Board of Governors Review Course

QUALITY AND PERFORMANCE MANAGEMENT SESSION

Presented by:

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Getting Started

An organization's leaders establish the organization's culture through
- *Words*
- *Expectations for action*
- *Behavior*

A culture that supports superior organizational performance values
- *High-quality care*
- *Responsible use of resources*
- *Community service*
- *Ethical behavior*

—Joint Commission Leadership Standards

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Learning Objectives

- Describe benchmarking principles and sources of best practices.
- Describe the principles and methods of medical staff peer review.
- Examine risk management principles and programs.
- Identify tools and techniques used to improve clinical performance and managerial performance, patient safety, and quality and performance measurement.
- Assess utilization review/case management systems.
- Recognize quality as a strategic initiative, distinct from operations.
- Explain how quality affects operations, staffing, and financing decisions

Do You Know?

What is a source of best-practice information for healthcare organizations seeking to achieve performance excellence?

A. Baldrige National Quality Award criteria

B. Joint Commission standards

C. Medicare Conditions of Participation

D. ACHE Board of Governors exam criteria

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What is the first step for organizations seeking to implement a population health management initiative?

A. Set measurable population health goals

B. Build an actionable health management strategy

C. Identify social and behavioral health determinants

D. Define the challenge and target population

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Do You Know?

Benchmarking is a measure of

A. current performance compared to that of an exemplary organization.

B. current performance compared to previous performance.

C. current performance compared to an organizational average.

D. current performance compared to a performance goal.

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Overview:

Knowledge Area weight: 10% of exam

	Knowledge Areas, Skills, and Abilities
1	Knowledge of benchmarking principles and sources of best practices information (e.g., internal, state, and national standards)
2	Knowledge of the principles and methods of medical staff peer review
3	Knowledge of risk management principles and programs (e.g., insurance, education, safety, injury management, patient complaints, patient and staff security)
4	Knowledge of managerial performance and process improvement tools and techniques (e.g., plan-do-study-act [PDSA] cycle, lean processing, Six Sigma)

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Overview (con't):

Knowledge Area weight: 10% of exam

	Knowledge Areas, Skills, and Abilities
5	Knowledge of clinical performance and process improvement tools and techniques (e.g., clinical pathways, evidence-based medicine, population health, pay for performance)
6	Knowledge of quality and performance measurement tools (e.g., patient satisfaction measurements such as HCAHPS, net promoter scores)
7	Knowledge of utilization review/case management system
8	Knowledge of tools for improving patient safety (e.g., reducing avoidable errors, disclosure of errors)
9	Recognition of quality as a strategic initiative, distinct from operations, and how it affects operations, staffing, and financing decisions

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Key Components of Quality Care

Six key components of quality care
- Safe
- Timely
- Efficient
- Effective
- Equitable
- Patient centered

The American healthcare delivery system is in need of fundamental change.

—2001 Institute of Medicine report

Crossing the Quality Chasm: A New Health System for the 21st Century

Benchmarking

- Comparison of a process with a "best practice" or "best in class" to learn how to improve that process
  - Compare process methods
  - Compare performance data

- Standard for comparison may come from an exemplary healthcare organization or from an organization outside the healthcare industry recognized for its superior performance

Institute for Healthcare Improvement

- Source of innovative and evidence-based process best practices
  - Improvement capabilities
  - Patient- and family-centered care
  - Patient safety
  - Quality, cost, and value
  - Population health improvement

The Role of Medical Staff

- Self-governing, organized medical staff
  - Provide oversight of the quality of care, treatment, and services delivered by credentialed practitioners who are privileged through the medical staff process

- Medical staff is responsible for
  - Ongoing evaluation of competency of privileged practitioners
  - Delineating scope of privileges granted to practitioners
  - Providing leadership in performance improvement activities

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Medical Staff Bylaws

- Organized medical staff creates and maintains set of bylaws

- Bylaws define medical staff's role in the hospital setting and its responsibilities in oversight of care, treatment, and services

- Bylaws, rules, and regulations create a framework in which medical staff members act with a reasonable degree of freedom and confidence

Organized Medical Staff Structure

- Guiding principles for structure
  - Designated members who have independent privileges provide oversight of care, treatment, and services provided by practitioners with privileges
  - The staff is responsible for structuring itself to provide a uniform standard of quality patient care, treatment, and services
  - The staff is accountable to the governing body

- Structure allows for improvement in clinical care

Staff Credentialing Process

- Credentialing: Obtaining, verifying, and assessing qualifications of healthcare practitioner

- Privileging: Authorizing scope and content of patient care services (clinical privileges) for healthcare practitioner

- Peer recommendation: Submitting perceptions of individuals in same professional discipline as applicant

- Oversight and delivery: Board is governing body with ultimate authority and responsibility for oversight and delivery of healthcare rendered

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Focused Professional Practice Evaluation

- Define circumstances
- Create a method for selecting review panels
- Establish timeframes
- Define circumstances requiring external review
- Involve the medical staff
  - Evaluate individuals
  - Communicate findings to appropriate parties
  - Implement changes to improve performance

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Risk Management

- Involves both *clinical* and *administrative* activities organizations undertake to identify, evaluate, and reduce risk
  - Risk of injury to patients, staff, and visitors
  - Risk of loss to organization itself

- Reduces legal and financial exposure of the organization
  - Continuous quality improvement (CQI) improves processes that may be poorly designed and increase risk to the patient
- Risk management can overlap with
  - Corporate compliance
  - Patient safety

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Risk Management Activities

- These activities involve
  - Defining and analyzing risks
  - Deciding on appropriate course of action to minimize risks

- Three basic risk management activities
  - Risk identification
    - Recognize risks before they occur
  - Risk evaluation
    - Assess potential risks
  - Risk control
    - Analyze past risks and adopt new processes

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Process-Oriented Thinking

- Decisions based on data
- Serving and pleasing the customer is paramount to survival
  - Insight from the customer is more important than the organization's perception of what the customer should recognize

- Progress is measurable
- Quality tools available to measure and improve reliability of performance
- Empowerment and fear are mutually exclusive
  - Employees cannot participate in improvement if they fear retaliation or ridicule

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Models for Improving Performance

- Plan-Do-Check-Act or Plan-Do-Study-Act
  - Identify a problem to improve
  - Decide on a course of action for improvement
  - Initiate the change
  - Assess the results
  - Plan other actions to continually improve the process

- Performance improvement can be gradual rather than immediate

- Involves incremental steps to achieve goals

Lean Improvement Model

- Plan-Do-Check-Act or Plan-Do-Study-Act
  - Identify a problem to improve
  - Decide on a course of action for improvement
  - Initiate the change
  - Assess the results
  - Plan other actions to continually improve the process

- Performance improvement can be gradual rather than immediate

- Involves incremental steps to achieve goals

Six Sigma

- Improvement process where goal is to reduce performance variability
- Rigorous, disciplined process improvement approach
  - Uses improvement tools, methods, and statistical analysis
    - *Six sigma:* statistical term that refers to the goal of achieving zero defects or failures
    - Six Sigma quality = rate of less than 3.4 defects per million opportunities
- Commonly follows the DMAIC methodology

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Evidence-Based Medicine (EBM)

- Seeks conscientious, explicit, and judicious use of current best evidence in making decisions about processes of care for individual patients

- Relies on guidelines to define and measure quality of clinical care for patients

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EBM Tools and Techniques

- Promote the use of evidence-based patient care practices through
  - Clinical pathways
    - Key patient care interventions
  - Computer alerts
    - Reminders of evidence-based practice recommendations
  - Pay-for-performance
    - Financial rewards to hospitals that show improvement in specific areas compared to other hospitals

Patient Centeredness

- Refers to healthcare that establishes a partnership among
  - Practitioners
  - Patients
  - Patients' families (when appropriate)

- Ensures that
  - Decisions respect patients' wants, needs, and preferences
  - Patients have the education and support necessary for decision making and participation in own care

Principles of Patient-Centered Care

- Respect for patients' values, preferences, and expressed needs
- Coordination and integration of care
- Information and education
- Physical comfort
- Emotional support and alleviation of fear and anxiety
- Involvement of family and friends
- Transition and continuity
- Access to care

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CMS Measures of Patient-Centered Care

- H-CAHPS

  - Hospital Consumer Assessment of Healthcare Providers and Systems survey

  - Collects and compares self-reported patient satisfaction

  - Hospital-level results are publicly reported on the Hospital Compare website

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CAHPS Ambulatory Surveys

- Health Plan Survey

- Clinician and Group Survey

- ECHO Survey (behavioral health)

- Dental Plan Survey

- American Indian Survey

- Home Health Care Survey

Utilization Management

- Process for planning, organizing, directing, and controlling healthcare products' cost-effectiveness while maintaining quality of patient care and contributing to organization goals
  - Effectiveness: Providing scientific knowledge-based services to all who can benefit; refraining from providing services to those who can't benefit (avoiding overuse and misuse)
  - Timeliness: Obtaining needed care; minimizing unnecessary delays in getting care
  - Level of care: Intensity of medical care being provided by healthcare facility

- Medicare Conditions of Participation require hospitals to develop and follow a written utilization management plan detailing functions carried out for each review

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Case Management

- Method of ensuring coordination and continuity of care during patient's episode of illness
  - Patients with specific healthcare needs are identified
  - Plan formulated and implemented to achieve optimum patient outcomes in most cost-effective manner
    - Both Joint Commission standards and CMS regulations require care coordination and case management functions

- Goal: Efficiently move patients through the healthcare system by effective use of internal and external resources
- Case manager: Person specially trained in coordinating care and services for a patient population
  - Often has background in nursing or social work

Patient Safety

- Patient safety includes
  - Proactive risk assessment to examine processes in detail, including
    - Sequencing of events
    - Assessing actual and potential risks, failure, or points of vulnerability
    - Prioritizing areas for improvement through logical process based on actual or potential patient care impact

- Patient safety processes are evidence based
  - Hospital collects data to monitor its performance
  - Data collected for high-priority and required areas are used to
    - Monitor stability of existing processes
    - Identify opportunities for improvement
    - Identify changes that lead to or sustain improvement

Patient Safety Definitions

- Safety: The degree to which the risk of an intervention (e.g., use of a drug or a procedure) and risk in the environment of care are reduced for a patient

- Sentinel event: An unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof
  - Serious injury specifically includes loss of limb or function
  - The phrase "or the risk thereof" includes any process variation for which recurrence would carry a significant chance of a serious adverse outcome

- Near miss: Any process variation that did not affect an outcome but for which a recurrence carries significant chance of a serious adverse outcome

- Root-cause analysis: A process for identifying the basic or underlying causes of the occurrence (or possible occurrence) of a sentinel event

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Joint Commission Leadership Standards

- The standards are in the general areas of
  - Leadership structure
  - Leadership relationships
  - Hospital culture and system performance
  - Leadership operations

- Goal of improving organizational performance—ensuring organization improves patient outcomes by
  - Designing its processes well
  - Systematically monitoring, analyzing, and improving its performance

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Implementing CQI Systems

- Implement CQI systems to
  - Gain senior administrative buy-in
  - Train managers in quality improvement tools and statistical concepts
  - Assist leaders as they select problems to address
  - Use data to measure processes and identify needed improvements
  - Understand and reduce causes of performance fluctuations
  - Improve quality performance consistently to improve customer satisfaction

CMS Conditions of Participation and Conditions for Coverage

- Compliance with federal, state, and local laws
- Governing body
- Patients' rights
- Quality assessment and performance improvement program
- Medical staff and nursing services
- Medical record services
- Pharmaceutical services

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National Initiatives to Improve Healthcare Quality

- Centers for Medicare & Medicaid Services
- The Joint Commission
- Leapfrog Group
- Institute for Healthcare Improvement

Joint Commission National Patient Safety Goals for Executives

- Make decisions about capital equipment
  - Example: Infusion pumps

- Determine preventive maintenance
  - Example: Patient monitors

- Establish procurement protocols
  - Example: Pharmaceuticals

- Provide staff training
  - Example: CDC handwashing guidelines

- Prioritize improvements
  - Example: Fall reduction programs

- Establish communication systems
  - Between departments: Lab staff and care providers
  - Between sites of care: Medication reconciliation

- Evaluate documentation tools
  - Example: "Do not use" abbreviations

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The Leapfrog Group and Patient Safety

- Conducts hospital survey of quality and safety focusing on
  - Structures
  - Processes of care
  - Outcomes

- Example questions on survey
  - Do doctors order medication through a computer?
  - Do specially trained doctors care for ICU patients?

- Implications for executives/directors/managers
  - Capital planning and investment: Computerized physician order entry
  - Human resources management and physician relations: Intensivists
  - Service mix and revenue sources: Evidence-based hospital referral
  - Operational transparency: Leapfrog safe practices score

Practice Questions

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Questions?

ACHE's Customer Service Center is available Monday–Friday, 8 a.m.–5 p.m. CDT

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