

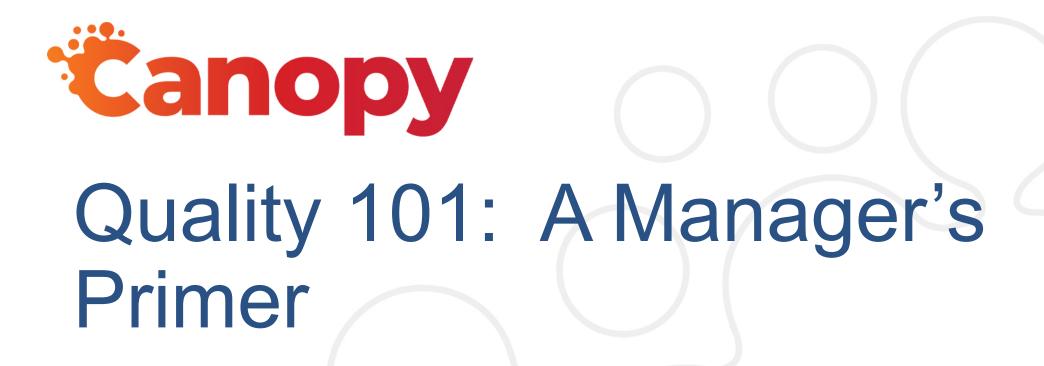
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NATIONAL RURAL HEALTH RESOURCE CENTER

DRCHSD Quality Improvement Webinar Series

Quality 101: A Manager's Primer

Dr. Angie Charlet VP, Canopy Associates April 7, 2022 11:00 – 12:00 pm CST





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Delta Region Community Health Systems Development (DRCHSD) Program



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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





Objectives

Basic understanding of quality metrics

Build an internal quality dept review

Understanding of quality framework and committee structure





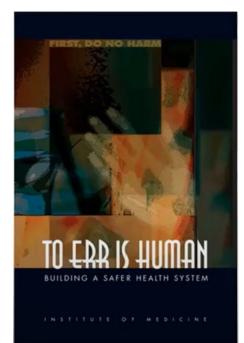


Quality....Quick History Lesson

- 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?

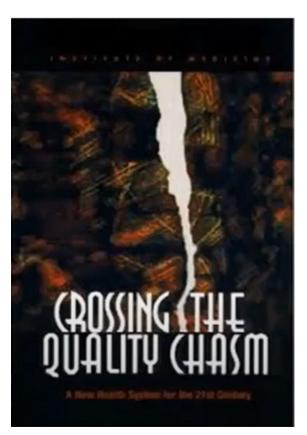




- Attributed 44,000 98,000 deaths related to healthcare errors
- 8th leading cause of death
- 2011 report released
- 210,000 440,000 deaths
- 3rd leading cause of death



Closer to Today



<u>Six Aims</u> 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



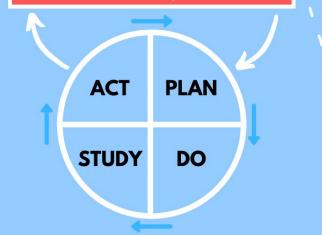
QI Model for Improvement

IHI MODEL FOR IMPROVEMENT

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can be made that will result in an improvement?



STRUCTURE MEASURES assess the static resources needed

to improve processes and outcomes

ex. access to equipment, portable machines, & other necessary spaces

PROCESS MEASURES

give an indication of the parts and steps that you hypothesized would lead to improved outcomes

●→**●**ex. number of times a fascia iliaca nerve block procedure is performed



OUTCOME MEASURES

assess system performance by measuring the result of healthcare to patients or the community

> ex. delirium in patients with hip fractures

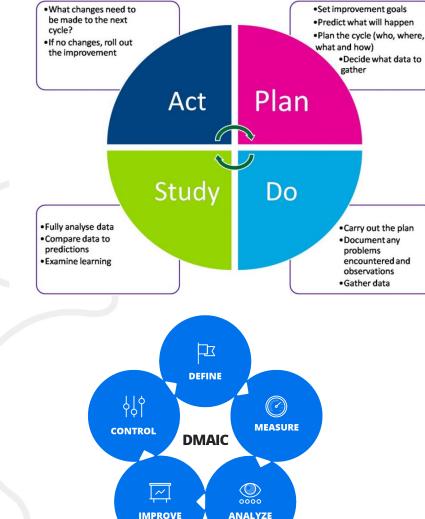
MEASURES reflect the potential unintended consequences that arise from a QI initiative

BALANCE

ex. reported adverse

events related to nerve block or delay in

patient consult and admission to hospital





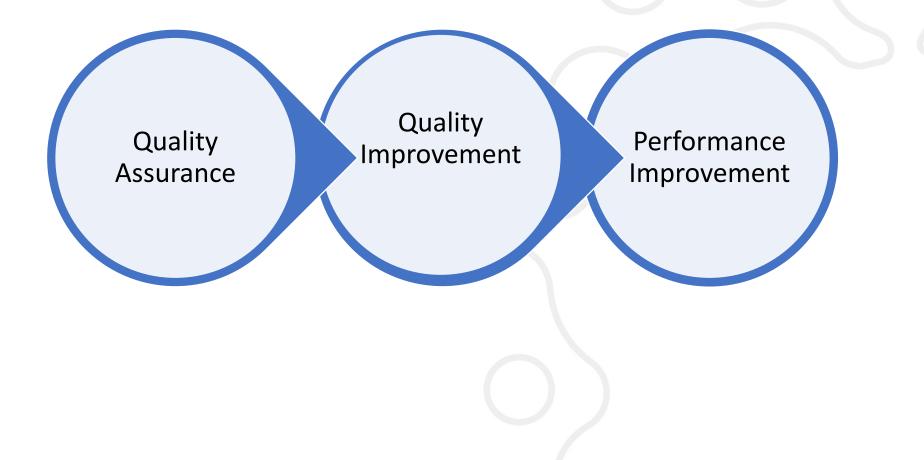
Can You Answer:

- 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 <u>MUST</u> 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?



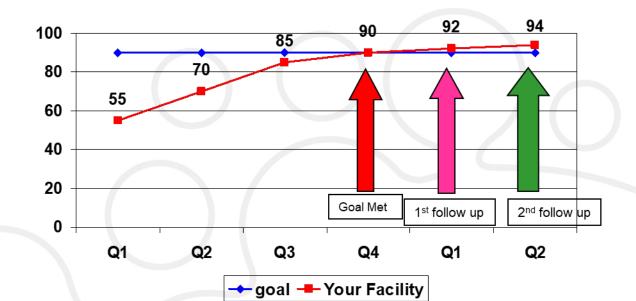
When and Where to Report Department Data

- 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



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Examples: When and Where

FY	July	August	Sept	Oct	Nov	Dec
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Accounting	Х			Х		
Admitting -Registration	X			X		
Cardiac Rehab	X			X		
Cardiopulmonary	Х			X		
Central Supply	X			Х		
Safety	X			Х		
Childcare	Х			Х		
Commons IL	Х			Х		
Commons AL	Х			Х		
Corporate Compliance	Х			Х		
EHS-Housekeeping		X			Х	
Employee Health		X			Х	
Laundry		x			Х	
Food Service		х			X	
нім		х			Х	
Nursing Hospital		x			Х	
Nursing ER		x			X	
Human Resources		x			X	
Infection Control		x			Х	
In-Patient Pharmacy			х			Х
IT			X			X
Laboratory			х			Х
MAPBO			х			Х
Marketing			X			х
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			х			х
Security			X			X
Surgical Services			X			X
Anesthesia	x			x		
Vascular	X			X		
Wellness Center	X			X		
	-					

Corporate Com Committe		Governing Board Of Directors		Code Blu Disaster Pla Construct	nning	
Credentials Committee Quality Improvement Teams		Med Executive Committee				Life Safety/Safety Hazardous Materials Equip/Utilities Mgt Security/Emerg Prep Staff/Visitor Incidents
		Quality Council		Safety Committee		Pt. Falls Procedure Variances Sentinel Events/FME/ Patient Safety P&Ps
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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

$$\bigcirc$$

Questions, Challenges & Concerns

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