

QI Residency Program

Module A-Fundamental Principles of Quality

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What did Quality mean to you?



What is Quality?

- “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(IOM). (2001)

Quality

- Quality in healthcare means providing the care the patient needs when the patient needs it, in an affordable, safe, effective manner. Quality healthcare also means engaging and involving the patient, so the patient takes ownership in preventive care and in the treatment of diagnosed conditions.

Quality Domains

- Quality health care can be defined in many ways but there is growing acknowledgement that quality health services should be:
 - **Effective**
 - **Safe**
 - **People-centered**
 - **Timely**
 - **Efficient**
 - **Equitable**

Effective

- Providing evidence-based healthcare services to those who need them

Safe

- Avoiding harm to people for whom the care is intended

People-Centered

- Providing care that responds to individual preferences, needs and values.

Timely

- Reducing waits and sometimes harmful delays for both those who receive and those who give care.

Efficient

- Avoiding waste, including waste of equipment, supplies, ideas, and energy.

Equitable

- Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.

The 'WHY'

- Why do we have quality?
- What difference does it make?
- Who is impacted?

The 'WHY'

**5.7 – 8.4 million
deaths per year**

are due to poor-quality care in low- and middle-income countries, up to 15% of deaths overall

The 'WHY'

**1.4–1.6 trillion \$
lost in productivity**

each year due to inadequate quality of care in
low- and middle income countries

The 'WHY'

**1 in 3 people report
negative experience**

of their health system, such as disrespectful
care, short consultations, or long-waiting times

The 'HAVE TO'

- Hospitals that participate in Medicare or Medicaid must meet the Conditions of Participation (COPs)
 - https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_w_cah.pdf

State Operations Manual
Appendix W - Survey Protocol, Regulations and
Interpretive Guidelines for Critical Access Hospitals
(CAHs) and Swing-Beds in CAHs

(Rev. 200, 02-21-20)

Transmittals for Appendix W

INDEX

Introduction

Regulatory and Policy Reference

Tasks in the Survey Protocol

Survey Team

Task 1 - Off-Site Survey Preparation

Task 2 - Entrance Activities

Task 3 - Information Gathering/Investigation

Task 4 - Preliminary Decision Making and Analysis of Findings

Task 5 - Exit Conference

Task 6 - Post-Survey Activities

Survey Protocol

Manuals at

**[www.cms.gov/files/document/appen
dices-table-content.pdf](http://www.cms.gov/files/document/appendices-table-content.pdf)**

Regulations and Interpretive Guidelines for CAHs

§485.601 Basis and Scope

§485.603 Rural Health Network

§485.604 Personnel Qualifications

**Questions to qsog_cah@cms.hhs.gov
cahscg@cms.hhs.gov**

Quality CoPs

- In Current Appendix W Manual:
 - §485.641 Condition of Participation: Periodic Evaluation and Quality Assurance Review
 - Interpretive Guidelines §485.641
 - Survey Procedures §485.641
- ‘New’ QAPI CoP Requirements went into effect March 30, 2021. Appendix W has not been updated with new tags or interpretive guidelines.
 - <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-482/subpart-C/section-482.21>
- Assessment Worksheets/Tools:
 - <https://www.cms.gov/medicare/provider-enrollment-and-certification/surveys/surveycertificationgeninfo/downloads/survey-and-cert-letter-15-12-attachment-2.pdf>
 - <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/QAPISelfAssessment.pdf>

Responding to Change

- Be knowledgeable of what is happening around us
- Legislative updates
- Patients
- Staff
- Re-Evaluate

Responding to Change



Defining Quality in Your Organization

- Mission statement
 - Current focus
- Vision statement
 - Preparing for the future
- Strategic Plans
- Health, EBP, Safety Goals
- How does Quality fit?

Improvement Processes

- QI, PI, QA all mean the same thing:

By what means does your agency ensure you deliver quality care and service?

Improvement Processes

- Quality Assurance (QA)
 - Today
- Quality Improvement (QI)
 - Tomorrow
- Performance Improvement (PI)
 - Future

QA vs QI

- QA-Are we meeting the standards?
- QI-Answers why didn't we meet the standard and what can we do to meet and then exceed the standard?

QA

- - Reactive
- - Works on problems after they occur
- - Regulatory usually by State or Federal Law
- - Led by management
- - Periodic look-back
- - Responds to a mandate or crisis or fixed schedule
- - Meets a standard (Pass/Fail)

QA

- Specific standards of quality of service and outcomes
- Assures care is maintained at acceptable levels in relation to those standards
- Ongoing-anticipatory and retrospective
- Identify how organization is performing

QI

- Examines processes to improve them
- Still relies on guiding principles of teamwork, systems and processes

Quality Improvement

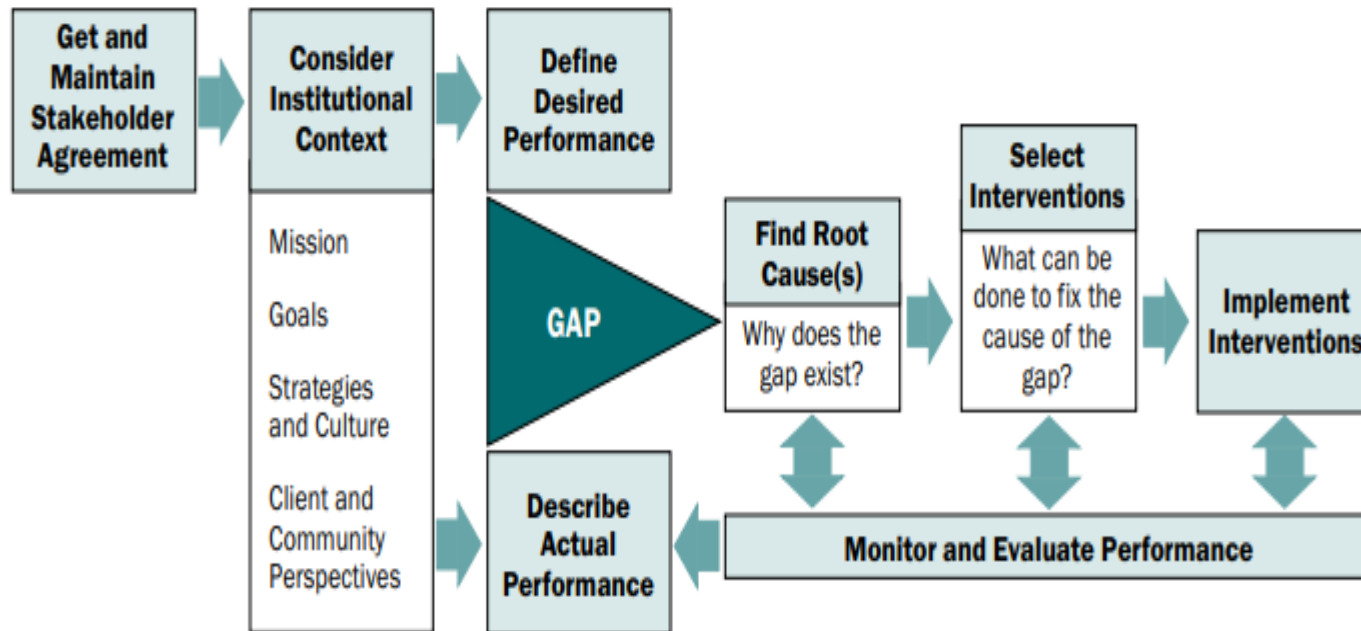
- Proactive
- Works on processes
- Seeks to improve (culture shift)
- Led by staff
- Continuous
- Proactively selects a process to improve
- Exceeds expectations

QI/PI

- Continuous study and improvement of processes
- Intent to better services
- Prevent or decrease likelihood of problems
- Identify areas of opportunity and testing new approaches to fix systemic problems

The PI Process

The Performance Improvement Process



Clinical Examples of QI

- Pharmacist-led Medication Therapy Management Reduces Total Cost of Care
- Optimizing Sepsis Care Improves Early Recognition and Outcomes
- Systematic, Data-Driven Approach Lowers Length of Stay and Improves Care Coordination

Example QA/QI/PI

- Problem – Patient's radiology report was not sent to the ordering provider for patient follow-up
- QA would be a process to find out "who" didn't send the report (Reactive)
- QI would be a process in which the entire task of receiving and sending reports is evaluated and a uniform method is developed for radiology/HIM/applicable staff to use. (Proactive process to improve).

Quality Priorities

- ID priority list of processes or services for improvement
- Areas to evaluate:
 - Culture – Engagement and Safety Culture
 - Credentialing /Privileging-Peer Review
 - Continuous Survey Readiness (CSR)
 - Chart audits
 - Gap Analysis

Quality Priorities

- High Risk, High Volume, or Problem Prone Areas
- Issues that affect health outcomes, patient safety and quality of care
- Mandatory/ Voluntary reporting measures
- Patient experience measures
- Infection Prevention
- Safety and Risk
- Patient complaints/ comments
- Staff feedback
- Other...

Goals for QA/QI/PI

- . What are the deficiencies in the 6 domains?
 - **Effectiveness**
 - **Safety**
 - **Acceptability**
 - **Accessibility**
 - **Efficiency**
 - **Equity**

Goals for QA/QI/PI



Goal Examples

- Surgical time-outs will be completed and documented on 100% of surgical cases
- Generator testing will be completed weekly 100% of the time.
- CLABSI, CAUTI, Readmissions, etc
- Don't reinvent the wheel-what are you currently monitoring.
 - Is it measurable? Objective? Attainable? Meaningful?

Quality Responsibility

Quality Responsibility

- Key stakeholders
 - Governing Board
 - Leadership
 - Supervisors/Managers
 - Frontline staff
 - Quality leaders
 - Everyone

Governing Board

- The CAH's governing body or responsible individual is ultimately responsible for the CAH's QAPI program and is responsible and accountable for ensuring that the QAPI program meets the requirements
- Have a role in PI planning and implementation

Leadership

- Have a role in PI planning and implementation
- Lead by example
- Buy-In
- Feedback

Supervisors/Managers

- Set Expectations
- Follow-Through
- Feedback
- Lead by Example

Frontline Staff

- Implementing and follow-through on quality initiatives
- Impact Patients
- Input
- Report issues – can't fix what we don't know
- Not just nursing staff

Quality Leaders

- Not the sole owner
- Directs, communicates
- Coach, facilitator, mentor
- Instill principles of quality

Everyone

- Quality Is Everyone's Responsibility
- Staff
- Patients

Thank you!