

Organizational Performance Assessment and Improvement Plan

- I. **Purpose:** To establish policy for the role of leadership in designing and deploying a framework and comprehensive series of functions that supports a culture of quality and safety and their implementation.
- II. **Policy:** The organizational planning and operational initiatives will be guided by the following;
 - A. **Mission:** The mission is to provide high quality primary care, specialty care, extended care and related services while providing an environment that promotes high-quality medical affiliate education, training, research, and services in support of patients.
 - B. **Values:**
 1. Core Values: Trust, Respect, Commitment, Compassion, and Excellence
 2. Domains of Value: Quality, Access, Customer Satisfactions, Cost Effectiveness, and Functional Status
 - C. **Vision:** We will strive to;
 1. Prevent disease and promote wellness,
 2. Be recognized as the best medical center in our community
 3. Be an employer of choice
 4. Be an organization dedicated to continuous improvement

III. Implementation:

A. We will pursue excellence in the provision of healthcare through a planned systematic approach to facility-wide process design, performance measurement, analysis, and improvement for all programs provided by or supported by the medical center.

B. Governance Structure:

1. The overall governance structure is an integrated design overseen by the [Leadership Council](#) (LC). The governance structure includes several Boards which include: Environment of Care Board, Integrated Ethics Board, Clinical and Performance Board, Resource and Planning Board, and System Redesign Board.
2. The LC or designated body will determine priorities for performance of patient care and organizational functions and processes.
 - a. The Systems Redesign Service (SRS) will provide to the LC at the beginning of each year performance improvement (PI) opportunities based on information provided from each Board.
 - b. Prioritization considerations are guided by the organization vision, organizational mission, values, tactical goals, and review of current performance related to effectiveness, efficiency, equity and quality.
 - c. Additional PI projects may be based on information/data related to:
 - (i) Problem Prone Areas,
 - (ii) High Volume Activities,
 - (iii) High risk potential
 - (iv) Patient satisfaction surveys
 - (v) Staff views on current performance and possible opportunities
 - (vi) Patient Safety and;
 - (vii) Any process with significant clinical and/or financial impact

C. Process/Procedure

1. Services will identify indicators within their processes and/or scope of services that are measured and track the performance against set targets or desired outcomes.
2. Services are encouraged to follow the [Performance Indicator Summary Template](#) as a tool for indicator development and their related measurements that will be used to facilitate performance assessments.

3. All groups and services are empowered by senior management to conduct PI activities provided that priorities relating to the wise use of resources to achieve goals.
4. Key Systems Redesign projects and other PI Initiatives will follow the framework: Vision, Analysis, Team, Aim, Map, Measure, Change, and Sustain/Spread.
5. Process Action Teams (PAT) may be chartered by leadership/services as needed for process improvement related to service indicators or performance measures.
 - a. The PAT will have an identified team champion/sponsor, a Rapid Cycle Coach, and an appropriate interdisciplinary team with a clear aim/directive.
 - b. Team members will be knowledgeable or receive training as needed to perform data analysis and assessment activities.
6. All teams will use a systematic process for improvement and systems redesign as outlined in the Framework. Teams are encouraged to use tools such as:
 - a. Pareto Analysis,
 - b. Cause and Effect Diagrams,
 - c. Cost Benefit Analysis,
 - d. Flowcharts,
 - e. Run charts
 - f. Bar charts and;
 - g. Statistical Process control charts
 - h. Mapping
7. Design of New Processes: When there is a redesign of an existing service or provision of a new patient service or process the leadership will ensure that the design considers the following
 - a. The organizational missions
 - b. Patient and community needs and;
 - c. Identification of the expected performance and outcomes of the new process
8. Ongoing Measurement: Topics for ongoing measurements of organizational performance that are reviewed by the appropriate service, committee, board and/or leadership include, but are not limited to:
 - a. Patient Surveys
 - b. Staff opinions and needs

- c. Risk Management and Patient Safety
 - d. Medication use and processes
 - e. Operative and other procedures that place patients at risk
 - f. Behavior management procedures
 - g. Infection Prevention
 - h. Use of blood and/or blood components
 - i. Restraint/seclusion
 - j. Resuscitation outcomes
 - k. Autopsy results, and
 - l. Mortality
- D. Reporting: All Systems Redesign projects will report to an official Board and be evaluated annually.
- E. Responsibilities: The following personnel have specific responsibilities related to their role. Please click on the individual title for additional information.
1. [The Medical Center Director](#)
 2. [Chief Quality Management \(QM\)](#)
 3. [Patient Safety Manager \(PSM\)](#)
 4. [Chief of Staff \(COS\)](#)
 5. [Nurse Executive](#)
 6. [The Executive Committee of the Medical Staff](#)

Medical Center Director