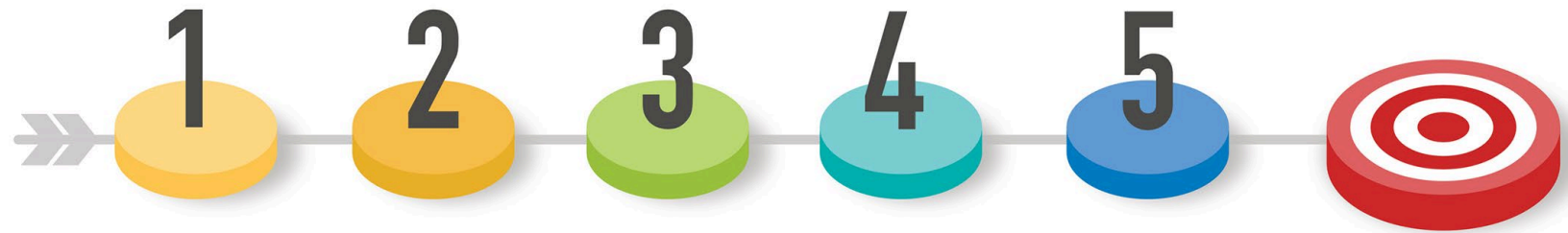


Process Improvement

Part 2



KHA Quality Team

Date and time here?

Who we are:



Adam Issacs, BSN, RN, HACP-CMS

Nurse since 2014

Worked in quality since 2021



Billie Delauder, DNP, MSN, RN, CPHQ, HACP-CMS

37 years of nursing experience

17 years in quality as a Performance Improvement
Supervisor & Clinical Abstraction Specialist

What You Can Expect:

- Type in your question(s) in the chat as we go, and we will address them at the end of the presentation.
- There will be times in the presentation we will ask you to open the chat and tell me what you think...

What Are Our Goals?

Let's figure this out together:

- What your problem is
- Setting your goals
- Road-mapping your way to success

Did You Know?

What is Quality Assurance (QA)?

- Well, what does that mean?

Reference

The Centers for Medicare and Medicaid Services. (2024). *Qapi description and background*. CMS.gov. <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/qapidefinition#:~:text=QAPI%20is%20the%20coordinated%20application%20of%20two%20mutually-reinforcing,system%3A%20Quality%20Assurance%20%28QA%29%20and%20Performance%20Improvement%20%28PI%29>.

So, Let's Talk!

- Can you give an example of Quality Assurance?
- What has prevented your quality improvement projects?
 - ✓ Cost
 - ✓ Staff
 - ✓ Extra work

Recap of PI 101 – Part 1

- Selecting and defining the problems
- Prioritization of the problems
- Cost impact
- Who sees this as a problem
- Best practice guidelines
- What is the current deviation of the best practice guidelines
- Assessing your current state

Defining the Goal

Make sure your goal is:

S.M.A.R.T

(Specific, Measurable, Achievable, Relevant, Time-bound)

Bad Example of SMART Goal

“I want to increase our patient satisfaction scores within our organization.”

Good Example of SMART Goal

"I want to increase our patient satisfaction(experience) scores of "the likelihood to recommend our hospital" by 10% (over last year's CAHPS scoring of 7%) within 12 months by surveying patients via post-discharge phone calls and mailed surveys about their experiences and use the feedback to create a quality improvement plan."

Good or **Bad** ?

“The Infection Control Team will introduce a set of safety measures to help protect healthcare workers and patients in the hospital over the months ahead.”

Bad!

“The Infection Control Team will introduce a set of safety measures to help protect healthcare workers and patients in the hospital over the months ahead.”

Good or Bad ?

“The Infection Control Team will introduce to the hospital leadership at the Quality Council (QC) meeting on September 25, 2024 (4-months out), a set of safety measures to help protect healthcare workers and patients in the hospital over the next 6 months. The measures will include protocols for PPE, hygiene, and patient/staff interaction.”

Good!

“The Infection Control Team will introduce to the hospital leadership at the Quality Council (QC) meeting on September 25, 2024 (4-months out), a set of safety measures to help protect healthcare workers and patients in the hospital over the next 6 months. The measures will include protocols for PPE, hygiene, and patient/staff interaction.”

Setting the Goal

For your goal to meet the SMART criteria:

- Leaders
- Team
- Resources
- Have check points or milestones
- Voice of the Customer/Organization

Setting the Goal *(continued)*

Create or Have Resources:

- Publicly reported data (Hospital Compare or Leapfrog)
- Internal historical performance resources
- Online resources (TJC, IHI, NAHQ)
- Patient experiences (CAHPS and Post-discharge calls)

Important to Remember!

Leadership Approval

- Directly Involvement
- Ultimately Responsible for all Quality Decisions

What's next?

Working toward Improvement!

Let's Refresh Your Memory From Part 1!

Building the Process

Get a History...

What have you already tried?

Assessing the Current State

Gemba - Japanese term for “Go and see” or (literally translated): “The Actual Place”.

- Does the process make it easy to do the right thing?
- Does the process leave the facility or staff vulnerable to errors being made?
- Are all the current steps necessary and valuable to the “customer” (staff AND the patient)?

Brainstorm & Develop a Pilot Plan

- Involve All the Key Stakeholders:
 - ❖ Leaders
 - ❖ Managers
 - ❖ Frontline Staff
- Wish List
 - ❖ If you could have anything you need, what would you want and go from there.
- Ask for Pre-Work

Let's Chat!

- Examples of a S.M.A.R.T Goal using the Magic Wand/Wish List:
 - ❖ For work
 - ❖ For your personal life even!

PI Tools

- A3 Process
- Flow Chart
- Fishbone “Ishikawa”
- Gemba
- Pareto
- Histogram
- Run Chart
- Scatter Diagram
- Voice of the Customer

AND MORE!

Communicating Your Goal

*Think about your audience and who needs
to be notified first ...*

Communicating Your Goal

Methods:

- Meetings
- Team Huddles
- Email
- Townhalls
- Newsletters
- Social Media
- Press-release

Let's Chat again!

What other types of communication methods does your facility use?

Reference:

- The Centers for Medicare and Medicaid Services. (2024). *Qapi description and background*. CMS.gov. <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/qapidefinition#:~:text=QAPI%20is%20the%20coordinated%20application%20of%20two%20mutually-reinforcing,system%3A%20Quality%20Assurance%20%28QA%29%20and%20Performance%20Improvement%20%28PI%29>.

Thank you!

Look forward to Part 3 of this series:

PI Process 101: The Implementation Phase



Questions



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