6.1 Describe the quality infrastructure – the organizational committees and decision-making bodies that affect client care – and the involvement of nurses from various settings and at all levels of the organization in establishing, monitoring, and evaluating practice standards and patient care policies at the unit and organizational levels.

Massachusetts General Hospital (MGH) has held a position of leadership in quality care and safety since its formation in 1811. Just recently, as reported in the MGH Hotline (attachment 6.1.a), the MGH received top marks from the Leapfrog Group, a national hospital quality rating organization. Behind these high marks is a quality infrastructure comprised of committees and decision-making bodies that remain vigilant in ensuring that MGH patients and families receive care which is safe, effective, patient-centered, timely, efficient and equitable (the Institute of Medicine’s six aims for quality improvement).

The MGH Performance Improvement Plan (OOD 10.d) and the Patient Care Services Performance Improvement Plan (OOD 10.e) outline the committees and structures throughout the organization that govern quality, safety and performance improvement efforts.

The ultimate responsibility for oversight and priority setting resides in the senior executive committees of MGH and the Massachusetts General Physicians Organization (MGPO). These include the Board of Trustees Quality Committee (attachment 6.1.b), The General Executive Committee (attachment 6.1.c), Quality Oversight Committee (attachment 6.1.d), the Medical Policy Committee (attachment 6.1.e), the Patient Care Services Executive Committee (attachment 6.1.f), and the Clinical Performance Management (CPM) Executive Committee (attachment 6.1.g). In addition, the Patient Care Assessment Committee (attachment 6.1.h) and the Patient Care Services Quality Committee (attachment 6.1.i), a committee of the PCS Collaborative Governance structure, play a key role in advancing the quality and safety agenda at MGH. Charges and rosters for these committees (nurses are highlighted in yellow) are included in attachments 6.1.b through 6.1.i. The respective charges of these groups articulate their focus in establishing, monitoring, and evaluating practice standards and patient care policies at the local and organizational levels.

In addition to these key committees, there are several departmental structures that assume the operational accountability and oversight of quality and safety efforts. These include:

**MGH/MGPO Center for Quality and Safety (CQS)**

Established in 2007, CQS supports the MGH/MGPO aspiration of creating the highest quality, safest environment for patients and staff, and leading the nation in quality and safety. The
finer organizational details for CQS are still being finalized, but the Center includes the following functional areas:

- **Safety** – This team, primarily staffed by nurses, is responsible for triaging and, if appropriate, investigating events entered into the MGH’s electronic incident reporting system. It works extensively with the PCAC, and supports the review and identification of reportable cases.
- **Measurement and Analysis** – This group is responsible for developing and reporting on quality measures internally and externally. It helps ensure that the hospital meets its reporting requirements for the Joint Commission, the Centers for Medicare & Medicaid Services (CMS), state of Massachusetts, and other external regulatory bodies requiring routine data reporting. It is staffed by data analysts and nurses.
- **Care Improvement** – This group, staffed primarily by MPH or MBA prepared project managers, provides staff support to key quality and safety initiatives.
- **Applied Informatics** – This team, in collaboration with the Laboratory of Computer Sciences, develops and manages the information systems needed to support quality measurement and reporting activities, including the incident reporting system and dashboard.

**Patient Care Services Office of Quality and Safety (OQS)**

Launched in 2007, the Office of Quality and Safety is interdisciplinary in its approach to lead Patient Care Services in its mission to consistently offer the safest and the best care to our patients, families and staff. A robust and collaborative relationship exists with all other hospital groups charged with ensuring safety and quality for the hospital community. All initiatives of the OQS are based upon the Six Aims for Quality Improvement identified by the Institute of Medicine (Safety, Effectiveness, Patient Centeredness, Timeliness, Efficiency and Equity). Key foci of this Office include:

- Developing a comprehensive quality and safety program that is vibrant and central to the experience of each patient, family, and staff member.
- Effecting cultural change by using the Six Aims for Improvement as the framework for all program design and evaluation.
- Supporting all of Patient Care Services in complying with regulatory and accreditation standards.
· Establishing and leveraging internal and external relationships that enhance our efforts to avoid harm (safety) and improve outcomes (quality) for patients, families and staff.

Prior to 2007, the primary office coordinating quality and safety initiatives was the MGH Office of Quality and Safety. Through the MGH Strategic Planning process initiated in 2004, the infrastructure evolved to both a MGH/MGPO Center for Quality and Safety and a Patient Care Services Office of Quality and Safety to ensure adequate capacity to coordinate quality and safety efforts throughout the Hospital.

Office of Patient Advocacy (OPA)

Led by a Master’s-prepared nurse, the Office of Patient Advocacy serves as the liaison and change agent between patients and the organization in their expressions of commendation or concern so that moral, ethical, operational, and care standards are upheld on behalf of the MGH patients. Its functions include:

· Providing objective representation in a neutral, non-threatening manner on issues that are brought to the office by patients, families, visitors, and/or staff;
· Providing guidance to patients, families, visitors, and/or staff on patient’s rights and responsibilities;
· Building versatile mechanisms for effecting change when it is needed based on input from patients; and
· Establishing formal support strategies that empower staff to manage commendations and/or concerns on a local level.

Clinical Care Management Unit

The Clinical Care Management Unit (CCMU) performs several functions in implementation of performance goals established by senior leadership. The CCMU, therefore, includes a number of coordinated subgroups related to quality and safety.

The Registrar/Credentialing Unit is the central facility for the collection, verification and dissemination of physician data and documentation necessary for (1) hospital appointments and privileging, (2) enrollment in managed care and other insurance plans, and (3) physician billing. This Unit responds to the needs and requirements of institutional by-laws and outside agencies such as the Joint Commission, NCQA, contracting HMOs, managed care organizations and other insurance
companies. The Credentialing Unit serves as the central repository of physician credentialing data for the institution. Among the Registrar’s functions is maintenance of data and reporting systems, varying by specialty, showing performance of individual physicians in comparison to aggregate data.

The CCMU also includes Case Management, which monitors the level of hospital services provided to patients and facilitates smooth transitions between levels of care; and Managed Care Operations and Analysis, which performs a variety of special administrative and coordination functions.
The MGH among top hospitals for quality and safety

The MGH has been ranked among the very best in the nation for patient safety and health care quality practices, receiving top marks from the Leapfrog Group, a national hospital quality rating organization. Evaluated by the Leapfrog Hospital Quality and Safety Survey, one of the most complete and current assessment tools for quality and safety available, the MGH was designated a 2007 Top Hospital from among the 1,285 hospitals responding to the survey.

The MGH, along with 40 other hospitals across the country, was given high scores for its progress toward implementing safe practices in four categories: computer physician order entry systems, evidence-based hospital referrals, Intensive Care Unit staffing and the Leapfrog Safe Practices Score, which measures hospitals' progress implementing best practices. This year's Leapfrog survey was slightly different than those in past years. In the area of evidence-based hospital referrals, the survey included information about the hospitals' weight loss and aortic valve surgeries and considered the surgeons' level of experience with high-risk procedures. Hospitals provided information about their percentage of surgeons who met a certain case volume in each of the procedures.

"We are entering a new era of quality and safety at the MGH," says Gregg Meyer, MD, MSc, senior vice president of the MGH/MGPO Center for Quality and Safety. "Demonstrating transparency in our quality and safety performance and practices reveals our progress and indicates areas where we need to continue to challenge ourselves and make advances. We are proud of the MGH's dedication to patient safety and health care quality. As we continue to rank among the very best in the nation, we will continue to aim even higher."

To view the complete 2007 Top Hospitals list and a detailed explanation of the ranking methodology, access www.leapfroggroup.org/news/leapfrog_news/Top_Hospitals. For more information about the MGH/MGPO Center for Quality and Safety, call (617) 726-4709.
Boards of Trustees Quality Committee

The Quality of Care Committee serves as a joint committee for The General Hospital Corporation and the Massachusetts General Physicians Organization, Inc. The Committee’s goal is to provide comprehensive information exchange between the hospital and the governing boards of the General Hospital and MGPO focusing on three specific areas: quality of care review, clinical direction, and professional staff credentialing and privileging. As part of the quality and safety reorganization, the specific charge of the committee is being reviewed.

Charges:
• Advice to the professional staff on quality matters as they arise and will oversee thorough and detailed reports to the General Hospital and MGPO Board of Trustees on a regular basis.
• Advice on policy, conflict resolution and program effectiveness to promote safe and effective patient care;
• Oversight of the quality review efforts of the hospital staff. Within the scope of activity will be included incident reporting, quality improvement processes and compliance with health care regulations.
• Oversight of issues of patient rights, clinical ethics and practice conflicts;
• Oversight of policies and systems surrounding appointment and reappointment to the professional staff of the General Hospital;
• Within its scope of activity, oversight of activities of medical staff committees relating to membership on the professional staff; and
• Coordination of its work with other hospital committees.

Membership:
Edward Lawrence, Esq, Trustee, (Chair) Charles C. Ames, Esq, Trustee
W. Gerald Austen, M.D., Trustee Jane Claflin, Trustee
Jeanette Ives Erickson, R.N. Keith Perleberg, RN
Judy Friend, Trustee Cyrus Hopkins, M.D.
Philip Leder, M.D., Trustee Elizabeth Mort, M.D.
James Mongan, M.D. Gregg Meyer, MD
Britain Nicholson, M.D. Peter L. Slavin, M.D.
Maryanne Spicer
General Executive Committee (GEC)

Charges

• Consider and, on behalf of the Trustees, adopt policies and procedures relating to patient care and medical education; and, at the request of the Trustees, other matters affecting the optimal operation of the Hospital;

• Consider and recommend to the appropriate committees policies and procedures relating to research;

• Act in an advisory capacity to the Trustees and the President on all matters affecting the optimal operation of the Hospital on matters affecting the optimal operation of the Hospital, and serve as a liaison between the Professional Staff and the administration of the Hospital;

• Consider and recommend to the Trustees appointments and other actions relative to the Professional Staff;

• Recommend to the Trustees the adoption, amendment, and repeal of any Bylaws of the Professional Staff or any rules and regulations applicable to the Staff; and

• Disseminate information with respect to its actions, recommendations and discussions to the Professional Staff through the Service Chiefs and through the representatives of the Active Medical Staff.

Membership List as of July 2007

Dr. Bernard Aserkoff, Internal Medicine
Dr. Dennis Ausiello, Chief, Medical Services
Dr. Jonathan Cronin, Associate Chief, Neonatology
Dr. Elizabeth Hohmann, Chair and Director, Partner’s IRB
Dr. Robert Hughes, Internal Medicine, Primary Care

Ms. Jeanette Ives Erickson, RN, Senior Vice President for Patient Care and Chief Nurse
Dr. Leonard Kaban, Chief, Oral Maxillofacial Surgery
Dr. Britain Nicholson, Senior V. P., Chief Medical Officer and Director, Primary Care, MGH
Dr. Lawrence Ronan, Internal Medicine
Dr. Jerrold Rosenbaum, Chair, Executive Committee on Research
Dr. Peter Slavin, President, Massachusetts General Physicians Organization
Dr. David Torchiana, CEO, Massachusetts General Physicians Organization
Dr. Joseph Vacanti, Chief, Pediatric Surgery
Dr. Andrew Warshaw, Chief of Surgery
Dr. Anne Young, Chief, Neurology
Dr. Warren Zapol, Chair, Executive Committee on Teaching & Education

Invited Attendees - Chiefs
Dr. Bruce Chabner, Chief, Hematology/Oncology
Dr. Alasdair Conn, Chief, Emergency Department
Dr. William Crowley, Clinical Research Program, MGH
Dr. Daniel Haber, Director, Cancer Center
Dr. Robert Kingston, Chief, Molecular Biology
Dr. Ronald Kleiman, Interim Chief, Pediatrics
Dr. Jay Loeffler, Chief, Radiation Oncology
Attachment 6.1.c continued

Dr. David Louis, Chief, Pathology
Dr. Robert Maruza, Chief, Neurosurgery
Dr. W. Scott McDougal, Chief, Urology
Dr. John Parrish, Chief, Dermatology
Dr. Harry Rubash, Chief, Orthopaedics
Dr. Issac Schiff, Chief, Obstetrics and Gynecology
Dr. Joel Stein, Interim Chief of Physical Medicine and Rehabilitation
Dr. James Thrall, Chief, Radiology

Other
Dr. W. Gerald Austen, Chair, Chiefs’ Council
Mr. Richard Averbuch, Chief Marketing Officer
Dr. Richard Bringhurst, Senior Vice President of Medicine and Research
Ms. Deborah Colton, Vice President of External Affairs/MGPO
Dr. Anne Dubitzky, Vice President of Managed Care
Dr. Jean Elrick, Senior Vice President, Administration
Mr. Daniel A. Ginsburg, President and COO, MGPO; Vice President for Cancer Center and OB/GYN
Ms. Robin Jacoby, Chief of Staff, Partners HealthCare System
Nancy Marttila, MGH Administration
Ms. Sally Mason Boemer, Vice President of Finance, MGH
Dr. Gregg Meyer, Senior Vice President of Quality and Patient Safety
Dr. James Mongan, President, Partners HealthCare System
Dr. Elizabeth Mort, Associate Chief Medical Officer, Director of Decision Support
Mr. James Noga, Chief Information Officer - MGH/MGPO
Ms. Ann Prestipino, Senior Vice President for Surgery & Anesthesia Services & MGH Cardiac Program
Ms. Allison Rimm, Vice President of Strategic Planning
Ms. Joan Sapir, Vice President for Neurosciences & Pediatrics
Ms. Peggy Slasman, Chief Public Affairs Officer
Mr. James Thompson, Director, Development Office
Dr. Deborah Weinstein, Vice President, Partners Graduate Medical Education
Quality Oversight Committee

The Quality Oversight Committee is chaired by the Senior Vice President for Quality and Safety, and includes the CMO, CNO, and Vice President for Quality and Safety. As part of the quality and safety reorganization, both the membership and scope of the committee are being revised. While details are still being finalized, the committee will serve as a forum to ensure clear communications and alignment across the institutional quality and safety agenda. Its representation will include quality and safety stakeholders from around the institution.

**Membership:**
- Jeanette Ives Erickson, RN, *Co-Chair*, Senior Vice President for Patient Care/Chief Nurse
- Brit Nicholson, MD, *Co-Chair*, Chief Medical Officer
- Jean Elrick, MD, Senior Vice President, Operations
- Keith Pereleberg, RN, Director, Patient Care Services Office of Quality and Safety
- Cy Hopkins, MD, Center for Quality and Safety
- Gregg Meyer, MD, Senior Vice President, Center for Quality and Safety
- Liz Mort, MD, Vice President, Center for Quality and Safety
- Maryann Spicer, Director, Corporate Compliance
Medical Policy Committee

The Medical Policy Committee of the MGH/MGPO serves as a standing subcommittee of the GEC and the MGPO Executive Committee and acts as the medical policy development body for the General Hospital Corporation (GHC) and MGPO on issues relating to clinical performance, operational performance and quality issues. The committee is multidisciplinary and includes senior GHC and MGPO management, representatives of the Chiefs’ Council, and Patient Care Services.

Charges:
- Evaluate and modify, as needed, current institutional clinical policies effecting the quality and efficiency of patient care;
- In conjunction with the hospital Administrative Policy Committee and the Chiefs’ Council, and its individual members, provide clinical input pertinent to hospital and individual service operations and efficiency; and
- Oversee the integration of utilization and quality management activities of the MGH and MGPO.

Membership:
Deborah Adair, RHIA, Director, Health Information Services
George P. Baker, Jr., MD, Physician Emeritus
Chris Coley, MD, Chair, Medical QA Committee
Timothy G. Ferris, MD, Medical Director, MGPO, Co-Chair
Julie Goldman, RN, Professional Development Coordinator, Staff Support
Cyrus Hopkins, MD, Center for Quality and Safety
Jeanette Ives Erickson, RN, Senior Vice President for Patient Care/Chief Nurse
Scott W. McDougal, MD, Chief, Urology
Gregg S. Meyer, MD, Senior Vice President, Center for Quality and Safety
Sally Millar, RN, Co-Chair, Clinical Policy and Record Committee
Elizabeth Mort, MD, Vice President, Center for Quality and Safety
Britain W. Nicholson, MD, Chief Medical Officer, Co-Chair
Maryanne Spicer, Director, Corporate Compliance
Eric Michael Weil, MD, Co-Chair, Clinical Policy and Records Committee
Linda C. Weinstein, Director, Registrar and Credentialing Unit
Patient Care Services Executive Committee

The Patient Care Services Executive Committee is the working leadership committee with oversight for policy development, standards of practice, and resource allocation.

Charges:
• Considers, and on behalf of Patient Care Services, adopts policies and procedures relating to patient care; education for nursing and allied health professions; and at the request of the Senior Vice President for Patient Care Services and Chief Nurse Executive, other matters affecting the optimal operation of Patient Care Services;
• Acts in an advisory capacity to the Senior Vice President for Patient Care Services and Chief Nurse Executive on all matters affecting the optimal operation of Patient Care Services; and
• Serves as a liaison between the Nursing and Allied Health Professionals staff and the administration of the hospital.

Membership:
Jeanette Ives Erickson, RN, MS, Senior Vice President for Patient Care/Chief Nurse
Guardia Banister, RN, PhD, Executive Director, The Institute for Patient Care
Debbie Burke, RN, MSN, MBA, Associate Chief Nurse
Leila Carburnari, RN, MEd, Director, International Patient Program
Edward Coakley, RN, MEd, MA, MSN, Director Emeritus
Deborah Colton, Vice President of External Affairs, MGPO/PCS
Ann Daniels, PhD, LICSW, Executive Director, Social Services & Chaplaincy
Marianne Ditomassi, RN, MSN, MBA, Executive Director, PCS Operations
Theresa Gallivan, RN, MS, Associate Chief Nurse
Eileen Flaherty, RN, MBA, MPH, Director, PCS Financial Management Systems
Robert Kacmarek, RRT, PhD, FCCM, FCCP, FAARC, Director, Respiratory Care Services
Sally Millar, RN, MBA, Director, Office of Patient Advocacy and Patient Care Informatics
Georgia Peirce, Director, Promotional Communication and Publicity
Keith Perleberg, RN, MDiv, Director, PCS Office of Quality and Safety
George Reardon, MBA, Director Orthotics and Systems Improvement
Pat Rowell, Director, Volunteer, Interpreter, Information Ambassadors and General Store Services
Susan Sabia, Executive Editor, Caring Headlines
Jackie Somerville, RN, PhD, Associate Chief Nurse
Michael Sullivan, PT, DPT, MBA, Director, Physical Therapy and Occupational Therapy
Dawn Tenney, RN, MSN, Associate Chief Nurse
Carmen Vega-Barachowitz, MS, CCC-CLP, Director, Speech. Language & Swallowing Disorders and Reading Disabilities
Deborah Washington, RN, PhD, Director, Patient Care Services Diversity Program.
CPM Executive Committee

The CPM Executive Committee, chaired by CEO of the MGPO and co-chaired by the President of the MGH, is charged with setting goals, monitoring progress, and reporting to the GEC on the CPM effort. Composition of the committee currently includes the CNO, CMO, the MGPO Medical Director, and the Senior Vice President and Vice President for Quality and Safety.

As part of the quality and safety reorganization, the CPM program is evolving. However, this executive committee will remain intact, and serve as a steering and planning committee for the new Center for Quality and Safety.
Patient Care Assessment Committee (PCAC)

Charges:
- Oversee the programs of the Hospital, which are designed to assure the effective assessment of patient care in all departments of the Hospital. These programs shall include activities related to quality assurance, utilization review, risk management, peer review, impaired providers and other programs that the Committee or Trustees deem appropriate.
- Ensure that the policies and procedures for implementing the programs comply with the requirements of all applicable laws.
- Report its findings and make other recommendations relative to patient care assessment to the trustees, the Medical Policy Committee and the GEC from time to time.

Membership as of Sept. 2007:
Cyrus Hopkins, MD, Center for Quality & Safety, Chairperson
Charles Ames, Trustee
Hani Abujudeh, MD, Radiology
Sarah Arnholz, Office of General Council
Andrea Bonanno, PT, Physical Therapy, Co-Chair, PCS Quality Committee
Meg Clapp, MS, Pharmacy
Christopher Coley, MD, Medicine
David Brown, MD, Emergency Department.
Ann Daniels, PhD, LICSW, Social Service
Thomas Dodson, MD, DMD, Oral and Maxillofacial Surgery
Peter Dunn, MD, Operating Room
Timothy Ferris, MD, MGPO Administration
Mrs. Judy Friend, Trustee
Jeffrey Ecker, MD, Obstetrics/Gynecology
Pablo Gomery, MD, Urology
John Goodson, MD, MGPO
Eileen Hughes, RN, Case Management
Joseph Kvedar, MD, Dermatology
James Lehrich, MD, Neurology
Karen Lipshires, RN, Staff Nurse, Co-Chair, PCS Quality Committee
Peter Masiakos, MD, Pediatric Surgery
James McFarland, MD, MGPO
Marilyn McMahon, Risk Management
Sally Millar, RN, MBA, Office of Patient Advocacy
Elizabeth Mort, MD, Center for Quality & Safety
Gregg Meyer, MD, Center for Quality & Safety
Brit Nicholson, MD, Administration
Christopher Ogilvy, MD, Neurosurgery
David Ring, MD, Orthopedics
Robert Peterfreund, MD, Anesthesia
Keith Perleberg, RN, Patient Care Services Office of Quality & Safety; Chief Nurse Designee
Andrew Rosenberg, MD, Pathology
Robert Schneider, MD, Anesthesia (Alternate)
Attachment 6.1.h continued

Maryanne Spicer, Safety Committee, Administration
Howard Weinstein, MD, Pediatrics
Anthony Weiss, MD, Psychiatry
Cameron Wright, MD, Surgery
Paula Wright, RN, Infectious Disease
Delia Wolf, MD, Human Research Committee
Torunn Yock, MD, Radiation Oncology
Patient Care Services Quality Committee

**Charges:**

- 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

**Membership:**

Andrea Bonnano, PT, Physical Therapist, *Co-Chair*
Karen Lipshires, RN, Staff Nurse, *Co-Chair*
Carol Camooso Markus, RN, Staff Specialist, *Coach*

Jean Benhardt, RN, Staff Nurse
Margaret Munson, RN, Staff Nurse
Keith Brinkley, Operations Coordinator
Susan Riese, RN, Staff Nurse
Linda Cutting, RN, Staff Nurse
Joseph Roche, RN, Staff Nurse
JoAnn David-Kasdan, RN, Staff Nurse
Maryalyce Romano, RN, Staff Nurse
Monique Gauthier, RN, Staff Nurse
Carol Shea, RN, Staff Nurse
June Guarente, RN, Staff Nurse
Judith Sinsheimer, MSW
Sheila Golden-Baker, RN, Nurse Educator
Mary Stacy, RN, Staff Nurse
Sudan Gordon, RN, Staff Nurse
Jean Stewart, RN, Staff Nurse
Deborah Jameson, RN, Staff Nurse
Carol Upham, RN, Staff Nurse
Kimberly Kane, RN, Staff Nurse
Purris Williams, RRT
Amy Levine, RN, Staff Nurse
Denise Young, RN, Staff Nurse
Denise Lauria, RN, Staff Nurse