ENSURING SAFE
SYSTEM EXPANSION

A Joint Clinical Integration Guide

## Opportunity

System expansion (including but not limited to hospital and physician practice mergers, affiliations, and acquisitions) presents the opportunity to improve quality of care. However, it can also result in increased risk due to: 1) infrastructure changes (e.g., standardized formulary or EMR), 2) patient population changes (e.g., new clinical program or increased population of one type of patient), and 3) practice location changes (e.g., subspecialty care in the community).

## Mission Statement for our Patient Safety and System Expansion Work

The affiliation should unambiguously increase the value of care to the joint patient population of all involved organizations.

## Proposed Solutions

1. A pre-affiliation process that:
* establishes the clinical goals for the joint patient population,
* identifies potential risks to patients in the expansion process. Risks may be identified using our **Patient Safety Discussion Toolkit for System Expansion**, a tool for physician and network development leaders to identify areas where significant variation exists between institutions,
* fosters successful collaborative cross institutional relationships.
1. A post-affiliation process that:
* ensures joint clinical oversight. This **Joint Clinical Integration Guide** provides recommendations for creating an effective Joint Clinical Integration Council (JCIC) to establish and monitor progress on safety risks and quality goals.

## *Caveat*

Since expansion types range from mergers with no patient movement to individual physicians providing care in new settings, clinical and network development leaders will need to modify the framework to fit local needs and culture.

## Guidance for Joint Clinical Integration

### Establish System-level Readiness (*C-Suite\**)

* Affirm executive level support for, and engagement with, the mission and work of Joint Clinical Integration Council
* Affirm goals for the joint patient population for clinical quality improvement and mitigating safety risks
* Establish deliverables and timeline for progress on those goals
* Ensure adequate resources (e.g. finances, Information Technology (IT), project management) for JCIC
* Ensure protected time for clinical members
* Ensure data and monitoring capabilities will support Council to meet oversight responsibilities

### Establish Joint Clinical Integration Council

1. Preparation

Select a leader or co-leaders with strong facilitation skills *(C-suite\*)*

Decide on council membership, representing both institutions: *(C-suite and Leader/s\*)*

Confirm core and supplemental members (balancing inclusion and efficiency).

Consider physicians, nurses, patient safety/quality, network development, IT, finance, project management.

For inaugural meeting, prepare to present on behalf of all affiliating members: *(Leader/s\*)*

affiliation goals and anticipated challenges

safety risks, as currently understood, related to the affiliation

roles and responsibilities of council members

1. Inaugural Council meeting

Confirm shared understanding of: *(Leader/s\*)*

rationale and goals of the affiliation

Council objectives, functioning, resources, and supports

roles and responsibilities of each member

Review, reaffirm, and prioritize (or set timeline to determine) patient safety risks using the Discussion Toolkit, risk assessment tools, and/or other data/documents created for this purpose

Identify and plan opportunities for sharing best practices

1. Second meeting

Confirm (or set timeline to confirm) clinical measures to assess affiliation goals and patient safety risks

Anticipate challenges/responses in meeting these goals

### Sustain Council

* Track and disseminate: key clinical measures and comparisons to expected performance
* Respond to patient safety concerns
* Identify actionable opportunities and implement best practices
* Bring in expertise as needed
* Report progress and barriers to CEOs (or affiliation appropriate leaders) at specified intervals.
* Define criteria to disband Council and hand ongoing responsibilities to specified others with necessary capabilities, or to continue Council indefinitely

*NOTE: \* Denotes person/persons responsible*