**Example 1: Components to consider for including Patient Safety in the Quality Plan**

Title: QUALITY AND PATIENT SAFETY PLAN

**Purpose**

The purpose of the Quality and Patient Safety Plan supports the systematic organization-wide approach to plan, design, measure, assess and improve organizational performance to improve patient outcome and minimize areas of patient safety concern.

Initiatives are designed to:

* Attain optimal patient outcomes and patient and family experience
* Support an engaged and safe workforce
* Enhance appropriate utilization
* Minimize risks and hazards of care
* Develop and support the use of evidence-based best practices

The Plan is intended to provide a framework of guiding principles for all participants in the provision of care. This structure will set the expectation and encourage all to participate proactively in the improvement process and in sustaining a safety-oriented culture. The Quality & Patient Safety Plan facilitates the identification of key functions of the organization; the assessment of the quality, safety and appropriateness of these functions; and the generation of measurable improvements.

**Mission**

The Quality and Patient Safety Program exists to promote the delivery of excellence in the provision of care by leading system-wide approaches that support safe patient care: evidenced-based best practices, culture of safety, regulatory compliance, accreditation, processes, and policies that lead to improved clinical outcomes. The strategies and initiatives integrate into each of the dimensions of care assuring the provision of extraordinary care.

**Vision**

ABC Laboratory is recognized as a leading, quality driven diagnostic service of XYZ Hospital. The laboratory through its Quality and Patient Safety Program sets benchmarks in quality of care, implements patient safety mitigation strategies, reduces harm potential and optimizes outcomes and the experience for the customers served.

**Guiding Principles**

* Provide safe and quality diagnostic services and demonstrate superior patient outcomes
* Assess performance with objective and relevant measures
* Establish and achieve quality improvement goals in a systematic manner through collaboration with our providers, staff, patients, families, administration, other clinical programs and services.
* Establish a culture to prevent inadvertent harm to patients as a result of the laboratory services provided. This culture focuses on safety where we openly report mistakes and take action to make improvements in our processes.
* Identify and focus on functions that are important to our customers and implement changes which will increase satisfaction and health outcome.
* Optimize the allocation of resources to ensure the delivery of safe and quality laboratory services
* Utilize the Institute of Medicine (IOM) 6 Quality Aims for Healthcare as core guiding principles in providing laboratory services that are focused on minimizing harm and improving patient outcome:
  + SAFE: Avoid harm to patients, improve outcomes through error prevention, enhances diagnostic processes and assures continuous quality improvement
  + EFFECTIVE: Use evidence-based knowledge to limit overuse, underuse and misuse of testing services
  + PATIENT-CENTERED: Responsive to and respectful of patient preferences, needs and values
  + TIMELY: Reduce wait time for patients and healthcare providers so the next step in care is not delayed
  + EFFICIENT: Avoid waste of human resources, time, supplies, equipment, energy, and ideas
  + EQUITABLE: No variance in quality due to patient characteristics such as gender, ethnicity, geographic location or socioeconomic status

**SCOPE**

The ABC Laboratory Quality & Patient Safety Plan is an integral and collaborative component of the XYZ Hospital’s plan which integrates all clinical services and departments impacting patient care including contracted services. The laboratory develops Quality and Patient Safety initiatives to address and support improvement of the care, treatment, service and safety outcomes of the patients served. These goals become the essence of the Quality & Patient Safety improvement activities organization wide.

**GUIDELINES FOR IMPROVEMENT PROJECTS**

**Methodology**

ABC Laboratory’s Quality & Patient Safety plan is structured to measure and monitor quality outcomes and implement appropriate changes using the following the guidelines:

* Use data to identify and quantify areas of improvement opportunities (QI) and areas that we are maintaining or improving (QA)
* Use reporting structure to perform ongoing risk assessment
* Analysis and comparison may include:
  + Performance compared internally over time (patterns/trends)
  + Performance compared with similar processes in other organizations
  + Performance compared to up-to-date external sources (benchmarking)
  + Statistical process established for expected variation
  + Identify gaps using one of more of the IOM 6 Quality Aims for Healthcare
  + Implement quality improvement cycles (PDSA) with all appropriate stakeholders:

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* Support and meet requirements and initiatives of government and accreditation bodies. These include:
  + Meeting and exceeding the minimum standard of care as defined
  + Support and meeting government transparency initiatives
* Reporting of Quality & Patient Safety activities to appropriate boards, leaders, teams and committees
* Utilize appropriate sources and criteria to identify and prioritize quality and patient safety initiatives
  + Event Reports
  + Sentinel Events
  + High volume/problem prone/high cost.
  + Low volume/high risk-problem prone/high cost
  + Alerts and Recalls notifications
  + Serious adverse events and Risk Alert releases
  + Escalation of patient safety issues
  + Published evidence-based practice
  + Initiatives consistent with mission values, strategic plan and directions
  + Availability of system resources
  + Financial and litigation risk assessments
  + Consistency with mission values and strategic direction
  + Clinical program and Services initiatives
  + Patient engagement and experience

**SUMMARY**

The Quality and Patient Safety Plan provides the framework for ABC Laboratory to implement quality performance improvement and patient safety activities. These activities improve patient outcomes and reduce harm in a comprehensive, methodical and systematic manner. Quality & Patient Safety is a laboratory priority and compliments XYZ Hospital’s mission to deliver clinical excellence.

**Example 2: Components to incorporate Patient Safety into the Quality Plan**

**Safety Culture**

A strong safety culture is an essential component of a successful patient safety program and is a crucial starting point for departments striving to become learning organizations. In a strong safety culture, the laboratory has an unrelenting commitment to patient safety and to minimize the potential of causing harm. Among the most critical responsibilities of laboratory leaders is to establish and maintain a strong safety culture within their department. Laboratory accreditation standards require leaders to create and

maintain a culture of safety and quality throughout the laboratory.

The *patient safety culture* of a laboratory is the product of individual and group beliefs, values,

attitudes, perceptions, competencies, and patterns of behavior that determine the laboratory’s commitment to quality and patient safety. Laboratories that have a robust patient safety culture are characterized by communications founded on mutual trust, by shared perceptions of the importance of safety, and by confidence in the efficacy of preventive measures. Laboratories will have varying levels of a patient safety culture, but all should be working toward a patient safety culture that has the following qualities:

* Staff and leaders that value transparency, accountability, and mutual respect
* Define patient safety as everyone’s top priority
* Define behaviors that undermine a culture of patient safety as unacceptable and act on such behaviors
* Collective mindfulness is present, wherein staff realize that systems always have the potential to fail and staff are focused on finding hazardous conditions or close calls at early stages before a patient may be harmed
* Staff do not view close calls as evidence that the system prevented an error but rather as evidence that the system needs to be further improved to prevent future recurrences and error
* Staff who do not deny or cover up errors but rather want to report errors to learn from mistakes and improve the system flaws that contribute to the occurrence of patient safety events
* Staff know that their leaders will focus not on blaming employees involved in errors but on the systems issues that contributed to the occurrence of the patient safety event

A patient safety culture operates effectively when the laboratory fosters a cycle of trust, reporting, and improvement. In laboratories that have a strong patient safety culture, employees trust their coworkers and leaders to support them when they identify and report a patient safety event. When trust is established, employees are more likely to report patient safety events and allows the laboratory to implement improvement strategies

**A Fair and Just Patient Safety Culture**

A fair and just patient safety culture is needed for employees to trust that they can report patient safety

events without being treated punitively. In order to accomplish this, laboratories should provide and encourage the use of a standardized blame-free reporting process for employees to report patient safety events or identified near misses. Complete reporting enables both proactive and reactive risk reduction. *Proactive risk reduction* solves problems before patients are harmed, and *reactive risk reduction* attempts to prevent the recurrence of problems that have already caused patient harm.

A fair and just culture recognizes that individuals are human, fallible, and capable of mistakes, and that they work in systems that are often flawed. In the most basic terms, a fair and just culture holds individuals accountable for their actions but does not punish individuals for issues attributed to flawed systems or processes. It is important to note that for some actions for which an individual is accountable, the

individual should be held culpable and some disciplinary action may then be necessary.

**Data Use and Reporting Systems**

An effective culture of patient safety is evidenced by a robust reporting system and use of measurement to improve. When laboratories adopt a transparent, nonpunitive approach to reports of patient safety events or other non-conformities, the laboratory begins reporting to learn—and to learn collectively from adverse events, close calls, and hazardous conditions. This section focuses on data from reported patient safety events. Laboratories should note that this is but one type of data among many that should be collected and

used to drive improvement.

When there is continuous reporting of non-conformities, adverse events, close calls, and hazardous conditions, the laboratory can analyze the data and be able to change the process or system to improve patient safety, monitor their performance and prevent similar events from happening in the future. To be successful, laboratories must engage their frontline employees in a number of ways, including the following:

* Create a nonpunitive approach to patient safety event reporting
* Educate employees on the importance of identifying and reporting patient safety events and non-conformities
* Provide timely feedback regarding actions taken on reported patient safety events or non-conformities

**Key Areas: Patient Safety Focused Services**

A number of laboratory accreditation standards have specific requirements to address issues related to the design and management of patient safety systems, including the following examples:

* Laboratory openly communicates to its patients and employees how to report concerns about patient safety and quality
* Laboratory takes no disciplinary or punitive action against employees, physicians, or other individuals who provide care, treatment, and services when they report safety or quality-of-care concerns to the accreditation agency or to administration
* Laboratory conducts environmental tours in patient care areas to evaluate:
  + Effectiveness of previously implemented resolution actions to minimize or eliminate environment potential risks
  + New potential areas of environmental risk
* Employees participate in ongoing education and training
* The mission, vision, and goals of the laboratory support improvement of patient safety and quality of care, treatment, and services
* Laboratory leaders regularly communicate with facility leaders on issues of patient safety and quality, such as:
  + Performance improvement activities
  + Reported safety and quality issues
  + Proposed solutions and their impact on resources
  + Reports on key quality measures and patient safety indicators
  + Input from customers served (e.g. patients, physicians, families, other healthcare professionals)
* Laboratory uses data and information to guide decisions and to understand variation in the performance of processes supporting patient safety and quality
* Patient Safety and quality planning is an integral component of the laboratory Quality Plan
* The laboratory implements changes in existing processes to improve patient safety and health outcomes
* All laboratory employees are held accountable for improving patient safety and quality services
* The laboratory provides services in accordance with accreditation requirements, laws, and rules and regulations
* The laboratory effectively manages its services, sites, or departments and holds employees accountable for their responsibilities
* The laboratory sets priorities for performance improvement activities and patient health outcome improvement. (e.g. priority to high-volume, high-risk, or problem-prone processes for performance improvement activities)
* To improve patient safety, quality services and to reduce the risk of laboratory errors, the laboratory actively analyzes and uses both information from system or process failures (non-conformities) and the completion of proactive risk assessments
* The laboratory improves patient safety and quality service performance on a continuous basis
  + Identify and prioritize improvement opportunities
  + Acts on improvement goals and priorities
  + Evaluates actions to confirm that they resulted in the desired improvements
  + Continues to act when it does not achieve or sustain planned improvements
* The laboratory provides services that respect, protect, and promote patient-centered care
  + Treats the patient in a dignified and respectful manner
  + Respects the patient’s right to and need for personalized and effective communication
  + Respects the patient’s cultural and personal values, beliefs, and preferences
  + Respects the patient’s right to privacy
  + Respects the patient’s right to receive information in a manner he or she understands by providing appropriate educational materials, resources and education on laboratory testing and services
  + Prohibits discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression
  + Respects the patient’s right to refuse care, treatment, and services, in accordance with law and regulation