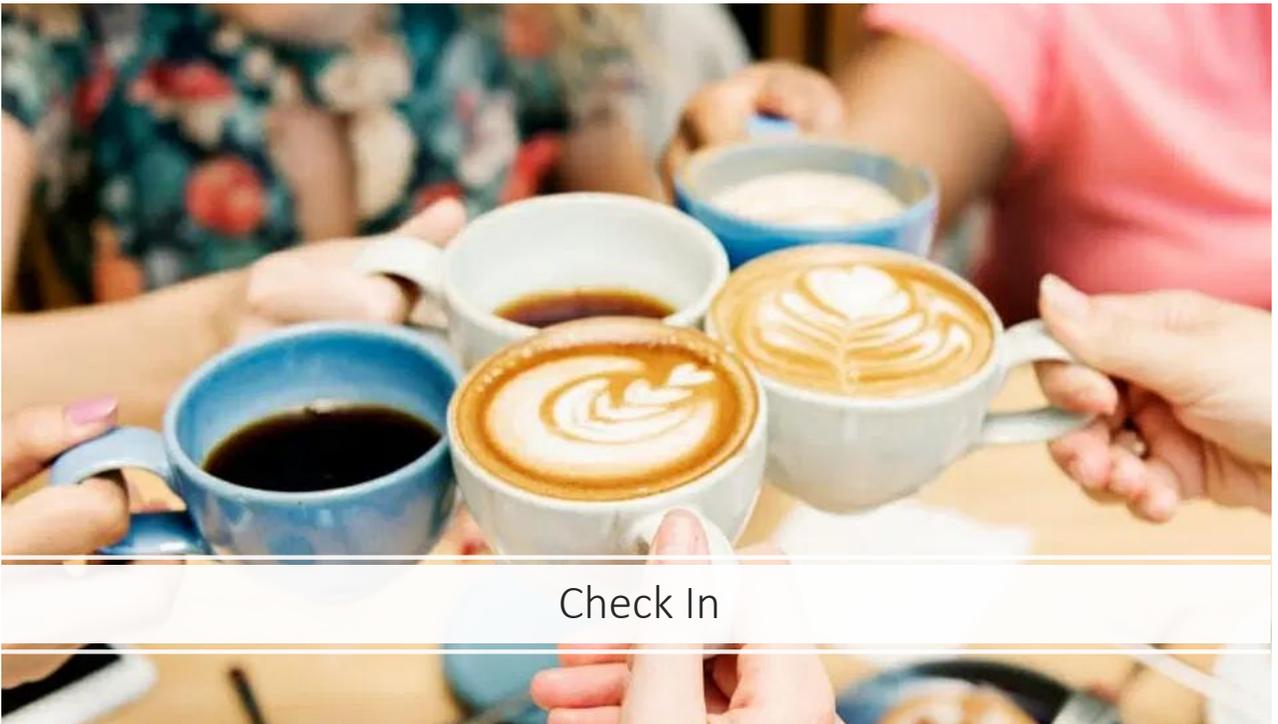




QUALITY 101

Part 3 – March 5, 2025
Susan Runyan
Runyan Health Care Quality Consulting

1



Check In

2

Displaying Data

3

Displaying Data



Allow comparisons, assessment of change, trends



Understand/describe variation



Tips

- Keep original question in mind
- Address specific audience
- Privacy/HIPAA
- Tell entire story

4

Tables

Sometimes a table is all you need

- Avoid clutter
- Keep things simple

Clarity is important

- Make labels and titles descriptive
- Order data logically
- Include only necessary information

XYZ Facility	
Physician Type	Number
Family Practice	6
Internal Medicine	5
OBGYN	4
General Surgery	3
Cardiology	2
Pediatrics	2

5

Graph Types

Consider

What's the question?

Who's the audience?

What's the essential information?



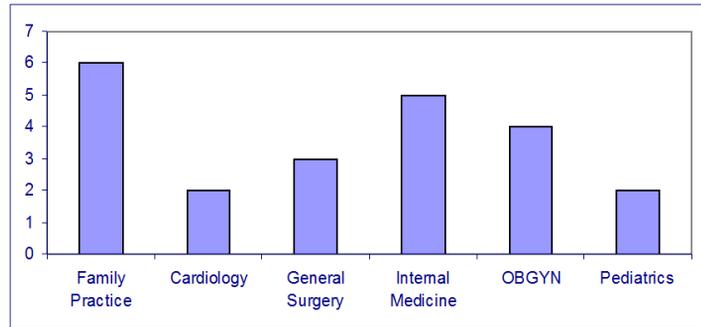
May need more than one graph

6

Graphs

Consider

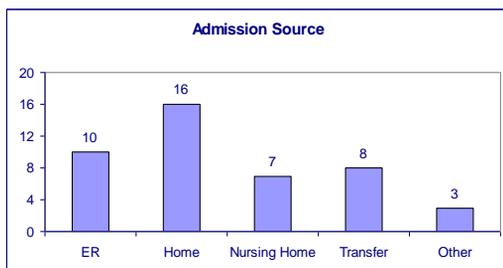
- Displaying all data or simply summarizing information
- Form of data to display (number, percent, precision)
- Type of graph to best display the data



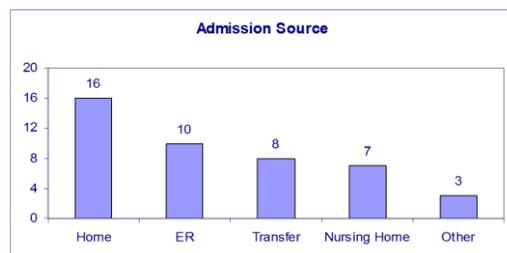
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Bar Graph

BAR GRAPH

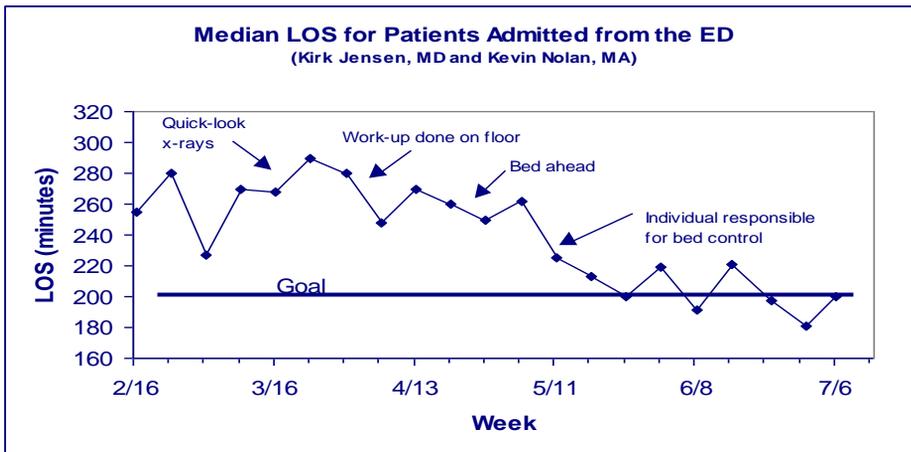


PARETO CHART



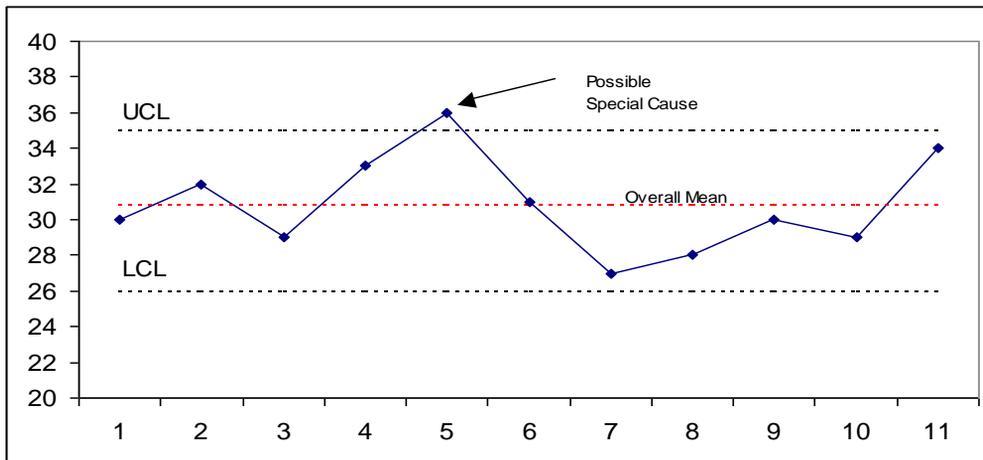
8

Run Chart



9

Control Chart



10

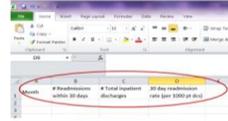
Resource

How to Make a Run Chart in Excel

How to Make a Run Chart in Excel

1. Open Microsoft Excel. You should see a blank worksheet with grid lines.
2. Across the top row, (start with box A1), enter headings for the type of information you will enter into your run chart: Time Unit, Numerator, Denominator, Rate/Percentage.

For example, if you are creating a run chart for 30-day readmissions, your headings might look like this: Month (A1), # readmissions within 30 days (B1), # total inpatient discharges (C1), and 30 day readmission rate per 1,000 patient discharges (D1).



3. Enter in the time period and corresponding numerator and denominator data into the columns below your headings (in this example, you would fill in your information for columns A, B, and C). You should have a worksheet that looks something like this:

	A	B	C	D
1	Month	# Readmissions within 30 days	# Total inpatient discharges	30 day readmission rate (per 1000 pt disch.)
2	Jan	9	1567	
3	Feb	7	1487	
4	Mar	8	1583	
5	Apr	5	1432	
6	May	6	1511	
7	Jun	4	1496	

4. Now it's time to calculate your rate or percentage for column D. In this example, we are calculating a 30 day readmission rate per 1000 patient discharges. Excel will calculate this for you when you give it a formula. The equation for calculating this rate is: $(\text{numerator}/\text{denominator}) * 1000$, which equates to $\# \text{readmissions within 30 days (column B)}$ divided by $\# \text{total inpatient discharges (column C)} * 1000$.
 - 4a. To tell Excel that you want your data calculated according to this equation, first click in the box where your first calculation will go (D2). You should see a bold black box around the cell D2.
 - 4b. Next, click in the white formula box. A flashing cursor should appear. Enter an equal sign followed by an open parenthesis: = (

11

Resource

Institute of Healthcare Improvement (IHI)

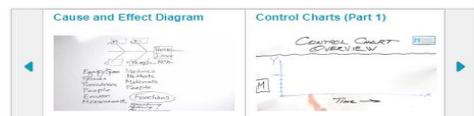
- o Quality Improvement Essentials Toolkit
- o <http://www.ihl.org/resources/Pages/Tools/Quality-Improvement-Essentials-Toolkit.aspx>

DOWNLOAD DOCUMENTS

- [QI Essentials Toolkit \(complete\)](#)
- [Cause and Effect Diagram](#)
- [Driver Diagram](#)
- [Failure Modes and Effects Analysis \(FMEA\) Tool](#)
- [Flowchart](#)
- [Histogram](#)
- [Pareto Chart](#)
- [PDSA Worksheet](#)
- [Project Planning Form](#)
- [Run Chart and Control Chart](#)
- [Scatter Diagram](#)
- [Kit de Ferramentas Essenciais para Melhoria da Qualidade \(português\)](#)

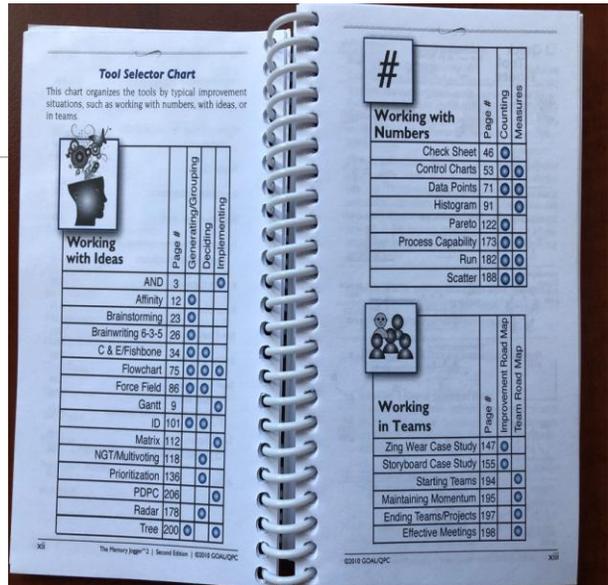
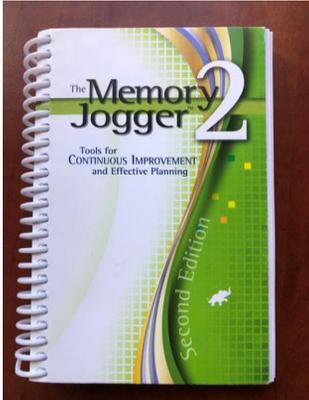


QI TOOLS "HOW-TO" VIDEOS



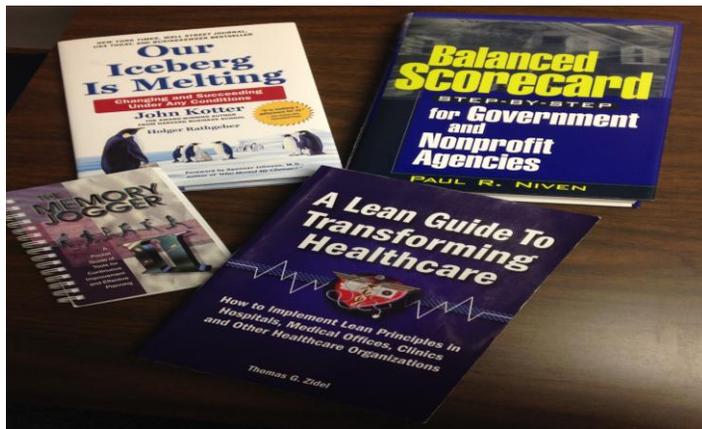
12

Resource

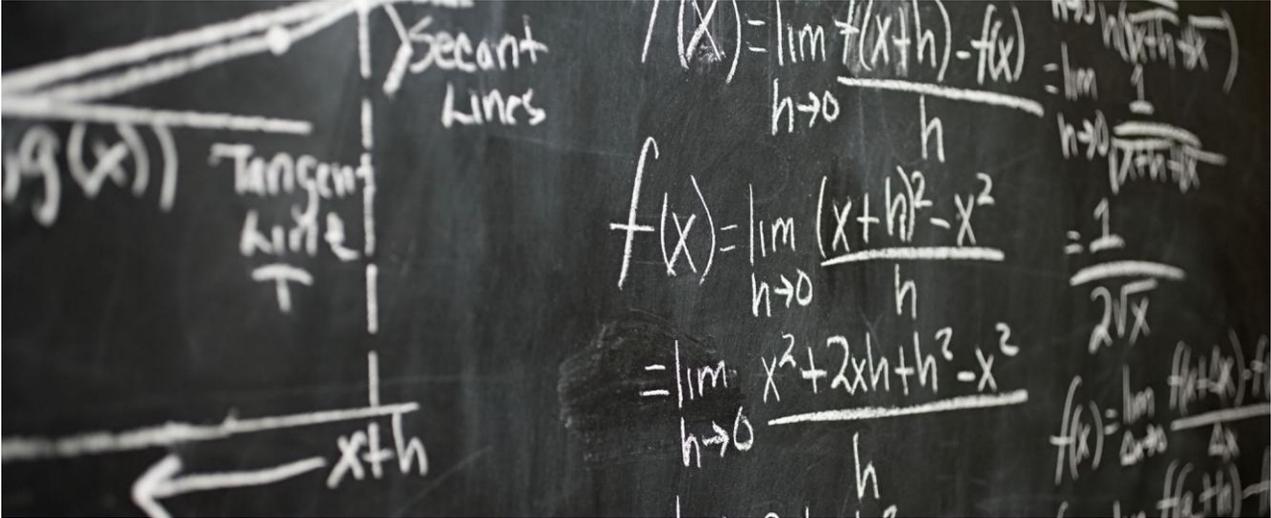


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Print Resources



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Examples

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North Cumbria University Hospitals NHS NHS Trust

QUALITY OF CARE BOARD

DATE: 21/04/2017

OUTPATIENTS is committed to delivering safe, caring and responsive patient-centred care through continuous improvement. We aim to achieve the highest standards in patient care and we measure key clinical and patient safety indicators. This allows us to learn where improvements have been made and to identify any actions we need to take. To discuss any elements of this board, please talk to the nurse in charge.

NURSE IN CHARGE TODAY IS: **SISTER FIONA GILSONAN** CONTACT NUMBER: **01228 814504**

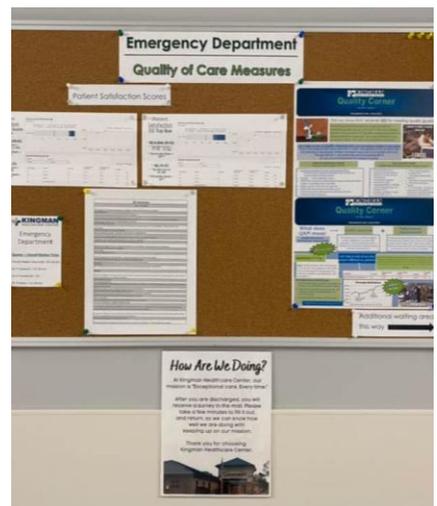
STAFFING TODAY REGISTERED NURSES ON DUTY: 2 HEALTHCARE ASSISTANTS ON DUTY: 5	MANDATORY STAFF TRAINING COMPLETION RATE: 98 %	INFECTION PREVENTION & CONTROL HAND HYGIENE Hand hygiene is performed by our staff in line with the five moments of hand hygiene. Our current performance is 100 % CLEANLINESS It is important that the healthcare environment is clean. Our current cleaning audit score is 92 %	WAITING TIMES The current average clinic waiting time is: 30 MINUTES
	STAFF APPRAISAL RATE: 96 %		
	ACTIONS FOR WEEK AHEAD MAINTAIN PUNCTUAL CLINIC APPOINTMENTS ENSURE PATIENTS ARE KEPT INFORMED OF ANY DELAYS ACCCELERATE ADDITIONAL CLINICS TO REDUCE WAITING LIST	PATIENT EXPERIENCE In the month of MARCH 2017 86 % of patients recommended our department.	DID NOT ATTEND (DNAS) patients did not attend their appointment in the month of MARCH 2017

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Quality Boards

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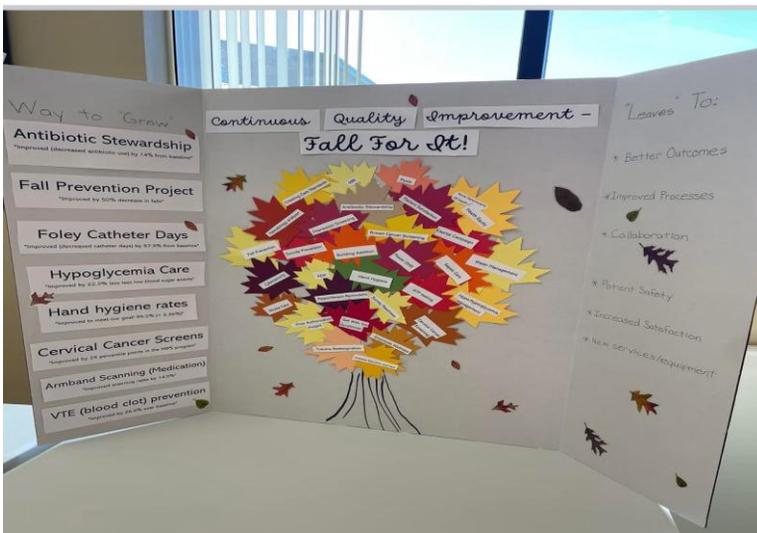
Quality Boards

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Quality Boards

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Quality Week Display

Quality Week Display

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Congratulations to Carla for being our January "Great Catch" Award Winner. It's Carla's hard work and diligence in Patient Access, that is appreciated by everybody. You Rock Carla. #patientsafety #patientexperience #greatcatch #rockregionalhospitalderby



Congratulations to our November Great Catch Award winner, Courtney in Radiology!

Her fast actions in recognizing a serious patient condition helped save a patient's life. It doesn't get any more incredible!

Congratulations Courtney! Thank you for being the best part of Rock Regional!



Great Catch and Quality Awards

I have competitive dept managers so I'm hopeful the results will be what I need them to be 🙏





At Weiser Memorial Hospital, we strive for **QUALITY** and continue to work to improve our level of **CARE**

WHAT WE ARE DOING WELL

PREVENTION OF ADVERSE DRUG EVENTS

National average: 98%
WMH average: 99%

- Opioid (narcotics) safety
- Anticoagulant (blood thinners) safety
- Glycemic (sugar) management



ANTIBIOTIC STEWARDSHIP

Antibiotic resistance - what you can do:

Antibiotic resistance happens when bacteria change and become resistant to the antibiotics used to treat the infections they cause.



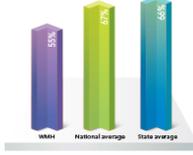
- 1 Only use antibiotics when prescribed by a certified health professional
- 2 Always take the full prescription, even if you feel better
- 3 Never use leftover antibiotics
- 4 Never share antibiotics with others
- 5 Prevent infections by regularly washing your hands, avoiding contact with sick people and keeping your vaccinations up to date

Source: www.who.int/news-room/fact-sheets/detail/antibiotic-resistance

WHAT WE CAN IMPROVE

COMMUNICATION ABOUT MEDICATIONS

Our goal: Exceed the National and State averages



How you can help us

As a patient, you should see or hear the nurse:

- 1 Check your name and date of birth
- 2 Offer an education sheet if medication is new
- 3 Tell you what medicine they are giving you
- 4 Tell you what it's for (in language you understand)
- 5 Tell you what the possible side effects are
- 6 Use a bar code scanner to scan the medication AND your wrist band
- 7 Ask what questions you have

IF YOU DON'T EXPERIENCE THIS EVERY TIME, THEN SAY SOMETHING!


WEISER MEMORIAL HOSPITAL
Quality Matters

Quality During a Disaster Response

THE EMERGENCY PREPAREDNESS TEAM IS THE LEADER THROUGH ANY DISASTER



Emergency Preparedness Team initiated response:

- Activating the pandemic plan for our community and people we take care of before Covid became a crisis in Idaho
- Doing patient and visitor screening
- Providing PPE for those in our facilities
- Establishing alternative waiting areas for patients with respiratory symptoms
- Providing infection prevention training for our staff
- Relocating registration to a single entry
- Starting supply conservation
- Providing external education to community regarding the virus
- EPT committee meeting weekly to maintain effectiveness
- Reducing or eliminating meetings. Meeting virtually and practicing social distancing
- Continuing an environment of care safety rounds
- Encouraging daily leadership huddles
- Participating in regional coalition calls and weekly CEO update calls
- Providing external data reporting
- Continuing hospital functions, and caring for as many patients as we feel safety permits

Doing the right thing for our patients, community and customers, and those who serve them.

SAFETY
In the areas of:
• Risk
• Respiratory Therapy and Pulmonary Rehab
• RN Case Mgmt
• Facility Operations
• Pharmacy
• Hospital Nursing
• Infection Control
• Environmental Services
• Quality

EFFECTIVENESS
In the areas of:
• Therapy Services
• Revenue Cycle
• Radiology
• PPI Case Mgmt
• Behavioral Health
• Patient Access
• Medical Records
• Materials Mgmt
• Laboratory
• IT
• Finance
• Clinics

TIMELINESS
In the areas of:
• Radiology
• Behavioral Health
• Health
• Facility Operations
• Surgery
• Medical Records
• Materials Mgmt
• IT
• Billing/Coding

PATIENT CENTERED
In the areas of:
• Risk
• Radiology
• RN Case Mgmt
• Patient Access
• Surgery
• Hospital Nursing
• Laboratory
• Environmental Services
• Pharmacy
• Clinics

EMPLOYEE SATISFACTION
In the areas of:
• Marketing and Communications
• Human Resources
• Administration

PHARMACY
Decreased number of expired medications in med carts

RADIOLOGY
Decreased number of repeat radiology exams in both the hospital and clinic

IT
Working to decrease amount of time for hospital ticket closure

CLINICAL NURSING
Increased number of fall risk assessments done on patients over 65

MARKETING AND COMMUNICATIONS
Sending out newsletters each quarter to increase internal communication

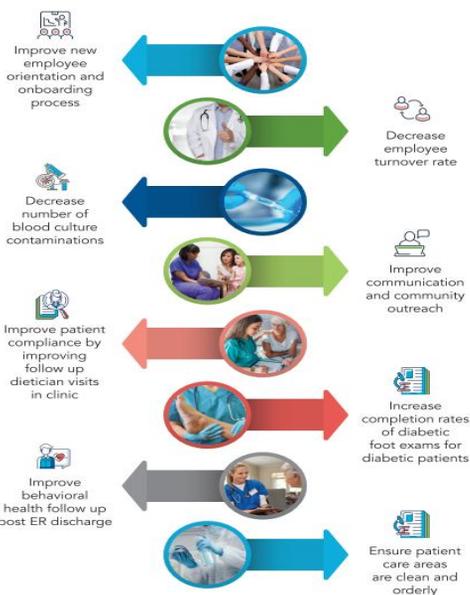
Celebrate Accomplishments

QUALITY
making a difference

DO YOU KNOW WHAT YOUR DEPARTMENT AND OTHERS ARE FOCUSING ON FOR QUALITY IN 2022?

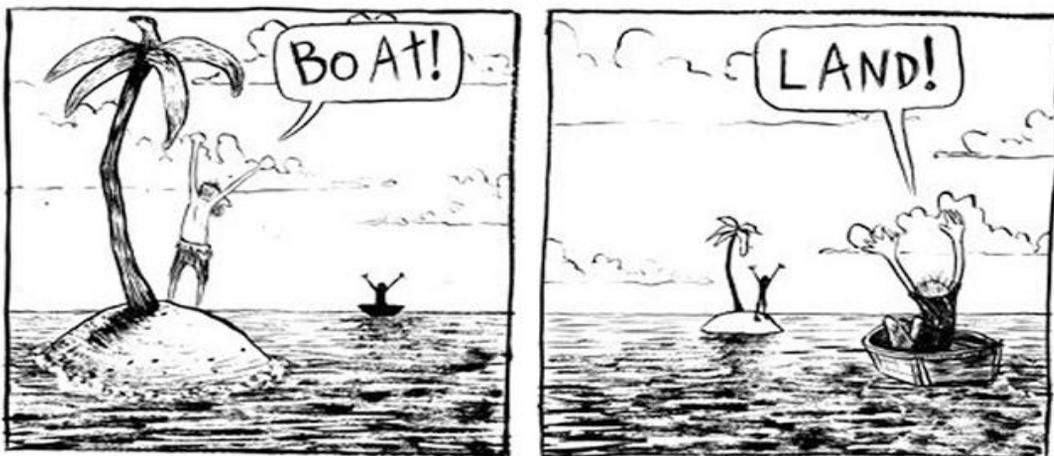
St. Mary's Health
Clearwater Valley Health

FOCUSED IMPROVEMENTS FOR 2022



Focus on the Future

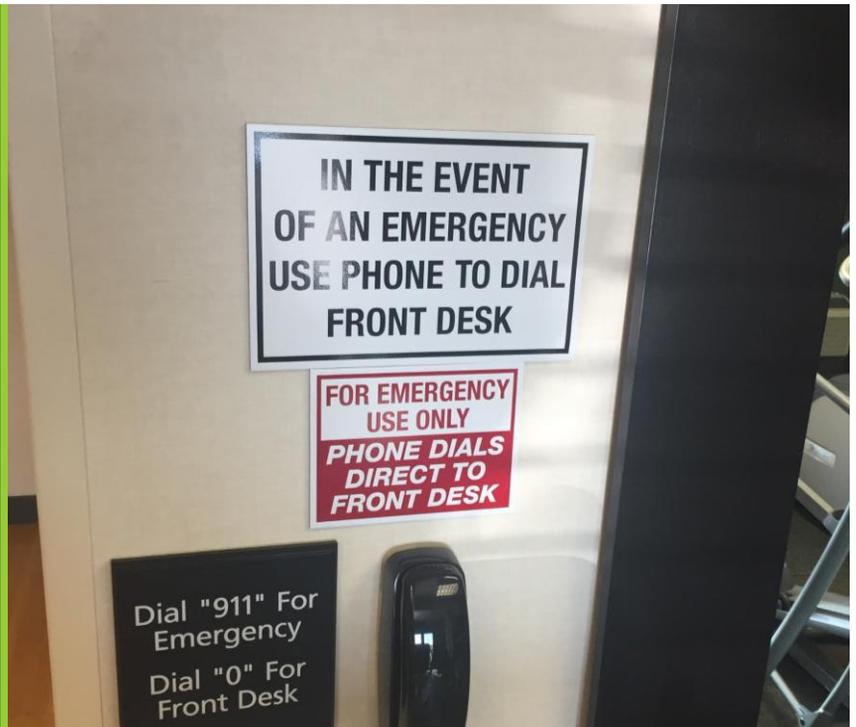
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Perspective...

26

Clear Message



27

Clear Message



28

Clear Message



29



Keep It Simple

30



Tell the Story

31



Tell the Story

32

Tell the Story



33



Tell the Story

34



Tell the Story

35



Share success broadly

- Report – at least quarterly
- Celebrate and highlight successes
- Utilize your internal AND external communication channels
- Share successes – and perceived failures
- Show, don't tell

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Summary

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**MEASURE
IMPORTANT
THINGS**

“The more often we *measure the important things*, the more we’ll know about where we are making progress and where we are not. And the more we know, the more we can affect behavior.”

-Quint Studer

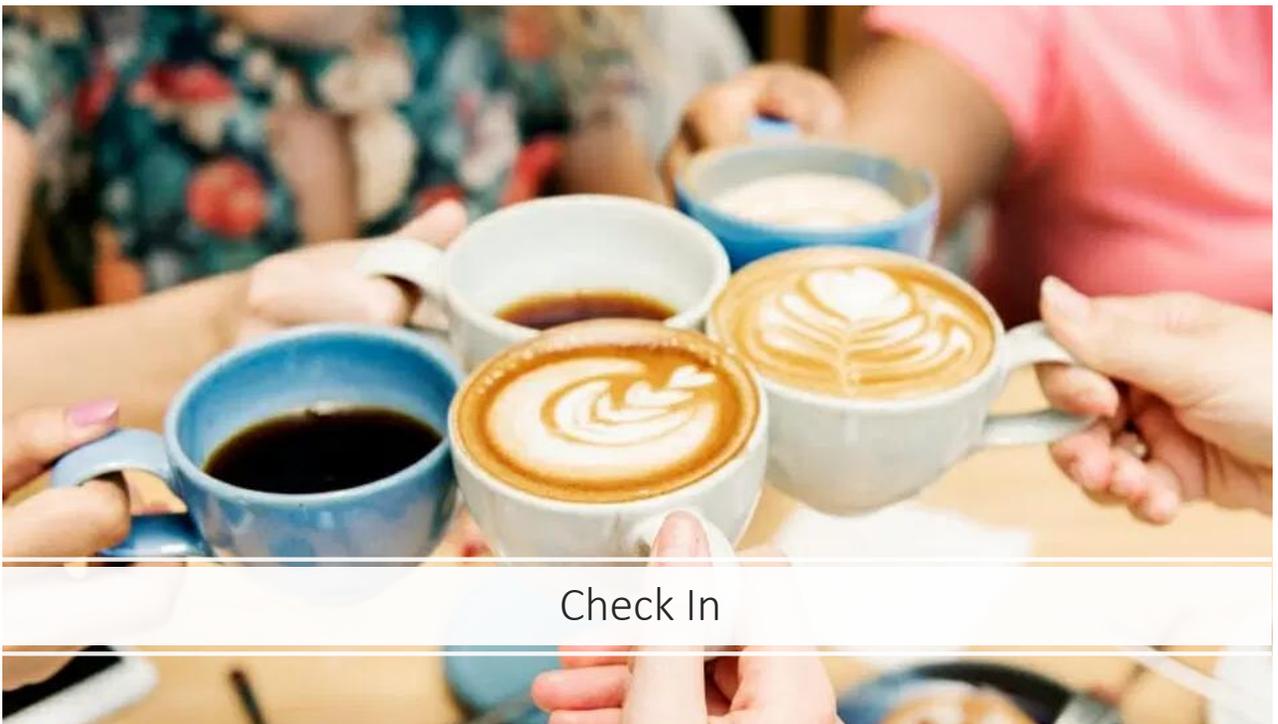
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HOMEWORK

- Do you have a team (even one other person) you can invite to the table?
- Explore an improvement opportunity you would like to work on
- Bring your PDSA (or one of the examples I shared that you want to test drive)
- Over the next two sessions (April 2 & May 7) we will flush out your project



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Quality 101

Upcoming Sessions

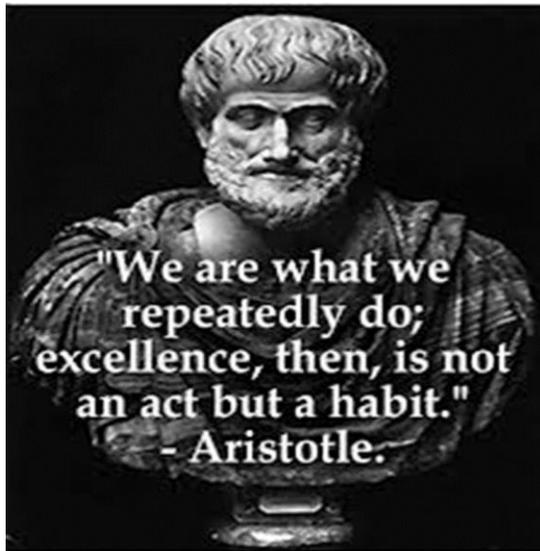


Part 4: April 2 @ 1000



Part 5: May 7 @ 1000

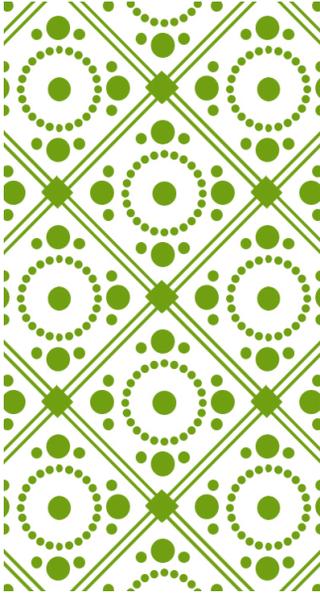
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Questions?

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