



OO17 – A description of the infrastructure, the organizational committees, and the decision-making bodies specifically designed to oversee the quality of patient care.

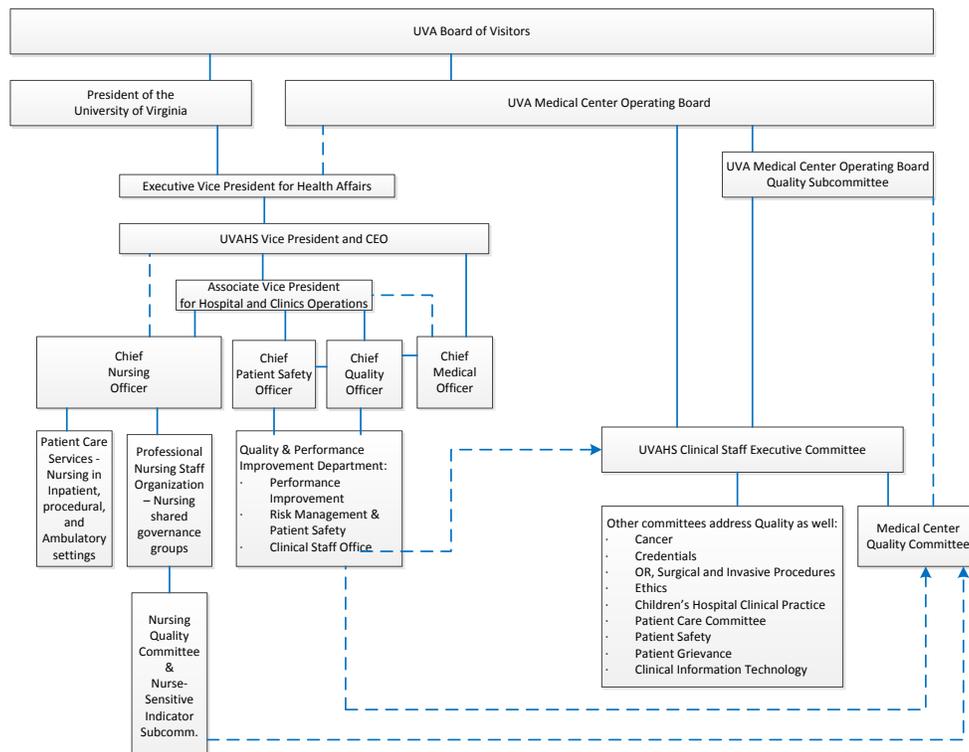
UVA Health System has interprofessional structures and processes to implement and monitor improvement activities to achieve our strategic goals for the quality of patient care. This consists of a collaborative model of organizational committees, operational departments and individual leadership roles.

The University of Virginia Medical Center Operating Board (MCOB) and its oversight body, the University of Virginia Board of Visitors, maintain ultimate responsibility for the quality of care delivered within the health system. Chief Nursing Officer, Lorna Facticeau, attends MCOB meetings on behalf of Nursing.

The Quality and Patient Safety Plan (^{XREF}Exhibit OO3.c) articulates the organizational scope and prioritization of the Health System’s improvement efforts and outlines in detail the structure used to achieve them.

The organizational structure for quality (summarized as Figure 1 below; see ^{XREF}Exhibit OO4.a and ^{XREF}Exhibit OO3.c for the detailed structures that this diagram summarizes) assures that this plan is implemented effectively throughout the organization.

OO17 Figure 1. Summarized Organizational Infrastructure for Quality





Steering Committees Oversee Quality Planning and Performance:

The MCOB Quality Subcommittee, the Clinical Staff Executive Committee (CSEC), and the Medical Center Quality Committee (MCQC) establish the Quality and Patient Safety Plan's organization-wide priorities and, in periodic meetings, monitor the effectiveness of activities or interventions to improve performance and patient safety.

- **The MCOB Quality Subcommittee** is charged to review data, approve priority quality and safety initiatives and goals, and provide strategic oversight of the quality-improvement activities that ensure patient safety, the adequacy and quality of professional services, the environment of care, and patient satisfaction with clinical care and services.
- The **Clinical Staff Executive Committee (CSEC)** is accountable for the direction and oversight of quality monitoring and improvement activities. The CNO and PNSO President serve as members representing Nursing.
- The CSEC is supported in this responsibility by the **Medical Center Quality Committee (MCQC)**, which is responsible for defining, prioritizing, overseeing and monitoring performance-improvement activities, including patient and environmental safety within the Health System. The responsibilities of the MCQC and other CSEC subcommittees are detailed in Appendix C of ^{XREF} [Exhibit OO3.c](#). The CNO, PNSO President and Chair of the Nursing Quality Committee serve as voting members representing Nursing.
- **Nursing** is integrated in the Quality Improvement and Patient Safety Plan as a key interprofessional stakeholder in Medical Center operations. CSEC-sponsored clinical subcommittees include Nursing in their interprofessional membership and in the scope of their quality discussions:
 - Patient Care Committee (co-chaired by the CNO and CMO, with the Director of Nursing Practice and Research / Nursing Governance Programs and the PNSO Clinical Practice Committee Chair as members; leaders of nursing initiatives often bring proposals for changes that impact interprofessional practice to this group for approval)
 - Quality Committee (the CNO, PNSO President and Chair of the Nursing Quality Committee are voting members)
 - Patient Safety Committee
 - Ethics Committee
 - Patient Grievance Committee (nursing representatives from the CNO's Office and the PNSO)
 - Cancer Committee
 - Children's Hospital Clinical Practice Committee



- Operating Room, Surgical and Invasive Procedure Committees
- Clinical Information Technology Oversight Committee (representation by nursing informaticist with direct-care background)

Daily Infrastructure Through Centralized Interprofessional Quality Department:

The **UVA Health System Quality and Performance Improvement (QPI) Department**, led by a Chief Quality Improvement Officer, provides daily operational infrastructure for the organization. They develop the Quality and Patient Safety Plan, facilitate the achievement of the plan, monitor outcomes compared to target, and disseminate performance information. The QPI Department includes the following departments.

- **Performance Improvement Department** staff support quality improvement efforts as leaders, facilitators, educators and analysts. In addition they assist local clinical and administrative leaders to review quality data, identify opportunities for improvement, develop unique indicators and implement/monitor performance-improvement activities.
- **Patient Safety and Risk-Management Department** staff members support activities to gather and analyze data from the Quality Reports/Be Safe Events system (filed by any employee when encountering a near-miss, adverse event or any variance from expected processes, [Exhibit OO17.a: MCP 0132: The Quality Reporting Process](#)), clinical case reviews and significant event analyses. They forward their findings to appropriate clinical and operational leaders for evaluation.
- **The Clinical Staff Office** supports credentialing and privileging activities for physicians and Allied Health professionals, as well as the Clinical Staff Executive Committee.

The QPI Department convenes and oversees **Performance Improvement teams** to address issues affecting both clinical practice and patient care processes in which many disciplines contribute to care or which require coordination between multiple service areas. Improvement teams are designed to identify opportunities to improve care and services, implement actions and evaluate effectiveness as close to the point of patient care as possible. The teams strive to foster engagement of key stakeholders, including many Nursing staff, in improvement activities relevant to their clinical or operational area. With all teams, the clinical and administrative leadership, working with practitioners in each patient-care area, identifies opportunities for improvement and routine monitoring to ensure optimal outcomes. Activities align through the routine inclusion of efforts that directly support institutional quality-improvement and patient-safety priorities.



- **Institutional improvement teams** are led by clinical staff with content expertise and are facilitated by QPI staff. Organization-wide priority improvement teams regarding nurse-sensitive indicators (CAUTI, CLABSI, pressure ulcers, falls and pain) are either led entirely by direct care nurses (Clinician IV or APNs) or co-led in collaboration with a Hospital Epidemiologist or other physician leader.
- **Clinical Departmental improvement teams** address clinical-practice and patient-care processes within an area where the focus is specific to a service, discipline or specific patient population. Department improvement teams are often led by Departmental Quality Officers or Unit / Area Medical Directors.
- **Area Improvement teams** address clinical-practice and patient-care processes that are specific to an area of care delivery, such as a hospital unit, clinic or program. Area teams are co-led by Medical Directors and Nurse Managers.
- Nurses serve as voting members on all of the organizational quality committees and decision-making bodies, and enjoy close collaborative relationships with the team members in QPI, several of whom are RNs.

Nursing Shared Governance: Quality Is a Core PNSO Mission:

In addition to Nursing's integration into the organization's interprofessional infrastructure for quality improvement, nursing-specific quality is one of the core missions undertaken by nursing shared governance. To achieve this, the [PNSO Bylaws](#) (^{XREF}[Exhibit OO4.e](#)) Article IX, Section 1, describes the central Nursing Quality Committee:

Nursing Quality Committee

1. **Membership:** Members of the Nursing Quality Committee are appointed by the Cabinet, serve for two-year terms and may serve two terms.
2. **Duties:** The Nursing Quality Committee shall
 - a. Coordinate clinical peer-review process for nursing focused on patient-safety events referred from the Patient Safety Committee and patient care areas' nursing leadership.
 - b. Create action plans to address practice issues stemming from these reviews.
 - c. Provide oversight to the Nurse-Sensitive Quality-Indicators Subcommittee to ensure all indicators achieve a level of excellence aligned with institutional goals.

Article X of the PNSO Bylaws describes the requirement that nursing quality be addressed by local shared-governance structures as well:



Local Shared Governance (“Local PNSO Committees”)

All units and practice areas will be required to address minimally the following aspects of professional nursing practice at the local level:

- Clinical Practice
 - Quality
 - Professional Development
 - Research
1. This may be accomplished through a structure of individual committees or combined committees.
 2. All nurses will participate in local PNSO committee work.
 3. Minutes will be kept for all local meetings and should reflect at minimum the four aspects required.
 4. Local PNSO committees will identify the relevant Central PNSO Committee(s) with which to communicate issues that cross the boundaries of local practice. Local PNSO Committees will have representation on Central PNSO committees.

Performance Metrics Available to All Staff:

Data Collection: Data are collected to evaluate performance on an ongoing basis. Nurse Managers and direct-care nurses are expected to assist in data collection to audit performance on certain indicators at regular intervals, using centralized auditing tools. Other performance metrics are tracked by QPI staff or Infection Preventionists. Multiple methods are used to collect data, including:

- UVA Health System Internal Systems:
 - Be Safe Events – an electronic reporting system to record variances/events
 - Medical record review (Peer Review; Morbidity and Mortality Conferences; and Morbidity, Mortality and Improvement Conferences)
 - Observation of practice such as infection-control compliance and using Theradoc decision-support software that integrates data from labs, electronic medical record, radiology, etc.
 - Patient Feedback System – an electronic database to track patient concerns
- Patient Satisfaction Survey (Press Ganey)
- Benchmark and comparative databases

Benchmark and Comparative Databases: The University Health System Consortium (UHC) database of academic medical centers is chosen as the primary comparison group for the medical center and the benchmark to target and evaluate improvements in



clinical processes and patient outcomes. Other comparative databases are available and used for monitoring and completing specific improvement projects, including:

- Press Ganey and Associates
- National Registry for Cardiopulmonary Resuscitation (NRCPR)
- National Surgical Quality Improvement Project (NSQIP)
- Society of Thoracic Surgeons (STS)
- National Database of Nursing Quality Indicators (NDNQI)
- National Trauma Quality Improvement Program
- Vermont Oxford Network (Neonatal)
- Scientific Registry of Transplant Recipients (Transplant)
- National Healthcare Safety Network (NHSN)
- Virginia Department of Health (VDH)
- Center of Medicare and Medicaid Services (CMS)

Data Results: Current and goal performance is displayed on the Medical Center Quality Dashboard (MCQD), which is available to all employees through the KnowledgeLink intranet site and is updated regularly when new information is reported. ([Appendix D of the Quality and Patient Safety Plan: ^{XREF} Exhibit OO3.c](#)) It is also a shared source for auditing tools used by staff to assess quality performance.

A dedicated Nurse-Sensitive Quality-Indicator Dashboard within the MCQD maintains organizational focus on the importance and impact of nursing practice on organizational performance. The Chief Nursing Officer has sponsored the presence of publicly visible quality-indicator performance boards on each inpatient unit, to raise awareness of “number of days since last adverse event” for key nurse-sensitive metrics ([Exhibit OO17.b: PCS Policy A16, Quality Indicator Performance Boards – Inpatient Units](#)).

Multiple documentation-related quality-metrics reports are also available to staff on demand through the Epic Electronic Medical Record. An internal team of developers, including Nurse Informaticists, helps develop centralized reports, and clinicians using Epic are able to develop certain customized in-the-moment reports as well.