Quality Management for Community Health Centers

sponsored by
The National Association of Community Health Centers

presented by
Jay M.Hughes MD, FACP
Ambulatory Innovations, Inc.
The Plan

• **First Session**: Overview of quality in Health Centers

• **Second Session**: Teaching Quality management

• **Third Session**: Practicing quality management training
INTEGRATED!

Adequate, Reliable, Efficient, Appropriate

Process Utopia

CQI

Process Swamp

Unreliable
Unreliable

Appropriate

Efficient Reliable

Personal

Today

Tomorrow

QUALITY
THE SOUL OF QUALITY IS THE NEVER ENDING EFFORT TO IMPROVE
ALL WORK IS A PROCESS

INPUTS

SUPPLIER

PROCESS
(EFFICIENCY)

CUSTOMER

(SATISFACTION)
OUTPUT
(OUTCOMES)
MEASUREMENT

INPUTS  REQUIREMENTS  SUPPLIER  PROCESS  EFFICIENCY  CUSTOMER  REQUIREMENTS  SATISFACTION

OUTPUT  OUTCOMES
LEADERSHIP!

INPUTS

SUPPLIER

PROCESS
(EFFICIENCY)

MEASUREMENT

SATISFACTION
OUTPUT
OUTCOMES

VISION

CUSTOMER

requirements

requirements

requirements

requirements
THE HEALTH CARE HOLOGRAM

INSTITUTIONAL SUPPORT PROCESSES
Housekeeping, Human Resources, Purchasing, Central Supply, etc.

CLINICAL SUPPORT

PATIENT

Analysis

Diagnosis Untreated Prognosis

Analysis

Treatment

Treatment Decisions

H&P

Testing

Diagnostic Results

Outcome

THERAPEUTIC

CARE

DIAGNOSTIC
Toward a Definition of Quality

- Health Centers have not defined quality

- You must first define quality if you want quality
The Two-Minute Quality Drill

• The two minute proof of quality for my Center:
A Functional Definition of Quality

Quality is the degree of excellence of a healthcare organization’s 1) processes, 2) practitioner and support staff performance, 3) decisions, and 4) human interactions.

– Dale Benson, MD
A Quality Management Definition of Quality

Quality is doing the right thing, right, the first time and every time.

- Philip B. Crosby
The Three Strategic Results of Quality

1) Patient (customer) Satisfaction
2) Process Outcomes
3) Process Efficiency

Vision: “World Class”
"The degree to which the health care services and the resulting health status please or meet the expectations (requirements?) of the patient."
How to Look at Satisfaction

1) Amenities of Care (Structure)
2) Art of Care (Process)
3) Results of Care (Outcome)
Structure, Process, Outcome

Approach to Patient Satisfaction

- Amenities of Care: Appointment availability, privacy, comfort, waiting time.

- Art of Care: Listening carefully, giving thorough explanations, treating with respect.

- Results of Care: Decreased symptoms, increased ability to function.
World Class Quality: Patient Satisfaction

- Patient compliance
- Curing vs. healing (of Human Hurts)
- “Satisfied, Delighted, Dazzled”
WORLD CLASS: PATIENT SATISFACTION

Satisfied: We meet our patients’ expectations.

Delighted: We exceed our patients’ expectations.

Dazzled: We so greatly exceed our patients’ expectations that what we do actually contains an element of surprise.
# HOW YOU FEEL COUNTS!
SEHC PATIENT SATISFACTION SURVEY
DATE __________

PLEASE TELL US....

<table>
<thead>
<tr>
<th>WAS OUR OFFICE:</th>
<th>GREAT!</th>
<th>OK</th>
<th>AWFUL!</th>
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<tbody>
<tr>
<td>SO CLEAN THAT EVERYTHING SHINED?</td>
<td>1  2  3  4  5</td>
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<tr>
<th>WAS OUR STAFF:</th>
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<tbody>
<tr>
<td>SO FRIENDLY THAT YOU WANTED TO SMILE?</td>
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<td>SO QUICK THAT YOUR TIME WAS WELL SPENT?</td>
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<tbody>
<tr>
<td>SO PERSONAL THAT YOU FELT LIKE YOU WERE OUR ONLY PATIENT?</td>
<td>1  2  3  4  5</td>
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<tr>
<td>SO SKILLED THAT YOU ARE HAPPY TO TRUST US WITH YOUR HEALTH?</td>
<td>1  2  3  4  5</td>
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OTHER COMMENTS YOU'D LIKE TO SHARE:

THANK YOU FOR HELPING US IMPROVE SOUTHEAST HEALTH CENTER!
Our World Class Vision: Patient Satisfaction

*Our world class vision should be that our patients are always satisfied, often delighted, and sometimes even dazzled.*
Outcomes

What are they?

- Measures of effectiveness
- What patients want (and need)
- The essence of quality
How to Look at Outcomes

• Disease-Specific vs. General Health

• Measure one outcome indicator at a time
  
  i.e. Classical health measures, Functionality, Cost, in addition to Satisfaction)
World Class Quality:

Outcomes

• Focus on outcomes

• Meeting the “needs” of our patients

• “Defined, Measurable, Spectacular”
Our World Class Vision: Outcomes

*Our world class vision should be that the health outcomes for our patients are defined, measurable and spectacular.*
Efficiency

What is it?

- Making the best use of available resources
- Doing the appropriate (right) thing right
How to Look at Efficiency

• **Clinical** efficiency (the right thing,)
  "If care is not necessary, it is bad care."
  — Alan Korn, MD

• **Production** efficiency (right,)
  "Eliminate the 30-40% of waste, duplication and rework"
World Class Quality:

Efficiency

- Creates customer satisfaction
- Creates cost savings
- Creates healthier patients
- “Breathtaking”
Our World Class Vision:
Efficiency

Our world class vision is that we provide health care services with breathtaking efficiency.
The Impact of Quality

- Productivity
- Healthier patients
- Healthier communities
- Bottom line

- Patient satisfaction
- Recruitment and retention
- Staff morale
Quality as a Marketing Edge

• Measurements

• Accreditation

• HEDIS

• The Three Strategic Results***
Leadership & Quality

• Must understand quality

• Must “talk and walk” quality

(Empowerment)

• The role of the Governing Board

________________________
Quality Assessment / Quality Improvement

• Quality assessment: a carefully planned and structured system to monitor the level of quality in the organization.

• Quality improvement: a carefully planned and structured approach to improve the level of quality in the organization.
The Role of Quality Assessment

- The changing language of quality
- The need to continuously monitor performance, outcomes, satisfaction (entropy vs improvement)
- The need for structure and comprehensiveness
The Ambulatory Care Parameters

- Provider Staff Performance
- Support Staff Performance
- Continuity of Care
- Medical Record System
- Patient Risk Minimization
- Patient Satisfaction
- Patient Compliance
- Access to Care
- Appropriateness of Service
- Organizational Performance
Indicator Development Guide

- Parameter:
- Aspect of Care:
- Indicator:
- Performance or Effectiveness Goal:
- Quality Action Point:
- Data Source:
- Frequency of Review:
- Management Responsibility:
Approaches to Quality Assessment

- **Internal** program development

- **External** program availability

  (HCFA, HEDIS, JCAHO)
Quality Improvement (QI)

- Measurement is key  Identifies “Opportunities for Improvement”

- QI as a result of a quality assessment program

- Understand! – then act
Total Quality Management (TQM)

- A redirected management and quality philosophy
- A patient (customer) focused culture
- The scientific method applied to improving health care processes
The Components of TQM

- Aim (Vision)
- A Customer Focus
- A Quality Foundation
- Leadership & Management
- Empowerment
- Training & Retraining

- Psychology
- Benchmarking
- Quality Assessment & Accreditation
- Communication
- Continuous Quality Improvement (CQI)
Role of Leadership in the TQM Organization

• Talk the talk
• Walk the walk
• Persevere
"The single greatest predictor of which organizations will have successful quality processes and which ones will fail is whether or not the CEO participates. One must be fully behind it. One must be out there participating and visibly involved."

Peter H. Levine, MD
President and CEO
The Medical Center of Central Mass.
LEADERSHIP COMMENTS

“People take quality just as seriously as management takes it --- no more.”

*Philip B. Crosby,*
*“Quality is Free”*

“All employees are boss watchers”

*Tom Peters*
*“Thriving on Chaos”*
What is Reengineering?

• A method of revamping work processes for dramatic improvements in productivity and quality.
• Redesigning the patient experience to achieve competitive advantage.

(i.e. Patient Visit Redesign Collaborative)
Why Reengineering?

- Response to transformational change vs. response to incremental change.

- The "BPHC imperative": "Centers "need to discover new ways to operate efficiently and effectively.""
  
  (i.e. IHI breakthrough collaboratives)
When to do Reengineering

- Global understanding of TQM within the organization
  (Entropy > CQI > Reengineering)

- People become impatient = passion
  (The Apollo Project)
Characteristics of Reengineering

- Dramatic Improvements
- Minimized Handoffs
- Empowered Front-liners
- Organization Without “Walls”
The Reengineering How

- Vision/Purpose
- Empowerment
- Commitment
Outcomes in Ambulatory Care

“Outcomes are those changes, either favorable or adverse, in the actual or potential health status of persons, groups, or communities that can be attributed to prior or concurrent care.”

— Donabedian
Structure, Process, Outcome

• **Structure:** The “component parts” of the settings in which care is provided.

• **Process:** What practitioners and other staff members do in order to provide care for patients.

• **Outcome:** A change in health status (for better or for worse) that can be attributed to the care being assessed.
Outcome - A Product of Many Causes

Team Interaction

Other Caregivers

Nurse Care

Protocols - Guidelines

Physician Care

Governance

Pharmaceuticals

Medical Equipment

Access (Appointment system)

Management

Support Services

Social Policy

Patient

Patient Community

JCAHO. QI in Ambulatory Care 1994
The Quality Interface

- Outcomes are indirect measures of quality.

- “Outcomes are not direct measures of quality. They only provide screens and flags that are warning signals.”

  — JCAHO

(This refers to Patient Outcomes - JH)
PROCESS OUTCOMES / PATIENT OUTCOMES

Healthcare Process → Output / Input → Patient Process → Psyco Socio Physiological → PATIENT OUTCOMES

Disease Specific General Performance Satisfaction
Four Types of Outcomes

• Disease-Specific Outcomes
• General Health Outcomes
• Patient Performance Outcomes
• Patient Satisfaction Outcomes

(Cost?)
Disease-Specific Outcomes

• Relate to a particular disease or physical, mental, or social pathology.

• Can pertain to physiologic, microbiologic, biochemical, or physical findings.

• Also include reported symptoms or feelings that have clinical significance.
Types of Disease-Specific Outcomes

- **Level One**: Biochemical, microbiologic, or physiologic change.

- **Level Two**: Change in symptoms or signs.
General Health Outcomes

- Relate to quality of life, well being, ability to function, ability to engage in usual activities, independence.
- A global health status measure.
Types of General Health Outcomes

- Level Three: Ability to Function
- Level Four: Sense of Well Being
Patient Performance Outcomes

What the patient understands or does as a result of interaction with the health care system.
Types of Patient Performance Outcomes

- **Patient Understanding**
  The degree of knowledge relevant to illness or healthful living.

- **Patient Compliance**
  Adherence to health care regimens. Changes in health related habits.
“Patient satisfaction occupies a special position in the array of outcomes because it is 1) partly a factor in improving future care, and 2) partly a legitimate objective of current care, and 3) partly a judgment by the patient on the quality of care, with particular reference to its outcomes and amenities as well as the nature of the client’s relationship with the practitioner.”

— Donabedian
Types of Patient Satisfaction
Outcomes

- Amenities of Care (Structure)
- Art of Care (Process)
- Result of Care (Outcome)
Process Results

The result ("output") of a process.

Examples of process results:
* Patient education documented
* Return appointment given
* Correct medication prescribed
* Therapeutic blood level of medication

Name some non-clinical process results.
Ambulatory Outcome Classification System

*Disease-Specific Outcomes*
Biochemical, Microbiologic, Physiologic
Symptoms or Signs

*General Health Outcomes*
Ability to Function
Sense of Well Being

*Patient Performance Outcomes*
Patient Understanding
Patient Compliance

*Patient Satisfaction Outcomes*
Amenities of Care
Art of Care
Results of Care
The Dynamics of Change

- The **Work** of Change
- The **Threat** of Change
- The **Pain** of Change
Part One: Overview of Quality in Health Centers

- Toward an understanding of quality
- Building a quality vision: The three strategic results of quality
- Impact of quality in Health Centers
- Quality assessment; quality improvement
- Total Quality Management
- Reengineering
- Outcomes in ambulatory care
- The dynamics of change
Agenda for tomorrow

- Session One 8:00-8:50
- Session Two 9:00-9:50
- Session Three 10:10-11:00
- Session Four 11:10-12:30
The Eight Essential Concepts

• A working definition of quality
• Customer orientation; the “expectations gap”
• Cost of quality - PONC
• Understanding process
• Measurement
• Understanding variation
• The 10-Step Process Improvement Method
• Teamwork
A Working Definition of Quality

• “Quality is doing the right thing right, the first time and every time.”

• “Quality means always doing the appropriate thing efficiently.”
QUALITY

IS

CONFORMANCE TO REQUIREMENTS

Philip B. Crosby
ALL WORK IS A PROCESS

INPUTS → REQUIREMENTS → PROCESS (EFFICIENCY) → REQUIREMENTS → SATISFACTION OUTPUT OUTCOMES

SUPPLIER → CUSTOMER
Value

“Doing the right thing right, the first time and every time - at the - least possible cost.”
Value equals \( \frac{\text{Outcome} + \text{Service}}{\text{Cost}} \)
(Do you agree?)
Customer Orientation and the “Expectations Gap”

- Internal and external customers
- Determine customer requirements
- The supplier/customer “expectations gap”
Cost of Quality - PONC

- PONC: Price Of Non-Conformance
  (What it costs to do things wrong)
- Why PONC?
- Calculating PONC

"As quality goes up, cost comes down"

- Jay Hughes, MD
REPORTING HOSPITAL ENCOUNTERS (EXCLUDING NEWBORNS)

PROBLEM Late, inaccurate and unreported Hospital Encounters.

ANNUAL UNREPORTED HOSPITAL ADMISSIONS

Leesburg 28, (2.5%) Apopka 40, (11%)
Winter Garden 2, (8.0%) South Lake 2, (1.5%)

PONC IDENTIFIED 72 missing reports at @$500/ adm

PONC DISCOVERED $36,000/ yr
LATE OR LOST

PROBLEM  Inability to obtain insurance info from Health Centers in timely manner. 2-5 times/day must request corrected or add'l. info for claims.

PONC

4 hrs FTE's Business Office / day  $28/ day  $7,000/ yr
2 hrs FTE's Centers / day       $14/ day  $3,500/ yr
Non payment of claims 5/day     $300/ day $75,000/ yr

TOTAL  $85,500/ yr
Understanding Process

• “A process is an activity or a series of activities that changes something.”

• Elements of a process

• Process thinking
ALL WORK IS A PROCESS

INPUTS TO PROCESS

HEALTHCARE PROCESS

OUTPUTS

SUPPLIER

CUSTOMER

(OWNER)
“A process will produce exactly what it is designed to produce; no more and no less.”

Donald Berwick MD
Medical Transcription
Charts by Day

Goal
Elements of a Process

- Something passed along
- A series of steps
- Inputs and outputs
- Customers and suppliers
- The owner
Process Thinking (1)

- Every process can be understood and improved.
- Every problem has a cause, and it is usually related to the process.
- Every process can be mapped out.
- Every process contains critical points which can be measured.
Flow Charting

"Turning on a TV"

EXERCISE:

"Registering a patient"
Process Scoping

For the purpose of analysis
Process Thinking (2)

- Every process will contain variation.
- “Tampering” results from improvement attempts prior to real understanding.
- Those closest to the process are best suited to understand and improve the process.
- Every process will have predefined process requirements.
Measurement

• “Measurement is the voice of the process.”
  - William Scherkenbach

• “All processes generate data that can be measured and monitored.”
  - Donald Berwick, MD
Measurement Steps

- Identify the process
- Prioritize
- Choose an indicator
- Count
- Communicate
Understanding Variation

• Variation happens. All processes have variation.
• Expect and understand variation.
• Common cause vs. special cause variation.
• Avoid tampering.
• Reduce variation as much as possible.
The Control Chart

- Plot points.
- Should be at least 20 points.
- Within 3 standard deviations—common cause variation.
- Outside 3 standard deviations—special cause variation.
- Good and inexpensive software is available.
Common Cause Variation

• Controlled variation.

• Causes of variation are built into the process.

• Need to redesign the process in order to reduce common cause variation.
HealthNet On-Call Encounter Charting
January 1991 - September 1993

Figure 9

- # calls/month  +  Control limits
Special Cause Variation

• Uncontrolled variation.

• Variation is the result of forces from outside the process.

• Investigate special cause variation immediately.
What is Tampering

• Treating everything as a special cause.
• Trying to improve something without understanding it.
• Continual adjustment of a stable process (tampering) will increase process variability and do more harm than good.
• Most American managers are adept at tampering.
The 10-Step Process Improvement Method

1) Identify the problem
2) Identify the process
3) Measure the problem
4) Identify the customer(s) of the process
5) Determine customer requirements
6) Determine possible causes of the problem
7) Determine possible solutions
8) Prioritize and choose one possible solution
9) Test and measure the solution
10) Continue to monitor the process
The 10-Step Process Improvement Method (1)

- Identify the problem
- Identify the process
- Measure the problem
- Identify the customer(s) of the process
- Determine customer requirements
The 10-Step Process Improvement Method (2)

- Determine possible causes of the problem
- Determine possible solutions
- Prioritize and choose one possible solution
- Test and measure the solution
- Continue to monitor the process
Cause and Effect Diagram

Information

Policies

Procedures

Materials

Provider

Patient

EFFECT
Continuity of Care in Hypertension

Procedures:
- Timing of blood tests
- Drug samples available
- Refills without appointment
- Reminder cards
- Wait for appointment
- Availability of slots
- Home monitoring
- Wait in Center
- Actual appointment given
- Available educational materials
- Tracking
- Protocols

Policies:
- Assignment of care provider
- Patients scheduled per hour
- Working policy
- Center hours
- Costs of procedures
- Costs of visits
- Transportation provided
- Costs of meds
- Specialty
- Technical skills
- Knowledge
- Teaching skills
- Interpersonal skills
- Regimen prescribed
- Time spent with patient
- Follow-up appointment given
- Refills given
- Age
- Doctor-patient relationship
- Use of protocols

Provider:
- Education
- Anxiety about tests
- Cost
- Pain

Other:
- Social support
- Symptoms
- Socio-economic status
- Anxiety about high BP
- Perception of value
- Hierarchy of needs
- Side effects of meds
Cause and Effect Diagram

1. Information
2. Performance Standards
3. Procedures Protocols
4. Facilities & Equipment
5. Training and Knowledge
6. EFFECT
CELEBRATE!!
If you haven’t got the time to do it right, when will you find the time to do it over?
Teamwork

• The secret for improving processes
• Better mapping; better measuring; better ideas
• Stronger buy-in
• Balanced team representation*
The Quality Improvement Culture

- Visualize the new culture
- Ensure absolute leadership commitment
- Practice constant reinforcement
- “Plot points”
- Involve everyone in the transformation
- Create heroes
Guidelines for Presentations

- Determine points to be made
- Develop an outline of essential factors relating to each point
- Practice making the point
- Provide visual reinforcement for each point (handout)
- Involve the audience (questions, interactive discussion, etc.)
Our Health Center
Culture of Quality (1)

• When something goes wrong, we ask “why” rather than “who.”

• We believe that every individual on our staff is a worthwhile human being who will always do his/her best.

• We build self respect and pride in a job well done.
Our Health Center
Culture of Quality (2)

• We are continuously and relentlessly improving.

• Our employees are empowered, enthusiastic and proud.

• Our patients are always satisfied, often delighted, and sometimes dazzled.
Our Health Center
Culture of Quality (3)

• We know how to improve processes without tampering.

• Our walls are adorned with flow charts, data charts, and bold statements of our Mission, Vision, and Values.

• Achieving our goals is not good enough... We are not satisfied until we have achieved our full potential.
“A journey of a thousand miles begins with a single step.”