MASSACHUSETTS GENERAL HOSPITAL

PATIENT CARE SERVICES

PERFORMANCE IMPROVEMENT PROGRAM

Revised September 2007
I. Performance Improvement (PI) Methodology

The basic performance improvement methodology is based on continuous improvement principles. The key elements include:

- Identify an opportunity
- Measure performance and set goals for improvement
- Design and implement an improvement plan
- Re-measure for improvement
- Monitor for sustained performance

II. Identification of PI Initiatives

A. Opportunities for performance improvements are identified through a number of sources; identified opportunities fall into three general categories:

- Those that improve on existing performance where the outcome is highly desired (i.e. performance may already be adequate)
- Those that improve on existing performance when deficiencies are identified
- Those that reflect the organizational priorities of Patient Care Services (PCS)  
  (Reference: Organizational Priorities in PCS Strategic Plan)

B. Identification of these opportunities arise from multiple data sources:

  (Reference: PCS Strategic Plan: Annual Performance Measures)

Data sources include:

<table>
<thead>
<tr>
<th>1. Patient</th>
<th>2. Environmental</th>
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<tbody>
<tr>
<td>Patient Satisfaction Surveys</td>
<td>Environmental Surveys</td>
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<tr>
<td>Clinical Indicators</td>
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<td>Safety Reporting System</td>
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<tr>
<th>3. Administrative</th>
<th>4. Staff</th>
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<tr>
<td>Filled positions</td>
<td>Clinical Narratives</td>
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<tr>
<td>Employee turnover rates</td>
<td>Staff perception survey</td>
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<tr>
<td>Workload measures</td>
<td>Employee focus group</td>
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<td>Financial indicators</td>
<td>Employee safety indicators</td>
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III. Principal PCS Performance Improvement Committees

A. The Patient Care Services Executive Committee (PCSEC)

The PCSEC establishes annual strategic initiatives to organize priorities in consideration to performance measures (Reference: PCS Annual Operating Plan: Strategic Initiatives).

B. The PCS Quality Committee

The Patient Care Services (PCS) Quality Committee is one of seven committees within the PCS Collaborative Governance structure. This multidisciplinary committee identifies opportunities to improve patient care. Members develop knowledge and skill using the quality improvement process. The committee works closely with the Patient Care Services Director of Quality and Safety.

The committee co-chairs represent PCS as active members of the PCAC. Members use the quality improvement process to identify high risk and problem prone aspects of care from their clinical settings and from analysis of hospital-wide patient incidents. Systems analysis and improvement recommendations are referred to appropriate work groups for action and/or implementation.

Committee co-chairs provide the administrative link between PCS performance improvement initiatives and the MGH Quality Structure. Committee members address areas that require re-evaluation and quality improvement. The committee acts as a focus group to activate evaluation and initiate change. Accordingly, the committee documents a grid of additional committees that report to the PCS committee on either an annual or quarterly basis. The committee employs a stakeholders approach in order to dissect an issue and suggest recommendations as to which other hospital committees may best manage the issue. Subsequently, the committee co-chairs communicate with these identified committees to determine whether staff efforts have proven successful in resolving the issue or whether additional evaluation and review is necessary.
Members of the Quality committee communicate the group’s activities to their respective units or specialties through staff meetings. The minutes are disseminated throughout the PCS department on a monthly basis. In addition, each month the chairs and coaches of the nine Collaborative Governance committees meet to ensure ongoing collaboration and open communication on PCS performance improvement initiatives.

The Quality Committee’s role and responsibility is best illustrated via a circle diagram with the patient and family in the middle, encircled by MGH care providers, both encircled by the collaborative governance committee, followed by hospital wide initiatives, and entirely encircled by PCS on the outside.

**PCS Quality Committee Membership Goals:**

- To contribute priority issues for review by the committee
- To identify quality issues during case review of specific incidents
- To identify quality issues through review of patient care data
Responsibilities:

- To recommend quality activities based on important aspects of care and services (high volume, high risk, problem prone)
- To identify strategies to improve quality
- To review finding and recommend departmental actions

Projected Goals and Future Recommendations:

- Continue to respond to quality issues identified by members and others, and to report priority indicators
- Continue to seek opportunities for services to report their quality outcomes and use the Quality Committee as a clearinghouse for support and communication
- Improve communication of the committee’s work to the frontline practitioners. Specifically state the issues of concern; describe an analysis process and an action plan
- Foster the linkage between the Collaborative Governance Committees’ via the monthly chair meeting
- Actively participate in formulating a plan to articulate quality initiatives

In addition to the PCS Quality Committee, nursing is well represented on other key Quality Committees as noted below.

PCS Quality Committee - 2007

Members
Andrea Bonnano, PT, Co-Chair
Carol Camooso Markus, RN, Coach
Karen Lipshires, RN, Co-Chair
Margaret Munson, RN
Susan Riese, RN
Joseph Roche, RN
Maryalyce Romano, RN
Carol Shea, RN
Judith Sinsheimer, MSW
Mary Stacy, RN
Jean Stewart, RN
Carol Upham, RN
Purris Williams, RRT
Denise Young, RN
Denise Lauria, RN
Quality Oversight Committee 2007

Members
Jeanette Ives Erickson, RN, Co-Chair
Jean Elrick, MD
Cy Hopkins, MD
Liz Mort, MD
Brit Nicholson, MD, Co-Chair
Keith Pereleberg, RN
Gregg Meyer, MD
Maryann Spicer

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Quality of Care Committee 2007

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