Performance Improvement in Health Care

Session 1

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Learning Objectives

- Discuss how hospitals quality activities align with mission and strategic goals
- Evaluate and discuss potential integration of external best practices
- Tools to help with quality improvement
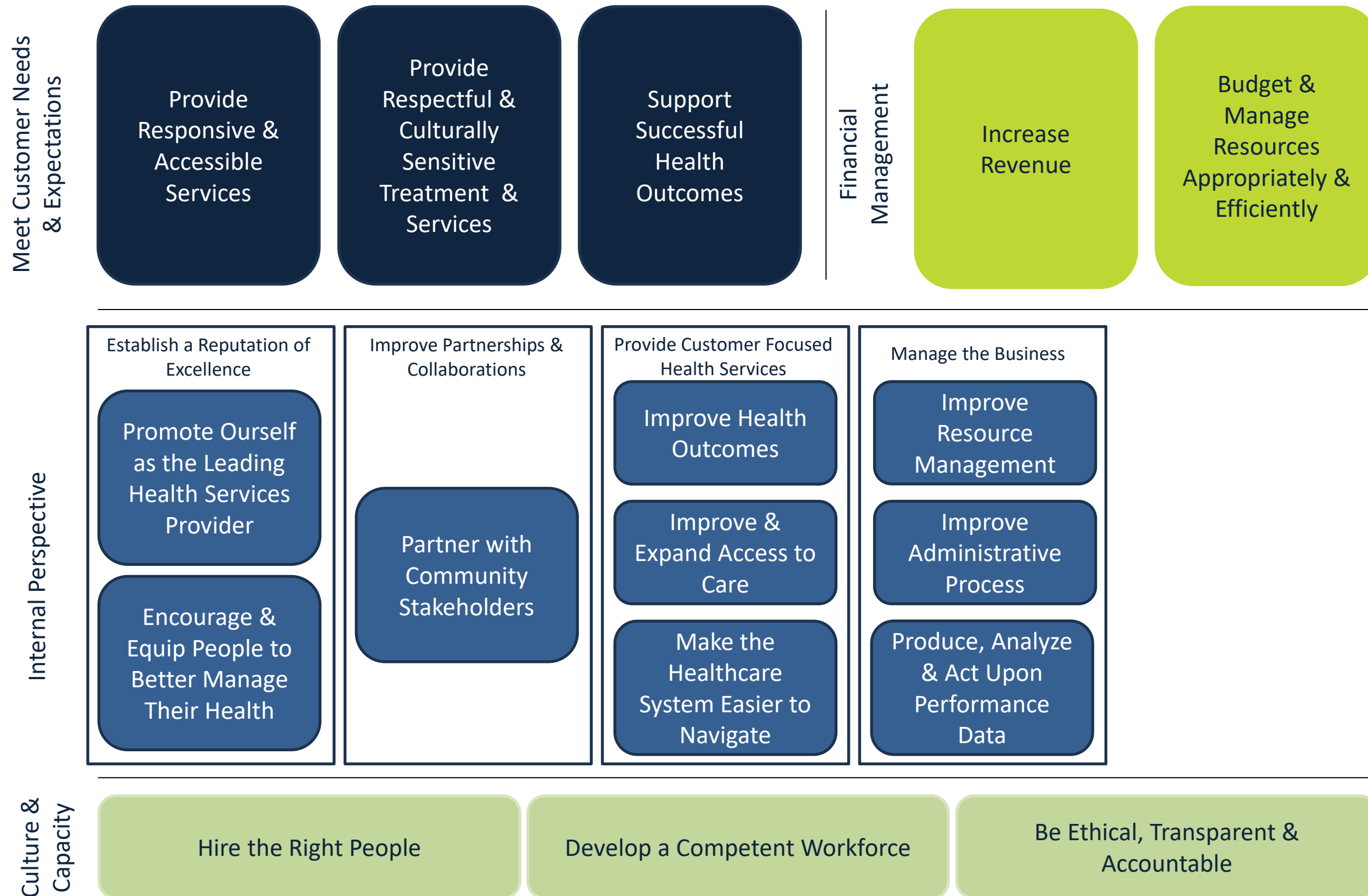- How to be a successful change manager

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Let's Review

- What are your organizations mission, vision, and values?
- What does your strategic plan look like?
  - Is quality involved?
- How do you share data with executive team, medical staff, frontline staff, governing board?
  - Are any of these groups represented on you quality team?
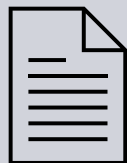
Hospital Strategy Map

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Meet Customer Needs & Expectations

- Provide Responsive & Accessible Services
- Provide Respectful & Culturally Sensitive Treatment & Services
- Support Successful Health Outcomes

Financial Management

- Increase Revenue
- Budget & Manage Resources Appropriately & Efficiently

Internal Perspective

Establish a Reputation of Excellence
- Promote Ourself as the Leading Health Services Provider
- Encourage & Equip People to Better Manage Their Health

Improve Partnerships & Collaborations
- Partner with Community Stakeholders

Provide Customer Focused Health Services
- Improve Health Outcomes
- Improve & Expand Access to Care
- Make the Healthcare System Easier to Navigate

Manage the Business
- Improve Resource Management
- Improve Administrative Process
- Produce, Analyze & Act Upon Performance Data

Culture & Capacity

- Hire the Right People
- Develop a Competent Workforce
- Be Ethical, Transparent & Accountable

Identifying Opportunities for Improvement

- Digging into data
  - <u>Stratify data</u> – race, ethnicity, age, discharge disposition, provider, diagnosis, payer
  - <u>Focus on areas of high cost</u> – readmissions, ED utilization, overuse of care
  - <u>Look for cost drivers</u> – supplies, drugs, ancillary services
  - <u>Examine variation</u> – compare providers, peers, staff
  - <u>Analyze the impact</u> – consider factors such as LOS, preventable conditions, successes, barriers

How to Set Goals

- What is my organization's mission, vision, values?
  - Strategic Initiatives
- What are we trying to achieve?
- Who are our competitors?
- Who are our customers?
- What do our current metrics look like?
  - Benchmark
  - National Metrics

IF YOU CAN'T MEASURE IT, YOU CAN'T IMPROVE IT. LORD KELVIN

PERFORMANCE

Setting SMART-ER Goals

1	2	3	4	5
What specifically do you want to change?	What will you do to make that change happen?	How much of this will you do, or how often will you do it?	What needs to happen to allow you to do this?	How confident are you that you can do this?

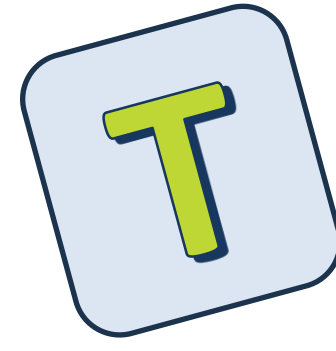**S** Specific   **M** Measurable   **A** Action-Oriented   **R** Realistic   **T** Time-Bound   **E** Evaluated   **R** Reviewed

10	9	8	7	6
How will you review what to do next? With whom can you discuss this?	When will you reflect on progress? How will you know when you've achieved your goal?	What can you do to get over these barriers to change?	What is likely to stop you doing this?	By when will you have done this?

SWOT Analysis

Strengths
- Things your organization does well
- Qualities that differentiate you
- Internal resources such as skilled staff
- Intangible assets such as brand loyalty and followers

Weaknesses
- Things your organization lacks
- Things your competitors do better
- Resource limitations
- Unclear unique selling proposition or lack of an established brand

Opportunities
- Underserved markets for specific service
- Few competitors in your area
- Emerging need for a service line
- Press/media coverage of your practice

Threats
- Rising competitors
- Changing regulatory environment
- Negative press/media coverage
- Changing patient attitudes towards your organization

	Helpful	**Harmful**
Internal	**S** Strengths	**W** Weaknesses
External	**O** Opportunities	**T** Threats

How to Create Actionable Projects

- Brainstorm then prioritize
- Set timeline
- Benchmark data
- Engage key stakeholders
- Set goals with owners and due dates
- Review ROI
- Create a business case

Definitions

KPI
- A measurable value demonstrating how effectively an organization achieves its key business objectives. It's used to track progress over time and identify areas for improvement.

Target
- A specific, measurable objective an organization wants to achieve within a particular timeframe. It is often used with KPIs to set clear benchmarks for success. Targets should be challenging but achievable and align with organization goals.
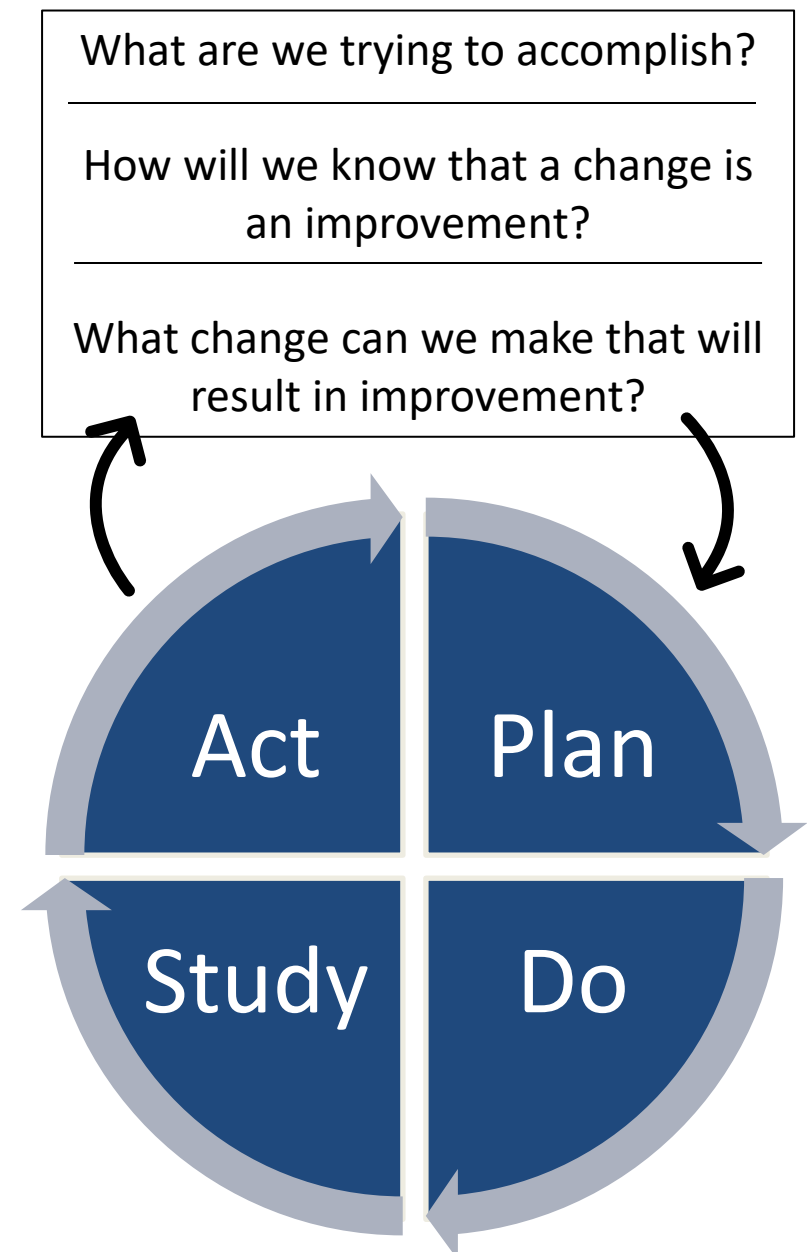
Goals
- Broader, more long-term objectives that an organization wants to achieve. They often define the organization's overall direction and vision and may include multiple targets and KPIs.

Methodology for Improvement

Introducing IHI's Model for Improvement

- Three fundamental questions, which can be addressed in any order

- The Plan-Do-Study-Act (PDSA) cycle to test and adapt changes to ensure they result in the desired improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?

Act | Plan

Study | Do

Forming the Team

- Improvement work thrives with a team
- Diverse perspectives and expertise fuel effective change ideas
- Review your purpose
- Consider the system that relates to that purpose
- Ensure team members who are familiar with all the different parts of the process
- Consider your patients
- Apply an equity lens
- Get an executive sponsor on board
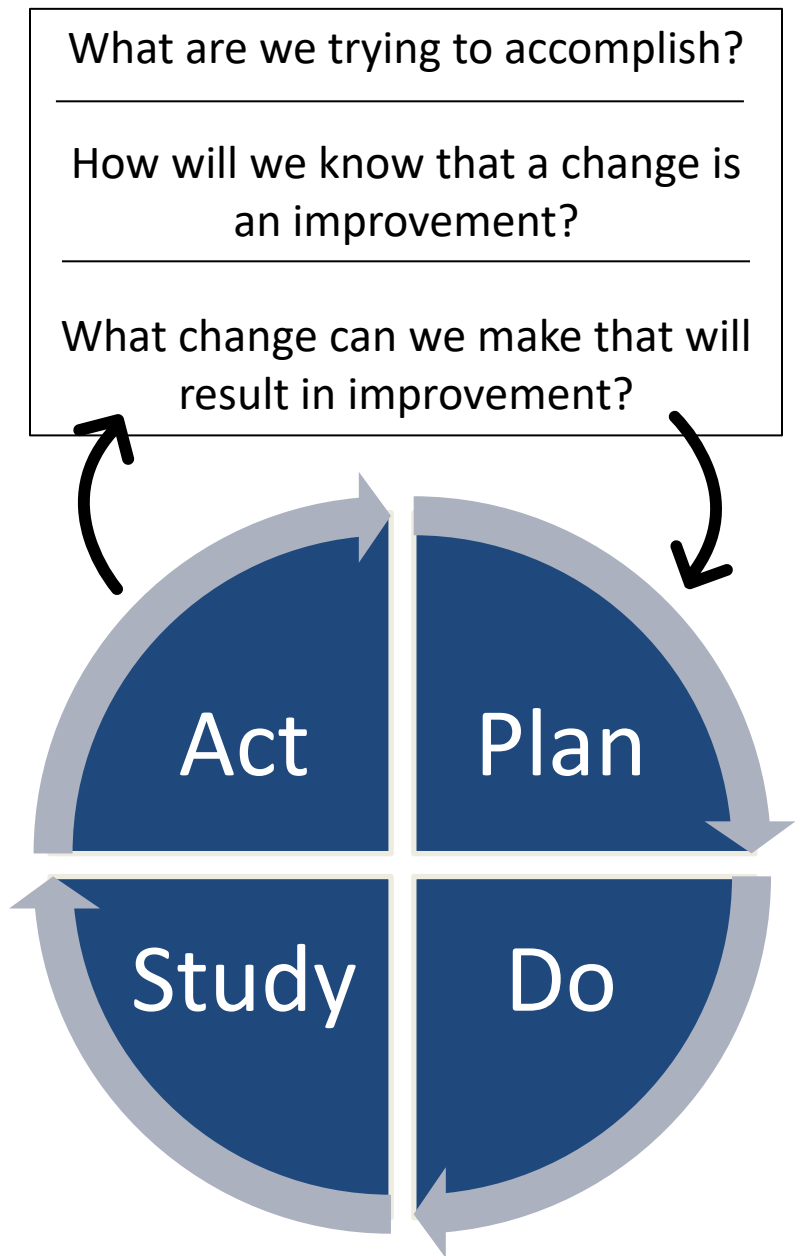- Find a provider champion for clinical work
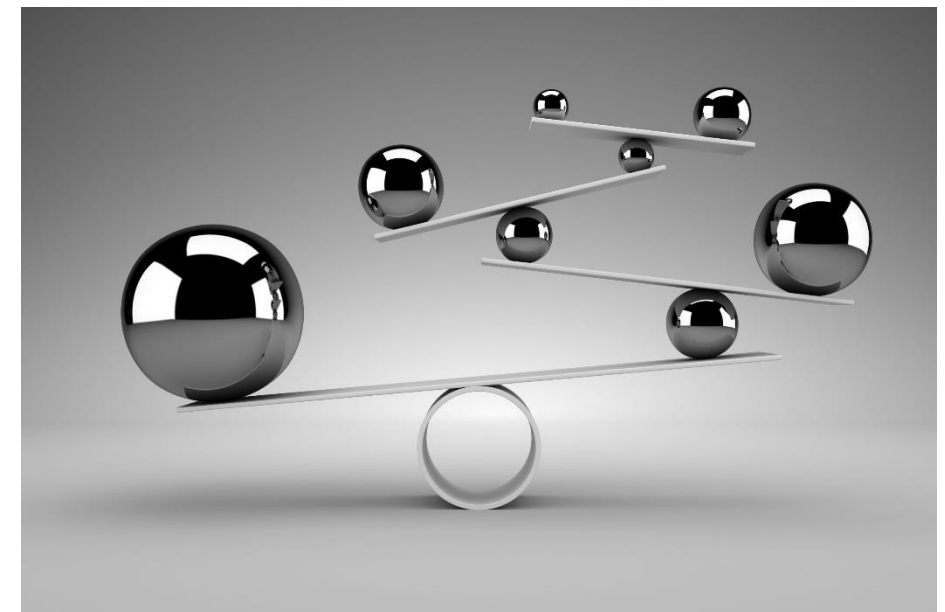
Setting Aims

What are we trying to accomplish?

The aim:
- Must be time-bound and measurable
- Defines the specific population affected by the improvement effort
- Identifies where improvement will take place

Engage individuals who will most benefit from the improvement in defining the aim

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?

Act | Plan

Study | Do

Establishing Measures

How will we know that a change is an improvement?
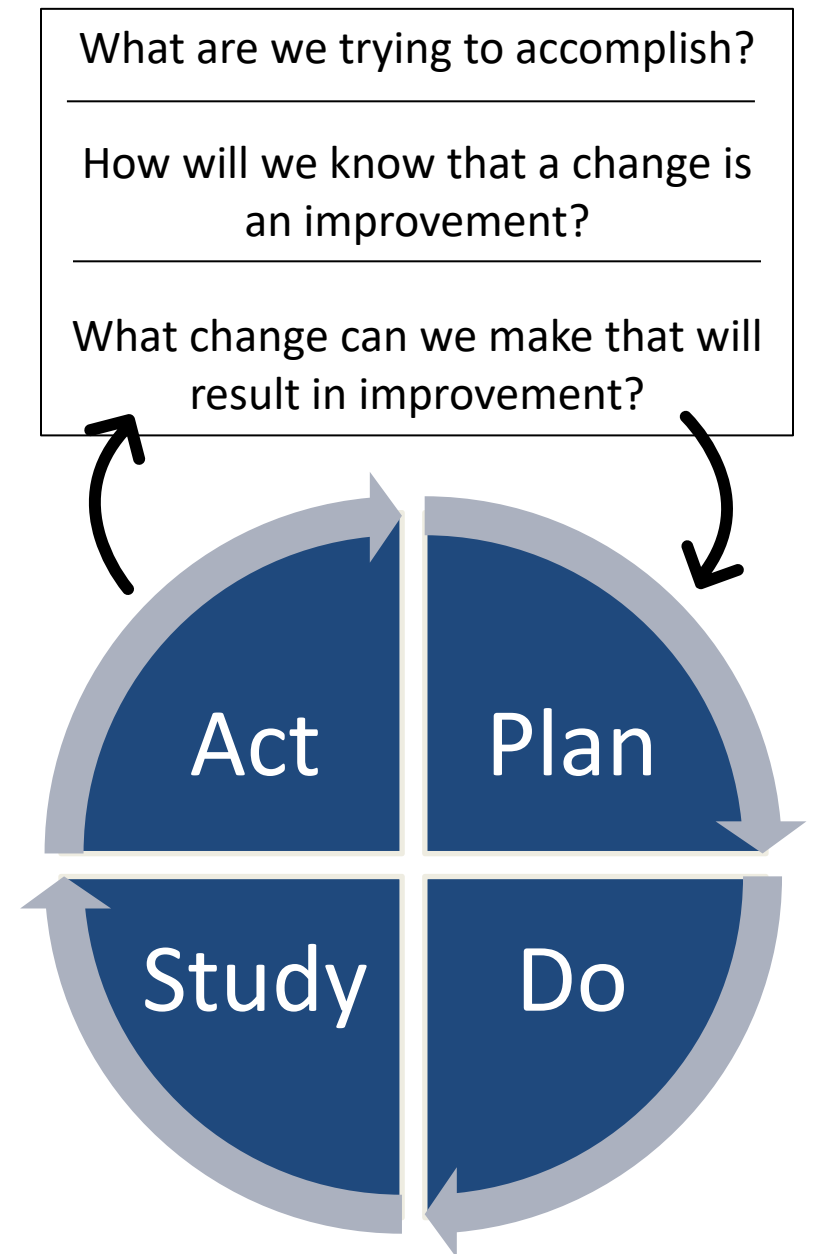
Measurement for Learning and Improvement
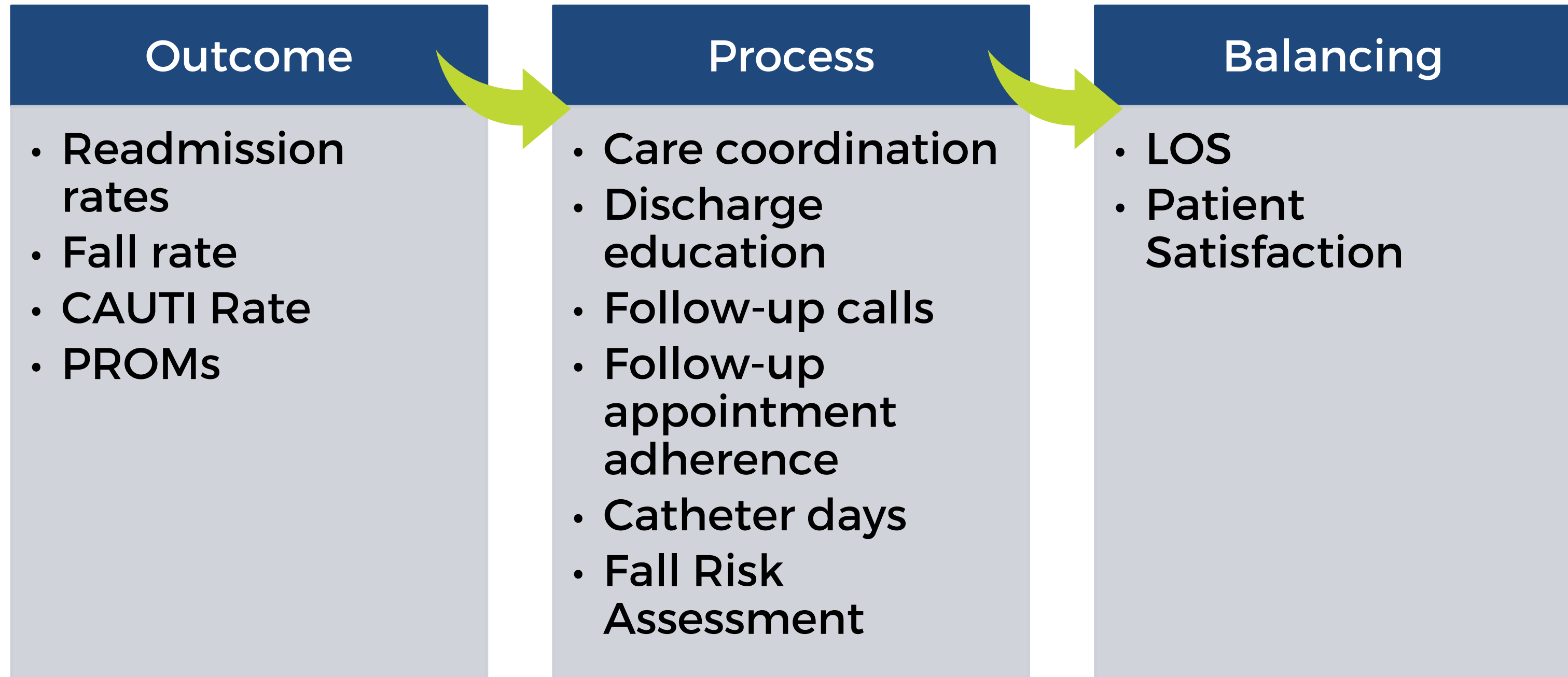
Purpose: to bring new knowledge into daily practice

Tests: many sequential observable tests centered on learning

Biases: design data collection to stabilize bias

Data: 'just enough' data gathered through small sequential samples

Establishing Measures

Outcome	Process	Balancing
• Readmission rates • Fall rate • CAUTI Rate • PROMs	• Care coordination • Discharge education • Follow-up calls • Follow-up appointment adherence • Catheter days • Fall Risk Assessment	• LOS • Patient Satisfaction

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Tips for Effective Measures

- Plot data over time

- Seek usefulness, not perfection

- Use sampling

- Integrate measurement into the daily routine

- Qualitative AND Quantitative Data

- Collect data consistently

Selecting Changes

What change can we make that will result in improvement?

- Eliminate waste
- Improve workflow
- Optimize inventory
- Change the work environment
- Patient interface
- Manage time
- Focus on variation
- Error proofing
- Focus on the product or service
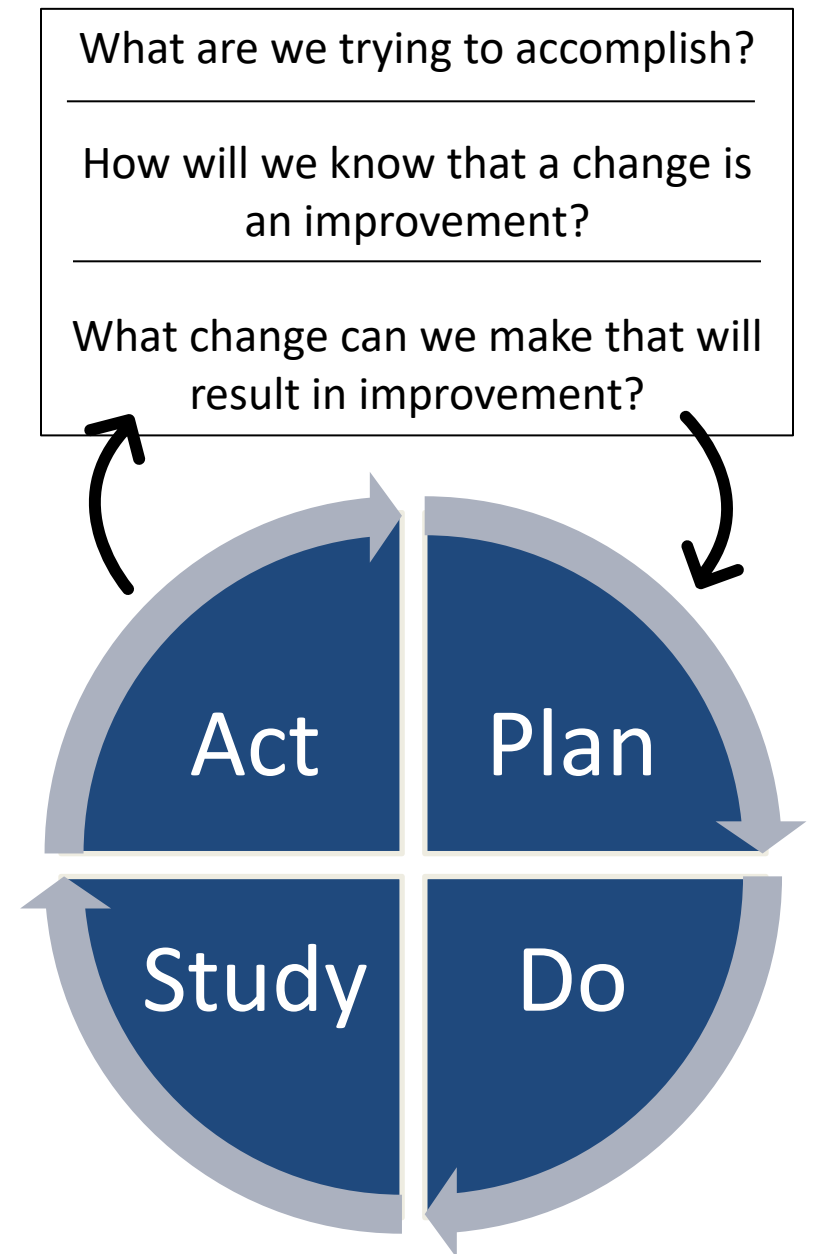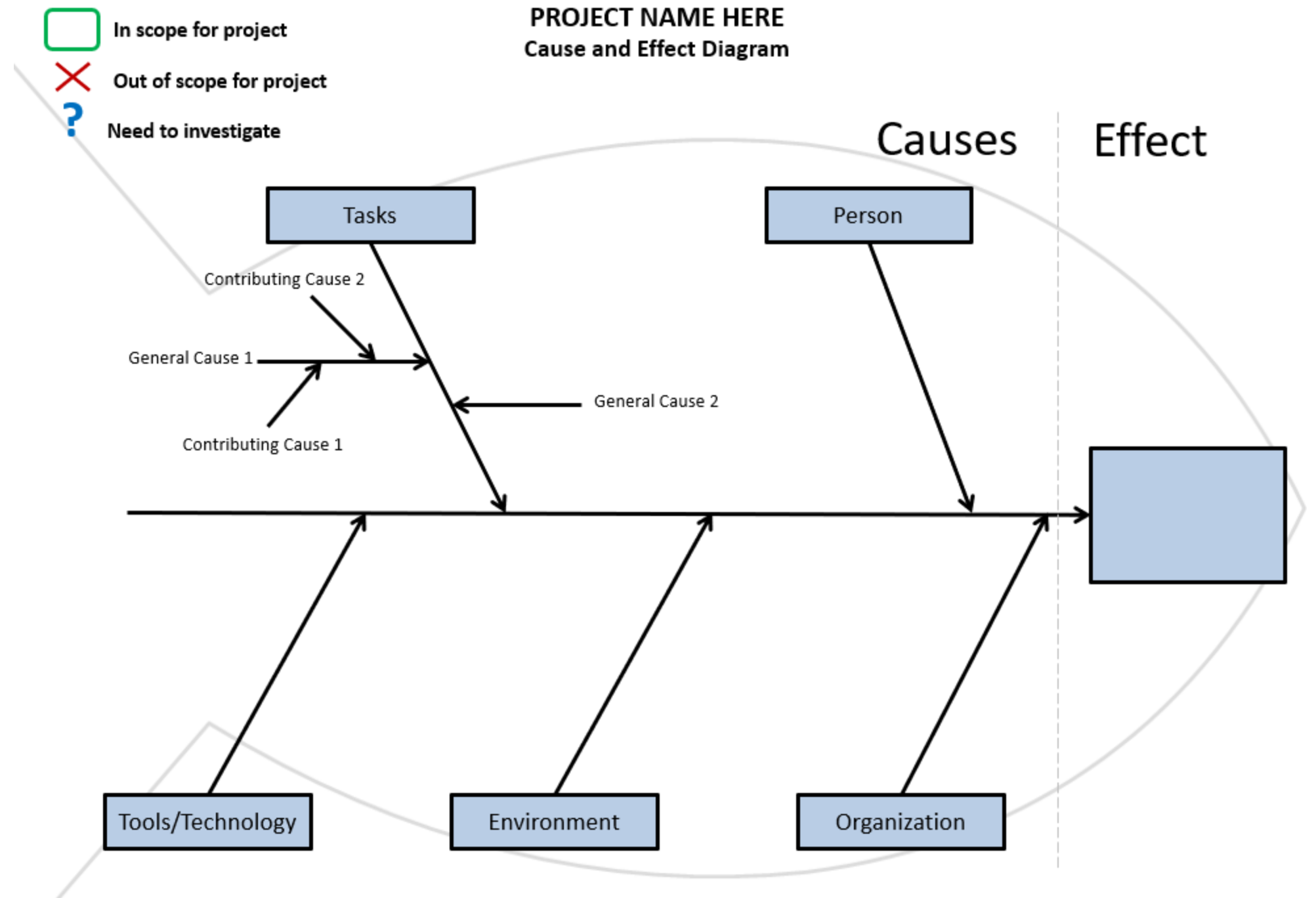
Tools to Help with Change

Flow charts

- Allows you to draw a picture of the way a process actually works so that you can understand the existing process and develop ideas about how to improve it
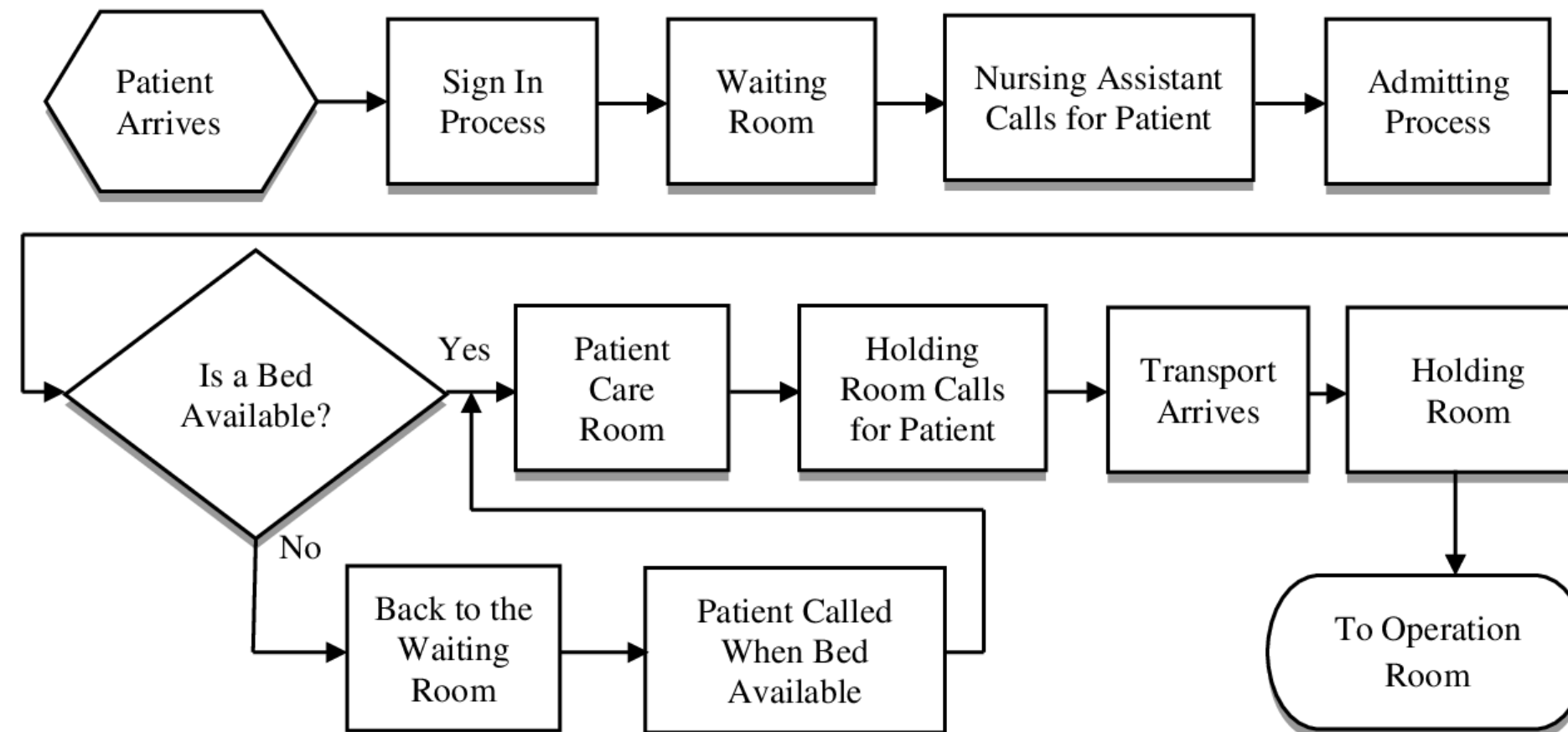
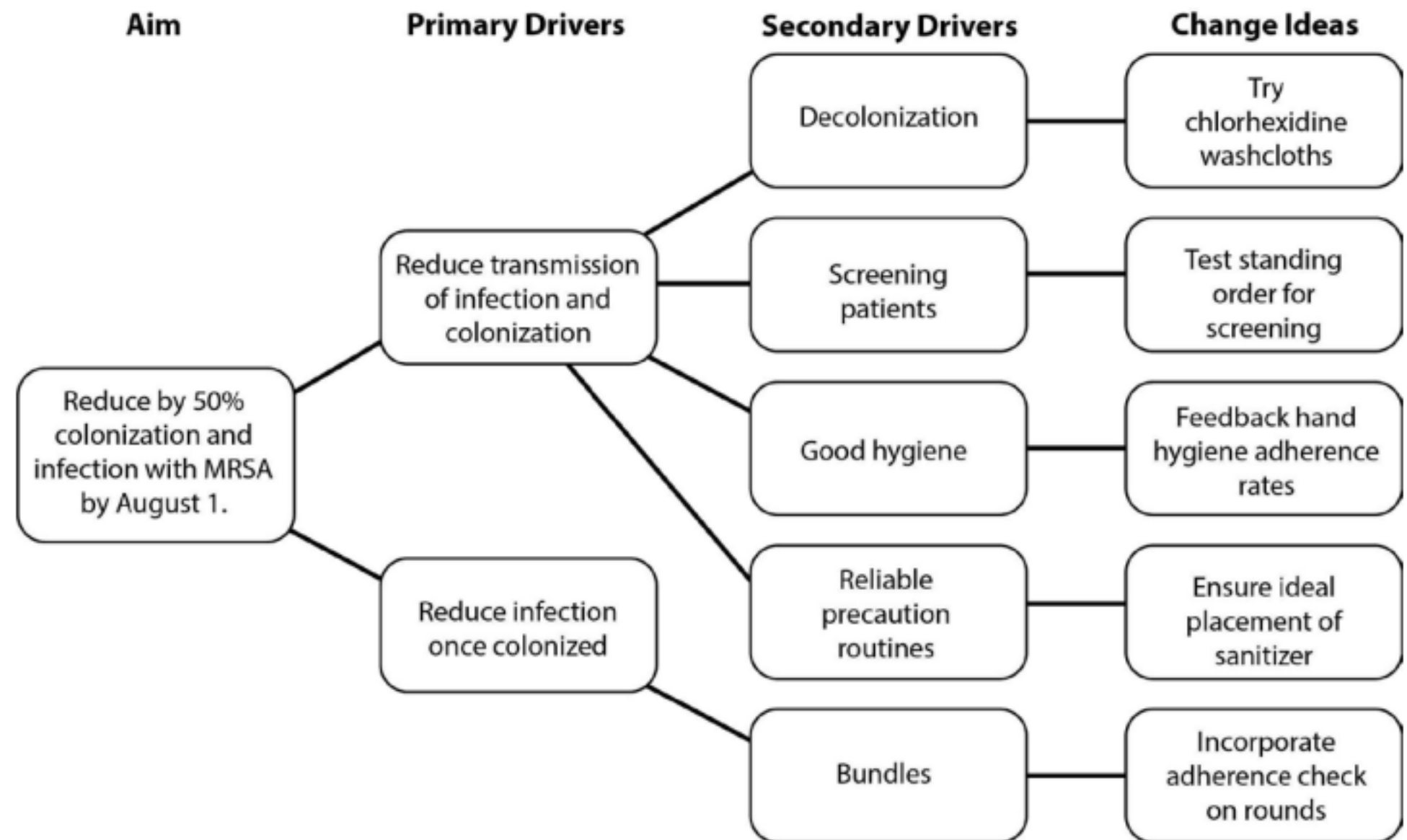# Tools to Help with Change

Cause and Effect Diagram

- Ishikawa or 'fishbone' diagram

- Used to explore and display the possible causes of a certain effect

Tools to Help with Change

Driver Diagram

- A visual display of a team's theory of what 'drives,' or contributes to, the achievement of a project aim

Testing Change

Scientific method used for action-oriented learning.

Reasons to Test Changes

- Increase your belief that the change will result in improvement
- To decide which of several proposed changes will lead to the desired improvement
- To evaluate how much improvement can be expected from the change
- To decide whether the proposed change will work in the actual environment of interest
- To decide which combinations of changes will have the desired effects on the important measures of quality
- To evaluate costs, social impact, and side effects from a proposed change
- To minimize resistance upon implementation

Changes That Result in Improvement

DATA

Hunches, Theories, and Ideas
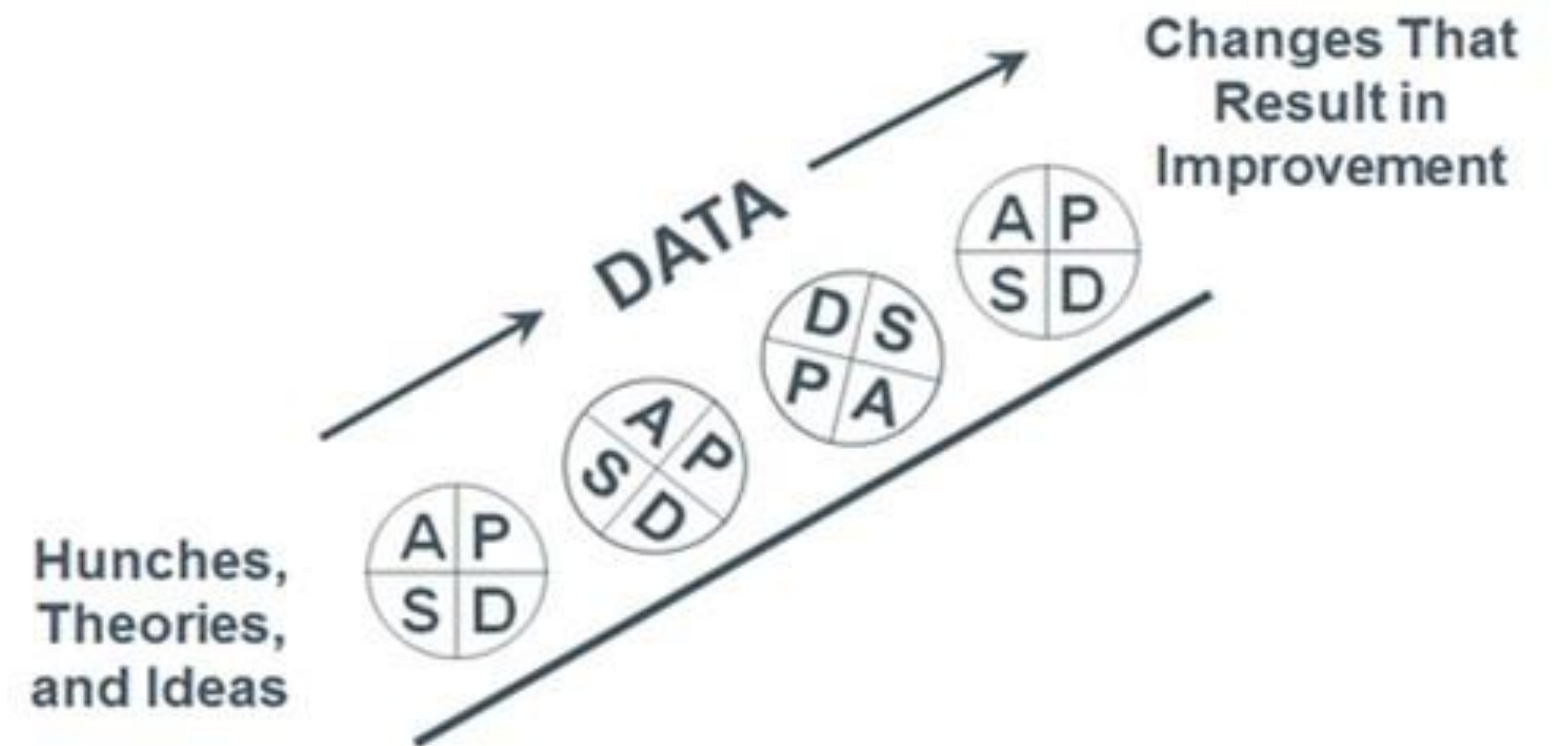
Source: *The Improvement Guide*, p. 103

Steps in PDSA

Step 1: Plan

Plan the test or observation, including a plan for collecting data

- State the objective of the test
- State the questions the test will be designed to answer
- Make predictions about what the results of the test will be
- Develop a plan to test the change (Who, What, When, Where, What data needs to be collected)

Step 2: Do

Execute the plan

- Carry out the test as planned
- Document problems and unexpected observations
- Begin analysis of the data

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Step 3: Study

Analyze the data and study the results

- Complete the analysis of the data
- Compare the data and result to your predictions
- Summarize and reflect on what was learned

Step 4: Act

Refine the change, based on what was learned from the test

- Determine what modifications should be made
- Prepare a plan for the next test

Implementing Changes

When is a change ready for implementation?

- Test the change: start on a small scale -- increase scale based on the learning of each PDSA cycle
- Test under varying conditions -- adapt to the local environment
- Establish and understand any causal relationships between the change and the desired outcome through appropriate data collection and analysis

Implementation is a <u>permanent</u> change to the way work is done and involves hardwiring the change into the workflow or standard work within an organization.
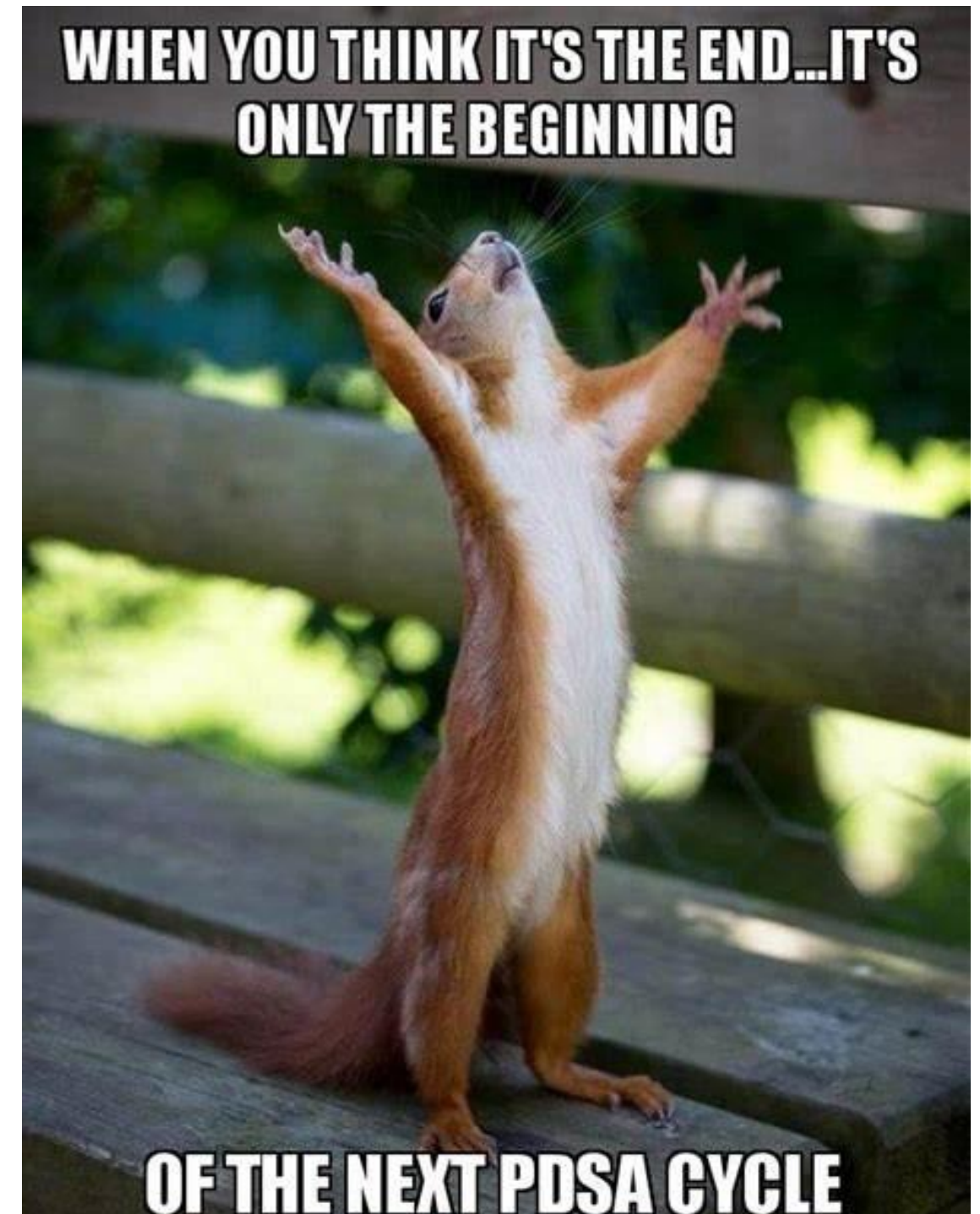Audit for compliance.

Spreading Change

Spread is the process of taking a change that has been successful in one context and using it in another.

Requires:
- Leadership
- More ideas
- A set-up strategy
- Communication
- Measurement
- Feedback

Lean Process Management

- Derived from Toyota Production System

- Efficiency and quality are BOTH important

- Each step of the process should add VALUE

- Eliminate all WASTE from the system

- Every member of the team is valued for their contributions to the process AND their ideas for improving the system to ensure safety

Types of Work

INCREASE

Value-Added Work
- Work/Service the patient cares about and is willing to pay for
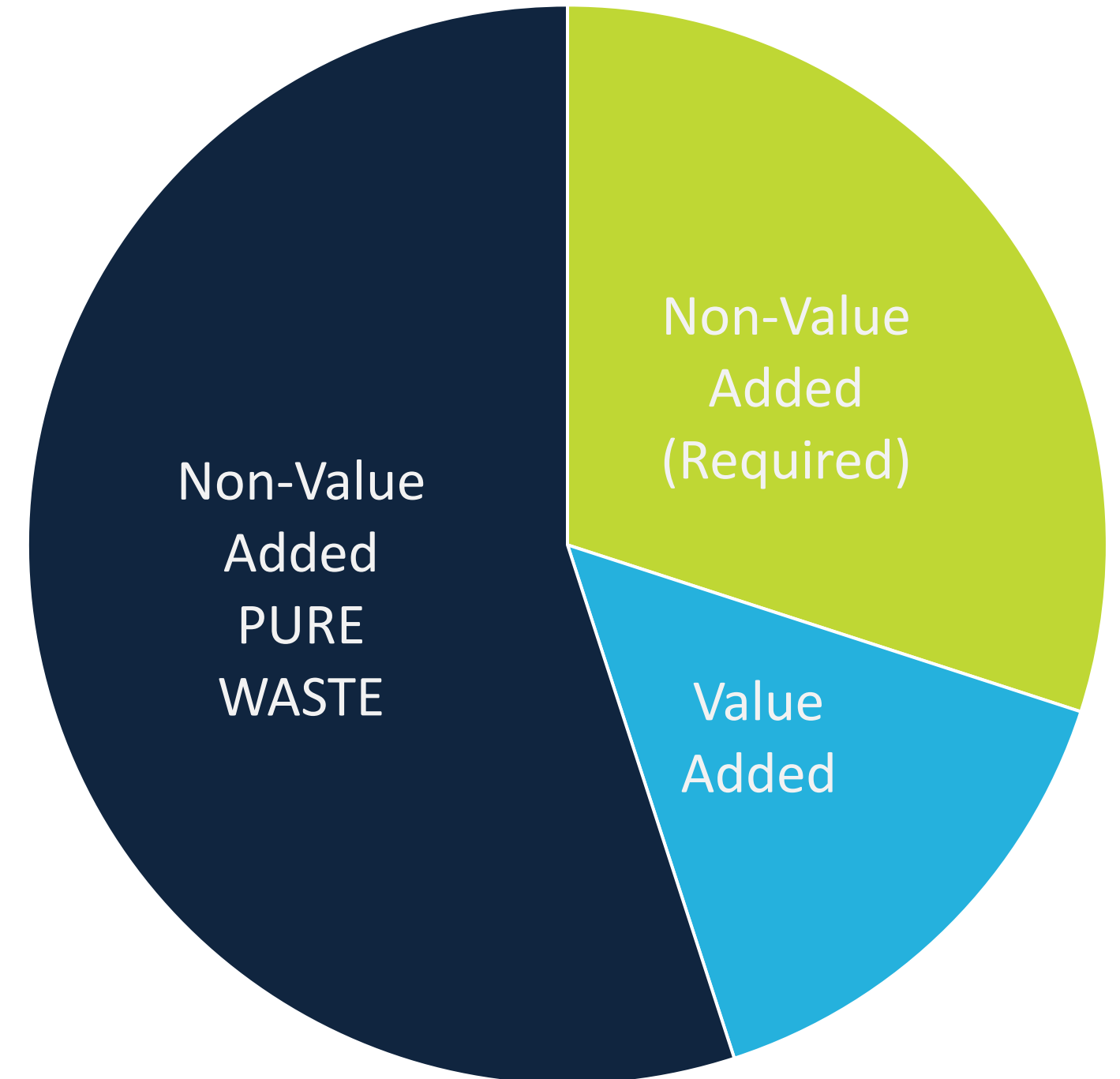- Face time, diagnosis, treatment

MINIMIZE

Required Non-Value-Added Work
- No value in the patient's eyes, but can't be avoided
- Billing, regulatory tasks

ELIMINATE

Pure WASTE – Non-Value-Added Work
- Consumes resources but doesn't add value
- Looking for supplies, patient/staff waiting, redundant paperwork

Non-Value Added PURE WASTE

Non-Value Added (Required)

Value Added

Measurement & Metrics

Meet the Expert!

Organizing Quality Measures

Keeping quality measures organized helps to further understanding and engagement while driving strategic planning.

- Using composites
- Organizing measures by quality domain
- Organizing measures by disease or condition
- Organizing measures by type
- Organizing measures by data sources
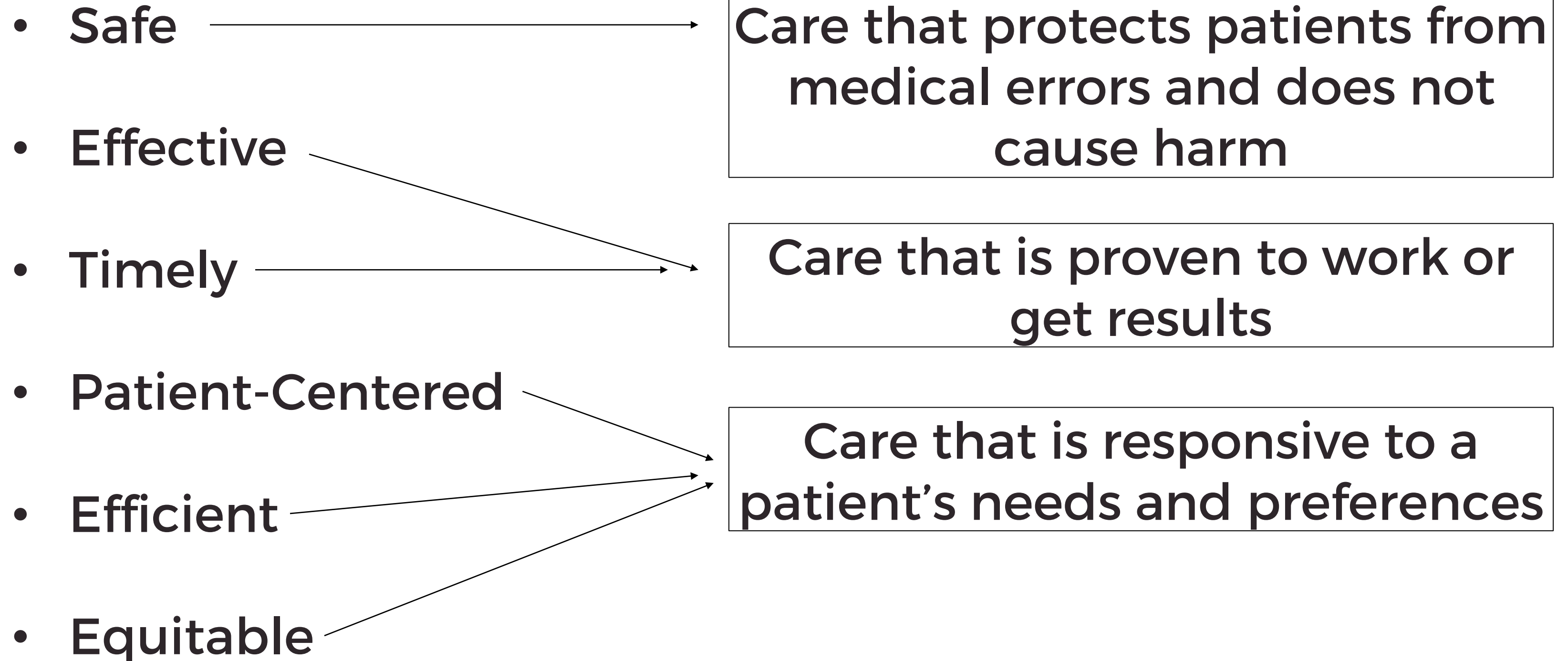
Information Overload
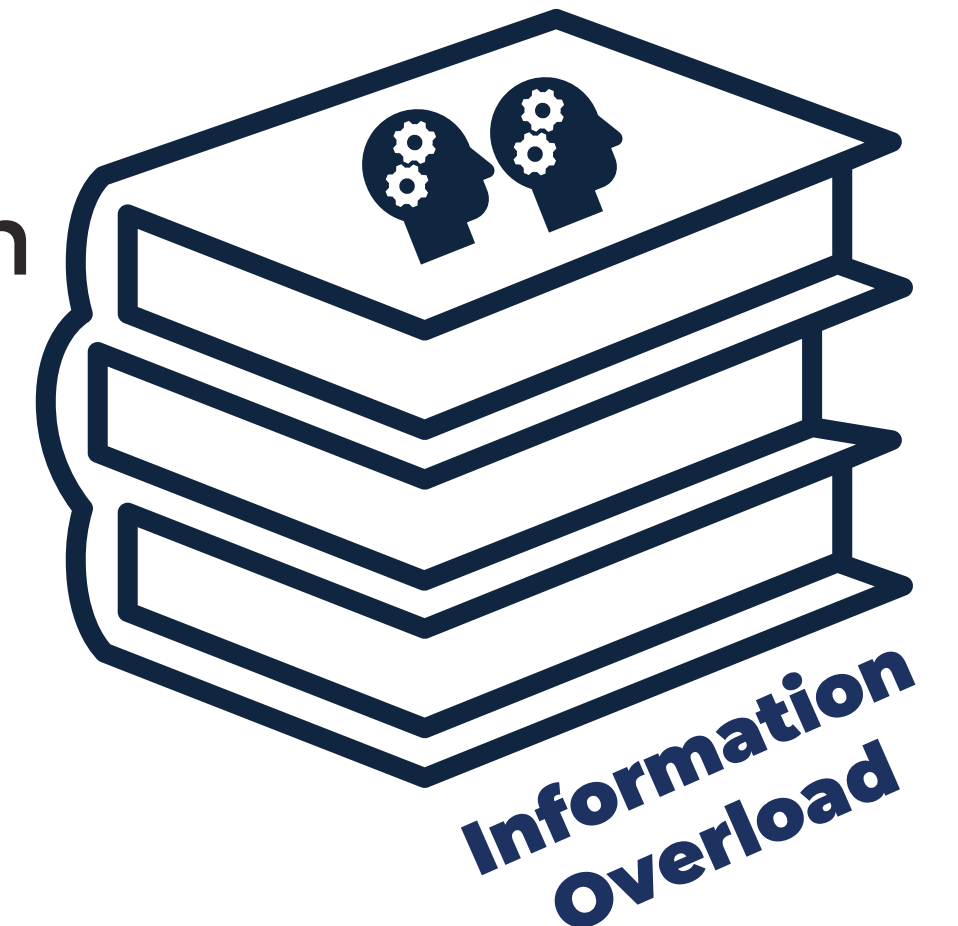
Using Composites

Composite Score

- Represent small sets of data points that are highly related to one another, both conceptually and statistically.
  - CAHPS Scores

Summary Score

- Combine many measures into one "overall" score, even though the individual measures may address quite different aspects of quality
  - Consumer Reports

Organizing by Domains

- Safe → Care that protects patients from medical errors and does not cause harm

- Effective

- Timely → Care that is proven to work or get results

- Patient-Centered

- Efficient → Care that is responsive to a patient's needs and preferences

- Equitable

Organizing by Disease or Condition

Care Compare

Hospital Name	CLABSI	CAUTI	SSI-Colon Surgery	MRSA	C.Diff
Hospital A	0.377 Better than the national benchmark	1.36 No different that national benchmark	0.492 No different that national benchmark	0.410 Better than the national benchmark	0.259 Better than the national benchmark
Hospital B	0.421 No different that national benchmark	2.538 No different that national benchmark	1.308 No different that national benchmark	0.851 No different that national benchmark	0.343 Better than the national benchmark
Hospital Name	Death Rate for COPD Patients	Death Rate for Heart Attack Patients	Death Rate for Heart Failure Patients	Death Rate for Pneumonia Patients	Death Rate for Stroke Patients
Hospital A	12.7% Worse than the national rate	14% No different than the national rate	12.5% No different than the national rate	19.1% No different than the national rate	14.4% No different than the national rate
Hospital B	7.8% No different than the national rate	13% No different than the national rate	11.8% No different than the national rate	16.6% No different than the national rate	12.9% No different than the national rate

Organizing by Type

- **<u>Structural Measures</u>**
  - Give consumers a sense of a health care provider's capacity, systems, and processes to provide high-quality care
- **<u>Process Measures</u>**
  - Indicate what a provider does to maintain or improve health, either for healthy people or for those diagnosed with a health care condition
  - Can be useful in situations with a small 'n' or measurement population
- **<u>Outcome Measures</u>**
  - Reflect the impact of the health care service or intervention of the health status of patients
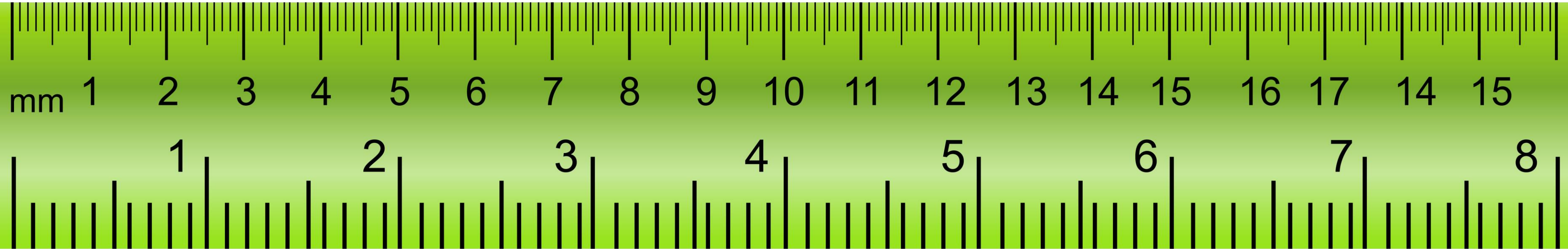
Organizing by Data Source

- Patient Experience Survey
- Administrative/Claims
- Medical Records

Example:
Nursing Home Compare Website
- Health Inspections
- Nursing Home Staffing
- Quality Measures

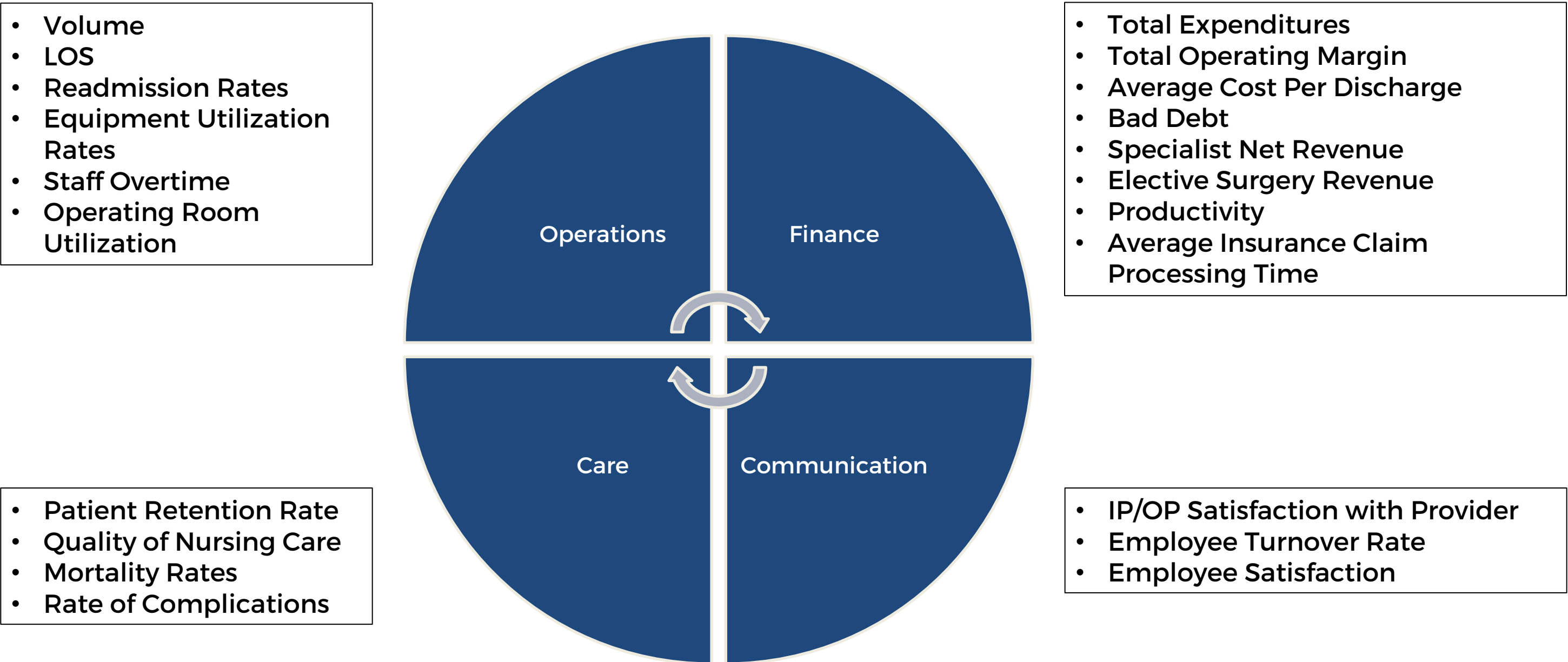Measure What Matters

How do you Measure Effectiveness?

- Key Performance Indicators (KPIs)
- Employee feedback
- Before and after analysis
- Cost-benefit analysis
- Observation

Key Performance Indicators (KPIs)

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- Volume
- LOS
- Readmission Rates
- Equipment Utilization Rates
- Staff Overtime
- Operating Room Utilization

- Total Expenditures
- Total Operating Margin
- Average Cost Per Discharge
- Bad Debt
- Specialist Net Revenue
- Elective Surgery Revenue
- Productivity
- Average Insurance Claim Processing Time

- Patient Retention Rate
- Quality of Nursing Care
- Mortality Rates
- Rate of Complications

- IP/OP Satisfaction with Provider
- Employee Turnover Rate
- Employee Satisfaction

Operations

Finance

Care

Communication

Displaying your Projects and Data in a Meaningful Way

- Make graphs self-explanatory
- Make bar charts easy to interpret
- Provide self-explanatory symbols
- Limit the size of tables
- Avoid abbreviations and jargon

To be continued at the data session...

Recognizing and Rewarding

- Essential step in improvement
- Reinforces positive behavior
- Motivates staff

How?
- Offer consistent and timely feedback that is easy to consume
- Provide verbal praise and appreciation
- Offer additional responsibility or opportunities for growth
- Give monetary rewards or bonuses

Benefits of Project Evaluation

- Better project management
  - Helps to identify additional opportunities for improvement
- Improves team performance
  - Allows you to keep track of team performance and increase accountability
- Better project planning
  - Helps you compare your project baseline against actual performance
- Helps with stakeholder management
  - Improve team relationships and transparency

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Team Alignment Worksheet

Session 1

Brainstorming Together

- What projects are you currently working on?
- Who is on your team?
- What does your current performance look like?
- What are your desired outcomes?
- Why are you completing the project?

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[1] DESCRIBE ETHICAL DECISION POINT
Any decision in which alignment between values and actions is desired.

[2] DESCRIBE THE RELEVANT VALUE(S) OF OUR BUSINESS
The values inherent in the ethical decisions point.

[3] LIST POTENTIAL ACTIONS FOR EACH ROLE
What could be done about it?
Consider all options from passive to active.

[4] HOW DOES THIS ALIGN WITH OUR VALUES?
What's the degree of alignment with the business value(s) for each outcome?
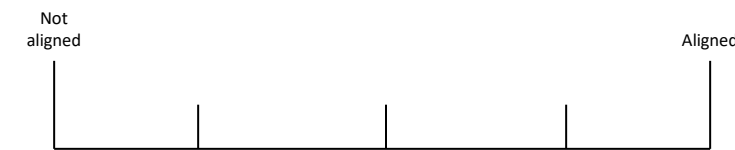*Reassess potential actions if needed.*

[5] CHOOSE ACTION(S)
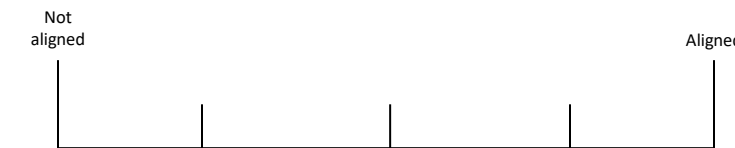*Select those actions which are most aligned with the values in question.*

[6] LIST DESIRED OUTCOMES
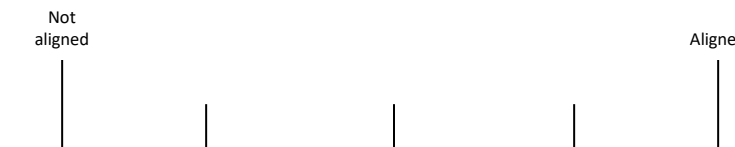*Describe the impact of each action internally and externally.*

ROLE:
POTENTIAL ACTIONS:

Not aligned — Aligned

ROLE:
POTENTIAL ACTIONS:

Not aligned — Aligned

ROLE:
POTENTIAL ACTIONS:

Not aligned — Aligned

ROLE:
POTENTIAL ACTIONS:

Not aligned — Aligned

Another Example...

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Our Goal Is...	**Our Strengths Are...**
What does our team intend to accomplish? What does success look like?	What talents/strengths does each of us bring to the table?
Our Milestone Are...	**Our Values Are...**
What are our milestones along the way? How will be celebrate them?	What are the central, underlying behaviors that guide our actions?
Our Barriers to Success Are...	**Our Commitments to Staying Aligned Are...**
What could stand in the way of our vision becoming a reality?	What actions will each of us take? What do we need from each other?

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Capstone Overview

Session 1

Residency Capstone Projects

- Select a quality project specific to your hospital
- Have your CEO sign off on the project
- Work through the IHI model for improvement
- 5-7 minute oral presentation on final residency day

Topics to Include

- Team
- AIM Statement
- Measures
- Selecting Changes
- PDSA Cycle
- Data
- Spreading Change
- Return on Investment

Next Session

Great Plains Health | North Platte
April 25-26

- Optional Hospital Tour Day 2

- Connect with your mentor

Our Great
Team

Amber Kavan, BSN, RN, CPHQ

**Quality and Performance
Improvement Director**

akavan@nebraskahospitals.org

Dana Steiner, BSN, MBA, CPHQ
**Senior Director, Quality and
Performance Improvement**

dsteiner@nebraskahospitals.org

Matt Lentz, MSN, RN
Quality Consultant

mlentz@nebraskahospitals.org