

QUALITY ASSURANCE:

EVIDENCE OF EFFECT

QUALITY IMPROVEMENT

What is quality improvement?

In health care this is the deliberate and defined process which is focused on activities that are responsive to patient needs and improving patient health.

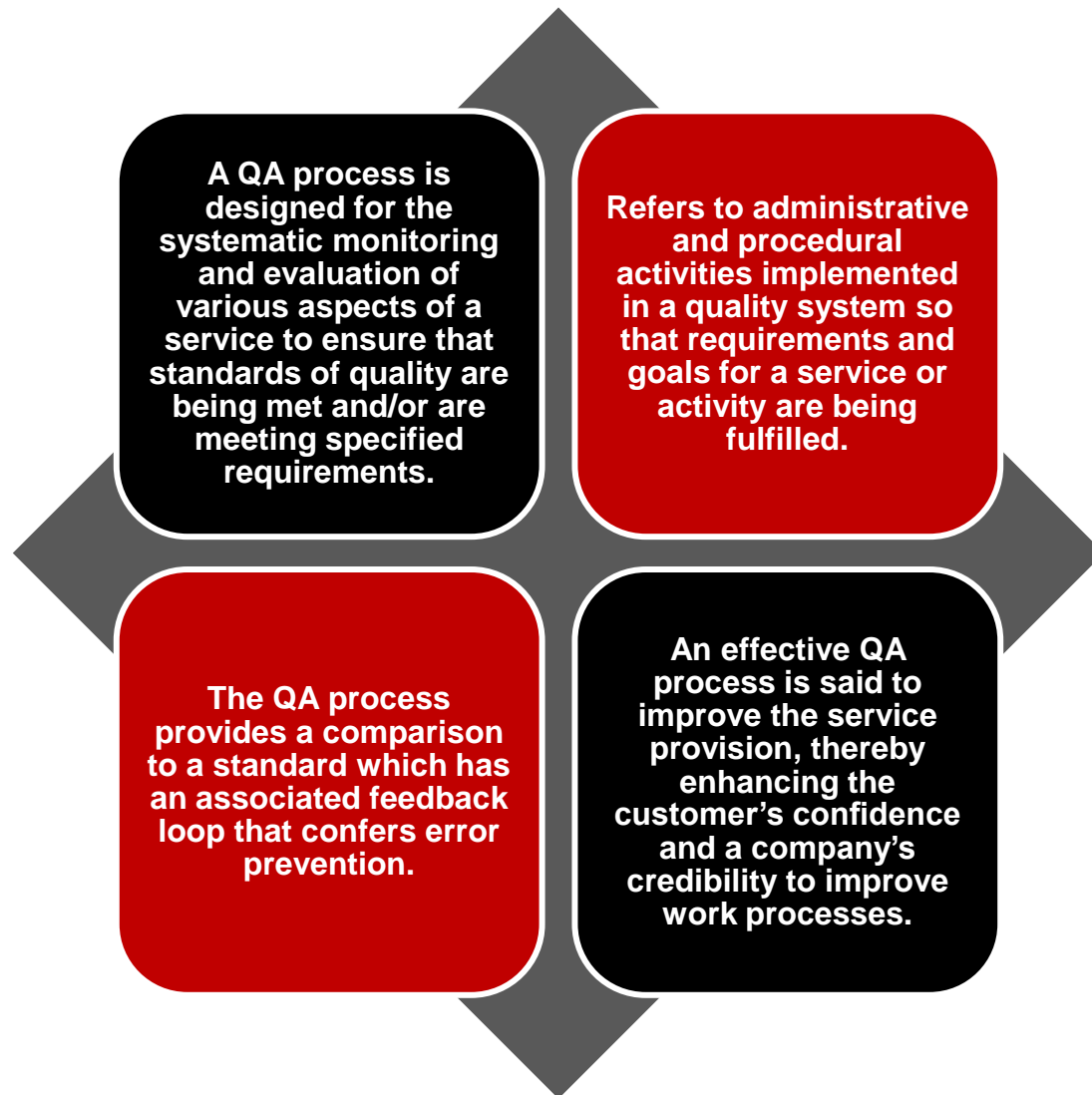


What does it mean for patients?

Achieving measurable improvements in the performance, accountability, and outcomes, of a service or process.



DEFINING QUALITY ASSURANCE



PERFORMANCE IMPROVEMENT



Tell me more...

Within organizational development it is the concept of change. It is employed by managers and the governing body in which the objective is to measure the current level of performance and then generates ideas for modifying behavior and infrastructure which are activated to achieve higher output and to improve the service.

HISTORY OF QUALITY ASSURANCE



From the beginning...

- Evidence seen during WWI
- Inspectors introduced to inventory workmanship of assembly lines
- Led to growth of quality inspections functions
- QA is not limited to manufacturing, can apply to any business or non-business activity
- The design is to establish a behavior pattern which supports the achievement of quality

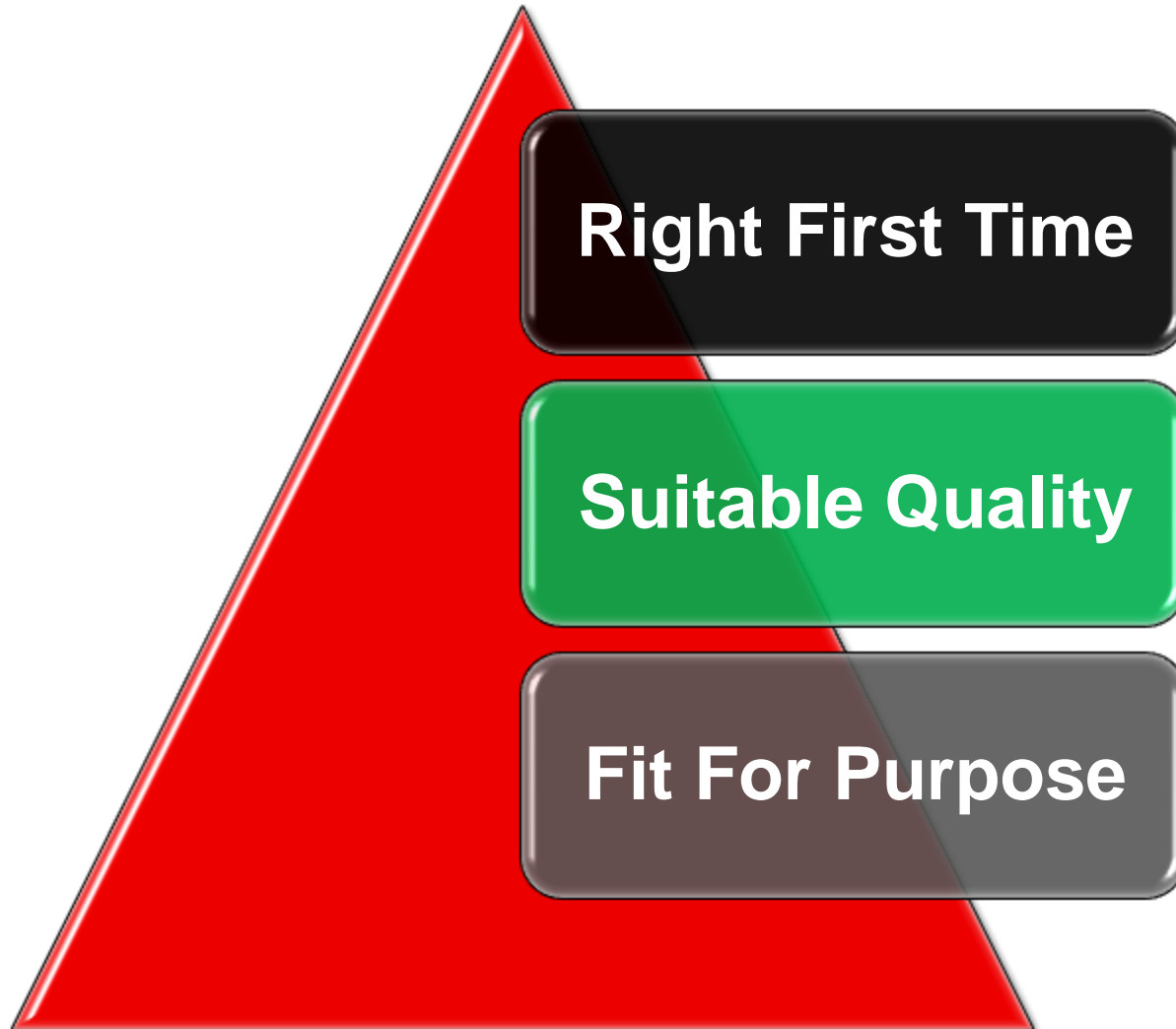
HISTORY OF QUALITY ASSURANCE IN HEALTHCARE



Establishment in healthcare...

- Early 19th century medicine was disorganized and of poor quality
- Adoption of “minimum standards” in 1917 (profession adds quality assurance)
- Joint Commission formed (later became JHACO)
- JHACO becomes the preferred credentialing agency
- 1981 introduced a new quality assurance standard
- 1988 Agenda for Change

PRINCIPLES OF QUALITY ASSURANCE



MAJOR ELEMENTS OF QUALITY ASSURANCE



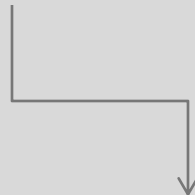
Assessment of patient care parameters that have a substantial effect on treatment outcomes



Use of objective criteria and/or standards developed by peer-professionals as the measure of quality care



Elimination of impediments that restrict the benefits of care



THE GOAL IS MEASURABLE IMPROVEMENT IN PATIENT CARE THAT CAN BE REASONABLY ATTRIBUTED TO THE QUALITY ASSURANCE IMPROVEMENT ACTION

HOW TO IMPLEMENT A Q.A. PROCESS IN YOUR ORGANIZATION

Action Items

- Plan an analysis that establishes the objectives or the expected results and creates a plan of action. By starting from the end result and working backwards.
- Do implementation of the plan.
- Check measurements of the objectives to see how closely they meet expectations. This is important as it allows for adjustments to the plan if necessary.
- Act by implementing the changes identified in the check phase (recommendations).



RELATED PERSONAL DEVELOPMENT

Medication Reconciliation Criteria Overall Compliance 79%

- 1 •Medications are reconciled at admission...79%
- 2 •List includes all patient medications...79%
- 3 •List includes allergies...79%
- 4 •List includes name, dose, route and frequency...79%
- 5 •List is updated (when meds are d/c)...79%
- 6 •List is updated (when new meds are started)...79%
- 7 •List provided to next service provider...83%
- 8 •List provided to patient on discharge...63%
- 9 •List provided with instructions to maintain...83%

Accurate Patient Records Criteria Overall Compliance 79%

- 1 •Orders for care are authenticated by author, dated and timed...100%
- 2 •Care provided matches the most current orders by physician...100%
- 3 •Patient education is documented in the record...82%
- 4 •Care plans are updated to reflect the current patient status...35%
- 5 •Wounds have a documented grade or stage...67%
- 6 •Medications are administered and documented appropriately in the record...86%

AREAS OF OPPORTUNITY

Medication Reconciliation

- ☐ Errors found primarily involved inpatient charts
- ☐ MARS were never transferred from inpatient records to HBO records
- ☐ Lack of staff awareness to obtain and print hospital inpatient MARS (staff not familiar with accessing the hospital records)
- ☐ Inpatients were transferred to other facilities prior to notification of HBO staff
- ☐ Inpatients were discharged by referring physician without any communication of such prior to completion of HBO treatments

Accurate Patient Records

- ☐ Staff failed to obtain necessary information for proper documentation
- ☐ Failure of staff to obtain patient signatures
- ☐ Failure of staff to sign in proper place
- ☐ Full documentation of meds administered incomplete (performed in nurses notes but not in MAR or vice versa)
- ☐ Care plans initiated but not reassessed
- ☐ Lack of cues or visual triggers for tasks

IMPROVEMENT PLAN 1



Educate Staff

- ☐ Instruct staff on how to access hospital electronic records system
- ☐ Instruct staff on how to obtain the inpatient electronic MAR records
- ☐ Instruct staff on how to print electronic MAR
- ☐ Demonstrate to staff how to transfer records to HBO MAR (per website form)

Coordinate with Hospital Personnel

- ☐ Include managers, assistant managers, charge nurses, etc.
- ☐ Perform in-service on various floors to discuss HBO expectations in regards to transfers and discharges
- ☐ In-service should provide hospital personnel (floors) with HBO literature so that they understand our role with their patients

Determine Staff Involvement

- ☐ Discuss specifically who will be involved
- ☐ Decide roles/responsibilities of staff

Assign Completion Date

- ☐ Determine an endpoint
- ☐ Reassess or reevaluate

IMPROVEMENT PLAN 2



Design a Patient Board

- ☐ Patient board acts as a visual trigger that will give cues to staff

Pre-Package Charts

- ☐ When packing charts ensure that all necessary forms are available for documentation

Assign Primary Lead Educator

- ☐ This role assumes the responsibility of obtaining all patient information and signatures upon initial consultation

Leadership Accountability

- ☐ Nurse Manager review of charts at end of each business day(may delegate this role in their absence)

Determine Staff Involvement

- ☐ Discuss specifically who will be involved
- ☐ Decide roles/responsibilities of staff

Assign Completion Date


- ☐ Determine an endpoint
- ☐ Reassess or reevaluate

PATIENT BOARD

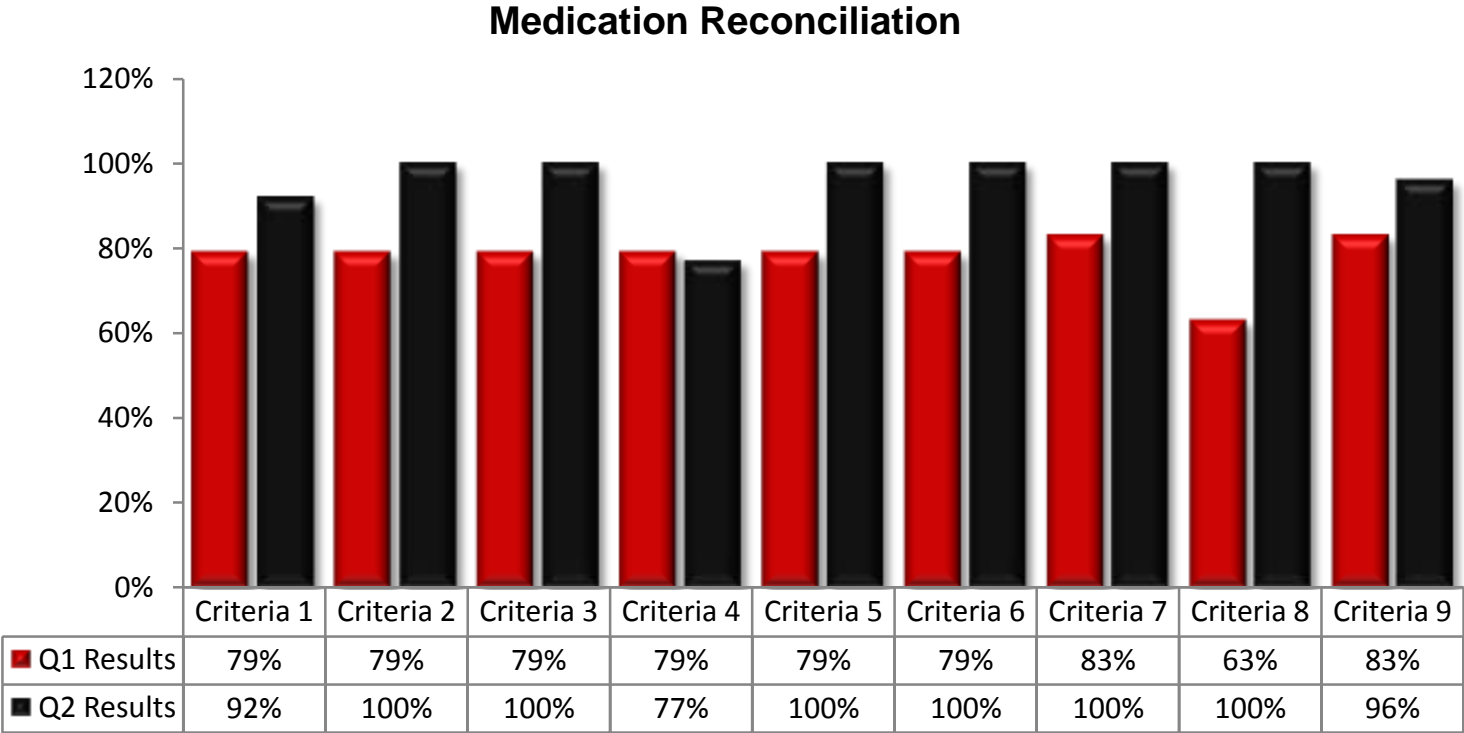
5 HYPERBARIC MEDICINE - PATIENT DATA

TIME	PATIENT <small>ALPH. NAME, ROOM, DOWEL</small>	TS #	DEATH/COMS	TS PRESSURE	CODE EDGE	CARE PLANS	PHOTO SHE	MSD LIST	PHYS AUTH	TCOM	NOTES COMMENTS
8:15											
8:15											
8:30											
8:30											
10:15											
10:15											
10:30											
10:30											
12:15											
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**CONSULTS**

**TCOMS**

MEDICATION RECONCILIATION RESULTS



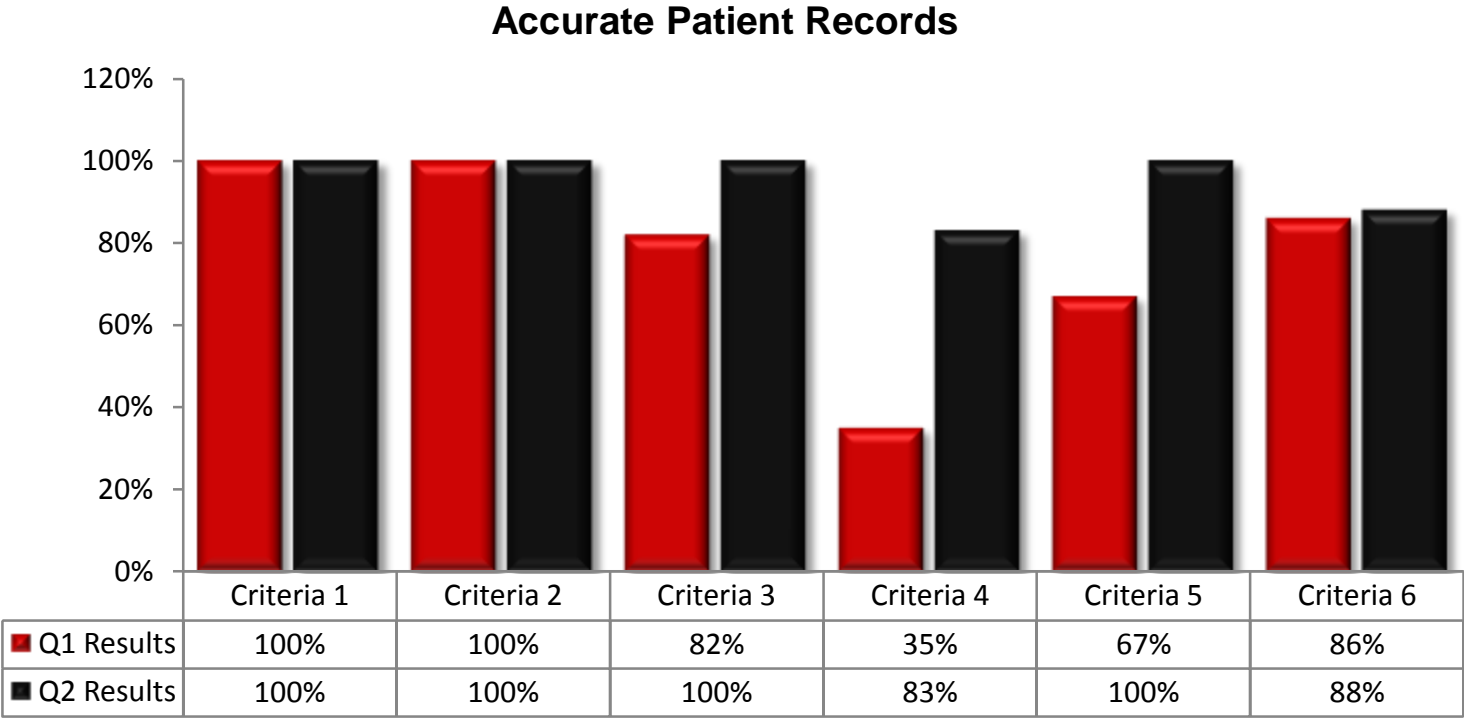
Quarterly Results Q1

•Overall Compliance 79%

Quarterly Results Q2

•Overall Compliance 96%
•Increase 17%

ACCURATE PATIENT RECORDS RESULTS



Quarterly Results Q1

•Overall Compliance 79%

Quarterly Results Q2

- Overall Compliance 95%
- Increase 16%

KEY POINTS TO REMEMBER



8 Step Process

- ◉ Be proactive
- ◉ Educate staff
- ◉ Be realistic
- ◉ Make the plan simple and easy to implement
- ◉ Include all staff
- ◉ Process should be secure and confidential
- ◉ Performed in a timely matter
- ◉ Information should be reportable for tracking and trending purposes

BENEFITS OF QA PROGRAM



- ✓ Measures 'actionable' information
- ✓ Reflects care rendered
- ✓ Holds clinicians accountable
- ✓ Demonstrates how providers improve/change outcomes
- ✓ Educational reminders to clinicians about correct process
- ✓ Regulatory agencies require evidence regarding health care quality

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