

Ferry County Health

2025 Quality Plan

LEADERSHIP: Advance the organization through learning, collaboration, and communication. Lead the integration of quality into the fabric of the organization to achieve identified objectives.

SAFETY: Nurture a safe and transparent culture for reporting and collaboration to analyze patient safety events.

PROCESS IMPROVEMENT: Promote a robust data-driven approach to complex problem solving.

DISTRICT-WIDE

- Implement a Contract Evaluation workflow for Managers
- Prioritize the roll out of an updated rapid response policy with consistent use of codes and documentation
- Advance new-hire quality program orientation and onboarding education
- Policy Reviews to meet new every two-year standard.
- Focus on Quality Projects in response to 2024 survey

QUALITY PROGRAM GROWTH

Data Visualization:

- Develop quick access to quality data for Leadership/Management decision-making
- Use Meditech to develop and track our quality data.

Process Improvement:

- Develop district benchmarks for department quality measures
- Demo A3 problem-solving technique education to Managers
- Work with managers on developing quality improvement projects with benchmarks.

CLINICAL DATA MONITORING

Provider documentation completeness timing—**Informaticist**

New Provider chart reviews—**Chief of Staff**

Adverse Event reporting—**CNO**

Provider peer review program—**CNO**

Restraint documentation audits—**ER Nurse Manager**

Multidisciplinary Trauma Quality Improvement Program—**ER Nurse Manager**

Fall events and prevention program—**Resident Care Coordinator, CNO**

QBS annual Medicare wellness exams—**Health Data Analyst**

QBS PHQ depression screening — **Health Data Analyst**

QBS well-child visits — **Health Data Analyst**

QBS controlling blood pressure — **Health Data Analyst**

QBS Diabetes A1c monitoring — **Health Data Analyst**

Culture contamination audits—**Lab Manager**

Transfusion reaction audits—**Lab Manager and ER Nurse Manager**

Antibiotic stewardship program—**Infection Prevention RN**

Handwashing audits—**Infection Prevention RN**

Healthcare acquired infections—**Infection Prevention RN**

2025 Quality Improvement Committee Agenda

MONTHLY STANDING TOPICS:

Complaint and Grievance review
Current regulatory or legal matter concerns
Insurance-related malpractice claims or concerns
Action Cue Dashboard Review
Survey Result Dashboard Review

Negative health outcomes review
Adverse event review
Patient or visitor injury review
Review Active Process Improvement Projects

JANUARY

Quality Plan work session

FEBRUARY

Q4 Restraint use review
Q4 Antimicrobial Stewardship review
Infection Control dashboard review
Q4 Contract Services dashboard review

MARCH

Provider medical record delinquency review
MTQIC Trauma dashboard review

APRIL

Q1 Falls dashboard review
Antimicrobial Stewardship review
Q1 Medication Use event dashboard review
Q1 Contract Services dashboard review

MAY

Risk Management review (visitor/vendor, equipment related, security, delays in care events)

JUNE

Semi-Annual QBS dashboard review
Semi-Annual blood transfusion reactions review
Semi-Annual Mortality—unanticipated death review

JULY

MTQIC Trauma dashboard review
Q2 Medication Use event dashboard review

Q2 Contract Services dashboard review

AUGUST

Antimicrobial Stewardship review

Infection Control dashboard review

SEPTEMBER

Provider medical record delinquency review

OCTOBER

Risk Management review (visitor/vendor, equipment related, security, delays in care events)

Q3 Medication Use event dashboard review

Q3 Contract Services dashboard review

NOVEMBER

MTQIC Trauma dashboard review

Provider medical record delinquency review

Endoscopy program (wrong site, patient, procedure) review

DECEMBER

Semi-Annual QBS dashboard review

Infection Control dashboard review

Semi-Annual Mortality—unanticipated death review

Restraint use and documentation audit review

Blood transfusion reactions review

DiAnne Lundgren 4/22/25
DiAnne Lundgren, Chair Date

Sarah Krausse 4/22/25
Sarah Krausse, Vice Chair Date

Nancy Giddings 4/24/25
Nancy Giddings, Secretary Date

Ronald L Bacon 5/7/25
Ron Bacon, Commissioner Date

Susan Solomon-Hopkins 4/22/2025
Susan Solomon-Hopkins, Commissioner Date
