

Patient Safety Committee Team Charter FY 2018

Name of Team:

Patient Safety Committee (PSC)

Date Template Completed:

January 26, 2018

Purpose of Team:

To support and engage Guam Memorial Hospital Authority leadership, staff, physicians, patients, and visitors in patient safety efforts to create a safety culture that improves patient outcomes and the hospital, by:

- Increasing awareness of patient safety issues;
- Providing education regarding patient safety issues;
- Developing and providing tools for providers, patients, and visitors regarding patient safety issues;
- Fostering transparent systems that promote patient care improvement and education; and
- Thinking, speaking, and functioning with one voice and language to foster a consistent and clear message on patient safety initiatives.

To work collaboratively with the community to make GMHA a safe hospital. We will achieve this by educating the community and advocating in concert with others in the community regarding patient safety initiatives, practices, and outcomes.

Specific Team Functions and Responsibilities:

We value the concepts of:

- Collaborating;
- Sharing information and listening;
- Celebrating success;
- Being proactive and visible;
- Using lessons learned and reflective learning to facilitate improvement and growth; and
- Involving patients and family in our deliberations and products.

We will:

- Use evidence-based patient safety activities;
- Remain patient centered;
- Focus on improving outcomes;
- Share information, and ideas with each other to improve patient safety, i.e., health care education (incorporate patient safety into health care curriculum as standard);
- Develop and disseminate best practices and evidence based information across the hospital and to the community where applicable;
- Share responsibility/accountability within the committee;

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- Work with a sense of urgency;
- Use system thinking.

Scope of Work:

1. Present an annual quality patient safety plan to the Quality and Safety Committee for review, input, and approval;
2. Recommend to the Performance Improvement Committee and the Quality and Safety Committee the appropriate patient safety and quality measures and outcomes to be collected and reported internally;
3. Oversee and evaluate patient safety and quality measures and outcomes to include those regulatory and accreditation-related elements of performance. The committee will collect and analyze information on National Patient Safety Goals and ensure that departments receive feedback regarding the effectiveness of their improvement activities;
4. Collect and analyze reports of patient safety risks, ranging from “no-harm”, and frequently occurring “near misses” to sentinel events with serious adverse outcomes;
5. Identify individuals/groups best situated to perform root cause analysis and action plans for identified areas of improvement in patient safety;
6. Ensure the hospital’s participation in national quality improvement activities focuses on nationally agreed-upon priorities and those that are critical to GMHA. The committee shall approve all such participation;
7. Establish priorities for hospital-wide patient safety initiatives and standardization as it applies and make recommendations to hospital leadership and others;
8. Ensure the hospital’s understanding of patient safety initiatives, and ensure that leadership, staff, and physicians receive adequate training in patient safety and quality-related content;
9. Communicate committee recommendations for actions to department heads/chairpersons;
10. Provide direction, feedback and recommended educational offerings on patient safety;
11. Communicate best practices;
12. Increase hospital leadership involvement in patient safety by providing information that demonstrates a sound business case for the highest quality and safest care.
13. Pursue collaborative relationships with other interested community organizations and individuals to enhance current patient safety initiatives;
14. Communicate and promote key initiatives to the general public;
15. Work with the hospital’s leadership to promote a culture and climate of non-punitive reporting of errors and endorse continuous patient safety improvement. Mitigate unresolved issues, which may impact the quality or safety of patient care.
16. Recognize and celebrate achievements and improvements of patient safety by hospital physicians and staff;
17. Identify grant opportunities to support the initiatives;
18. Annually review and reassess the adequacy of this charter and recommend any proposed changes to the Performance Improvement Committee and the Quality and Safety Committee;
19. Ensure that the committee conducts an annual self-evaluation to determine whether it is functioning effectively. The outcomes of the assessment process will be discussed with the committee and a plan for improvements for the following year will be developed.

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Operations:

1. Appointment of members shall be subject to approval by the Hospital Administrator/CEO;
2. The committee shall recommend a chair and other officers as the committee deems appropriate;
3. Members shall meet a minimum of 12 times per year, and at least once a month. Members shall attend no less than eight meetings per year, and must send a proxy for those meetings they are unable to attend;
4. A special meeting may be called at any time by the committee chairperson to address an urgent issue(s);
5. The agenda of each meeting shall be prepared, approved by the committee chairperson and circulated to each member two days prior to the meeting date;
6. Notices for regularly scheduled meetings shall be sent out one week prior to the meeting;
7. Unless the committee adopts other procedures, the provision of Robert's Rules of Order shall govern meetings of the committee;
8. Members serve as expert resources in guiding patient safety projects and activities;
9. Members are expected to assist in developing committee priorities and support the implementation of adopted initiatives. In addition to attending meetings, members may be called upon to provide leadership, and assist with other committees, special projects, studies, events, and other related activities.

Team Authorized by:

The Patient Safety Committee is authorized by the hospital's governing body.

Team Authority:

The Patient Safety Committee has the ultimate authority to establish patient safety policies for the hospital with approval of the Board of Trustees Quality and Safety Committee. The Patient Safety Committee will maintain a close working relationship with Nursing Management, Professional Support, and the Medical Executive Committee to ensure integrated communication occurs regarding patient safety policies and initiatives. The Patient Safety Committee has the authority, in its discretion, to conduct any investigation it deems necessary or appropriate to enable it to carry out its duties, to include, but not be limited to, medical record audits, root cause analysis, etc. Investigations conducted by the Patient Safety Committee are not to be confused with Administrative Investigations which are completely separate in purpose and nature.

Date Implemented:

January 26, 2018

Team Chairperson:

Patient Safety Officer or designee

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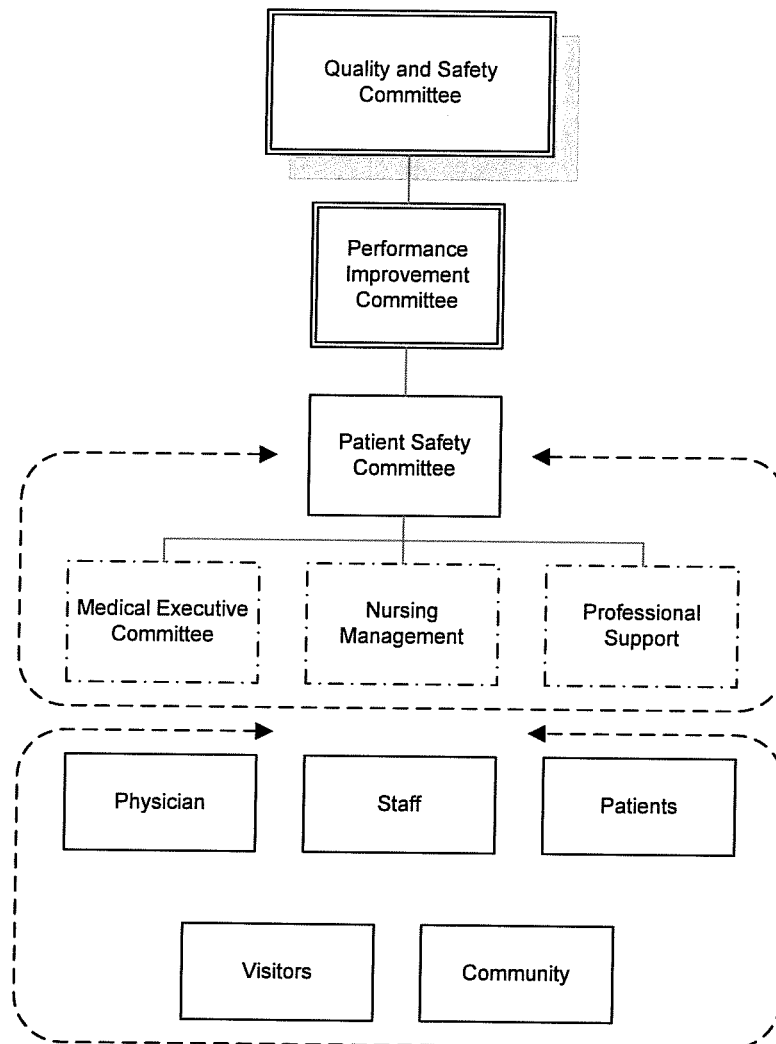
Team Recorder:

The function of Team Recorder will be assigned by the Hospital Administrator/CEO. Any person serving in this role is responsible for creating a packet for the minutes (to include the agenda, the minutes, any supporting documentation (i.e.; policies, memorandums written, etc., that were a part of that particular meeting for filing). Packets will be sent out electronically prior to the meeting. No paper copies of the packet will be provided.

Location of Minutes and Team Documents:

All minutes and team documents shall be kept organized and secure by the Team Recorder.

Alignment of Team to System Processes:



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Alignment of Team to Strategic Initiatives:

The Patient Safety Committee plays a vital role in the hospital's strategic plan with regard to the following:

Goal 3: Establish and Sustain Safety and Quality Culture

Team Members:

See Attachment I.

Membership Selection Process:

The overall membership is based on approved appointment by the Hospital Administrator/CEO. Failure to attend meetings, provide a proxy, and/or complete assigned tasks shall result in progressive disciplinary action.

Team Process to Manage its Own Internal Continuous Quality Improvement*:

Measurable changes that positively impact patient safety outcomes hospital-wide by:

- Identifying key initiatives for hospital-wide activity;
- Increasing awareness;
- Providing education;
- Sharing information;
- Using evidence-based patient safety activities and dissemination of best practices;
- Pursuing collaborative relationships for strategic alliance;
- Communicating to the community regarding patient safety; and
- Identifying funding opportunities

*For annual use by the Patient Safety Committee to self-evaluate effectiveness.

Team Process to Communicate Activities to Others:

Copies of minutes will be provided to the following:

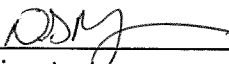
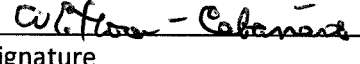
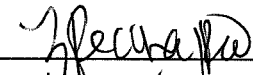
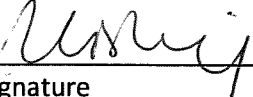
- Performance Improvement Committee
- Quality and Safety Committee

Support Needed:

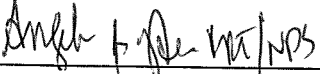

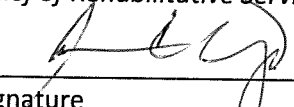
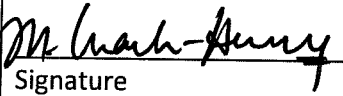

Funding as needed for communications, education, guest speakers, and staff and leadership support.

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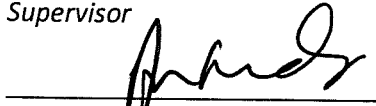
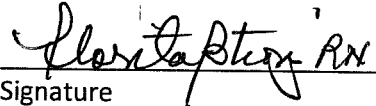
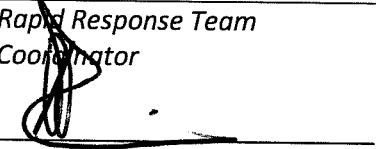
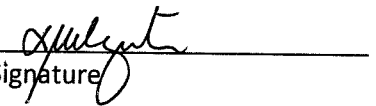
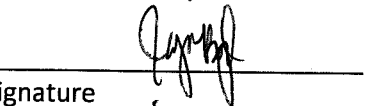
Attachment I: Team Members

Name	Roles and Responsibilities
<p><i>Compliance Officer, Patient Safety Committee Chairperson, Acting</i></p> <p> _____ Signature</p> <p><u>23 Feb 2017</u> Date</p>	<p>Provides leadership in the promotion of patient safety and oversees proper implementation of patient safety initiatives; Interprets and recommends policies and procedures, Presents to the committee procedures to be reviewed from time to time and modifies the policies and methods as indicated; Oversee and measure compliance with The Joint Commission regulations and standards; Assist in obtaining and maintaining accreditation/ licensure; Seeks opportunities to influence policymaking bodies ; Communicates changes in regulations and standards; Provides an annual evaluation of the hospital's patient safety program to leadership; and Other duties as identified.</p>
<p><i>Risk Management Program Officer</i></p> <p> _____ Signature</p> <p><u>1/26/2018</u> Date</p>	<p>Lead the event reporting process; Report to the committee patient safety events reported within the hospital and significant trends related to these reports; and Other duties as identified.</p>
<p><i>Assistant Administrator of Nursing Services</i></p> <p> _____ Signature</p> <p><u>1/26/18</u> Date</p>	<p>Act as a liaison between the committee and Nursing Management in addressing identified issues as relevant to nursing staff and units; Communicate PSC-NPSG standards and requirements to Nursing Administrator and Nursing Management Committee; Assist in coordinating PSC activities within nursing units and assign nursing personnel as needed to ensure compliance with relevant NPSG requirements; Collect and communicate data and findings regarding this monitoring of NPSG to the PI Coordinator and bring identified issues to the committee; and Carry out other responsibilities as assigned during meetings; and Other duties as identified.</p>
<p><i>Chief of Radiology</i></p> <p> _____ Signature</p> <p><u>1.26.18</u> Date</p>	<p>Responsible for radiation safety for patients, visitors, and hospital personnel; Collect data on radiation events and communicate this to the committee and risk management; Ensure the NPSGs are being met and complied with; Ensure opportunities are taken for improvement of processes and outcomes for Critical Test Reporting; Ensure the hospital is following federal radiation safety guidelines as defined by the Nuclear Regulatory Commission (NRC); Ensure all credentials, competencies, requirements, and licenses are met and current to ensure quality of care and patient safety; and Other duties as identified.</p>


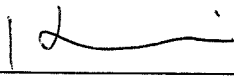
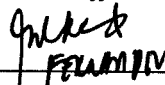

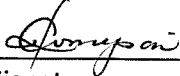
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<p><i>Chief of Respiratory</i></p> <p><u></u></p> <p>Signature</p> <p><u>01/26/2018</u></p> <p>Date</p>	<p>Provide expertise on Respiratory Care issues pertaining to patient safety; Report incidents involving life support to the committee; Provide a Respiratory Care perspective to any Rapid Response Team issues; and Other duties as identified.</p>
<p><i>Infection Control Practitioner</i></p> <p><u></u></p> <p>Signature</p> <p><u>01/26/2018</u></p> <p>Date</p>	<p>Provides information on current cases of HAIs, associated risks and possible causes; Provides expertise based on knowledge of IC processes in the hospital; Provides input on policies and procedures; Identifies risks for disease transmission based on aspects of the provision of patient care and the patient care environment; Identifies IC risks associated with work practice; Confers with the PSC on actions implemented (via direct care personnel) and as a result of noted occurrences/increase in HAIs/outbreak investigation/ exposure, etc. ; and Other duties as identified.</p>
<p><i>Chief of Rehabilitative Service</i></p> <p><u></u></p> <p>Signature</p> <p><u>1/26/2018</u></p> <p>Date</p>	<p>Reports to committee on compliance, implementation, and enforcement of Patient Safety Management Issues; Provide reporting of PSMC data collection as necessary; Provide consultative role in developing new patient care strategies involving safety and quality; Play a supportive role in administrative aspects of the committee; and Perform other duties as necessary.</p>
<p><i>Assistant Administrator of Laboratory Services</i></p> <p><u></u></p> <p>Signature</p> <p><u>1/26/2018 MA.</u></p> <p>Date</p>	<p>Collect monthly indicator study data on Laboratory staff compliance of timeliness of reporting critical tests/critical results for submission to PI Coordinator; Observe and collect monthly data of laboratory staff compliance with NPSGs: Hand hygiene, Use of 2 patient identifiers, and Specimen labeling; Identify , define, and implement opportunities to improve processes/outcomes based on indicator studies; Identify any patient safety concerns within laboratory or hospital, in general, and bring it to the attention of the committee; Recommend indicators for PI monitoring; and Other duties as identified.</p>
<p><i>Performance Improvement (PI) Coordinator</i></p> <p><u></u></p> <p>Signature</p> <p><u>1/26/18</u></p> <p>Date</p>	<p>Assist members of the committee in coordination of quality/performance improvement activities; Assist the committee with communicating improvement activities and patient safety performance measures internally via a dashboard; Collect some NPSG-related data for the committee and utilize data analysis tools such as flowcharts and graphs as needed; Provide knowledge on current clinical practice to the members of the committee in the absence of its respective member; And other duties as needed</p>


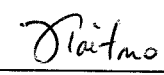
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<p><i>Special Services Department Supervisor</i></p> <p></p> <p>Signature</p> <p><u>01/26/2018</u></p> <p>Date</p>	<p>Provide expertise on outpatient Neurology, Cardiology and Orthopedic services pertaining to patient safety; Provide assistance in maintaining compliance with JC regulations and standards pertaining to the Heart Program; and Other duties as identified.</p>
<p><i>Operating Room/PACU Nursing Unit Supervisor</i></p> <p></p> <p>Signature</p> <p><u>1/26/2018</u></p> <p>Date</p>	<p>Provide a safe environment for all patients and staff; Provide continuous education for staff as it relates to the National Patient Safety Goals and ensuring complete compliance; and Other duties as needed.</p>
<p><i>Rapid Response Team Coordinator</i></p> <p></p> <p>Signature</p> <p><u>1/26/18</u></p> <p>Date</p>	<p>Ensure that NPSG in regards to Rapid Response Team is met and patient safety is maintained at all times; Provide quarterly statistics of RRT to PI coordinator for Quality Improvement; Collaborates with all Patient Safety Committee (PSC) members to ensure that NPGS's and JC standards are met; and Other duties as needed.</p>
<p><i>Skilled Nursing Unit Hospital Nursing Supervisor</i></p> <p></p> <p>Signature</p> <p><u>01-26-2018</u></p> <p>Date</p>	<p>Coordinate Skilled Nursing Unit patient safety plan in accordance with the Center for Medicare & Medicaid and The Joint Commission's National Patient Safety Goals; Communicate patient safety issues in the Skilled Nursing Unit to the committee; Oversee the patient safety quality improvement process in the Skilled Nursing Unit and reports it to the committee; Head the Resident Safety Program sub-committee; Conduct inter-departmental safety meetings regularly and as needed; and Other duties as needed.</p>
<p><i>Chief of Pharmacy</i></p> <p></p> <p>Signature</p> <p><u>1/26/18</u></p> <p>Date</p>	<p>Report the incident cases relating to all medication errors and medication issues that occur in the pharmacy; Submit a report once a month for Medication Errors, Adverse Drug Reactions, and Drug-related Incompatibilities monitoring; Submits monthly report for anticoagulants monitoring; Assist in monitoring the Usage of Non-Acceptable abbreviations; Make recommendations to all PSC related issues; and Other duties as needed.</p>


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<p><i>Associate Administrator of Medical Services</i></p> <p></p> <p>Signature</p> <p><u>2/23/18</u></p> <p>Date</p>	<p>Act as liaison between the committee and the Medical Staff in addressing identified issues as relevant to the Medical Staff and MEC, and other duties as needed.</p>
<p><i>Assistant Associate Administrator of Medical Services</i></p> <p></p> <p>Signature</p> <p><u>2/23/18</u></p> <p>Date</p>	<p>Act as liaison between the committee and the Medical Staff in addressing identified issues as relevant to the Medical Staff and MEC, and other duties as needed.</p>
<p><i>Medical Staff Member</i></p> <p></p> <p>Signature</p> <p><u>2/23/18</u></p> <p>Date</p>	<p>Act as liaison between the committee and the Medical Staff in addressing identified issues as relevant to the Medical Staff and MEC, and other duties as needed.</p>
<p><i>Medical Staff Member</i></p> <p></p> <p>Signature</p> <p><u>2/26/18</u></p> <p>Date</p>	<p>Act as liaison between the committee and the Medical Staff in addressing identified issues as relevant to the Medical Staff and MEC, and other duties as needed.</p>
<p><i>Clinical Representative Telemetry/Unit Nursing Unit Supervisor</i></p> <p></p> <p>Signature</p> <p><u>1/24/2018</u></p> <p>Date</p>	<p>Participate in meetings, plan and conduct staff patient safety training and education; Coordinate with other members of committee in planning and provision of program and development of the hospital personnel; Answer inquiries relating to patient safety and act as a resource; and Other duties as needed.</p>

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<p><i>Hospital Food Services Administrator</i></p> <p></p> <hr style="border: 0; border-top: 1px solid black; margin: 0;"/> <p>Signature</p> <p><u>2/23/18</u></p> <p>Date</p>	<p>Participates in meetings, reports food drug interactions patient education; Answers inquiries relating to patient safety and act as a resource; Provide continuous education for staff as it relates to the National Patient Safety Goals and ensuring complete compliance; and Other duties as needed.</p>
<p><i>Administrative Assistant</i></p> <p></p> <hr style="border: 0; border-top: 1px solid black; margin: 0;"/> <p>Signature</p> <p><u>02/23/18</u></p> <p>Date</p>	<p>Responsible for creating a packet for the minutes to include the agenda, the minutes, any supporting documentation (i.e.; policies, memorandums written, etc.) that were a part of that particular meeting for filing; and Other duties as needed.</p>

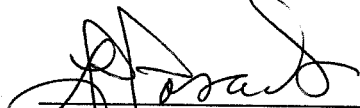
Approved by:



 Peter John D. Camacho, MPH
 Hospital Administrator/CEO

02/27/18

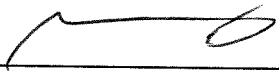
 Date



 Lillian Perez-Posadas, MSN, RN
 Quality and Safety Chairperson

5/30/18

 Date



 Eloy Lizama
 Board of Trustees Chairperson

5/21/18

 Date