Tools for Building a Foundation for Excellence: Quality Improvement Strategies

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“We are what we repeatedly do. Excellence, then, is ***not an act***, but a ***habit***”

-Aristotle

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Objectives

- Understand foundational concepts to QI in healthcare
- Identify key components of a Quality Improvement Strategy
- Understand how to undertake a Root Cause Analysis (RCA)
- Recognize how tools can be applied to improve MBQIP Measures

While I kick us off, be thinking about the MBQIP Measures, and what your challenges are.

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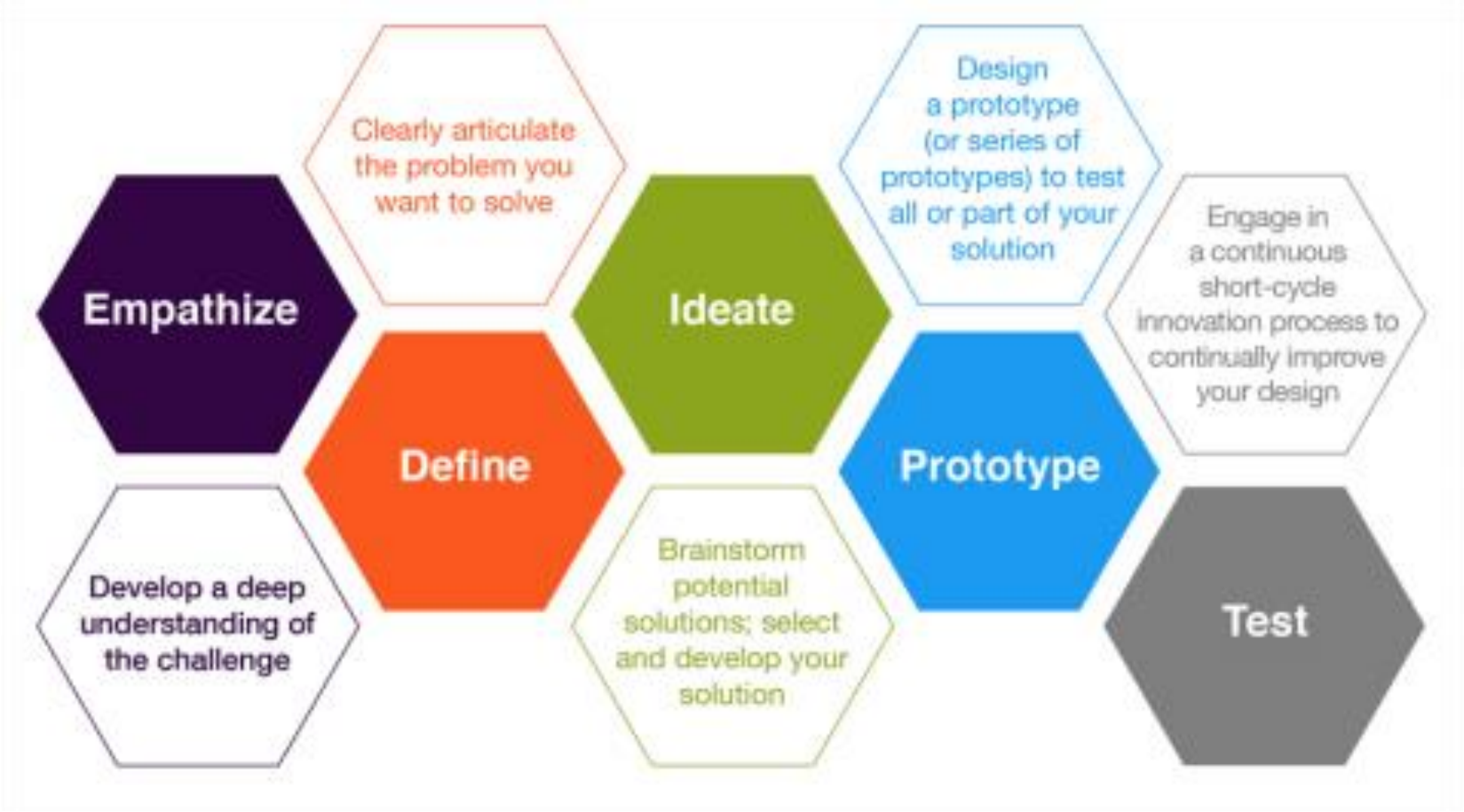
Design Thinking



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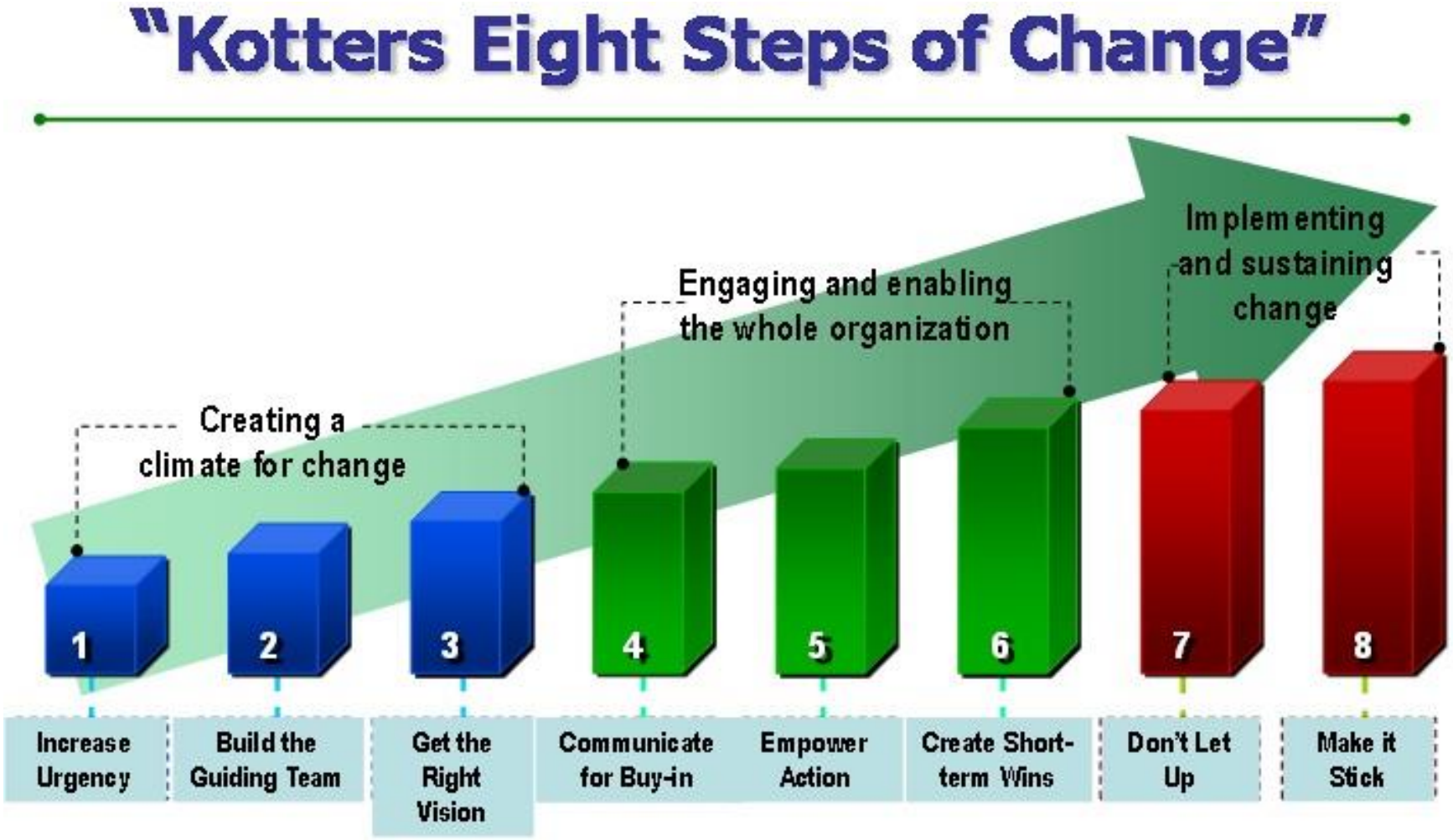
Change Management



[5] Kotter, John P. and Cohen, Dan S. The Heart of Change. Boston: Harvard Business School Press

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The Internal Driving Force for Change

THE TEAM

Leverages frontline experience

Designs changes to test

Drives implementation, refinement, and maintenance

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Comagine Health Quality Improvement Basics

- We have created a set of free do-it-yourself tools to assist organizations in building capacity for QI:
  - Forming a Comprehensive Strategy
  - Project Planning and Management
  - Quality Improvement Tools
    - Root-cause analysis
    - Run Chart Tool
    - Plan Do Study Act Essentials

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Forming a Comprehensive QI Strategy

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The Role of Leadership- Be Visible!

- **Set the Vision:** Leaders establish QI as a strategic priority and communicate a clear vision for excellence.
- **Commit Resources:** Allocating necessary time, staff, funding, and training for QI initiatives.
- **Champion QI:** Actively promoting QI efforts, celebrating successes, and modeling a commitment to continuous improvement.
- **Empower Staff:** Creating a culture where staff feel safe and encouraged to identify problems and test changes.
- **Remove Barriers:** Actively working to address obstacles (organizational, resource-related, cultural) that hinder QI progress.
- **Ensure Accountability:** Holding individuals and teams accountable for QI goals and outcomes.

Navigating Impact on Org Infrastructure

- **Acknowledge and accept loss:** Change almost always requires losing something. Authenticity and empathy are key.
- **Address Resistance:** Disruption is inevitable. Explain the WHY, address the FEAR, and engage resisters in the process
- **Shifting Roles & Responsibilities:** QI often requires new or modified roles (e.g., QI leads, data collectors, team facilitators) and clarifies existing responsibilities related to quality.
- **Cross-Functional Collaboration:** Effective QI breaks down silos, requiring collaboration across departments and disciplines. Structure must support this interaction.
- **Communication Flow:** Implementing QI necessitates clear channels for upward, downward, and lateral communication regarding QI projects, data, and results.
- **Alignment is Key:** Organizational structure, job descriptions, and performance systems may need review to ensure they support and reward QI engagement, not hinder it.
- **Potential for New Teams:** Dedicated QI teams or committees might be formed, requiring integration into the existing structure

Build Durable QI Infrastructure

- **Dedicated QI Support:** May include a designated QI officer, committee, or team with clear mandates.
- **Defined Roles & Responsibilities:** Clarity on who leads projects, who collects data, who provides oversight, and who participates on teams.
- **Training & Education:** Providing staff at all levels with appropriate training on QI methodologies, tools, and data analysis.
- **Standardized Processes:** Implementing common approaches and templates for project management, documentation, and reporting.
- **Regular Forums for QI:** Establishing dedicated time and forums (e.g., QI committee meetings, project team huddles) for discussing progress, challenges, and results.
- **Communication Systems:** Reliable methods for sharing data, project updates, lessons learned, and successes across the organization.

QI Tools and Models: Focus on MFI

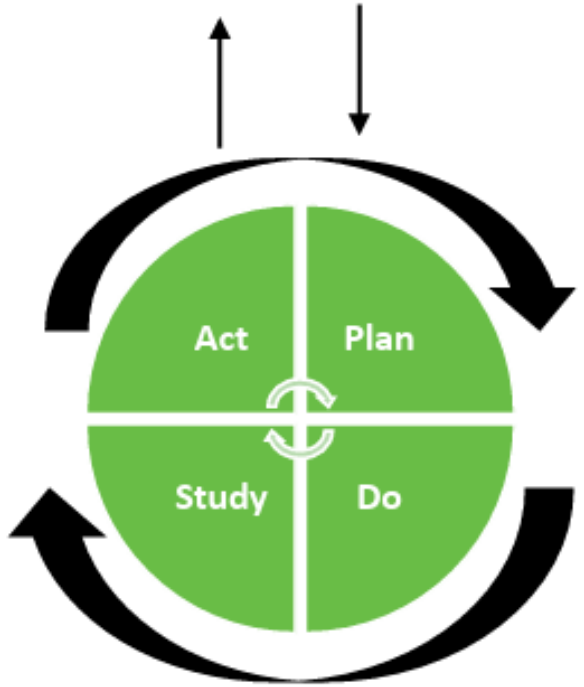
- **The Engine for Testing: Plan-Do-Study-Act (PDSA) Cycles:**
  - **Plan:** Plan the test or observation, including a plan for collecting data.
  - **Do:** Try out the test on a small scale.
  - **Study:** Analyze the data and determine what was learned.
  - **Act:** Adapt the change, adopt it, or abandon it based on what was learned.
- **Iterative Process:** QI involves sequential, rapid PDSA cycles to test and refine changes

Figure 1: The Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

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



Source: Langley GL, Nolan KM, Nolan TW, Norman CL, Provost LP. *The Improvement Guide: A Practical Approach to Enhancing Organizational Performance*. 2nd ed. San Francisco, CA: Jossey-Bass; 2009.

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The Compass for QI: Measurement and Data

If You Don't Measure It, You Can't Improve It

- **Data Informs Improvement:** Measurement is critical to understand current performance, identify opportunities, and focus efforts.
- **Types of Measures:**
  - **Outcome Measures:** Where are we ultimately trying to go? (e.g., infection rates, patient satisfaction scores)
  - **Process Measures:** Are we doing the right things to get there? (e.g., % hand hygiene compliance, % patients receiving discharge counseling)
  - **Balance Measures:** Are changes causing unintended consequences elsewhere? (e.g., staff workload, costs)
- **Data Collection Plan:** Determine ***what*** to measure, ***who*** collects it, ***when***, and ***how***. Keep it simple and integrate into workflow where possible.
  - ***Be intentional about Quality Assurance (QA) vs Quality Improvement (QI)***
- **Visualizing Data:** Use tools like run charts or control charts to track performance over time and see the impact of changes.
- **Feedback Loops:** Share data transparently with patients, frontline staff, and leadership to inform ongoing efforts and maintain momentum.

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Plan for Sustainability

"Sustainability has to be a way of life to be a way of business." – Anand Mahindra

- **Engage your leaders**
  - In what ways will these changes and improvements contribute to strategic goals?
  - Be up front about what you need
- **Involve and support front-line staff (and patients!)**
- **Make the improvement process permanent**
  - Provide clear workflow maps, process descriptions and tools (e.g., scripts, checklists, forms, maybe even new policies and procedures) to facilitate using the new process.
  - Train staff to use the new process; coach, monitor processes and data and give feedback.
  - Make the old way unavailable; make the new way unavoidable.
  - Consider cross-training and contingency planning- what happens when someone leaves, retires, etc.?

Tools for QI

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Root Cause Analysis

Three Steps

1 Gather Information, Define the Problem and Fill in the Gaps: Determine What Happened

- Who, what, when, where, how?
- What are you trying to modify or correct? (reach consensus)
- Keep it simple!
- What are all the sources with data regarding the problem? (interviews, documentations, observation, etc.)
- What sequence of events led to the problem?

Process Mapping
Gather data from documentation, interviews, etc., to get a complete picture. **Process mapping** is a particularly powerful tool for identifying all the steps and people involved in an activity.

2 Analyze/Identify Root Cause: Determine Why

- What conditions allowed the problem to occur?
- Determine whether you can impact the contributing factor(s).
- Identify underlying reasons each contributing factor exists. Use the "5 Whys" method for each factor.
- Prioritize which ones are likely to have the biggest impact based on probability of repeating and severity of outcome.

Use the 5 Whys
A question-asking method used to get to the root cause(s) of the problem. Continue asking "why" until you've identified the true source of the problem — this must be understood before you can act. Remember, there can be more than one root cause.

3 Develop an Action Plan – What to Do So It Doesn't Happen Again

- Address system-level factors and causes instead of people.
- Design a plan that will keep the problem from happening again.

Recommend and Implement Solutions

- How will the plan be implemented?
- Who will be responsible for it?
- Test potential solutions.
- Follow up to determine whether the solution was effective.

Use the PDSA Cycle
Plan: Create a specific action plan based on your established goal.
Do: Carry out your action plan.
Study: Describe how measured results compared with the predictions.
Act: Determine next steps; modify idea and retest (**A**dapt), spread idea (**A**dopt) or test a new idea (**A**bandon this idea).

PDSA Cycle

PDSA Worksheet

Date:	PDSA Cycle:
Aim/objective for this PDSA cycle:	
Specific change being tested:	

PLAN

What questions do we have?

What do we predict will happen?

Plan for change or test (including communication plan):

Plan for collection of data (who, what, when, where):

DO

Carry out the change or test, collect data and begin analysis

STUDY

Complete analysis of data, summarize what was learned

ACT

Will we adapt, adopt or abandon the change? If we adapt, what is the plan for the next cycle or will we adapt and implement the change? if we adopt, how will we ensure/measure sustainability?

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Improvement Planning Table

Aim Statements/Larger Process Goals (specific, measurable, actionable, realistic, timely)	**Aim Lead** (person responsible)
1.	
2.	
3.	
4.	
5.	
6.	
7.	

Use this table as a master list of each PDSA cycle and the concluding result. Use the PDSA worksheet to record/keep notes of each cycle.

Aim No./ Goal No.	**PDSA** (small change to test toward achieving aim)	**Measure to Evaluate Success**	**Person Responsible**	**Due Date**	**Result** (abandon, adapt, adopt)

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Connecting Tools to Goals: Addressing MBQIP Measures

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Activity

- **Show of hands-** *how many of you think one of the tools we discussed could be of use to you?*
  - *Popcorn- which ones?*

- **Take 5min now-** Thinking about a chosen MBQIP measure, quickly map out these points (you can use the structure of the Improvement Planning Table as a guide):
  - Aim: What's the specific goal you want to achieve?
  - First PDSA Idea: What is 1 small specific change you could test
  - Measure: How would you measure if that small change was successful?
  - What tools would help you?

- **Quick Share**

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Management of Opioid Use Disorder (MOUD) in the Emergency Department (ED)

- This guide outlines standardized, evidence-based practices for treating overdose and Opioid Use Disorder (OUD) in Utah EDs and hospitals, organized into three tiered levels of care (Level 1, 2, 3).
- It establishes Level 3 baseline ED care (including SUD screening, patient education, naloxone protocols, reporting, referrals, initial buprenorphine processes) and details progressive Level 2/1 capabilities like comprehensive assessments, specialist access, full MOUD programs, and seamless care transitions.

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Key Takeaways

- **Authenticity** is paramount- QI is a journey, **not a destination**
- Utilize **design thinking and structured frameworks** to build a **culture** and **systems**
- Employ **standardized tools** to reduce variation and increase standardization
- **Plan for sustainability** from the start
- **Nothing about me without me!**

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So, what can you do by next Tuesday?

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Thanks for having me!

Questions?

Plus/Delta?

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Public Health - Population Health - Quality Improvement - Implementation and Innovati...

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