

Quality Assessment & Performance Improvement (QAPI) and Patient Safety

This lesson will take about 15 min to complete.

Objectives

- After completing this lesson, you will be able to:
- Describe the structure of the Quality and Patient Safety Program
- Define Just Culture philosophy, behaviors, and responses
- Understand the drivers of clinical goals and priorities
- State the performance improvement model
- Identify Dignity Health performance improvement initiatives
- Understand Core Measures
- Access and review hospital policies

Dignity Health Care Management

- At Dignity Health, we strive to provide the right care at the right time and at the right place for every patient
- To help realize the Dignity Health 2020 strategic plan, the framework for our clinical goals and initiatives is designed to enhance patient safety, improve quality, increase clinical efficiency and promote patient-centered care
- By making improvements in each of these four dimensions, we move closer to making “perfect care” a reality

Priorities and Goal Setting

- Each year the Board of Directors for Dignity Health identifies quality improvement priorities and establishes numerical targets for these priorities to advance the mission and strategic goals for the organization
- The goals are set in one-year and three-year improvement cycles. External factors, such as regulatory requirements, public reporting initiatives and healthcare reform are considered, and input from a broad range of stakeholder groups (including physicians, nurses and other hospital leaders) is reviewed in the development of these goals
- Performance targets are established (generally as compared to a national standard) – with goals at the top quartile to the top decile of performance

Quality Assessment & Performance Improvement

The activities of QAPI at our hospitals involve members at all levels of the organization

Members are instrumental in:

1. Identifying opportunities for improvement
2. Addressing gaps in systems or processes
3. Developing and implementing an improvement or corrective plan
4. Continuously monitoring effectiveness of interventions

What's the difference?

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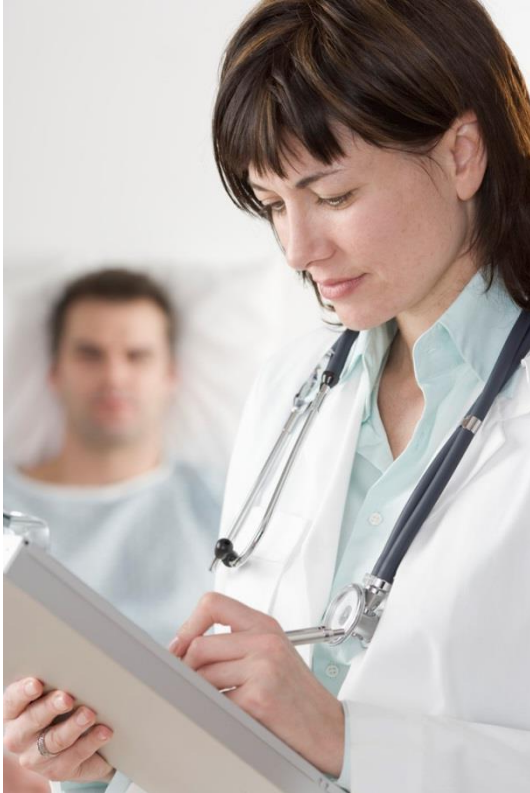
Quality Assurance

- The organizational structure, processes and procedures designed to ensure that care practices are consistently applied

Performance Improvement

- Ongoing interdisciplinary process that is designed to improve the delivery of services and outcomes

Quality Assessment & Performance Improvement



The goal of the Quality Assurance and Performance Improvement (QAPI) program is to provide high quality, safe and efficient treatment and/or services for our patients

Why do we do it:

- Ensure high quality care
- Ensure efficient use of resources
- Improve work processes
- It's required
- Above all, patient safety & satisfaction

Structure

- The AZ Market Quality and Patient Safety Program
 - Quality Management and Performance Improvement Program
 - Patient Safety and Risk Management Program
 - Medical Staff Peer Review Program
 - Survey Readiness
- Ultimate accountability lies with the Community Board of Directors

PI Oversight



The hospital's governing body must ensure the Performance Improvement Program:

1. Reflects the complexity of the hospital's organization and services
2. Involves all hospital departments and services
3. Focuses on indicators related to improved health outcomes and the prevention and reduction of medical errors

Who Participates in the QAPI Program

- Leadership
- Medical Staff
- Most importantly...You



Your Role in the QAPI Program



You have a big impact on the success of our QAPI program.

You accomplish this by:

- Providing high quality, safe and efficient patient care
- Complete and accurate documentation in the medical record
- Participation in performance improvement teams
- Sharing your ideas for performance improvement
- Reporting errors and near misses
- Knowledge of performance improvement projects in your department as well as those that are hospital-wide

Data Collection

- The hospital sets priorities for its performance improvement activities that:
- Focus on high risk, high volume or problem prone areas
- Consider the incidence, prevalence, and severity of problems in those areas
- Affect health outcomes, patient safety, and quality of care



Scope of Data Collection

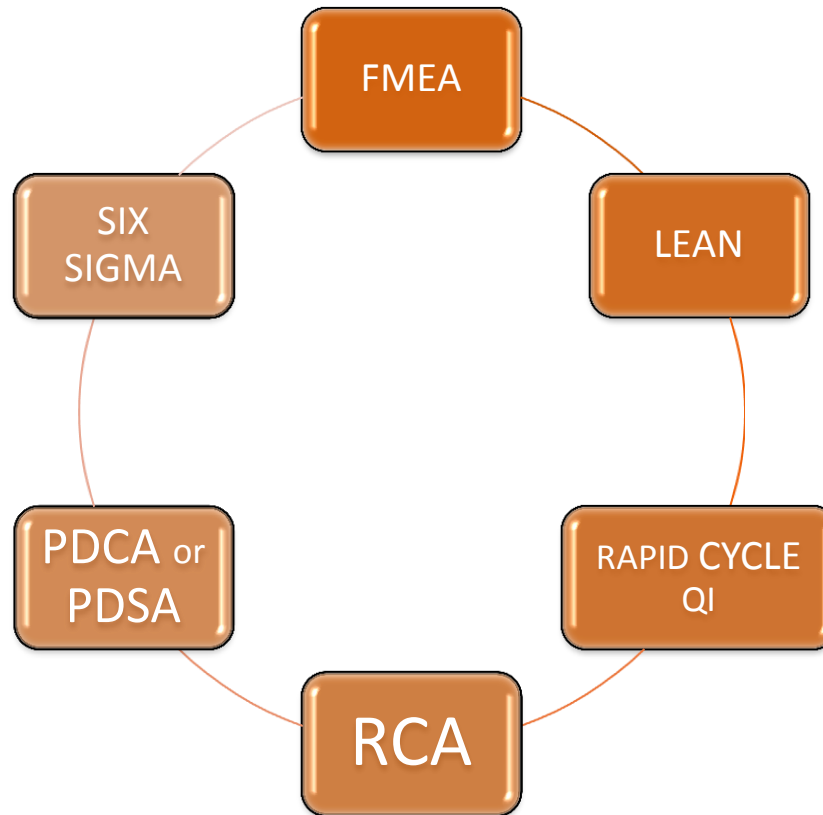
CMS Required QAPI Indicator Topic examples include:

- Performance improvement priorities identified by leaders
- Adverse patient events
- The use of blood and blood components
- Processes that improve patient outcomes
- Significant medical errors

Core Measures / National Hospital Quality Measures

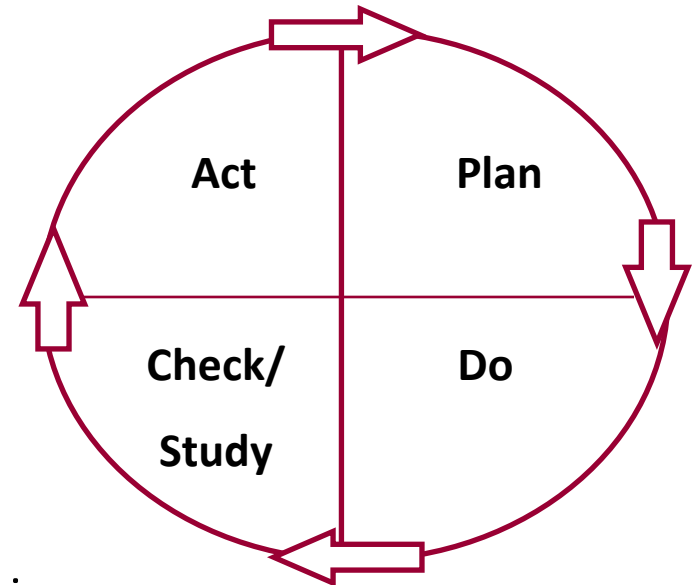
- Core Measures include:
 - Emergency Department
 - Immunizations
 - Perinatal Care
 - Stroke
 - VTE
- These measure sets are also included in the National Hospital Quality Measures reported by CMS to the public at www.hospitalcompare.gov

Quality Improvement Models



Performance Improvement Methodology

- The Plan-Do-Check/Study-Act (PDCA) methodology in conjunction with rapid cycle tests of change is used to guide the improvement process.
- Find a process to improve
- Organize a team that knows the process
- Clarify current knowledge of the process
- Understand causes of process variation
- Select the process improvement
 - Plan the Process Improvement
 - Do the improvement, data collection and analysis
 - Check/Study the results and lessons learned
 - Act by adopting, adjusting or abandoning the change



Examples of Quality and Patient Safety Improvement Activities

- Patient experience
- Severe sepsis
- Pneumonia
- Cardiac quality (AMI/CHF)
- Central line infection prevention (CLABSI)
- Stroke
- Falls prevention
- Rapid/Clinical response team
- Trauma quality
- Readmissions
- Transplant quality (St. Joseph)
- Ventilator associated events (VAEs)
- Venous thromboembolism prevention (VTE)
- Medication reconciliation
- Restraints
- Hospital-acquired pressure ulcer (HAPU) prevention
- Nursery ICU care improvement
- Catheter-associated urinary tract infection (CAUTI)
- Perinatal Safety
- Emergency Department
- Patient Flow/Throughput

Department Performance Improvement

- Organizational and department specific quality metrics are identified and measured
- Results posted in each department
 - Ask your manager/supervisor/charge nurse where to find your department-specific results
- What can you do to improve quality and patient safety?

Just Culture Philosophy

- Dignity Health Arizona embraces a Just Culture philosophy
 - A Just Culture is a system of justice (disciplinary and enforcement action) that reflects what we now know of sociotechnical system design, human free will and our inescapable human fallibility

Just Culture Philosophy

- Three behaviors contribute to errors
 - Human error - A slip, a lapse a mistake
 - At-risk behavior - Choice that is not recognized as unsafe or is thought to be justified
 - Reckless behavior - Conscious disregard for a substantial and unjustifiable risk
- Responses to the three behaviors
 - Employee makes a human error – Employee is Consoled
 - Employee is using at-risk behavior – Employee is Coached
 - Employee chooses reckless behavior – Discipline is involved

Prevent Patient Harm

- Injury from falls and immobility
- Pressure injury
- Sepsis and septic shock
- Surgical site infections
- Venous thromboembolism events (VTE)
- Ventilator associated events (VAE)
- Readmissions (unplanned and readmitted within 30 days)

The Joint Commission High Risk Standards

- Patients and families are educated on methods to report concerns related to patient safety, care, treatment, services and issues (Speak Up and Condition Help)
- Employees should follow their chain of command when dealing with concerns
- Concerns may be reported to:
 - Hospital Safety line
 - Joint Commission complaint@jointcommission.org
 - Arizona Department of Health Services
- Patients and families are educated on Preventing Infection
- Handoff communication is done and staff use SBAR format

The Joint Commission High Risk Standards

- Use Write Down and Read Back when taking telephone or verbal orders
- Do not use unsafe abbreviations: U, IU, QD, QOD, MS, MSO4, MgSO4, trailing zero behind a whole number, or lack of a leading zero before a decimal number less than one
- Be aware and careful when using “look alike/sound alike” medication - Pay attention to alerts in Omnicell
- Rapidly respond to changes in patient condition – there is a special team that will respond when called to assist
- Screen patients for risk of Falls and Injury and implement and document interventions taken to prevent Falls and Injuries

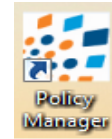
Stop falls

- Spills
 - Use “Wet Floor” sign
 - Call EVS/housekeeping for your area
 - Clean up small spills
- Pick up trash
- Equipment
 - Move all essential equipment to one side of the hallway
 - Store away all non essential equipment



Reviewing Hospital Policies

- Policies are available on-line to all staff 24 hours per day, 7 days per week
- On your desk top click on the Policy Manager Icon



Key Points

- We are all responsible for quality and patient safety
- Listen to and include patients and families in care – focus on patient experience
- Participate in quality and patient safety initiatives in your area: know what your unit/ department is measuring, how you are performing and what the department is doing to improve performance
- Look for ways to improve care and speak up to make suggestions for improvement
- Understand the Just Culture philosophy
- Know and follow the National Patient Safety Goals and High Risk Standards
- Know how to find the hospital policies and procedures

Questions?

- For all questions please contact your local Quality Management department.

