Presentation to

Transplant Atlantic

October 15, 2010

Agenda

What is Quality?

Why should we have this discussion?

Indicators

Practice creating Indicators

PDSA Cycle

Anything else you would like to talk about?

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What is Quality?

Peter Drucker:

"Quality in a product or service is not what the supplier puts in. It is what the customer gets out and is willing to pay for."

Joseph Juran:

 "Fitness for use."

Six Sigma:

"Number of defects per million opportunities."

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What is Quality?………con't

The Institute of Medicine:

"The degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge."

R. M. Pirsig: Zen and the Art of Motorcycle Maintenance

"Quality is neither mind nor matter, but a third entity independent of the two, even though Quality cannot be defined, you know what it is."

What is Quality?……….con't

What does Quality mean to you –

•As an employee?

•As a patient or family member?

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Why Should We Care?

Patient Safety

Which of the following activities is riskier than hospitalizati[on]

A. Flying across the Atlantic ocean on a commercial airline?

B. Mining for coal under the depths of the ocean?

C. Rock climbing on the face of Squamish Chief Mount[ain]

D. Bungee Jumping off the San Francisco bridge?

E. None of the above

$$\text{jump length} = d + x + l = d + l + \frac{mg}{k} + \frac{1}{k}\sqrt{m^2g^2 + 2kmg(l+d)}$$

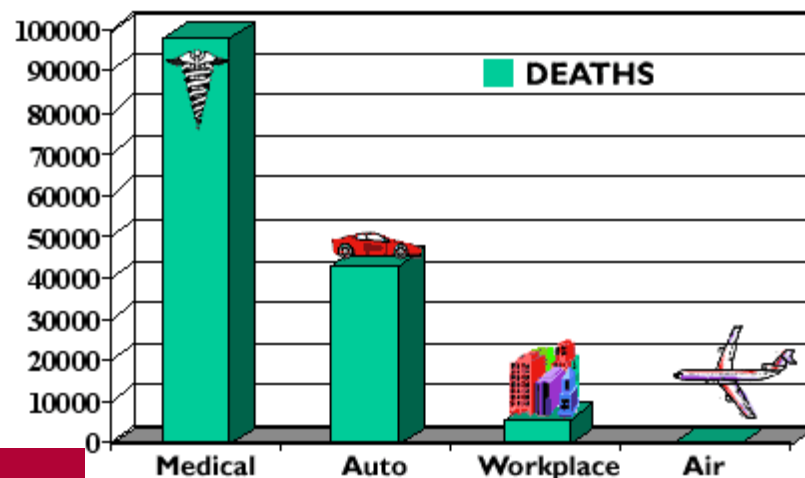*"When I climb Mount Rainier, I face less risk of death than I'll face on the operating table."* - Don Berwick

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Why Should We Care?....con't

1999 Institute of Medicine Report
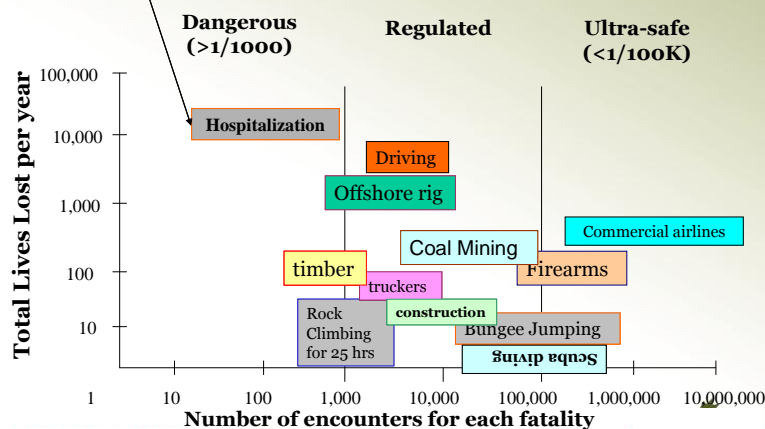
2004 Baker / Norton Report

How Safe is Canada's Healthcare?
Adapted by Dr. Philip Hebert

~15,000 deaths/yr

2009:
Safe Patients
Project Org:
Current statistics
are the same…

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"We envision a system of care in which those who give care can boast about their work, and those who receive care can feel total trust and confidence in the care they are receiving"

Donald M. Berwick
Institute for Healthcare Improvement, 2002

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Accreditation Canada Quality Dimensions

QUALITY DIMENSIONS	
DIMENSION	**TAG LINE**
POPULATION FOCUS	▶ Working with communities to anticipate and meet needs
ACCESSIBILITY	▶ Providing timely and equitable services
SAFETY	▶ Keeping people safe
WORKLIFE	▶ Supporting wellness in the work environment
CLIENT-CENTRED SERVICES	▶ Putting clients and families first
CONTINUITY OF SERVICES	▶ Experiencing coordinated and seamless services
EFFECTIVENESS	▶ Doing the right thing to achieve the best possible results
EFFICIENCY	▶ Making the best use of resources

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Population Focus

Focusing on the needs of the group as a whole and the factors that contribute to and determine health status

Who is the population you serve?

How do you engage them?

What are the trends?

How will they impact the care?

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Accessibility

Ability of the patient/client to reach or use services based on their needs

Providing timely and equitable services

What is the wait list for services?

What is the process for prioritization of services?

What are the barriers to receiving service?

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Safety

Keeping people safe – avoiding or minimizing potential risks and unintended results

What are your infection rates – surgical site, MRSA, VRE?

How many patients have medication reconciliation done on admission, transfer(s), discharge?

How many staff have received flu shots?

What are you fall rates?

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Worklife

Supporting wellness in the work environment

What are the learning and development opportunities for staff?

What is staff turnover rate/sick time/overtime hours?

Does each staff member have a position description?

Is there a staff recognition process in place?

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Client-Centred Services

Putting clients and families first

Does the team ensure that clients and families have timely and complete access to information?

Do they understand it? How do you know?

Do clients and families understand their rights and responsibilities?

Are complaints or concerns addressed in an open and timely way?

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Continuity of Services

Coordinated and unbroken services within and across programs or organizations

Seamless transitions between levels of services, across the continuum, over time…………..

Is there a discharge plan?

How is information at the transition points handled – shift changes, end of service, transfer to other health services, etc?

What partnerships have been formed?

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Effectiveness

Doing the right thing to achieve the best possible results

Are care maps in use?

Is there a way of dealing with ethics related issues?

Is there a regular evaluation of services? How do you compare to benchmarks?

Do all employees receive regular performance appraisals?

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Efficiency

Making the best uses of resources

Minimal waste, re-work of effort

Are there common approaches to assessment, charting, etc?

Is there compliance with the budget?
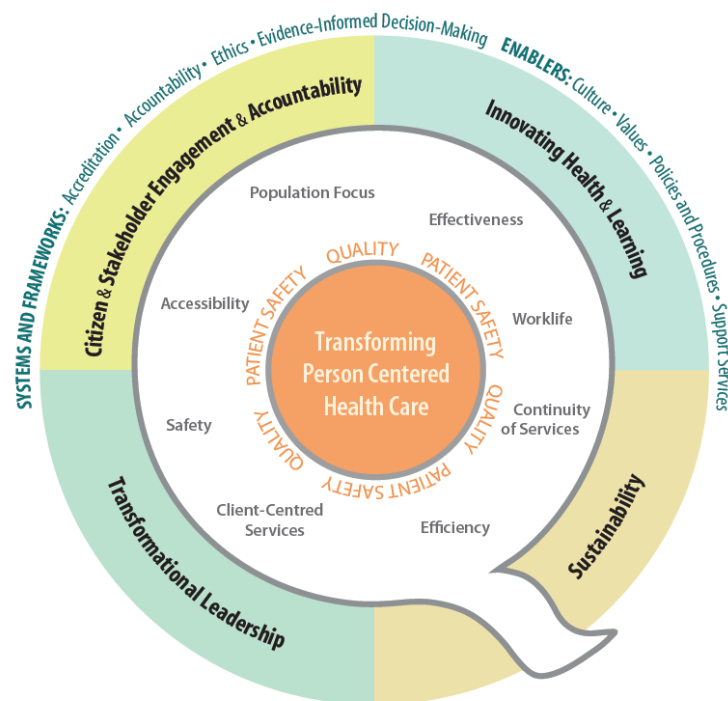
How does ALOS compare to ELOS?

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CH's Framework

Integrated Quality and Patient Safety Framework

Words of Wisdom…

"Trying to improve performance without measurement is wasteful since we will be uncertain about what to improve, and unable to assess whether our actions made a difference!"

Dr. G. Ross Baker, University of Toronto

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Definition of an Indicator

A health care indicator is a performance tool, screen or flag that is used to monitor, evaluate and improve the quality of client/patient care, support services, governance and management. Indicators relate to processes and results or outcomes.

(Source: The Canadian Health Care Glossary: Terms and Abbreviations by Mark Edmonds)

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An Indicator is…

- A measurement tool
- A guide to monitor and evaluate the quality of service
- An aid to making continuous improvements
- Examples:
  - rate of post-surgical infections
  - medication error rate
  - average length of stay
  - average # of days waiting for service
  - % patients satisfied with respect shown by health care providers

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Good Indicators

- Are meaningful and relevant to the team

- Aid continuous quality improvement efforts

- Can be collected consistently and accurately without too much extra work

- Follow a standard definition

- Are rate-based or an event

- Align with organizational goals and objectives, and

- As a set, address the eight quality dimensions

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Rate-Based Indicator

Numerator is event or observation being tracked

Denominator is population at risk in time period event was tracked

Example:

surgery in-patients having a post-op would infection for the reported surgical procedure

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Total # of surgery patients for the reported surgical procedure

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Establishing Indicators

Think about:

- Who do you serve?
- What do your clients need or expect from you?
- What do you need to improve?
- What are the best measures/indicators?
- Is this data already being collected?
- If not, how will it be collected?
- What will be the sample size?
- How will targets be set?
- How often will the data be reviewed and reported?

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Data Sources

- Enterprise Systems (STAR, PHS)
- Clinical Systems (Surgi-Server, Cerner)
- Administrative and Business Systems (Finance/Materials, Human Resources, Discharge Abstract Database)
- Other Internal Databases
- External Databases
- Reports (SAFE, PSRS)
- Chart Reviews
- Surveys (Patient Satisfaction)
- Manual Counts

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Data Collection Costs

Data Collection can be resource intensive!!

- Clearly define data needs and required performance measures
    - Is data already collected in existing databases? Is it accessible?
    - If new data is required, estimate costs of collection and evaluate costs vs. benefits of information.
    - If too costly, are there alternative methods of data collection?
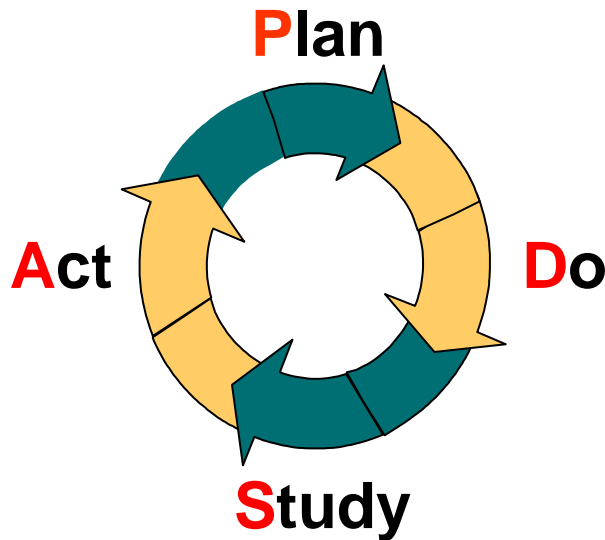
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Indicator Definition Worksheet

Title:	
Quality Dimension:	
Definition:	
Rationale:	
Numerator:	
Denominator:	
Target:	
Data Source:	
Reporting Responsibility:	
Reporting Frequency:	
Rationale for Target:	
Comments:	

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PDSA Cycle or Rapid Cycle Improvement

Plan

Act

Do

Study

PLAN – DO – STUDY - ACT

➢ Develop change

➢ Test

➢ Implement

➢ Evaluate

➢ Spread

Tips:

- Test the change first on a small scale, and see what happens, keep tweaking until it works!
- Make a prediction; we learn more by being wrong!
- Write down the PDSA and review with team

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Plan for the process improvement opportunity

Plan

Act

Do

Study
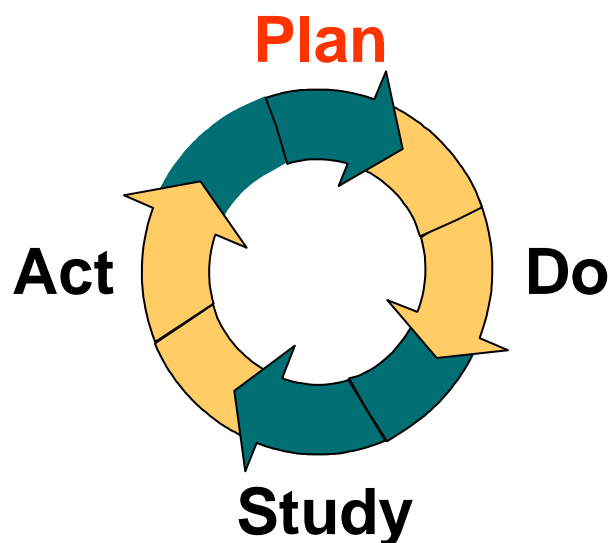
- Identify a process for improvement and express the aim.

- Establish current status of the process.

- Identify and rank improvement ideas.

- Develop an action plan.

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Do – Implement improvement strategies

Plan

Do

Study

Act
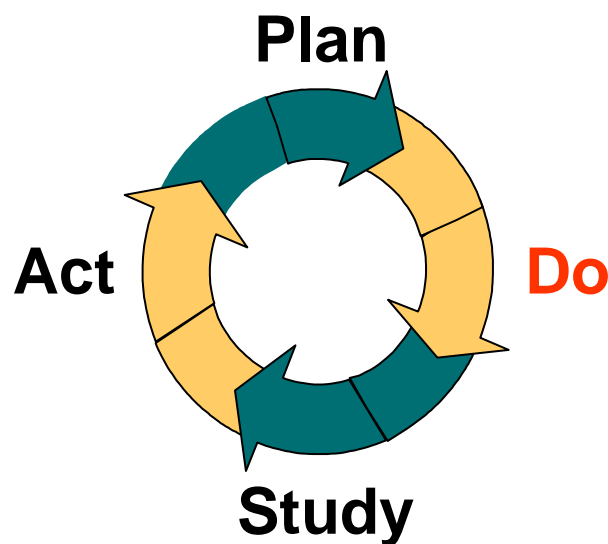
- Try solution on small scale.

- Provide education.

- Monitor the plan's milestones.

- Measure the changes.

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Study – Evaluate the impact of the "Do" change

Plan

Do

Act

Study
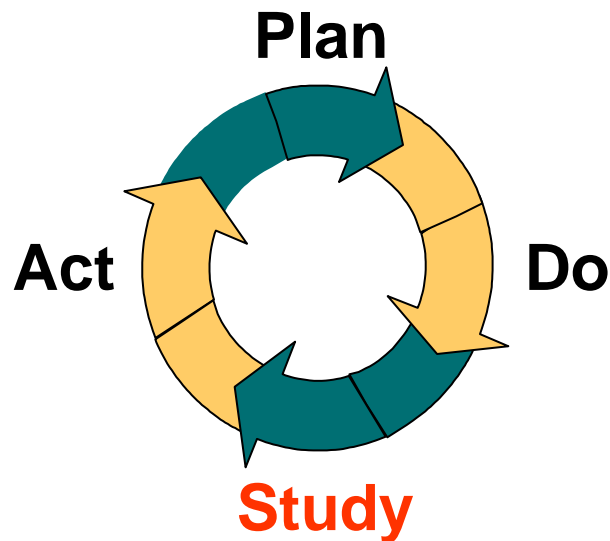
- Collect, analyze and interpret data after implementation.

- Is the solution having the intended effect?

- Have the project's goals been met?

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Act – Reflect and act on learnings

Plan

Act

Do

Study
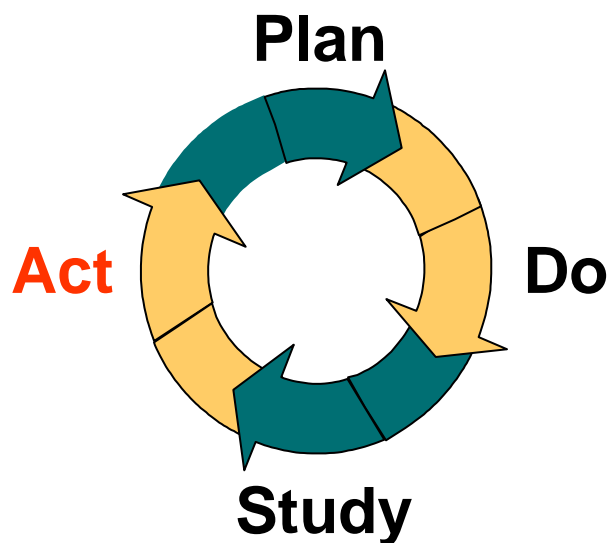
- Reflect and Act on the results…adopt, adapt or abandon and start again.

- Standardize where possible.

- Communicate success and expand solution to other areas.

- Celebrate!

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"*In all three organizations the 800 lb gorilla that impaired performance and stifled change was "culture" (Sears, US Military and Shell).*"

Pascale et al

Resources

Institute for Healthcare Improvement

www.ihi.org

National Health Service in the UK

www.nhs.uk

Safer Healthcare Now!

www.saferhealthcarenow.ca

Accreditation Canada

www.accreditation.ca

Performance Excellence Program, Capital Health

473-7854

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