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Project Description

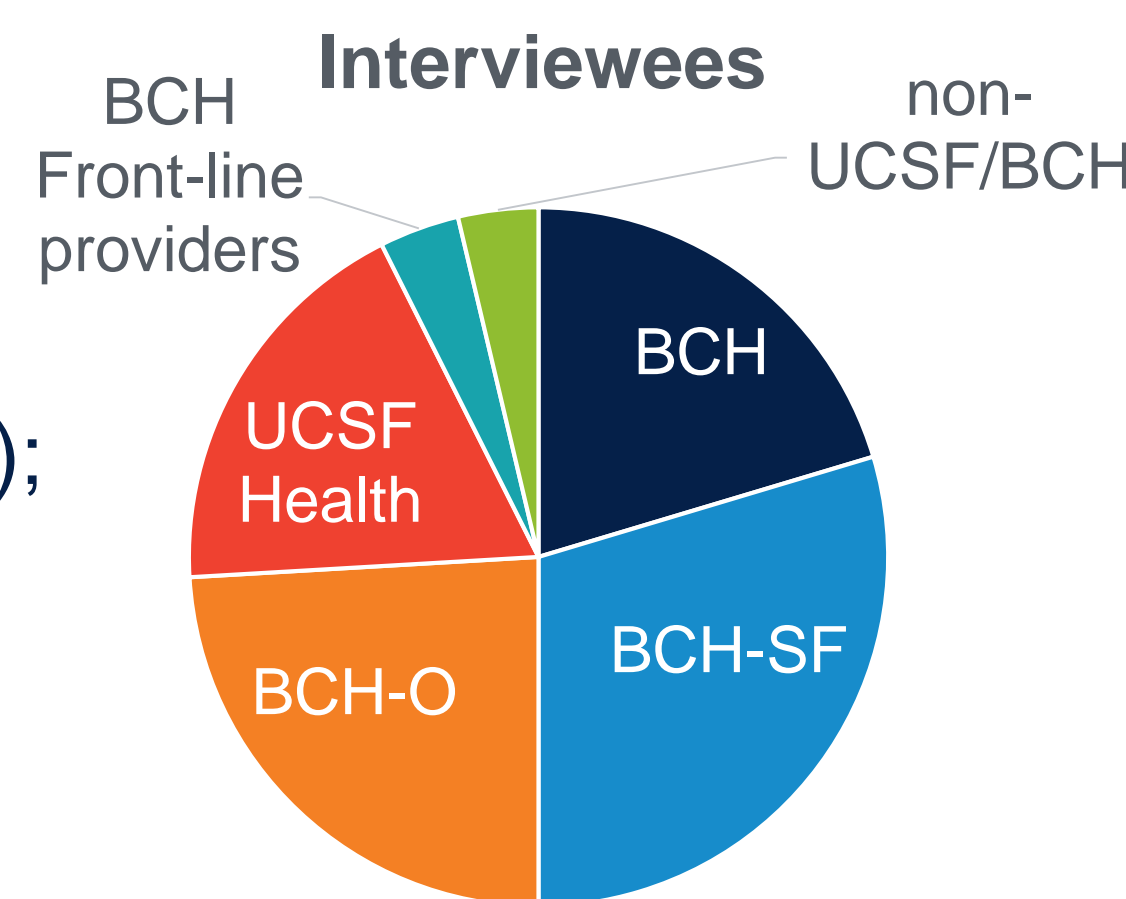
In order to improve patient outcomes and standardize best practices across BCH-SF (Benioff Children's Hospital-San Francisco) and BCH-O (Benioff Children's Hospital-Oakland), we designed a strategy for an integrated BCH Quality and Safety Program.

Problem Statement:

With independent Quality and Safety structures and processes, and variable outcomes across two hospitals, we are unable to become the best providers of children's healthcare services.

Discovery:

1. Interviewed 55 health professionals (35 physician leaders, 20 non-physician leaders); 96% of interviewees agreed that it was important to integrate Quality and Safety (Q/S) programs. Interviews revealed key differences, gaps, and barriers.



2. BCH Scorecard was not fully aligned; different metrics, goals, registries, and vendors made comparison and collaboration difficult.

3. BCH-O had limited reporting of service-specific Q/S (performance was unknown). Neither campus had balanced/True North (TN) reports.

BCHO Clinical service-specific patient outcomes better than benchmarks	?
BCHSF Clinical service-specific patient outcomes better than benchmarks	57%

4. The interviews and research identified the following "Principles of Integration" to guide the unification process:



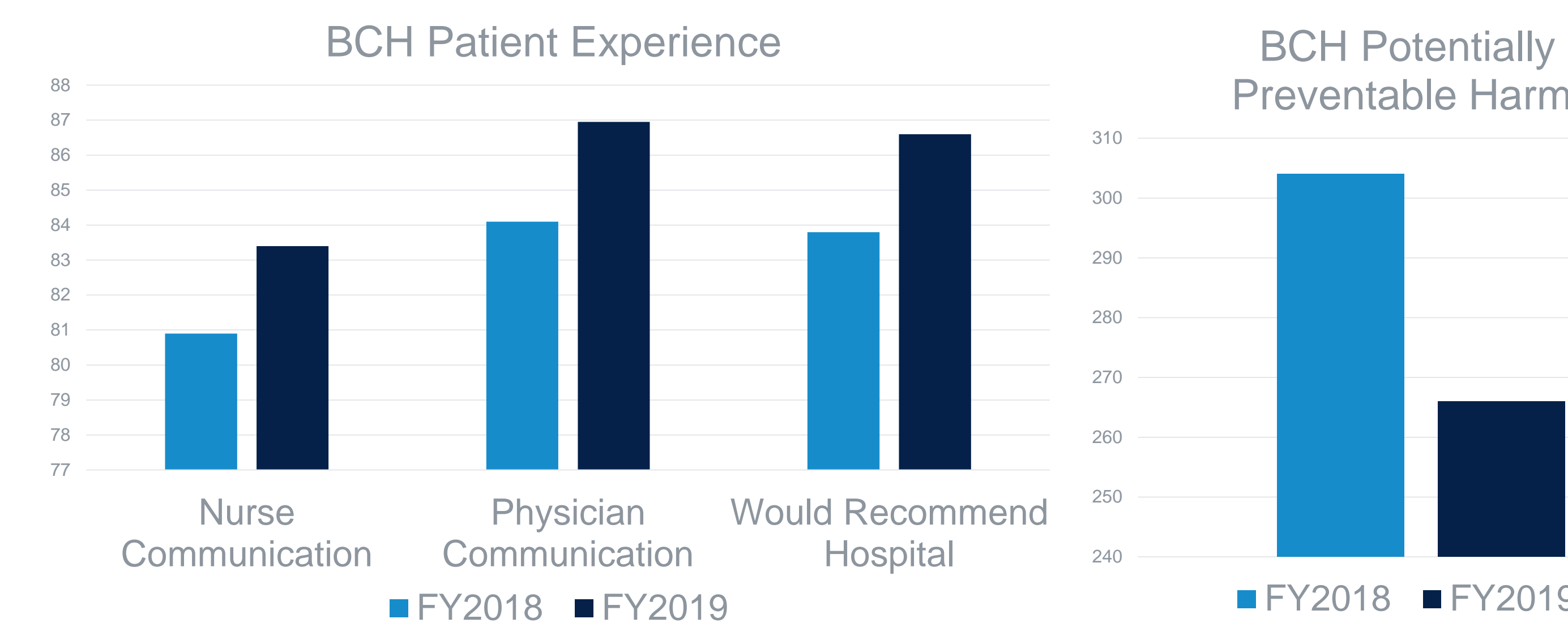
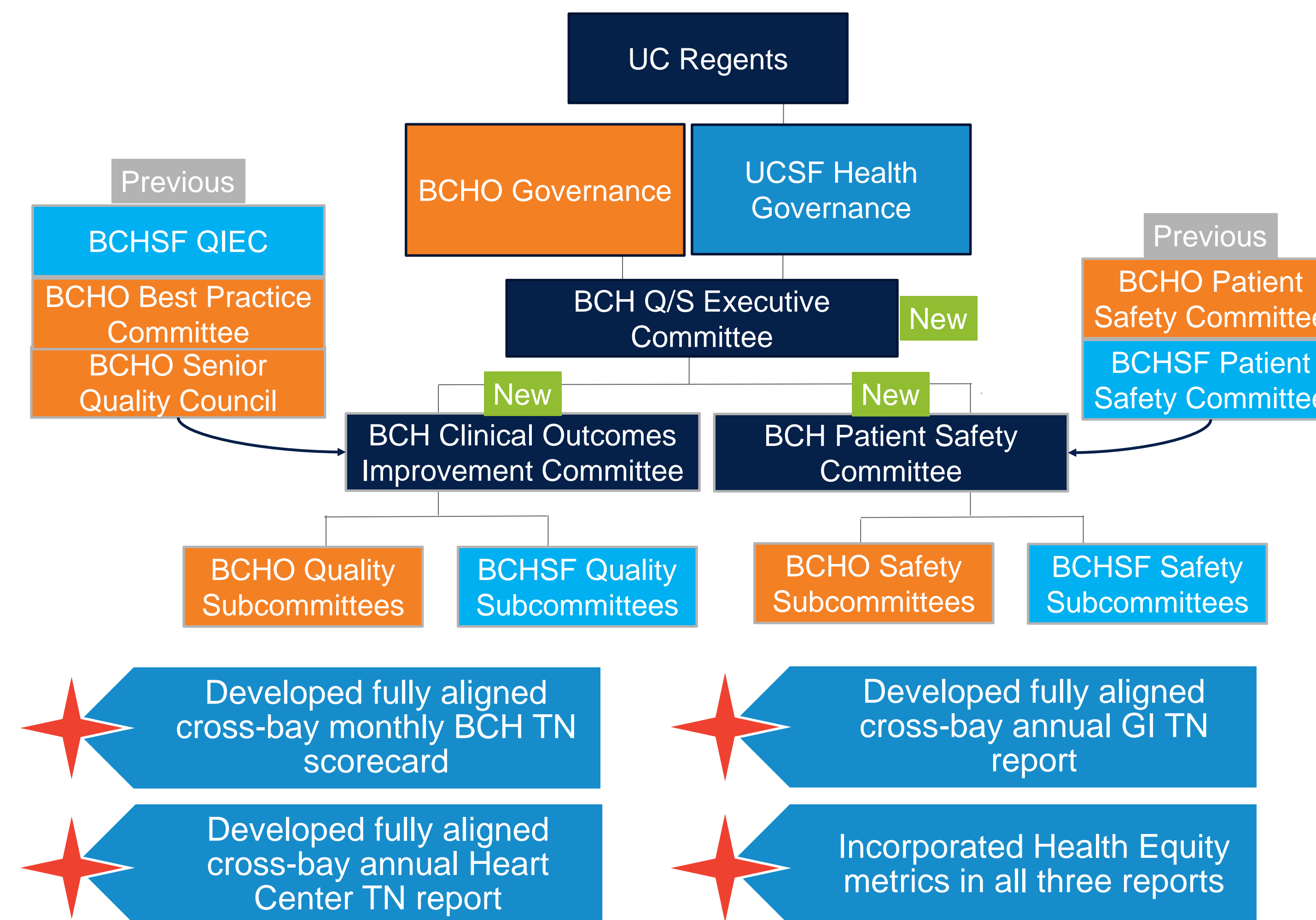
Goal: Design a strategy to integrate BCH Q/S Programs.

Outcome-oriented Objective:

1. Develop structures needed to accomplish Principles of Integration including unified Q/S Governance and Committees by 4/2019.

2. Identify processes needed to evaluate Q/S across BCH including implementation of fully aligned cross-bay campus level TN scorecard by 1/2019 and at least two clinical service-level TN reports by 6/2019.

Results



Lessons Learned

- Data & analytics infrastructure** is underdeveloped, especially at BCHO. Improved infrastructure would provide better data support to improvement teams and allow FTE to focus on QI.
- Clinical registries and benchmarking** differences at two campuses need to be aligned.
- Limited QI team capacity:** few staff are trained in QI methodology; partnering with clinical/operational leaders and other improvement groups is suboptimal; most FTE are focused on manual data management and reporting rather than QI.
- Independent BCHO medical staff laws** require legal council to proceed with integrating structures.
- Aligning dissimilar groups on **vision rather than tactics** helped move integration forward.

Next Steps:

Implement BCH Q/S FY20-21 Strategic Priorities:

- Set annual priorities for cross-bay improvement projects.
- Engage with operational & clinical leaders and other teams.
- Train staff in QI and develop standard improvement approach.
- Automate reports and common data requests.
- Align and optimize clinical registries.
- Integrate Patient Safety processes.

Mission Model Canvas

