

Monitoring of Clinical Contracted Services

Barb Wainright, Lead Improvement Specialist

COREWELL HEALTH WEST

2024

Background

- The Joint Commission Leadership 04.03.09 standard requires close monitoring of all clinical services provided in the Hospital.
- Corewell Health received two citations in 2018 due to inability to demonstrate effective monitoring of clinical services performance. An additional citation in 2021 due to no written communication between the parties of the clinical performance expectations.

Background

- Corewell Health Monitoring of Contract Services was developed in 2020 to complement Center for Medicare and Medicaid Services (CMS) and The Joint Commission (TJC) requirements.
 - Goals of policy: ensure care, treatment, and services provided through contractual agreement are provided safely and effectively.



What is a Clinical Service?

Clinical Service: All medical services and care provided either *directly or indirectly* to hospital patients

Tier 1 - Direct Patient Care Provider

Provides Clinical Services directly to patients; provides staff that provides Clinical Services directly to patients; or operates equipment that is utilized in the provision of Clinical Services to patients.

Tier 1 examples 1) Anesthesia 2) Emergency 3) Radiology 4) Pathology 5) Hospitalist

Tier 2 - Indirect Patient Care Provider:

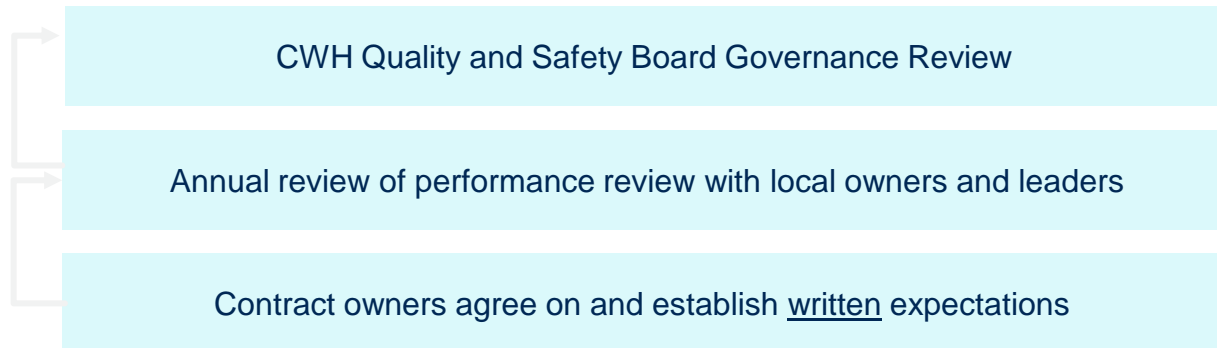
- Does not provide Clinical Services directly to patients but provides ancillary services that support Clinical Services provided directly to patients – includes calibration/repair of equipment; equipment sterilization; medical records and associated IS systems; environmental services; and management of waste.

Tier 2 examples: 1) A company that removes sharps from patient rooms. 2) High risk clinical equipment – dialysis 3) Laundry vendor

Contract Owner | Leadership Requirements

To demonstrate compliance to Corewell Health policy, the below three requirements must be met:

1. Contract owners (Corewell Health and vendor) agree upon performance expectations that focus on quality and safety and establish written documentation of measures
2. Contract owners complete an evaluation, at least annually, of written expectations to ensure vendor is providing high quality, safe care
3. Contract owners ensure governance oversight by, at minimum, submitting an annual report to the identified governing body



The Joint Commission Survey Experienced

Tier I - *Direct Patient Care Provider*

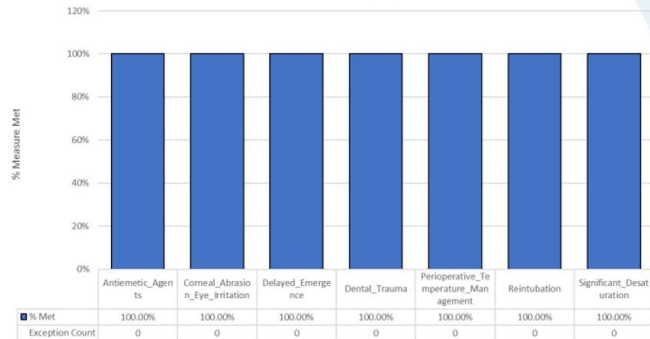
- "Big 4" monitoring of clinical contracted services requirements complete
 - Composed of Emergency, Pathology, Radiology, and Anesthesia
 1. Written expectations established for all
 2. Annual review of agreed up metrics completed
 - Local entity review completed
 - COO Council review completed
 3. Governing body oversight
 - Requirement fulfilled annually by Corewell Health West Quality, Safety and Experience Board

The Joint Commission Survey Experienced

- How do I prepare for survey?
 - In the contract tag the contract metrics
 - Match the contract metrics to contract dashboard
 - Share collaborative improvement stories and/or sustainment from the previous 12 months

Example: CH Gerber Anesthesia

Quality Measures – Rolling 3 Months Ending Jun 2023



Gerber Endoscopy Corwell Health West - Endoscopy Services Patient Experience Report (OAS CAHP Performance Period 01/01/2023 - 06/30/2023)

Anesthesia information easy to understand	5	211	97.6%	↑ 0.5%
Anesthesia side effect easy to understand	5	211	92.4%	↑ 0.2%
Information regarding subsequent nausea	5	170	99.4%	↓ -0.1%



Corewell HealthTM