



NATIONAL
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DRCHSD Quality Improvement Webinar Series

Quality 101: A Manager's Primer

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April 7, 2022
11:00 – 12:00 pm CST



Quality 101: A Manager's Primer



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Delta Region Community Health Systems Development (DRCHSD) Program



Delta Regional Authority

U.S. Department of Health & Human Services



HRSA

Federal Office of Rural Health Policy

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$10,000,000 with 100% funded by HRSA/HHS and \$0 amount and 0% funded by non-government sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by HRSA/HHS, or the U.S. Government.



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DRCHSD Quality Improvement Webinar Series – Upcoming Dates and Topics

- April 14 – Managing your QAPI Program
- April 28 – Policies & Procedures Oh My!
- May 5 – Antibiotic Stewardship
- May 12 – Patient-Centered Medical Home (PCMH) – The In's and Out's of Implementation

All webinars in the series are from 11:00 – 12:00 pm CST



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Objectives

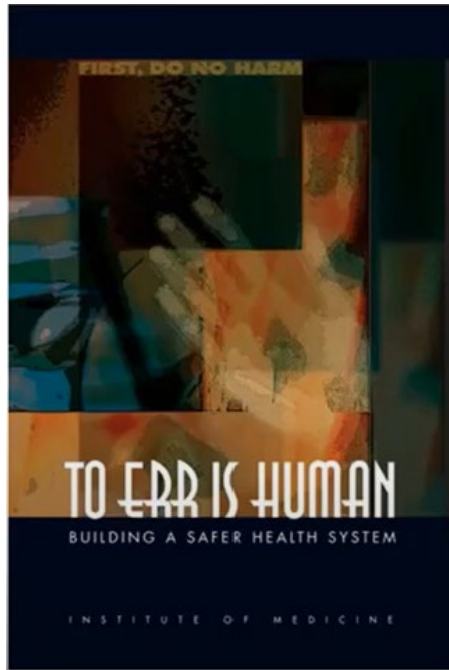
- Basic understanding of quality metrics
- Build an internal quality dept review
- Understanding of quality framework and committee structure



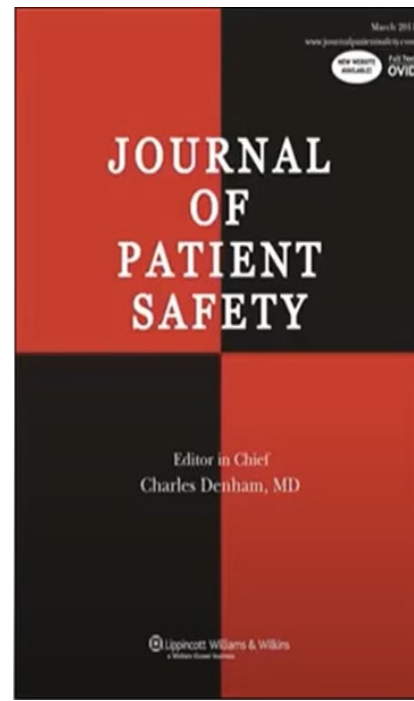
Quality....Quick History Lesson

- Walter Shewart, Western Electric Co (early 1900s)
 - Developed initial research into variation/statistical control values
 - Consulted with Bell Telephone on repair reductions and reliability
 - Established the PDSA cycle we use today
- W. Edwards Deming (WWII era), statistician
 - Worked with Ford on better design of products, higher quality, product testing and global sales
- Joseph Juran, electrician, WWII era
 - Managing for quality and Juran's Triology: Quality Plan, Improve, Control

Why is this history important?

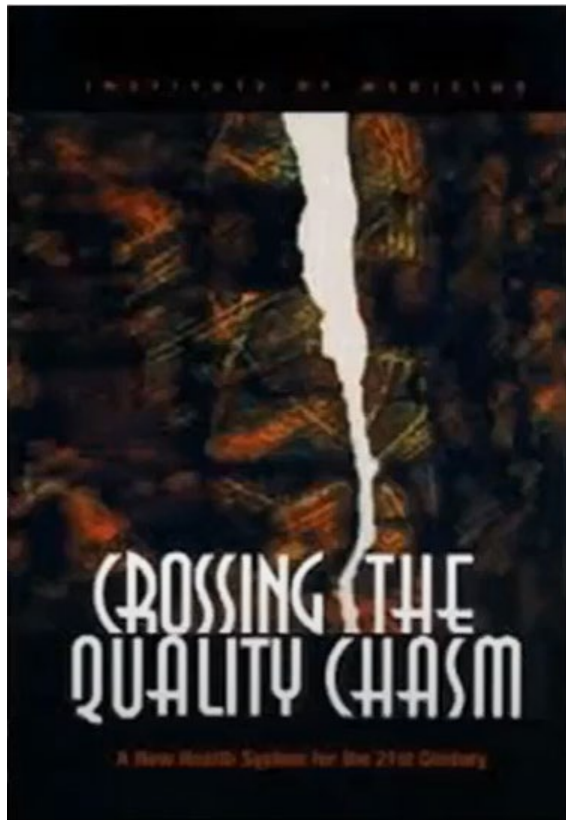


- Attributed 44,000 – 98,000 deaths related to healthcare errors
- 8th leading cause of death



- 2011 report released
- 210,000 – 440,000 deaths
- 3rd leading cause of death

Closer to Today



Six Aims for Improving Healthcare Quality

- Safe Care
- Effective Care
- Patient-Centered Care
- Timely Care
- Efficient Care
- Equitable Care

Deeper in the Six Aims

Aim	Description
Safe	Avoid harm, improve outcomes through error prevention, enhances processes and works towards continuous quality improvement
Effective	Evidence-based knowledge, tools, and focus on overuse, underuse or misuse of diagnostic/testing services
Patient-Centered	Patient focused, preferences and attention to needs and values
Timely	Reduction in wait times, avoid delays
Efficient	Waste of time, supplies, equipment even energy (think Lean)
Equitable	No discrimination to gender, race, socioeconomic and geographic locations

Through our history lesson

- Quality is not just a department
- Everyone plays a role in quality

“Quality improvement is the continuous study and adaptation of a healthcare’s organization functions, the processes and actions to achieve a desired outcome”

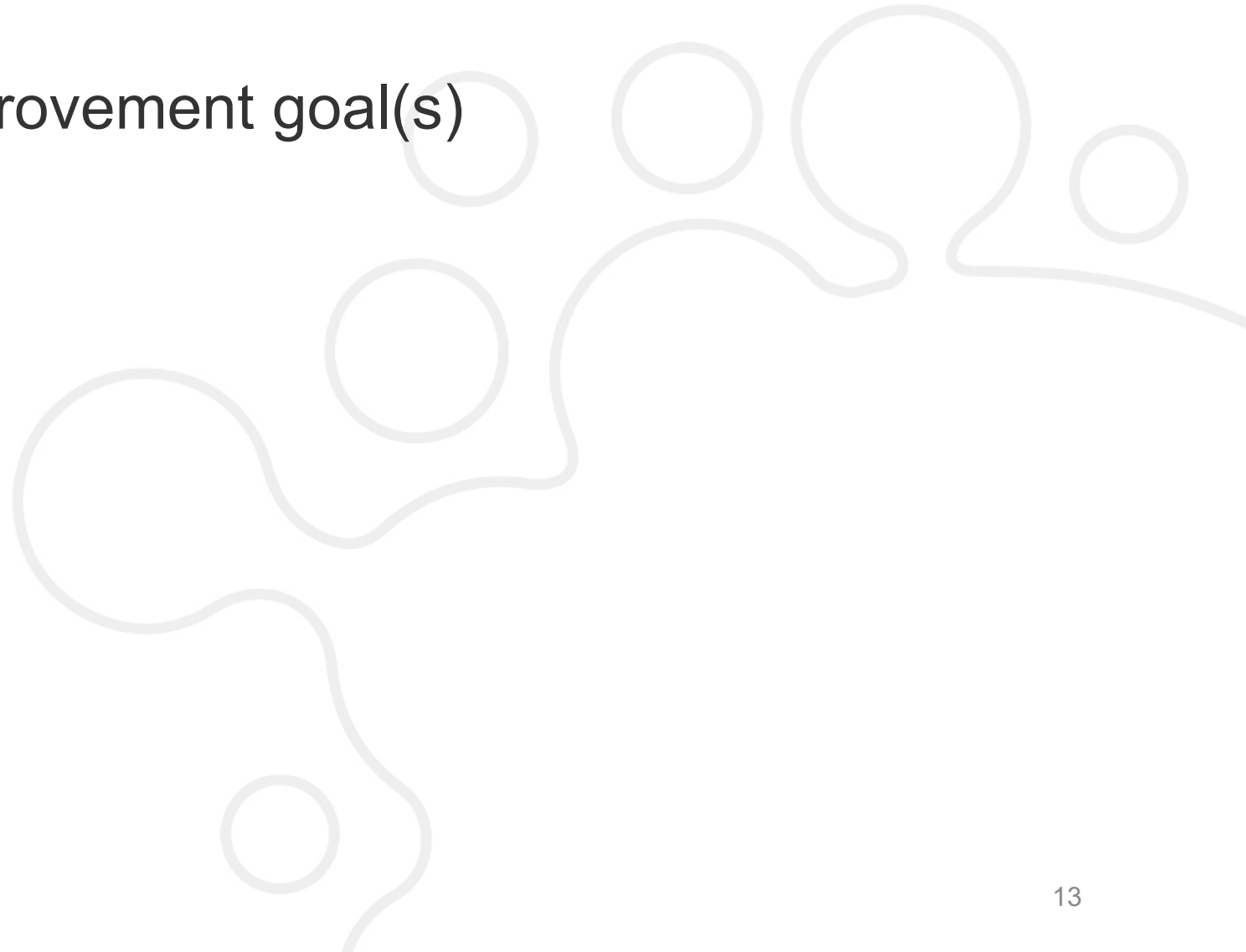
Quality consists of the “degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.” (Institute of Medicine. 1990)

Defining Your Quality Improvement

- Doing the right thing well
- What is the right thing?
- Using Evidence-based guidelines and practices
- Following regulatory guidance
- Ongoing Standards of Practice
- Trending for outcomes
- Benchmarking

Foundation in Quality Improvement

1. Define your quality improvement goal(s)
2. Who is your customer?
3. What is your process?
4. Show me the data!



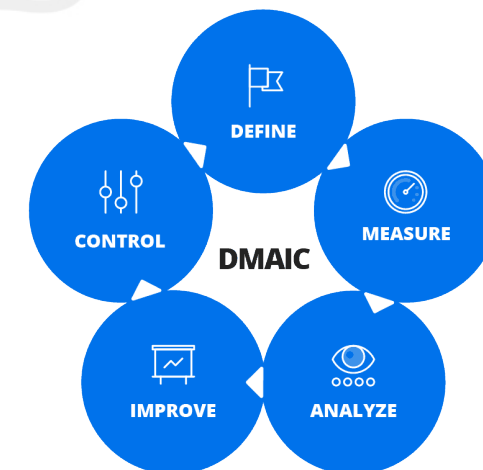
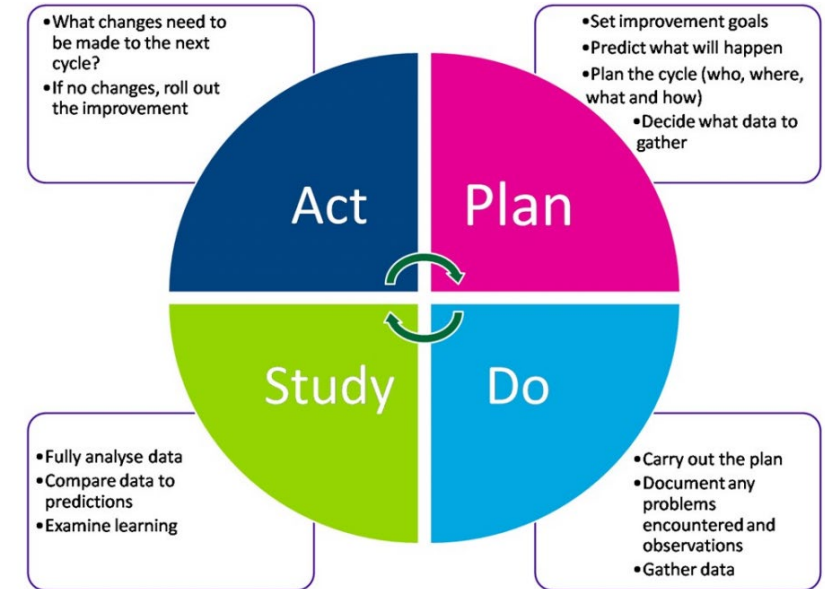
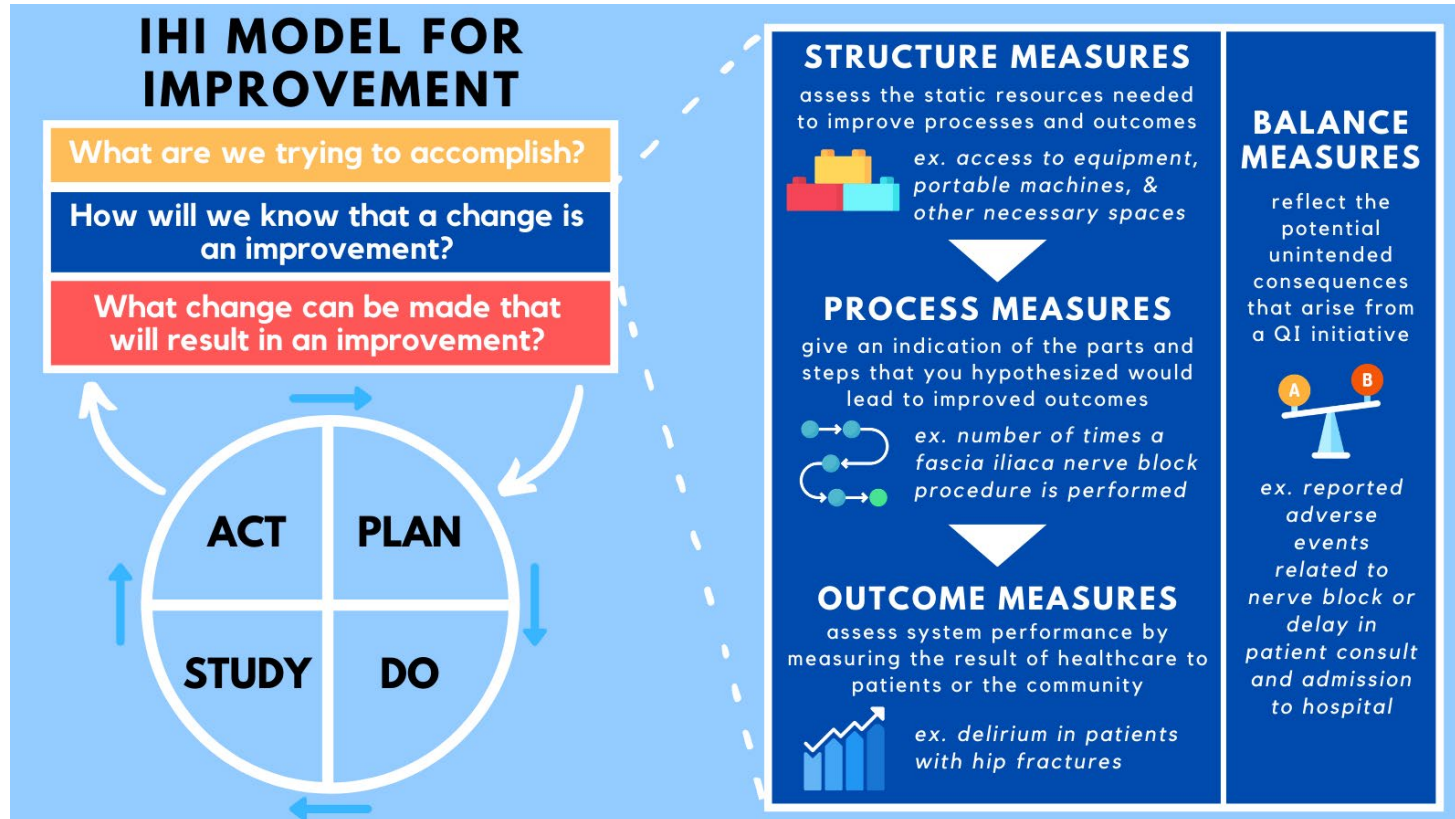
Define the Customer and Customer Focus

- Identify internal and external customers
- What is the Voice of the Customer (what they want)
- How to show we are all in it together (teamwork is everyone!)

Processes are the Bones!

- No matter what we do, it involves a standardized process/methodology to completion
- As history has told us, 85% of problems can be traced back to a process problem...RCAs
- Reduce variation through well defined processes, flow charts, frameworks and direction

QI Model for Improvement



Can You Answer:

- How has your hospital defined quality?
- Do you know the hospital strategic plan and how it incorporates their commitment to quality?
- What is your QI process?
- How does your department's quality efforts roll up to the board?
- Can staff speak to the efforts of QI in your department?
- How are QI projects identified in your department?

Basic Refresher Terminology

- QAPI: Quality Assurance/Performance Improvement



QA vs QI: They are not the same

Quality Assurance	Quality Improvement
Asks, "Do we provide good service?"	Asks, "How can we provide better service?"
Inspection focused/Organizational mistakes	Prevention focused/Organizational services
Guarantees quality	Raises the bar on quality
Reactive	Proactive
Looks at criteria being met	Looks at processes/outcomes
Compliance driven	Improvement driven
Typically individual only	Teamwork is required

What Do I Do in My Department?

- Every department **MUST** have *Quality Improvement* project(s)
- Every department **MUST** have method to collect and report data
- Every department **MUST** engage staff in QI
- Every department **MUST** report data to the Board

What is Your Department Measuring?

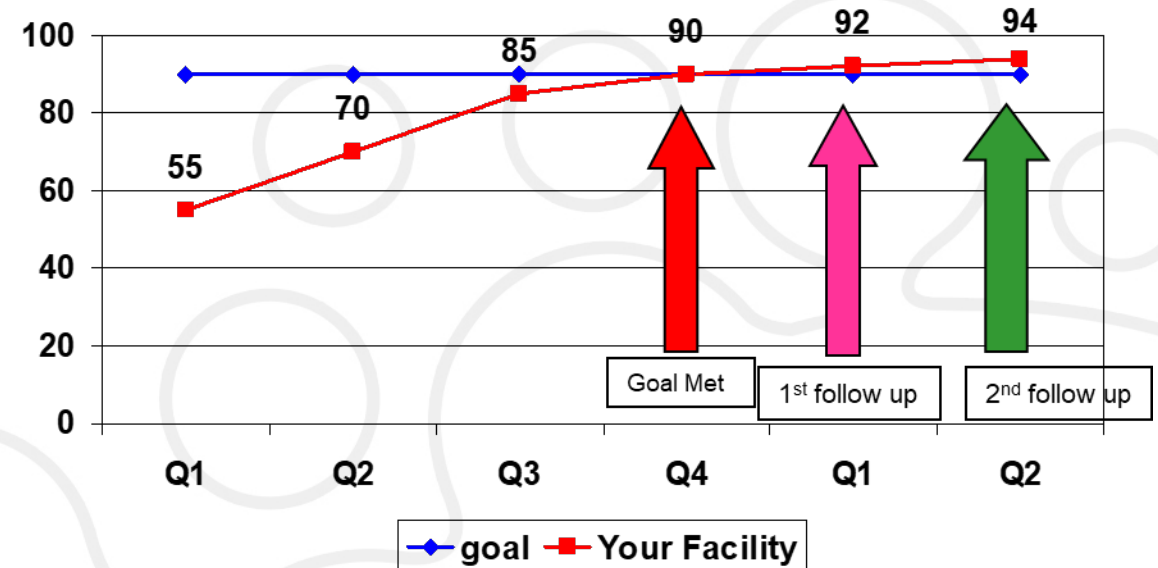
- What is the 'pain' point?
 - Staff engaged in identification?
 - Same thing year over year?
 - Does it make sense?
- How are you measuring this project?
 - Staff pulling data? Trending?
 - Is there a target goal? Numerator/denominator?
 - Graph of current performance to target?
- Think about organizational framework: PDSA, DMAIC, Lean, other...are you using designated framework?

When and Where to Report Department Data

- When does the department review data? Performance?
- Where does the data go from here?
 - Quality Committee?
 - Med Staff?
 - Board?
- Are you reviewing with your senior leader? Quarterly? PRN?

What Happens When Over-/Not- Performing?

- How do you address poor performance in QI?
- Engage staff/medical director in change?
- Modify and report change?
- Meeting 100% performance within 3 months
- Meeting 100% performance for >12 months



IDEA Performance Improvement Report - 2014

(DEPARTMENT NAME)

Director/Manager Name

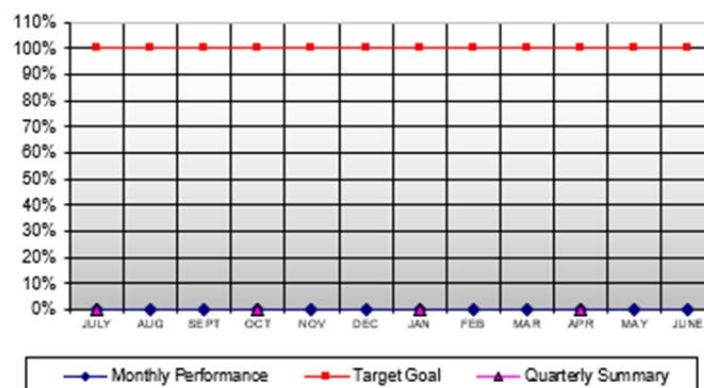
I - Identify Opportunity for Improvement - What is the Performance Improvement Goal:

Performance Improvement Goal

Improvement Opportunity: The focus is on: explain what you are monitoring

Data Collection Methodology: Describe the method you are using to collect your data.

Title of Indicator

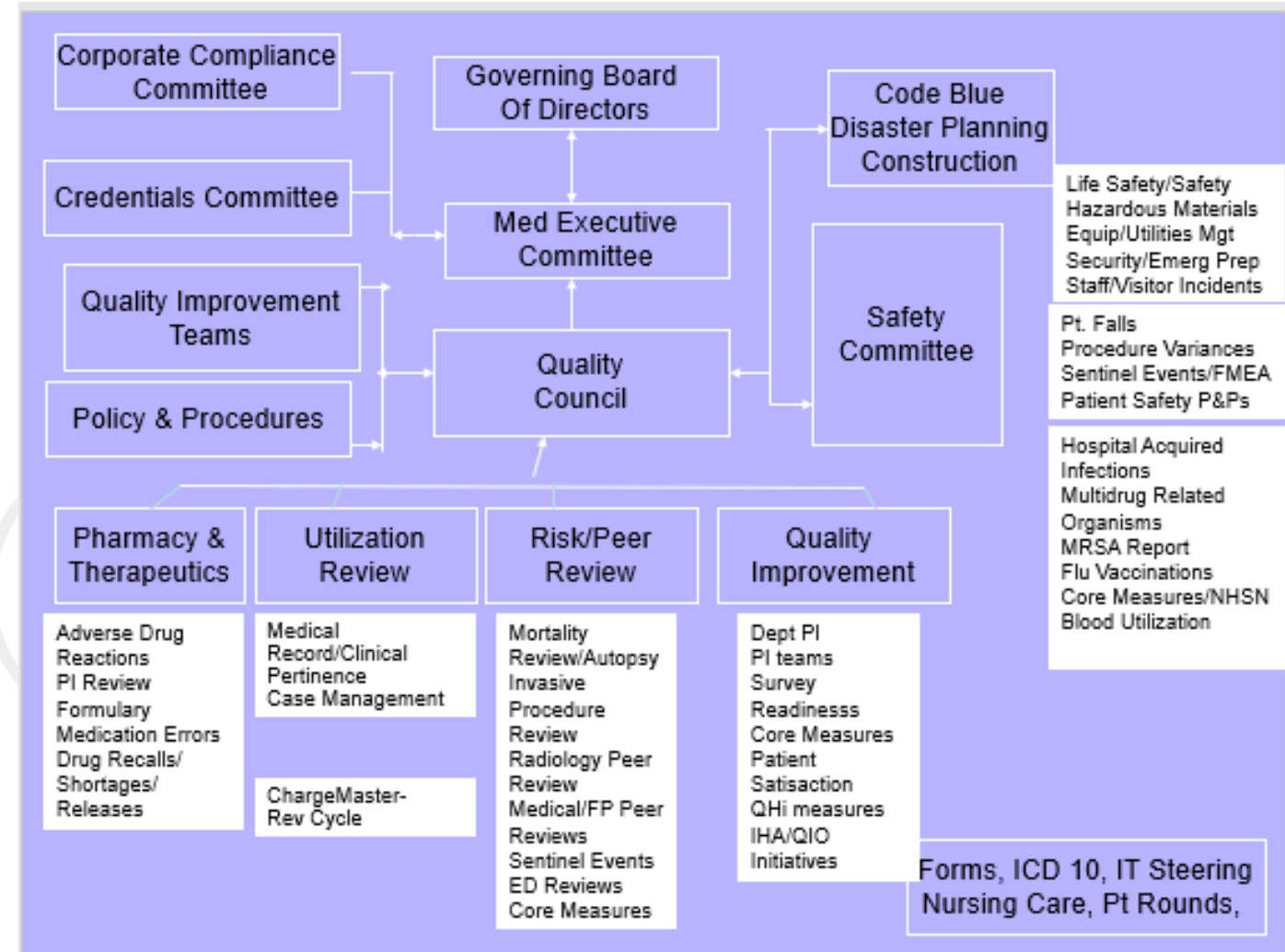


		JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE
Denominator	Number of (fill in denominator)												
Numerator	Number of (fill in numerator)												
Percentage	Percent of (fill in numerator)												
Target Goal	(Change target goal if needed)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Quarter Summary		Qtr 1			Qtr 2			Qtr 3			Qtr 4		

	D - Determine Causes Summary of Findings - Analysis of Data	E - Explore Solutions A - Activate Action Plan for Improvement What's Being Done - Action to Improve Performance By Whom and By When
Quarter 1:	Explain your findings of the quarterly data collection for the 1st quarter.	Now you've identified an issue in the 1st quarter data what action are you taking to address this problem; who will be responsible to address the action and when is the action due to
Quarter 2:	Explain your findings of the quarterly data collection for the 2nd quarter.	Again, now you've identified an issue in the 2nd quarter data what action are you taking to address this problem; who will be responsible to address the action and when is the action due to
Quarter 3:	Explain your findings of the quarterly data collection for the 3rd quarter.	Again, now you've identified an issue in the 3rd quarter data what action are you taking to address this problem; who will be responsible to address the action and when is the action due to
Quarter 4:	Explain your findings of the quarterly data collection for the 4th quarter.	Again, now you've identified an issue in the 4th quarter data what action are you taking to address this problem; who will be responsible to address the action and when is the action due to
Director's Annual Performance Summary: (Describe the PI indicator you were monitoring, a summary analysis of how well you performed in meeting your goals, activities you implemented to make improvements, follow up activities you will continue to implement and the PI indicators you will be working on next year)		

Examples: When and Where

FY	July	August	Sept	Oct	Nov	Dec
Accounting	X			X		
Admitting -Registration	X			X		
Cardiac Rehab	X			X		
Cardiopulmonary	X			X		
Central Supply	X			X		
Safety	X			X		
Childcare	X			X		
Commons IL	X			X		
Commons AL	X			X		
Corporate Compliance	X			X		
EHS-Housekeeping		X			X	
Employee Health		X			X	
Laundry		X			X	
Food Service		X			X	
HIM		X			X	
Nursing Hospital		X			X	
Nursing ER		X			X	
Human Resources		X			X	
Infection Control		X			X	
In-Patient Pharmacy			X			X
IT			X			X
Laboratory			X			X
MAPBO			X			X
Marketing			X			X
Medical Imaging			X			X
Nursing Home			X			X
Physician Offices			X			X
Plant Services		X			X	
PT-Rehab		X			X	
Retail Pharmacy		X			X	
Rev Cycle - Pt Accts			X			X
Security			X			X
Surgical Services			X			X
Anesthesia	X			X		
Vascular	X			X		
Wellness Center	X			X		



Quality Department Review

- Management and Leadership
- Performance Measurement and Improvement
- Patient Safety



Quality Plan

- Who---Helps you?
- What---is in your plan?
- When---is your plan reviewed
- Where---does it go?
- Why---understanding its purpose
- How---electronic/paper/education/approval

Management and Leadership

- What is organizational quality culture
- Departmental vision/mission of their quality
- Organizational goals/objectives
- Is your PI model working: PDSA, DMAIC etc.
- Data being analyzed at dept level? Flow of data?
- Standardized scorecard? Dashboard? Visual in dept?
- Any linkage to strategic plan
- Can you make improvement? Facilitate change?
- Any financial benefits?
- Any benchmarks?

Performance Measurement and Improvement

- Evidence-based practices? Guidelines?
- What measure(s) are QA focused?
- Any PI teams?
- Standardized measurement process
- Training and education to all staff
- New employee orientation
- Any regulatory requirements
- Ongoing improvement actions
- What happens when meet goal? Exceed goal? Remain under goal?

Patient Safety

- How is quality embedded in patient safety
- If required, patient safety goals?
- Evaluate patient equipment/technology
- RCA process
- Any team driven processes

Applying Data Analytics to Rural Health:

- Transforming data into actionable information
- Especially useful when data is declassified and aggregated to identify patterns and trends
- Evaluate data as a byproduct of workflows, analyze it to improve operational efficiencies and thus impact patient experience

Connecting to Providers

- Robust data set driven from EHR
- Ensure all end-users understand the data pulling...where is it coming from? How is it used?
- In rural health....instead of looking at mortality rates for patients with heart attack, look at door-to-transfer order time to determine level of quality (MBQIP, OP-3)

Case Study: Troponin test times in rural

- Most troponin test protocols within 60 min or less
- Ideal is 35 minutes or less
- Data demonstrated 45 minutes
 - More than half are taking longer than expected
- 25 minutes could be ambulance arriving to pick up heart attack patient and then waiting 30 minutes in driveway

Troponin case study cont.

- CAH mission is to increase the operational efficiency of the ED
- Incredible opportunity to provide realistic statistical analysis and impact patient care

Through use of data analytics

- Optimized troponin test times, improved ED processes, overall operational efficiencies and impact to patient care and lives saved



Questions, Challenges & Concerns

Ask me... ask others... we are a TEAM!