TARRANT COUNTY HOSPITAL DISTRICT (TCHD)
d/b/a JPS HEALTH NETWORK
1500 S. Main Street
Fort Worth, TX 76104
OPC Auditoriums, 3rd Floor

QUALITY AND PATIENT SAFETY COMMITTEE MEETING
12:00 P.M., THURSDAY, APRIL 24, 2025

MEETING MINUTES

The Tarrant County Hospital District ("District") Quality and Patient Safety Committee met on Thursday, April 24, 2025, with the following members present:

	Margaret Holland, MD Brian Webb, MD Dorothy DeBose Dustin Austin Stephanie Carson-Henderson, MD Dan Casey, MD (alternate)
Members Absent:	Tim Davis Amanda Arizola
Others Attending:	Karen Duncan, MD, President and Chief Executive Officer Daphne Walker, EVP, Chief Legal Officer Jill Farrell, Sr. EVP, Chief Operations Officer Colin Werenka, SVP, Chief Compliance Officer Rory McCrady, SVP, Revenue Cycle Saba Asad, MD, Interim Chief Medical Officer Razaq Badamosi, MD, FCCP, VP Network Quality Officer Phyllis Chambers, SVP, Chief Nursing Officer Shannon Fletcher, SVP, Chief of Staff/External Affairs Nicole Farrar, Workplace Violence Manager Rev. Ralph Emerson, Board Member Ashley Sanchez, Board Coordinator Lani Taylor, Legal Operations Manager

I. CALL TO ORDER – M. Holland

Ms. Holland called the meeting to order at 12:05 p.m.

II. CITIZENS WISHING TO ADDRESS THE COMMITTEE

There were no citizens present to address the Committee.

III. APPROVAL OF MINUTES

A. Quality and Patient Safety Committee Meeting Minutes – January 23, 2025

Action: *Ms. DeBose made a motion to approve the minutes from the January 23, 2025 Quality and Patient Safety Committee, seconded by Dr. Webb, motion passed unanimously.*

IV. QUALITY & PATIENT SAFETY REPORTS/UPDATES NOT REQUIRING COMMITTEE ACTION(S)

A. Patient Voice – R. Badamosi

Summary: *Dr. Badamosi shared a patient story highlighting their experience as a patient at JPS.*

B. Tarrant County Jail Overview – J. Farrell

Summary: *Ms. Farrell provided an overview of medical services JPS offers to Tarrant County Jail as well as FY24 data on expenses and operational volumes.*

C. Falcon Report – R. Badamosi

Summary: *Dr. Badamosi shared the Falcon Report recommendations with the Committee.*

D. 2025 Quality Priorities – R. Badamosi

1. Patient Experience

2. Alternative Participating Hospital Reimbursement for Improving Quality Award (APHRIQA)

Summary: *The Committee received an update on patient experience and APHRIQA.*

E. Quality Dashboard – R. Badamosi

Summary: *Dr. Badamosi reviewed the dashboard data as of February 28, 2025.*

F. Quality Presentations – R. Badamosi

Summary: *Dr. Badamosi shared an accreditation update as well as an update on the committees that met in February 2025 – Enterprise Risk Management Workplace Safety and Medication Management.*

V. CONSIDER QUALITY & PATIENT SAFETY MATTERS REQUIRING COMMITTEE ACTION(S) AND/OR APPROVAL

A. There are no matters requiring Committee action(s) and or/approval.

The Committee took a break at 1:12 p.m.

VI. RECONVENE IN EXECUTIVE SESSION PURSUANT TO CHAPTER 551, TEXAS GOVERNMENT CODE FOR THE FOLLOWING:

Executive Session started at 1:17 p.m.

In addition to the matters posted for deliberation in executive (closed) session, the Board may from time to time during the meeting reconvene and meet in executive session to receive legal advice pursuant to Section 551.071 of the Texas Open Meetings Act regarding any matter included on this agenda.

A. **Receive Report from Patient Safety and Quality Governance in Committee's Capacity as Medical Committee and/or Medical Peer Review Committee Pursuant to Sections 161.031, Et. Seq., Texas Health and Safety Code and/or Chapter 160, Texas Occupations Code, and/or Serve as Medical Committee and/or Medical Peer Review Committee Pursuant to Said Statutes.**

1. Sentinel Events – R. Badamosi

2. Workplace Violence Events – D. Walker/N. Farrar

B. **Receive Report from Physician Excellence Committee in Committee's Capacity as Medical Committee and/or Medical Peer Review Committee Pursuant to Sections 161.031, Et. Seq., Texas Health and Safety Code and/or Chapter 160, Texas Occupations Code, and/or Serve as Medical Committee and/or Medical Peer Review Committee Pursuant to Said Statutes.**

C. **Consultation with General Counsel to Receive Legal Advice on Risk/Litigation Cases and Other Matters under Subsection 1 and 2, Section 551.071, Texas Open Meetings Act.**

VII. RECONVENE IN OPEN SESSION FOR DELIBERATION(S) AND/OR ACTION(S) DEEMED NECESSARY REGARDING ANY MATTER LISTED ON THE CLOSED SESSION AGENDA, PARAGRAPHS VI. A., B., and C.

Open Session reconvened at 1:50 p.m.

VIII. ADJOURN

There being no further business to discuss, Ms. DeBose made a motion to adjourn, seconded by Mr. Austin the Quality and Patient Committee Meeting adjourned at 1:50 p.m.

Margaret Holland, MD, Committee Chair

7/24/2025
Date

Filed
Tarrant County Clerk
9:42 am, Apr 17 2025
Mary Louise Nicholson
County Clerk
by **LMWillis**

TARRANT COUNTY HOSPITAL DISTRICT (TCHD)
d/b/a JPS HEALTH NETWORK
1500 S. Main Street
Fort Worth, TX 76104
OPC Auditoriums, 3rd Floor

QUALITY AND PATIENT SAFETY COMMITTEE MEETING
12:00 P.M., THURSDAY, APRIL 24, 2025

AGENDA

I. CALL TO ORDER – M. Holland

II. CITIZENS WISHING TO ADDRESS THE COMMITTEE

III. APPROVAL OF MINUTES

A. Quality and Patient Safety Committee Meeting Minutes – January 23, 2025

IV. QUALITY & PATIENT SAFETY REPORTS/UPDATES NOT REQUIRING COMMITTEE ACTION(S)

A. Patient Voice – R. Badamosi

B. Tarrant County Jail Overview – J. Farrell

C. Falcon Report – R. Badamosi

D. 2025 Quality Priorities – R. Badamosi

1. Patient Experience

2. Alternative Participating Hospital Reimbursement for Improving Quality Award (APHRIQA)

E. Quality Dashboard – R. Badamosi

F. Quality Presentations – R. Badamosi

V. CONSIDER QUALITY & PATIENT SAFETY MATTERS REQUIRING COMMITTEE ACTION(S) AND/OR APPROVAL

A. There are no matters requiring Committee action(s) and or/approval.

VI. RECONVENE IN EXECUTIVE SESSION PURSUANT TO CHAPTER 551, TEXAS GOVERNMENT CODE FOR THE FOLLOWING:

In addition to the matters posted for deliberation in executive (closed) session, the Board may from time to time during the meeting reconvene and meet in executive session to receive legal advice pursuant to Section 551.071 of the Texas Open Meetings Act regarding any matter included on this agenda.

Filed
Tarrant County Clerk
9:42 am, Apr 17 2025
Mary Louise Nicholson
County Clerk
by **LMWillis**

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1. Sentinel Events – R. Badamosi

2. Workplace Violence Events – D. Walker/N. Farrar

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VIII. ADJOURN

***THE MEETING SHALL CONTINUE HOUR-TO-HOUR AND DAY-TO-DAY UNTIL OFFICIALLY ADJOURN*

01-23 MEETING MINUTES - QUALITY AND PATIENT SAFETY COMMITTEE MEETING

TARRANT COUNTY HOSPITAL DISTRICT (TCHD)
d/b/a JPS HEALTH NETWORK
1500 S. Main Street
Fort Worth, TX 76104
OPC Auditoriums, 3rd Floor

QUALITY AND PATIENT SAFETY COMMITTEE MEETING
12:00 P.M., THURSDAY, JANUARY 23, 2025

MEETING MINUTES

The Tarrant County Hospital District ("District") Quality and Patient Safety Committee met on Monday, January 23, 2025, with the following members present:

	Margaret Holland, MD Brian Webb, MD Dorothy DeBose Dustin Austin Stephanie Carson-Henderson, MD
Members Absent:	Tim Davis Amanda Arizola
Others Attending:	Karen Duncan, MD, President and Chief Executive Officer Daphne Walker, EVP, Chief Legal Officer Jill Farrell, Sr. EVP, Chief Operations Officer Colin Werenka, SVP, Chief Compliance Officer Rory McCrady, SVP, Interim Chief Financial Officer Sudhakar Karlapudi, MBBS, MBA, EVP, Chief Medical Officer Razaq Badamosi, MD, FCCP, VP Network Quality Officer Phyllis Chambers, SVP, Chief Nursing Officer Tricia Elliott, SVP, Academic Research Affairs, MD Shannon Fletcher, SVP, Chief of Staff/External Affairs Dawn Fernald, VP, Communications Nicole Farrar, Workplace Violence Manager Blake Woodard, Board Member Lani Taylor, Legal Operations Manager Ashley Sanchez, Board Coordinator

I. CALL TO ORDER – M. Holland

Dr. Holland called the meeting to order at 1:30 p.m.

II. CITIZENS WISHING TO ADDRESS THE COMMITTEE

There were no citizens present wishing to address the Committee.

III. APPROVAL OF MINUTES

A. Quality and Patient Safety Committee Meeting Minutes – November 11, 2024

Action: *Ms. DeBose made a motion to the minutes of the November 11, 2024 Quality and Patient Safety Committee Meeting, seconded by Mr. Austin, motion passed unanimously.*

IV. QUALITY & PATIENT SAFETY REPORTS/UPDATES NOT REQUIRING COMMITTEE ACTION(S)

A. Patient Voice – S. Karlapudi/R. Badamosi

Summary: *Dr. Karlapudi shared a story highlighting the quality care JPS offered a patient and their family.*

B. The Joint Commission Updates – R. Badamosi

Summary: *Dr. Badamosi provided an update on The Joint Commission.*

C. 2025 Quality Priorities – R. Badamosi

1. Patient Experience

2. Alternative Participating Hospital Reimbursement for Improving Quality Award (APHRIQA)

Summary: *Dr. Badamosi presented an update on 2025 Quality Priorities highlighting Patient Experience and the Alternative Participating Hospital Reimbursement for Improving Quality Award (APHRIQA).*

D. Quality Dashboard – R. Badamosi

Summary: *Dr. Badamosi reviewed an update on the Quality Dashboard highlighting metrics, data breadth, and structure.*

E. Quality Presentations – R. Badamosi

Summary: *Dr. Badamosi provided an update on Quality Presentations highlighting Environment of Care Committee, Rehabilitation Services, Care Management, and the Infection Prevention and Control Committee.*

V. CONSIDER QUALITY & PATIENT SAFETY MATTERS REQUIRING COMMITTEE ACTION(S) AND/OR APPROVAL

There are no matters requiring Committee action/approval.

VI. RECONVENE IN EXECUTIVE SESSION PURSUANT TO CHAPTER 551, TEXAS GOVERNMENT CODE FOR THE FOLLOWING:

Executive Session started at 2:10 p.m.

In addition to the matters posted for deliberation in executive (closed) session, the Board may from time to time during the meeting reconvene and meet in executive session to receive legal advice pursuant to Section 551.071 of the Texas Open Meetings Act regarding any matter included on this agenda.

A. **Receive Report from Patient Safety and Quality Governance in Committee's Capacity as Medical Committee and/or Medical Peer Review Committee Pursuant to Sections 161.031, Et. Seq., Texas Health and Safety Code and/or Chapter 160, Texas Occupations Code, and/or Serve as Medical Committee and/or Medical Peer Review Committee Pursuant to Said Statutes.**

1. Sentinel Events – R. Badamosi

2. Workplace Violence Events – D. Walker/N. Farrar

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VII. RECONVENE IN OPEN SESSION FOR DELIBERATION(S) AND/OR ACTION(S) DEEMED NECESSARY REGARDING ANY MATTER LISTED ON THE CLOSED SESSION AGENDA, PARAGRAPHS VI. A., B., and C.

Open Session reconvened at 2:50 p.m.

VIII. ADJOURN

There being no further business to discuss, the Quality and Patient Safety Committee adjourned at 2:50 p.m.

_____ _____

Margaret Holland, MD, Committee Chair *Date*

Tarrant County Jail Overview - J. Farrell

Tarrant County Jail Overview

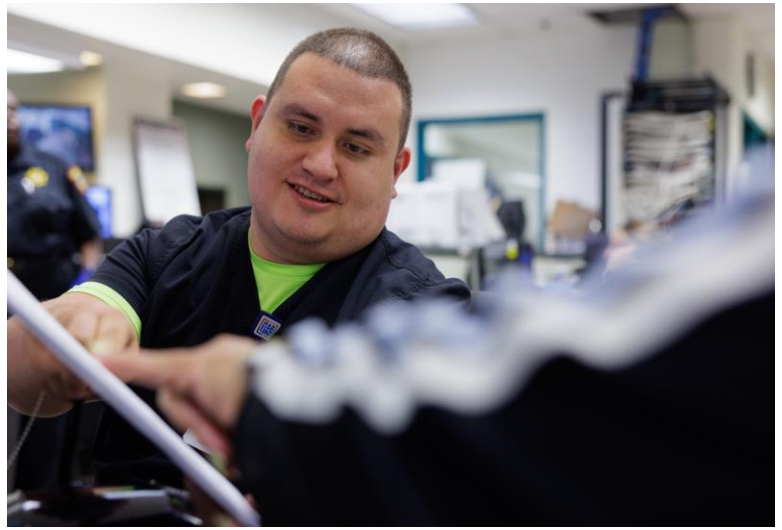
April 24, 2025

JPS Health Network
Fort Worth, Texas

Jail Overview

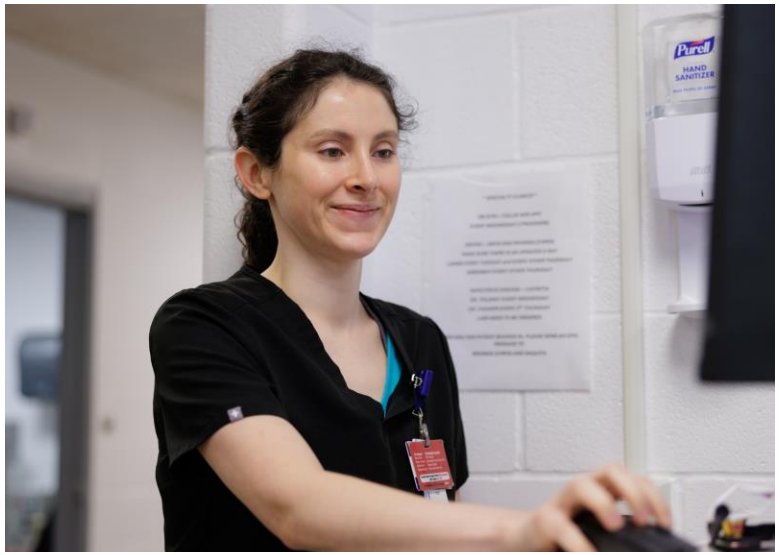
JPS Health Network
Fort Worth, Texas

- **Average jail census is approximately 4300**
- **4 Locations**
  - Lamar (male and female)
    - Infirmary beds- 26
    - Clinics including Dental
  - Green Bay (male)
    - Clinics including Dental
  - Lon Evans (male and female)
    - Infirmary beds- 96
  - Belknap (male)
- **FY24 New Intakes**
  - 110 Daily Average
  - 42,280 Total



Scope of Services at Jail

JPS Health Network
Fort Worth, Texas



Medical Care including onsite clinician, nursing & pharmacy coverage 24/7

- Intake Nursing Triage
- Primary Care visits
- Urgent Care visits
- Specialty Care visits- OB, Ortho
- Telehealth Specialty Care visits
- Infirmary level of care
- Medical Emergency response

Additional Services at Jail

JPS Health Network
Fort Worth, Texas

- Dialysis
- Radiology
- Dental Services
- Pharmacy
- Laboratory
- Medication Assisted Treatment (MAT) for substance abuse disorder
- Collaboration with MHMR for behavioral health services

Additional Services at JPS

JPS Health Network
Fort Worth, Texas

Provided at JPS Hospital or Clinics and transported by TCSO or ambulance

- Specialty Care services
- Procedure/Surgery
- Advanced Imaging
- Emergency Care
- Inpatient Care

JPS Staff

JPS Health Network
Fort Worth, Texas

Over 300 JPS staff onsite

- MDs, APPs
- RNs, LVNs
- Medication Aides
- Pharmacists, Pharmacy Techs
- Dentist, Dental Assistant
- Radiology Tech
- Support Staff

FY24 Expenses

JPS Health Network
Fort Worth, Texas

Correctional Health	FY24 Actual
MHMR Jail Services	$7,921,459
Services at Jail	$44,389,154
Services at JPS- Inpatient Care	$14,275,008
Services at JPS- Outpatient Care	$3,030,246
TOTAL EXPENSES	**$69,615,867**

FY24 Operational Volumes

JPS Health Network
Fort Worth, Texas

- Total Intake Screenings: 42,280
- Total Clinic Visits: 21,468
- Medication Orders: 220,670
- Medication Administrations: 3,666,735
- Dental Visits: 2,907
- X-Rays completed: 7,740
- Medical Emergency Responses: 2,310
- Transports to JPS Emergency Department: 1,508
- Admitted to JPS: 445 *with average daily census of 15-20*

Falcon Report – R. Badamosi

Falcon/National Institute of corrections (NIC) Technical Assistance and Site Visit Report

May 13 – 15, 2024

JPS Health Network
Fort Worth, Texas

Falcon Report

JPS Health Network
Fort Worth, Texas

- **Commissioned by**: The Tarrant County Sheriff's Office (TCSO) in coordination with the National Institute of Corrections (NIC), a federal agency under the U.S. Department of Justice.
- **Funded by**: The NIC Community Services Division
- **Goal**: Review Medical and Behavioral health operations
- **Conducted by**: Two contracted technical assistance providers from Falcon, Inc.:
  - Steven J. Helfand D. Psy – lead for mental health systems
  - Raymond Herr MD – lead for medical systems

Falcon : Overall Assessment Findings

JPS Health Network
Fort Worth, Texas

No deficiencies identified with mandatory requirements, including those set by the Texas Commission on Jail Standards.

Commendations for Best Practices

JPS Health Network
Fort Worth, Texas

Strong medical staffing and 24/7 coverage in place.

Fully compliant with state jail health standards.

Efficient intake and chronic care processes.

Well-functioning Resource Clinic for urgent and routine care.

MAT contract for opiate use disorder treatment.

Automated, efficient medication services; high utilization.

Regular dental care based on urgency.

MAT – Medication assisted therapy

Falcon Report

JPS Health Network
Fort Worth, Texas

*Recommendations based on **voluntary** accreditation standards*

Falcon Report: Recommendations

JPS Health Network
Fort Worth, Texas

- Consider a universal 10–14-day health assessment for all detainees
- Introduce additional Standing Delegation Orders (SDO)
- Address Polypharmacy
- Change chronic care provider follow up to 90 days or less
- Create lower acuity step down units
- Universal urine drug screen at intake
- All entities at the jail should use EPIC instead of separate EHRs
- Custody and IRC members meet collectively to review all in-custody deaths

Falcon Report Recommendations

JPS Health Network
Fort Worth, Texas

- **Consider a universal 10–14-day health assessment for all detainees**
- **Change chronic care provider follow up to 90 days or less**
- **Address Polypharmacy**
- **Introduce additional Standing Delegation Orders (SDO)**

- Current process and practices meets or go beyond recommendation
  - Robust intake screening and triage protocols
  - Availability of Telmate (inmate tablets) to route sick calls
  - Clinician driven, flexible, risk-based model for follow up (LOS 114 days)
  - Polypharmacy 33% vs 37% General population (GP), and for 1 or more 77% vs 60% (GP)
  - Current SDO covers common and high-risk conditions
  - 24/7 on-site providers for individualized care

Falcon Report Recommendations

JPS Health Network
Fort Worth, Texas

- **All entities at the jail should use EPIC instead of separate EHRs**
- **Custody and IRC members meet collectively to review all in-custody deaths**

- As of April 16th, MyAvatar and EPIC EMR now exchanges medical records via auto queries
- JPS/MHMR and custody conduct mortality reviews
- Exploring structures and scheduling logistics with TCSO to integrate this into existing processes

Falcon Report Recommendations

JPS Health Network
Fort Worth, Texas

- **Create lower acuity step down units**
- **Universal urine drug screen at intake**

- Has merit for future planning
- Currently there are step down like environment
- Current model uses direct assessment, medical history, and targeted intervention
- MAT program as of 7/31/24 introduced structured protocol for evaluation and treatment

2025 Quality Priorities – R. Badamosi

2025 Quality Priorities

Patient Experience

Alternative Participating Hospital Reimbursement for Improving Quality Award (APHRIQA)

JPS Health Network
Fort Worth, Texas

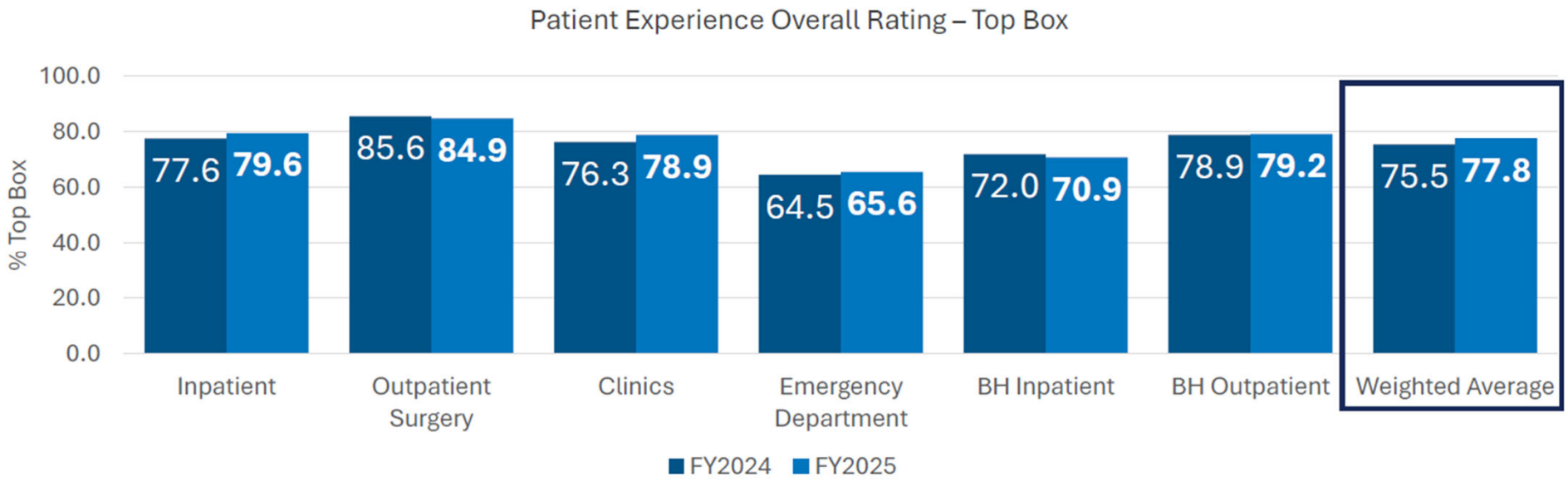
FY25 Organizational Goal Update

Updated April 15, 2025

JPS Health Network
Fort Worth, Texas

Metric Statement: Improve the patient experience across the health network as measured by the average % top box score for 6 service lines on the Patient Experience Survey "Overall Rating" question.

Threshold: 75.6% | **Target:** 76.0% | **Stretch:** 80.0% | **FYTD Result: 77.8%**



Patient Experience

JPS Health Network
Fort Worth, Texas

Metrics	Performance (Target)	Opportunity for improvement	Action Plan
1. Improve the patient experience across the health network as measured by the average % top box score for 6 service lines on the Patient Experience Survey "Overall Rating" question	77% (76%)	**Culture change, going beyond numbers**	• *Leaders and Executive rounding* • *Working with Press Ganey to improve turnaround time* • *Actionable feedbacks to leaders and staff*

APHRIQA

JPS Health Network
Fort Worth, Texas

- Target patients are enrolled in the **STAR and STAR+PLUS Medicaid** Managed Program
- Pay for performance
- Six (6) measures
- Baseline (CY 2024) and Performance (CY 2025) required for all measures
- Goal calculation types:
  - **Benchmark**
    - Cesarean section rates
    - Readmission
    - Post-op Sepsis
  - **Improvement over self (IOS)**
    - Food insecurity
    - Flu immunization
    - Safe opioids use

APHRIQA

JPS Health Network
Fort Worth, Texas

Comprehensive Hospital Increased Reimbursement Program (CHIRP) APHRIQA	HHSC Target	Gap Closure Target	JPS 2024 Baseline	CYTD
PC-02 Cesarean Birth	23.60%	23.07%	24.28%	27.10%
PSI 13 Postoperative Sepsis Rate	4.87	0.00%	0.00%	0.00
Plan All-Cause Readmission	12.4	18.78	19.76	24.22
Food Insecurity Screening and Follow-up Plan	IOS	77.51%	75.01%	79.25%
IMM-2 Influenza Immunization	IOS	95.74%	95.27%	96.20%
Safe Use of Opioids - Concurrent Prescribing	IOS	3.49%	3.88%	2.16%

Quality Dashboard – R. Badamosi

Quality Dashboard

JPS Health Network
Fort Worth, Texas

JPS Network Quality Dashboard

JPS Health Network
Fort Worth, Texas

Centered in Care
Powered by Pride

JPS Quality and Patient Safety Dashboard

February 28, 2025

Scorecard Name	FY24	Source	Target	Current	FYTD
JPS Quality: Patient Experience					
KPI 1: Patient Experience Overall Rating - Wgt Avg	75.5	IOS	76.0	76.6	76.6
KPI 2: HCAHPS Overall Hospital Score	77.0	IOS	77.0	74.8	77.5
KPI 3: HCAHPS Willingness to Recommend	75.2	IOS	75.2	74.2	76.7
KPI 4: OAS CAHPS Overall Hospital Score	83.0	IOS	83.0	81.8	83.8
KPI 5: OAS CAHPS Willingness to Recommend	86.2	IOS	86.2	86.1	83.9
JPS Quality: Access to Care					
KPI 1: Primary Care: Days from Appt Made to Appt Date	49.05	IOS	46.60	43.78	45.64
KPI 2: Specialty Care: Days from Referral to Appt Date	73.93	IOS	70.23	71.72	71.06
KPI 3: Minutes ED Arrival to ED Departure: ED Disch	195.58	CMS	197.00	151.00	179.70
KPI 4: Minutes Admit Decision to ED Departure: Admits	185.50	CMS	114.00	207.50	189.80
KPI 5: ED Left Without Being Seen (LWBS)	2.25%	CMS	3.00%	2.19%	1.73%
JPS Quality: CMS Mortality					
KPI 1: CMS 30 Day Mortality: Acute MI	4.43%	CMS	12.60%	0.00%	5.26%
KPI 2: CMS 30 Day Mortality: CABG	0.00%	CMS	2.80%	0.00%	0.00%
KPI 3: CMS 30 Day Mortality: Heart Failure	2.99%	CMS	11.90%	0.00%	2.44%
KPI 4: CMS 30 Day Mortality: Ischemic Stroke	3.15%	CMS	13.90%	0.00%	1.78%
JPS Quality: Outcomes					
KPI 1: Hospital-wide All Cause 30 Day Readmission (AIP)	11.90%	CMS	14.60%	13.36%	13.36%
KPI 2: Initiation of Substance Use Disorder Treatment	12.68%	CMS	10.00%	12.21%	12.43%
KPI 3: Engagement of Substance Use Disorder Treatment	3.98%	CMS	5.00%	2.63%	3.87%

Scorecard Name	FY24	Source	Target	Current	FYTD
JPS Quality: Patient Safety					
KPI 1: Serious Safety Events (Rate per 10K)	1.17	IOS	1.17	2.35	1.72
KPI 2: Cesarean Birth Rate (ePC-02)	27.94%	CMS	26.00%	21.74%	22.83%
KPI 3: Severe Obstetric Complications (ePC-07)	4.93%	CMS	2.37%	3.30%	4.70%
KPI 4: Composite Patient Safety Measure (Rate per 1000)	7.65	IOS	7.65	3.83	6.50
KPI 5: PSI 90: Patient Safety & Adverse Events Composite	1.37	CMS	1.00	0.13	1.42
KPI 6: Falls with Injury	73	IOS	73	3	32
JPS Quality: Infection Prevention					
KPI 1: CAUTI: Catheter-associated Urinary Tract Infection (SIR)	0.57	NHSN	0.55	0.49	0.49
KPI 2: CLABSI: Central Line Assoc Blood Stream Infection (SIR)	0.63	NHSN	0.60	1.15	1.15
KPI 3: SSI: Colon Surgery Rate (SIR)	1.92	NHSN	1.80	0.00	0.00
KPI 4: SSI: C-Section Rate (SIR)	0.69	NHSN	1.00	0.83	0.83
KPI 5: C-DIFF: Clostridioides Difficile Rate (SIR)	0.40	NHSN	0.40	0.20	0.20
JPS Quality: Patient Safety Indicators (PSI)					
KPI 1: PSI-03 Pressure Ulcer Rate	1.50	CMS	0.65	0.00	1.40
KPI 2: PSI-04 Death for Surg IP with Serious Comp Rate	147.32	CMS	176.55	0.00	131.90
KPI 3: PSI-06 Iatrogenic Pneumothorax Rate	0.25	CMS	0.25	0.00	0.10
KPI 4: PSI-11 Post-Op Respiratory Failure Rate	4.53	CMS	10.26	0.00	3.00
KPI 5: PSI-12 Post-Op Pulmonary Embolism or DVT Rate	2.44	CMS	3.91	0.00	2.20
KPI 6: PSI-13 Post-Op Sepsis Rate	2.24	CMS	5.58	0.00	0.00

Quality Dashboard

JPS Health Network
Fort Worth, Texas

Metrics	Performance (Target)	Action Plan
PSI 90: Patient Safety & Adverse Events Composite	1.42 (1.0)	• Affirmative metric development to convert from lagging to leading metrics
CLABSI: Central Line Assoc Blood Stream Infection (SIR)	1.15 (0.60)	• Line insertion audits in addition to existing weekly maintenance audits • Central line dressing with Chlorhexidine (CHG) to reduce non-compliance with CHG disc placement • Improve compliance with daily CHG bath • EPIC based risk assessment tool

Quality Presentations – R. Badamosi

Quality Presentations

February 2025
Enterprise Risk Management-Workplace Safety
Medication Management Committee
Accreditation Update

JPS Health Network
Fort Worth, Texas

Enterprise Risk Management – Workplace Safety

JPS Health Network
Fort Worth, Texas

- **Overseen by Enterprise Risk Management** with dedicated leadership to ensure a safe work environment
- Led by Nicole Farrar, the Workplace Violence Manager, in collaboration with Daphne Walker, EVP and Chief Legal Officer,
- The program operates with a structured **scorecard** that monitors workplace violence incidents and benchmarks performance
- Reports to the JPS Network quality and safety council (JPSNQSC)

Workplace Violence

JPS Health Network
Fort Worth, Texas

Measure	Performance (Target)	Opportunity for improvement	Action Plan
1. Huddle completion time	Within 48 hours – 68% (75%) Within 10 business days – 100%		Texas DHHS Grant funding training sessions with a trainer
2. Organization wide workplace violence prevention training	50-60 trainees/month	Expand program	Annual CBL by all employees All classes have been uploaded into JPS Learn for the entire calendar year 2025

Medication Management Committee

JPS Health Network
Fort Worth, Texas

- Overseen by the Medication Safety Officer to ensure best practices in medication safety, handling and administration
- Multidisciplinary committee (Pharmacy, Nurses, and Physicians)
- Oversee Diversion prevention program
- Sterile compounding

Medication Management

JPS Health Network
Fort Worth, Texas

Measure	Performance (Target)	Opportunity for improvement	Action Plan
1. Override compliance: percent of overrides compliant with P&T approved override indications	91% (90%)		Monthly audits of drug class and user role. Individualized feedback
2. Adverse drug reaction with harm/ per 1000th administration	0.29 per 1000th administration (<1)		Clinical pharmacist rounding in high acuity units Evaluation

Continuous Accreditation Readiness Activities

JPS Health Network
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- Monthly tracers and chart audits conducted by the Quality Division
- Ongoing meetings with TJC Chapter Teams to review
  - Regulatory updates
  - Internal audit data
  - System-level opportunities for improvement and actions
  - External resources
- Monthly Accreditation Steering Team meetings
- Preparing for mock survey