SURGICAL PRECISION IN QUALITY MANAGEMENT

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OBJECTIVES

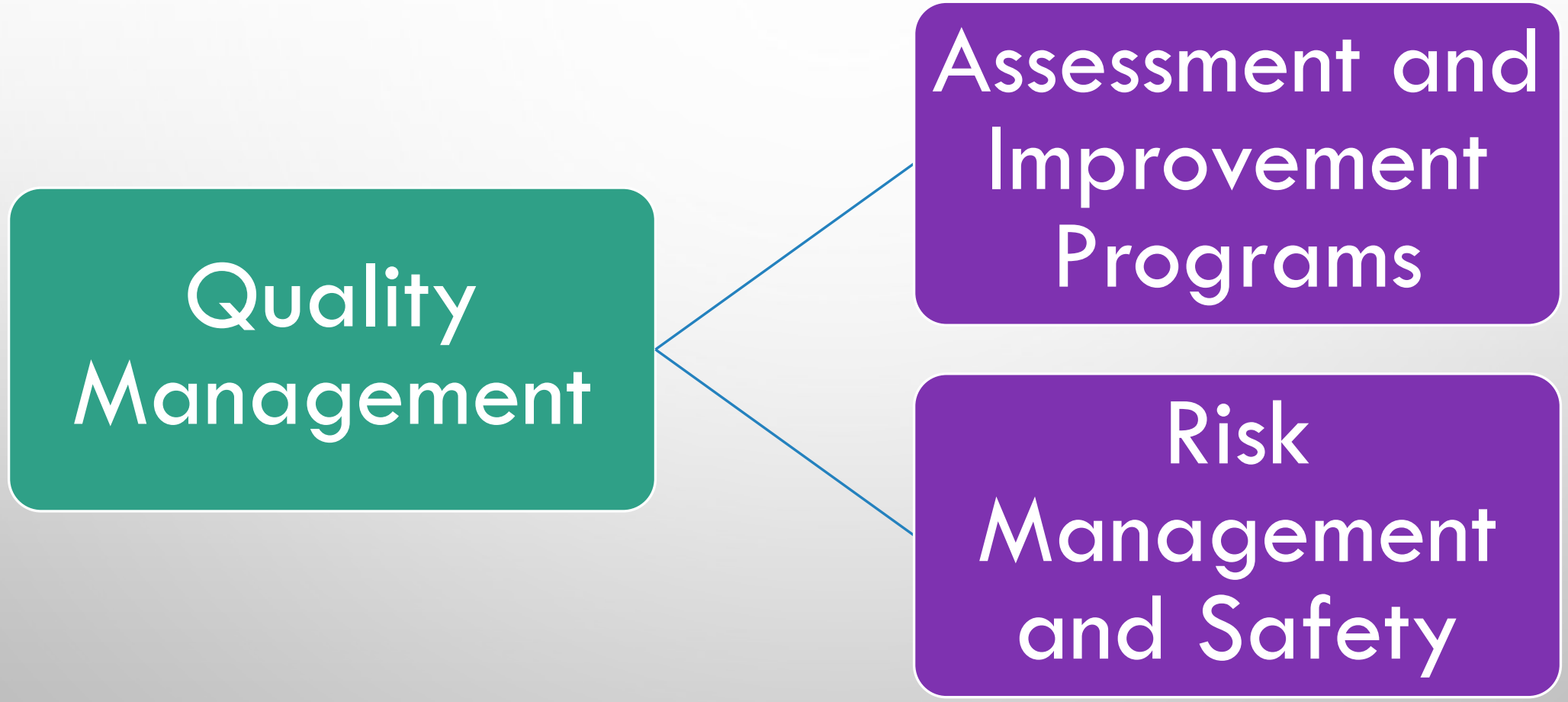
1. DESCRIBE 2 MAIN COMPONENTS OF THE QUALITY PROGRAM
2. STATE THE IMPORTANCE OF IDENTIFYING AND REPORTING NEAR MISSES
3. IDENTIFY 2 POSSIBLE QUALITY STUDIES THAT COULD BE PERFORMED AT YOUR CENTER

QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT (QAPI, CQI, QA, PI)

- STRIVE TO IMPROVE THE QUALITY OF CARE AND PROMOTE MORE EFFECTIVE AND EFFICIENT UTILIZATION OF FACILITIES AND SERVICES:
  - PROACTIVE
  - INTEGRATED
  - ORGANIZED
  - PEER-BASED
- REGULATORY REQUIREMENTS
  - ONGOING
  - DATA-DRIVEN

High Reliability Organization

QUALITY MANAGEMENT COMPONENTS



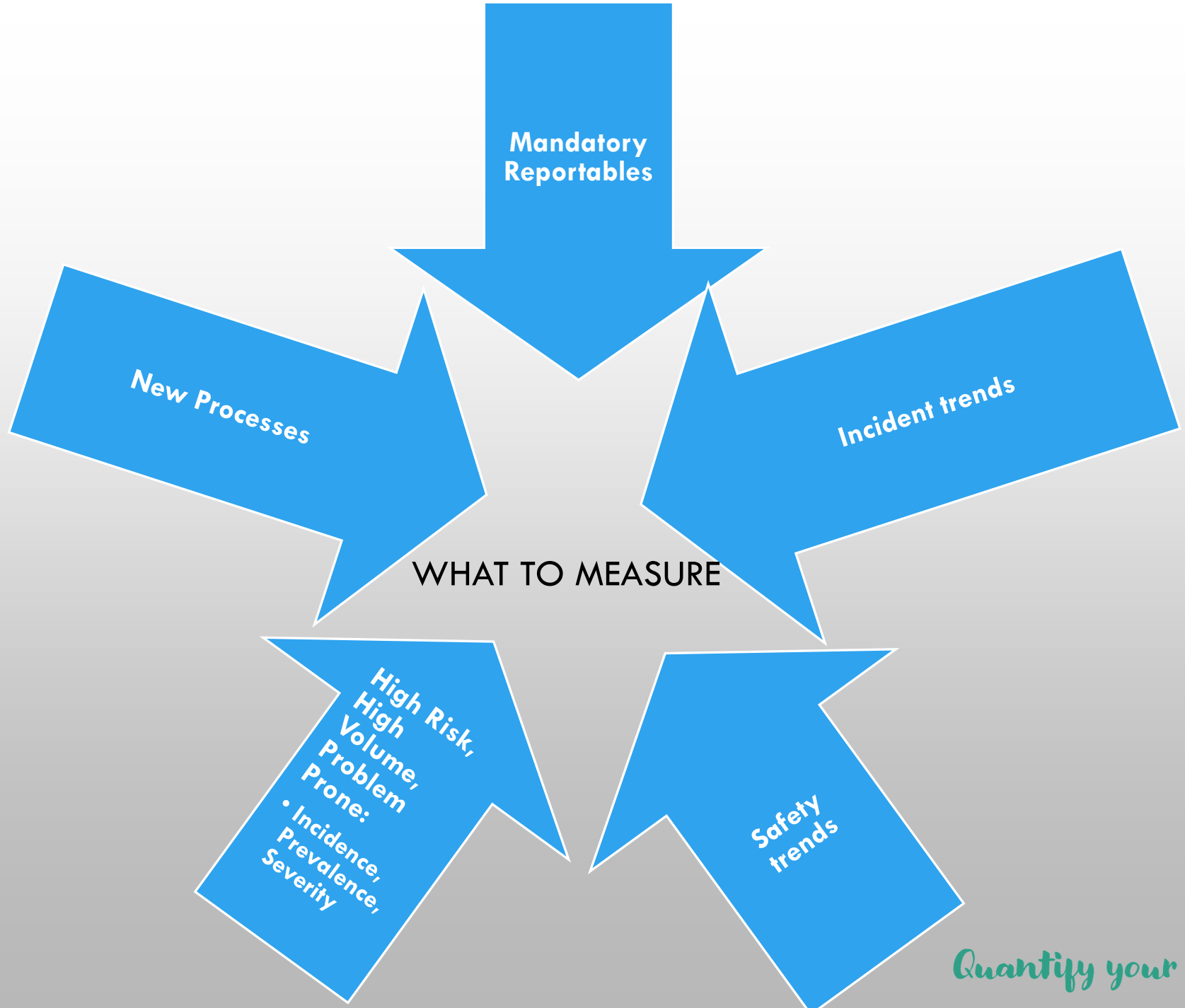
PROGRAM SCOPE REQUIREMENTS

Written Program:

- Demonstrate measurable improvement in patient health outcomes
- Improves patient safety by using indicators or performance measures with improved health outcomes and
- Identify and reduce medical errors

Measure, analyze, and track:

- Quality indicators
- Adverse patient events
- Infections
- Other care and services



Quantify your outcomes

QUALITY PROGRAM DRIVERS

TWO GENERAL ACTIVITIES

1. **ON-GOING EVALUATION**
   - PEER REVIEW
   - AUDITS AND SURVEILLANCE

     (IP, PHARMACY, HAND-HYGIENE, MEDICATION SAFETY, ENVIRONMENTAL, SPD, SAFETY ISSUES)
   - BO FUNCTIONS AND TARGETS
   - RESULTS OF DRILLS
   - ANCILLARY SERVICES EVALUATION
   - SATISFACTION/ENGAGEMENT

TWO GENERAL ACTIVITIES

2. INDICATOR MEASUREMENT

- OUTCOMES INDICATORS (RESULTS OF CARE):

  COMPLICATION RATES, HEALTHCARE-ASSOCIATED INFECTION RATES, CASES EXCEEDING 24 HOURS, TRANSFERS, WRONGS)

- PROCESS OF CARE (HOW OFTEN STANDARD WAS MET):

  ADMINISTRATION AND TIMING OF PROPHYLACTIC ANTIBIOTICS, NORMOTHERMIA)

- PATIENT PERCEPTION (EXPERIENCE OF THE CARE)

  OAS CAHPS, PATIENT GRIEVANCES

Remove barriers to exceptional care

RISK MANAGEMENT

System examples	Proactive risk assessment Procedures for responses to errors Ongoing evaluations of identified risk areas
Adverse Occurrences and Incidents examples	Patient incident Root Cause Analysis (RCA)
Effect and Cost examples	Poor patient outcomes Cost to business (licensure/liability claim)

Invest in risk reduction, otherwise, it's risky business!

MISTAKES

- INEVITABLE
- NO SHAME – BUILD TRUST SO THAT TEAMMATES DISCLOSE
- HOW THE ORGANIZATION RESPONDS DIFFERENTIATES AVERAGE ORGANIZATIONS FROM GREAT ONES
  - TAKE RESPONSIBILITY
  - ADDRESS APPROPRIATELY
  - DIG INTO WHY THIS HAPPENED – PREVENT FUTURE INCIDENCES
- LEADERS HAVE THEIR TEAMS BACK – BE THE LEADER THAT YOU WOULD FOLLOW

NEAR MISSES

- HAS THE POTENTIAL TO CAUSE AN ADVERSE EVENT (PATIENT HARM) BUT FAILS TO DO SO BECAUSE OF CHANCE OR BECAUSE IT WAS INTERCEPTED." (WHO)
- GOLD NUGGET
- BUILD TRUST FOR VOLUNTARY DISCLOSURE
- RELENTLESSLY DIG INTO PROCESSES
- CONSEQUENCES OF NOT PROPERLY ADDRESSING
  - IT DOES HAPPEN
  - REGULATORY FINES
  - INCREASED SCRUTINY FROM ACCREDITATION BODIES
  - LEGAL IMPLICATIONS
  - DAMAGE TO REPUTATION

Shortcuts cut life short

CULTURE OF SAFETY

- High-risk nature of an organization's activities and the determination to achieve consistently safe operations
- A blame-free environment where individuals can report errors or near misses without fear of reprimand or punishment
- Encouragement of collaboration across the ranks and disciplines to seek resolutions to patient safety problems
- Organizational commitment of resources to address safety concerns
- Standardized processes to achieve replication

"WE ARE WHAT WE REPEATEDLY DO. EXCELLENCE, THEN IS NOT AN ACT, BUT A HABIT."

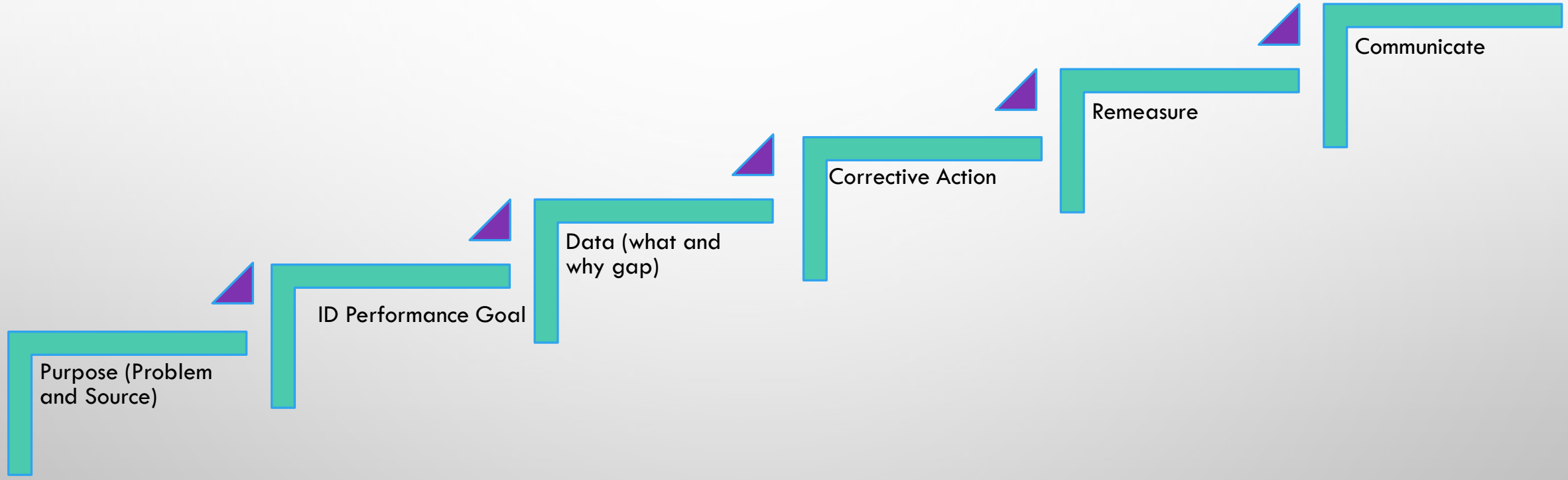
~ARISTOTLE

QAPI STUDIES/PROJECTS

CMS:

- "…NUMBER AND SCOPE OF DISTINCT IMPROVEMENT PROJECTS CONDUCTED ANNUALLY MUST REFLECT THE SCOPE AND COMPLEXITY OF THE ASC SERVICES AND OPERATIONS."
- DOCUMENTATION AT A MINIMUM MUST INCLUDE REASONS FOR IMPLEMENTING THE PROJECT AND A DESCRIPTION OF THE PROJECT RESULTS

QAPI PROJECT



AAAHC V43 Model

QUALITY STUDY IDEAS

Risk Assessment for the Infection Surveillance, Prevention and Control (ISPC) Program

Year: 20___

Organization Name: _____

Date of Report: _____

Event or Condition	What is potential impact of event/condition on patients and staff?				What is probability of event/condition occurring?				What is organization's preparedness to deal with this event/condition?				Numerical risk level
	High (3)	Med (2)	Low (1)	None (0)	High (3)	Med (2)	Low (1)	None (0)	None (3)	Poor (2)	Fair (1)	Good (0)	Total
COMMUNITY & POPULATIONS SERVED:													
EMERGING INFECTIOUS DISEASE													
POTENTIAL FOR SPECIFIC INFECTION:													

Event or Condition	What is potential impact of event/condition on patients and staff?				What is probability of event/condition occurring?				What is organization's preparedness to deal with this event/condition?				Numerical risk level
	High (3)	Med (2)	Low (1)	None (0)	High (3)	Med (2)	Low (1)	None (0)	None (3)	Poor (2)	Fair (1)	Good (0)	Total
CARE PRACTICES:													
INSTRUMENT & MEDICAL DEVICE CLEANING, DISINFECTION & HANDLING													
ENVIRONMENT OF CARE:													
EMERGENCY MANAGEMENT:													

NOW WHAT.....ACTIONS!

GOALS AND OBJECTIVES

RISK EVENT/ CONDITION	GOAL	OBJECTIVE (measurable, includes timeframe for completion)

RISK EVENT/ CONDITION	GOAL	OBJECTIVE (measurable, includes timeframe for completion)	STRATEGIES	IMPLEMENTATION	
				Respon-sible Person(s)	Method for Evaluating Effectiveness

HAZARD AND VULNERABILITY ASSESSMENT TOOL
NATURALLY OCCURRING EVENTS

EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
	Likelihood this will occur	*Possibility of death or injury*	*Physical losses and damages*	*Interuption of services*	*Preplanning*	*Time, effectivness, resouces*	*Community/ Mutual Aid staff and supplies*	*Relative threat**
SCORE	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = High 2 = Moderate 3 = Low or none*	*0 = N/A 1 = High 2 = Moderate 3 = Low or none*	*0 = N/A 1 = High 2 = Moderate 3 = Low or none*	*0 - 100%*
Hurricane	1	1	1	1	3	3	3	**22%**
Tornado	1	1	1	1	3	3	3	**22%**
Severe Thunderstorm	2	1	1	2	3	3	3	**48%**
Snow Fall	3	2	1	2	2	2	2	**61%**

FACILITY SUMMARY OF HAZARD ANALYSIS

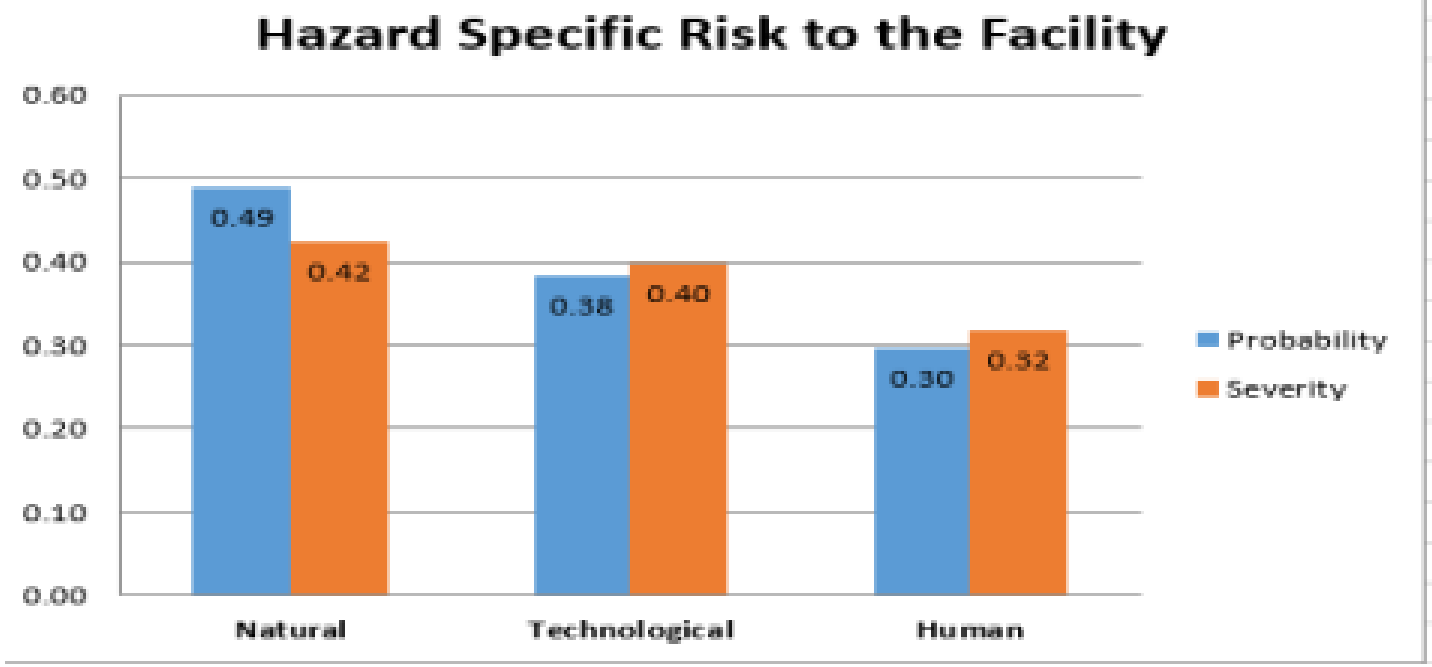
Instructions for Summary Worksheet

-The data table and graphs are formatted to auto-fill as the *Hazard Worksheets* are completed

-Cell C5 will change colors automatically depending on the calculated risk

OVERALL RISK TO THE FACILITY	0.15			
	Natural	Technological	Human	FACILITY
Probability	0.49	0.38	0.30	0.39
Severity	0.42	0.40	0.32	0.38
Hazard Specific Risk	0.21	0.15	0.09	0.15

Color Scale	
	Acceptable
	Acceptable with Review
	Undesirable
	Unacceptable



AND HAVE YOU THOUGHT OF…..

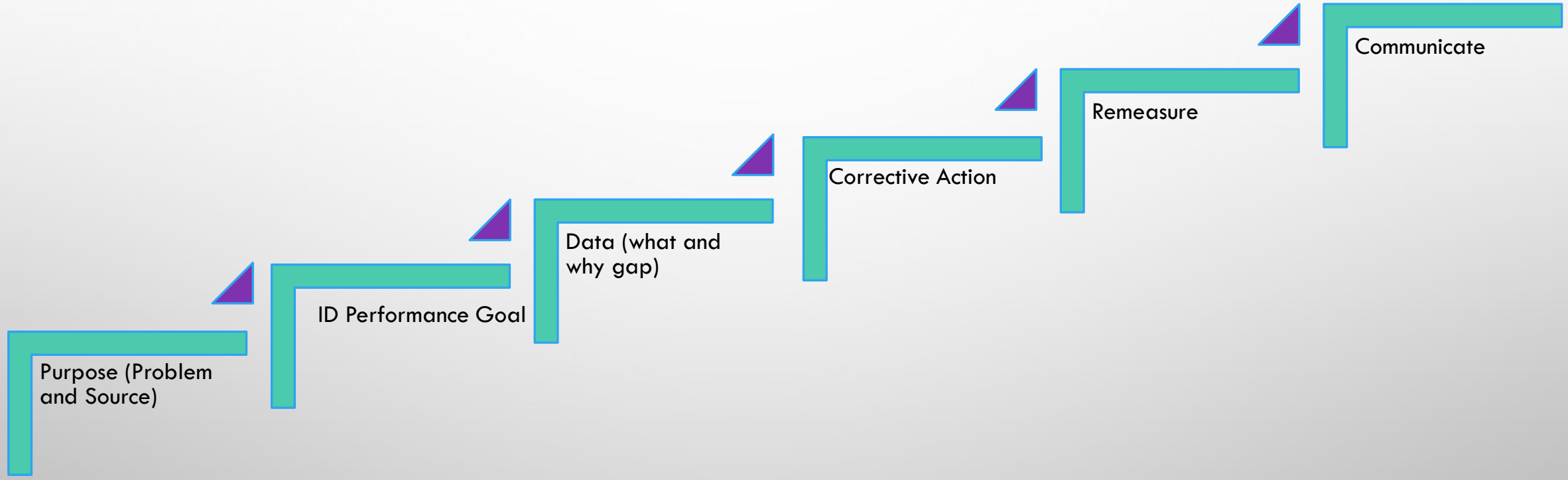
Results from Risk Assessments	Pre-operative phone calls	Follow phone calls	Insurance verifications	Patient arrivals
Sterilization issues	Use of contracted staffing	Extended stays	Instrument reprocessing	Environmental cleaning

OR POSSIBLY….

Cancellations	New EMR audits	Medical records completion	Exhibit form 351 audits	Results of Drills	Implementation of new patient engagement survey
Surgical preps	Time outs	BO functions	Safe medication practices	ABHR placement	On-time starts

HOW DO YOU ROLL OUT INITIATIVES?

QAPI PROJECT



AAAHC V43 Model

- WHO IS INVOLVED IN IDENTIFYING INITIATIVES?
- WHO MAKES RECOMMENDATIONS TO THE BOARD FOR APPROVAL?
- HOW ARE GOALS SET?
- HOW DO YOU INFORM EVERYONE?
  - SUMMARY PAGE
  - POST IN LOUNGE
  - MEETINGS….
- HOW IS THE DATA GATHERED?
- WHEN IS THE STUDY UPDATED?
- CELEBRATE!

HOW DO YOU MEASURE SUCCESS OF YOUR PROGRAM?

QAPI Self-Assessment Tool

Directions: Use this tool as you begin work on QAPI and then for annual or semiannual evaluation of your organization's progress with QAPI. This tool should be completed with input from the entire QAPI team and organizational leadership. This is meant to be an honest reflection of your progress with QAPI. The results of this assessment will direct you to areas you need to work on in order to establish QAPI in your organization. You may find it helpful to add notes under each item as to why you rated yourself a certain way.

Date of Review:_____ Next review scheduled for:_____

Rate how closely each statement fits your organization	Not started	Just starting	On our way	Almost there	Doing great
Our organization has developed principles guiding how QAPI will be incorporated into our culture and built into how we do our work. For example, we can say that QAPI is a method for approaching decision making and problem solving rather than considered as a separate program. Notes:					
Our organization has identified how all service lines and departments will utilize and be engaged in QAPI to plan and do their work. For example, we can say that all service lines and departments use data to make decisions and drive improvements, and use measurement to determine if improvement efforts were successful. Notes:					
Our organization has developed a written QAPI plan that contains the steps that the organization takes to identify, implement and sustain continuous improvements in all departments; and is revised on an ongoing basis. For example, a written plan that is done purely for compliance and not referenced would not meet the intent of a QAPI plan. Notes:					
Our board of directors and trustees (if applicable) are engaged in and supportive of the performance improvement work being done in our organization. For example, it would be evident from meeting minutes of the board or other leadership meetings that they are informed of					

Quality is NEVER an accident. It is always the result of intelligent effort.

~John Ruskin

RESOURCES

- State Operations Manual Appendix L – Guidance for Surveyors: Ambulatory Surgical Centers
- AAAHC at www.aaahc.org
- Ambulatory Surgery Center Association at www.ascassociation.org
- Office of Civil Rights (OCR)
- Centers for Disease Control and Prevention (CDC)
- AHQR Self Assessment tool for QAPI program
- APIC Risk Assessment for Infection Surveillance, Prevention and Control (ISPC) Program
- Kaiser HVA tool

ICAR RESOURCES LIST SERVES FROM MDH

INFECTION CONTROL ASSESSMENT AND RESPONSE PROGRAM

- LISTSERVS
- SUBSCRIBE TO MN HEALTHCARE-ASSOCIATED INFECTIONS UPDATES
- SIGN UP FOR CDC.GOV EMAIL UPDATES

  SUBSCRIBE TO CDC EMAIL UPDATES, INCLUDING INFECTION CONTROL ANDHAIS.
- MEDWATCH: THE FDA SAFETY INFORMATION AND ADVERSE EVENT REPORTING PROGRAM

  SUBSCRIBE TO FDA ALERTS ABOUT DRUGS, MEDICAL DEVICES, VACCINES,AND OTHER BIOLOGICS, DIETARY SUPPLEMENTS, AND COSMETICS.