

TAOS HEALTH SYSTEMS, INC.

SCOPE: Organization Wide

REVISED DATE: 2/18/2025

DEPARTMENT: Quality, Risk & Compliance

APPROVED BY: SLT

LifeWings Quality and Safety Program

- I. POLICY PURPOSE:** To provide guidelines for the LifeWings Quality and Safety Program.
- II. POLICY STATEMENT:** Taos Health Systems, Inc. (THS) establishes this policy to ensure the highest quality and safety standards are provided in compliance with all applicable rules and regulations.

III. PROCEDURE:

- A. THS Board of Trustees bears the ultimate responsibility for the quality and safety of services provided by the employees, medical staff, contractors, and volunteers. THS LifeWings Quality and Safety (LWQS) Program, to be known as LifeWings, is based upon the principles defined in *Lifewings Quality and Safety Program Principles*, and is carried out in the procedures defined in *Department Lifewings Quality and Safety Programs*. The quality and safety program's purpose is to:
 1. Monitor and comply with policies, standards, laws, and licensure requirements set forth by the State of New Mexico and the federal government while ensuring that THS meets the conditions of participation for the DNV, ISO 9001, Medicare, Medicaid, and other applicable regulatory agencies.
 2. To ensure that patient care services are provided consistent with applicable professional standards.
 3. Implement ongoing, comprehensive, and objective mechanisms to monitor and evaluate the quality and safety of services provided to the clients of THS through routine data collection and analysis.
 4. Provide an interdisciplinary approach for the identification, monitoring, and evaluation of quality control, quality assurance, and quality improvement activities consistent with the priorities outlined in the strategic plan.
 5. To consider and manage the suspected or potential risks and opportunities, the needs of our stakeholders, and our external and internal context related to the delivery of services and to ensure the improvement of processes through a systematic approach. The information collected during Community Health Needs Assessment, Strategic Planning, Annual Evaluation of Critical Access Hospital Services and LWQS Quarterly

Reports and Annual Evaluations is used to identify the risks and improvement needs. A strategy for change is implemented and data evaluated to determine if the change mitigated the risk or produced improvement.

6. Provide a system for comprehensive management and oversight of all quality and safety activities and issues.
7. Provide appropriate quality and safety related educational activities and communication.

B. The Board's accountability in this area is discharged by:

1. Demonstrating a top-down commitment to quality and safety and to the organization's programs for quality and safety management.
2. Requiring that objective measures be used to gauge the quality and safety of care and services provided.
3. Ensuring that processes are in place to effectively monitor and improve safety and quality.
4. Appointing, reappointing, and granting privileges to the Medical Staff based on documentation of current clinical and behavioral competence.
5. Responsibility for development and implementation of the LWQS Program is delegated by the Board to the CEO, with the expectation that a LWQS Program will be developed to assist in the creation and oversight of the necessary processes and activities. The Medical Staff and Leadership Team perform an important role in fostering improvement through planning, educating, setting priorities, providing support (i.e., time and resources), and empowering staff.
6. The Board will receive regular reports from the LWQS Program. The contents of all reports to the Board are confidential, privileged information and will contain sufficient detail and analysis to allow the Board to effectively meet its oversight responsibility.

C. Introduction:

1. THS is dedicated to excellence in health care for our community. It believes that a comprehensive LWQS Program is an effective way to monitor the implementation of organizational goals designed to promote the facility's mission *"To provide our community with high quality healthcare choices close to home, in an environment of continual improvement and service excellence."*

2. The organization will participate in systematic quality and safety improvement efforts. These efforts will focus on areas that significantly impact critical clinical processes, clinical outcomes, key business results, facility core functions, and the primary needs of patients. Individual competence, when identified as an issue in quality and safety improvement, will be handled through the appropriate medical staff and/or human resources procedures and processes.
3. THS is a member of the New Mexico Hospital Association (NMHA). The NMHA provides THS an opportunity to work with other hospitals to identify appropriate measures of quality for similar sized facilities, provide a mechanism to meet licensure and certification requirements for outside quality and peer review, and to establish best practices. When requested, the NMHA will assist THS in the development of studies to evaluate facility structures, processes, and outcomes. All data gathered by and for the NMHA is for the purpose of assessing and improving quality, and for educational purposes and, as such, is confidential and privileged information.

D. Lifewings Program Goals:

1. The Board of Trustees and CEO use a 3-year strategic planning cycle and Community Health Needs Assessment (CHNS) to identify long-term goals. The plan considers the context of the organization, the internal and external issues that can affect these goals and the interested parties that are affected by decisions related to these goals. These goals serve as a guide for establishing the future direction of the organization and its provision of services. The Board of Trustees approves the Strategic Plan.
2. Annually, the CEO works with the Leadership Team to identify external and internal issues or improvement opportunities that support attainment of the long-term goals. The Annual Evaluation of Critical Access Hospital Services and the Department Leadership's Evaluation of LifeWings Plans are used to identify these issues. Department Leadership develop department improvement opportunities designed to improve patient safety, reduce medical errors (risk), improve health outcomes (for patients and the community), and improve customer satisfaction.
3. The result of this work is a prioritization of new services and improvements to current services that is focused on the needs of the patient and the community. These goals, objectives, and department improvement opportunities are communicated throughout the organization and utilized as the focus on patient safety, quality, and performance improvement. Senior Leadership will communicate these in a variety of ways to include; Leadership Meetings, All

Staff Meetings, Department meetings, Senior Leadership Rounding, e-mail, and printed materials.

E. The LifeWings Program will focus on the measurement, assessment, and improvement of performance and work processes to:

1. Improve the quality and safety of THS's systems and work processes and respond to risk-management findings.
2. Identify indicators of quality and safety related to structure, process, and outcomes of patient care.
3. Measure clinical practice against best practices or benchmarks appropriate to similar sized facilities.
4. Design or redesign care processes based on best practices and evidence based medicine.
5. Improve coordination and communication across patient conditions, services, and settings.
6. Improve customer satisfaction with services, their needs and expectations.
7. Monitor ongoing infection control activities.
8. Track patient safety issues, sentinel events and the safety of the environment.
9. Assure accreditation and regulatory compliance

F. Scope and Integration:

1. The scope of the LifeWings Program is organization wide. All personnel, clinics, and departments will be actively involved in the program. Contracted services are also included in the on-going monitoring activities and as appropriate, quality and safety teams. Examples of involvement are participation in a quality and safety team, collecting assessment data, and participating in data analysis.
2. In addition to involvement in the LifeWings Program and other THS quality and safety committees, the Medical Staff is actively involved in the LifeWings Program through the peer review process and privilege appointment/re-appointment process. The LifeWings committee evaluates the safety, quality, and appropriateness of the diagnosis and treatment outcomes.
3. Each department will create a department LifeWings Program that will include areas of high risk, high volume, or problem prone components of

care/operation. Department LifeWings Programs will be reduced to written format, as defined in *Department LifeWings Quality and Safety Programs*.

4. The LifeWings Program evaluates the evidence based practices and outcomes of the organization. At no time does the organization participate in research or design and development of new services or products.

G. LifeWings Quality and Safety Committee (LWQSC) Composition:

1. The Board delegates responsibility and authority to manage the LifeWings Program to the CEO. The CEO will form and oversee the LWQSC. Members of the LWQSC shall be composed of at least three but no more than five Directors, at least one of whom shall be a physician member of the Medical Staff. The CEO, CNO, COO, CSO, administrators responsible for Quality Improvement, and Risk Management, and the Compliance Officer shall be voting committee members. The committee will be chaired by a member of the Board. The Chair of the committee may invite other individuals to serve on the Committee as either ex officio voting or non-voting members.

H. Medical Staff:

1. The Board of Trustees delegates to the organized Medical Staff the responsibility and accountability for the quality of medical care. The Medical Staff is responsible for developing and implementing recommendations regarding Medical Staff competencies, training and credentialing. The Medical Staff is self-governing and the framework within which they function is found in their Bylaws, Rules and Regulations and related manuals. The Medical Staff through the Medical Executive Committee (MEC) fulfills oversight of clinical patient care by receiving and acting on reports and recommendations of the following functions:
 - a. Credentials review and privileging
 - b. Monitoring and evaluation of physician clinical services
 - c. Medical Staff monitoring functions
 - d. Pertinent results from hospital-wide performance improvement activities
2. The Medical Staff is responsible for actively participating in all appropriate quality and safety activities. The goals of the Medical Staff's involvement in organizational improvement activities are to improve the quality of care, treatment, services and patient safety. The Medical Staff is accountable for this function to the Medical Executive Committee and the Board of Trustees.

3. While the Medical Staff are active participants of the overall Lifewings Program, there are activities and measures that are unique to, and therefore the responsibility of, the Medical Staff. These activities, which are overseen by the Medical Executive Committee, include peer review and the evidence based medical review of data related to:
 - a. Medication use
 - b. Infection prevention and control
 - c. Blood utilization
 - d. Pharmacy and therapeutics
 - e. Surgical cases/outcome measures/tissue procurement
 - f. Medical cases/outcome measures/tissue procurement
 - g. Mortality and morbidity
 - h. Invasive procedures/outcome measures/tissue procurement
 - i. Medical record documentation, including pertinence and timelines
 - j. Trauma
 - k. Internal and outside peer review activities
4. Medical Staff quality and safety activities will be reported at least quarterly to the Medical Staff and LQSC and will be appropriately documented in the meeting minutes.

I. LWQSC oversees all quality and safety related activities at THS. It reviews policies and procedures relating to Quality, Infection Control, Safety, and Risk Management as needed. It reviews and oversees quality data generated by each THS department/section. The LWQSC generally meets every month.

J. The LWQSC discharges a portion of its duties through committees including:

1. Professional Standards Committee
2. Department Lifewings Committees
3. Safety Committee

4. Infection Control Committee
5. Pharmacy and Therapeutics Committee.
6. Internal Audit Committee, including ad hoc rapid cycle sub-committees.
7. These committees submit regular reports (at least biannually) to the LWQSC.

K. The LWCSC may designate specific committees or teams to evaluate and improve a specific process within the facility. These responsibilities may include the Scopes of Work as established by CMS, the federal government, or other outside licensure or accrediting agency, patient safety issues as identified by national groups or accrediting agencies, or other specific quality improvement or patient safety activities or services deemed necessary. Upon establishing a special committee or team, the LWQSC will provide a charter which outlines the group's purpose and responsibilities. These groups will submit regular reports to the LWQSC. Once the committee or team has accomplished its purpose, it will be disbanded.

L. Minutes of the LWQSC are taken by the Administrative Assistant and a summary is presented to the Board each month. A full copy of the minutes is available upon request. These minutes are confidential and privileged information.

M. LWQSC Powers and Functions:

1. The LWQSC shall review and update as required the processes designed to assure that all individuals who provide patient care services and are subject to Privilege delineation via Medical Staff channels, are reviewed and found competent in specific skills including assessment and age appropriate treatment.
2. The LWQSC shall, together with the medical staff implement and manage the Hospital's quality assurance initiatives, including any performance improvement plan or report required by applicable laws, regulations or professional organizations.
3. The LWQSC shall require a mechanism to assure that all patients receive quality services in all Taos Health Systems, Inc., facilities, regardless of ability to pay.
4. The LWQSC shall require the Medical Staff and other employees and contractors of Taos Health Systems, Inc. to implement and regularly report to the Board on the activities and mechanisms for quality and risk issues associated with all patient populations and for compliance issues as noted below:

- a. Monitoring and evaluating the quality of patient care;
 - b. Identifying and resolving problems;
 - c. Identifying opportunities to improve patient care;
 - d. Identifying and reporting risk management issues and safety incidents and trends; and
 - e. Reporting compliance issues that are of concern and may create risk for the Hospital.
5. The LWQSC shall recommend to the Board policies for educational programs, scholarships, and continuing education efforts.
6. The Board will ensure that adequate resources are available for the LWQSC and hospital staff to perform the functions outlined above in this section.

N. Lifewings Subcommittee:

1. Each department will develop an annual LifeWings Program as defined in *Department Lifewings Programs*. Department LifeWings Committees can serve in this capacity.
2. Prior to developing their LifeWings Program for each new fiscal year, each department will review all quality and safety activities from the current year. The annual review will address the effectiveness of the program in improving services and clinical performance, resolving problems, and achieving other stated program objectives;
3. After receipt of the individual department LifeWings Program reviews, the LWQSC will evaluate the organization's success in achieving the goals and annual objectives of the overall LifeWings Program.
4. An annual assessment of the overall effectiveness of the LifeWings Program will be made by the LWQSC and presented to the Board with recommendations for improvement.
5. The LifeWings Program shall be evaluated for effectiveness at least annually and revised as necessary. The evaluation shall contain information regarding significant problems identified, opportunities to improve care, and the effectiveness of actions taken. The evaluation discusses both the strengths of and opportunities to enhance the existing Program.

6. The Medical Executive Committee and each department, committee, or team evaluates the effectiveness of its LifeWings activities on an annual basis and report its findings to the LWQSC.
- O. The LWQSC will use a variety of approaches and activities to meet its responsibilities. These may include:
 1. The Plan, Do, Study, Act (PDSA) approach to process improvement.
 2. A quick fix process commonly called “Rapid Cycle Improvement” to identify problems which do not require a comprehensive approach to problem solving and solution implementation.
 3. Quality assessment activities to study and collect data for measuring quality against pre-established standards or benchmarks and outcomes of care, such as patient and staff satisfaction studies, blood and medication use, and infection control surveillance data.
 4. Quality Improvement team activities that may be intradepartmental or interdepartmental.
 5. Dashboard reports
 6. Outside quality and safety review processes provided by the NMHA.
 7. Root cause analysis of sentinel events.
 8. Failure mode and effect analysis (FMEA) of high-risk processes.
- P. Director of Quality, Risk & Compliance:
 1. The Chief of Support Operations will oversee the Director of Quality, Risk & Compliance (DQRC). The primary responsibilities of the DQRC includes:
 - a. Coordinate the implementation and monitoring of the LifeWings Programs;
 - b. Provide support for the Medical Staff, department directors/managers and related quality and safety improvement teams;
 - c. Coordinate and/or provide training throughout the organization as it relates to quality and safety issues; and
 - d. Generate the necessary reports for the LWQSC, the Board, and the Medical Staff.

- e. Specific qualifications and requirements for the DQRC are detailed in the appropriate job description.

Q. Confidentiality of Information:

1. All information related to and reported as part of the LifeWings Program, as outlined in this document, is confidential and protected by the Health Care Quality Improvement Act. Confidential information may include but is not limited to, Medical Staff and other committee minutes, data gathering and reporting, unusual occurrence reporting, and clinical profiling. Some information may be disseminated on a need to know basis as required by agencies such as federal review agencies, regulatory bodies, the National Practitioners Data Bank, or any individual or agency as approved by the MEC, Administration, and/or Board of Directors.
2. All participants in LifeWings Program activities will respect the confidential nature of relevant documents. All quality and safety activities are protected under New Mexico Peer Review Organization Immunity Act, New Mexico State Statute NMSA 41-9-1 through 7. Revised August 2013
3. Appropriate safeguards have been established to restrict access to highly sensitive and confidential quality and safety information, which is protected against disclosure and discoverability through New Mexico State law. All data, reports, and minutes are confidential and shall be respected as such by all participants of the Quality and Safety Program. Data, reports, and minutes of the components of THS;s Lifewings Program are the property of THS.

CROSS REFERENCES:

Rule/Cite/Tag: Quality Assurance §485.641(b), tags C-0336 through C-0343

Principles of the Lifewings Quality and Program

Department Lifewings Quality and Safety Programs

APPROVAL CHART:

| Policy Category | Approvals needed | Name |
|---|---|---|
| Single department | Director/Manager | |
| Multiple Departments under same Director/Manager | Director/Manager | |
| Multiple Departments under multiple Director/Managers | Director/Manager for each department | |
| Organization/Hospital-wide | Senior Leadership Team | 4/15/2019 |
| Medical Decision Making/Practitioner Responsibilities | <input type="checkbox"/> Emergency Department <input type="checkbox"/> Pediatric & Adult Medicine <input type="checkbox"/> Surgery & Anesthesia <input type="checkbox"/> Peri-natal <input type="checkbox"/> MEC/Chief of Staff | |
| Medical Staff or Governing Board Responsibilities | <input type="checkbox"/> MEC/Chief of Staff <input type="checkbox"/> Governing Board | |
| Approved Date: | | 2/24/2017, 1/15/2018, 4/15/2019 |
| Reviewed Date: | | 1/15/2018, 1/8/2019, 12/19/2019, 9/8/2020, 2/19/2021, 2/14/2022, 2/24/2023 |
| Revised Date: | Added wording for ISO standards | 1/15/2018, 4/11/2019, 9/4/2020, 2/18/2025 |