



The influential voice of Nebraska's hospitals

QI Residency Program

**Module A – Orientation & How Quality Fits
in the Big Picture**
afternoon session

The Quality Plan

- Defines responsibility, scope, methodology and organization of the quality program
- Work plan for the organizations quality improvement activities
- Formal ongoing process for improvement efforts
- The Quality Continuum – QA,QI,PI

The Quality Plan

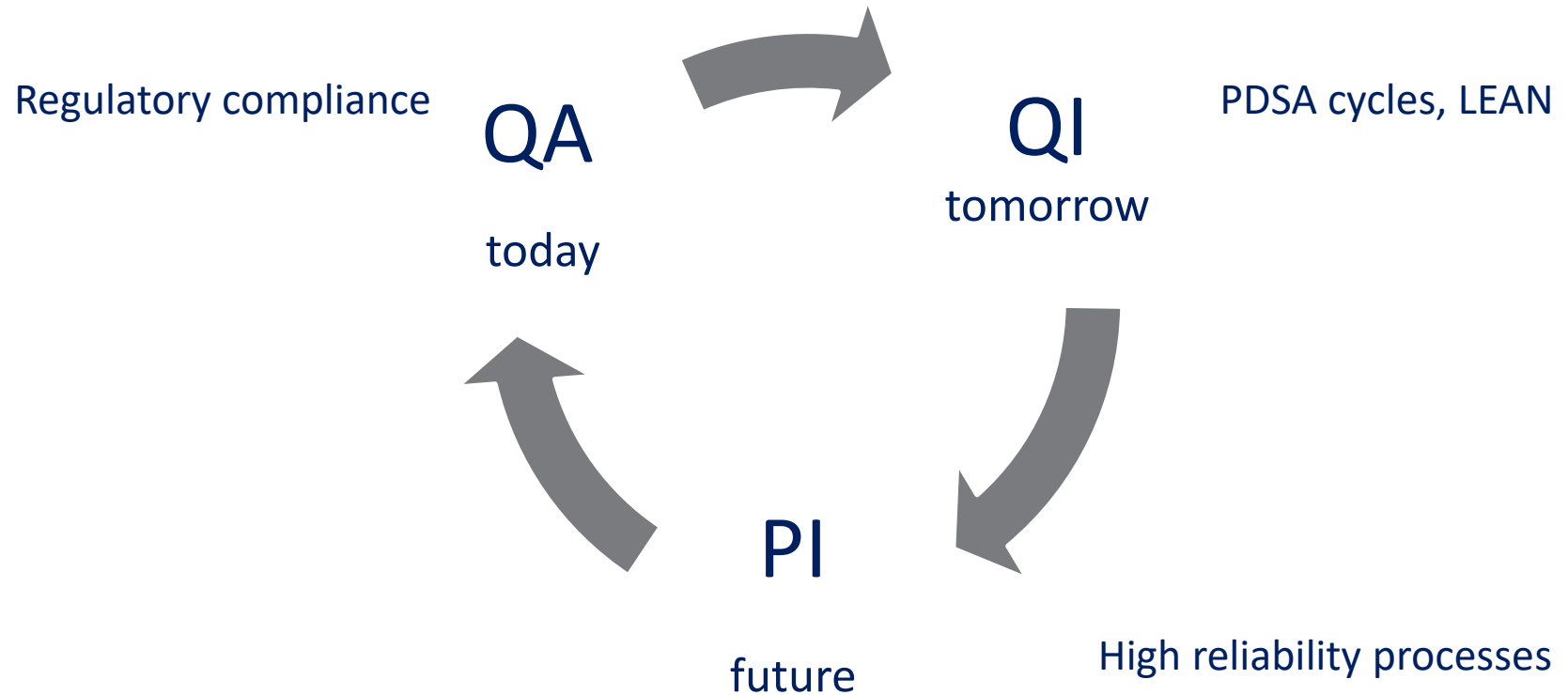
- Purpose/ Introduction
- Authority
- Scope
- QI committee
- Responsibilities
 - ✓ Leadership
 - ✓ Medical staff
 - ✓ Manager/Department staff
 - ✓ Network Hospital



The Quality Plan

- Confidentiality
- Quality improvement processes and methodology
- Communication
- Annual review of document

The Quality Continuum



The Quality Continuum

- Responsibility for Quality
 - Strategic – outcome measures
 - ✓ CEO , board, medical staff
 - Operational – outcome measures and key processes
 - ✓ CEO, medical staff, senior leadership
 - Tactical – structure & process measures
 - ✓ Managers and frontline team members

Establishing Priorities for Quality

- QA – regulatory compliance



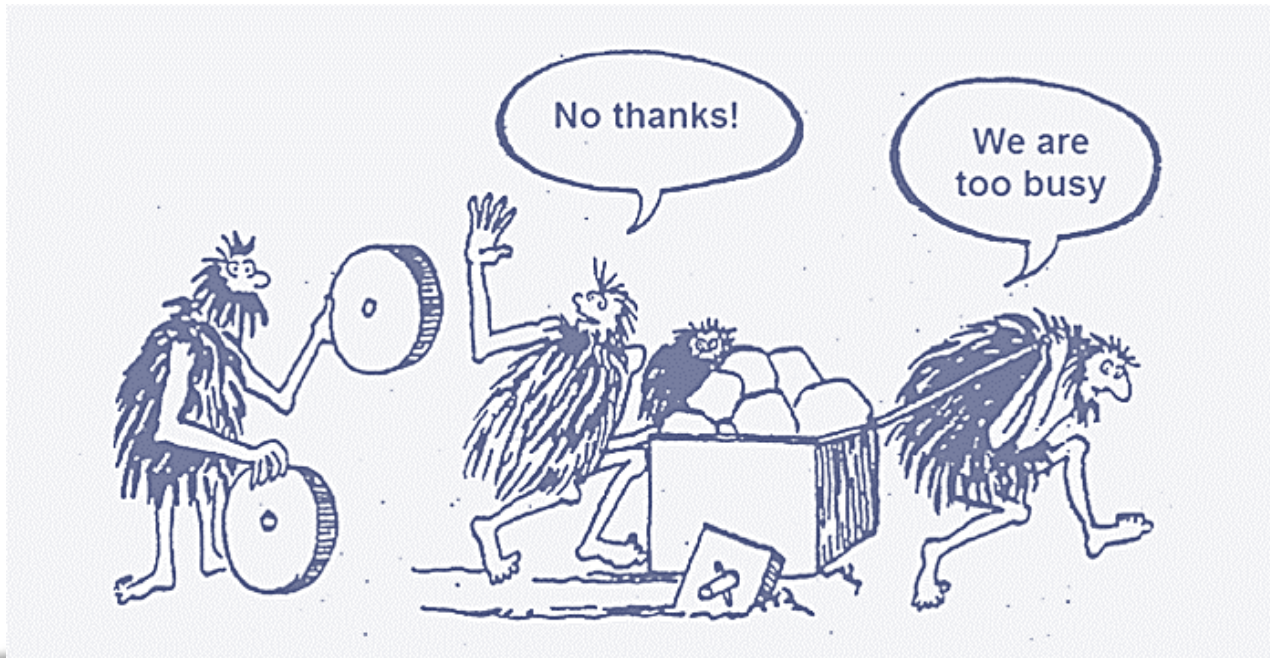
Establishing Priorities for Quality

- QI – Processes and Systems



Establishing Priorities for Quality

- PI – Highly reliable systems & processes



Establishing Priorities for Quality

- Strategic Plan/Vision/Mission
 - Sets direction for improvement activities
 - Align priorities with initiatives to maximize resources
 - Engages leadership in quality as Vision/ Mission are applied to strategic plan

Establishing Priorities for Quality

- ID priority list of processes or services for improvement
- Evaluate Institute of Medicine quality domains
- Areas to evaluate
 - Culture – Engagement and Safety Culture
 - Credentialing /Privileging
 - Peer Review
 - Continuous Survey Readiness (CSR)
 - Chart audits

Establishing Priorities for Quality

- Mandatory/ Voluntary reporting measures
- Patient experience measures
- Infection Prevention
- Safety and Risk
- Clinical quality
- Patient complaints/ comments
- Staff feedback
- Health Equity/ REAL/ Social needs
- Other...

Goal Setting

- Goals
 - Specific – what is specific goal?
 - Measureable – how will you track progress on goal?
 - Achievable – do you have resources to accomplish goal?
 - Relevant – is the goal meaningful?
 - Time- bound – when will you accomplish goal by?

Goal Setting

- Examples of Goals
 - Decrease opioids prescribed at discharge by 10% by 12/2023
 - To improve patient satisfaction scores for the question "Where you told when you could expect your results" to the 80th percentile by Q4 2023.

Action Planning

- Creates desired movement to attain the goal
 - What, when, how, where and by whom
- Use improvement methodology – LEAN, PDSA, PACE etc...



Methodology for Improvement

- Process Improvement Methodology
 - Process improvement is the **proactive task of identifying, analyzing and improving upon existing processes** within an organization for optimization and to meet new quotas or standards of quality. It often involves a systematic approach which follows a specific methodology...

Methodology for Improvement

- Why use a methodology?
 - Creates desired movement to attain the goal
 - Defines the what, when, how, where, and by whom
 - Provides focus and scope
 - Attempts to improve or change will not last if you have no plan and follow up

LEAN

- Eliminating waste and adding value for the customer

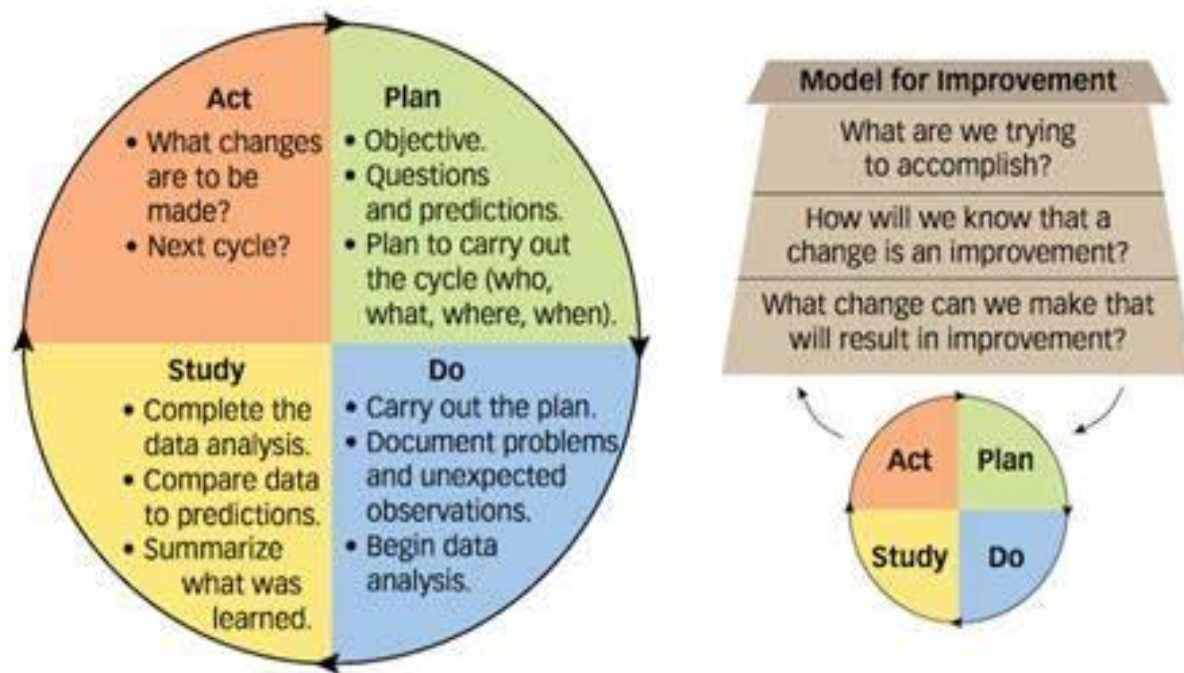
- Value stream map
- 5S
- A3



Plan-Do-Study-Act

- Continual process improvement

PDSA cycle and Model for Improvement—1991, 1994 / FIGURE 8



Plan-Do-Study-Act

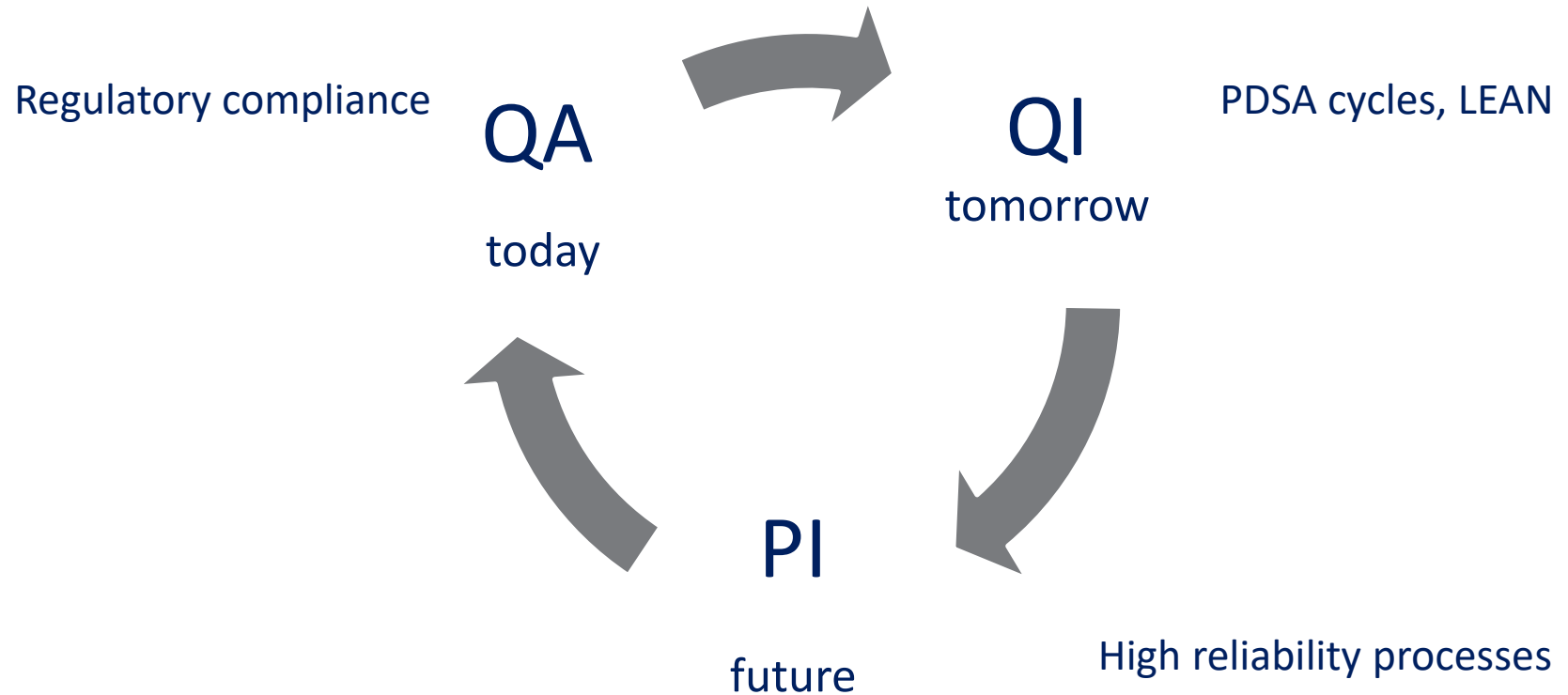


<https://www.youtube.com/watch?v=szLduqP7u-k>

Just In Time or Kaizen

- Small incremental improvements lead to significant results
 - Flowcharts
 - 5S
 - 5 Whys
 - Recognize success or improvement

The Quality Continuum



Measurement

- Measure the important things
- What gets measured gets focused on and improves
- We measure to align behaviors to drive results

The “measures”

- Defined – numerator/ denominator
- Timeliness
- Consistency
- “measure-vention”
- Benchmarks

Donabedian's Model



Evaluating Improvement Efforts

- Are you in compliance with regulations?
- Did you attain set goals?
- Are your systems/ processes highly reliable?
- Patient/ Staff/ Provider feedback

Model for Improvement



Reporting Improvement Efforts

- Reporting platforms in organization
 - Quality meeting
 - Employee forums
 - Department postings
 - Medical staff & Governing board
 - Others...
- What information goes to whom?

Communication of Quality

- Committees and Councils
- Quality sub-committee with a board member
- Transparency
- Be honest
- Celebrate success



Questions



Module A - activities

- Organizations strategic plan and goal alignment
- Organizations quality plan assessment & review

How are you feeling?





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Module B - Accreditation & Surveys

morning session

Q & A Day 1 (Module A)

- What was the one thing you found most interesting from yesterday's session?
- What is one thing you will take back to apply in your work?
- Other questions?

The History of Quality Assessment

- 1910 - Flexner report recognizes the appalling state of U.S. medical schools – standards for medical education
- 1917 - American College of Surgeons establish Hospital Standardization Program and began surveying hospitals- medical staff standards
- 1952 - Joint commission formed, continued surveying – added physical plant, equipment

The History of Quality Assessment

- 1965 - Medicare mandates principles of hospital operations , staff credentialing, round the clock nursing, and utilization review
- 1980's to current- transitions from quality assurance to performance improvement
- 2010 – Affordable Care Act, quality is a matter of improving the experience of care, the health of populations and reducing costs

Accreditation

- A process of review that allows healthcare organizations to demonstrate their ability to meet regulatory requirements and standards recognized by accreditation organizations.



Accrediting Bodies for Healthcare

- The Joint Commission
- DNV - Det Norske Veritas
- NCQA – National Committee for Quality Assurance
- Others

State Survey

- Nebraska DHHS survey
 - CMS State Operations Manual Appendix A or W
 - Chapter 9 Title 175
 - Life Safety Codes
 - Other...



Regulations Review



Conditions of Participation (COP's)

- Organization is evaluated against to establish their level of performance in relation to regulatory requirements
- CMS SOM appendix A – hospitals
 - A tags
- CMS SOM appendix W – CAH's
 - C tags
- CMS SOM appendix G- RHC's
 - J tags

COP's Emergency Services

- What tag is emergency services listed under?
 - Appendix A
 - Appendix W
- How many standards are there under the emergency services tag? What are they?
 - Appendix A
 - Appendix W

NE Title 175 Chapter 9

- Nebraska state law governing hospitals
- Compare COP's and state law utilize the stricter of the two to guide practices and policy
- Compare Emergency Services requirements with CMS SOM COP's

Life Safety Code & Environmental Care

- Appendix I - K tags
- Plant operations responsibility
- Refer to checklists as a resource

<https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS2786R.pdf>

Questions



Continuous Survey Readiness (CSR)

- Ideal model
- Ongoing process, not a ramp up for survey
- Leadership commitment
- Involves staff at all levels
- Variety of approaches

Continuous Survey Readiness

- Understanding of standards, survey requirements
- Training for person leading the readiness process
- Training for leadership, management and frontline in policies and practices that support standards and survey requirements

Continuous Survey Readiness

- Various approaches and learning methods
 - Face to face interactions
 - Department rounds with environmental assessment and staff questions
 - Self assessment tools/ gap analysis
 - ✓ Annual
 - ✓ Ongoing
 - Resources for updated regulations
 - Other

CSR example

- Leadership prioritizes resources for readiness
- Concern identified in COP's with emergency services
- Quality professional leads CSR process/plan
 - Self assessment completed
 - Process Improvement
 - Training plan developed
 - ✓ Story boards
 - ✓ Social Media posts
 - ✓ Self study modules
 - ✓ Re – check self assessment

Let's practice

- Emergency Services self assessment
 - What types of questions would you ask staff?
 - What environmental inspections would you look at?
 - What inventory would you assess?
 - What policies would you review?

The Quality Professional

- Responsible to develop and manage survey procedures
- Develop multidisciplinary group to anticipate survey and assist with readiness
- Develop survey checklist and readiness activities

Activity

- Draft survey setup checklist
- Continuous survey readiness activities

Questions

