

Quality Improvement Basics *From QA to QI*

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Objectives

At the conclusion of this session participants will be able to:

- Understand the difference between quality assurance (QA) and quality improvement (QI)
- Apply QI concepts to organizational initiatives
- Identify three foundations of quality improvement
- Describe the PDSA quality framework



Defining Quality Improvement

- Doing the right thing well
 - The right care for the right patient every time (Institute of Medicine (IOM) report, "To Err is Human")
 - What is the right thing?
 - Evidence based practice
 - Regulatory guidelines
 - Standards of practice
 - What is well?
 - Benchmarking

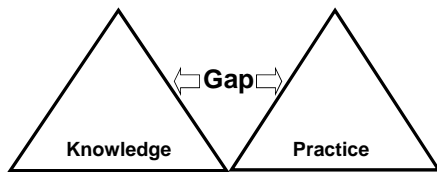


Defining Quality Improvement

Turning what we know



Opportunities to improve . . .



. . . are identified where there is a gap between what we know and how we practice



Quality Assurance vs. Quality Improvement

	QA	QI
Model	Monitor and correct performance <i>outliers</i>	Monitor processes/systems of care delivery
Program Scope	Organizational <i>mistakes</i>	Organizational outcomes and processes
Population	<i>Problem</i> prone areas	High-risk, high-volume, problem prone areas
Data Collection	<i>Retrospective</i> data collection	Concurrent data collection Proactive risk reduction



From QA to QI

QA	QI
Review Pressure Ulcer QI and QMs	<ul style="list-style-type: none"> • Understand current evidence based practice (risk identification, prevention, treatment) • Assess your current practice to identify gaps (communication, knowledge, workflow, etc.) • Use Model for Improvement (QI methodology) to create your plan to address these gaps • Implement, monitor, and revise your plan as needed • Continually look at where process(s) may have failed when a new pressure ulcer develops



From QA to QI

QA	QI
Review Physical Restraint QI and QMs	<ul style="list-style-type: none"> • Determine causes of medical conditions or other problems for which restraints are used or considered • Develop protocols to address underlying conditions that lead to restraint use • Identify individualized alternatives to restraint use • Develop protocols for management of restraints if there are no alternatives • Monitor impact of restraints • Regularly reevaluate the situation to reduce or eliminate the restraint



From QA to QI

- How can your unit/department make the change to QI?
 - Practice looking for potential gaps in care during your work day, e.g. stand-up meetings, walking rounds
 - These activities are data collection and process improvement opportunities



Foundations of QI

- Customer focused
- Process oriented
- Data driven



QI Foundation #1: Customer Focused

- Who do we serve? Who are our customers?
 - Internal
 - External
- What does it take to delight our customers?
- How can we help co-workers see how their work affects others in the process?



QI Foundation #2: Process Oriented

- Everything we do is a process
- 85% of quality problems can be traced back to a process or system problem
- Well-defined processes reduce variation



QI Foundation #3: Data Driven

- How does measurement help improve quality?
 - By helping us:
 - Understand the variation that exists in a process
 - Monitor a process over time
 - See the effect of a change in a process
 - By providing:
 - A common reference point
 - A more accurate basis for prediction

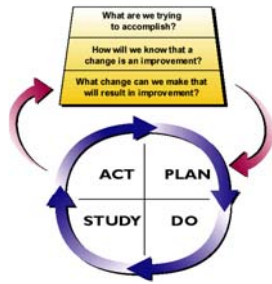


QI Foundation #3: Data Driven

- Keep data collection and measurement simple
 - What data are you currently collecting that can be used?
 - Is another unit/department already collecting the data?
 - Can data be collected concurrently?
- Don't use "gut" reactions only



QI Model for Improvement



Nolan application : *The Improvement Guide*, Langley, Nolan and others

QI Model for Improvement

- Encourages learning by testing change on a small scale
 - Pilot the change in one department, with one nurse, on one shift, etc.
- Eliminates studying the problem to death
 - Moves the team from contemplation to action
- Minimizes data collection/data overload
- Works well with “small numbers”
- Uses three questions as a framework



QI Model for Improvement

- Three basic questions:
 - What are we trying to accomplish?
 - How will we know that a change is an improvement?
 - What changes can we make to achieve our aim/goal?



1. What are we trying to accomplish?

- Improvement begins with setting aims
 - State aim clearly
 - Gain agreement from team
 - Make aim measurable
 - Use a % goal
 - Make aim achievable
 - Should be a “stretch” goal



Example

Aim:

Reduce the use of chair alarms by 50% throughout the facility.



2. How will we know that a change is an improvement?

- Measurement allows us to determine if change is improvement.



Example

Measure:

Reduction of use of chair alarms by 50%
in residents identified at high risk for falls.



3. What changes can we make to achieve our aim?

- Need to understand what is currently happening
 - Clarify actual current processes - Flow chart
 - Look for (examples):
 - Redundant tasks
 - Logical placement of tasks
 - Forgotten tasks
 - Delays
 - Missed opportunities
 - **Workarounds**
 - Continuity of care across units/disciplines



Example

- Identify opportunities for process change
 - Why are we using alarms?
 - Patterns in alarm going off
 - Time of day
 - Environmental triggers
 - Correlation with staffing patterns
 - Staff input



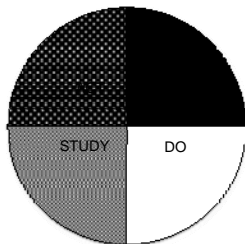
Suggestions

- Look for ways to limit variation in the process, streamline, and simplify
- Learn what has worked at other facilities
- **COPY, COPY, COPY**
- Remember, you don't need a perfect solution the first time



Model for Improvement

- Plan
- Do
- Study
- Act



Plan

- What change are we testing?
- Who is included in the test?
- When are we testing?
- Where are we testing?



Plan

- Prediction:
 - What do you expect will happen?
 - Develop aims
 - Develop measures



Plan

- Process Measure
 - Measures an activity that is carried out to provide care or service
 - Timing of toileting after meals
 - Pressure ulcer risk assessment for residents
 - Alternatives to physical restraints considered, implemented, documented
- Outcome Measure
 - Measures what happens or does not happen as the result of a process
 - Pressure Ulcer QI/QM
 - Physical Restraint QI/QM



Plan

- What data are you already collecting?
- What additional data do you need?
- What is your plan to communicate with others?



Do

- Test the plan on a small scale pilot
 - Implement the change
 - Collect data
 - Baseline and test of change
 - Make observations



Study

- Evaluation
 - Analyze data
 - Compare data to recommendations, plan, and goal
 - What was learned?
 - Problems
 - Successes
 - Surprises
 - Are you satisfied with results?

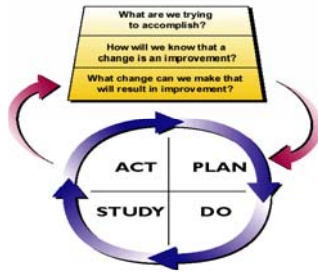


Act

- What changes should be made before the next cycle?
- What will the next test be?
- Are you ready to implement more broadly?
- How will you maintain gains?
- Establish a new plan-PDSA cycle



Model for Improvement



Nolan application: *The Improvement Guide*. Langley, Nolan and others



Why Document QI?

- Regulatory requirements?
- Organizational policy?
- To demonstrate the good work my unit/department is doing
 - Communication tool and affirmation



- “You can’t manage what you can’t measure . . .”

- A. Banker

(. . . and you can’t manage it if you haven’t documented it!)



“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.”

- Source Unknown



Questions?

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