



Northwell Health

Performance Improvement/ Patient Safety Plan

2022-23

Institute for Clinical Excellence and Quality/Patient Safety

Table of Contents

	Page #
Introduction	3
Northwell Health Strategic Plan for Quality	4
The Role of the Institute for Clinical Excellence and Quality/Safety (Institute)	5
The Role of Component Quality Management Departments (QMDs)	6
The Role of Governance	7
The Role of Senior Leadership/PICGs/Clinical Operations Council	8
The Role of the Medical Staff	8
The Role of Nursing	9
Communication Structure - Oversight and Accountability	9
Leadership’s Expectations and Responsibilities	10
Prioritization for Improving Performance and Patient Safety	11
▪ Advanced Illness and Aging Collaborative	12
▪ Antimicrobial Stewardship	13
▪ Bio-surveillance of Community Influenza, COVID-19 and Respiratory Illnesses	13
▪ Centralized Mortality Review	13
▪ CMS Stars Quality Initiative	14
▪ Crowd-Sourced Assessment of Technical Skills (C-SATS)	14
▪ Emergency Management and Clinical Preparedness (Crisis Management)	15
▪ Enhanced Recovery Program (ERP)	15
▪ Health Equity Task Force	16
▪ Infection Prevention	16
▪ Opioid Management	16
▪ Organ Donation	17
▪ Patient Falls with Injury Prevention	18
▪ Pressure Injury Prevention	18
▪ Sepsis-Reducing Mortality	18
▪ Stroke	19
▪ System Pharmacy and Therapeutics	19
▪ Telehealth	20
Methodology for Improving Performance and Patient Safety	20
▪ Activities and Functions Related to Patient Safety	22
▪ Strategic Partnerships and Priorities	22
▪ Strategic Performance Metrics and Data Analytics	23
▪ Information Services	25
▪ Medication Safety	25
▪ Safety/Environment of Care	26
▪ Education	27
Regulatory Requirements	27
▪ Communicating to Patients and Families – Disclosure	27
▪ Incident Analysis	27
▪ New York Patient Occurrence Reporting and Tracking System (NYPORTS)	28
▪ Serious Adverse (Sentinel) Events/Root Cause Analysis	28
▪ Proactive Risk Assessment - Failure Mode and Effects Analysis (FMEA)	31
▪ Patient Grievances	32
▪ Patient Safety Alerts/Newsletters/Survey Readiness	32
Service Lines	33
Performance Improvement-Patient Safety Plans (Pre and Post-Acute Care)	33
▪ Ambulatory Care	33
▪ Center for Emergency Medical Services (CEMS)	34
▪ Centers for Rehabilitation, Skilled Nursing Services	35
▪ Hospice Care Network	36
▪ Northwell Health at Home/Evaluating Performance Improvement and Patient Safety	37
List of Appendices	38

Northwell Health Performance Improvement-Patient Safety Plan (2022-23)

Introduction

Northwell Health strives to provide world-class, patient centered care and to be the best healthcare provider in the nation. We are charting the course for health, wellness, quality, safety and equity of care in the communities we serve and put our customers at the center of everything we do.

We are committed to excellence, compassion, transparency and trust. Our strategy is centered on our customers, keeping them healthy, delivering exceptional care, and providing extraordinary service across the continuum. It requires courage, innovation and applying the principles of high reliability and resilience. Our commitment to establishing a culture of quality and safety is reflected in the mission, vision, values and strategic plan of the entire organization (Appendix A: Mission, Vision and Values).

Beyond its hospitals, Northwell Health has grown into a significant community resource that also offers a full continuum of care through a broad network of skilled nursing facilities, rehabilitation programs, home care, hospice services, urgent care, primary care, specialty services and community-based organizations (CBOs) throughout the metropolitan area. We are increasing our capacity to manage populations across the continuum of care through our ongoing expansion, augmenting the use of telehealth and focus on service lines/ambulatory services.

To improve access to care in the communities we serve, we continue to expand our network of clinical care providers and invest in a wide range of comprehensive outpatient services including community-based organizations and outreach centers. In 2020, the Department of Community and Population Health was established to enhance coordination of community-based health services and initiatives. Its strategy shall be to integrate the efforts of community investment, community relations, strategic community partnerships and the Center for Equity of Care. The Center for Equity of Care leads the organization's mission to promote, sustain and advance an environment that supports equity, diversity, health literacy and community to address health disparities. The governing body oversees this mission through the Committee on Community Health, Executive Council on Diversity and Health Equity, and site/clinical councils.

Our emergency response to the COVID-19 pandemic in 2020 confirmed our structure as an integrated healthcare system and culture of emergency preparedness. Our multi-year investments in emergency transport, supply chain, central lab, research and academics, and our commitment to the care and safety of our front-line staff were validated. Our response to the pandemic is ongoing with continuous surveillance, comprehensive testing, a robust vaccination program that has expanded to include booster vaccines and vaccinations for children 5 years of age and older, and research for scientific breakthroughs has positioned us as a healthcare leader in NYS and in the nation. We are partnering with community and faith-based organizations to provide education and resources in neighborhoods that are disproportionately impacted by COVID-19. The education and support we provide to the public about COVID-19 has enhanced our reputation both nationally and internationally.

As an innovative organization, Northwell Health is not afraid to disrupt the status quo. We continue to develop joint ventures, strategic alliances and affiliations with health systems, hospitals, private physician practices and other businesses outside of healthcare. In partnership with other healthcare organizations we are leading the transformation of healthcare delivery. Through biomedical research, we are constantly positioning ourselves to deliver scientific innovations to help consumers attain their optimum state of health. breakthrough

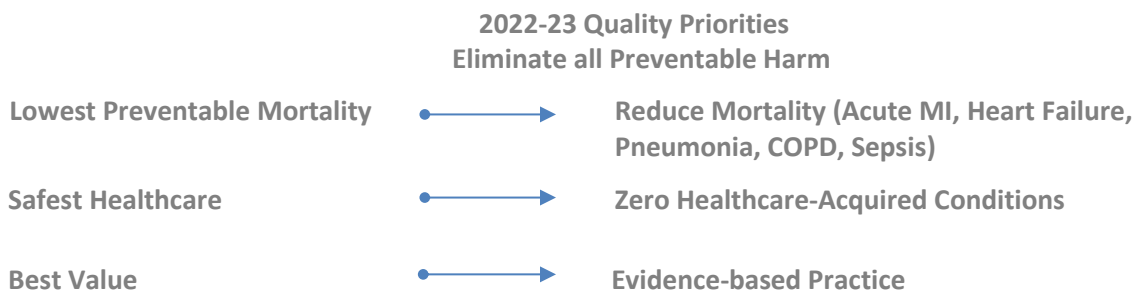
Northwell Health is continuing to evolve its academic enterprise. Education is provided through the organization's Corporate University – the Center for Learning and Innovation (CLI), Patient Safety

Institute (PSI), Bioskills Education Center, Emergency Medical Institute and Institute for Nursing, as well as through our School of Medicine and Graduate School of Nursing and Physician Assistant Studies. Plans are underway to expand the graduate school of nursing and physician studies to include doctoral, undergraduate and nurse anesthetist programs. In 2022, plans are to launch a Quality Academy to provide education to our quality healthcare professionals based on the core competencies established by the National Association of Healthcare Quality (NAHQ).

Northwell Health Strategic Plan for Quality

Northwell Health has designed a strategic plan for quality that is directly aligned with the national healthcare agenda and the Institute for Healthcare Improvement (IHI) “Quadruple Aim.” Our goal is to eliminate all preventable harm by delivering the safest healthcare with the lowest preventable mortality rates in the nation. Providing the best value to the communities we serve is a quality priority.

The guiding principles of our strategic plan for quality include innovation, teamwork, patient/employee engagement and empowerment, physician alignment, transparency and trust.



Northwell Health is on a journey to becoming a resilient, high reliability organization (HRO). Achieving and sustaining high reliability shall be accomplished through our commitment to the National Academy of Sciences (formerly the Institute of Medicine) Six Aims, Institute for Healthcare Improvement (IHI) Quadruple Aim, and The Joint Commission (TJC) Strategy for Achieving High Reliability. Leadership is committed to identifying, mitigating and preventing failure in addition to utilizing robust process improvement methods to redesign processes of care. These characteristics of HROs shall be actively pursued and supported organization-wide.

Our capacity to enhance patient safety through adherence to evidence-based guidelines and best practices, reduce waste and realize cost efficiencies, as well as measure and report healthcare outcomes to the public is instrumental in providing high quality care to the communities we serve. We are committed to accelerating patient safety improvement and the IHI’s eight recommendations for achieving total systems safety (Free from Harm).

The Northwell Health Performance Improvement (PI)-Patient Safety Plan (Plan) sets forth guidelines to assess and improve organizational performance including clinical and support services, and to evaluate how the organization has anticipated and is responding to the health care needs of the communities it serves. It shall describe the PI priorities established by leadership and delineate the Quality Management (QM) processes needing improvement, along with any stakeholder requirements, project goals and improvement activities. It shall ensure that safe, appropriate and consistent care is delivered to all patients across all entities and services that comprise the organization based on the National Academy of Sciences Six Aims (Appendix B: Northwell Health Map and Key Facts). The Plan shall uphold the American Hospital Association (AHA) Path Forward’s commitments to access, quality, value, partnership, well-being and coordination. Methods for measuring, analyzing and monitoring

performance, as well as the causes of variation, underperformance, and process opportunities shall be established. The Plan shall also establish methods for sustaining process improvements.

The Plan provides a framework for the Performance Improvement-Patient Safety Plans for the hospitals, service lines, ambulatory sites and individual components that are members of Northwell Health, in addition to those affiliated organizations¹ that have contractual relationships with the Northwell Health Quality Management Department (Appendix C: Additional Northwell Health Components and Affiliates).

The Role of the Institute for Clinical Excellence and Quality/Patient Safety (Institute)

Northwell Health established the Institute to foster a deep-rooted culture in which patient safety is a priority. The Institute under the leadership of the Senior Vice President (SVP)/Chief Quality Officer and the SVP & Deputy Chief Quality Officer with the support of the President/Chief Executive Officer (CEO); President Strategic Initiatives/Chief Operating Officer (COO); Executive Vice President (EVP), Enterprise Services; EVP/Physician-in-Chief Northwell Health and Dean of the Donald and Barbara Zucker School of Medicine at Hofstra/Northwell; SVP/CMO & Deputy Physician-in-Chief; EVP/Chief Nurse Executive; SVP Regional Executive Directors, and the SVP Chief Business Continuity and Crisis Management Officer shall provide the framework for each entity's performance improvement/safety program, support each component in its activities to improve the quality of care delivered and improve organizational performance.

The duties and responsibilities of the Institute shall be to:

- Develop and implement an organization-wide PI and Patient Safety Plan based on the national healthcare agenda and priorities, National Quality Forum (NQF) priorities, Centers for Medicare and Medicaid Services (CMS) regulations, The Joint Commission (TJC) standards and National Patient Safety Goals, and New York State Department of Health (DOH) requirements
- Provide oversight and support for continued survey-readiness at component sites through mock surveys and other related activities
- Act as a liaison for regulatory and other governmental agencies (e.g., CMS, DOH, FDA, IPRO, OMH, TJC, Justice Center)
- Act as a liaison for strategic partnerships and quality collaboratives for example, IHI, HANYS and GNYHA
- Maintain a comprehensive occurrence and tracking system for adverse and sentinel events and ensure that these events are reported to the appropriate agency based on CMS, New York State (NYS) requirements and TJC guidelines. Identify trends and patterns for components and across the organization
- Provide a standardized framework and education to enhance thorough and credible root cause analysis
- Coordinate with component-specific Quality Management Departments to provide for the receipt and resolution of patients' complaints and grievances in a timely manner in accordance with CMS regulations
- Promote the principles of high reliability and resilience
- Promote a culture of C.A.R.E. (Connectedness, Awareness, Respect and Empathy) to ensure the adoption of a universal culture
- Enhance a culture of safety and teamwork and support continuous learning and education
- Assess results of the Employee Engagement/Culture of Safety Surveys to determine opportunities for improvement

¹ Affiliate organizations have their own Board of Trustees

- Collaborate with the Corporate University, the Center for Learning and Innovation (CLI) to develop a curriculum for patient safety and quality and educational programs for emerging healthcare leaders
- Collaborate with the Patient Safety Institute (PSI) to design a patient safety curriculum with simulations based upon sentinel events and clinical situations that pose the greatest risk to patient safety (e.g., protocols to recognize and treat sepsis, prevent wrong site/wrong side surgery and enhance perinatal safety)
- Collaborate with the Institute for Nursing (IFN) on quality initiatives, educational programs for emerging nursing leadership and research endeavors
- Provide information and education to the Committee on Quality (COQ) of the Board of Trustees, Executive Committee of the Board of Trustees and Board of Advisors
- Provide education to the next generation of healthcare providers at the Donald and Barbara Zucker School of Medicine at Hofstra/Northwell and the Hofstra Northwell School of Graduate Nursing and Physician Assistant Studies
- Direct and support the quality management leadership (QML) through the Northwell Health Performance Improvement Coordinating Group (PICG)/Subcommittee of the PICG, Clinical Operations Council, Clinical Excellence and Quality Leadership Council , Service Line PICGs and PICG at each entity
- Provide resources and information about quality and patient safety to all levels of staff through the Clinical Excellence and Quality/Patient Safety departmental website on the Northwell Health intranet
- Assure, through the QML, or designated person at each component, that staff at all levels, especially those at the patient care level, are routinely and systematically apprised of performance improvement activities and that steps are taken to proactively identify and resolve issues whenever appropriate
- Participate in clinical standardization initiatives to reduce mortality, preventable patient harm, healthcare-acquired conditions, overuse, unnecessary variation in practice and hospital readmissions
- Collaborate with service lines and departments (e.g., IFN, Strategic Planning, Integrated Analytics, Finance, Regional Risk Management Services, Corporate Compliance, Procurement, Human Resources, Office of the Chief Information Officer, Department of Population and Community Health, Center for Learning and Innovation, Patient Safety Institute, Office of Academic Affairs, Health Solutions, etc.) to improve performance and promote patient safety
- Provide an orientation on the Northwell Health Strategic Plan for Quality and Patient Safety to all entities that join the organization
- Promote transparency by reporting performance measures and providing information about quality and patient safety to the public on the Northwell Health website

The Role of Component Quality Management Departments (QMDs)

Each entity, depending on the scope of care/services delivered, is required to assess and improve performance and patient safety using quality metrics. Measures shall be based on the complexity of medical care needs, type and ages of those served, and frequently treated conditions or diagnoses. Delineating the scope of services allows components to evaluate and improve processes and outcomes associated with access to care, assessment and treatment, preventative services, health promotion programs and customer experience.

The duties and responsibilities of the component QMDs shall be to:

- Work collaboratively across service lines/departments and the continuum to maintain a safe environment for patient/customer-centered care

- Use QM philosophy and tools, robust process improvement, the IHI Model for Improvement, Improvement Science, PDSA methodology, Six Sigma, Lean, and Project Management depending on the initiative
- Define, gather, aggregate and analyze data for the monthly report to end-users, in addition to the site/service line PICGs, Medical Boards, Northwell Health PICG/PICG subcommittee, Clinical Operations Council, Committee on Quality (COQ), Board of Trustees and Board of Advisors
- Execute and monitor compliance with CMS, DOH, and other regulatory entities as well as the TJC National Patient Safety Goals
- Develop a site/service line PI-Patient Safety Plan based on the Northwell Health PI-Patient Safety Plan and site/service line specific priorities
- Provide oversight and support for performance improvement initiatives through the site/service line PICGs
- Maintain and analyze aggregate information on events reported to the DOH through the NYPORTS process, root cause analyses, and incidents, near misses/good catches, unsafe conditions reported through the electronic safety reporting system – improveNorth
- Conduct risk assessments on lessons learned. Share and implement risk reduction strategies as appropriate
- Attend the Northwell Health PICG, Clinical Excellence and Quality Leadership Council and communicate information to appropriate staff
- Foster high reliability through enhanced situational awareness (e.g., Patient Safety Rounds/Daily Safety Briefs)
- Promote competency of quality healthcare professionals based on National Association of Healthcare Quality (NAHQ) core competencies through the establishment of a Quality Academy

The Role of Governance

The role of the governance, as per the Corporation’s by-laws, is to maintain oversight of performance improvement and patient safety activities and to ensure that a uniform standard of care is delivered throughout the organization. The Board of Trustees is responsible for the quality of medical care delivered to patients at each of the entities. They ensure sufficient resources and establish policies and plans for monitoring, evaluating and improving the quality of patient care through organizational PI programs. The governing body is responsible for ensuring that PI activities reflect the complexity of the organization and involve all departments and services including those provided by contract.

To enable this, the Board of Trustees established the Committee on Quality (COQ). The COQ shall serve as a formal means of liaison and policy development among the Board of Trustees, senior medical leadership, the PICGs, SVP/Chief Quality Officer, and SVP & Deputy Chief Quality Officer.

The committee sets priorities for PI and patient safety activities in alignment with the national quality and safety agenda and consistent with Northwell Health’s mission, vision and values. The COQ is informed of the care delivered in each entity and across the continuum through measures used to evaluate processes and outcomes of care and through external audits and recommendations from external authorities and local experts.

The COQ meets in Executive Session to discuss site-specific patient safety issues and adverse events. Root cause analyses (RCAs) and corrective action(s) are presented by site-specific leadership to establish accountability regarding the event. In addition to the Executive Session, a written report is provided to the COQ to inform the members of progress in meeting established performance improvement goals and objectives, as well as regulatory activities and any events that are reported to the NYSDOH. The Northwell Health Office of Legal Affairs shall provide a report of all practitioners reported to the Office of Professional Medical Conduct (OPMC) to the Committee on Quality on a quarterly basis. The medical

board report of all Northwell Health hospitals shall be provided to the Committee on Quality on a quarterly basis.

Role of Senior Leadership/PICGs/Clinical Operations Council

Due to the significant growth of the organization over the past several years with expansion into Manhattan, Westchester and Brooklyn and with the addition and growth of new outpatient clinical practices across the region, regional executive directors were appointed who have administrative oversight of the facilities in their respective areas. The regional executive directors shall coordinate activities within their region to build physician partnerships and look for new opportunities for growth and expansion.

The President/CEO; President, Strategic Initiatives/COO; EVP Enterprise Services; EVP/Physician-in-Chief; SVP/CMO & Deputy Physician-in-Chief; EVP/Chief Nurse Executive; SVP/Chief Quality Officer; SVP & Deputy Chief Quality Officer; SVP/Executive Director, Northwell Health Physician Partners (Physician Partners); EVP/Chief Learning Officer; SVP/Regional Executive Directors; SVP/Chief Business and Continuity, Crisis Management Officer; and SVP Infection Prevention, in addition to the regional executive directors, executive directors, medical directors, service line chairs, medical chairs of the PICGs, nurse executives, QML and the Board of Trustees representatives from the COQ comprise the key organizational leadership empowered to coordinate and ensure that all performance improvement activities are performed.

The Northwell Health PICG/Clinical Operations Council shall:

- Prioritize and set the standards for quality and PI initiatives
- Assign responsibility for enacting all PI recommendations
- Provide updates on key quality initiatives
- Support discussion on best practices related to patient safety and quality
- Discuss site/service line specific quality issues
- Resolve barriers to adoption and implementation of best practices
- Review serious events and share lessons learned/risk reduction strategies (PICG Subcommittee)
- Endorse risk reduction strategies related to serious events for site implementation (PICG Subcommittee)
- Prioritize site assessments for high-risk, problem-prone issues
- Review key performance metrics
- Oversee the approval of administrative/clinical policies and procedures

The PICGs of individual components are co-chaired by a physician and are responsible for directing, coordinating and overseeing the PI and patient safety activities appropriate to their scope of care, and for communicating information to their clinical leadership, the Northwell Health PICG/Clinical Operations Council and the COQ. The PICGs are expected to track the status of improvement activities, which is reflected in the committee minutes. They shall oversee the investigation of all sentinel events and serious incidents and analyze the root causes to arrive at corrective action plans and monitor measures of success.

The SVP & Deputy Chief Quality Officer shall meet with QM leadership at a minimum of ten times per year to develop and operationalize the strategic plan for quality and patient safety during the Clinical Excellence and Quality Leadership Council meeting.

The Role of the Medical Staff

In accordance with each site's by-laws, the medical staff is accountable to the Board of Trustees for the quality of medical care rendered to patients at each of the sites. The primary function of the medical staff is to provide care and oversight for the quality and safety of care, treatment, and services provided

by practitioners with privileges. The medical staff shall support the organization-wide performance improvement/patient safety plan for patients, visitors, and staff including Advanced Care Practitioners. The Office of Academic Affairs shall ensure that resident education is aligned with the patient safety and quality priorities of the organization and that residents and fellows are engaged in patient safety and quality improvement activities.

The Medical Director Committee is chaired by the SVP, CMO & Deputy Physician-in-Chief or designee, and includes the SVPs/Associate CMOs and Medical Directors of each of the organization's components. The function of the Medical Director Committee is to act as a high-level leadership committee that oversees and makes recommendations related to medical staff structure, medical leadership, credentialing and delineation of privileges, quality and standards of care, patient safety and PI activities.

Each site's PICG shall oversee the coordination and communication of appropriate QM/PI information to the medical staff through its reports to the site's medical board. Each site's medical board functions as the Medical Executive Committee (MEC) for the site and shall review corrective actions, monitoring, and improvement plans suggested by the PICG. The medical board shall participate in the development of specific plans for improvement. It shall act on the recommended corrective actions, including amendments to the medical staff by-laws and rules & regulations, modifications of medical staff appointments and privileges, and revision of hospital policies and plans. The medical staff shall be the local approval body for clinical policies and have a medical staff representative serving on the site-specific PICG. The medical staff shall be responsible for ensuring the timely and accurate completion of medical records.

The Role of Nursing

Under the leadership of the EVP/Chief Nurse Executive, the Nurse Executives from each of the component sites shall develop a Plan for Patient Care Services and establish uniform nursing standards for patient care across the continuum. Communication between the Nurse Executives is facilitated through the Northwell Health Nurse Executive Council that meets on a monthly basis. Nursing plays a vital role in performance improvement through their leadership and participation in all quality improvement initiatives and clinical task forces. Together with physician leaders, they participate in clinical task forces to facilitate implementation of the organization's strategic imperatives and objectives. Nurse Educators are involved in planning educational programs that support the quality initiatives and priorities of the organization.

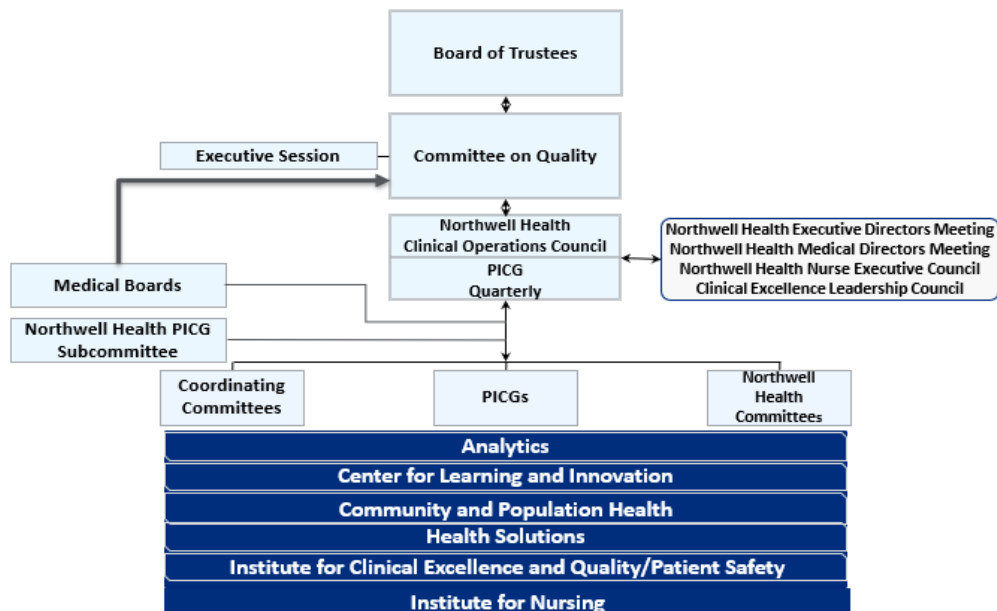
Nurses are leading key initiatives such as TeamSTEPPS® and Collaborative Care Councils. They are developing clinical information systems and standardized unit-specific dashboards. These initiatives are all aimed at improving communication among care providers, enhancing teamwork and ultimately increasing patient safety. Nursing leadership provides reports to the Northwell Health PICG and COQ on a regular basis. They participate in these forums and provide important feedback and direction to senior leadership related to quality and patient safety.

Communication Structure-Oversight and Accountability

All components have an Associate Executive Director/Director for Quality who is accountable for the Performance Improvement/Safety Program. The site-specific Vice Presidents/Associate Executive Directors for Quality report to the executive directors or their designees at the local entity and to the SVP, Deputy Chief Quality Officer. At the local level, the leader/director of QM shall, in cooperation with the Regional Executive Director, Executive Director, Medical Director, Nurse Executive, clinical chairs and department heads, establish a quality management program that encompasses all aspects of care for all service lines/departments. All staff members are expected to work collaboratively to further the program goals.

The QM Communication Structure facilitates the timely transfer of information regarding quality and safety from the bedside caregivers to the Board of Trustees (Figure 1: QM Communication Structure). Information effectively travels across the entire continuum of services from pre-hospitalization and the Center for Emergency Medical Services (CEMS) to acute care services through all post-acute care services, e.g., home care, rehabilitation and skilled nursing, as well as hospice through this structure. Through the QM Communication Structure, leadership ensures that processes are in place to coordinate, measure, assess and improve all clinical and support functions. Accountability is achieved through reporting and measurement activities.

Institute for Clinical Excellence and Quality/Patient Safety Communication Structure



(Figure 1: QM Communication Structure)

Leadership’s Expectations and Responsibilities

Leadership expects all employees to be aware of defined approaches to quality, safety, and PI. The President/CEO, or designee shall attend weekly meetings with new team members during their orientation program “Beginnings,” to communicate Northwell Health’s mission, vision, values, strategic goals, and initiatives, which include a major focus on the organization’s quality measures, performance targets and results. This sends a consistent message that every team member, from administrative leaders to the front-line staff, is a quality ambassador who has an obligation and responsibility to provide the best care possible to every patient.

Leadership shall set clear expectations for promoting quality and patient safety through the priorities and goals that they have set. Leaders shall support the establishment and maintenance of an effective PI and Patient Safety Program through interdisciplinary participation in quality committees/ subcommittees, task forces and teams (Collaborative Care Councils). Leadership expects all licensed independent practitioners across the organization to be directly involved in organization-wide, service line and site-specific PI/safety activities. Organizational and site/service line leadership shall develop plans to measure, assess, improve, and maintain performance. There shall also be ongoing activities to

proactively reduce risk in all entities. Rather than responding to errors and adverse events, staff shall be encouraged to be innovative, proactively identify incidents, report unsafe conditions and near miss/good catch events, set goals, and employ risk reduction strategies.

Site/service line leaders shall allocate resources for quality management that support performance improvement activities and patient safety programs. Team members shall be expected to:

- Participate in orientation, training and educational programs concerning safety initiatives and error prevention
- Work as a team utilizing the principles of the Collaborative Care Model and TeamSTEPPS®
- Participate in Collaborative Care Councils
- Communicate innovative ideas of how to work smarter and safer to leadership
- Adhere to policies and procedures addressing patient safety
- Assess, monitor and measure quality indicators to promote wellness and consistent quality care
- Maintain a safe environment by actively reporting and reviewing incidents, near misses/good catches, and unsafe conditions when recognized

Northwell Health leadership also expects participation/reporting in CMS sponsored inpatient and outpatient pay-for-performance programs as part of its commitment to transparency and quality.

Examples of these programs include:

- CMS Star Ratings
- Hospital Inpatient Quality Reporting Program
- Hospital Outpatient Quality Reporting Program
- Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) and other consumer assessments conducted across the continuum of care
- Claims-Based Measures
- Healthcare-Associated Infections (HAI) through the National Health Safety Network (NHSN)
- Hospital-Acquired Condition (HAC) Reduction Program
- Hospital Value-Based Purchasing (HVBP)
- Hospital Readmissions Reduction Program (HRRP)
- Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program
- Physician Quality Reporting System/Group Practice Reporting Option Measures (PQRS)
- Medicare Shared Saving Program (MSSP)/Merit-based Incentive Payment System (MIPS)/Accountable Care Organizations (ACOs)

In addition to these programs, examples of other programs that Northwell Health shall participate in are as follows:

- American Heart Association Get-with-the-Guidelines-Stroke
- Center to Advance Palliative Care (CAPC)-Palliative Care Learning Centers
- Bundled Payment Models
- IHI Strategic Partnership, e.g., IHI Leadership Alliance and Value Management Project (Lenox Hill Hospital)
- Accreditation and regulatory activities
- Various Managed Care Pay-for-Performance programs e.g., Q-HIP, Healthfirst, etc.

Prioritization for Improving Performance and Patient Safety

It is the responsibility of governance and leadership to establish organization-wide priorities and goals for quality improvement with input from physicians and staff and adjust them accordingly, based on data from a variety of sources including:

- Community assessment

- Strategic planning
- Evaluation of PI activities that include but are not limited to safety issues
- Regulatory requirements
- Financial analysis
- Operational variation
- Patients/Family members/Community opinion
- Survey input from employees and clinical staff
- Risk Management
- Clinical Outcomes

To eliminate all preventable harm, the Institute established three strategic priorities that are directly aligned with those set by the national healthcare agenda for improving performance and patient safety. These priorities are:

- Lowest Preventable Mortality
- Safest Healthcare
- Best Value

As a result of these priorities, the following organization-wide, actionable initiatives were established:

- Advanced Illness and Aging Collaborative
- Antimicrobial Stewardship
- Bio-surveillance of Community Influenza, COVID-19 and Respiratory Illnesses
- Centralized Mortality Review
- CMS Stars Quality Initiative
- Crowd-Sourced Assessment of Technical Skills (C-SATS)
- Enhanced Recovery Program (ERP)
- Emergency Management and Clinical Preparedness (Crisis Management)
- Health Equity
- Infection Prevention
- Opioid Management
- Organ Donation
- Patient Falls with Injury Prevention
- Pressure Injury Prevention
- Sepsis-Reducing Mortality
- Stroke
- Telehealth

Each initiative, co-chaired by physician and/or nursing leadership shall be comprised of an inter-professional team of clinical experts who shall adopt evidence-based clinical practices and measurement systems. Executive summary reports shall be provided to senior leadership at the Northwell Health and hospital PICGs regarding the progress of each initiative toward achieving goals, implementing plans, barriers to success and measures of patient safety and performance.

Advanced Illness and Aging Collaborative

The mission of the Advanced Illness and Aging Collaborative is to improve care and outcomes for patients with advanced illness. This shall be accomplished by appropriately identifying patients with advanced illness, aligning treatments with patient preferences and engaging patients and their families in conversations about options for advanced care that are consistent with their values, beliefs and

needs. The Collaborative shall facilitate transitioning patients with advanced illness through the continuum of care to ensure that patients receive the care they desire in the location they prefer. Goals of the Advanced Illness Collaborative in 2022 shall include continued collaboration with IT to develop processes to assist clinicians in identifying patients with advanced illness using machine learning techniques and developing concrete strategies to improve clinician communication across the enterprise. GoCCEP™ the educational program for educating staff on having compassionate goals of care conversations was adapted to a virtual platform to be more accessible. The Collaborative shall work with Department of Aging and Supportive Care towards educating, fostering and expanding the “Age Friendly Health System” initiative across all Northwell Health sites. The ultimate objective is providing goal concordant care to all patients.

Antimicrobial Stewardship

The mission of the antimicrobial stewardship program is to promote the appropriate use of antibiotics and reduce the development of antimicrobial resistance. Select antimicrobial guidelines have been developed and embedded in the electronic health record (EHR) to guide clinicians on appropriate prescribing of antimicrobials. Detailed reports to evaluate the appropriateness of antibiotic use for selected antibiotics shall be reported on a quarterly basis in an aggregate and site-specific level including ambulatory practice settings. Internal and external benchmarks shall be used to evaluate performance. Dashboard reports shall be used to determine antibiotic utilization and drug costs. Daily antimicrobial surveillance reports shall be used to monitor the appropriateness of antibiotic selection and prompt therapy adjustments when necessary. Educational tools for patients, nurses, pharmacists, physicians, and other allied healthcare professionals shall be used by all sites. A Patient Care Information Form shall be used to provide patients with information on over-the-counter alternatives to manage symptoms when the use of antibiotics is not indicated when appropriate.

Bio-surveillance of Community Influenza, COVID-19 and Respiratory Illnesses

A bio-surveillance dashboard was developed to monitor the impact of the annual influenza season in 12 acute care hospital emergency departments (EDs) at Northwell Health. The bio-surveillance application shall leverage information from the EHR and the Core Laboratory. ED patient diagnoses shall be scanned for terms associated with influenza-like illness, based on methods developed by the Centers for Disease Control and Prevention (CDC) and the New York City Department of Health and Mental Hygiene. Laboratory results of confirmed influenza infection, and the virus subtype, shall be reported within hours of the patient visit. This shall enable a timely and accurate visualization of influenza-like illness, COVID-19 and respiratory illness outbreaks within the Northwell Health catchment area. Bio-surveillance shall identify patients (by chief complaint and lab test) to assess the extent of viral activity in the hospital EDs.

Centralized Mortality Review

Mortality surveillance and the measurement of patient harm are proactive approaches used by the Northwell Health Institute for Clinical Excellence and Quality/Patient Safety Program to identify new opportunities and initiatives that shall enhance patient safety, reduce preventable mortality, and improve quality of care. Our goal is to deliver the safest healthcare with the lowest preventable harm and mortality rates in the nation.

Mortality surveillance shall consist of a centralized, retrospective medical record review of inpatient expirations at Northwell Health hospitals, excluding behavioral health, hospice, pediatric and rehabilitation patient populations. Data shall be entered into a standardized, web-based application to facilitate the analysis of factors and conditions that contribute to mortality. The initial screening process

shall consist of a comprehensive medical record review conducted by a team of specially trained registered nurses who abstract information on metrics related to the hospitalization, adverse events, and events leading to and surrounding the mortality. Data shall also be abstracted on advance care planning, post-mortem documentation and end-of-life care, as well as triggers for a second level hospital review.

Cases that meet certain criteria shall be referred to the respective hospital for a second-level physician mortality review in order to obtain additional data related to the death. The second level review shall be conducted using a standardized tool and web application for data entry. Data shall be aggregated and reported across the organization and at the hospital level for analysis of patterns, trends and identification of opportunities for improvement related to communication, planning, recognition, appropriateness of level of care and treatment, preventability and standard of care.

Centralized mortality surveillance gives rise to additional disease specific collection and reporting. Northwell Health's value-based purchasing (VBP) program for acute myocardial infarction (AMI) and heart failure (HF) includes case reviews and collection of data by site representatives related to the provision of care and evidenced based treatment. The resulting reports shall be analyzed and aggregated with the goal of improving outcomes and documentation.

CMS Stars Quality Initiative

The CMS Star Quality Initiative is an ongoing strategic quality priority for Northwell Health. Specific goals of the initiative are to increase ratings by one star at each hospital and have no one star hospitals. Designated senior leadership shall be accountable for improvements in the CMS star ratings. Executive directors, medical directors, nurse executives and quality management leaders shall be accountable for the CMS star ratings at their respective sites. As part of its commitment, the organization shall continue to focus on reducing mortality, readmissions, and infections, and improving performance related to patient safety indicators, hip and knee measures, and patient experience, in addition to seeking innovative ways to align patient experience with quality and patient safety.

A coordinated approach shall be taken utilizing existing organizational resources and infrastructure e.g., regional, inpatient, ambulatory, service line and post-acute services, as well as new and existing system wide task forces, e.g., heart failure, pneumonia and chronic obstructive pulmonary disease mortality.

Improvements and sustainability shall be monitored and reported on an ongoing basis at senior leadership and site-specific quality meetings through the use of System, hospital, service line, and pre/post-acute dashboards. Strategies to enhance performance shall be implemented based on results.

Crowd-Sourced Assessment of Technical Skills (C-SATS)

C-SATS is a performance management system used in all Northwell Health hospitals that perform robotic surgery. The system is designed to evaluate and improve surgical technique in an objective, efficient and standardized manner. Research shows that enhanced technical skills are correlated with lower complication rates, operative time, hospital readmissions and mortality. C-SATS data shall be used to identify physicians who may have opportunities to enhance their technical skills and develop individualized simulation curricula. Ongoing physician education shall be provided in collaboration with the Bioskills Education Center.

Emergency Management and Clinical Preparedness (Crisis Management)

Northwell Health's ability to react to emergencies is directly linked to its ability to function in a unified and coordinated manner. Utilizing lessons learned from our COVID-19 response, Northwell Health's Emergency Management was reorganized to include business continuity, crisis management, and emergency management under a system division known as Crisis Management. While the goals of the Emergency Management program within Crisis Management remain the same, to reduce loss of life and property, protect Northwell Health's sites from natural, technological, and man-made hazards, and ensure that an environment of care is maintained in all sites of care, Crisis Management shall continuously work to strengthen the mitigation, preparedness, response and recovery plans of the organization.

In light of our recent worldwide, national, and local experience with COVID-19, preparedness with surveillance and management of novel infectious diseases has become an organizational priority to ensure ongoing delivery of quality care. The organization shall utilize the emergency management structure for ongoing assessment and planning. A new operational crisis command center, working closely with senior leadership leveraged lessons learned during the COVID-19 response to improve everyday operations for patients and team members. This includes increased focus on enterprise risk and continuity of operations, prioritizing disaster risk reduction, adapting new federal and state regulatory standards into our disaster plans, and integrating staff training and exercises into daily operations. Risks for disease transmission, cyber-attacks, and weather related emergencies shall be constantly assessed and standardized processes shall be implemented to mitigate risks. As evidence emerges, best practices shall be adopted and monitored for adherence. The organization shall continue to monitor the status of COVID-19 and develop plans for the future.

Enhanced Recovery Program (previously known as Enhanced Recovery After Surgery or ERAS)

Enhanced Recovery Program (ERP) refers to multimodal programs that include a number of interventions supported by evidence which, when implemented together, expedite recovery and improve patient outcomes after surgery. Through this initiative standardized ERP guidelines shall be implemented across the organization. Goals of the program shall be to:

- Standardize pre-operative and post-discharge care
- Provide audits and feedback at participating sites
- Share best practices among Northwell Health sites
- Implement initiatives that shall lead to improved and sustained outcomes in surgical patients
- Engage patients, families and caregivers in their surgical care
- Increase recognition of barriers and facilitators to the implementation of ERP programs
- Communicate progress to stakeholders and other hospitals

All phases of peri-operative care shall be addressed from pre-admission patient preparation to post-discharge follow-up care by four workgroups -Reporting and Analytics, Education and Training, Clinical Guidelines, and Logistics and Operations.

Goals for 2022-23 include finalizing the ERP dashboard which will track quality metrics for the eight service lines which now have fully developed ERPs, developing ERPs for remaining services lines, identifying and hiring an ERP Program Manager to monitor and coordinate ERP quality initiatives across service lines and throughout Northwell Health, and implementing and coordinating the use of new technologies (Conversa) that will help monitor and ensure patient and family engagement and compliance with this quality initiative.

Health Equity Task Force

The Health Equity Taskforce (HET) was established in January 2021 to ensure the safe, effective, and equitable distribution of the COVID-19 vaccine to high-risk, underserved communities on Long Island, and in particular, communities of color. Over 1100 community, faith-based, tribal and county/state representatives from Nassau and Suffolk counties participate on the task force. Goals for 2022 shall include education, outreach and community planning with a focus on reducing vaccine hesitancy through the development of culturally appropriate health literacy resources.

Infection Prevention

In keeping with the national agenda to reduce healthcare-acquired conditions, Northwell Health has adopted evidence-based clinical risk reduction practices) to manage and reduce transmission of infectious diseases related to the following healthcare-associated infections (HAIs):

- Central Line-Associated Bloodstream Infections (CLABSI) in ICU and non-ICU settings
- Catheter-Associated Urinary Tract Infections (CAUTI) in ICU and non-ICU settings
- Respiratory Infection Events related to mechanical ventilation in ICU and non-ICU settings
- Surgical Site Infections (SSIs) associated with inpatient surgical procedures (abdominal hysterectomy, cardiac, colon, hip and knee surgeries, and other inpatient surgical procedures such as spine and craniotomy procedures)
- Facility-wide *Clostridioides difficile*
- Facility-wide Methicillin Resistant *Staphylococcus Aureus* (MRSA) bacteremias
- Facility-wide Carbapenem-Resistant *Enterobacteriaceae* (CRE)
- *Candida auris* (C. auris)

To achieve its goals, Northwell Health shall review and outline infection prevention activities and epidemiological methodologies that reduce the risk of acquisition and transmission of HAIs. Data concerning infections shall be systematically collected, analyzed, and regularly reviewed by organizational and hospital leadership, the Northwell Health and hospital PICGs, service line and unit-level PICG committees and the organizational and hospital Infection Prevention and Control Committee. HAI data shall be entered into the National Health Safety Network (NHSN) and retrieved from the NHSN by the NYSDOH, CMS, and other agencies focused on improving quality. A Nursing Dashboard of key infection measures was developed in collaboration with nursing leadership and shall be reported on a monthly/quarterly basis. Each site shall conduct an annual Infection Prevention risk assessment and develop an annual Infection Prevention Plan. Northwell Health shall continue to report organization-wide and site-specific infection control data on its public website. The reduction of HAIs shall be integrated into the Strategic Plan for Clinical Excellence and Quality/Patient Safety and shall provide a framework for reducing the risks of infection.

Opioid Management

The Northwell Health Opioid Management Steering Committee (OMSC) was convened in response to the opioid epidemic that currently impacts the communities we serve. This interprofessional/interdisciplinary committee of experts from across the organization shall explore potential strategies and solutions to the opioid crisis.

Goals of the OMSC and respective workgroups shall be to:

- Raise awareness of the risk of opioid addiction through patient, provider and community education

- Identify, manage and treat opioid dependent populations with compassionate and consistent care
- Disseminate prescribing guidelines for use in ambulatory, emergency, and inpatient settings
- Diversify approaches to treatment of acute pain with opioid-sparing options
- Improve discharge messaging about opioid use, risks, safe disposal and treatment services
- Expand safe disposal options and increase distribution of naloxone
- Promote further dissemination of universal screening/brief intervention protocols
- Develop focused curricular enhancements for medical student, residency, clinical team, faculty and community education
- Implement protocols to initiate, maintain and monitor addiction treatment within the clinical setting
- Monitor and evaluate system-wide opioid prescribing
- Unify and promote humanistic messaging about the disease of addiction
- Disseminate education and destigmatize medical cannabis as an alternative to opioids

The OMSC shall also provide oversight and support the projects assigned to the following Opioid Management Workgroups:

- Screening Brief Intervention and Referral for Treatment (SBIRT)/Naloxone Saturation (NAL-SAT)
- Practice Guidelines
- Medicinal Cannabis
- Pain Management
- Addiction Protocol
- Emergency Medicine
- Community and School Outreach
- Data Governance
- Public Relations

With membership from numerous clinical and non-clinical departments, the above workgroups shall research and implement solutions in a collaborative approach.

Organ Donation

The Northwell Health Organ Donor Council, in collaboration with multidisciplinary, site-specific councils shall develop strategies to improve and maintain the organ and tissue donation processes at all Northwell Health hospitals. Northwell Health council members shall include representatives from the medical staff, nursing leadership, quality management, emergency medicine, e-ICU, the eye banks and the organ procurement organization (OPO). The function of the council shall be to share best practices, standardize policies and procedures and review performance metrics using a standardized organ donation dashboard and benchmarks provided by the OPO. The Northwell Health Council shall continue to collaborate with the Center for Learning and Innovation-Patient Safety Institute to offer interactive simulation exercises that provide staff with the opportunity to discuss grave prognoses and transition discussions to organ donation using standardized patients and families. In addition to simulations, various e-learning programs shall be developed to address the specific learning needs of different hospitals and departments.

The Northwell e-ICU shall be primarily responsible for making referrals to the OPO for ICU patients in the following hospitals/ICUs-Glen Cove, LIJ Valley Stream (CCU/ICU), North Shore University Hospital (MICU/SICU), Peconic Bay Medical Center (ICU), Huntington (ICU/CCU), Phelps Memorial (ICU), Plainview, South Shore University Hospital (MICU/SICU/NEU/CCU), Staten Island University Hospital-

South (ICU/CCU), LIJ Medical Center (CCU), Lenox Hill (SICU), Northern Westchester (ICU), Wyckoff (ICU), Maimonides (SICU), JT Mather (ICU/CCU) and Syosset hospitals. As e-ICU extends to cover additional Northwell Health hospitals they shall be included in the referral process to the OPO. In addition to the ICUs, the Emergency Management Service line has developed several initiatives to streamline the organ and tissue referral process, improving timeliness and decreasing missed referrals over previous years. Northwell Health and LiveOnNY are currently in the early stages of designing a new Clinical Champion program that shall be offered to a wider audience of clinical staff. The goal for 2022 shall be to continue to hardwire the best practices for organ donation throughout the Northwell Health System hospitals and collaborate with LiveOnNY to save more lives through organ, eye, and tissue donation.

Patient Falls with Injury Prevention

Reducing patient falls with injury is consistent with the Northwell Health's goal of eliminating all preventable harm. The System Fall Reduction Task Force collaborates with the site/service line fall reduction task forces to eliminate falls with injury. The Falls Risk Screening Tool was enhanced to include specific assessment questions related to selected risk factors, enabling individualized interventions. A new Functional Assessment (AMPAC 6 Clicks Assessments for mobility and ADL) was pilot tested and evidence based Activity Plan of Care (APOC) guidelines were developed. The guidelines include mobility plan, device selection (to prevent patient and staff injuries), and discharge prediction. A revised Falls Risk Assessment, bundled fall and harm prevention interventions, functional assessment and APOC guidelines shall be integrated into the electronic medical record and shall be available for use in 2022.

Pressure Injury Prevention

The aim of the Pressure Injury Task Force is to reduce healthcare-acquired pressure injuries. The task force shall ensure that current policies and procedures are based on National Pressure Ulcer Advisory Panel and NDNQI recommendations and meet all DOH, TJC and regulatory requirements.

An annual interdisciplinary wound care conference shall be held to ensure that all clinicians are provided with consistent education related to pressure injury prevention and appropriate skin care. Opportunities for clinical research shall be shared across sites and dissemination of Northwell Health best practices through publication in peer-reviewed journals shall be encouraged.

In collaboration with System Procurement a uniform skin, ostomy and wound care products shall be based on evidence-based practice, results of pilot-testing and clinical outcomes. A uniform Pressure Injury Toolkit shall be available to staff on the Northwell Health intranet as a means for staff to access guidelines, policies and evidence-based information. Skin Care Champions shall be identified at each site and a train-the-trainer methodology shall be used to educate nursing and support staff.

Ongoing education shall be provided on proper data entry and reporting of pressure injuries to ensure data accuracy. The sites shall conduct quarterly pressure injury prevalence studies and enter unit-specific data into the Krasnoff Quality Management Institute (KQMI) database. System and hospital-specific pressure injury data shall be reviewed by the task force. Upon request, the sites shall disclose unit-level pressure injury prevalence data to the person, or agency requesting the data within 30 days of the request.

Goals for 2022 shall be to sustain/decrease the number of hospital acquired pressure injuries system wide and to disseminate our evidence based practices through publication.

Sepsis-Reducing Mortality

Northwell Health shall continue to focus on reducing sepsis mortality and becoming a top performer in sepsis outcomes. The Sepsis Task Force, an inter-professional team of ED and inpatient clinicians shall

develop highly reliable processes of care and facilitate the dissemination of best practices. Sepsis Learning Sessions shall be held quarterly using a virtual platform to respect Northwell Health social distancing guidelines. The Red Alert, used across Northwell Health EDs to identify patients with sepsis and enhance the initiation of prompt treatment shall be expanded. IT enhancements to ED documentation shall be continuously implemented and updated to improve clinical documentation of Sepsis. The Sepsis Taskforce successfully developed an electronic process to submit Sepsis/COVID-19 data to the DOH. An enhanced KQMI data collection tool shall be used to identify processes that impact the care of patients with sepsis and ultimately reduce mortality.

Stroke

Northwell Health is committed to providing the highest quality of stroke care for all the communities that it serves. The goal of the Northwell Health enterprise-wide interdisciplinary stroke project is to standardize the stroke care provided at all Primary, Thrombectomy Capable and Advanced Comprehensive stroke designated hospitals in accordance with DOH and TJC requirements. This goal shall be accomplished through the enterprise stroke steering committee. The steering committee shall provide oversight of stroke policy and guidelines, staff and community education, analysis and reporting of stroke core measures, and through preparation of a guide for quality and regulatory requirements for the three stroke designations. The following hospitals have become TJC and NYSDOH certified centers: Northern Westchester Hospital– Primary Stroke Center, South Shore University Hospital – Thrombectomy Capable Stroke Center, Lenox Hill Hospital and North Shore University Hospital- Comprehensive Stroke Centers.

System Pharmacy & Therapeutics

Northwell System Health Pharmacy and Therapeutics (P&T) committee is a multidisciplinary committee responsible for managing and approving medications for formulary addition, removal, and restriction. The goals of this committee shall be to create a system standard drug formulary, develop evidence-based protocols for medication use, recommend strategies to optimize technology and leverage clinical resources to enhance pharmaceutical care, and promote medication safety practices across the organization. The committee shall establish methods to monitor clinical outcomes and financial impact of formulary initiatives implemented, and when appropriate take actions when goals are not achieved. The Medication Selection Committee shall serve as an advisory panel to P&T, soliciting expert opinion and unique clinical perspectives from practitioners at various Northwell Health entities on drug selection and use, fostering a culture of decision-making for a common goal.

Through participation in the Northwell Health and local P&T committees, medical staff shall systematically evaluate the medication use process. Medication use evaluation shall be based on predetermined objective criteria that reflect current knowledge, clinical expertise, and relevant literature. Leadership shall communicate its expectations regarding safe and effective processes for medication management. The P&T Committee and Department of Pharmacy at each site shall collaborate with other clinical departments and committees to review processes related to medication management and communicate as appropriate.

Telehealth

The Northwell Health Telehealth program was created to provide an integrated, standardized platform for the use of telehealth technology to promote equal access to the highest quality care in the communities we serve. Objectives of the program are to:

- Improve and expedite access to care across the continuum from well care through illness and recovery
- Improve patient and family outcomes
- Expand the reach of specialty care regardless of location
- Standardize the method by which Telehealth programs are established
- Create Northwell Health policies for the initiation, development and maintenance of any telehealth program

Telehealth Acute Care Services for ICU and hospital medicine shall operate remotely from a central command center under the direction of the Medical Director, the Clinical Operations Director and VP for telehealth services. Staffing at the command center for these programs shall include critical care physicians, hospitalists, nurses, ACPs and support staff. Emergency and medical-surgical (consult liaison [CL] telepsychiatry) likewise have a command center located at LHGV with oversight by their own medical director and clinical manager. Strategic expansion of acute care programs continues in a number of areas and are reviewed by service lines, site, regional and corporate teams to align telehealth initiatives. Currently acute telehealth services are provided in intensive care units (Tele-ICU), behavioral health (telepsychiatry- adult and pediatric), neurology (tele-stroke), tele-forensics, skilled nursing facilities (e-SNF) and e-Hospitalist, SBIRT, and dozens more. Many of these services are offered in most of our EDs and are customized to the location and areas of need through the use of a mobile telehealth cart.

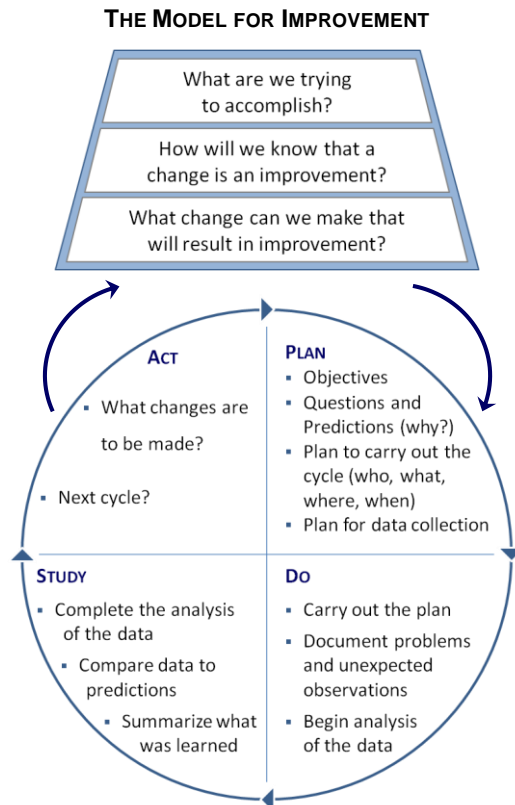
In 2022 we shall continue to expand, expedite and innovate novel ways to leverage the use of remote technology in healthcare. A vast number of ambulatory programs continue to be launched to provide assessment and treatment to patients through virtual visits with their healthcare providers. These programs shall be further expanded in collaboration with regional leadership based on specific regional needs. In 2022, the expansion of pediatric services to improve timeliness and standardize care regardless of patient location is likely one of the largest undertakings in the country and will place Northwell Health at the forefront of accessibility to pediatric specialty care.

We are also focusing on the beginning of a New Parents Program inclusive of a well-received telelactation program which got its start as support for mothers being discharged home earlier during the pandemic and who required the expertise of certified lactation consultants. This has now become part of an employee health benefit to be offered to employees. The program shall be implemented in phases with the addition of other services and navigation of the system beginning later this month. The goal is to eventually offer a full complement of “New Parent Services” to the public. Future implementation of telehealth shall continue to include expansion of specialty care access to the community through the direct-to-consumer platform, in addition to expansion of existing services, for outreach both within the region and beyond in the states, as well as potential international support models in the form of critical care consultations and critical care nursing.

Methodology for Improving Performance and Patient Safety

Northwell Health shall utilize the Institute for Healthcare Improvement (IHI) Model for Improvement as a framework for developing, testing and implementing changes that lead to improvement (Figure 2: The

Model for Improvement). The improvement model is based on the principles of robust process improvement as well as Plan, Do, Study, Act (PDSA) Improvement Cycles that shall be used to develop, test and implement change across service lines and settings, for example: ambulatory care, behavioral health, critical care, emergency care, hospice, inpatient care, rehabilitation and pre/post-acute care. The model shall be applied and disseminated to improve processes, products and services across the organization. Sequential tests of change (PDSAs) shall be designed to test new processes of care, make predictions about change, analyze findings and draw conclusions from the results.



Provost, Lloyd P. & Murray, Sandra K. (2011). *The Health Care Data Guide: Learning From Data for Improvement*. San Francisco: Jossey-Bass.

(Figure 2: Model for Improvement-PDSA Cycle)

Northwell Health shall also utilize Six Sigma quality methodology to improve processes, manage costs and increase employee satisfaction. The Six Sigma methodology, which has proven effective in many industries including healthcare, enables healthcare providers to measure how many errors, or defects occur in an existing process. During a Six Sigma process, a systematic approach is utilized to reduce or eliminate the causes for the defects, getting as close to “zero defects’ as possible. Six Sigma uses a set of statistical tools and specifically trained individuals (Black Belts, Green Belts) to complete projects within a six-month timeframe. This rigorous, focused, high-impact process is complements the PDSA methodology for PI.

In addition, methodologies such as Lean, gap analysis, case findings, prevalence studies, surveys/questionnaires, proactive risk assessments, mock regulatory agency surveys, failure modes and effects analyses, root cause analyses (RCA), mortality review and concurrent/retrospective medical record review shall be used to prioritize, plan, implement and evaluate the System’s performance improvement initiatives. A culture of safety shall be promoted by the improvements made in response to results of for example, improveNorth and the Workforce Engagement/Culture of Safety Survey. Multiple organization-wide safety initiatives are underway such as TeamSTEPPS®, Patient Safety Rounds, Briefs and Huddles, as well as a near miss/good catch program.

Performance improvement portals shall be used for data collection and reporting. Support and advisement shall be offered for data analysis and action planning. Team-sites shall be used as a means of disseminating lessons learned and sharing best practices.

When designing a new process or service to promote PI, the QMD shall outline the organizational requirements for patient appropriateness and education, staff competency and credentialing, guideline development and evaluation, and a team process in decision-making activities. In each service line, data shall be collected appropriate to the scope of service for proper assessment. The goal is for information to be transferred seamlessly as patients/customers move from one level of care to another.

Activities and Functions Related to Patient Safety

The focus of the PI/Patient Safety Program is to outline quality management methods for assessing the way care is delivered, prioritizing areas for improvement, improving processes based on the uniform collection of statistical data, evaluating and reevaluating processes of care, and communicating the results throughout the organization.

Specific strategies to improve patient outcomes shall include:

- Enhancing situational awareness and resolving safety issues raised by staff through patient safety rounds/daily patient safety briefs
- Promoting teamwork through TeamSTEPPS®, Collaborative Care Councils and PSI
- Establishing service lines with physician-led improvement initiatives
- Educating staff on safety through in-person/on-line programs and simulation exercises
- Encouraging patient and family participation in care
- Conducting proactive risk assessments and standardized root cause analyses
- Utilizing a Safety Surveillance System (improveNorth)
- Promoting a near-miss/good catch program
- Analyzing processes through flow mapping and gap analyses
- Sharing best practices, occurrences, and lessons learned across the organization
- Benchmarking quality indicators and outcomes
- Centralized mortality review
- Developing and implementing System-wide initiatives
- Enhancing the involvement of GME in quality and patient safety
- Participating in national, regional and state patient safety initiatives
- Establishing strategic partnerships with external organizations to share best practices
- Recognizing and celebrating staff achievements through the Annual President's Awards and Innovation Challenge

Strategic Partnerships and Priorities

Northwell Health shall align closely with multiple system and non-system partners to share information and determine ways to deliver safe, reliable, efficient and effective healthcare. The ability to tap into the collective wisdom of our partners is a priority as we move into the health and wellness business, beyond our traditional focus on caring for the sick and injured. Each of these partnerships shall focus on key quality initiatives that align with the strategic quality priorities of Northwell Health (Figure 3: Northwell Health Strategic Partnerships and Priorities-Examples).

STRATEGIC PARTNERS	STRATEGIC PRIORITIES																			
	BEST VALUE				LOWEST MORTALITY		SAFEST CARE													
							READMISSIONS		INFECTION PREVENTION			PREVENTABLE HARM			SAFETY CULTURE					
	Bundled Payments	Value based Management	Orthopedics	Perinatal	Sepsis	Cardiac Surgery/PCI/TAVR	Rehospitalizations	Advanced Illness	CAUTI/CLABS/SSI	Ventilator Associated Events	Emerging pathogens (COVID-19)	Pressure Ulcers	Falls	VTE	Adverse Drug Events	Employee Safety Events	Equity	Open School	Culture and Leadership	Patient and Family Engagement
American Congress of Obstetrics and Gynecology (ACOG)				✓																
Centers for Medicare and Medicaid Innovations (CMMI)	✓				✓		✓	✓												
Children’s Hospital Solutions for Patient Safety									✓	✓		✓	✓	✓	✓	✓			✓	✓
New York State Department of Health					✓	✓					✓									
IHI Strategic Partnership		✓															✓	✓	✓	
Rothman Institute			✓																	✓

(Figure 3: Northwell Health Strategic Partnerships and Priorities-Examples)

Strategic Performance Metrics and Data Analytics

To measure performance and identify opportunities for improvement, leadership established a series of strategic performance metrics or “dashboards” for the entire organization, each facility, key service lines, and the ambulatory practices. The dashboards are aligned to Northwell Health’s priorities and goals in the areas of patient experience, quality, financial performance, community benefit, employee investment, market growth, and teaching and research.

The Healthcare Analytics (HCA) and Health Solutions ACA Teams, in addition to the Krasnoff Quality Management Institute (KQMI) shall provide analytic support to Northwell Health ensuring the provision and use of concurrent and retrospective data to support quality improvement and safety efforts throughout the system. An integrated operations function was established in 2020 as part of our operational restructuring to enhance patient flow, analytics, operational visibility, staff and patient experiences and financial performance. Data provided by these groups shall encompass, but are not limited to, both required and desired health care measures sought by third party payers including CMS and indicators developed by various service lines to evaluate care and fulfill the work of priorities deemed by the senior leadership.

KQMI and HCA shall continue to work together to optimize the flow of data from existing sources into analytic reports and dashboards to provide system-wide users with timely, actionable data with a minimum of duplicative data entry.

Data analyses and statistical reports shall be compiled each month and aggregated on a quarterly or rolling average. Data shall be archived and used for comparative analysis over time. Real-time data reports shall also be made available to clinicians for concurrent review. The dashboards shall be updated and posted each month on the Northwell Health intranet for the trustees, senior leadership, regional executive directors, executive directors, physician leaders, nurse executives and managers that have been granted access at each entity. Strategic performance metrics shall be reviewed in leadership, management, and departmental level meetings. Performance on key metrics shall be communicated to care givers at the front line through the collaborative care councils.

The executive director of each facility, business unit and service line shall utilize their respective dashboards to measure performance locally in order to motivate change across the organization. In order to accomplish this, the dashboard illustrates outcomes against established targets. Targets are set at threshold, annual goal, and stretch goal levels and shall be noted on the scorecard and accompanying trend documents. Metrics shall be reviewed on a monthly basis.

National and international criteria for excellence, such as those described for the Agency of Healthcare Quality (AHRQ), American Hospital Association (AHA) Quest for Quality Prize, the Malcolm Baldrige Award, Institute for Healthcare Improvement (IHI), Institute for Safe Medication Practices (ISMP), Institute of Medicine (IOM), TJC and National Quality Forum (NQF) Healthcare Award, and the requirements of the American Nurses Credentialing Center (ANCC) Magnet Recognition Program are recognized by Northwell Health. Strategic measures developed by these organizations shall be used to continuously monitor the delivery of care.

Consistent with TJC standards and DOH/CMS regulations, measures shall be developed to describe process and outcomes along different dimensions, as well as across the continuum of care. Performance measures and key indicators shall vary according to level of care: acute, emergency medical services, home care, ambulatory care, long term, rehabilitation, and as well as service line, for example behavioral health, pediatric and perinatal services. Each performance measure shall be reported by a standardized data definition agreed upon by medical, nursing, and administrative consensus.

Each entity in the organization shall also develop measurements to assess and improve performance based on current and advanced standards of acceptable practice. The component sites shall measure different aspects of care and collect site-specific data based on their changing and expanding scopes of service, patient populations, case mix and required professional competencies. Quality indicators shall be used to measure those services that are low volume, high risk, e.g., have a greater chance of an adverse occurrence if protocols of care are not carried out correctly, or problem prone. Each entity shall submit data reports to their PICG on a monthly basis, as well as to their respective medical board.

External and internal databases shall be used to conduct analyses and provide objective feedback and statistics about organizational performance. Data shall be used to establish accountability, detect early warnings of issues that could lead to errors or events, confirm the effectiveness of improvement activities, identify areas of excellence and create benchmarks for best practices. Data shall be used to prioritize PI and safety efforts using criteria established by regulatory agencies, and which meet the needs and expectations of patients, the community, and the strategic plan of the organization. Data shall also be used to inform operational decisions regarding the continuum of care and population health improvement.

Key quality and patient safety indicators shall be aggregated in reports to support administrative and clinical decision-making, assess performance using benchmarks and comparative analysis and track and trend improvements over time. The reports shall be easily accessible to leadership and clinical staff on the Northwell Health intranet.

Information Services

Information Services continues to develop and support innovative strategies to promote quality and patient safety. Plans for 2022 shall include continued testing of wearable biosensors to enable early identification deterioration of inpatients (when intervention is more likely to result in a good outcome), as well as chronic disease decompensation in outpatient settings.

In 2022, Northwell Health shall deploy technology to provide point-of-care bar-code scanning of laboratory specimens to avoid labeling errors, facilitate throughput and turnaround of results, and improve sepsis metrics by recording accurate laboratory test collection times.

The Northwell Health Assistant (“Nora”), a Northwell-developed chatbot that enables providers conversational access to patient information and notifications about changes in patient condition, shall continue to be enhanced. Enhancements include tools for enhanced team-based communication, provider access to data, and patient experience. Additionally, Nora shall be expanded for use by ambulatory providers to support coordinated care of outpatients.

Northwell Health’s artificial intelligence/machine-based learning program is currently pilot testing three predictive models for deployment in 2022 as follows:

“Let Sleeping Patients Lie” is a predictive model to identify patients with sufficient clinical stability to not be woken at night for vital sign monitoring. It is currently being pilot tested in Huntington Hospital and shall be evaluated for potential system-wide implementation. This is designed to support the organization’s “Quiet at Night” initiative.

A predictive model to identify patients who may report a suboptimal experience on HCAHPS Surveys is being pilot tested at North Shore University Hospital with the goal of enabling real-time service recovery to address unmet patient needs.

Two Northwell Health practices are currently pilot testing a predictive model to identify patients who have a high likelihood of missing an appointment. These patients can then be contacted to confirm that they are able to make their appointment, to reschedule their visit, or to arrange services as needed (e.g. transportation). Missed appointments are associated with poor clinical outcomes (e.g. hospital readmissions) as well as adversely impacts provider productivity.

Northwell Health’s Information Services Department shall actively work to address requirements of the 20th Century CURES Act to ensure that patients have complete and timely electronic access to their medical records in the area of their choosing. This shall enable patients to partner more effectively with their providers. Additionally, Northwell Health shall work to enhance compliance with the Interoperability requirements and provide timely electronic notification to primary care providers and others when their patients are admitted to the hospital. This shall facilitate better communication between hospital providers and outpatient providers, to assure optimal care in the hospital and after discharge.

Medication Safety

The Northwell Health Enterprise Medication Safety Committee shall be charged with promoting and implementing medication safety initiatives, creating standardized processes and clinical guidelines, and developing action plans to foster a culture of safe medication use across the organization. The committee shall employ safety technology such as the Dose Error Reduction System (DERS) Drug Library and bar-coded medication administration (BCMA) to reduce errors on medication administrations. This committee shall also assess the value of therapeutic agents, review adverse drug reactions, analyze medication errors, and monitor pharmacy interventions. Information gained from this analysis shall be used to identify areas for improvement, develop plans to mitigate adverse drug reactions and

error, create educational materials, and share lessons learned. The committee shall collaborate with information technology (IT) to develop clinical decision support to prevent future medication errors.

Safety/Environment of Care

The Northwell Health Environment of Care (EOC), Life Safety and Emergency Management PICG Committee was recently re-structured as part of a comprehensive initiative that shall enhance and reinvigorate the respective programs overseen by the Committee. The initiative is designed to improve performance, with respect to our measures, as well as standardizing policies, procedures, and safety processes throughout the organization. Additionally, PICG committee membership has been enhanced, including Senior Leadership committee membership. This has been underscored by the appointment of two Senior Vice Presidents as committee co-chairs. It is anticipated that these improvement strategies shall continue to build on the successes of system-wide Safety Programs, as well as enhancing Environment of Care, Life Safety and Emergency Management PICG effectiveness.

Each site shall have a Safety/EOC Committee that reports to the site specific PICG and medical board that is responsible for providing oversight regarding the maintenance of a secure and a safe physical environment for patients, staff members and other individuals within the facility. It is the duty of this committee to monitor Occupational Safety and Health Administration and TJC requirements regarding the environment of care. Oversight is provided through the Northwell Health EOC PICG and Committee on Quality.

Each site's Safety/EOC Committee shall meet at least every other month and provide Northwell Health Safety/EOC PICG and the site PICGs with the outcomes of performance improvement activities. The Northwell Health Safety/EOC Committee shall meet on a quarterly basis. Each component shall be responsible for collecting data for seven programs:

- Safety Management
- Fire/Life Safety Management
- Hazardous Materials and Waste Management
- Emergency Management
- Security Management
- Medical Equipment Management
- Utility Systems Management

The components shall submit an annual report that evaluates the objectives, scope, performance and effectiveness of each of these seven programs.

Priority issues for 2022 shall continue to include EOC and Emergency Management activities to address the evolving COVID-19 pandemic. Modification of surge plans, developing space for vaccinations and treatment, training staff in accordance with Federal and State regulations, assuring that all vendors and contractor partners are vaccinated, and maintaining safe, functional, and comfortable space to accommodate the new Hybrid Work Well model shall all be focus areas. Additionally, a new Emergency Management model shall be launched in 2022, which is intended to improve upon our already robust program and assure compliance with new Federal, State, and Local Emergency Management regulations expected to be promulgated and enforced in 2022.

Other areas of focus for 2022 shall include: the launch of a Facilities Safety, Engineering, and Construction Institute, in partnership with the Center for Learning and Innovation; preparing health system facilities for upcoming TJC surveys; continuing our 2021 initiative to improve construction safety; expanding and enhancing our Workplace Violence Prevention Program; continuing to address infrastructure needs at our facilities; presenting an educational safety symposium in the second quarter

of 2022 sponsored by Workforce Safety, Facilities Safety, and Northwell Direct. Additionally, the recently revised and enhanced structure of the Environment of Care, Life Safety and Emergency Management PICG shall continue to be evaluated and modified as necessary to comprehensively monitor and improve performance and standardize successful policies and procedures throughout the organization.

Education

Educational programs shall be designed to enhance patient safety, improve clinical skills, foster professional development and disseminate scientific knowledge. Education on patient safety shall be provided to employees on site or at CLI, PSI, the Institute for Nursing, Feinstein Institutes for Medical Research, the Donald and Barbara Zucker School of Medicine at Hofstra/Northwell and the Hofstra Northwell Graduate School of Nursing and Physician Assistant Studies.

The IHI Open School curriculum shall be offered to all medical students attending the Donald and Barbara Zucker School of Medicine at Hofstra/Northwell. Additional subscriptions to the IHI Open School shall be offered to healthcare professionals through CLI. All team members are expected to complete a fundamental curriculum that focuses on healthcare quality and patient safety as part of mandatory topics.

Evidence-based guidelines shall be presented in lectures, in-service education programs, simulation scenarios and through the organization's learning management system (iLearn), as well as through web-ex, teleconferences and train the trainer programs. Northwell Health encourages staff participation in national and international professional conferences and educational activities such as poster and paper presentations as well as sharing information through peer reviewed publications.

Regulatory Requirements

Communicating to Patients and Families-Disclosure

Northwell Health strives to maintain open communication with all patients so as to encourage feedback on the quality of services as well as provide an avenue to educate patients. Accordingly, all components shall have policies and procedures in place to address patient ethics, rights, and responsibilities and to ensure that the environment is safe for the provision of care. All patients have the right to: be informed of decisions related to their care; be involved in decision making; educated regarding all therapies and alternative therapies provided; informed of the complaint resolution policies and procedures, and informed of pain resolution strategies in their plan of care.

The component sites shall give patients information regarding their care. Working with the Office of Diversity and Inclusion as needed, each component in the organization shall determine how best to educate its patients based on the population it serves. Disclosure occurs to patients and/or families in response to applicable adverse/unanticipated events. Each Component shall have a process for identifying adverse events, including those caused by system failures, identifying communication parties (patients, family) and for ensuring that communication of adverse event information is timely, clear and transparent (and ongoing as appropriate).

Incident Analysis

Since analyses of incidents and potential risks take place at all levels of the organization, there shall be education of professionals from across the organization in incident analysis, providing tools and expertise so that issues can be identified, and gaps in performance and the delivery of care can be addressed in a timely manner.

In an effort to enhance our reporting culture, an electronic software application, improveNorth, shall be used to further shape our commitment to providing and supporting quality care and a culture of safety for our patients, families. This system is a comprehensive software application which captures adverse

events/incidents, near miss events/good catches and unsafe conditions. The application shall provide a standardized, robust safety reporting system that shall further assist Northwell Health to achieve the goal of eliminating preventable harm and providing the safest healthcare.

In the effort to ensure meaningful data is captured, analyzed and shared across the organization, the Institute leads a Quality User Group comprised of representation from all sites/facilities using improveNorth. Quantitative and qualitative metrics shall be monitored on an ongoing basis to ensure inter-rater reliability in classification and follow up of safety events. Streamlining and improving the reporting and analysis of these events will result in meaningful data that shall be shared across the organization to enhance our overall safety culture. Routine reporting of data and analysis from improveNorth shall occur at the site PICGs.

New York Patient Occurrence Reporting and Tracking System (NYPORTS)

Hospitals are expected to be compliant with the NYSDOH NYPORTS reporting requirements most recently revised in December 2019. Each facility shall develop an organizational process to identify those events that meet the criteria for NYPORTS reporting (Appendix D: NYSDOH NYPORTS Reportable Codes).

Each facility shall develop a framework to assure timely reporting as per DOH recommendations. Each facility's NYPORTS reportable events and RCA reports shall be reviewed by a representative from the Institute on an ongoing basis. All cases involving NYPORTS reportable events are reported to the Board of Trustees Committee on Quality. Cases in which a RCA has been completed shall be reported at the facility PICG and Medical Board. There is periodic reporting at the Northwell Health PICG Subcommittee of selected serious events for lessons learned. A grid of lessons learned is generated from the presented cases outlining the key risk points and risk reduction strategies that should be reviewed by site leadership for applicability and implementation as needed. Proactive risk assessment tools are also provided for the sites to use as applicable.

The Institute shall use a database to capture DOH reported events. Data is used to assist in identifying patterns and trends and allows information to be shared across the organization so that hospitals can proactively improve processes and avoid injury to patients. For 2022, race/ethnicity fields shall be available in the database and shall be reviewed for patterns/trends. A monthly grid of risk reduction strategies/opportunities for improvement from RCAs completed across the organization is provided to the sites via the Clinical Excellence and Quality Leadership Council meeting.

Serious Adverse (Sentinel) Events/Root Cause Analysis

Underlying deficiencies in processes and subtle variations in performance can result in a serious adverse or sentinel event. In order to identify the factors that underlie or contribute to the undesirable variation in performance, the organization shall conduct a Root Cause Analysis (RCA). The multi-disciplinary RCA team is charged with analysis of the single event, identification of contributing factors, and the development of a root cause statement that when reliably corrected, will decrease the likelihood of a similar event. Additionally, cultural components, environmental and cognitive factors impacting the event shall be incorporated into the analysis. The Northwell Health RCA model is a compilation of internal best practice coupled with well tested methodology from organizations such as the National Patient Safety Foundation (NPSF), Healthcare Performance Improvement (HPI), IHI and the U.S. Department of Veteran Affairs. The Institute shall assist in educating and supporting key leaders and quality management team members on successful implementation and sustainment of our enhanced, evidenced based RCA model (Figure: 4 High Level RCA Process Map).

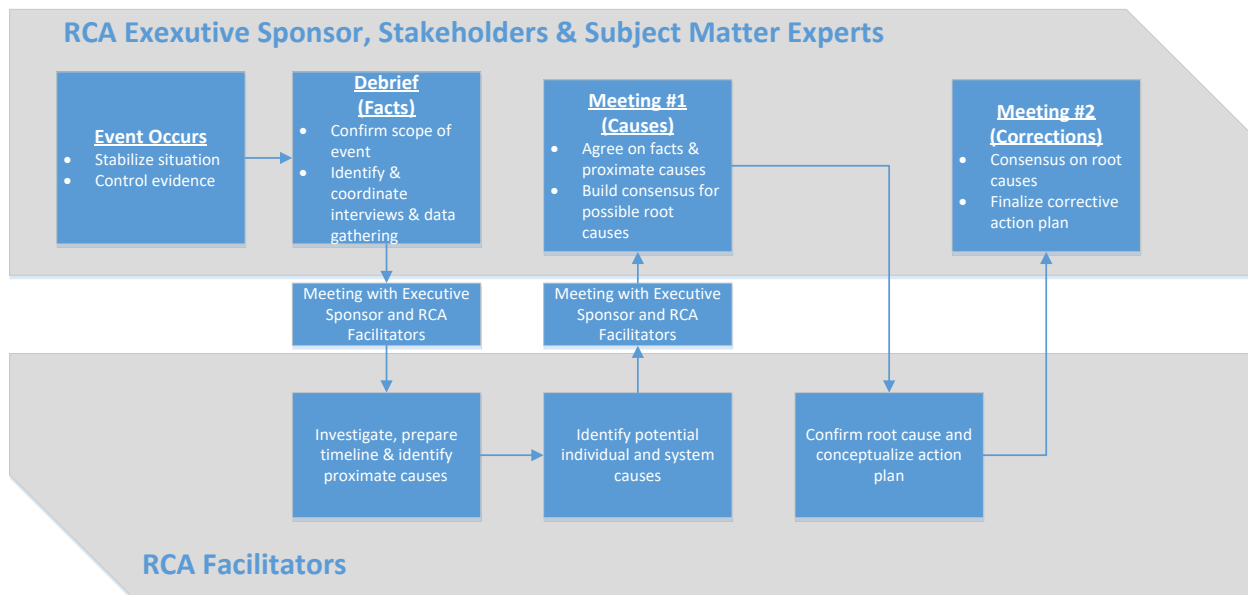


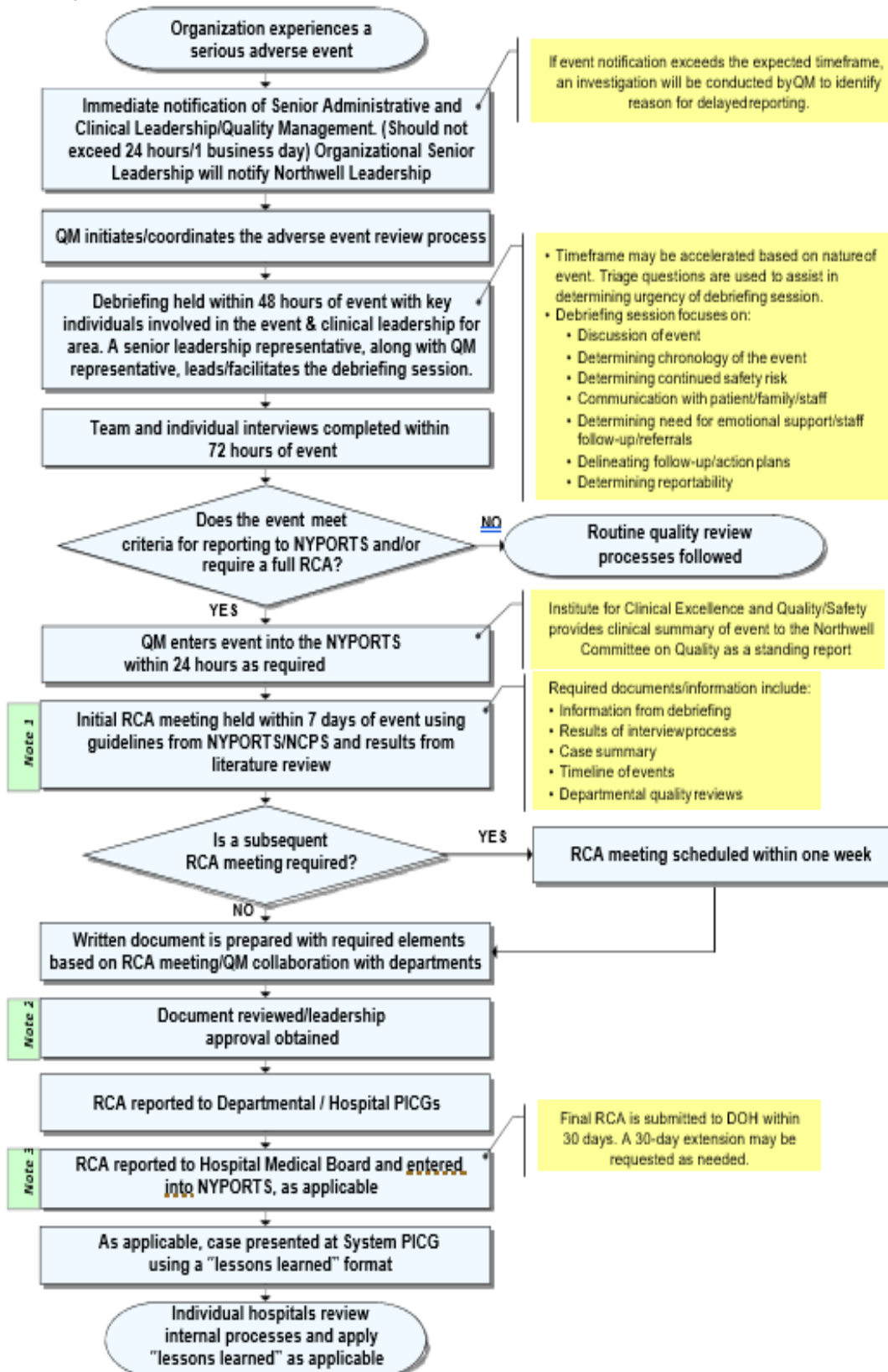
Figure 4: High Level RCA Process Map

All serious incidents are thoroughly investigated by the involved component’s QMD and reported to state and other regulatory agencies as required. Northwell Health has developed a rigorous algorithm to identify how incidents are reviewed at the local level with reporting across the organization (Figure 5: Adverse Patient Event Reporting Process). Incidents with the potential to cause harm may undergo similar investigations.

Serious adverse events are entered into the database. Patterns and trends shall be identified and information shall be shared across the organization so that hospitals can proactively improve processes and avoid preventable harm to patients. Once a year, governance shall be provided with an aggregate report of the number and type of sentinel events that have occurred throughout the organization, corrective actions and whether the patients and families were informed of the event.

The Institute shall assist the sites in determining whether a case review or peer review is necessary to provide the most comprehensive analysis. Based on the results of the investigation and the corrective actions implemented, representatives from the involved facility may be asked to provide a status report to the Executive Committee of the Committee on Quality. Through the presentation of cases in different venues (such as the Northwell Health PICG Subcommittee and the Committee on Quality), hospitals and other entities shall share information and establish best practices. When deemed necessary, the PICG Subcommittee shall suggest additional avenues of investigation and make recommendations about corrective actions.

ORGANIZATIONAL PROCESS FLOW FOR A SERIOUS ADVERSE EVENT REQUIRING RCA



Note 1: Determine need for formal QA peer review. If clarification needed in relation to peer review, notify Institute for Clinical Excellence & Quality/Patient Safety.

Note 2: If disagreement on standard of care determination, Northwell Health SVP, CMO & Deputy Physician in Chief, SVP, CQO & Deputy CMO designate an independent peer review.

Note 3: If action against a practitioner is recommended, Site QM will notify Northwell Health Clinical Excellence and Quality/Patient Safety who in turn will notify Legal Affairs. Any corrective action recommended will be in accordance with Article VIII Section 8.1 of the Medical Staff By Laws.

(Figure 5 :Adverse Patient Event Reporting Process)

Proactive Risk Assessments - Failure Mode and Effects Analysis (FMEA)

Professionals from across the organization are expected to evaluate high-risk processes through conducting a proactive risk assessment such as a failure mode and effects analysis (FMEA) that proactively detects the critical points around which a process is vulnerable to failure (Figure 6: Failure Mode and Effects Analysis). Minimally, every 18 months, each organization shall identify one high-risk process and complete a proactive risk assessment such as a failure mode and effects analysis of that process. The analysis shall describe the chosen process, e.g. with the use of a flowchart and identify the ways in which the process could break down or fail to perform its desired function (failure modes) as well as the possible effects that a breakdown or failure of the process could have on patients. Once problems or flaws in the process are identified, the flaws shall be prioritized for corrective action.

Root cause analysis techniques are used to determine why the prioritized breakdown or failure could occur and the process and/or underlying systems redesigned to minimize the risk of the effects on patients. The redesigned process shall be tested and implemented, and the effectiveness of the redesigned process monitored over time.

FMEA – Failure Mode and Effects Analysis

Step in Process	Failure Mode	Effect(s) of Failure	Sev	Prob	Det	Crit	RPN	Rank	Cause of Failure

- Failure Mode: What could go wrong?
- Effect of Failure: What would be the consequence of failure?
- Severity (of the effect): 1-10, 10 = the most severe effect
- Probability (of the failure mode and the effect) 1-10, 10 = very likely to occur
- Detectability (of the failure mode): 1-10, 10 = failure mode is very unlikely to be detected
- Criticality: Severity x probability x detectability
- RPN (Risk Priority Number) Total criticality for the step = add criticality for every failure mode for the step in the process
- Rank: Prioritize highest RPN to lowest RPN
- Cause of failure: Perform a RCA (Root Cause Analysis) for the prioritized steps

(Figure 6: Failure Mode and Effects Analysis)

Patient Grievances

Northwell Health shall have a defined process to manage and respond to patient grievances. Within each entity there shall be a designated person(s) to handle these grievances from time of receipt, through the investigation process, and then to final response to the patient/patient representative. A representative from the Institute for Clinical Excellence & Quality/Patient Safety shall collaborate with site representatives to share best practices, discuss challenges, and communicate current initiatives that focus on improving the patient experience and overall satisfaction.

The hospitals and ambulatory facilities/practices shall utilize the electronic software application, improveNorth, to track and trend grievance data which provides vital information from our customers and their families. improveNorth shall streamline and improve reporting capabilities that will drive improvement solutions to enhance the care and services provided and support Northwell Health's commitment to delivering the highest quality of care and a culture of safety for patients, families, and staff.

An annual report shall be presented to the Committee on Quality by the Institute for Clinical Excellence and Quality/Patient Safety which highlights organization-wide trends, current improvement strategies, and planned activities for the upcoming year. This report shall provide organization-wide and facility level data on patient grievances that is regularly reported at each respective site PICG throughout the year.

Patient Safety Alerts/Newsletter

Understanding the criticality of timely communication of urgent safety issues and key lessons learned, the Institute shall develop and electronically distribute Patient Safety Alerts to the Northwell Health PICG membership. The alerts shall include risk reduction strategies. Sites are expected to review these safety alerts for applicability to their organizations. A Patient Safety Newsletter addressing quality and patient safety is published biannually and distributed to Northwell Health PICG members who shall be responsible to disseminate information at their site.

Survey Readiness

Continuous Survey Readiness (CSR) shall be incorporated into routine processes at each entity in order to maintain compliance with regulations from such accrediting bodies as TJC, CMS, and DOH. Each entity is required to have a CSR structure. Designing an integrated CSR structure supports a continuous process to improve quality and patient safety. Each entity shall comply with TJC Intracycle Monitoring Activities at required intervals. The Institute, along with subject matter experts from across the organization, shall provide education and conduct mock tracers/surveys for individual facilities to aid in assessing compliance to regulatory standards. Action plans shall be developed and implemented based on organizational findings, as well as information from the mock survey activities. Additionally, targeted tracers can be performed which relate to identified organizational priorities and/or new standards/requirements. TJC topics for focus in 2022 shall include such areas as maternal health, resuscitative services, workplace violence, emergency management, infection prevention and control (e.g. hand hygiene, PPE, high-level disinfection/sterilization) environment of care/life safety and national patient safety goals. In addition, 2022 is the triennial TJC survey year for five Northwell Health hospital sites.

The Institute conducts CSR meetings for Northwell Health Quality Management Leadership and site-specific survey readiness staff during the year. The CSR meetings are designed to provide regulatory updates, discuss opportunities for improvements, and share best practices. All updates, presentations, templates and handouts discussed at the CSR meetings are located on established CSR SharePoint site and the Institute for Clinical Excellence and Quality/Patient Safety departmental website on the

Northwell Health intranet. Additional support and guidance is available from the Institute related to intra-cycle monitoring, on-site survey support, pre-survey and post-survey activities. The Institute shall publish a regulatory newsletter on a regular basis. The regulatory newsletter shall inform the organizations of changes in accreditation standards, requirements, rules and regulations.

Service Lines

Northwell Health developed fourteen Service Lines to support organizational priorities and goals and ensure optimal outcomes for all patients across the continuum of care (Appendix C).

The service lines shall strive to continually foster safety and the highest quality of care for all patients through collaboration, innovation, communication and professional development among all disciplines. This shall be accomplished by adopting best practices that reduce variation in care (e.g., clinical guidelines/protocols), sharing lessons learned from adverse events, reviewing quality metrics and improving communication among all providers through TeamSTEPPS and Collaborative Care Councils. The service lines shall continue to collaborate with CLI/PSI and the Institute for Nursing to build and sustain the fundamental principles of teamwork and communication and support a culture of patient safety.

The service lines shall maintain alignment with and support the National Quality Strategy and IHI Quadruple Aim through use of measures endorsed by their respective professional societies/ organizations. The service lines shall use data to evaluate performance in order to promote the highest level of services across the continuum of care. The service lines shall provide continuous monitoring and evaluation of patient care. The outcomes shall reflect the organization-wide commitment to quality, statistical process control, continuous improvements in customer satisfaction, patient safety. Service line reports shall be provided to leadership and each of the sites.

The service lines shall measure, improve and report on the quality, efficiencies, and appropriateness of care and ensure that safe, appropriate and consistent care is delivered to all patients in all facilities. Any issues that are identified shall be addressed in order to improve patient care.

Performance Improvement-Patient Safety Plans (Pre and Post-Acute Care)

Ambulatory Care

The vision of Physician Partners is to be a recognized leader in delivery of the highest quality, compassionate, and innovative medical care.

The Northwell Health Ambulatory PICG shall provide patient safety and quality direction and oversight to all ambulatory Physician Partners sites. The ambulatory practice sites shall use the CMS defined Accountable Care Organization (ACO) and/or Merit Based Incentive Payment System (MIPS) metrics to measure performance, in addition to metrics identified by the new regional leadership and service line leaders as applicable to their patients and performance improvement efforts. Ambulatory practice sites and service line leaders shall provide periodic reports to the Northwell Health Physician Partners PICG/Clinical Operations Council, the Institute for Clinical Excellence and Quality/Patient Safety, the respective Medical Boards of parent hospitals for identified article 28 facilities and to the Board of Trustees Committee on Quality.

Performance Improvement efforts shall reflect and support organizational priorities, such as improving compliance to CMS measures in order to improve patient outcomes, reduce costs and improve CMS Star Ratings for both Hospital and Physician Compare. Medicine and Pediatric service lines continue to support the certification of their sites as Patient Centered Medical Homes. Quality performance shall be evaluated for disparities based on equity, wherever possible. Phase 2 of an organizational antibiotic

stewardship initiative is currently being operationalized and includes developing reporting tools and feedback systems to target specific diagnosis/problems, specific antibiotics, and provider prescribing patterns with the goal of reducing inappropriate antibiotic use. Fall reduction, standardization of high-level disinfection, medication management and safety efforts including reducing the prescribing of opioids are ongoing. As an augmentation to on-site visits, Ambulatory Quality is developing an annual site self-assessment and has introduced monthly interactive podcasts that shall focus on a patient safety topic. Topics shall reflect recent near-misses, occurrences, and community health issues for example. Plans are to continue these podcasts and increase participation.

Additional focus in 2022 will be placed on improving access and communication around transitions of care in our ambulatory sites. The Ambulatory Quality Department shall facilitate the development and implementation of best practice workflows.

The scope and communication structure of Physician Partners, including the roles and responsibilities of the Ambulatory Leadership, the Quality Subcommittee of the Executive Committee and the Northwell Health Ambulatory PICG, as well as the methodologies used to measure and improve performance are detailed in the Performance Improvement Plan for Ambulatory Quality.

Center for Emergency Medical Services

The Northwell Health Center for Emergency Medical Services (CEMS) serves as a vital link for the organization. The service is comprised of a team of highly trained, health care professionals committed to providing patients with a safe, competent ambulance transfer. CEMS consists of several divisions:

- New York City 911. CEMS shall provide emergency ambulance service within the FDNY- 911 system to the communities surrounding North Shore University Hospital, Long Island Jewish Medical Center, LIJ Forest Hills Hospital, LIJ Valley Stream Hospital, Lenox Hill Hospital, Lenox Health Greenwich Village, and Staten Island University Hospital (North and Prince's Bay).
- Inter-facility Transport. CEMS provides Basic, Advanced, Specialty Care and Critical Care transportation to or from any health care facility, ensuring the continuum of care throughout the organization. Units in this division shall provide emergent response, treatment and transportation upon request.
- Public Private Partnerships. CEMS provides primary 911 services to the villages of Rockville Centre, Lynbrook, Malverne, Hempstead, Freeport, Old Westbury and Lake Success, New York as well to the Port Authority of New York and New Jersey at LaGuardia Airport.
- Air Medical Program (SkyHealth). SkyHealth (a joint venture between Northwell Health and Yale New Haven Health) is a state-of-the-art emergency Air Medical Transport service. Flying at 135 miles an hour, the SkyHealth helicopter offers patients the fastest and safest route to and from any medical facility, with a landing site, in the northeast region. It greatly reduces the time a patient spends outside of the acute care environment; the helicopter can often cover 25 miles in about 10 minutes. The SkyHealth helicopter shall be equipped with the same sophisticated critical care technology available in the most innovative operating rooms, emergency departments, and intensive care units. SkyHealth is accredited by the Commission on Accreditation of Medical Transport Systems (CAMTS). CAMTS is the only accreditation agency that offers worldwide safety standards for ground inter-facility and air medical transport systems, ensuring the highest possible patient care and safety in the transport environment.

- Quality priorities shall include all aspects of care including requests for service, timely response, appropriate resources, patient assessment, diagnostics, airway management, medication administration and management of all levels of patient acuity. CEMS has prioritized the ambulance transfusion services (ATS) care bundle and shall assess compliance to all required testing and treatments.

Quality improvement plans and corrective actions shall be developed and implemented in collaboration with CEMS' Medical Directors, PICG members, Communications, and Training and Development staff. CEMS Quality staff shall identify and evaluate predetermined clinical care bundles, monitor urgent patient safety information as well as protocol deviations using data collected in the electronic Pre-hospital Care Report (ePCR). Predefined quality metrics shall be used to assure standardization of the pre-hospital clinical care provided. CEMS shall also review high risk/low volume call types, as well as requests for review of specific calls. Focused quality indicators shall be analyzed each month to identify trends, patterns, issues, and opportunities to improve patient care.

CEMS shall utilize the National EMS Quality Measure Set (NEMSQMS) published by the National EMS Quality Alliance (NEMSQA) to assess the effectiveness of their clinical quality programs by comparing their performance to national and regional data published by the National Emergency Medical Services Information System (NEMSIS). SkyHealth shall utilize the Ground and Air Medical Quality in Transport (GAMUT) metrics to evaluate their performance on transport-specific quality measures.

CEMS Communications shall continue to submit compliance measures each month to the International Academies of Emergency Dispatch (IAED) through the National Quality Manager database. Compliance shall be analyzed and compared to the ACE minimum requirement and national average, as well as to the CEMS average.

Performance improvement data and reviews shall be discussed at quarterly CEMS PICG meetings and reported at the monthly CEMS operations meetings. CEMS shall provide semi-annual reports to the Northwell Health PICG and Committee on Quality.

Centers for Rehabilitation, Skilled Nursing Services

The performance improvement (PI) program at the Stern Family Center for Rehabilitation, Orzac Centers for Rehabilitation, and Peconic Bay Medical Center (PBMC) skilled nursing facility (SNF) shall focus on PI as it relates to patient care, safety, quality of life and the continuum of care. The facilities shall collect data on a variety of metrics to measure improvement. The SNFs shall continue to support the continuum of care and improve patient care through initiatives to reduce the 30-day rehospitalization rates including enhanced hand-off communication, implementation of care paths/initiatives by diagnosis, e.g. the Northwell Health Heart Failure Protocol, and medication reconciliation. As part of its strategy to reduce avoidable rehospitalizations, the Stern Family and Orzac Centers for Rehabilitation have implemented a telehealth program (eSNF) using the existing Northwell Health e-ICU platform as well as partnering with the hospitalist programs at North Shore University Hospital and LIJ Valley Stream for complex patient consultation. The eSNF technology shall permit remote physician assessment/monitoring of any resident who has a change in condition with treatment ordered as necessary. Reducing avoidable rehospitalizations shall have a positive impact on the Northwell Health CMS Star ratings. The facilities shall also continue to collect data on joint replacement patient length of

stay to ensure that they are making a positive contribution to the Northwell Health hospitals benchmark Medicare costs.

The DOH has implemented a pay for performance initiative entitled the NYS Nursing Home Quality Pool that pays SNFs for outcomes of the care they provide to their Medicaid residents. The Quality Pool is comprised of three areas: (1) Quality Measures (2) Compliance with reporting and (3) Potentially Avoidable LTC Hospitalizations. All three facilities shall participate in this program. The SNFs shall continue to improve 30-Day Re-hospitalization rates below the national average of 22.7%. In addition, the SNFs shall continue to participate in the Care Navigator program. The SNFs shall continue to publicly report nineteen quality measures on the CMS website and shall maintain high performance on these measures.

Hospice Care Network

The performance improvement (PI) program at Hospice Care Network (Hospice) shall focus on PI as it relates to access to hospice care, patient care and safety, treatment preferences, pain and symptom management, and psychosocial, emotional, and spiritual support for those at the end-of-life.

Hospice shall continue to collect data on a variety of metrics to measure improvement, support the continuum of care, and improve patient care through initiatives to optimize access to hospice care by decreasing the average prospect days (APDs) to ensure timely admissions.

Hospice shall participate in the Sub-Acute Rehab (SAR) Project that is designed to assess for and identify the most appropriate service line of care (SAR vs Hospice) and to decrease hospital readmissions. In addition, Hospice shall participate in the General In-Patient (GIP) collaboration with Acute Care sites to recognize patients that are eligible for the hospice GIP level of care who will then be transferred to a hospice facility to be cared for by hospice subject matter experts for optimal pain management and symptom control.

Hospice Quality Reporting (HQR) data shall be analyzed to ensure preferences regarding life sustaining treatments are addressed and are consistent with patient/caregiver values to improve patient and family outcomes, including greater satisfaction with care. These data shall also be used to track and trend pain and respiratory screenings and assessments at time of hospice admission to ensure optimal treatment of pain and respiratory distress is in place to decrease physical suffering, functional limitations, and the development of apathy and depression. In addition, the HQR data shall be used to ensure the initiation of an appropriate bowel regimen for patients receiving opioid therapy to reduce patient discomfort and increase remaining quality of life. HQR data shall be used to evaluate the psychosocial, emotional, and spiritual needs of patients and caregivers at end of life via the hospice interdisciplinary approach to ensure the provision of necessary supports.

Ongoing environment of care assessments shall be conducted to ensure patient safety, e.g., reducing falls/injuries, medication errors, and safe use of oxygen in home environments. Bereavement services post death shall continue to be monitored to ensure that ongoing support is available for grieving caregivers for thirteen months.

The Hospice Consumer Assessment of Healthcare Providers and Systems (CAHPS) Star Ratings Public Reporting that will begin in August 2022 will support hospices with internal quality improvement efforts and external benchmarking with other facilities. Topics included in the measures are: Communication with Family; Getting Timely Help; Treating Patients with Respect; Emotional and Spiritual Support; Help

for Pain and Symptoms; Training Family to Care for Patient; Rating of this Hospice; and Willingness to Recommend this Hospice.

Northwell Health at Home

Northwell Health at Home (NHH) is committed to creating and maintaining an organizational culture of safety consistent with the Northwell Health strategic plans. The goals of NHH include providing safe, customer centric, efficient quality home care services to all patients served and striving to sustain the Northwell Health culture of C.A.R.E. (connectedness, awareness, respect and empathy). All quality initiatives shall be designed to improve safety, quality outcomes and patient experience as well as reduce ED visits and hospital readmissions. An integrated and coordinated approach shall be utilized to prevent hospitalizations including completion of a risk assessment upon patient admission to home care and implementation of best practice guidelines, such as medication reconciliation, scheduling a physician appointment within seven days post hospitalization, and utilization of disease management and telehealth programs to mitigate risk for hospitalization.

The focus for 2022-2023 shall include improving patient experience and continued collaboration with Northwell Health hospitals to provide continuum of care for patients with the aim of avoiding unnecessary ED visits and readmissions. The scope and communication structure of NHH as well as the methodologies used to measure and improve performance are detailed in the Quality Assessment Performance Improvement Patient Safety Plan for Northwell Health at Home.

Evaluating Performance Improvement and Patient Safety

Implementing PI and patient safety strategies is not enough to reduce variation and ensure positive patient outcomes. An assessment to determine the success of the procedures and initiatives that have been implemented is necessary. Each entity is therefore required to review the PI strategies articulated in their PI/Patient Safety Plan, and evaluate their effectiveness annually. Updates to the Plan are made to reflect any changes in strategic priorities and in response to changes in the internal or external environment. Organization-wide PI and patient safety initiatives shall be evaluated and highlighted in the annual Clinical Excellence and Quality/Patient Safety Report. Goals for PI and opportunities for improvement shall be outlined in the annual evaluation, providing direction for future policies and initiatives. The Northwell Health Clinical Excellence and Quality/Patient Safety evaluation shall be presented to the Committee on Quality by leadership and formally accepted by the governing body, as well as the Board of Trustees. Reports shall be distributed to leadership and all QM professionals to serve as a guide and reference for improvement activities throughout the year.

Appendices

Appendix A - Northwell Health: Mission, Vision and Values

Appendix B - Northwell Health Map and Key Facts

Appendix C – Service Lines/Additional Northwell Health Components and Affiliates

Appendix D - New York Patient Occurrence Reporting and Tracking System

Our three promises

Our brand is our promise to our consumers, our Culture of C.A.R.E. is our promise to our patients, and our employee promise is simply our promise to one another.



Our Mission

To improve the health and quality of life for the people and communities we serve by providing world-class service and patient-centered care.

Our Vision & Our Brand Promise

Transformative leadership driving the future of health, wellness, and quality-of-life.

Our Employee Promise

It's our promise to each other. It's what you get, for what you put in. Built by the people for the people.

Culture of C.A.R.E.

Experience is at the heart of what we do. Culture of C.A.R.E. is our foundation grounded in **Connectedness, Awareness, Respect and Empathy**. It's how we deliver on the expressed and unexpressed needs of our patients and families.

Our Values



Every moment matters. We're passionate about caring for our patients, our communities and each other, keeping everyone safe and well.



We never settle. We're pioneers, always curious in our everyday tasks and our quest to shape the future of health care.



It's our ambitious spark that changes lives. We seek integrity and excellence, while taking every opportunity to spread our wings and redefine what it means to work in health care.

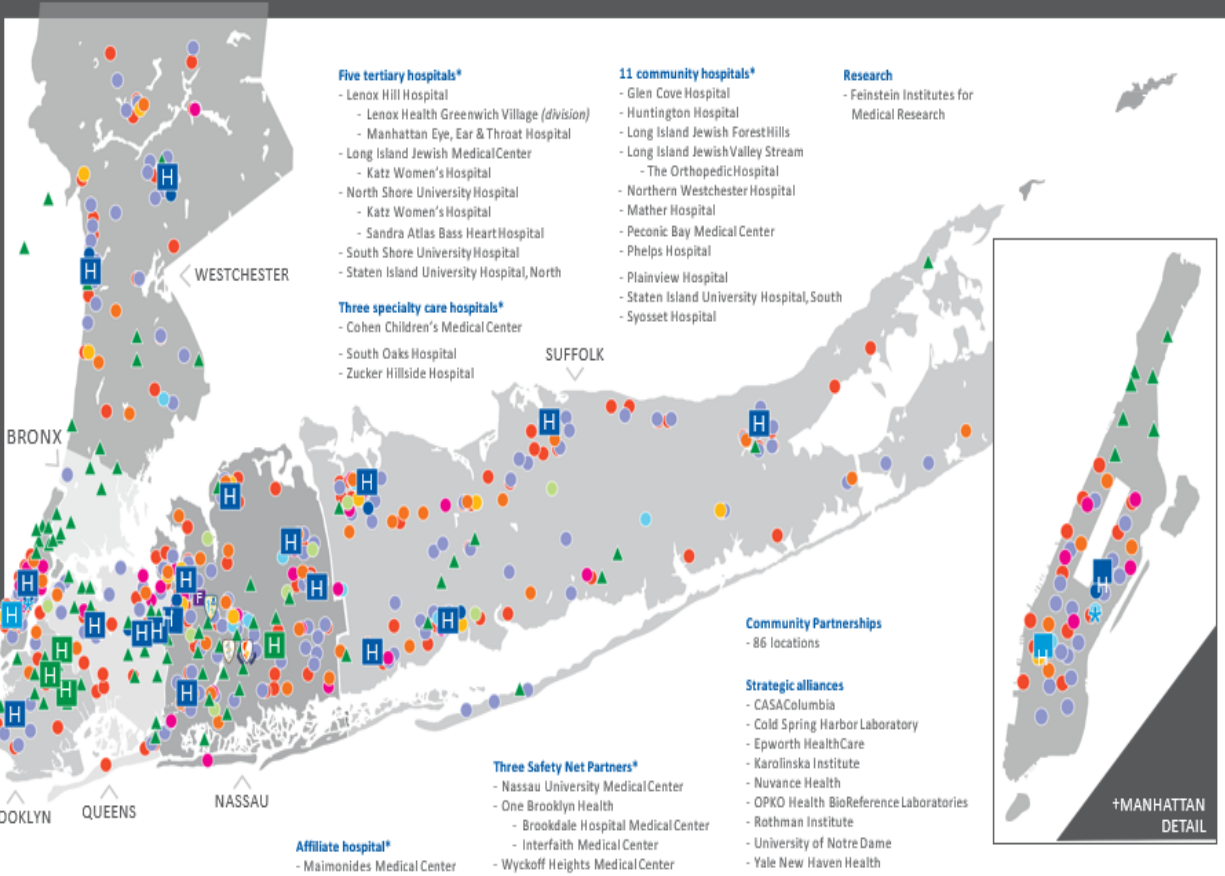


We rely on each other. We couldn't do it on our own, and trust each other to perform seamlessly as one.



We are all unique. We stand united, proud and respectful, always celebrating our differences.

- Hospitals
- Feinstein Institutes
- Lenox Health Greenwich Village
- Manhattan Eye, Ear & Throat Hospital
- Safety Net Partners
- Ambulatory Surgery Centers
- Cancer Centers
- Community Partnerships
- Dialysis Centers
- Imaging Centers
- Lab Patient Service Centers
- Primary Care Locations
- Specialty Care Locations
- Urgent Care Centers
- Donald and Barbara Zucker School of Medicine at Hofstra/Northwell
- Hofstra Northwell School of Graduate Nursing and Physician Assistant Studies
- Elmezzzi Graduate School of Molecular Medicine at Northwell Health



SERVICE LINES/ADDITIONAL NORTHWELL HEALTH COMPONENTS AND AFFILIATES

SERVICE LINES

- Behavioral Health
- Cancer
- Cardiac Services
- Emergency Medicine
- Imaging
- Medicine
- Neurosciences
- Ophthalmology
- Orthopedic
- Pediatrics
- Post-Acute Services
- Rehabilitation
- Surgery
- Women's Health

Post-Acute Care Services

- Northwell Health at Home
 - Hospice Care Network
 - Peconic Bay Home Health Services
 - RegionCare Inc.
 - Rehabilitation Network
- Acute Inpatient Rehabilitation
- o Glen Cove Hospital
 - o Phelps Memorial Hospital
 - o Staten Island University Hospital (North)
- Sub-Acute Rehabilitation and Skilled Nursing
- o Orzac Center for Rehabilitation
 - o Stern Family Center for Rehabilitation
 - o Peconic Bay Medical Center Skilled Nursing Facility
- Outpatient Rehabilitation
- o Glen Cove Hospital
 - o Nicholas Institute of Sports Medicine and Athletic Trauma
 - o Northern Westchester Hospital
 - o Peconic Bay Outpatient Therapy and Rehabilitation Center
 - o Phelps Memorial Hospital Center
 - o South Shore University Hospital
 - o Sports Therapy and Rehabilitation Services (STARS)-8 locations
 - o Staten Island University Hospital (North and South)
 - o Transitions of Long Island®

Special Needs Programs- Affiliates

- Adults and Children with Learning and Developmental Disabilities, Inc. (ACLD)
- Association for the Help of Retarded Children (AHRC) – Nassau County
- Brookville Center for Children’s Services
 - Barbara C. Wilson Preschool Program
 - Children’s Education Center
 - Leeds Child Development Center
 - Marcus Avenue
 - SUNY Old Westbury
- Hagedorn Cleft Palate and Craniofacial Center
- Hearing and Speech Center
- The Center for Attention and Learning, Lenox Hill Hospital

Women’s Health

- Ann & Jules Gottlieb Women’s Comprehensive Health Center
- Katz Institute for Women’s Health, New Hyde Park
- Katz Women’s Hospitals at
 - Long Island Jewish Medical Center
 - North Shore University Hospital

Emergency Medical Services

- Center for Emergency Medical Services
- SkyHealth (helicopter emergency medical service)

Urgent Care Centers

- GoHealth Urgent Care Centers-52 locations (50 family and two pediatric centers) in Nassau, Suffolk, Queens and Westchester counties as well as Manhattan, Staten Island and Brooklyn

Laboratory Services

- Northwell Health Labs
- 41 Blood-testing Service Centers

Veterans Services

- Northwell Health Rosen Family Wellness Center for Military Personnel, Veterans and their Families
- Northwell Health Mildred and Frank Feinberg Division of the Unified Behavioral Health Center for Military Veterans and their Families

NEW YORK STATE DEPARTMENT OF HEALTH (NYSDOH)
NYPORTS REPORTABLE CODES REQUIRING A ROOT CAUSE ANALYSIS
(Level 1)

CODE	DESCRIPTION	EVENT CATEGORY
701	Patient or staff death or serious injury associated with a burn incurred from any source in the course of a patient care process in a healthcare setting	Care Management
911	<p>Surgery or other invasive procedure:</p> <p>Add appropriate subcode:</p> <ul style="list-style-type: none"> ▪ OTH: Wrong surgical or other invasive procedure performed on a patient ▪ SID: Surgery or other invasive procedure performed on the wrong side ▪ SIT: Surgery or other invasive procedure performed on the wrong site ▪ PAT: Surgery or other invasive procedure performed on the wrong patient 	Surgical or Invasive Procedure
913	<p>Unintended retention of a foreign object in a patient after surgery or other invasive procedure</p> <p>Add appropriate subcode:</p> <ul style="list-style-type: none"> ▪ CAT: Catheter ▪ DB: Drill bit ▪ DEV: Device ▪ DR: Drain ▪ GW: Guide wire ▪ INS: Instrument ▪ LP: Lap pad ▪ NE: Needle ▪ SP: Sponge ▪ TO: Towel ▪ VS: Vaginal Sponge ▪ OTH: Other 	Surgical or Invasive Procedure

CODE	DESCRIPTION	EVENT CATEGORY
915	<p>Patient death and/or serious injury</p> <p>Add appropriate subcode:</p> <ul style="list-style-type: none"> ▪ BIO: Patient death or serious injury resulting from the irretrievable loss of a biologic specimen ▪ FAL: Patient death or serious injury associated with a fall while being cared for in a healthcare setting ▪ LPR: Patient death or serious injury associated from failure to follow-up or communicate lab, pathology, or radiology test results ▪ MAT: Maternal death or serious injury associated with labor or delivery while being cared for in a healthcare setting ▪ MRI: Death or serious injury of patient or staff associated with the introduction of a metallic object into the MRI area ▪ NEO: Death or serious injury of a neonate associated with labor or delivery ▪ PHL: Patient death or serious injury in circumstances other than those related to the natural course of disease, illness, or proper treatment in accordance with generally accepted medical standards ▪ RES: Patient death or serious injury associated with the use of physical restraints or bedrails while being cared for in a healthcare setting ▪ Rx: Patient death or serious injury associated with a medication error ▪ SUR: Intraoperative or immediately post-operative/post-procedure death in a ASA Class 1 or Class 1E patient 	<p>Care Management</p> <p>Care Management</p> <p>Care Management</p> <p>Care Management</p> <p>Radiological Event</p> <p>Care Management</p> <p>Care Management</p> <p>Environmental</p> <p>Care Management</p> <p>Surgical or Invasive Procedure</p>
921	Death or serious injury of a patient or staff member resulting from physical assault (i.e., battery) that occurs within or on the grounds of a healthcare setting	Potential Criminal
922	Patient suicide; attempted suicide; or self-harm that results in a serious injury, while being care for in a healthcare setting	Patient Protection

923	Patient death or serious injury associated with patient elopement (disappearance)	Patient Protection
938	Patient death or serious injury associated with the use or function of a device in patient care in which the device is used or functions other than as intended.	Product or Device
961	Abduction of a patient of any age	Potential Criminal
962	Discharge or release of a patient of any age, who is unable to make decisions, to other than an authorized person	Patient Protection
963	Sexual abuse/sexual assault of a patient or staff member within or on the grounds of a healthcare setting	Potential Criminal

NEW YORK STATE DEPARTMENT OF HEALTH (NYSDOH)
NYPORTS REPORTABLE CODES REQUIRING A ROOT CAUSE ANALYSIS
(Level 2)

CODE	DESCRIPTION	EVENT CATEGORY
914	Misadministration of radiation or radioactive material (including the misadministration of contrast media)	Radiological
931	Strike by hospital staff	Environmental
932	External disaster outside the control of the hospital which affects facility operations	Environmental
933	Termination of any services vital to the continued safe operation of the hospital or to the health and safety of its patients and personnel	Environmental
934	Poisoning occurring within the hospital	Environmental
935	Hospital fire or other internal disaster disrupting patient care or causing harm to patients or staff	Environmental
Other	Patient death or serious injury associated with unsafe administration of blood products – Not NYPORTS – Report to DOH, Wadsworth Center, Blood & Tissue Resources Program	