

LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER -  
SHREVEPORT

**IMPROVING ORGANIZATIONAL PERFORMANCE POLICY**

Purpose:

To ensure patients are provided high quality care in an environment of minimal risks. LSUHSC-S, has the responsibility for monitoring every aspect of patient care, from the time the patient enters the hospital through diagnosis, treatment, recovery, and discharge, in order to continuously improve the effectiveness of LSUHSC-S performance.

Policy:

The leadership of LSUHSC-S University Hospital has the responsibility for monitoring organizational performance. Through such monitoring the leadership identifies systems and processes that may contribute to the occurrence of negative patient experiences/events. By investigating and understanding the causes the underlie such events, changes in the organization's systems and processes are made to reduce the probability of future occurrences. There is a defined mechanism for ongoing monitoring of performance with a quarterly report to the Clinical Board. The attached organizational chart depicts the communication process between Medical Staff Committees, Functional Medical Staff Departments, Hospital Clinical and Support Departments and Specialty Clinics. (For more details please refer to the Hospital PI Plan.) Each will have a written plan to monitor, evaluate, and improve their performance.

Processes for improvement will be accomplished using the JCAHO 4 Step Plan for ongoing performance monitoring. The FOCUS - PDCA model is used to address problems as they are identified. All participants will maintain written documentation of processes improved. Review of all plans will be no less than annually and may be revised throughout the year as necessary. In addition, at least one high risk process, as identified by the JCAHO published periodicals of most frequently occurring sentinel events and patient safety risk factors, will be assessed annually.

The objectives of the Performance Improvement Program are to assure the following:

- 1) Clinical and administrative staffs monitor and evaluate the quality of patient care and clinical performance, including proactive risk assessment of selected high-risk processes. Assess the intended

and actual implementation of the process to identify variations or potential “failure modes”, and report information to the Clinical Board for action.

- 2) Communication of identified failure mods and potential impact on patient care/safety amond departments/services when opportunities for improvement are multidisciplinary.
- 3) Identified problems are tracked to assure improvement or resolution through redesign of the process.
- 4) Information from Departments/Services related to tested and implemented process findings of discrete performance improvement activities are used to detect trends, opportunities to improve, or potential problems.
- 5) The objectives, scope, organization, and effectiveness of the redesigned processes are evaluated annually and revised as necessary to ensure effectiveness is maintained over time.

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Administrator

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Date

Approved by Clinical Board: 1/12/01  
Approved by Clinical Board: 2/19/02

Written: 5/95  
Revised: 10/97, 11/00, 2/02