

QUALITY MANAGEMENT SYSTEM

I. Purpose

- A. The purpose of the Quality Management System (QMS) is to document evidence of a well-defined, organized, and integrated system designed to ensure that all patients treated at Grays Harbor PHD #2's health care facilities, including the Hospital, receive quality care.
- B. It is the responsibility of the governing bodies of GHPHD #2 and the Hospital through the administration and medical staff, to establish, maintain, and support an ongoing quality improvement plan.
- C. It is the responsibility of the administration to coordinate quality improvement activities, to monitor the program, to provide resources as required, and to continually upgrade services to meet current standards of professional practice.

II. Definition

- A. The QMS is a well-planned, organized, and coordinated system involving all levels of staff, the governing bodies, and senior administration.
- B. The QMS provides a consistent approach to process design and improvement, measurement and analysis, comparison and evaluation, reporting and communication based on identified standards.

III. Coordination with Other Quality Committees

- A. The QMS includes sharing data, goals, and objectives with other committees.
- B. It requires clear communication, collaboration, and coordination of plans and objectives with other quality, risk, and compliance related committees.

IV. Quality Outline / Plans and Improvement Activities

- A. Harbor Regional Health Community Hospital (HRHCH) promotes a blame-free, fair culture reflecting the principles of patient safety, risk prevention, and ethical compliance with all relevant laws, regulations as well as best business and clinical practices.
- B. Corrective and preventive strategies are thoughtfully designed, implemented, carefully measured, and closely monitored.
- C. Development of measurable goals and prioritization of activities and includes focus on health outcomes, patient safety and quality of care.
- D. Reporting unexpected or unintended events or outcomes is encouraged as fundamental to quality improvement.

V. Oversight

- A. The Board of Directors, Board of Commissioners, Medical Staff, and Chief Executive Officer of HRHCH collaborate to provide interdisciplinary oversight to the Quality Management System.
- B. Quality Management Oversight Committee (Board Quality)
Membership includes:
 - 1) Representative members of the governing bodies;
 - 2) Members of C-Suite such as the Chief Executive Officer, the Financial Officer, Chief Medical Officer, the Chief Nursing Officer, and, the Chief of Staff;
 - 3) Quality, Risk and Compliance Department Director and department staff members;
 - 4) Pharmacy Director;
 - 5) Director of Plant Services and Workplace Safety;
 - 6) Representatives of Ancillary Services.
- C. Board Quality is a committee of the Governing Body and Medical Staff Services.
- D. It is responsible for defining quality measures consistent with State licensing requirements and Federal reimbursement objectives and has direct oversight of quality measures, metrics, improvement plans, and activities.
- E. Monthly meetings include reports and reviews to evaluate the effectiveness of selected quality measures and plans.

VI. Confidentiality

- A. All deliberations, discussions, information reported, and received within the Quality Management System are confidential.
- B. Decisions and actions taken by Board Quality, the Medical Staff Quality Utilization Review (Peer Review) Committee are confidential in accordance with Washington State Law (RCW chapter 70.41, RCW 4.24.250 and RCW 18.71.0195).
- C. All information related to performance improvement/patient safety activities performed by the medical staff or hospital personnel in accordance with this plan is confidential (RCW 4.24.250, 70.41.200, 43.70.510 and other state and federal statutes). Documents will be identified with a statement identifying it as product of Peer Review and Quality Review function.
- D. Confidential information may include, but is not limited to, the medical staff committee minutes, performance improvement and patient safety reports, electronic data gathering and reporting, adverse event reporting, and clinical profiling.
- E. Some information may be disseminated on a limited, “need to know” basis as required by law or external agencies such as federal review agencies, regulatory bodies, the National Practitioners Data Bank or any individual or agency that proved a “need to know” status as approved by the Medical Executive Committee or Hospital Administration.