Health Services
LOS ANGELES COUNTY

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December 22, 2010

To: Supervisor Michael D. Antonovich, Chair
Supervisor Gloria Molina
Supervisor Mark Ridley-Thomas
Supervisor Zev Yaroslavsky
Supervisor Don Knabe

From: John Schunhoff, Ph.D.
Interim Director

DEPARTMENT OF HEALTH SERVICES - INDEPENDENT REVIEW SERVICES: MEDICAL MALPRACTICE AND RISK MANAGEMENT STUDY IMPLEMENTATION PLAN

On August 17, 2010, your Board instructed the Chief Executive Officer (CEO), in conjunction with the Department of Health Services' (DHS) Chief Medical Officer and Quality Improvement team, to develop an implementation plan to execute the most significant issues addressed in the Abaris Group (Abaris) report dated August 13, 2010, and report back to your Board within 60 days with a plan and timetable. The tasks identified in your Board's motion addressed several areas, including patient safety, policy and procedure, and organizational structure. The CEO submitted a report in response to that motion on October 28, 2010.

This report is a status update on implementation progress for the tasks identified in the motion. Since the last report five additional tasks (Patient Safety Tasks 8, 9, 10 and 11; and Organizational Structure Task 6) have been completed.

PATIENT SAFETY

Tasks 2, 8, 9, 10, and 11: create a database to track patient safety trends among all facilities, including a dashboard; create a public "Quality and Patient Safety" website; define goals and evaluate each County hospital against established state and national standards; engage focus group of patient care advocates (PPAs) to help develop dashboard presentation; and promote public reports designed to be meaningful to the general public as well as professionals.

The status and implementation highlights for the noted patient safety tasks are as follows:

- Task 2 Underway – Patient Safety Trend Database: a database for tracking patient safety trends will be implemented in two phases. Phase I of the project will include the assessment of existing resources and identification of a system that meets the needs of the department – targeted for completion December 31, 2010. Phase II will include system acquisition and implementation – target date to be determined upon completion of Phase I. It should be noted that acquisition of the system will pose a financial challenge to DHS due to the budget deficit.

- Task 8 Completed - Quality and Patient Safety Website: implementation of this website included active stakeholder participation, including involvement from PPAs. Input from PPAs was integrated and the website was presented to the PPAs, Hospital Commission, and Health Deputies. The website go-live date was November 17, 2010.

- Task 9 Completed – Evaluate County Hospitals: through the restructuring of DHS' Quality, Patient Safety and Clinical Risk Reduction Committee (Committee), new organizational priorities were established for quality, patient safety, and clinical risk reduction. Additionally, the Committee will coordinate and oversee the function of various groups that currently work in silos. Committee will measure hospital specific and aggregate data against national, state and benchmark affiliates – implemented November 1, 2010. Please refer to Task 4 – Facility and QIPS Patient Safety Staff.

- Task 10 Completed – Dashboard: establish focus group of PPAs to assist with the development of the dashboard to ensure its information is clear, understandable, and timely. The dashboard includes a narrative that explains, to the general public, the significance of the data being presented and the actions taken should we ever fall below acceptable standards. PPAs were engaged in the development of the dashboard and the go-live date was November 17, 2010.

- Tasks 11 Completed – Public Access: promote concept that public reports must be designed to be meaningful to the general public as well as professionals and use focus group to guide DHS. DHS, in partnership with PPAs, developed and implemented a core set of principles to guide the presentation of public reports.

  Core principles address dashboard goals (transparency, accountability, service quality, patient safety culture, and facilitate healthcare choices), guidelines for the selection and presentation of quality and patient safety measures (benchmarks must be endorsed by a recognized national or state healthcare quality consensus body such as the National Quality Forum or the California Hospital Assessment and Reporting Taskforce); and basic tenets (dashboard must be meaningful to general public and development will involve PPAs). The QIPS website and dashboard go-live date was November 17, 2010.

POLICY/PROCEDURE

Tasks 1, 3, 4, and 7: Close the loop on the corrective action plan (CAPs) process by ensuring DHS tracks implementation and effectiveness; review the CAP preparation process and expedite the processing time; improve coordination between patient safety staff at facilities and DHS' QIPS staff; and increase accountability of physicians and other medical staff who fail to follow policies and patients are harmed as a result.

The status and implementation highlights for the noted policy and procedure tasks are as follows.

- Task 1 Completed - Close CAP Loop: QIPS staff will conduct on-site audits to confirm implementation and the process will be recorded and tracked using a database. It should be noted that DHS-QIPS does not currently have the necessary staff to perform the proposed function. DHS-QIPS has created a staffing plan and DHS is reviewing staffing the plan in the context of budget constraints. Please refer to Task 6 – QIPS' Staffing Plan.

- Task 3 Completed –Expedited CAPs: The process has been revised and reviews are now conducted concurrently which has expedited the process by reducing the overall time by two weeks.

- Task 4 Phase I Completed/Phase II Underway – Facility and QIPS Safety Staff: DHS will implement better coordination between patient safety staff at clinic sites and QIPS safety staff in two phases and will include an oversight committee and an educational program. Phase I calls for the restructuring and creation of the DHS-Quality, Patient Safety and Clinical Risk Reduction Committee – completed November 1, 2010. Phase II will involve development of a uniform and standardized curriculum of basic patient safety education – targeted for April 2011.

- Task 7 Completed – Physicians and Medical Staff Accountability: DHS' policy #311.202 includes specific language related to holding all staff accountable. DHS is also in the process of implementing a revised Safe and Just Culture policy, which addresses holding individual staff accountable within their job responsibilities and memorializes DHS' core values. Additionally, DHS has released updated Discipline Guidelines for distribution to all staff. The guidelines include specific language on staff accountability and consequences for failing to follow established policies.

ORGANIZATIONAL STRUCTURE

Tasks 5 and 6: Quality Improvement and Patient Safety (QIPS) section should report to the DHS Director; and develop plan that addresses QIPS' staffing issues. The status and implementation highlights for the noted organizational structure tasks are as follows:

- Task 5 Underway – Placement of QIPS Section: DHS and CEO are assessing the placement of QIPS within the DHS organizational structure. Task Completion is targeted for February 2011 to provide an opportunity for the DHS Director designee to provide input on this matter. However, a recommendation may be made prior to February.

  Task 6 Completed – QIPS Staffing Plan: A staffing plan was completed to address QIPS' staffing issues related to workload and expanded work responsibility. QIPS does not have the necessary staff to perform the proposed functions identified in several of the Plan tasks. DHS finalized its staffing plan and preliminary estimates indicate a cost of approximately $1.0 million dollars. DHS is currently reviewing implementation of the staffing plan in the context of the Department's budget deficit.

SUMMARY

Work on the Medical Malpractice and Risk Management Study Implementation Plan continues and eight of the 11 tasks have been completed; five additional tasks were completed since the last update on October 28, 2010. Those include Patient Safety Tasks 8, 9, 10 and 11; and Organizational Structure Task 6. Of the remaining three tasks, one is targeted for completion by the end of 2010, one for February 2011, and the last is scheduled to be completed by April 2011. The acquisition of the patient safety trend database system and the implementation of the staffing plan will pose a financial challenge to DHS due to the budget deficit.

DHS will provide your Board with status reports until all tasks have been fully implemented, and the next report is targeted for March 31, 2011.

If you have any questions, please contact me at (213) 240-8101.

JFS:km

c: Executive Office, Board of Supervisors
Chief Executive Office
County Counsel