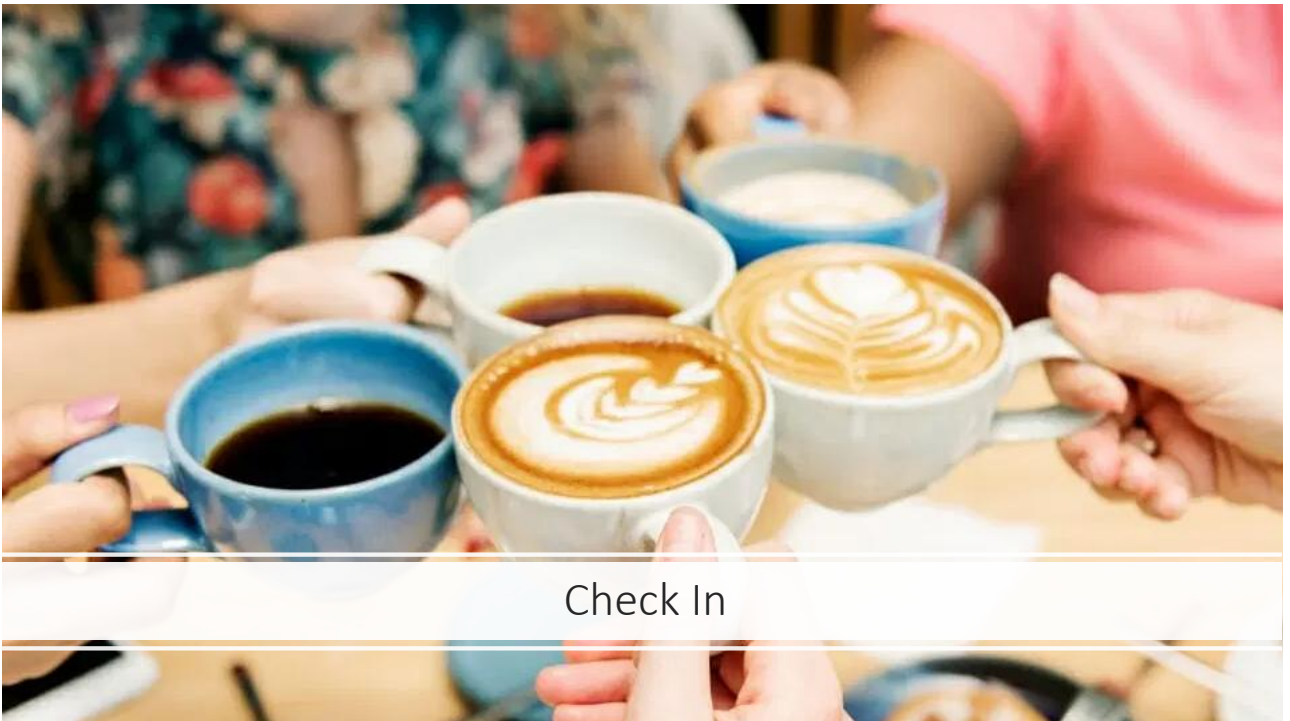# QUALITY 101

Part 2 – February 12, 2025
Susan Runyan
Runyan Health Care Quality Consulting

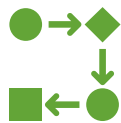1

Check In

2

Quality Improvement and Quality Measurement

3

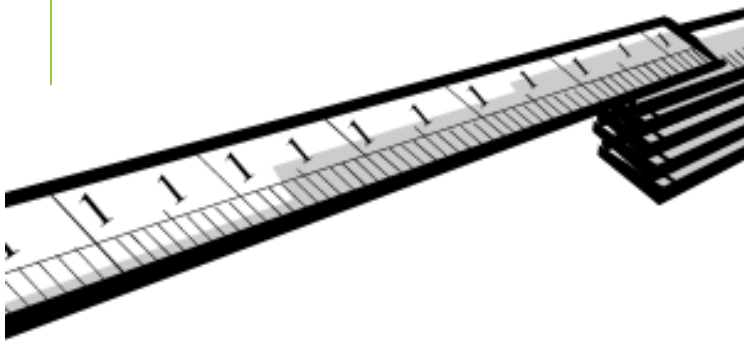## How Does Measurement Improve Quality?

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

4

Measurement allows us to determine if change is improvement

Percentage of eligible patients receiving Annual Wellness Exams

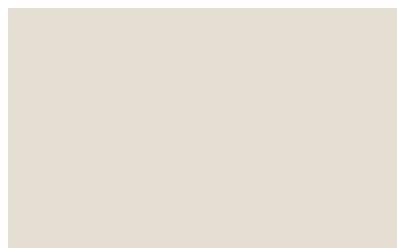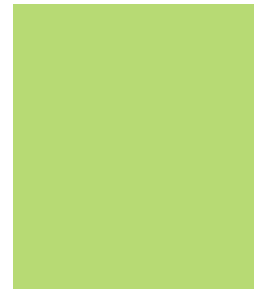## HOW WILL WE KNOW THAT A CHANGE IS AN IMPROVEMENT?

Health Care
Quality Consulting

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UPSTREAM OR DOWNSTREAM

A leading measure is "upstream" in the process – can also be called a process measure

A lagging measure is "downstream" in the process – can also be called an outcome measure
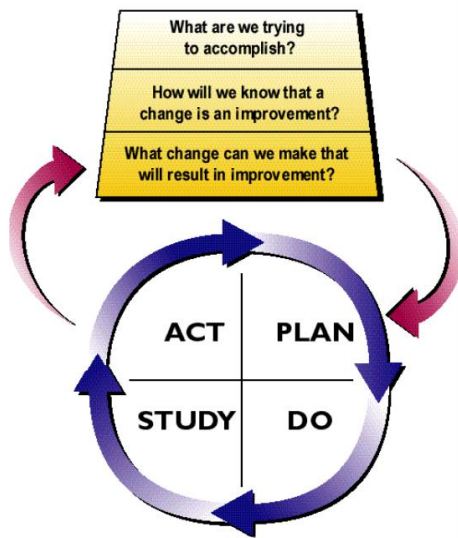
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QI Model for Improvement PDSA

QI Model for Improvement

Encourages learning by testing change on a small scale
◦ Pilot the change in one unit, with one physician, 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"
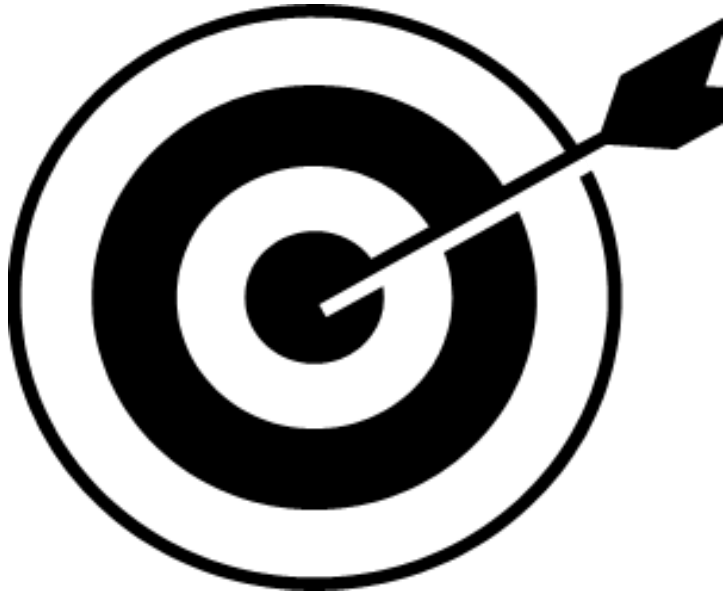
Uses three questions as a framework

Langley, G. J. (1996). *The improvement guide: a practical approach to enhancing organizational performance*. San Francisco: Jossey-Bass
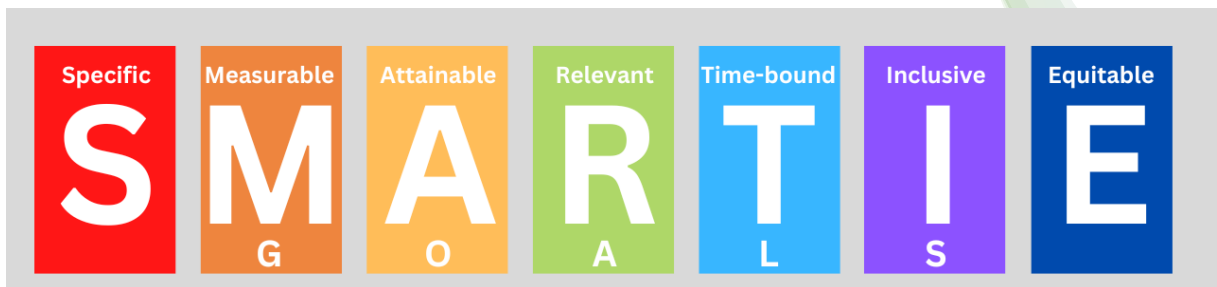
What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?

ACT — PLAN
STUDY — DO

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"

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| Specific | Measurable | Attainable | Relevant | Time-bound | Inclusive | Equitable |

S M A R T I E

G O A L S

Set goals and create a plan.

10

What changes can we make to achieve our aim?

Percentage of patients with chronic conditions (e.g., diabetes, hypertension) who have controlled disease markers (e.g., HbA1c levels, blood pressure).

Follow the treatment path of a patient from new patient to monitoring chronic conditions:

Registration, Laboratory, Nursing, Physician/Provider, Patient, Community Health Worker, Social Worker/Case Manager, Medical Records
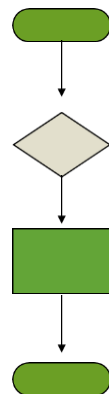
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What changes can we make to achieve our aim?
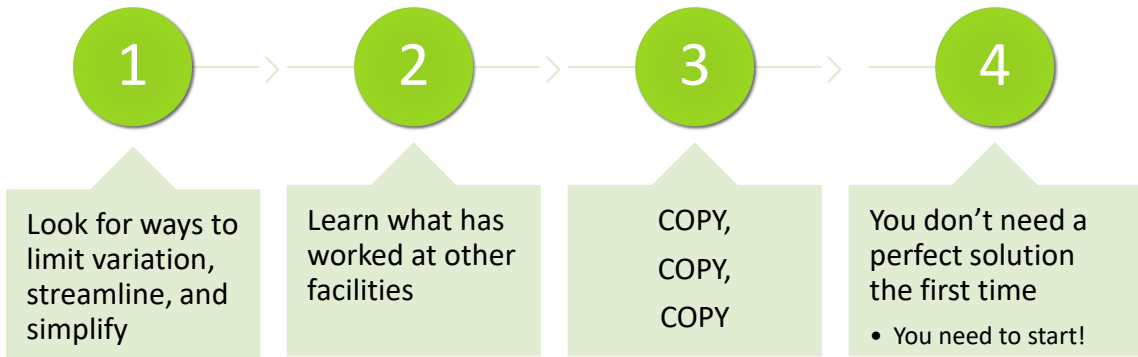
Understand how current process works

Flow chart the actual process-not what you want it to look like-but the reality

Look for:
- redundant tasks
- logical placement of tasks
- forgotten tasks
- delays
- missed opportunities
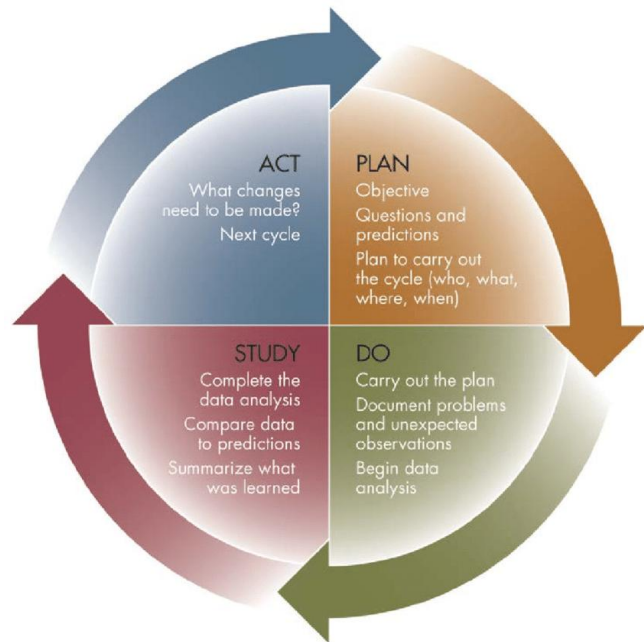- continuity of care across units/disciplines and settings

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1	2	3	4
Look for ways to limit variation, streamline, and simplify	Learn what has worked at other facilities	COPY, COPY, COPY	You don't need a perfect solution the first time • You need to start!

What changes can we make to achieve our aim?

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Implement and evaluate

ACT
What changes need to be made?
Next cycle

PLAN
Objective
Questions and predictions
Plan to carry out the cycle (who, what, where, when)

STUDY
Complete the data analysis
Compare data to predictions
Summarize what was learned

DO
Carry out the plan
Document problems and unexpected observations
Begin data analysis

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Why Document PDSA?

Because surveyors require it?
  ◦ Regulatory – state and federal

Because the Medicare Conditions of Participation (CoP) require it?
  ◦ Payer

Because the hospital quality improvement plan requires it?
  ◦ Organizational policy

Because you want to demonstrate the good work your unit/ department is doing?
  ◦ Communication tool and affirmation

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Check In

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Data Collection & Measurement Key Points

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Establish Goals

- Accountability
- Improve patient experience, safety, quality, and efficiency
- Short- and long-term (milestones)
- Re-evaluate on a quarterly basis and adjust as needed
  - Culture change takes time, and goals may change each year

- **Sample Goals**:
  - Establish a patient and family advisory council
  - Effective coordination of care with other healthcare providers and specialists, measured by the percentage of patients with documented care plans.
  - Improve patient experience scores by 5% across all providers
  - Able to accommodate same day appointments 75% of the time

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Data and Measurement

Helps

- Understand variation in processes
- Monitor process over time
- See the effect of change

Provides

- Common reference point
- Clarity of the goal(s)
- More accurate basis for prediction

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1	2	3	4
Keep it simple	Hold to original question	Communicate the findings	Understand variation

Suggestions

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Uses of Data and Measurement

Accountability

Clinical management

Improvement

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Planning Data Collection

Why are we collecting the data?

What data will we collect?

Where will the data come from?

How will we collect the data?

Who will collect the data?

When will we collect the data?

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Data Sources

Administrative
Billing
Lab
Pharmacy

External requirements

CGCAHPS Surveys

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Considerations
- When is it necessary?
- How will you use it?
- Easy to obtain, but limited information and accuracy

Sources
- Billing (ICD10-CM, CPT codes)
- Lab (A1c tests for diabetic patients)
- Pharmacy (# of patients on warfarin)

Administrative

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2/11/2025

Strengths
- Rich, detailed information
- Vehicle for clinicians to record, plan, share information

Weaknesses
- Clinician documentation
- Missing data/illegible records
- Time/resource intensive
- Inconsistency of Abstractors

Medical Records

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1 Measure customer voice

2 Identify improvement opportunities

3 Set priorities

4 Evaluate progress

5 Tell story

CGCAHPS Surveys

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Collect Data & Monitor Progress

- Track progress early for best results
- Develop a plan:
  - Identify who will be accountable
  - Establish a time period, including specified reporting intervals
  - Specify who will receive and review progress
  - Determine format information will be shared
- Don't recreate the wheel
- Be creative

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Identify Key Success Indicators

- Once broad goals have been defined, identify key indicators or specific measures of success
- Be sure to collect baseline data
- Things to consider:
  - Existing quality measurement efforts, including specific CGCAHPS questions
  - Limit number of key indicators to help keep focus (e.g. 1-3)
  - Evaluate indicators periodically, but allow enough time for relevant measurement before changing
  - Culture change takes time!

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Check In
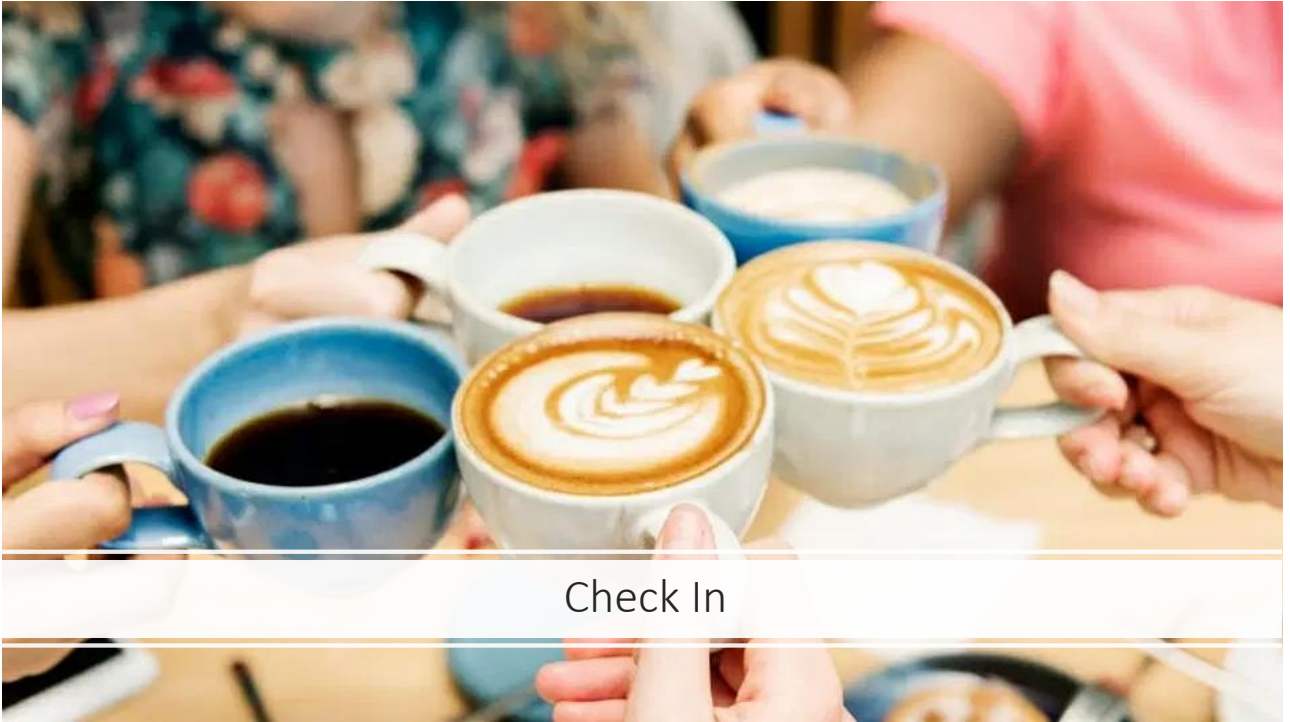
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Quality 101

Upcoming Sessions

Part 3: March 5 @ 1000

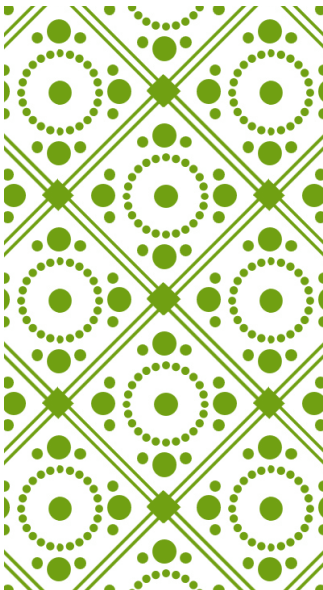Part 4: April 2 @ 1000

Part 5: May 7 @ 1000

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Questions?

"We are what we repeatedly do; excellence, then, is not an act but a habit." - Aristotle.

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