

Kaiser Foundation Health Plan of WA, Inc.

Health Plan Quality & Safety Program Description



Approved by

KPWA Quality & Safety Committee

KFHPWA Board of Directors

Quality and Health Improvement Committee (QHIC)

Approval dates

02/25/2020 (Approved)

09/30/2020 (scheduled/pending)

07/13/2020 (scheduled/pending)

Table of Contents

Introduction	1
Mission and Vision	1
Mission	1
Vision.....	1
National Quality Structure	2
Board of Directors	2
Quality and Health Improvement Committee (QHIC)	2
Kaiser Permanente National Quality Committee (KPNQC)	2
Health Plan Oversight of New or Changed Clinical Services	2
Washington Region Overview	2
Washington Region Quality and Safety Program Structure and Approach	3
Confidentiality and Non-Discrimination	4
Confidentiality statement.....	4
Non-discrimination Statement.....	4
Delegation	4
Visiting Member Program	5
Practitioner Participation and Credentialing	5
Authority	5
Roles and Responsibilities	5
Peer Review/Practitioner Oversight	6
Care Experience	6
Complaints and Grievances	7
Care Experience Assessment.....	7
Access to Care	7
Equity, Inclusion and Diversity	8
Population Health Management	8
Patient-Centered Medical Home (PCMH).....	8
Mental Health and Wellness	9
Resource Stewardship/UM	9
Pharmacy Quality.....	10
Patient Safety and Risk Management Programs	10
Appendix 1. Quality & Safety Program Function and Reporting Relationships	12
KPWA Quality Governance.....	12
Quality & Safety Program Oversight and Planning	13
Appendix 2. Quality Program Committees	14
Joint Leadership Team (JLT)	14
Kaiser Permanente of Washington Quality & Safety Committee (KPWA-QSC).....	15
Professional Liability Committee	16
Provider Support Committee.....	16
Credentialing and Privileging Committees (C&PCs).....	17
Utilization Management Committee (UMC)	17
Hospital Quality Committee (HQC)	18
Rounded Hospital Quality & Safety Oversight Committee (RHQSOC)	19
Surgical and Procedural Services Quality Committee (SPS-QC)	20
Regional Medication Safety Committee (RMSC).....	21
KPWA Opioid Use Improvement Committee (OUI)	22
KPWA Emergency Response Committee (ERC).....	23

Guideline Oversight Group (GOG).....	23
Mental Health and Wellness Leadership Team (MHWLT)	24
Division and Area Leadership Teams	25
Appendix 3. Quality Resources and Analytic Support.....	26

Introduction

Founded in 1945, Kaiser Permanente is an integrated health care system of not-for-profit health plans and hospitals and practitioners that serve over 12 million members. Kaiser Permanente consists of Kaiser Foundation Hospitals and subsidiaries (KFH), Kaiser Foundation Health Plan, Inc. (KFHP) and The Permanente Medical Groups (TPMG).

Headquartered in Oakland, California, Kaiser Permanente operates in the following eight regions:

- Northern California
- Southern California
- Colorado
- Georgia
- Hawaii
- Mid-Atlantic States (Virginia, Maryland and District of Columbia)
- Northwest (Oregon and Washington)
- Washington

KFHP and its subsidiary health plans contract exclusively with the Permanente Medical Groups (PMG), which are partnerships or professional corporations of physicians, represented nationally by The Permanente Federation, to provide or arrange medical services for KFHP members.

Mission and Vision

Mission

To provide high-quality, affordable health care services and to improve the health of our members and the communities we serve.

Vision

We are trusted partners in total health, collaborating with people to help them thrive, creating communities that are among the healthiest in the nation, and inspiring greater health for America and the world.

The purpose of KFHP's Quality & Safety Program is the assurance of high quality, safe and appropriate health care, delivered in a culturally responsive manner for all Health Plan members across all settings of care. Health care quality involves care and service, patient safety and cost-effective utilization, as well as business practices that support patient care delivery. The Quality Program requires integration into clinical operations structure, systems and processes. It also requires that workers are provided a safe and secure environment in which to work.

Kaiser Permanente's Quality & Safety Strategy is guided by the Institute of Medicine's Six Aims for Improvement:

- **Person-Centered:** Providing respectful and responsive care that is designed to give our patients the best possible experience.
- **Safe:** We are the safest system in which to receive and provide health care. This means avoiding harm to patients from the care that is intended to help them. This also means ensuring that employees avoid being harmed during the provision of that care.
- **Effective:** Providing services based on scientific knowledge to all who could benefit.
- **Efficient:** Achieving top quality outcomes through evidence-based clinical practices that reduce waste and promote efficiency.

- **Equitable:** Providing personalized and inclusive care for all members and patients.
- **Timely:** Respecting the value of time for both patients and each other.

National Quality Structure

Board of Directors

Kaiser Foundation Health Plan, Inc. (KFHP) is a California not-for-profit public benefit corporation, which is governed by a Board of Directors (the Board). As the governing body, the Board has the ultimate accountability and responsibility for overseeing quality, risk, utilization management, patient safety, satisfaction and credentialing in all Kaiser regions. The same board members serve for both health plan and hospital entities. The Board meets at least four times a year.

Quality and Health Improvement Committee (QHIC)

The Board of Directors oversees quality through the Quality and Health Improvement Committee (QHIC). The QHIC consists of three or more Directors, who are selected by the Board and who serve as members of the QHIC at the pleasure of the Board. The QHIC meets at least four times per year and reports its decisions, actions, and recommendations to the Board. Staff support is provided by the National Health Plan and Hospitals Quality Department

The Quality and Health Improvement Committee (QHIC) provides:

- Strategic direction for quality assurance and improvement systems.
- Oversight of systems designed to ensure that quality care and services are provided at a comparable level to all members and patients throughout the Program and across the continuum of care.
- Oversight of the Program's quality assurance, improvement systems and organizational accreditation and credentialing.

Kaiser Permanente National Quality Committee (KPNQC)

The mission of the Kaiser Permanente National Quality Committee (KPNQC) is to establish, guide, and support the National Clinical Quality Strategy, which will set uniform measures and targets, eliminate unwarranted variation, spread successful practices, and facilitate the delivery of safe, timely, effective, equitable, efficient and patient-centered clinical care by the Kaiser Permanente Medical Care Program ("Kaiser Permanente" or "KP"), in furtherance of the Quality Programs ("Quality Programs"), developed collaboratively with Kaiser Foundation Health Plan ("Health Plan"), Kaiser Foundation Hospitals and the Permanente Medical Groups.

The KPNQC is accountable to and acts at the direction of QHIC. The KPNQC will meet no fewer than four (4) times per year.

Health Plan Oversight of New or Changed Clinical Services

The Health Plan reviews and approve the provision of new services or a change in the manner in which services are provided. Any new or changed service must be approved by the KFHP Board of Directors prior to its implementation.

Washington Region Overview

Kaiser Permanente acquired Group Health Cooperative in 2017 and established the Kaiser Permanente Washington region (KPWA). Group Health shared a similar 70 plus-year history with KP as an integrated not-for-profit health care organization providing innovative, evidence-based, high quality care not just to its members, but also to the communities they served. KPWA is continuing and expanding on Group

Health's longstanding commitment to provide great care to members and local communities across Washington.

Currently, KPWA serves over 700,000 members across Washington with 32 owned or operated medical offices, including 4 specialty centers, one owned and operated hospital, and 15 neighborhood Care Clinics at Bartell Drugs, with plans to open new medical offices throughout the region to provide more access to care for area residents. KPWA provides care to members through both an internal delivery system and a contracted network of providers.

KPWA offers a variety of products and plans, including Kaiser Foundation Health Plan of Washington (KFHP-WA) and Kaiser Foundation Health Plan of Washington Options (KFHP-WAO) Commercial, Medicare and Marketplace lines of business. Due to changes in the state's contracting strategy for Medicaid and Basic Health, KPWA currently functions solely as a delivery system through a contract with Molina Healthcare to provide care for this population. KPWA assumes accountability, through its Quality & Safety Program, for continuous quality improvement for all members, whether they receive their care in the internal delivery system or the contracted network.

Washington Region Quality & Safety Program Structure and Approach

Regional quality committee role, function and reporting relationships

The KPWA Quality & Safety Committee (KPWA-QSC) is charged by the Joint Leadership Team (JLT) to serve as the Quality Improvement (QI) Committee for the region. KPWA-QSC oversees the broad integrity of the Quality & Safety Program for the region, including evaluating and monitoring organization wide efforts designed to improve the value of the health care delivered to KPWA patients, considering issues of safety for both patients and employees, clinical excellence, care experience and affordability.

The KPWA Medical Director and the KPWA President delegate substantial responsibility for the Quality Program to the Senior Associate Medical Director for Quality and Safety and the Vice President of Quality and Safety who co-chair KPWA-QSC. They are the designated leaders with substantial involvement in the QI program and are responsible for quality management and improvement activities. The quality assessment and improvement programs and outcomes are reviewed and approved annually by the KPWA-QSC, JLT, and the KFHPWA Board as the governing body, with advisory review by QHIC.

The scope of the KPWA Quality & Safety Program includes oversight, monitoring and improvement of mental health and wellness care for members. The medical director for Mental Health and Wellness (formerly identified as Behavioral Health Support Services) is the designated behavioral health care practitioner most involved in the mental health aspects of the QI program and is a member of KPWA-QSC, Utilization Management Committee, Mental Health and Wellness Leadership Team, and the Western Washington Care Delivery Operations Leadership Team, assuring accountability and ongoing engagement in the Quality Improvement Program.

KPWA-QSC meets monthly and regularly reviews and evaluates performance on a variety of quality metrics, including the monthly KPWA Quality Dashboard and Medicare Star measure performance, and quarterly performance reports from QSC subcommittees, including Hospital Quality Committee, Surgery Quality Committee, Procedure Center Quality Committee, Workplace Safety Committee, and Patient Safety, Credentialing, Peer Review, and Member Complaints, Grievances & Appeals. There is committee discussion of measures not meeting target and the sufficiency of the actions in place to improve performance. Operational leader QSC members also provide a quarterly update on their area's performance and discuss barriers and countermeasures in place.

QI program's functional areas and their responsibilities (departments)

Information on the QI program's functional areas and reporting relationships, as well as a description of quality resources and analytic support can be found in the appendices.

Annual Work Plan and Program Evaluation

The Regional Quality & Safety Program includes yearly planned QI activities and objectives for performance improvement including but not limited to: quality, security and safety of clinical care and quality of service. The Annual Work Plan includes timeframes for each activity's completion; staff members responsible for each activity; monitoring of previously identified issues; and evaluation of the quality and safety program. The Annual Work Plan is a dynamic document which is used for reporting, analysis, and edited as required to address organizational priorities. The region assesses and documents the activities, accomplishments, and barriers from the previous year in the Annual Work Plan Evaluation.

The effectiveness of the Quality & Safety Program and Work Plan and achievement of goals and objectives are reviewed at least annually. The Program Description, Work Plan and Evaluation are published after final approval by KPWA-QSC.

Confidentiality and Non-Discrimination

Confidentiality statement

As part of the organization's quality and organizational oversight programs, the activities conducted by the KPWA Quality & Safety Committee and sub-committees (including, minutes, reports, recommendations, memoranda, and documented actions created under the auspices of the Quality Program and its peer review processes) are subject to the protection of laws governing the confidentiality of peer review and/or quality assurance information. All records are maintained in a manner that preserves their integrity to assure that patient and practitioner confidentiality is protected. All staff receive training on confidentiality at the time they are hired and annually thereafter.

Non-discrimination Statement

KFHP does not unlawfully discriminate in the delivery of healthcare services based on race/ethnicity, color, national origin, ancestry, religion, sex (including gender, gender identity, or gender related appearance/behavior whether or not stereotypically associated with the person's assigned sex at birth), language (including members with limited English proficiency), marital status, veteran's status, sexual orientation, age, genetic information, medical history, medical conditions, claims experience, evidence of insurability (including conditions arising out of acts of domestic violence), or source of payment, to ensure that all covered services are provided in a culturally and linguistically appropriate manner. KFHP provides cultural competency, sensitivity, and diversity training to staff, providers and sub-contractors to ensure that all medically necessary covered services are available and accessible to all members and that they are delivered in a culturally competent and linguistically appropriate manner,

Delegation

KFHP has direct responsibility and accountability for quality improvement, risk management, credentialing, member rights and responsibilities, and utilization management functions. Under certain circumstances, KFHP may delegate responsibility for conducting one or more functions to a provider, provider group, agency, facility, health plan, or other supplier of services with whom it contracts.

Delegation occurs only in instances in which KFHP has determined the delegate's capability and capacity to perform the functions and meet KFHP's requirements and expectations. KFHP has a systematic method for conducting a pre-delegation site visit and data collection to evaluate a delegate's capacity to perform certain functions before delegation begins.

KFHP written delegation agreements clearly outline all delegated activities and the responsibilities for KFHP and the delegated entity, which are mutually agreed upon. These agreements are kept in a central, easily accessible location. KFHP conducts an annual oversight audit to assure the delegate's continuing ability to meet requirements and expectations. Additionally, there is at least semiannual ongoing review of

reporting requirements and performance through submitted documents and activity reports, according to the reporting submission requirements.

KFHP retains the right to revoke delegation if the delegated entity does not fulfill its obligations.

Visiting Member Program

Kaiser Permanente wants to ensure that members experience KP's best everywhere and every time. Members who are away from their home region can seek care and services in any KP region (or host region), in what is referred to as "Visiting Member Services."

KFHP created credentialing, quality improvement and utilization management processes and policies, in compliance with regulatory and accreditation requirements, to protect members when they are seeking services in a host region. Program Offices representatives from National Quality, Credentialing and Utilization Management perform annual delegation oversight of all regions as it pertains to the Visiting Member Program.

Practitioner Participation and Credentialing

Authority

KFHP-WA's Board of Directors has ultimate responsibility for credentialing practitioners and providers that provide care to members. The Board of Directors delegates authority to the Credentialing Committee to act on its behalf for decisions regarding participation in the network. The Board of Directors retains its authority to make an ultimate decision regarding the credentials of any practitioner or provider, or to delegate authority for corrective actions to other KFHP-WA committees or executives as it deems necessary to act on its behalf.

Roles and Responsibilities

KFHP-WA's President is accountable for sufficient oversight processes within the Quality Program to assure a consistently effective Credentialing program that is accountable to the Health Plan. The President will collaborate with the Executive Director of the Permanente Medical Group to assure that all participants in the credentialing process carry out their respective roles and to assure the efficient credentialing and recredentialing of practitioners and providers that meet Health Plan credentialing standards.

The credentialing function is carried out through one or more Credentialing Committees established by KFHP-WA. The Credentialing Committee is a subcommittee of the quality oversight committee and serves as a coordinating committee for other Health Plan Credentialing Committees. The Credentialing Committees are peer review bodies with members from the range of practitioners participating in the network. The Credentialing Committee implements and oversees credentialing policies and processes, and assures compliance with applicable legal, regulatory and accreditation requirements. The Credentialing Committee makes a final credentialing decision for those practitioners within its scope of authority, including, but not limited to, the approval, denial, suspension, termination, limitation and revocation of credentialing of practitioners, subject to any retained or otherwise delegated authority by the Board of Directors.

The Chairpersons of the Credentialing Committees are directly responsible for oversight of credentialing processes. One chairperson is the Physician Leader for Credentialing; the other Chairperson is a Health Plan quality leader designated for credentialing. Their accountabilities include, but are not limited to, chairing the Credentialing Committee meetings, serving as consultants to the Chairs of other

Credentialing Committees, answering questions related to adherence to policies and procedures, qualifications of practitioners, quality of care concerns, proctoring, peer review and practice reviews.

All practitioners employed by or affiliated with KFHP-WA must be initially credentialed and thereafter recredentialed to verify that they are qualified, appropriately educated and competent in their field of expertise and that they meet the standards established by KFHP-WA and all applicable regulatory and accrediting agencies.

Peer Review/Practitioner Oversight

The KPWA Peer Review Program ensures that mechanisms are in place to continually assess and improve the quality of care provided to members and patients to promote their health and safety through a comprehensive and effective program to evaluate practitioner's performance. The peer review process is a mechanism to identify and evaluate potential quality of care concerns or trends to determine whether standards of care are met and to identify opportunities for improvement. The process is used to monitor and facilitate improvement at the individual practitioner and system levels to assure safe and effective care. Peer review provides a fair, impartial and standardized method for review, whereby appropriate actions, if required, can be implemented and evaluated.

Referrals are sent to the peer review team through a variety of ways. The primary sources are the Safety Department via Unusual Occurrence (UO) submissions, the Grievance Department (member complaints), direct referrals from staff, and through monitoring of specific high-risk metrics (e.g. unexpected death). After a referral is received, a peer review RN screens the referral using established criteria and writes a case summary. A qualified practitioner will evaluate the case and determine if there is potential opportunity for improvement. If moving to committee review, the index practitioner (IP), practitioner under review, is notified and given the opportunity to provide feedback to the committee.

The case is presented to the peer review committee, case points are discussed among members, and a determination is made by vote. The peer review committee is comprised of providers from a variety of specialties. If the committee does not currently have a specialty represented by a regular member, the specialty service line chiefs are designated as ad hoc members of the peer review committee and may be called upon to provide reviews. An alternate peer review body may be necessary when the committee and/or its members are not sufficiently able to provide an impartial review or lack the specialty expertise to perform an appropriate peer review. In addition, cases may be forwarded to an alternate body per the request of the practitioner under review or at the discretion of the physician peer review leadership.

Care Experience

The Culture of Excellence (COE) program is a comprehensive approach for improving the patient and member care experience. It leverages evidence-based, successful practices used both inside and outside of Kaiser Permanente. The sequenced approach to culture change, execution excellence and improved care experiences involves "Aligned Leadership" (launching), "Aligned Culture (engaging), "Aligned Behaviors" (standardizing), and "Aligned Processes" (sustaining).

One KP is a national initiative to ensure members, patients, and customers experience KP's best at every location at every time, by putting them first and collaborating as one team. The goal is to provide a superior experience every time anyone interacts with the organization. One KP leads to developing solutions that improve end-to-end experiences and increase consistency at every member touch point, resulting in reduced variation and consistent delivery of services.

The KP experience is articulated through a set of nine standards (or critical behaviors) based on what members and patients expect and deserve when they interact with the organization. The standards are

organized under a framework that invokes the member's collective voice: Respect Me, Know Me, Guide Me. The standards define how members and patients should feel when they interact with Kaiser Permanente, everywhere, every time.

Complaints and Grievances

KPWA assures member satisfaction across the continuum of care (including satisfaction with network adequacy and timely access to care) and service delivery and member due process with the functional areas of complaints, grievances, and appeals. KPWA assures compliance with regulatory and accreditation requirements/standards related to member service functions such as pharmacy benefit information, claims processing, quality review processes and accuracy of information, web and telephonic personalized Health Plan services, and proposed member information innovations. KPWA also assures that member materials and information provide clear, concise, accurate, and unambiguous information about member rights and responsibilities, benefits and coverage, and access and availability of care and service delivery.

KPWA member services, specifically grievance and appeals, is focused on improving member satisfaction across the continuum of end to end member experiences, throughout Kaiser Permanente. Member Services acts as a liaison for the member in addressing their inquiries, complaints, grievances, and appeals in accordance with regulatory and accreditation standards. This concept is embodied in our Member Services model: Enhancing the Member Experience through Advocacy, Service and Integrity to exceed member, provider and patient expectations.

Care Experience Assessment

Measuring how well KPWA meets or exceeds members' expectations is a critical activity for quality assessment and improvement. Member Satisfaction is measured through a variety of sources. These include:

- CAHPS
- Complaint, grievance, and appeal data
- Member Experience Tracking Evaluation and Opinion Research (METEOR) Survey
- Member Patient Satisfaction Survey (MPS)
- Press Ganey patient experience survey
- Service line surveys, including Home Health and Hospice, Mental Health and Wellness, and Complex Case Management

To assess member satisfaction, a comprehensive analysis of data is conducted quarterly, semi-annually, and annually at service area and regional levels. The data is analyzed and translated into specific trends which are used to provide relevant member feedback for services delivered at every level in the organization. Corrective action plans are requested for outliers, and opportunities for improvement at regional and service area levels are identified. Based on these reviews, recommendations for performance improvement are provided to the KPWA Quality & Safety Committee. Based on recommendations, Executive Leadership sets strategic organizational priorities and identifies focus areas for performance improvement strategy development.

Access to Care

KPWA engages in a variety of performance improvement interventions and strategies aimed at enhancing the availability and accessibility of health care services and increasing satisfaction of its members. Strategic service priorities are set based on identified areas of opportunity to address the service needs of members. Comprehensive strategies and measurements are assessed at least annually to assure the effectiveness of strategic goals and imperatives relating to improving member access and satisfaction. KPWA has established access and availability standards as required by State or Federal statutes and/or regulations. KPWA assures the adequacy and availability of its network by establishing and monitoring performance of:

- Appointment access standards for primary care, specialty care, behavioral health care and ancillary services
- Geographic accessibility and provider/enrollee ratios
- Customer service calls and telephone triage or screening wait times
- Coordination of interpreter services

Equity, Inclusion and Diversity

Kaiser Permanente established the national diversity and inclusion function in 1997 to operationalize the company's diversity and inclusion strategy across the organization. In 2017 the name was changed to National Equity, Inclusion, and Diversity to reflect the increasing focus on equity for members, patients, employees, and communities. This department leads efforts to implement KP's equity, inclusion, and diversity strategy through the development of key initiatives and expert consultation throughout the enterprise.

Equity, Inclusion and Diversity (EID) councils exist at both the national and regional levels. They are responsible for engaging employees in EID initiatives and program and are accountable for achieving diversity-related goals.

At KPWA, the EID strategy is focused on creating an environment where people from many backgrounds and life experiences feel valued being part of the communities we serve, as employees in our workplace, and as members receiving our care. It is our belief that in order for our EID agenda to make the real impact we seek, we must approach it through a comprehensive framework that addresses all the various components that can collectively create the true equity we aspire to over time. These can be summarized in three interdependent areas:

- Workplace: inclusion, equitable talent management, equitable compensation and benefits
- Care: reduction of disparities, inclusive care, effective communication
- Community: economic impact, local diverse hiring, market leadership and reputation

Population Health Management

Patient-Centered Medical Home (PCMH)

KPWA supports the PCMH model. The PCMH model develops relationships between primary care providers, their patients and their patients' families. In the PCMH model, primary care promotes cohesive coordinated care by integrating the diverse, collaborative services a member may need. This integrative approach allows primary care providers to work with their patients in making healthcare decisions. These decisions are based on the fullest understanding of information in the context of a patient's values and preferences. The medical home team; which may consist of nurses, pharmacists, nurse practitioners, physicians, physician assistants, medical assistants, educators, behavioral health therapists, social workers, care coordinators, and others will take the lead in working with the patient to define their needs, develop a plan of care, and update a plan of care as needed.

Care coordination includes the following activities:

- Determine and update care coordination needs
- Create and update a proactive plan of care
- Communication across transitions of care and collaborative with other practitioners
- Connect with community resources
- Align resources with population needs based upon assessment to address gaps and disparities in services and care

KPWA's Population Health Program is designed to directly impact the health of our member populations, through programmatic design, implementation, evaluation, and continuous improvement. The Population Health Program relies on annual analysis of our member population and segmentation of the population into targeted groups. The Population Health Program includes five programs/services that work synergistically to improve the health of our members across the health and wellness spectrum. It is not an exhaustive list of all programs and services offered by KPWA, but rather a suite of functions that have been designed specifically to work together to impact the health of populations. KPWA's Population Health Program includes the following:

- Clinical Quality Improvement Program
- Complex Case Management Program
- Diabetes Care Program
- Health Profile
- Care Transitions Program

Additional details of KPWA's Population Health Program can be found in the KPWA Population Health Program Description.

Mental Health and Wellness

KFHP strives to create and enhance access to evidence-based care for mental health and wellness. The approach to providing high quality behavioral health services mirrors that of other clinical services and is based on providing high quality care that is safe, timely, convenient, evidence-based, and equitable.

Mental Health and Wellness encompasses an array of approaches, including:

- Emotional wellness and prevention
- Specialized care for conditions and addictions
- Partnerships with community partners and advocacy organizations
- Leveraging technology and data drawn from electronic health records

KPWA's Mental Health & Wellness program consists of three key areas:

1. The Mental Health Access service provides telephonic and video-assisted triage. Patients who call or are referred through Primary Care are triaged to the mental health care that best fits their current needs. Patients are appointed with KPWA Mental Health specialty clinics or referred to a large number of contracted clinicians in the region.
2. KPWA's Mental Health specialty clinics are staffed with MDs (psychiatry), PhDs, ARNPs, RNs and master's level therapists who provide team-based care for patients. This includes medication management and individual therapy, a variety of therapy groups and RN care management for patients across the mental health care spectrum.
3. KPWA also provides Integrated Mental Health services within Primary Care. Each primary care clinic has dedicated social workers who provide on-site mental health screening, assessment, triage, treatment, crisis planning, either via "warm hand-off" from the PCP or via appointment.

Resource Stewardship/UM

KP members and providers partner to optimize the health of our members, organization, and communities as measured by patient, employee, and community satisfaction. Resource Stewardship is the process of responsibly managing resources while improving the quality and safety of health care. It encompasses activities such as:

- Ensuring the right care is provided in the right place at the right time
- Eliminating waste, inefficiency, and unnecessary variation
- Providing quality care the first time, eliminating rework

- Ensuring we are practicing evidence-based medicine
- Ensuring the care we are providing is covered by a members' benefit package
- Ensuring that our employees providing care have a safe and secure workplace

KPWA's Utilization Management Program is designed to support Kaiser Permanente business and quality plans and to meet or exceed standards for utilization and care coordination defined by regulatory and accreditation agencies. Program structure and activities are continuously evaluated and improved to attain consistency across KPWA. Additional details about Washington's program and activities can be found in the UM Program Description.

Pharmacy Quality

KPWA pharmacy services are an integral part of our high-quality care. To support Kaiser Permanente National Pharmacy's mission to improve the health of members and communities through the safe and effective use of medications, Pharmacy Quality & Medication Safety works collaboratively with Pharmacy, PMG, and Kaiser Health Plan partners to provide the highest quality and safest care for members.

KPWA excels at the effective use and management of medications, resulting in high-quality at a lower cost. To reduce waste and ensure members receive the right medication, KPWA uses technologies to improve visibility into how medications are prescribed, dispensed, and inventory is managed. Member experience is supported by reducing variation among pharmacy sites while also focusing on affordability through strategic purchasing, formulary alignment, and evidence-based prescribing and management of specialty drugs.

As specialty drugs with limited clinical-effectiveness data and high prices enter the market, KPWA's Emerging Medications and Therapeutics program provides standardized guidance for the appropriate use of new therapies and medications with consultative panels of interregional physician specialists that review specialty drugs and provide recommendations. This guidance includes metrics around monitoring and outcomes.

KPWA's Pharmacy Services provides oversight for programs related to medication quality, including programs and metrics related to Medicare Part D and HEDIS. Pharmacy provides the following programs to improve medication quality and safety for Kaiser Permanente members: chronic disease management/care management for diabetes, hypertension, ASCVD, asthma, HIV, multiple sclerosis, oncology and hepatitis C; medication therapy management medication reviews; medication reconciliation post hospital discharge, new member clinical onboarding, anticoagulation, safe use of opioids, and medication adherence.

Patient Safety, Workplace Safety, Security and Risk Management Programs

Patient Safety, Workplace Safety, Security and Risk Management's goal is that Kaiser Permanente is a national leader in patient safety and workplace safety. To reach this goal, care must be provided that is patient-centered, effective, efficient, and above all else, safe for both the patient and the employee. This objective is founded on a philosophy that believes patient safety and worker safety are every patient's and employee's right and every leader's, employee's, physician's and patient's responsibility. It is an ongoing and relentless commitment to "do no harm" by building safer systems and preventing the preventable.

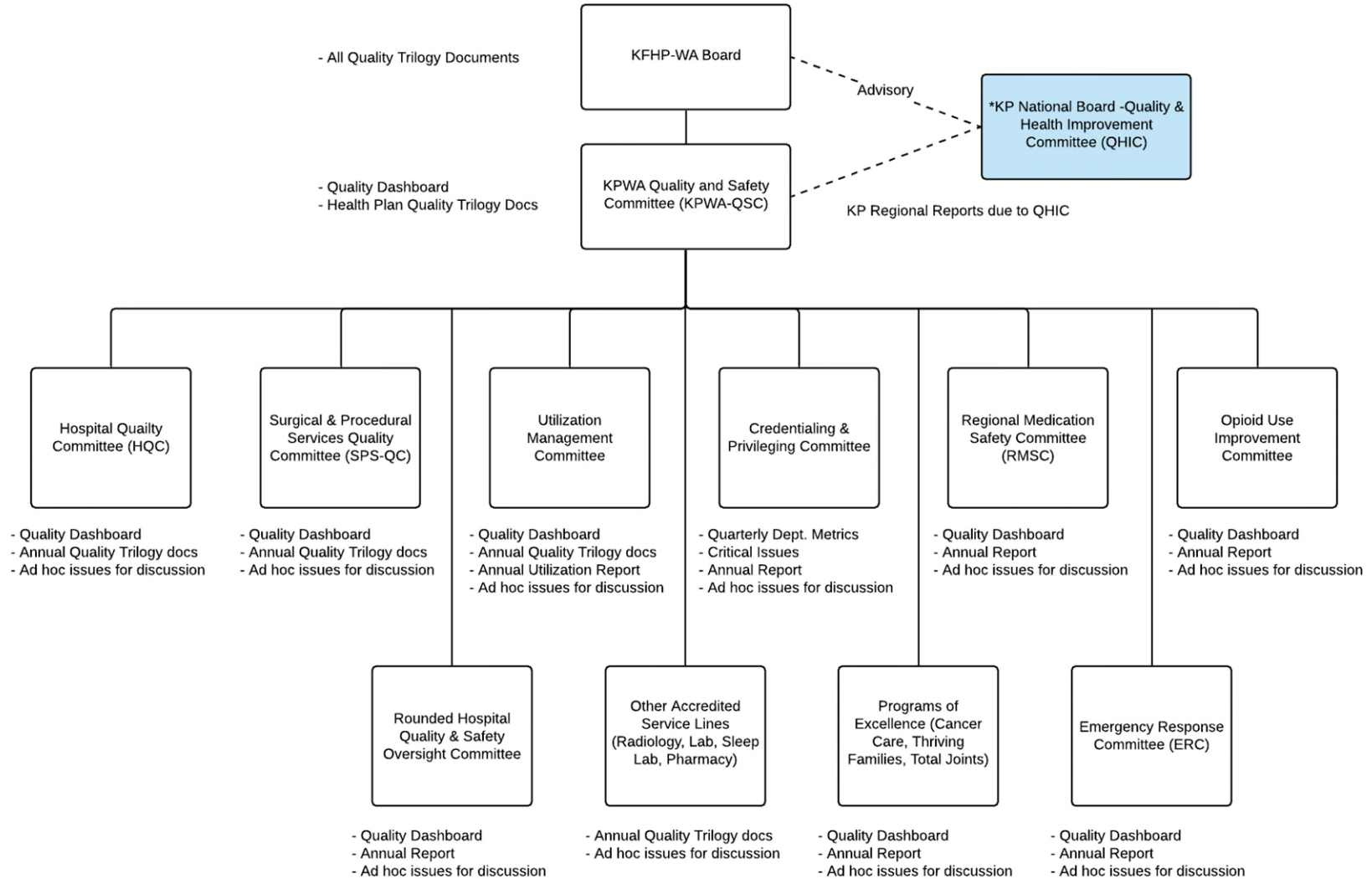
KPWA Patient Safety, Workplace Safety and Security embraces the vision set forth in the KP Safety Management System and the Quarterly Progress Report for Workplace Safety: Kaiser Permanente is the safest system in which to receive and provide patient care. This vision prioritizes the safety of KPWA members and employees and emphasizes that safety is the responsibility of the entire workforce. The concepts of high reliability and just culture form the foundation of this safety system. The KPWA Patient Safety team, Workplace Safety Team and Security Team utilizes such principles in training staff, reviewing safety events and near misses, assessing work areas for hazards and security risks and working with teams to analyze event causes and develop action plans. The team oversees and maintains the database for event reporting and is responsible for sharing results of event analyses with KPWA Risk

Management and regional leaders. In collaboration with KPWA Risk Management and Safety/Quality leaders, criteria set forth by Washington Department of Health (DOH) and KP National Sentinel Event Management Policy are used to determine if events should be reported to DOH and/or KP HQDCDE (Hospitals, Quality and Care Deliver Excellence), respectively.

KPWA's Risk Management program proactively drives prevention in the areas of clinical, patient-visitor, business, operational and property risks. The Risk Management team utilizes early incident reporting and investigation, incident, claim, and lawsuit data, and industry trends to systematically share information and make recommendations for improvement in collaboration with the Patient Safety Department and through the Professional Liability Committee. The Risk Management team mitigates potential liability exposure and claims through provider coaching and implementation of KPWA's policy for Communication of Adverse Events with patients and providers. The Risk Management team consults regularly with KPWA clinical and regional leaders and Safety/Quality leaders.

Appendix 1. Quality and Safety Program Function and Reporting Relationships

KPWA Quality Governance



Quality & Safety Program Oversight and Planning

KPWA is committed to improving the performance of our health care system as a key strategy. These bodies are responsible for ongoing performance monitoring and assessment to identify organizational quality improvement priorities.

Quality & Health Improvement Committee (QHIC)

- Advise KFHPWA Board on issues related to achieving and maintaining quality goals



KFHPWA Board Regional Governing Body

- Approve Quality source documents.
- High level oversight of Quality program and performance



Joint Leadership Team (JLT)

- Approve the Quality & Safety Program (Program Description, Plan, and Evaluation).
- Oversight of Quality & Safety Program and performance
- Set the Quality & Safety Agenda (Quality Vision, Priorities, and Performance Targets).
- Make resource decisions for strategic priorities, including the Quality & Safety Program.
- Ensure reconciliation of issues as needed for quality and safety issues/recommendations that have operational and/or dollar impact.



KPWA Quality & Safety Committee (KPWA-QSC)

- Recommend organizational Quality and Safety priorities, performance goals, and targets for the strategic plan, and provide regular reports to JLT.
- Oversee the Quality & Safety Program, including Care Management Program and KFHP Options, to assure they meets regulatory and accreditation requirements/standards; Monitor performance indicators.
- Identify areas without systems to support improvement or gaps in performance



Care Delivery and Network Leadership Teams

- Monitor and analyze QI activities and performance
- Identify gaps/improvement opportunities, plan strategies/toolkits, share best practices
- Coordinate with centralized quality support resources
- Provide status reports to KPWA-QSC (linked checking)

Appendix 2. Quality & Safety Program Committees

Joint Leadership Team (JLT)

Cadence

Bi-weekly

Purpose

Sets organizational strategy and provides senior leadership oversight to organizational performance and improvement activities.

JLT is responsible for overseeing the development and implementation of a system-wide quality and safety agenda that supports achievement of the organization's strategies, and for monitoring performance and progress of the quality program.

Kaiser Foundation Health Plan of Washington Options, Inc. (KFHPWAO) delegates to Kaiser Foundation Health Plan of Washington (KFHPWA) responsibility for its quality program, including the responsibility for overseeing the implementation and monitoring the performance of its quality program. KFHPWA performs that delegated responsibility through the work of the Joint Leadership Team and KPWA-QSC and is accountable to KFHPWAO executive management for assuring the quality program meets all the necessary requirements as outlined in the KFHPWAO-KFHPWA delegation agreements.

Functions

- Set the quality agenda (quality vision, priorities, and performance targets) and approve the KPWA Quality & Safety Plan and Program Description
- Monitor performance indicators
- Make recommendations to the KFHPWA Board regarding:
 - Resource allocation for strategic performance improvement support;
 - Annual assessment of the success of the quality and safety program;
 - Approval of quality indicators for regular review by the KPWA Quality & Safety Committee and KP Quality and Health Improvement Committee (QHIC); and
- Quality & Safety Plan Sponsorship

Composition

- KFHPWA President
- WPMG President and CEO and COO
- VP, Compliance and Regional Compliance Officer
- VP, Human Resources
- VP, Research and Health Care Innovation
- VP, COO Care Delivery
- VP, Quality and Safety, Regional Chief Nurse Executive
- VP, Public Relations, Communications and Brand Management
- VP, Portfolio Management and Strategic Execution
- VP, Information Officer Information Technology
- VP, CFO Finance and Strategy
- VP, Provider Network Strategy
- VP, Marketing, Sales and Business Development
- VP, Health Plan Service and Administration
- VP and Regional Counsel, Legal and Risk Management
- WPMG CFO and VP Strategy
- Senior Assoc. Med. Dir., Quality and Safety
- Senior Assoc. Med. Dir., Member Experience Service Quality and Brand
- Senior Assoc. Med. Dir., Resource Stewardship and Network Management

- Senior Assoc. Med. Dir., Market Strategy and Public Policy
- Senior Assoc. Med. Dir., HR and Compliance

Kaiser Permanente of Washington Quality & Safety Committee (KPWA- QSC)

Cadence

Monthly

Purpose

KPWA-QSC is charged by JLT to serve as the QI Committee for the organization. KPWA-QSC evaluates and monitors regional efforts designed to improve the value of the health care delivered to KPWA patients, considering issues of safety, clinical excellence, care experience and affordability.

The charge of the group is to oversee quality performance goals established by JLT and support the Care Delivery division in attaining those goals. Care Delivery is responsible for the outcomes, with operating divisions deciding local tactics to meet their goals. The Quality department informs decisions for improving quality, providing expertise in population management strategies, quality improvement, improving patient and employee safety, supplying timely measurement, and leveraging our informatics infrastructure to support local teams.

KPWA-QSC provides regular reports to JLT regarding the oversight and evaluation activities conducted by KPWA-QSC at JLT direction, and regarding any recommendations for the quality agenda.

Functions

- Oversee the broad integrity of the Quality and Safety Program for the enterprise
- Incorporate all lines of business into the KPWA oversight model
- Recommend goals and targets to JLT
- Recommend quality and safety improvement priorities
- Define and communicate standards, metrics, and targets for assessing performance for clinical quality, patient safety, workplace safety, workplace security, and patient experience
- Require regular reporting of performance, including quantitative and qualitative analysis
- Analyze and evaluate the results of QI activities
- Identify systemic themes and barriers, and assign needed actions and ensure follow-up as appropriate
- Assess and leverage relational aspects of quality (clinical, safety, service/access, clinical risk documentation and coding, and care management) to ensure both balance and opportunity.
- Escalate issues that require JLT action
- Report to KP National Program Office and QHIC as requested

Composition

- Senior Associate Medical Director, Quality and Safety, co-chair
- Vice President, Quality and Safety and Regional Chief Nurse Executive, co-chair
- Vice President, Chief Operating Officer, Care Delivery
- Chief Operating Officer and Medical Director, Care Delivery
- Chief Medical Information Officer
- Vice President, Human Resources
- Vice President, Health Plan Administration
- Vice President, Continuum of Care
- Director of Operations, Acute and Post-Acute
- District Med. Dir., East Cascade Admin
- Executive Dir. of Operations, Telehealth and Access Management
- Medical Dir., Mental Health & Wellness
- Director, Mental Health & Wellness

- Vice President, Clinical Operations, Specialty Services
- Director of Operations, Specialty Services
- Senior Medical Dir., Resource Stewardship & Network Management
- Vice President, Clinical Operations, Western Washington
- District Medical Dir., East King
- Vice President, Clinical Operations, Eastern Washington
- Director of Operations, Spokane
- Senior Associate Medical Dir., Research and Translation
- Executive Dir., Clinical Improvement and Prevention and Guideline Population Teams
- Medical Dir., Clinical Improvement and Prevention
- Director, Quality Improvement and Accreditation
- Director, Risk Management
- Medical Dir., Patient Safety
- Patient Safety Officer
- Patient Partner

The following committees report through KPWA-QSC and/or JLT:

Professional Liability Committee

Cadence
Monthly

Purpose

The Professional Liability Committee is responsible for reviewing medical and legal issues that result in certain professional liability claims and litigation against KPWA. The Committee authorizes settlements and reviews system issues for quality improvement opportunities.

Functions

- Analyze professional liability claims and litigation database to identify risk and develop counter measures to system issues
- Authorize professional liability settlement amounts up to \$250,000 and recommend settlements in excess of \$250,000
- Recommend system changes to improve the quality and safety of care provided
- Review and monitor the Peer Support Consultant Program

Composition

- Assistant General Counsel, Litigation
- Director of Risk Management
- Three WPMG physicians, with at least one family practice physician
- WPMG Medical Director, or Designee
- Vice President, Quality and Safety and Regional Chief Nurse Exec, or designee
- Representation of medical centers in Spokane and/or Puget Sound region

Provider Support Committee

Cadence
Semi-annual

Purpose

To support quality patient care by ensuring that providers are emotionally supported when a patient is harmed by care.

Functions

- Provide consultation on adverse events with individual providers
- Ensure alignment with KPWA policy for communication of adverse events
- Promote the spread of patient safety improvement by sharing lessons learned

Composition

- Medical Director for Patient Safety
- Risk Management Staff
- Representation of physicians from the Group Practice Division

Credentialing and Privileging Committees (C&PCs)

Cadence

At least 10 times annually

Purpose

To select, evaluate, and monitor the practitioners and providers (healthcare delivery organizations) who care for KPWA enrollees.

Functions

- Establish standards/criteria regarding qualifications for KPWA providers and practitioners
- Approve/deny the credentials of practitioners and make recommendations to the KFHPWA Board regarding appointments, reappointments, privileging, and re-privileging within the KPWA delivery system
- Provide oversight of delegated credentialing activities
- Provide oversight of ongoing monitoring of practitioner or provider sanctions, complaints, and adverse events
- Approve credentialing/privileging policies and procedures

Composition

- Western Washington Credentialing & Privileging Committee, consisting of WPMG practitioners
- Eastern Washington Credentialing Committee, consisting of WPMG practitioners and two contracted network practitioners
- KFHPWA Board of Directors
- Director of Credentialing and Credentialing Supervisor

Utilization Management Committee (UMC)

***Kaiser Permanente Washington (KPWA) is restructuring the UMC in Q1 2020. The information provided below is a draft proposal that is currently under review. Goal launch date for the restructured UMC is April 2020.**

Cadence

[TBD Monthly or Quarterly]

Purpose

The KPWA Utilization Management Committee (UMC) ensures adherence to regulatory, accreditation, and compliance requirements as they relate to utilization management and utilization review, supports responsible resource management, monitors utilization across the health care continuum, and promotes continuous quality improvement.

Functions

- Ensure utilization management programs, initiatives and strategies are aligned with regional quality agenda
- Provide linkage with KPWA Quality & Safety Committee to ensure quality and utilization goals and activities are aligned
- Address utilization issues, monitor utilization performance and follow-up on improvement opportunities across the continuum of care
- Develop and approve annual utilization goals and targets
- Request and review service area utilization management initiatives, action plans and outcomes
- Sponsor utilization projects and initiatives across the continuum of care that improve quality of care and clinical outcomes
- Review and approve policy decisions related to utilization management
- Address regulatory, accreditation and compliance issues related to utilization management
- Provide leadership and support for improved quality and appropriate utilization
- Ensure the integration of quality, utilization management and finance data to better understand costs and benefits of utilization initiatives
- Monitor potential areas of over and underutilization, initiating appropriate actions as indicated
- Ensure the needs of individual members and available hospital and community resources are taken into consideration during all processes related to the medical plan of care and utilization management efforts

Composition

- Medical Director, Care Management, co-chair
- Director, Continuum of Care and Hospital Operations, co-chair
- Medical Director & Administrator, Review Services
- Medical Director & Administrator, Behavioral Health
- Medical Director & Administrator, Pharmacy
- Medical Director & Administrator, Medication and Therapy UAT
- Medical Director & Administrator, Imaging UAT
- Medical Director & Administrator, Acute Care UAT
- Medical Director & Administrator, Post-acute Care UAT
- Medical Director & Administrator, Central Hospital
- Administrator, Care Management

Hospital Quality Committee (HQC)

Cadence

Monthly

Purpose

The Central Hospital Quality Committee is charged by the KPWA-QSC and KFHPWA Board to implement, monitor, and enhance operational systems within the hospital to ensure quality improvement, performance improvement and patient safety for the hospital are maintained, while reducing risk. The Institute for Health Care Improvement (IHI) Model for Improvement, as well as other performance improvement models and tools are used to organize efforts that improve the quality of health care delivered and the processes that support quality care.

Functions

- Review performance and recommend strategies to achieve goals, assigning accountability to appropriate leaders and teams to meet those goals

- Identify opportunities for allocation of resources
- Evaluate opportunities to reduce risk, improve patient safety and quality outcomes
- Monitor processes and systems to meet goals and standards of the Mission, Vision, Values, and Strategies
- Guide management to identify important performance attributes, assess performance, and direct improvement efforts
- Report progress, challenges, and recommendations to the KPWA-QSC and KFHPWA Board
- Disseminate recommendations, action plans, and other communication throughout the campus
- Provide management review of key processes and functions, consider results of analysis and evaluation to determine needs/opportunities for continual improvement
- Assure ongoing adherence to regulatory and other statutory requirements
- Ensure corrective action plans are implemented and evaluated for effectiveness

Composition

- Hospital Administrator, co-chair
- Chief Medical Officer, co-chair
- Vice President, Quality and Safety and Regional Chief Nurse Executive, co-chair
- Mgr., Infection Control and Employee Health
- Director, Risk Management
- Program Manager, Patient Safety
- Mgr., Surgery Center
- Hospital Quality Program Manager
- Chief, Clinical Surgical Services
- Mgr., Ancillary Services, Radiology
- Physician, ED/Urgent Care
- Mgr., Facilities Management
- Medical Director, Patient Safety
- Patient Safety Officer
- Senior Director, Quality Improvement & Accreditation
- Director, Clinical Operations, Care Management
- Chief, Anesthesiology
- Mgr., Inpatient Unit
- Mgr., Health Information Mgmt.
- Mgr., Inpatient Pharmacy
- Mgr., Urgent Care
- Mgr., Ancillary Services, Lab
- Chief, Inpatient Unit
- Mgr., Nutrition Services
- Director, Credentialing & Privileging
- Chief of Hospital Medical Staff
- Chief, Medical Clinical Services
- Mgr., Mammography

Rounded Hospital Quality & Safety Oversight Committee (RHQSC) [New]

Cadence

Monthly

Purpose

The Rounded Hospital Quality & Safety Oversight Committee is charged by the KPWA-QSC and KFHPWA Board to monitor and improve the quality, safety, experience and transitions of care delivery to KPFWA enrollees hospitalized at rounded network hospitals.

Functions

- Review performance and recommend strategies to achieve goals, assigning accountability to appropriate leaders and teams to meet those goals
- Identify opportunities for the allocation of resources
- Evaluate opportunities to reduce risk, improve patient safety, experience, and transitions to deliver quality outcomes

- Monitor processes and systems of both Kaiser Permanente (KP) and Network facility to meet the goals and standards in support of KP Washington's Mission, Vision, Values and Strategies
- Guide management in identifying important performance attributes, assess performance and direct improvement efforts
- Report progress, challenges and recommendations to the KPWA Quality & Safety Committee and the KFHPWA Board
- Disseminate recommendations, action plans and other communication throughout the region
- Provide for the management review of key processes and functions, considering results of analysis and evaluation to determine needs/opportunities for continual improvement
- Assure ongoing adherence to regulatory and other statutory requirements
- Ensure corrective actions are implemented and evaluated for effectiveness regionally and with our hospital partners.

Composition

- Vice President, Continuum of Care, co-chair
- Director of Operations, Acute & Post-Acute Care, co-chair
- District Hospital Medical Directors (5)
- Director, Network Hospital Operations (2)
- Hospitalist Service Line Chief
- Representative from Patient Safety
- Representative from Patient Quality

Surgical and Procedural Services Quality Committee (SPS-QC)

Cadence

Bi-monthly

Purpose

The KFHPWA Board of Directors delegates the authority for the quality and safety of care to the Surgical and Procedural Services Quality Committee. The Perioperative Director and Quality Director co-chair the SPS-QC, which is a multidisciplinary committee.

Functions

- Oversee quality, patient safety, and utilization management activities and related data
- Set and evaluate program performance targets related to quality and utilization and monitor their achievement
- Develop and monitor strategies for measuring and improving health outcomes in surgical procedures
- Develop and monitor strategies to reduce legal risk for the organization related to surgical and procedural services activities
- Review and evaluate the results of QI activities, i.e. site/side/device, medication labeling documentation audit, etc., and institute follow-up action as necessary
- Review and approve policy and procedures

Composition

- Local Chiefs of surgical and procedural specialties or delegates representing all surgeons who operate in the surgery centers and procedure centers
- Clinical dyad partner to Perioperative Director
- Anesthesia Local Chiefs or delegate

- Medical Director of Surgical and Anesthesia Services
- Surgery and procedural services Managers
- Materials Manager

The following are Ad hoc members of the Committee:

- Regional Director of Operations and Market Integration, East King
- Provider in Chief, East King
- Provider in Chief, South King
- CRNA lead
- Pharmacy Services
- Risk Management Consultant
- Laboratory
- Infection Preventionist
- National Facility Services
- Compliance Office
- KFHP Credentialing Committee Representative
- Patient Safety Committee Representative
- Central Sterilization and Reprocessing
- Health Information Management
- Radiology
- PICIS Expert

Kaiser Permanente of Washington Regional Medication Safety Committee (RMSC) [New]

Cadence

Every other month for not less than five months of the calendar year

Purpose

The KPWA Regional Medication Safety Committee is charged by the KPWA Quality & Safety Committee to support the high reliability operational model by evaluating and improving the safety of the medication use process and overseeing medication safety across the continuum of care in the Washington region.

Functions

- Collaborate with the KP National Medication Safety Committee (NMSC), previously known as IMARS, and the Pharmacy Interregional Medication Safety Committee (PIMSC) on relevant medication safety issues and initiatives
- Encourage Unusual Occurrence reporting and monitor medication UO trends
- Review, gather input and approve standardized regional medication safety policies based on evidence-based practices for implementation at all medical centers
- Identify opportunities to decrease preventable adverse drug events causing harm to our patients and communicate to Pharmacy leaders, operational leaders, contracted network and peer groups
- Identify, share and spread successful medication safety practices
- Identify and notify medical centers of internal and external events that have a high potential for recurrence
- Monitor high alert drug processes and make recommendations for improvement
- Provide oversight for the activities of the medical center medication safety committees
- Review, approve and monitor the Medication Safety work plan
- Utilize data from external sources such as Institute of Safe Medication Practice (ISMP), Joint Commission, other health systems, etc., to identify opportunities for prevention of errors and improvement in medication use
- Report quarterly to the Patient Safety Leadership Team on key metrics and progress of the committee in improving medication safety

Composition

- Director, Medical Director, KPWA Pharmacy (co-chair)
- Manager, Pharmacy Quality & Clinical Programs (co-chair)
- Director of Clinical Pharmacy Services
- Medical Director of Patient Safety
- Director of Centralized Operations
- Director of Operations
- Director of Infusion Services
- Physician, Medication Safety and Regional P&T Chair
- Patient Safety Officer
- Manager, Nursing Operations
- Manager, Central Hospital Pharmacy
- Manager, Medical Center Pharmacy representative
- Clinical Pharmacy representative
- Pharmacy Informatics
- Physician, Acute and Post-acute Care
- Physician, Specialty Director of Operations
- Physician, Medical Director, Central Hospital
- Physician, Clinical Improvement & Prevention
- Physician, Primary Care Director of Operations
- Access and Solution Center representative
- Manager, Anticoagulation Management Services
- Help Desk/Appeals representative
- Infusion Center/Oncology Chief

KPWA Opioid Use Improvement Committee (OUIC)

Cadence

Monthly

Purpose

The Opioid Use Improvement Committee is charged by the KPWA-Quality & Safety Committee to support and oversee safer opioid use in the context of improved pain care for KPWA members.

Functions

- Monitor data on opioid prescribing as related to KPWA and KP IMARS targets
- Assure ongoing adherence to regulatory and other statutory requirements as described by WA DOH and professional licensing agencies
- Create and disseminate communications regarding pain care resources for members and safe opioid prescribing expectations for prescribers
- Coordinate with Guideline Oversight Group to ensure that guidelines, regulatory requirements and Kaiser Permanente Interregional Medication Adherence, Reconciliation and Safety (IMARS) Committee targets are aligned
- Review effectiveness of strategies for improved pain care
- Oversee case review activities of clinic-based workgroups
- Reduce unwarranted variation in prescribing practices
- Report periodically to the KPWA-Quality & Safety Committee on performance and progress

Composition

- Pain Care Consult MD
- Pain Care Consult Pharmacist
- Pain Care Consult Psychologist
- CE&I Medical Directors or designees (Medical, Surgical, Continuum areas)
- Addictionologist
- Primary Care APIC (one)
- PIC (one)
- Chair, Regional Network Performance
- CI&P representative

- Analyst

KPWA Emergency Response Committee (ERC) [New]

Cadence

Monthly

Purpose

The KPWA Emergency Response Committee (ERC) oversees the policy and processes regarding management of emergency events in all KPWA settings. The committee will ensure that the appropriate guidelines and protocols are used for each event based on the facility, department, level of personnel training and available emergency equipment.

Functions

- Establish appropriate documentation for emergency events and review Code Blue reports
- Clarify emergency response roles for staff based on job function and department
- Ensure that the emergency protocol is appropriate for each care setting and that proper equipment is available
- Oversee inventory of emergency equipment, supplies and drugs to ensure consistency with AHA guidelines and best practices
- Review training and competencies for staff members
- Establish guidelines and cadence for mock code and other emergency response simulations
- Educate all staff members about the ERC and provide updates as needed

Composition

- Safety Program Manager, co-chair
- Director of Nursing Operations, co-chair
- Medical Director, Urgent Care Service Line, co-chair
- Director of Emergency Management
- Director of Urgent Care Services
- Hospital Clinical Nurse Specialists
- Urgent Care Clinical Nurse Specialist
- Hospital Quality & Accreditation representative
- Ambulatory Surgery Center Quality & Accreditation representative
- Patient Safety Physician representative
- Ad hoc members:
 - Clinic Operations Managers
 - Medical Center Managers
 - Pharmacy representative

Guideline Oversight Group (GOG)

Cadence

Monthly

Purpose

GOG oversees the development and updating of clinical guidelines to ensure high quality products, efficient use of KPWA/WPMG resources and project completion timeliness. Act as a liaison between guideline teams and the KPWA Quality & Safety Committee (KPWA-QSC) and provide subject matter expertise in the development and approval of clinical guidelines.

Functions

- Evaluate and prioritize new guideline requests based on clinical, business, and customer service factors

- Oversee creation of processes related to clinical guidelines, such as system for deciding whether to adopt or adapt material from outside source or develop product internally
- Review changes to guideline recommendations and anticipate organizational issues or concerns and help determine implementation and communication strategies
 - Consult with Medical Director, Clinical Knowledge Development and Support to:
 - Ensure that the updated process proceeds according to plans regarding scope (e.g. which questions to ask, which gaps are worth closing, what topics to include/exclude);
 - Identify key proposed or potential updates to the guideline given new evidence prior to the meeting; and
 - Anticipate, identify, and attempt to resolve any areas of ambiguity or controversy by the conclusion of the Evidence Review meeting.
- Review and provide final approval of completed projects submitted by guideline teams to ensure high quality of products and consistency of key recommendations with the evidence
- Oversee preparation of materials on guideline projects to be reviewed by KPWA-QSC

Composition

- Medical Director, Clinical Improvement
- Medical Director, Preventive Care
- Medical Director, Clinical Knowledge Development and Support
- Assistant Medical Director, Preventive Care
- Executive Director, Clinical Improvement and Prevention (RN)
- Manager, Clinical Knowledge Development and Support
- Coordinator, Clinical Guideline Development
- Clinical Epidemiologists
- Supervisor, Clinical Publications

Mental Health and Wellness Leadership Team (formerly BHSSLT)

Cadence

2 – 3 times monthly

Purpose

Provides senior leadership oversight for behavioral health (BH) care across the KPWA delivery system and is responsible for all business and quality improvement functions. As the department's approving quality body, is responsible for orchestrating the department's quality agenda to support organizational strategies, implementing the quality program, monitoring performance, and making changes as needed.

Functions

- Set the department's quality agenda and provide input into organization and divisional quality plans
- Monitor, plan and support actions to improve:
 - HEDIS performance on BH measures
 - Patient experience of BH care
 - Access to care
 - Coordination of care
 - Patient Safety
- Ensure compliance with accreditation and regulatory standards for Behavioral Health (e.g., NCQA, State, Medicare)
- Oversee BHS systems and infrastructure (e.g., referral and triage functions, new technology)
- Oversee training and professional development for staff

- Liaison with other departments in the organization to connect departmental efforts with organizational work (e.g., patient confidentiality, unusual occurrence monitoring)
- Oversee utilization management functions for MHWLT
- Quality of Care reviews are delegated to the Quality of Care Review Committee who report findings through the Unusual Occurrences reporting system. This committee meets monthly and results are reported twice a year to the MHW LT.

Composition

- Medical & Operations Director, Behavioral Health Support Services
- Manager, Care Management
- Assistant Director of Professional Services
- Chief, Chemical Dependency & Consultative Psychiatry
- Consultant, Specialty Services
- Manager, Social Work and Consultant Integrated Services
- Assistant Medical Director, Specialty Services
- Assistant Medical Director, Health Plan Operations

The following groups provide support for and promote communication and execution of quality improvement opportunities and initiatives throughout KPWA.

Division and Area Leadership Teams

Cadence

Weekly to monthly

Purpose

Provide area-specific and/or function-specific organizational direction and oversight for quality and safety improvement initiatives. Facilitate and provide direct support for the quality and safety improvement initiatives based on directions derived from the strategic plan A3 deployment, the KFHPWA Board, JLT, and/or the KPWA-QSC.

Functions

- Monitor the quality indicators [process measures/standards] and identify and present trends to the attention of KPWA-QSC when they cross pre-established thresholds, or otherwise warrant attention
- Identify opportunities for improvement and provide direction regarding which issues to target for intervention
- Review and approve policies that impact quality and safety
- Approve, support/guide performance improvement teams
- Recognize and celebrate performance improvement efforts

Composition

- Includes key physician and administrative leadership through the following structures:
 - Care Delivery Leadership Team
 - Health Plan Services Administration Leadership Team
 - Marketing, Sales & Business Development Leadership Team
 - Clinical Operations and Market Integration Area Leadership Teams for North, South, and East

Appendix 3. Quality Resources and Analytic Support

Quality Improvement Activity Resources

The resources that KPWA devotes to the Quality Improvement Program and specific quality improvement activities are broad and include staff (employees and consultant staff), data sources, and analytical resources such as statistical expertise and programs. Evaluation of adequate quality resources is determined through evidence that the organization is completing quality improvement activities in a competent and timely manner. This is done through the annual Quality Program Evaluation, as well as ongoing monitoring of performance and progress on the quality workplan by the KPWA Quality & Safety Committee throughout the year.

Oversight for Enterprise Quality is provided by a Vice President and a Senior Associate Medical Director for Quality and Safety, and a total of six medical directors, one in each of the following areas: Informatics, Clinical Improvement, Preventive Care, Clinical Knowledge Support, Continuing Medical Education, and Senior Services. The Preventive Care Department also has an Associate Medical Director and an Assistant Medical Director.

Staff (around 100 positions), including more than 60 in the Clinical Improvement and Prevention department, dedicated to quality improvement activities are present in the following areas:

- Patient Safety
- Clinical Knowledge Support
- Continuing Medical Education
- Clinical Improvement and Prevention
- Quality Performance Review
- Consulting Services
- Credentialing
- Member Appeals
- Clinical Review Unit
- Member Quality of Care Grievances
- Behavioral Health Services
- Care Management
- Pharmacy Administration

In addition, external consultant staff arrangements are made as needed.

Data Sources

KPWA uses a number of different sources and systems to collect data and generate results for quality indicators, including the following:

- Premier membership and billing system – enrollment data
- Premier claims system – data for institutional and professional services received inside and outside KPWA clinics
- Enterprise Master Files (EMF) – additional consumer and practitioner demographics
- EPIC clinical information system – clinical data from the electronic medical record
- EPIC practice management suite – encounter, appointment, admit/discharge/transfer, and billing information for inpatient and outpatient services received at KPWA facilities on or after 11/1/2009
- Coop Rx – internal pharmacy claims system
- MedImpact – external pharmacy claims system
- Laboratory Information System (LIS) – internal laboratory services and results
- Radiology Information System (RIS) – internal radiology services and results
- PAML – selected external laboratory services and results for some members treated in Spokane area KPWA clinics
- CareTracker prior to 4/1/20014/Jiva after 4/1/2014– care coordination tracking tool
- eWatson – customer relationship management tracking system (including complaint and appeals data)

- METRS – customer relationship management tracking system (including complaint and appeals data) effective 7/1/2019 for Medicare Complaints and rolled out region-wide over 2019.
- Press Ganey (vendor-based patient satisfaction) – results from Press Ganey’s survey of patient satisfaction
- Cancer Screening Exclusions – Supplemental source of data, identifying members with valid exclusions from selected screening procedures
- Washington State Immunization Information System – Supplemental source of immunization data

Enterprise Data Warehouse (EDW) developers create programs to extract the data used to produce results for key clinical, utilization, and service quality indicators.

Data Warehouse and Reporting Resources

KPWA maintains a data warehouse repository usable by staff across the organization for analysis and reporting. Part of that maintenance requires pulling data from original source systems such as claims and Epic into warehouse tables “scrubbed” and enhanced with value-added attributes. In addition, for various applications or reporting needs, datamarts are developed with specific information needed for that reporting or by those applications. This team includes the following staff:

- Engineer, Data Warehouse (6 quality specific positions/23 total) – gather requirements and create source-to-target mapping of data; develop, maintain, and administer data integration (ETL) processes and tools; develop, maintain, and administer ad-hoc and standard reporting applications, dashboards and tools; manage the ongoing loading and optimization of the data warehouse; quality assurance/validation of all data loads from the source systems into the data warehouse; build ad-hoc and operations reporting solutions for accessing data and information.
- Manager, Enterprise Data Warehouse (1 quality specific position/3 total) – responsible for the day-to-day load operations of the Data Warehouse; ensures that all data are loaded as required; manages resources for data integration development projects within EDW
- EDW Data Architect (1 position) – creating holistic data flow documentation of the EDW, logical and physical design of database/data mart structures.
- Business Intelligence admin and Data Warehouse Admin (2 positions) – Administer deployments and tool maintenance.

Business Intelligence Services (KP Insight)

KPWA dedicates significant staff and information systems to analyzing and reporting the large volume of clinical and service quality data available. This team includes the following staff:

- Business Intelligence Analysts (35 analysts, with 7.5 positions dedicated to quality analytics) –to perform deep analysis including data profiling, hypothesis testing and statistical analysis for quality related initiatives; provide support analysis to drive clinical and process improvements; provide ad hoc analysis using standard statistical methods; evaluate effectiveness of new programs. Develops dashboards to trend performance for quality focus initiatives and programs.

Additionally, the following staff moved from Informatics into the Quality department for more direct support of Quality:

- Product Managers (2 positions) – work with organization leaders to understand issues, questions being asked, and data needed to support decision-making; provide leadership to teams doing the analysis and HEDIS reporting
- Medical Record Review Manager/lead (1 position) – manage HEDIS medical record review process, hire reviewers, schedule medical record review visits to non-owned/operated facilities, manage compilation of materials for and staff the annual HEDIS compliance audit.

Tools/Applications

These staff use several applications to produce results and reports for clinical and service quality indicators including:

Kaiser Foundation Health Plan of WA, Inc.
Health Plan Quality & Safety Program Description

- General Dynamics Information Technology (GDIT): NCQA-certified HEDIS measure build engine
- Informatica PowerCenter (Extract, Translate, & Load “ETL” software application)
- SAS
- Microsoft Visual Basic
- Microsoft SQL Server
- Microsoft Access
- Microsoft Excel
- Tableau
- Wherescape
- Data Vault
- Business Objects reporting tools, including Crystal Reports
- Teradata
- ERWin
- PERL