Quality Management Approaches

- Quality Assurance
- Quality Improvement

Quality Assurance

- Uses structure, process or outcomes
- Typically retrospective
- Inspection-based
- Targets special cause of variation
  - Who did not perform up to standards?
- Has a punitive component
- Limited use of statistical thinking

Quality Improvement

- Focuses on system improvement
  - De-emphasizes individual blame
  - Cross-disciplinary team focus
- Applies statistical thinking
  - Data driven
- Considers all causes of variation

QI USES

- Lab turnaround times
- Medication errors by nurses
- Mortality rates following open heart surgery
- Survival from out-of-hospital cardiac arrest

How We Do It: QUALITY IMPROVEMENT

- Patient and customer focused
- Need to have ownership of processes
  - Need empowerment
  - Until ownership happens, quality will not improve
VISIBLE AND HIDDEN COSTS OF POOR QUALITY

VISIBLE COSTS
- Customer Complaints
- Insurance Billing Errors
- Excessive Overtime
- Inaccurate or Lost Tests
- Quality Department Expenses

HIDDEN COSTS
- Upset & Frustrated Staff
- Ineffective Communication Among Professionals & Patients
- Bad Reputation
- Patient Dissatisfaction

DEMING’S 14 POINTS FOR QUALITY IMPROVEMENT
Edwards Deming – American industrial engineer who used statistical methods to raise performance in post WW II Japan

14 Points:
1. Create consistency of purpose toward improvement
2. Adopt the new philosophy

DEMING’S POINTS
3. Cease dependence on inspection to achieve quality
4. End the practice of awarding business on the basis of price tag
5. Constantly improve the system of production and service and thus constantly decrease costs

DEMING’S POINTS
6. Institute training on the job
7. Institute leadership
8. Drive out fear
9. Break down barriers between departments
DEMING’S POINTS

10. Eliminate slogans, exhortations, and targets for the workforce
11. Eliminate work standards (quotas)
12. Remove barriers that rob the hourly worker of the right to provide of workmanship
13. Institute a vigorous program of education and self-improvement
14. Put everyone in the company to work to accomplish the transformation

Continuous Quality Improvement

Find a Process to Improve
Organize a team that knows the process
Clarify current knowledge of the process
Understand causes of process variation
Select the process improvement

Six Sigma Seven-Step Improvement Method

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Form the Team</td>
</tr>
<tr>
<td>1</td>
<td>Establish the Focus</td>
</tr>
<tr>
<td>2</td>
<td>Examine Current Situation</td>
</tr>
<tr>
<td>3</td>
<td>Analyze the Causes</td>
</tr>
<tr>
<td>4</td>
<td>Act on the Causes</td>
</tr>
<tr>
<td>5</td>
<td>Study the Results</td>
</tr>
<tr>
<td>6</td>
<td>Analyze Changes</td>
</tr>
<tr>
<td>7</td>
<td>Draw Conclusions</td>
</tr>
</tbody>
</table>

Other Methods

- Root cause analysis
- LEAN
- PDSA – Plan, Do, Study Act

Cause & Effect Diagram

Failure to Enroll in Cancer Trail Protocol

Distrust Institution
- Reputation
- Paranoia
- Misinformation
- Unresolved complaints

Perceived Risk
- Information gap
- Patient is risk averse
- Protocol not better than standard

Unplanned Readmissions

<table>
<thead>
<tr>
<th>NUMBER</th>
<th>UNPLANNED READMISSIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surg</td>
<td>Med</td>
</tr>
<tr>
<td>Peds</td>
<td>Psych</td>
</tr>
<tr>
<td>Ob/Gyn</td>
<td>Other</td>
</tr>
</tbody>
</table>
Benchmarking

Compare internal performance and practices with external measures to improve existing processes

- Understand internal conditions and procedures
- Identify benchmarking partners and “best practices”

Report Cards & Scorecards

- Like a school report card or golf scorecard, organizational report cards or scorecards are used to document prior period or past performance
- In contrast, dashboards provide real-time performance

Other QI Tools

- Physician Profiling
- Provider Report Cards or Scorecards
- Dashboards

Physician Profiling

- Collection of data used to analyze physician:
  - practice patterns
  - utilization of services
  - outcomes of care
- Goals
  - improve physician performance through feedback
  - decrease practice variation through adherence to evidence based standards

Provider Report Cards

- Can be used as marketing tool
- Provide information on quality of care
- Aid the consumers in choosing high quality providers
- Assist third party payers in negotiating contracts with hospitals
HealthGrades

- www.healthgrades.com
- Provides report card information on hospitals by clinical service
- Also, provides information on doctors for a fee

Dashboards

- Like the indicator panel on an automobile that provides key performance metrics, such as speed and fuel level while the vehicle is in motion
- An organizational dashboard is a tool that monitors and reports the ongoing, real-time performance of the critical processes that lead to organizational success.

Dashboard Metrics

- Clinical
  - patient falls, mortality, Joint Commission indicators
- Financial
  - operating cost, days of cash on hand
- Human Resources
  - employee turnover, employee vacancy
- Satisfaction
  - Inpatient, outpatient, employee, medical staff

Physician Profiling, Report Cards & Dashboards

- Most healthcare organizations use these tools at the senior leadership level
- The key issue in success is how leadership uses the measures and measurement sets to align priorities and achieve desired results

BARRIERS & LIMITATIONS TO QUALITY IMPROVEMENT

- Lack of top management support
- Used as cost management
- Disinterest among stakeholders
- CQI stakeholder team is incomplete or wrong
- Panacea for all problems
- Means to promote pre-determined solutions