

Quality and Patient Safety Plan
McGovern Medical School at UT Health Science Center-Houston
2018-2020

Purpose and Scope

This plan outlines goals and expectations for quality and safety of clinical care and patient engagement provided by the McGovern Medical School at UT Health Science Center-Houston. Hereafter referred to as the McGovern Medical School. It applies to care delivered by physicians, fellows, residents and associated clinical and support staff and covers inpatient areas and ambulatory clinics, UT Physicians and, where appropriate, coordinates with our quality and safety plans of our clinical partners at the Memorial Hermann Healthcare System and Lyndon B. Johnson Hospital.

Authority and Governance

Implementation of this plan is vested in the Vice and Associate Deans for Quality, the Department Chairs and the designated Vice Chairs of Quality and implemented through the McGovern Medical School Quality Committee. McGovern Medical School coordinates with our hospital partners Performance Improvement and Patient Safety Plan Fiscal Years 2016 – 2019 as outlined in the Memorial Hermann Corporate Policy and Safety Manual for jointly operated inpatient and ambulatory clinical areas.

Vision and Aims

At the McGovern Medical School we operate consistent with our stated core values. Outlined below, they form the founding principles of our vision for our quality and safety program.

- Deliver compassionate patient care focusing on effectiveness, quality, safety, and service
- Provide a competency-based curriculum emphasizing integrity and professionalism
- Embrace a culture of lifelong learning, evidence-based practice, open inquiry, and scholarship
- Cultivate professional and respectful communication
- Foster a diverse and inclusive learning community
- Support the health and well-being of students, faculty and staff
- Promote interprofessional collaboration
- Support leadership and innovation in teaching, research, and service
- Advocate for excellent care for the underserved and for the reduction of health care disparities

Our specific aims are:

1. Top decile performance in comparative databases and publicly reported data
2. Zero serious safety events

Educational Mission

We are committed to bringing the science of improvement into bedside care, daily work and problem solving. Our Vice Chairs of Quality and key physician leaders participate in the Clinical Safety and Effectiveness (CS &E) course, medical students are required to complete modules within the Institute for Healthcare Improvement (IHI) Open School, and residents participate in at least one improvement project during their residency. Selected departments appoint safety fellows with the expressed purpose of providing leadership and taking on safety challenges

Each department should at a minimum to monitor two quality metrics and have at least one active quality improvement project. Inpatient areas quality projects are coordinated with administrative leaders from Memorial Hermann, Lyndon B. Johnson General Hospital, UT Health specific programs are managed by UTHealth physicians and their administrative leaders. All quality projects are reviewed by the UTHealth Institutional Review Board. A summary is available as reference via the UTHealth Quality website.

In keeping with our educational mission, we support the focus on the areas outlined by the ACGME's Clinical Learning Environment Review Program, as we work to create a strong learning environment; engage resident and fellow physicians in the provision of safe, high quality patient care; and prepare trainees to become future leaders in clinical quality and safety.

Methods

We employ a variety of improvement methods-LEAN, Six Sigma, Define-Measure-Analyze-Improve-Control (DMAIC), Model for Improvement –Plan Do Study Act (MFI-PDSA), Failure Mode and Effect Analysis (FMEA), and Root Cause Analysis (RCA) to assure a wide range of tools and capabilities.

Performance Improvement Methods

LEAN	Six Sigma (DMAIC)	Model for Improvement	RCA- FMEA
<ul style="list-style-type: none">• Reduce waste, rework• Standardize processes	<ul style="list-style-type: none">• Reduce variation• Standardize processes	<ul style="list-style-type: none">• Promote front-line improvement• Test and learn in clinical setting• Foster teamwork	<ul style="list-style-type: none">• Single case review (RCA) for learning and error prevention• Cluster case review (FMEA) for low volume, high risk events

To fully leverage the resources of the UT Health system, we form strong partnerships with the UTHealth Schools of Bioinformatics and Public Health to take advantage of faculty expertise in statistical analysis, data visualization and advanced analytics and to engage current students in analytics and problem-solving.

We use robust analytics leveraging existing data sources, comparative databases and specialty registries to understand current performance and set improvement targets. Examples include:

- American College of Surgeons- National Surgical Quality Improvement Program (ACS-NSQIP)
- American College of Surgeons – Trauma Quality Improvement Program (ACS-TQIP)
- Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP)
- Society of Thoracic Surgeons National Database (STS)
- Vermont Oxford Network (VON)
- United Network of Organ Sharing (UNOS)
- Vizient (formerly University Healthsystem Consortium)
- Children’s Hospital Association (CHA)
- National Cardiovascular Data Registry (NCDR)
- Scientific Registry of Transplant Recipients (SRTR)
- National Database of Nursing Quality Indicators (NDNQI)
- National Healthcare Safety Network-CDC (NHSN)
- Interagency Registry for Mechanically Assisted Circulatory Support (Intermacs)
- Press Ganey (Patient Experience)

Implementation Structures: The key structures in implementing this plan are below.

McGovern Medical School Quality Committee

Members include Associate and Assistant Deans of Quality, Vice Chairs of Quality and support staff. They are charged with oversight of current performance, adherence to agreed upon improvement targets and goal setting to assure top decile performance and zero serious safety events.

Outpatient Quality Council

Working within UT Physicians (UTP), this council works to enable clinicians to deliver the highest quality, safest care by providing tools and expertise. They work to bring quality and safety to the forefront of practice and operations within UTP

Clinical Department Quality Meetings

Each Clinical Department holds internal quality meetings focused on learning and improvement within their clinical areas. Data sources outlined earlier provide guidance and comparisons. Review of individual cases, standardized practice proposals and current performance evaluation serve to guide and prioritize quality projects.

Memorial Hermann-Texas Medical Center and Memorial Hermann Healthcare System Quality Committees

The MH- TMC Performance Improvement Review Committee, Medical Staff Quality Review and Medical Executive Committee approve quality and safety plans for inpatient areas, monitor performance, prioritize projects and targets, monitor physician-specific performance and report up through the Memorial Hermann Healthcare System Board.

Lyndon B. Johnson General Hospital and Harris Health Systems

The L.B.J. General Hospital Quality Improvement Committees and Medical Executive Committee approve quality and safety plans for inpatient areas, monitor performance, prioritize projects and targets, monitor physician-specific performance and report up through the Harris Health System Board.