



The influential voice of Nebraska's hospitals

QI Residency Program

Module A

Fundamental Principles of Quality

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www.nebraskahospitals.org

Objectives



Quality and Performance Improvement



Quality Plan



Responsibility for Quality



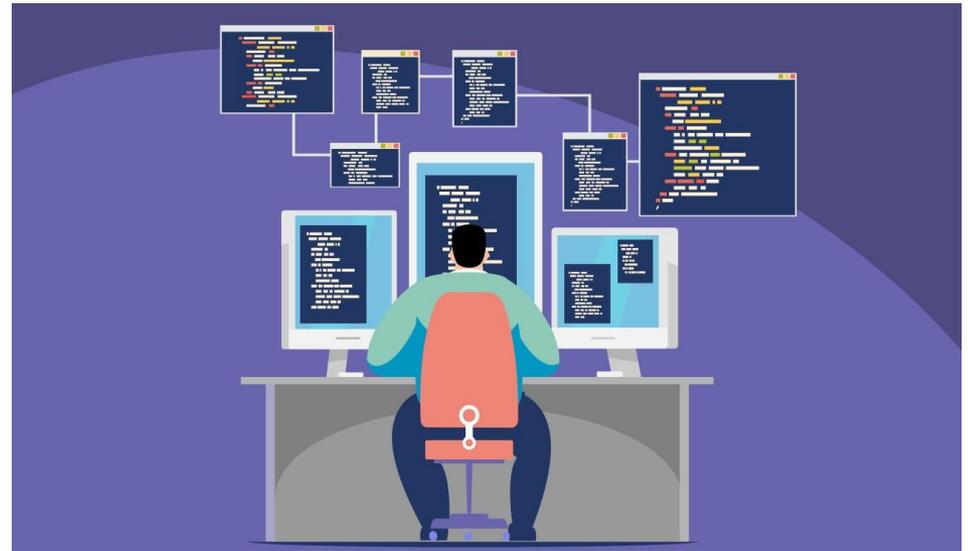
Where to Begin

Your Role as a Quality Professional



Today's Quality Professional

- Value persons and relationships
- Adaptable
- Collaborative
- Diversified
- Progressive and futuristic
- Ability to listen and learn
- Strategic
- Open to alternative ways
- Practical thinking



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)

Table 2-2. Rules for the 21st-Century Healthcare System

Current Approach	New Rule
<ul style="list-style-type: none"> • Care is based primarily on visits. 	<ul style="list-style-type: none"> • Preference is given to professional roles over the system.
<ul style="list-style-type: none"> • Professional autonomy drives variability. 	<ul style="list-style-type: none"> • Care is customized according to patient needs and values.
<ul style="list-style-type: none"> • Professionals control care. 	<ul style="list-style-type: none"> • The patient is the source of control.
<ul style="list-style-type: none"> • Information is a record. 	<ul style="list-style-type: none"> • Knowledge is shared and information flows freely.
<ul style="list-style-type: none"> • Decision making is based on training and experience. 	<ul style="list-style-type: none"> • Decision making is evidence-based.
<ul style="list-style-type: none"> • “Do no harm” is an individual responsibility. 	<ul style="list-style-type: none"> • Safety is a system priority.
<ul style="list-style-type: none"> • Confidentiality is necessary. 	<ul style="list-style-type: none"> • Transparency is necessary.
<ul style="list-style-type: none"> • The system reacts to needs. 	<ul style="list-style-type: none"> • Needs are anticipated.
<ul style="list-style-type: none"> • Cost reduction is sought. 	<ul style="list-style-type: none"> • Waste is continuously decreased.
<ul style="list-style-type: none"> • Preference is given to professional roles over the system. 	<ul style="list-style-type: none"> • Cooperation among clinicians is a priority.

Source: CQHCA, IOM, 2001, p. 67



Quality Domains

IOM's Six Aims:

- Effective
- Safe
- People-centered
- Timely
- Efficient
- Equitable



Defining Quality in Your Organization

Mission/Vision Statement

Strategic & Quality Plans



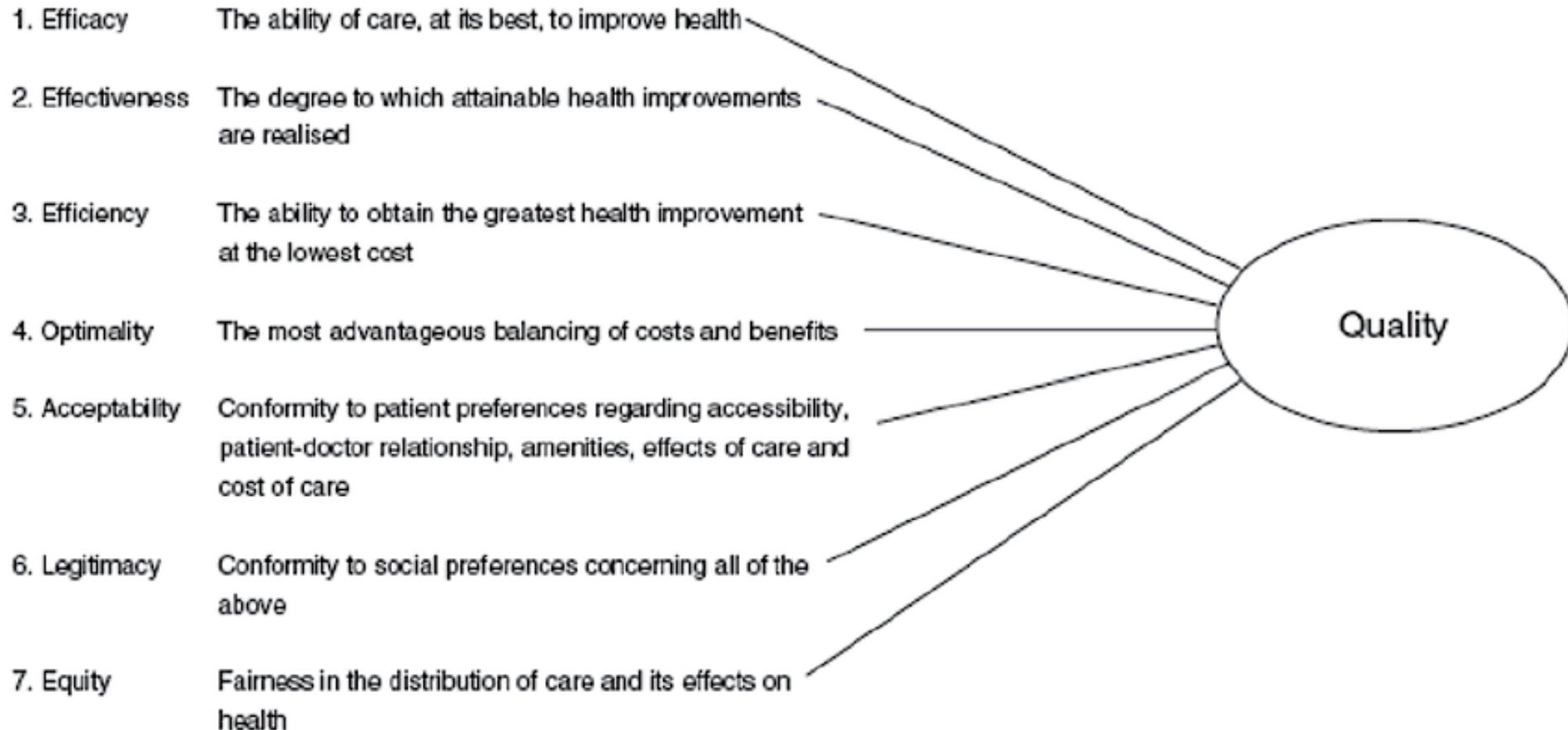
**COMMUNICATING
PURPOSE TO
STAKEHOLDERS**

What is your Culture?

Donabedian Model



Donabedian's 7 Elements

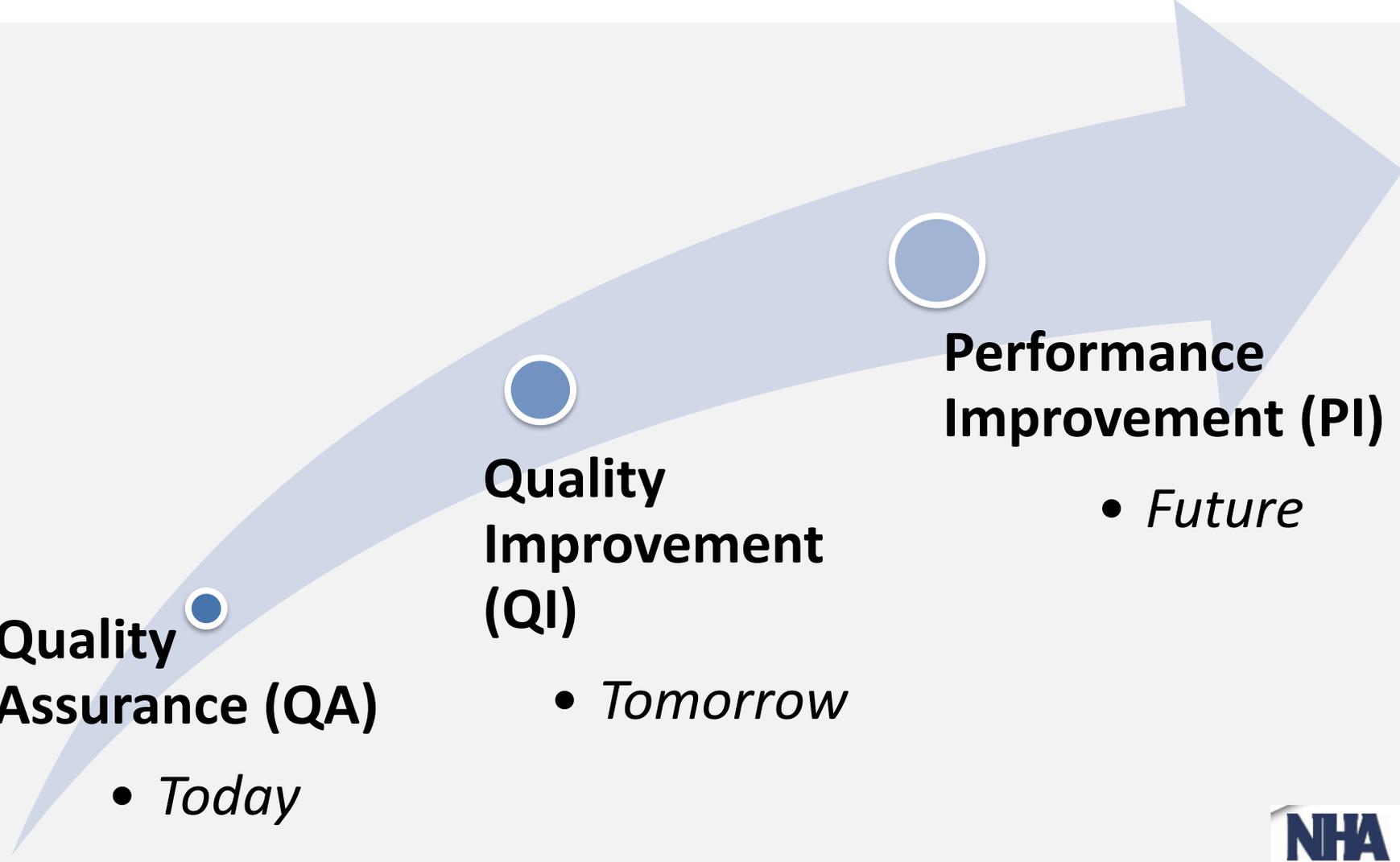


WHAT IS

QUALITY IMPROVEMENT



Improvement Processes -



Quality Assurance (QA)

- *Today*

Quality Improvement (QI)

- *Tomorrow*

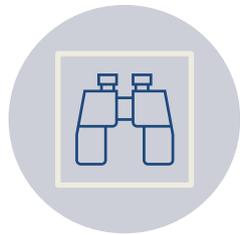
Performance Improvement (PI)

- *Future*

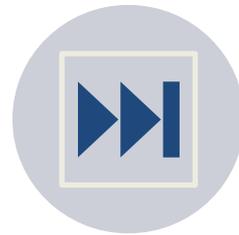
Quality Improvement



Improves
Outcomes



Examine
Processes for
Improvement



Proactive and
Continuous



Aims to
Create
Efficiencies

Clinical Examples of QI

- Reduced Hospital Readmissions.
- Decreased Medication Administration Errors.
- Improved EHR Documentation.
- Reduced Medication-Related Adverse Events.
- Optimized Sepsis Care.

What current practices of QI are in your organization?

WHAT IS QUALITY ASSURANCE IN HEALTHCARE?



1. Defining Quality

3. Measuring Quality

2. Improving Quality

The process of following the standards and practices to deliver quality services to the patient at a healthcare organization.

Quality Assurance: Methods

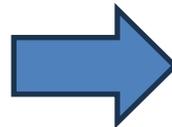
1. Retrospective Quality Assurance

- Analysis of the data of the patients already discharged.

2. Concurrent Quality Assurance

- Analysis of the data of the patients whose treatment is under progress.

Goal: Check whether the quality is improving or declining.



Corresponding *changes* are made in the practices to prevent the mistakes.

Performance Improvement

- Continuous Study and Improvement of Processes
- Identify Areas of Opportunity and Testing New Approaches to Fix Systemic Problems
- Emphasis on Human Performance
- Goal is to Prevent or Decrease likelihood of Problems

Example QA/QI/PI

Problem:

Patient's radiology report was not sent to the ordering provider for patient follow-up.



Example QA/QI/PI

QA:

The process to find out "who" didn't send the report (*reactive*).

QI/PI:

The process in which the entire task of receiving and sending reports is evaluated.

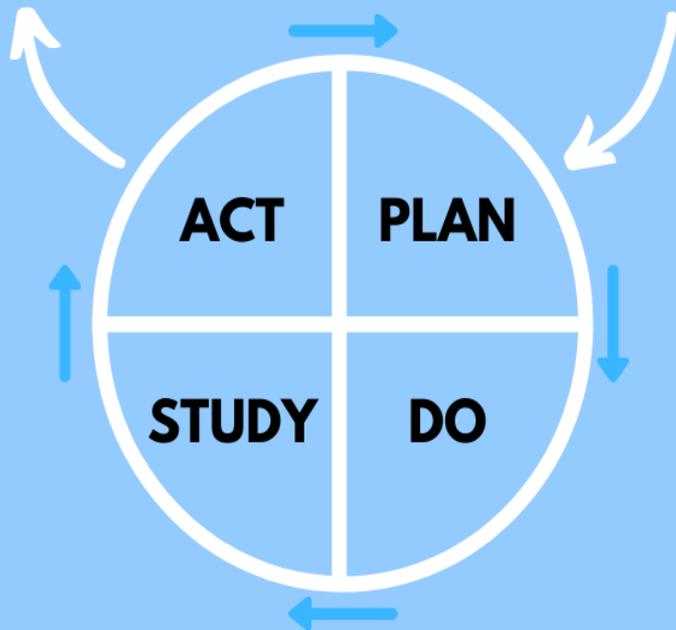
A uniform method is developed for radiology/HIM/applicable staff to use. (*proactive process to improve*).

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

BALANCE MEASURES

reflect the potential unintended consequences that arise from a QI initiative



ex. reported adverse events related to nerve block or delay in patient consult and admission to hospital

Your Organization?

Are you meeting the standards and as an organization and how are you performing?

Quality Assurance

Quality Improvement

Performance Improvement

The Quality Plan

Why do we need a Quality Plan?

A Quality Plan is an overview of your hospital's quality program which entails how quality care is conducted within your organization.



Regulatory CoP

The hospital must maintain and demonstrate evidence of its QAPI program for review by CMS.

(a) *Standard: Program scope.*

(1) The program must include, but not be limited to, an ongoing program that shows measurable improvement in indicators for which there is evidence that it will improve health outcomes and identify and reduce medical errors.

(2) The hospital must measure, analyze, and track quality indicators, including adverse patient events, and other aspects of performance that assess processes of care, hospital service and operations.

Quality Assurance Program

- Ongoing monitoring and data collection
- Problem prevention, identification and data analysis
- Identification of corrective actions
- Implementation of corrective actions
- Evaluation of corrective actions
- Measures to improve quality on a continuous basis.

Quality Plan Styles:



**Policy Format
or
Organizational
Document**

Quality Plan Sections Examples:



Commitment to Patient Safety Mission, Vision, and Values



Scope and Purpose



Roles and Responsibilities



Objectives and Goals of the Quality and Patient Safety Plan



Model for Improvement Data Collection and Reporting Assessment of the Quality and Patient Safety Plan



Patient Safety Checklists and Patient Safety Policies



References



Appendix Items: Terms and Definitions, Patient Safety Goals, Fishbone Diagram, PDSA Worksheet QI Templates, Policies

Quality Plan Sections Examples:



Scope, Purpose, Mission



Description of Quality



Performance Improvement Activities



Quality Assurance Activities



Culture of Safety



Quality Reporting



Program Evaluations

Frequency of QP Review

Annual or Biennial or with major program changes

May align with other Quality Plans -

- * Infection Control Plan
- * Antimicrobial Plan
- * Utilization Review Plan



Evaluation of Your QP

Does your organizations quality plan provide an outline for the formal process of quality improvement in your organization?

Evaluation of Your QP

If not, what areas need improvement?

BREAK!

Quality Responsibility

Quality Responsibility

- Key Stakeholders
 - Governing Board
 - Leadership
 - 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.

Leadership



Have a role in PI
planning and
implementation

Lead by
Example

Buy-In

Feedback

Quality Leaders



- Not the Sole Owner
- Directs, communicates
- Coach, Facilitator, Mentor
- Instill Principles of Quality

Managers



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

Frontline Staff

- Implementing and follow-through on quality initiatives
- Impact Patients
- Input
- Report issues
- Not just nursing staff



Everyone

- Quality is Everyone's Responsibility
- Staff
- Patients



Where to Begin?

Establishing Priorities
for
Quality and Performance
Improvement

Regulatory Compliance

CMS Conditions of Participation or Joint Commission

OSHA

CLIA

EMTALA

FDA

American College of Radiology (ACR)

State Regulations – Health Department

Strategic Plan/Vision/Mission

- Begin with a clear understanding of your hospital's mission, vision, and strategic goals.
- Quality and performance improvement priorities should align with these overarching objectives to ensure they contribute to the hospital's long-term success and sustainability.

Common Areas to Evaluate

- What is your quality data showing?
- Incident Reporting trends.....
- Chart Reviews - Active and Closed
- Risk Assessments
- New Regulatory Updates

Questions