The Corrective Action Plan (CAP) was written to effect meaningful, verifiable and sustainable change so that all elements of the Medicare Conditions of Participation can be satisfied on re-survey.

- Timelines and quality of patient care
- Patient rights and patient safety
- Safe patient “hand-offs” and continuity of patient care
- Role and organizational structure of nursing and nursing practice
- Case management and discharge planning
- Infection prevention and control
- Medication management
- Supervision of medical residents
- Emergency medical treatment, particularly psychiatric emergency treatment
- Quality Assessment and Performance Improvement (QAPI) functions
- Progressive discipline and accountability

All of these operating and structural issues identified in the Gap Analysis and CAP must be addressed in an auditable and verifiable manner in order for Parkland to succeed under the CAP and be ready for full CMS survey.
**Progress Overview**

*Completed several key activities in May.*

Signed off on over 180 completion forms – marking the completion of initiatives from the Corrective Action Plan

Reported over 80 metric and audit results that were reviewed by A&M and reported to CMS
  - Majority relate to HR, Access/Throughput, Emergency Services, and Medication Management
  - Large focus to report more audit results for June report

**OPPE/Peer Review System**
  - Board of Managers heard presentations on improvements to OPPE, Peer Review System and a new task force on improvements to documentation to Resident Oversight
  - Board of Managers approved overview of new Quality Assessment/Performance Improvement (QAPI) plan

**Emergency Department Visits Analysis**
  - Completed analysis of patient visit volumes/patterns, acuity, origin of patients, and geographic segmentation of different ED sections
  - Analysis will lay function for work to be done regarding Access and Throughput and the design of the continuum of care for Parkland patients

**Physician Attribution**
  - Medical Staff developed an EMR-based system to assist in Physician Attribution
  - Implementation of the education will occur in June as will electronic audits of this new process
Progress Overview

**Milestones Met on Schedule**

- **Emergency Department** – continued to redesign and implement “throughput” improvements to patient registration, triage, assessment, and discharge
- **EVS** – initiative for deep cleaning of hospital facilities was launched in May
- **QAPI**
  - BOM reviewed and approved an overview plan for a significantly expanded and improved QAPI plan
  - Search for new Chief Patients Rights and Safety Officer (CPRSO) underway
- **Infection Prevention**
  - Undertook a review and revision to departmental and house-wide infection prevention policies and procedures
  - Initiated new procedures to survey departments for IP compliance
- **Medication Management** – implemented a refined adverse drug event definition and EPIC trigger
- **Nursing**
  - Many tasks completed on schedule, however, effectiveness of change in process, culture, and education continued to need to be audited by nursing management and A&M
- **WISH** – continued to fill and “on-board” vacant management positions and work with consultants on additional improvements to maternal patient experience
**Milestone Progress**

**Milestones Not Met on Schedule**

- **Care Management** – delay in most tasks due to hiring of outside consulting firm
- **Human Resources** – delay in most tasks due to hiring of outside consulting firm
- **Medical Staff** – significant amount of work is still required to revise and improve procedures regarding peer review and OPPE
- **Nursing** – proper use, documentation, and education around the use of restraints
- **Psychiatric Services** – critical vacancies still exist in key management positions and consistency in physician coverage
- **Resident Supervision** – need agreement on audit tool and process to continue to validate that all ACGME Common Program Requirements are being consistently met

**Redouble Efforts on Milestones Not Met**

- OPPE & Peer Review
- Audits of Nursing Practices
- Human Resources
- Care Management
- Resident Supervision
Focus for June

Level of Engagement
- Management will need to be engaged to plan, institute and complete:
  - Acceptance and implementation of the plan for Care Management developed by the Consultant
  - Education and training initiatives under the CAP
  - Implementing revised OPPE/Peer Review processes
  - Implementation of additional oversight and auditing procedures for Resident physician supervision

Governance Work Stream
- Complete drafting revised disaster/contingency plan
- Conduct post-acute community resource assessment
- Finalize decision about technology platform to support training and education
- Screening of candidates for the Chief Patient Rights & Safety Officer (CPRSO)

Clinical Operations Work Stream
- Complete identification and on-boarding of “locum tenens” and Faculty by UT Southwestern Medical School for psychiatric services
- Accelerate facility design, renovation, and construction commencement for Psychiatric ED
- Examine additional “ownership” model of units with regard to environment of care and infection control
- Implement and audit effectiveness of suicide risk and behavioral quadrant assessment tools
Focus for June

Access and Throughput Work Stream

- Design and roll out new EMTALA training for ALL employees who are in a position to encounter/direct patients for Emergency/Urgent Care Services
- Evaluate pilot of “Bed Czar” role and plan for roll out on all shifts
- Continue to identify efficiency opportunities within the Emergency Department and COPCs

Nursing Work Stream

- Continue efforts to update and revise all nursing policies, procedures, and standards including finalizing changes to policies, procedures, and training on proper use and documentation of patient restraints
- Conduct education/training and audits of practices related to documentation of plan of care, restraints and hand-offs
- Implementation and auditing of revised role and responsibilities for Nursing Supervisors
- Implement acuity-based staffing and audit of staffing to acuity on nursing units
- Finalize revisions to competencies for clinical staff
Focus for June

Physician Work Stream
- Continue to progress on expanding/revising peer review, OPPE/FPPE processes
- Evaluate Medical Staff Office organization and needs
- Continued to refine policies and processes related to identification of “on call” Resident and Attending physicians

Quality & Safety Work Stream
- Finalize, obtain approval and proceed with reorganization of Quality Department
- Evaluate and analyze organizational structure of Patient Safety
- Develop a dashboard to track and trend “patient rights” indicators
- Continue to work on quality indicators for vendor contracts
Barriers and Concerns toward meeting future deadline

**Barriers and Concerns**

- **Need to acquire new technology and information systems**
  - Acuity based staffing models
  - Training and education
  - Competency tracking

- **Time availability of practicing physicians to lead/participate in CAP initiatives as currently designed and assigned**
  - Those assigned to Physician Work Stream practice and have other administrative and/or committee roles

- **Need to acquire new technology and information systems**
  - Content development
  - Delivery to employees and staff

- **Process/timelines to engage outside consultants and subject matter experts**