Making the Case for Quality: How to Engage Clinical Staff in QI Activities

Kelley Montague, RN
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Objectives:
• Understand the importance of quality improvement activities in today’s health care environment
• Identify common barriers to implementing quality improvement activities in physician practices
• Assess the level of readiness within your practice to initiate quality improvement activities
• Engage your team in planning and implementing successful quality improvement projects within your practice
Quality Improvement in Primary Care

>> Primary care accounts for a smaller share of health care expenditures and represents the main access point to health care

>> Medical home model holds tremendous potential for improving preventive care, influencing patient trajectories of care and health status, preventing hospitalizations, reducing costs, and improving population health

>> Developing a QI infrastructure focused on strengthening primary care will bring considerable benefits
Benefits of Building a QI Infrastructure

>> Improve clinical care and outcomes for patients
>> Improve efficiency in your practice
>> Increase revenue through enhanced payments or performance-based incentives
>> Improve patient satisfaction
>> Enhance patient safety
What Gets Measured, Gets Improved

Or, what gets included in pay-for-performance programs gets improved; for example:

>> CMS Stars rating program

>> 4-Star and 5-Star plans rose 40 percent in 2014 to 45 percent in 2015

>> Medicare Advantage plan enrollment increased 60 to 70 percent

>> 2015 *State of Health Care Quality Report* showed some HEDIS measures with improvement over commercial/HMO plans

Barriers to QI

Source: AHRQ. Building Quality Improvement Capacity in Primary Care; Supports and Resources. https://www.ahrq.gov/professionals/prevention-chronic-care/improve/capacity-building/pcmhqi2.html
Common Barriers to Implementing QI

>> Competing demands and priorities
>> Insufficient QI skills, knowledge and expertise
>> Lack of communication and feedback
>> Not understanding the financial impact of QI activities
>> Staff turnover

>> Challenges with access to accurate and timely data
>> Multiple QI programs from payers
>> QI activities interfere with care delivery
>> “I can’t personally make a difference”
>> Lack of provider or leadership engagement
Overcoming Barriers

>> Make QI an actionable priority
>> Communicate
>> Share knowledge
>> Brainstorm and problem solve – non-judgmental
>> Training and education
>> Not everybody has to be right......agree to disagree
>> Everyone has to be open to other’s ideas
>> Schedule and respect QI time – allocation of resources
Overcoming Clinician Barriers

>> Focus on clinician engagement early
>> Focus on a common purpose
>> Connect the QI project to real issues
>> Avoid spending too much time on QI theory and process – focus on results
>> Be mindful of clinician’s time
>> Provide data that is relevant to the clinical topic
>> Be a partner with the clinician
Audience Exercise
IHI Video – Dr. Goldman on QI

https://www.youtube.com/watch?v=c1IQ81J70rk&feature=youtu.be
What is Needed to Get Started?

>> Practice Leadership

>> Adequate Resources

>> Readiness to Change

>> Time

>> Motivation

>> Knowledge
QI is a Team Process

Teams harness the knowledge, skills, experience and perspectives of different individuals to make lasting improvements

>> More than one discipline or work area needed for a holistic view

>> Allows creativity

>> Enhances employees' commitment and buy-in
Building the QI Team

>> Team Leader – *focus on the task and keep team motivated*

>> Facilitator – *focus on the process and keep meetings on track*

>> Subject matter experts – *offer knowledge of the process*

>> Clinical advisors – *physician, mid-level or nursing staff*

>> Technical experts – *assist with process workflows, IT needs, data, reports, etc.*

>> Other staff – *passionate and enthusiastic project volunteers*

>> Patients/caregivers
Team Responsibilities

>> Come prepared to the meetings
>> Gather ideas and feedback from co-workers/other departments
>> Communicate results back to the staff and incorporate into PDSAs and workflows
>> Monitor improvement efforts
>> Stay positive and focused
Engagement Through Teambuilding

>> Communication
>> Problem Solving or Decision Making
>> Planning
>> Trust Building
>> Team Building Exercises
Methods of Improvement

HFMEA  Six Sigma  Lean
BALDRIDGE  ISO 9000  Root Cause Analysis
PDSA  Zero Defects  TQM
Model for Improvement

GETTING STARTED
Select a QI Project
Assemble a QI Team

THE MODEL FOR IMPROVEMENT (The QI Roadmap)

AIM
What are we trying to accomplish?

MEASURES
How will we know that our changes are an improvement?

IDEAS
What changes can we make that will result in an improvement?

TEST
Test ideas with Plan-Do-Study-Act cycles for learning and improvement

SPREAD and SUSTAIN
Change ideas that are successful

Source: Center for Public Health Quality, Charlotte Area Health Education Center, North Carolina State University Industrial Extension Service and IHI
Plan Do Study Act (PDSA)

ACT
- Complete data analysis
- Compare to predictions
- Summarize

STUDY
- Objective
- Questions & predictions
- Plan to carry out: Who? When? How? Where?

PLAN
- Carry out plan
- Document problems
- Begin analysis

DO
- Ready to implement?
- Try something else?
- Next cycle
## PDSA

### Aim: (overall goal you wish to achieve)

*Every goal will require multiple smaller tests of change*

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<thead>
<tr>
<th>Describe your first (or next) test of change:</th>
<th>Person responsible</th>
<th>When to be done</th>
<th>Where to be done</th>
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### Plan

**List the tasks needed to set up this test of change**

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<tr>
<th>Person responsible</th>
<th>When to be done</th>
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**Predict what will happen when the test is carried out**

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<tr>
<th>Measures to determine if prediction succeeds</th>
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### Do

**Describe what actually happened when you ran the test**

### Study

**Describe the measured results and how they compared to the predictions**

### Act

**Describe what modifications to the plan will be made for the next cycle from what you learned**

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Institute for Healthcare Improvement
Data Collection for Clinical Processes

>> Accurate
>> Real Time
>> Relevant
>> Transparent

Data Questions to Keep in Mind…

>> What population are you studying?

>> What defines the population you are studying?

>> Are you interested in values (such as lab results) or data points (such as the number of tests performed)?

>> What time frame are you examining?

>> What is the source? EHR or registry? Manual collection?

>> How frequent of collections and reporting?

>> How will the data be displayed and communicated?
The Role of Health Information Technology

>> Electronic Health Records (EHRs)

>> Patient Registries

>> Decision Support Systems

>> Health Information Exchange (HIE)
Culture of Engagement and Improvement

>> Involves hands-on, continuous work to assess areas for improvement and to undertake new and varied initiatives to improve outcomes

>> Engage in opportunities that produce "small wins" that build confidence and promote positive reinforcement for QI work

>> As a practice increases its belief in capacity for change, promoting a culture of practice change will follow

Source: AHRQ. Building Quality Improvement Capacity in Primary Care; Supports and Resources. https://www.ahrq.gov/professionals/prevention-chronic-care/improve/capacity-building/pcmhqi2.html
Summary

>> Health care will continue to change
>> Clinicians are key to leading transformation
>> Physician reimbursement changing – all payers
>> Practices must adapt and transform to new care delivery and payment models
>> QI is a process that helps practices adapt and transform
>> Focus on patient care, teamwork and data to develop your systems and processes
Kelley Montague, RN
Quality and Process Improvement Manager
kmontague@medadvgrp.com • 517-999-8021
References

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https://www.stepsforward.org/modules/pdsa-quality-improvement
https://www.hrsa.gov/quality/toolbox/methodology/qualityimprovement/

Center for Public Health Quality, Charlotte Area Health Education Center, North Carolina State University Industrial Extension Service and IHI

You Tube: IHI and Dr. Goldman on QI