

Healthcare Quality Concepts:

1. THE QUALITY UMBRELLA

1-1 DEFINITION OF QUALITY MANAGEMENT/IMPROVEMENT

A planned, systematic, organized (or networkwide) approach to the monitoring, analysis, and improvement of organization performance, thereby continually improving the quality of patient care and services provided and the likelihood desired patient outcomes.

1-2 AN INTEGRATED PERSPECTIVE

Activities associated with improving organization performance involve much more than the clinical, aspects of care. There is increased emphasis placed on improving, in a prioritized approach, all the interrelated processes and services that impact the quality of care and affect patient outcomes: governance, managerial, and support activities, as well as clinical activities.

In healthcare delivery systems, the future integration of cost, quality, and risk monitoring activities will most likely happen within the context of some type of care coordination model across the network. We are beginning to see such coordination in some "Integrated Delivery System" interdisciplinary team case management activities

that are centered around the patient care process and are based upon a developed clinical path that includes preadmission and aftercare. Another example is the disease management approach in managed care (for some chronic conditions such as Asthma, hypertension, and COPD), integrating primary care, acute care, and aftercare Using validated practice guidelines. The clinical path' and/or practice guidelines describes the expected process. All caregivers. and all those monitoring the care, track the patient along the path/guideline and intervene concurrently to effect a positive patient outcome. Aggregated and summary data is tracked and analyzed over time to look for system improvement opportunities.

1-3 QUALITY MANAGEMENT PRINCIPLES

1-3.1 The "Basic Principles"

The healthcare quality umbrella framework is based upon some "Basic Principles," utilizing Total Quality Management (TQM) philosophy and a Continuous Quality Improvement (CQI) approach [See next Sections, [Source: *Curing Health Care: New Strategies for Quality Improvement*, by D. Berwick, B. Godfrey, and J. Roessner, 1990, pp. 32-43]

1. **"Productive work is accomplished through processes." Each person in the organization is a part of one or more processes. The worker is a:**

- Customer of all those supplying inputs[^]
- Processor, performing managerial, technical, or administrative tasks using the inputs;
- Supplier to customers by delivering products or services (outputs).
There are both internal and external customers, processors, and suppliers.

* One huge issue that may be forgotten or ignored in the flurry to apply the industrial mode! of TQM to healthcare, is that the patient is not just a customer in the process. The patient is always a controlling, active participant and is as much a processor and supplier to the process as a customer.

2. "Sound customer-supplier relationships are absolutely necessary for sound quality management." The customer is anyone who is dependent on me as a supplier. Healthcare customers include, but are not limited to:

- Patients
- Families and friends of patients
- Physicians and other practitioners
- Employees
- Payers
- Other healthcare providers
- Reviewers/regulators
- Community

If we remember that most on this list are also suppliers to the healthcare process, we will be more effective in our quality improvement efforts.

3. "The main source of quality defects is problems in the process." One quality

expert (identity unknown) has said: "The old assumption is that quality fails when people do the right *thing wrong*: *the new assumption is that, more often, quality failures*

arise when people do the wrong things right."

If people do want to do the right thing, then the job of the manager/leader is more to enable their talents and energies than to monitor, control, and incentivize.

4. "Poor quality is costly." Quality improvement takes two forms: improvements resulting from reduction in deficiencies and improvements that please the customer or meet more needs (Juran). The first type of Improvements tends to reduce costs directly. The second type has indirect cost benefits in increasing market share and customer satisfaction, but may also cost more.

Poor quality which results from flaws in processes and then results in decreased customer satisfaction costs in lost dollars, market share, lost time and materials, lost pride, and increased litigation.

5. "Understanding the variability of processes is a key to improving quality." In healthcare, there are uncontrollable variations related to differences among individuals, organ systems, or diseases. Issues of patient compliance, practitioner techniques, and Influences of comorbidities must be understood in order to account for them and accommodate them.
6. "Quality control should focus on the most vital processes." Identify the most important types and components of processes that influence quality of patient care and improve those.
7. "The modern approach to quality is thoroughly grounded in scientific and statistical thinking." Utilize scientific method/problem solving process to improve care as part of daily operational activities, like medicine does to a disease:
 - A defect in quality is a symptom—a failure to meet customer needs.
 - he "doctor" or therapist for the process must:
 - Identify or slate the problem/issue
 - Perform diagnostic tests to understand the process
 - Formulate specific hypotheses of cause(s)
 - Test the hypotheses
 - Design and apply remedies
 - Assess the effect of the remedies
8. "Total employee involvement is-critical." Organizations must encourage and capture ideas from all employees. Those who know the most about process Details must be empowered to improve them.
9. "New organizational structures can help achieve quality improvement." "A steering committee or "quality council" of top managers does the strategic planning for the training, technical infrastructure, procedures for problem selection, forms of recognition, and systems for evaluating and improving the overall effort itself.
10. "Quality management employs three basic, closely interrelated activities: Quality planning, quality control (quality measurement) and quality improvement."

1-3.2 The Joint Commission Principles of Organization and Management

Effectiveness As part of its "Agenda for Change," beginning in 1965, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) defined a set of organizational and management principles that are used to assess an organization's "commitment to continuously improve the quality of patient care." These principles are the basis of the Joint Commission's move to more concrete improvement of organization performance, beginning with the 1994 and subsequent accreditation standards.

Organizationwide Commitment

1. The organizational mission statement clearly expresses a commitment to continuously improve the quality of patient care and translates into measurable objectives and action plans.
2. The organizational culture promotes widespread commitment to continuously improve the quality of patient care. All persons who use or provide services participate in decision-making processes, self-assessment, and open communications.
3. Opportunities for organizational change that will improve the quality of patient care are continuously assessed, recognized, and integrated into the strategic, program, and resource planning processes- Appropriate changes are implemented.

Commitment and Education of Leaders

4. The role of governing board, managerial, and clinical leaders in continuously improving the quality of patient care is expressed in definitions of authority and responsibility, policy, and specific objectives, and is evident in their articulation of •commitment/involvement in monitoring, and promotion of organizational integration and coordination.
5. The governing board, managerial, and clinical leadership Qualifications evaluation and development for assessing and continuously improving the quality of patient care are addressed A plan for leadership growth and development is implemented-

Competency and Development of Practitioners

6. The qualifications, evaluation, and development of independent practitioners are addressed. There is a sufficient number to provide competent patient care. They are initially assessed and regularly evaluated for clinical competency and performance, and there is a plan for their growth and development to assist them to continuously improve the quality of patient care.
7. Human resources recruitment and retention policies and practices assure adequate numbers of competent healthcare practitioners with appropriate skills, attitudes, and knowledge who are committed, actively involved in continuously improving the quality of patient care, and participating in a plan for growth and development-

Commitment and Management of Resources

8. Sufficient support resources, including facilities, equipment, and technology, are acquired, regularly evaluated, and maintained to promote a good patient care environment.

Quality Improvement and Quality Planning

9. 'The monitoring, Evaluation and continuous improvement of patient care are' overseen by the governing board and managerial and clinical leadership and involve appropriate individuals and organizational units.

Organizational Coordination and community of Care

10. Organizational integration and coordination is fostered by all persons, clinical, disciplines, and organizational units. Policies consistently foster appropriate communication, coordination, conflict management, and integration among relevant parties to effect changes and improve the quality of care.
11. Continuity and comprehensiveness of care is improved through effective linkages with external care providers.

1-3.3 The JSQJOpO:2LOOP Quality Management Principles

The International Organization for Standardization (ISO) issued the original 9000 series of quality standards in 1987 and made minor revisions in 1994. These standards were intended to facilitate the development and maintenance of quality control programs in the manufacturing industry. Three different sets of standards have been available for companies seeking certification: ISO 9001 for quality systems in companies with design/development, production, installation, and servicing components; ISO 9002 for companies not performing design/development; and ISO 9003 for companies doing only the final inspection and testing for non-conforming product. A fourth set of standards encourages overall performance improvement, but is not used for certification.

Major changes have been made for the 2000 standards that will make them much more relevant to service industries, including healthcare. ISO 9002 and 9003 have been eliminated. ISO 9001 focuses on quality management systems, with more emphasis on a process approach, the role of top management, the customer, measuring process performance, and continual improvement of the QM system. ISO 9004 is a set of guidelines for performance excellence that supports ISO 9001.

The ISO 9000:2000 standards include eight Quality Management Principles that have been developed by an international work group over a five-year period, requiring two international ballots to gain consensus:

Principle 1—Customer Focused Organization

Organizations depend on their customers and therefore should understand current and future customer needs, meet customer requirements and strive to exceed customer expectations.

Principle 2—Leadership

Leaders establish unity of purpose and direction of the organization. They should create and maintain the internal environment in which people can become fully involved in achieving the organization's objectives.

Principle 3—Involvement of People

People at all levels are the essence of an organization, and their full involvement enables their abilities to be used for the organization's benefit.

Principle 4—Process Approach

A desired result is achieved more efficiently when related resources and activities are managed as a process.

Principle 5—System Approach to Management

Identifying, understanding and managing a system of interrelated processes for a given objective improve the organization's effectiveness and efficiency.

Principle 6—Continual Improvement

Continual improvement should be a permanent objective of the organization.

Principle 7—Factual Approach to Decision Making

Effective decisions are based on the analysis of data and information.

Principle 8—Mutually Beneficial Supplier Relationships

An organization and its suppliers are interdependent, and a mutually beneficial relationship enhances the ability of both to create value.

1-4 TOTAL QUALITY MANAGEMENT PHILOSOPHY

The concept of "Total Quality Management" (TQM) as advocated by management theorists and industrial engineers has been adopted by healthcare leaders. The term is now more clearly differentiated from "Continuous Quality Improvement."

1-4.1 TQM as a Management Philosophy

TQM is a management philosophy that enhances and benefits the organization and all people associated with it by utilizing processes which continuously improve the quality of all products, services, and information, resulting in:

- Increased customer satisfaction
- Increased productivity
- Increased profits
- Increased market share
- Decreased costs

"Broadening the umbrella of Quality Management to encompass the entire organization involves the following Key Concepts of TQM (based on those developed at the Henry Ford Health System):

- Top management leadership
- Creating corporate framework for quality
- Transformation of corporate culture
- Customer focus
- Process focus
- Collaborative approach to process improvement
- Employee education and training
- Learning by practice and teaching
- Benchmarking (comparison with top competitors)
- Quality measurement and statistics
- Recognition and reward
- Management integration

TQM offered something new to healthcare over the last decade;

- A new way of looking at the delivery of care;
- A new paradigm for management in healthcare organizations (It flattens the organizational chart);

- A new way of identifying and responding to those who benefit from the provision or receipt of healthcare services (customers)-
- TQM fosters a belief in the value of:

- Customers
 - Needs
 - Expectations
 - Opinions
- Employees/Staff
 - Willingness and desire
 - Abilities and expertise •
 - Opinions
 - Access to top management
 - Involvement in:
 - Decision making
 - Problem solving
 - Goal setting
 - Planning
- Management
 - Commitment and visibility
 - Active leadership
 - Participation
 - Empowerment of employees
 - Accountability
- Teamwork
 - Unity
 - Ownership
 - More and better ideas
 - Openness
 - Encouragement
 - Mutual respect
 - Incentive and reward

1-5 CONTINUOUS QUALITY IMPROVEMENT PROCESS

1-5.1 Definition

For our purposes, Continuous Quality Improvement (CQI) will be used interchangeably with "Quality Improvement" to mean a *management process or "approach to the continuous study and improvement of the processes of providing health care services to meet the needs of individuals and others."*

[Joint Commission, Glossary, CAMH]

1-5.2 The Responsibility of the Healthcare Quality Professional

It is critically important for healthcare quality professionals to understand the principles of both total quality management and continuous quality improvement. Then he/she must articulate to administration and the governing body how TOM philosophy, the processes of data measurement, assessment, and improvement, and the development of an effective Healthcare Quality Strategy are necessary, compatible and, in fact, achievable.

1-6 THE JURAN MODEL OF QUALITY MANAGEMENT

Joseph M. Juran, one of the most influential of the quality gurus, and the Juran Institute describe three quality management processes they call the "Juran Trilogy" or "Quality Trilogy": Quality Planning, Quality Control, and Quality Improvement. The trilogy provides a simple, logical model for understanding the whole of Quality Management.

1-6.1 The Model

- Identifying and tracking the customers of a particular process;
- Identifying, measuring, and prioritizing customer needs and expectations concerning the process and its outcomes;
- Identifying process issues critical to effective outcomes;
- Setting quality improvement goals (e.g., strategic quality initiatives);
- If no service or system currently exists, is ill-defined, or is *ad hoc*, designing a function/service responsive to customer needs (e.g., autologous blood service or sub acute nursing unit); and
- If no process currently exists, is ill-defined, or is *ad hoc*, defining and developing the process(es) capable of producing the desired outcome (e.g., defining specifications of diagnostic and/or therapeutic processes, developing a clinical path, or translating scientific knowledge into practice guidelines).

2. Quality Control/Measurement

- Measuring the extent to which an organization and individuals achieve and maintain desired outcomes;
- Measuring current performance and its variance from expected or intended performance;
- Measuring key processes and outcomes, prerequisite to prioritizing for quality improvement and/or quality planning;

- Describing variability in processes, understanding and properly interpreting that variability, reducing or eliminating unnecessary or inappropriate variation, and expanding or maximizing positive variation;
- Measuring and tracking important, customer-sensitive process and outcome issues on an ongoing, routine basis, including adverse events and their rates in at-risk populations, as well as positive events and their effects;
- Measuring and tracking outcomes of groups of comparable patients, using epidemiological techniques;
- Providing feedback comparing actual performance to intended, achievable outcomes: and
- Utilizing data to manage the process, evaluate effectiveness, maintain quality improvement gains, and facilitate further planning and improvements.

3. Quality Improvement

- Using collaborative efforts and teams to study and improve specific existing processes at all levels in the organization;
- Analyzing causes of existing process failure, dysfunction, and/or inefficiency:
- Systematically instituting optimal solutions to chronic problems;
- Routinely analyzing and disseminating positive variance and/or "best practice" information (to patients and families through education, as well as to staff); and
- Utilizing the scientific/problem-solving method to improve process performance and achieve stated goals.