
- Teletypewriter (TTY)



Interpreter Services

NKCH meets patient needs for interpreter services by making available one or more of the following options:

We currently offer two options to our patients with Limited English Proficiency (LEP).

Over-the-phone interpretation (OPI) is available 24/7, offers over 250 languages, and can be utilized from any phone in the hospital.

Video Remote Interpretation (VRI) is also available 24/7 for six most common languages (including American Sign Language). There are 29 other languages offered on demand M-F 0700-1900 or by appointment.

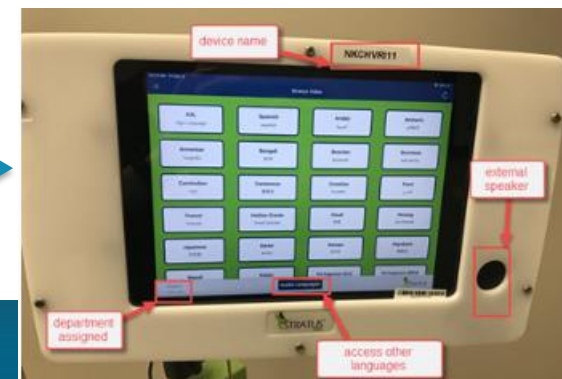
Please click below for more information.



On dual handsets:



On Ascoms:



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Patient Rights/Interpreters

- Assistance with these services can be scheduled through Performance Improvement:
 - Monday thru Friday 0800-1630 (📞 4046) and
 - Through the DCO on evenings, nights and weekends (📞 8200)
 - Email: interpreterservices@nkch.org



Remember *you* have an active part in patient safety and quality in every area you work in!

Any
questions
call us at
X15133
Or 15469

