HQIC Patient Safety Network: Quality Improvement

Welcome!

• All lines are muted, so please ask your questions in Q&A.
• For technical issues, chat to the ‘Technical Support’ Panelist.
• Please be aware that this event will be recorded.

We will get started shortly!
Making Health Care Better Together

Hospital Quality Improvement

Welcome from all of us!

COLLABORATORS:
Alabama Hospital Association
Alliant Health Solutions
Comagine Health
Georgia Hospital Association
KFMC Health Improvement Partners
Konza
Quality Improvement Co-Leads

Melody "Mel" Brown, MSM
Melody has over 40 years of health care experience, including varied roles at Alliant Health Solutions working on the CMS contract for the Quality Innovation Network-Quality Improvement Organization (QIN-QIO). Coaching hospitals and nursing homes on all facets of health care quality improvement have been her focus as the Patient Safety Manager.

Contact: Melody.Brown@AlliantHealth.org

Lynne Hall, RN, BSN, LSSBB
Lynne has over 30 years of health care and quality experience, including as a Labor and Delivery and neonatal nurse and at Georgia Hospital Association (GHA) as an advocate for patient safety and quality. She also represents GHA as a Maternal/Child Expert with the Georgia Department of Public Health. Lynne is also TeamSTEPPS Master Trainer. In addition, Lynne is a member of the Leadership Team for the GA Perinatal Quality Collaborative and currently serves on the Maternal Mortality Review Committee.

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Learning Objectives

Learn Today:
• Basics of quality improvement
• Approaches to quality improvement activities

Use Tomorrow:
• Getting quality improvement activities started and using a data-driven approach for goal setting
Quality Improvement: The Foundation

- What is quality improvement (QI)?
- How do we apply QI to your work?
What Does QI Help Us Accomplish?

• Doing the right thing well
  • The right care for the right patient every time (Institute of Medicine Report, “To Err is Human”)
  • What is the right thing?
    • Evidence-based practice
    • Regulatory guidelines
    • Standards of practice
  • What does it mean to do it well?
    • Benchmarking

Source: Institute of Medicine, 1999: To Err is Human
QI Helps Bridge the Gap

Opportunities to improve are identified in the gap between what we know and how we practice.
QI: An Organized Approach

**Ideal**
- Prioritize areas to improve
- Analyze the problem, understand the current process and the root causes of problems
- Measure current performance against goals
- Choose option to implement
- Plan the change
- Implement and test changes (for example using PDSA cycles)

**What often happens**
- Pick any thing to work on
- Think of an option
- Implement
- Hit system barriers
- Fail
Foundations of QI

- Customer/patient-focused
- Process-oriented
- Team effort
- 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? (create the highest possible value)
• 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.
  • A sequence of steps that produce a desired product or outcome.

• 85% of quality problems can be traced back to a process or system problem.

• Well-defined processes reduce variation.
How does measurement help improve quality?

• By helping us:
  • Understand the variation that exists in a process
  • Monitor 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: Team Effort

• QI requires participation from all the stakeholders that act on a process.
• Individuals contribute to the effort, but can’t accomplish QI without team involvement.
• Build a QI team with process and leadership stakeholders.
QI Foundation 4: Data-Driven

• Quality data is essential for decision-making.
• Keep data collection and measurement simple.
  • What data are you currently collecting that can be used?
  • Is another unit or department already collecting the data?
  • What data is already documented and stored in your systems?
• Don’t use gut feelings only – ‘trust but verify.’
QI in Practice: A Few Tips

• If you can’t measure it, you can’t improve it.
• Manage the processes, not the health care providers.
• Put the right data in the right hands at the right time.
• Engage the people who do and understand the work.
Quality Improvement Series

• Session 1: Introduction to series
• Session 2: TBA
• Session 3: TBA
Key Takeaways

Learn Today:
• Basics of quality improvement
• Approaches to quality improvement activities

Use Tomorrow:
• Getting quality improvement activities started and using a data-driven approach for goal setting
Questions?

Email us at HospitalQuality@allianthealth.org or call us 678-527-3681.
Closing Survey

Help Us Help You!

• Please turn your attention to the poll that has appeared in the lower right-hand side of your screen.

• Completion of this survey will help us ensure our topics cater to your needs.
HQIC Goals

Behavioral Health Outcomes & Opioid Misuse
- Promote opioid best practices
- Decrease high dose opioid prescribing and opioid adverse events in all settings
- Increase access to behavioral health services

Patient Safety
- Reduce risky medication combinations
- Reduce adverse drug events
- Reduce *C. diff* in all settings

Quality of Care Transitions
- Convene community coalitions
- Identify and promote optical care for super utilizers
- Reduce community-based adverse drug events
Upcoming Events

Next Session:

March 3, 2022
1:00 PM EST
(Occurring the of 1st Thursday of each month)

HQIC Quality Improvement Series

Melody Brown and Lynne Hall

www.quality.allianthealth.org
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Thank you for joining us!
How did we do today?