

QUALITY IMPROVEMENT 101

Quality Overview, Operations, Available Resources

Quality

“Quality is never an accident; it is always the result of high intention, sincere effort, intelligent direction, and skillful execution. It represents the wise choice of many alternatives.”

William A. Foster, Source Unknown

Why We Do Quality?

Federal & State Regulations

- Federal CAH Regulation 485.641 Periodic Evaluation
 - House wide QA Program
 - Ongoing monitoring and data collection
 - Problem prevention, identification and data analysis
 - Develop, implement and evaluate corrective action plans
 - Review at least 10% of both open and closed records for accuracy
 - Policies are evaluated
 - Results shared with medical staff and board
 - Medical and mid-level peer review
 - CAH follows recommendations from QIO or state survey agency for quality concerns and makes a remedial action plan
- Nebraska Hospital Licensure Tags 9-006.05
 - Each hospital will have an effective quality program to ensure safe care for patients

Accreditations

- TJC-The Joint Commission Of Accreditation
 - National Patient Safety Goals
- CARF-Commission on Accreditation for Rehabilitation Facilities
 - Functional status of patients
- Magnet Status Nursing
 - Nursing leadership and satisfaction

Centers for Medicare & Medicaid Pay For Performance

- Building a performance based reimbursement system for all healthcare providers; physicians, home health, skilled nursing facilities and hospitals
- Pay for Performance
 - Core Measures (AMI, HF, Pneumonia, Surgical Infection Prevention)
 - HCAHPS (Patient Satisfaction Scores)
 - Hospital Acquired Conditions
- Future impact on reimbursement
 - Learn and practice quality in preparation

**Clinical Concern or Patient Safety Issue
in Hospital**

- Clinical concern – patient falls
- Misuse of restraints
- Medication errors
- Patient complaint
- Infection rates
- Inappropriate medical care
- Competency level of staff (IV, Wound Vac)

Right Thing To Do

It could be you or a family member receiving the care

- Goal-The right care for each person every time

**National or State Organizations
Initiatives**

Institute for Healthcare IHI

- 5 Million Lives Campaign
 - Rapid Reponse Teams
 - Adverse Drug Reactions (ADE)
 - High Alert Medications
 - Ventilator Associated Pneumonia (VAP)
 - Surgical Site Infections
 - Pressure Ulcers
 - Boards on Board

Institute of Medicine

- Immunizations
- Childhood Obesity
- HIV
- Minority Health
- Mental Health
- Tracking and Trending Of Disease
- Quality through Collaboration
 - The Future of Rural Health report <http://www.nap.edu>

National Quality Forum

- Pressure Ulcers
- Medication Management
- Care Coordination
- Ambulatory Care

Quality Improvement Organizations

- CIMRO of Nebraska – Current activity
 - Beneficiary Protection (quality of care complaints)
 - Patient Safety (MRSA, pressure ulcer prevention, surgical safety, heart failure, drug safety)
 - Prevention (diabetes, breast and colorectal cancers, immunizations, EHR implementation)
 - Improving care transitions between healthcare settings
- Building statewide quality awareness and collaboration through partnerships and education
- Vision: to make healthcare in Nebraska the nation's best

Critical Components of a Quality Program

Quality Policy & Plan

- Develop a policy outlining the quality program and annual review
- Develop a comprehensive quality plan with strategies to describe the quality processes.
 - Quality Management efforts
 - Department Directors expectations
 - Utilization Review
 - Risk Management
 - Patient Complaints

Quality Committee Structure

- House wide quality council
 - Quality Director or Coordinator
- May be combined with other elements in the hospital like
 - Risk Management
 - Utilization Review
 - Safety Program
 - Credentialing & Peer Review
- Regular meeting times to discuss and implement quality strategic plan

Internal Peer Review

- CEO, Quality Coordinator, Pharmacist, HIM Director, MD, or Mid-Level
- Group discussion of events with timeline or pertinent facts
- Group decision on identifying issues
- Group decision on solutions to issues
- May decide to send external
- May include any issue: medical staff, nursing medication error, lab reporting procedure, patient fall, sentinel event, admissions clerk complaint...

External Peer Review

- Routine external peer review required for medical staff and mid-levels
- Sent outside of facility
- Leveling for quality concerns documented
- Results returned to Quality Coordinator or Internal Peer Review Council
- Decisions on system changes, education and how to notify provider or staff
- Record results in physician scorecard

Critical Access Hospital Mid-Level Peer Review

- Supervising physician must periodically review Mid-Level records and complete a peer review form indicating:
 - Medical assessment and diagnosis appropriate
 - Admission to hospital follow guidelines
 - Medications and treatment appropriate to diagnosis
 - Appropriate care over all
- Also have external peer review periodically

Provider Scorecard

- Consider by specialty
- See example

Survey & Safety Readiness

- Consider Mock Survey process
- Safety rounds with housekeeping & maintenance
- All departments-survey ready

House Wide Quality Concerns

- All patient safety, quality concerns or patient complaints or grievances to one person or internal peer review committee
- Each complaint has investigation and follow-up
 - Important to follow-up with patient
 - May use Root Cause Analysis
 - May use flow charting
- Documentation
 - Specifically patient complaints
- Reporting to Hospital Board or medical staff as appropriate

Department Quality Projects

- Department director education and development
- Understanding of regulations, hospital expectations
 - Radiology-Lab additional regulations
- Documentation and reporting
 - Documentation very important (water temperatures, core measures, physician signatures)

CMS Core Measures

- Core Measures are scientifically-researched standards of care which have been shown to result in improved outcomes for patients.
- Started in 2000
- Rural Health HHS Flex/Ship Grant Program requires abstraction of core measure data
- Core Measures
 - Heart Failure (HF)
 - Pneumonia (PN)
 - Acute Myocardial Infarction (AMI)
 - Surgical Care Improvement Project (SCIP) Prevention Project

Core Measure Process

- Hospitals adopt and implement evidence base care standards for clinical conditions
- Heart Failure Example:
 - Specific discharge instructions
 - Evaluation of LVS Function
 - ACEI or ARB for LVSD
 - Adult smoking cessation advice/counseling
- Built into structures and processes like standard order sets or patient education packets

Core Measure Chart Abstractions

- Performed by hospital staff
- Abstracting clinical indicators
- Measuring the implementation of core measure standards of care
- Data uploaded into CART Tool
- CIMRO provides support
- Data publicly displayed on www.hospitalcompare.gov

Other Potential Quality Issues

- HIPAA
- Compliance
- Electronic Health Record
- Concurrent Review (RAC, HAC, Guidelines)
- Solid pharmacy services
- Align quality with infection control
- Emergency preparedness
- Staff competencies-Leadership Development
- Network quality project

Quality Solutions, Tools & Methods

- ### Quality Tools & Solutions
- TeamSTEPPS-Communications
 - Structure-Process-Outcome
 - Donabedian
 - PDSA: Plan-Do-Study-Act
 - Flow Charting
 - Root Cause Analysis
 - LEAN Six Sigma
 - FMEA: Failure Mode Evaluation Analysis

- ### Quality Improvement Methodologies
- PDSA
 - PLAN: The Improvement
 - DO: The Improvement Process
 - STUDY: The results
 - ACT: To hold the gain and continue to improve the process

Methodologies Continued...

- LEAN
 - Specify value from the customer's perspective
 - Identify the value stream for each product and remove the waste
 - Make value flow without interruptions from beginning to end
 - Let the customer pull value from our processes
 - Pursue perfection –continuous improvement

- Do this every day in all our activities

LEAN Tools

- Value Stream Analysis
 - Defines value from the customer's perspective
 - VSA provides visibility of the entire process

- 5 S
 - Sort – organization “When in doubt, move it out”
 - Set in order – orderliness
 - Shine – clean up “To be Lean, you must be clean”
 - Standardize
 - Sustain – discipline

Presentation of Data & Results

Balanced Scorecard

Acute Nursing Scorecard 2009/2010

Category	Metric	Target	Actual	Delta	Notes
Quality:	Case mix index (CMI) for 3 months	4.0	3.95	-0.05	
	Patient fall rate	0.5	0.6	+0.1	
	30-day mortality rate	1.0	1.1	+0.1	
	Readmission rate (30 days)	1.0	1.1	+0.1	
Patient Safety:	30-day mortality rate	1.0	1.1	+0.1	
	30-day readmission rate	1.0	1.1	+0.1	
	30-day patient safety	1.0	1.1	+0.1	
	30-day patient safety	1.0	1.1	+0.1	
People:	30-day patient safety	1.0	1.1	+0.1	
	30-day patient safety	1.0	1.1	+0.1	
	30-day patient safety	1.0	1.1	+0.1	
	30-day patient safety	1.0	1.1	+0.1	
Growth:	30-day patient safety	1.0	1.1	+0.1	
	30-day patient safety	1.0	1.1	+0.1	
Finance:	30-day patient safety	1.0	1.1	+0.1	
	30-day patient safety	1.0	1.1	+0.1	

- A tool to execute strategy
- Helps managers—from the executive team to the department managers—gain a “big picture” understanding of the linkage between strategy and operations.

QHI: Quality Health Indicators

- Web-based benchmarking program specifically designed to meet the needs of rural hospitals.
- Easy to read graphic displays ideal for meeting presentations.
- Customized dashboards that trend and compare performance on multiple measures at a glance.

My Dashboard

100% Patient Safety: 100% (Target: 100%)

100% Patient Care: 100% (Target: 100%)

100% Financial Performance: 100% (Target: 100%)

Quality

SAUNDERS Medical Center
QUALITY MANAGEMENT SYSTEM

Performance Objective	Start	End	Last Quarter's Achievement	Percentage of Achievement	Status
100% of Performance Objectives will be achieved by the end of the quarter.					
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Resources:

- NAHQRS – Nebraska Association of Healthcare Quality, Risk and Safety
- Nebraska Hospital Association
- CIMRO of Nebraska-QIO
- Quality Plan Example
<http://www.nhanet.org/pdf/quality/model.qi.pdf>
- The Healthcare Quality Handbook: A Professional Resource and Study Guide 23rd Edition
Janet A. Brown

Quality

“Never doubt that a small group of thoughtful, committed people can change the world; indeed it's the only thing that ever has.”

Margaret Meade

“Alone we can do so little; together we can do so much.”
Helen Keller



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