

Quality Update

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DDQHC (A)

MAY 2018 CALIFORNIA BEST PRACTICES



Our Mission

To raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level.



Quality Vision

IHS will provide patient-centered, timely, effective, safe, and reliable health care of the highest quality.

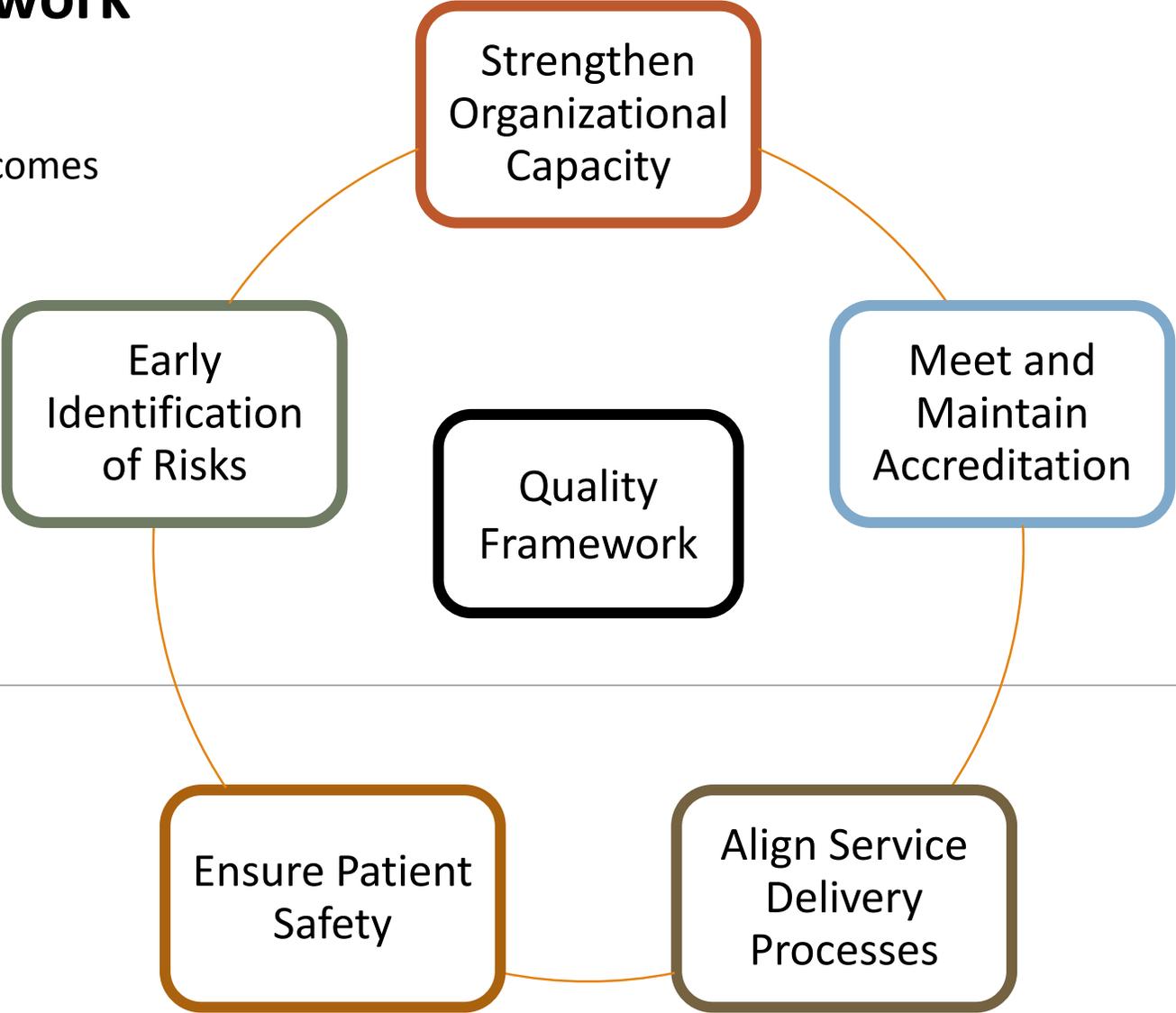


Quality Framework

Goals

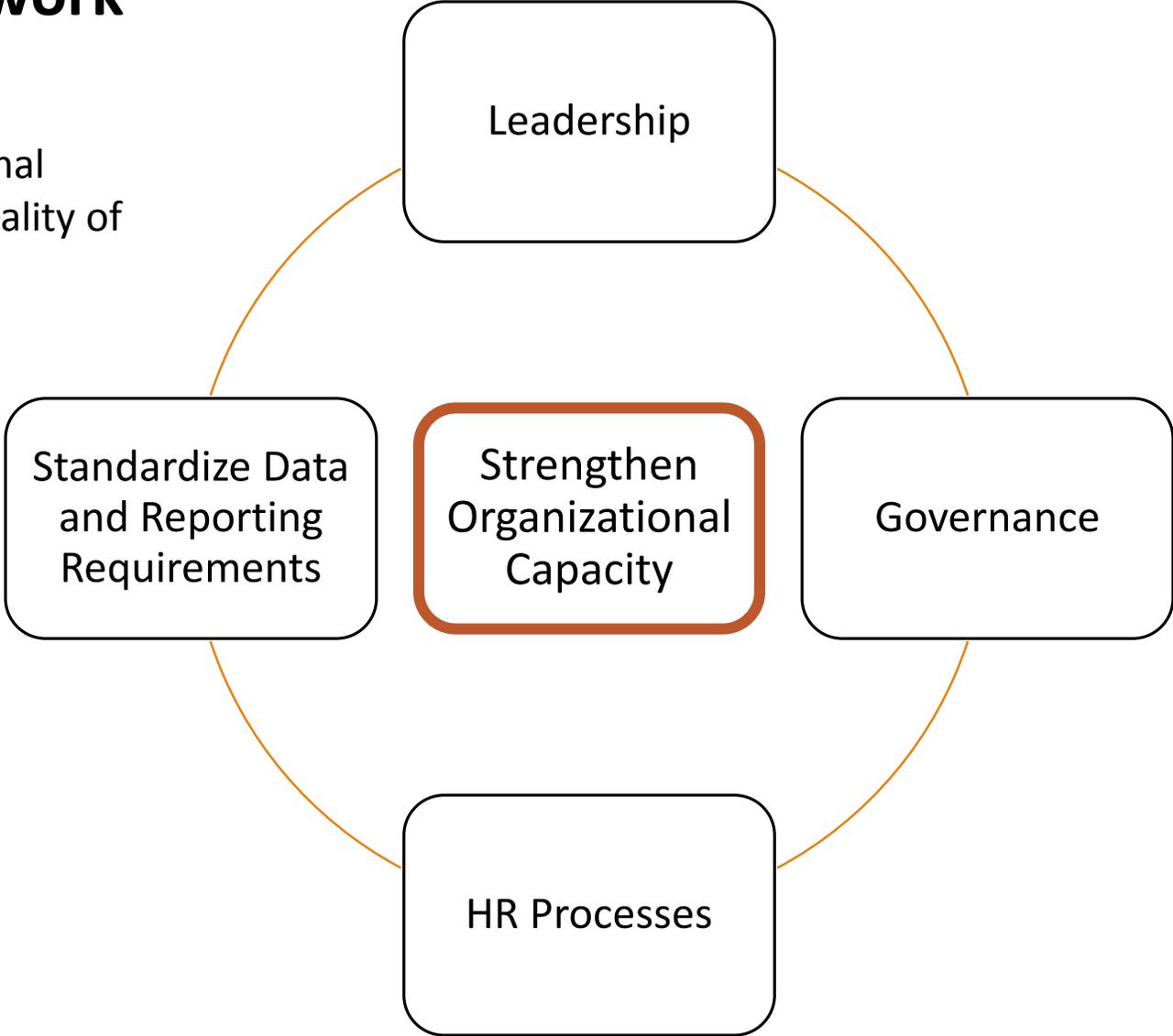
- 1. Improve Health Outcomes
- 2. Build Trust

Priorities



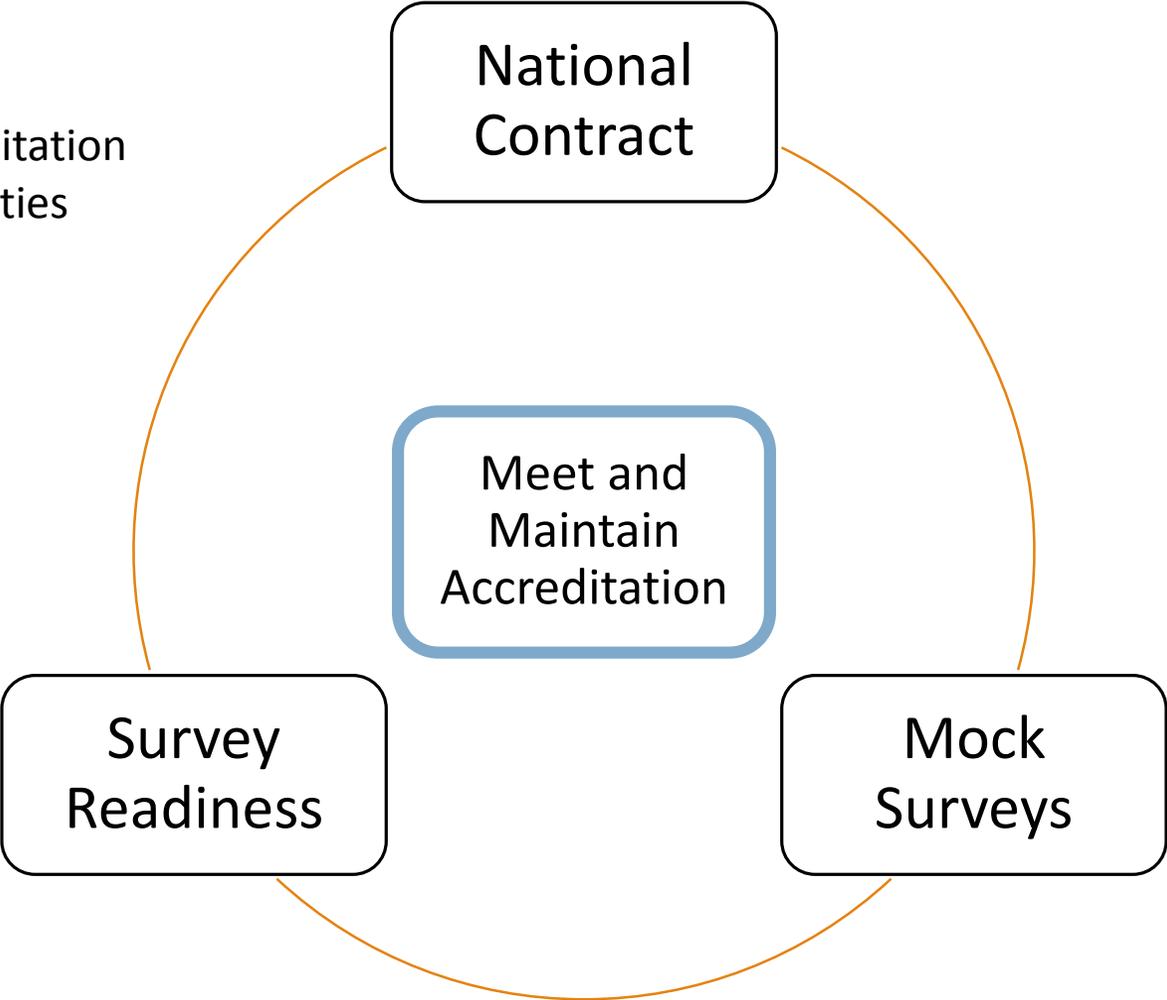
Quality Framework

Quality Priority 1
Strengthen Organizational
Capacity to Improve Quality of
Care and Systems



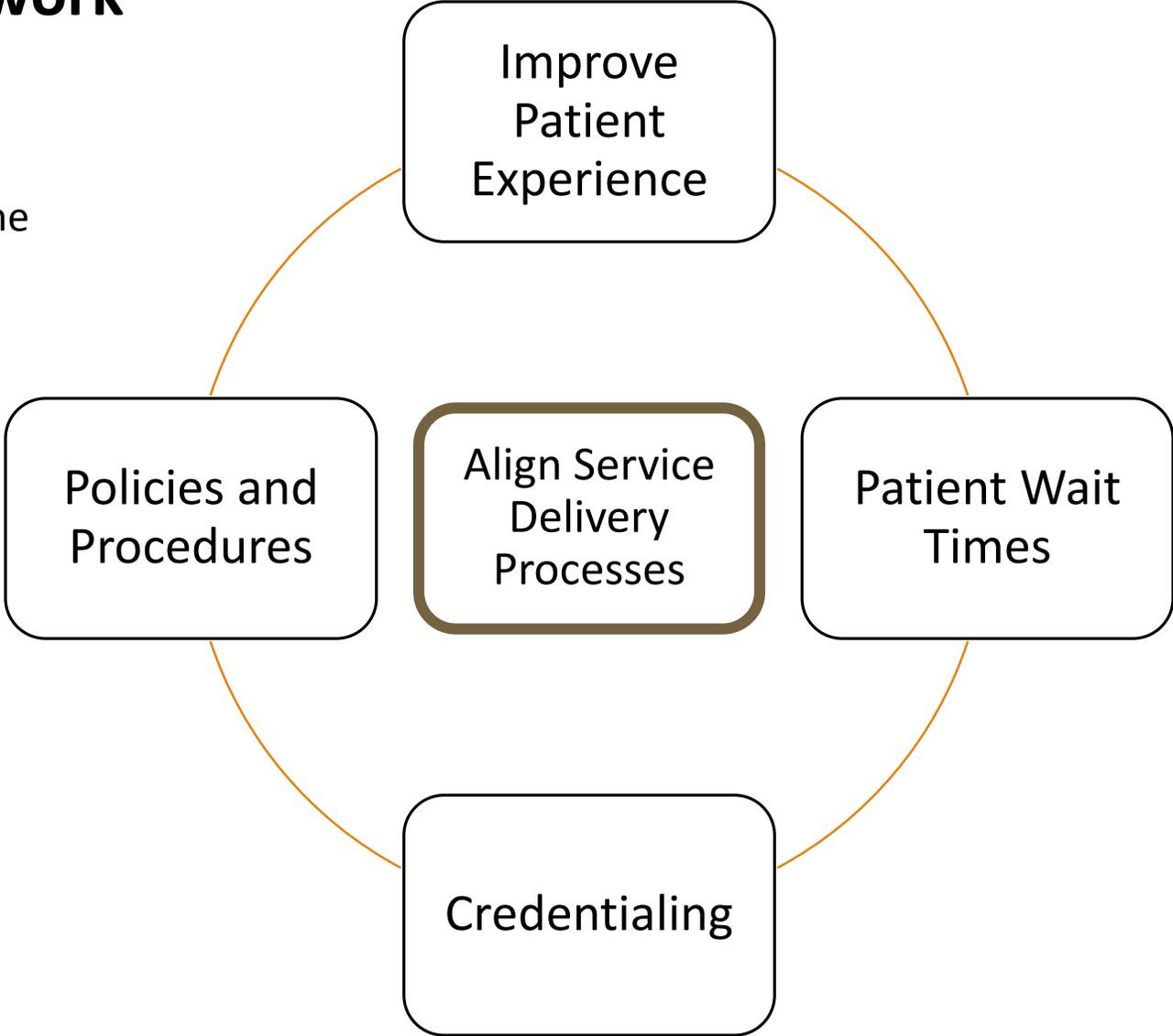
Quality Framework

Quality Priority 2
Meet and Maintain Accreditation
for IHS Direct Service Facilities



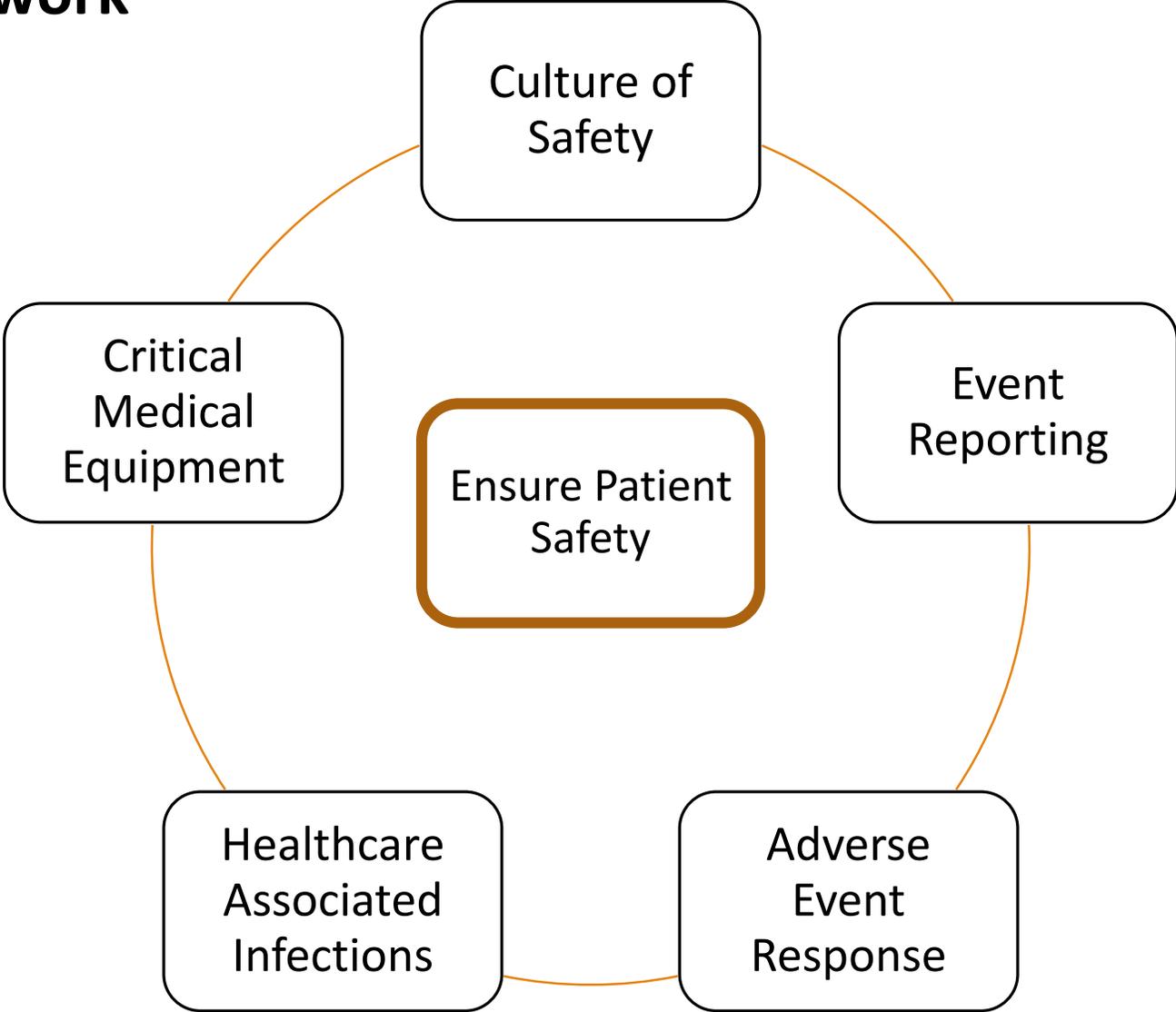
Quality Framework

Quality Priority 3
Align Service Delivery
Processes to Improve the
Patient Experience



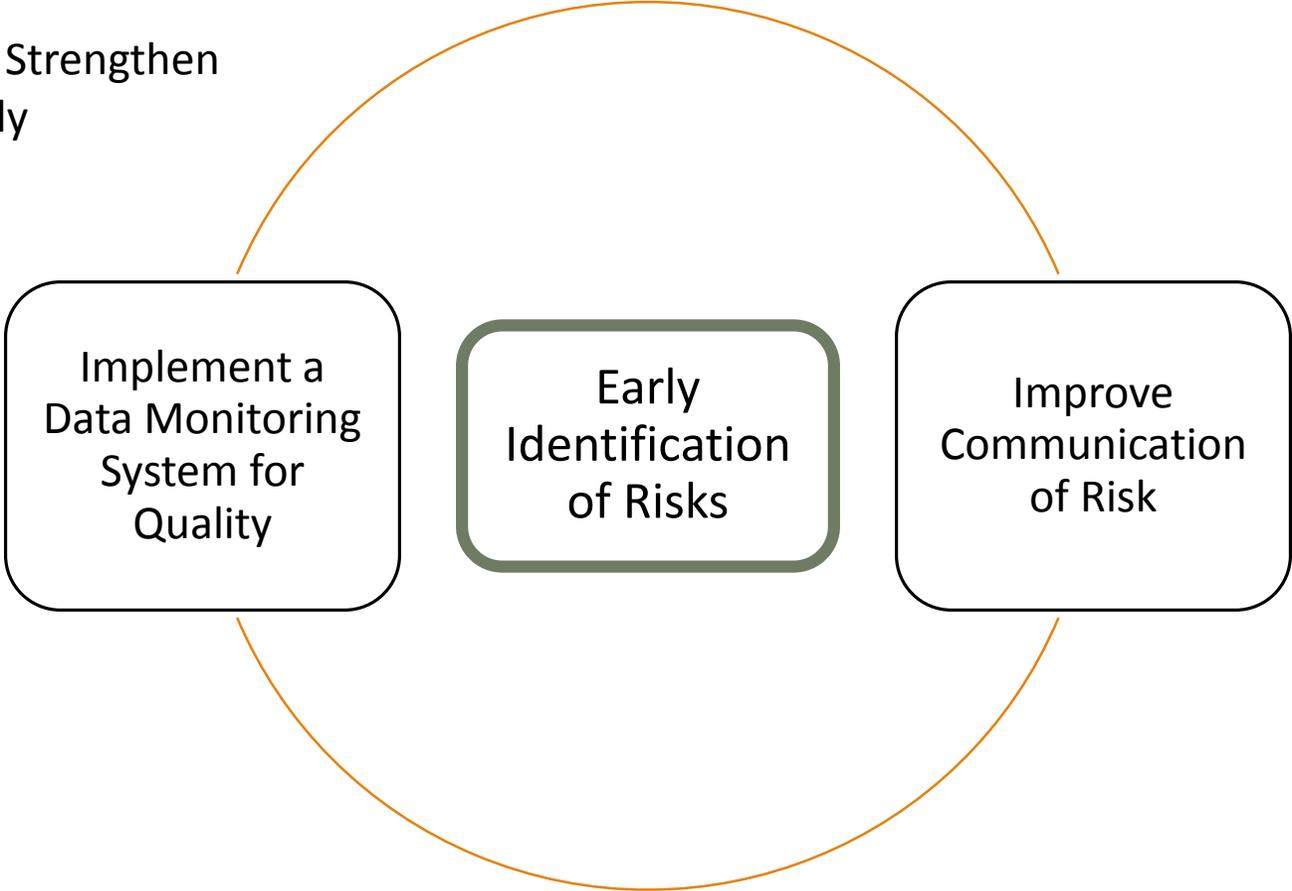
Quality Framework

Quality Priority 4
Ensure Patient Safety



Quality Framework

Quality Priority 5
Improve Processes and Strengthen
Communication for Early
Identification of Risks



Priority 1: National Accountability Dashboard for Quality (NAD-Q)

The NAD-Q tool

- ✓ Enables the ability to display information on hospitals, health centers and youth regional treatment centers managed by IHS, on demand and in real time
- ✓ Enables the ability to insert and update information, at any time or during the quarterly reporting cycle
- ✓ Supports the review and attestation of information entered by CMO's or area designees in support of the NAD-Q quarterly reporting cycle
- ✓ Enables the automatic generation of quarterly report from a consolidated repository



Accountability Measure Considerations

- Need for Accountability and Oversight!
- "When a measure becomes a target, it ceases to be a good measure." Charles Goodhart (1975)[i]
- "The more any quantitative social indicator is used for social decision-making, the more subject it will be to corruption pressures and the more apt it will be to distort and corrupt the social processes it is intended to monitor." Donald Campbell
- The **cobra effect**- occurs when an attempted solution to a problem makes the problem worse, as a type of unintended consequence.
- What is an Accountability Measure?



Data for Improvement, Accountability and Research in Health Care

Aspect	Improvement	Accountability or Judgment	Research
<u>Aim:</u>	Improvement of care processes, systems and outcomes	Choice, reassurance, spur for change	New generalizable knowledge
<u>Methods:</u>	Test observable	No test, evaluate current performance	Test blinded
<u>Bias:</u>	Accept consistent bias	Measure and adjust to reduce bias	Design to eliminate bias
<u>Sample Size:</u>	“Just enough” data, small sequential samples	Obtain 100% of available, relevant data	“Just in case” data
<u>Flexibility of Hypothesis:</u>	Hypothesis flexible, changes as learning takes place	No hypothesis	Fixed hypothesis
<u>Testing Strategy:</u>	Sequential tests	No tests	One large test
<u>Determining if a Change is an Improvement:</u>	Run charts or Shewhart control charts	No focus on change	Hypothesis, statistical tests (t-test, F-test, chi square, p-values)
<u>Confidentiality of the Data:</u>	Data used only by those involved with improvement	Data available for public consumption	Research subjects’ identities protected
<u>Frequency of Use:</u>	Daily, weekly, monthly	Quarterly, annually	At end of project

Source: The Data Guide: Learning from Data to Improve Healthcare. Developed from Solberg, Leif I., Mosser, Gordon and McDonald, Susan. “The Three Faces of Performance Measurement: Improvement, Accountability and Research.” Journal on Quality Improvement. March 1997, Vol.23, No. 3.

IHS website Quality page

U.S. Department of Health and Human Services



Indian Health Service

The Federal Health Program for American Indians and Alaska Natives

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Quality

National Accountability Dashboard for Quality

Government Performance and Results Act (GPRA)

Policy

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National Accountability Dashboard for Quality

NAD-Q

Quality measurement is an essential part of providing safe and effective, patient-centered care. Dashboards are a useful tool for easily displaying and monitoring key performance indicators across the organization. The Indian Health Service dashboard monitors and reports information on compliance with IHS policy requirements, accreditation standards, or regulations at hospitals and ambulatory health centers. The tool also supports oversight and management and will allow IHS to make fact-based decisions to ensure quality and safety of care.

IHS is [accepting feedback](#) on the dashboard from tribal leaders, partner organizations, IHS staff and the public. Your input will be used to continue to improve our quality efforts.

Dashboard Overview: The quality dashboard identifies key domains of quality for healthcare systems:

- Quality (efficient, effective, and equitable)
- Accreditation
- Workforce
- Patient-centered care
- Safety
- Timely care

[Fiscal Year-2018 Quarter 1](#)

The National Accountability Dashboard for Quality is published quarterly.

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+ ACTIVE QUALITY IMPROVEMENT PROGRAM (QIP)

+ ACCREDITED

ARCHIVES	
2018	+
Fiscal Year-2018 Quarter 1	
2017	+



National Accountability Dashboard for Quality

NAD-Q

FY-2018
Q1

ACTIVE QUALITY IMPROVEMENT PROGRAM (QIP)

The national percentage of ambulatory facilities that have an active Quality Improvement Program (QIP) documented in a policy that includes the collection, aggregation, analysis, and reporting of quality improvement data.

Why is this important?
Active quality improvement programs lead to better and safer care while also a requirement for CMS certification and accreditation.

 **INDIAN HEALTH SERVICE HOSPITALS**
88%

FACILITIES - 26

 **AMBULATORY HEALTH CENTERS**
100%

FACILITIES - 30

IHS NATIONAL TARGET 100%

ACCREDITED

The national percentage of IHS hospitals and ambulatory facilities that have earned and maintained accreditation by a National Healthcare Accreditation Organization.

Why is this important?
Accreditation indicates the quality and safety of care services at healthcare facilities.

 **INDIAN HEALTH SERVICE HOSPITALS**
77%

FACILITIES - 26

 **AMBULATORY HEALTH CENTERS**
97%

FACILITIES - 30

IHS NATIONAL TARGET 100%

SAFETY REPORTING

The national percentage of IHS healthcare facilities that access, review, and address patient safety event reports to prevent future similar safety incidents/adverse events.

Why is this important?
Safety reporting leads to prevention of recurring safety risks.

 **INDIAN HEALTH SERVICE HOSPITALS**
100%

FACILITIES - 26

 **AMBULATORY HEALTH CENTERS**
100%

FACILITIES - 30

IHS NATIONAL TARGET 100%



National Accountability Dashboard for Quality

NAD-Q

FY-2018
Q1

EMERGENCY PREPAREDNESS

The national percentage of facilities that have an Emergency Preparedness and Response Plan documented in policy and exercised in accordance with policy.

Why is this important?
An Emergency Preparedness Response Plan ensures readiness for continued service should a major event occur (for example, Severe Winter Storm).

INDIAN HEALTH SERVICE HOSPITALS

100%

FACILITIES - 26

AMBULATORY HEALTH CENTERS

100%

FACILITIES - 30

IHS NATIONAL TARGET 100%

PATIENT-CENTERED MEDICAL HOME (PCMH)

The national percentage of Indian Health Service (IHS) ambulatory care facilities that have achieved Patient-Centered Medical Home (PCMH) recognition to promote high quality patient care, enhance the patient experience, support population health and improve the work environment within the Indian Health Service system. PCMH recognition is a recognition of a level of quality of care better than routine accreditation.

Why is this important?
Patient Centered Medical Home recognition indicates care services designed around patients to improve patient outcomes.

INDIAN HEALTH SERVICE HOSPITALS

8%

FACILITIES - 26

AMBULATORY HEALTH CENTERS

67%

FACILITIES - 30

IHS NATIONAL TARGET 100% BY DECEMBER 2021

OPIOID POLICY

The national percentage of IHS Hospitals and Ambulatory Health Centers with current local policies aligned with current policies established within the Indian Health Manual (IHM) on Chronic Non-Cancer Pain Management and Prescription Drug Monitoring Programs (PDMPs).

Why is this important?
Local opiate policies aligned with Indian Health Manual requirements will improve the appropriateness of opiate prescribing.

INDIAN HEALTH SERVICE HOSPITALS

88%

FACILITIES - 26

AMBULATORY HEALTH CENTERS

100%

FACILITIES - 30

IHS NATIONAL TARGET 100%





National Accountability Dashboard for Quality

NAD-Q

FY-2018

Q1

EMERGENCY DEPARTMENT (ED) REPORTING

The national percentage of healthcare facilities with an Emergency Department reporting rates for Median Time from ED Arrival to ED Departure for Discharged ED Patients and Left Without Being Seen to ensure the delivery of adequate and timely access to care in emergency departments. Critical Access Hospitals have not been required by CMS in the past to report on these measures. All IHS hospitals are transitioning to report these important outpatient measures.

Why is this important?

Emergency Department quality measures lead to reduced waiting times and earlier patient assessments for emergent conditions.

 INDIAN HEALTH SERVICE
HOSPITALS

62%

FACILITIES = 26

IHS NATIONAL TARGET 100%

 AMBULATORY HEALTH
CENTERS

NA

EMPLOYEE INFLUENZA VACCINATION

The national percentage of Healthcare Personnel (HCP) who have received the influenza vaccination to protect patient safety and reduce transmission of influenza in healthcare settings. The report reflects data from the 2016-2017 influenza season.

Why is this important?

Health care professionals who receive the influenza vaccination help to reduce the transmission of influenza.

 NATIONAL RATE

90%

IHS NATIONAL TARGET 90%

FEDERAL EMPLOYEE VIEWPOINT SURVEY (FEVS) PARTICIPATION

The national percentage of Indian Health Service federal employees completing the annual Employee Viewpoint Survey, during the active survey period and includes an assessment of employee job satisfaction across all federal categories and professions. The report reflects data from the 2017 survey results.

Why is this important?

Assessment of employee job satisfaction help recruit and retain high quality staff.

 NATIONAL RATE

36%

IHS NATIONAL TARGET 75%



Patient Centered Medical Home Related NADQ Measures

- PCMH recognition

- Opioid Policy

Fed Employee Survey

- Emergency Dept Reporting

- Active QI Program

- Accredited

- Safety Reporting

- Emergency Preparedness

- Employee Flu Vaccine

Why the Medical Home Works: A Framework



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Next Steps for the Quality Framework

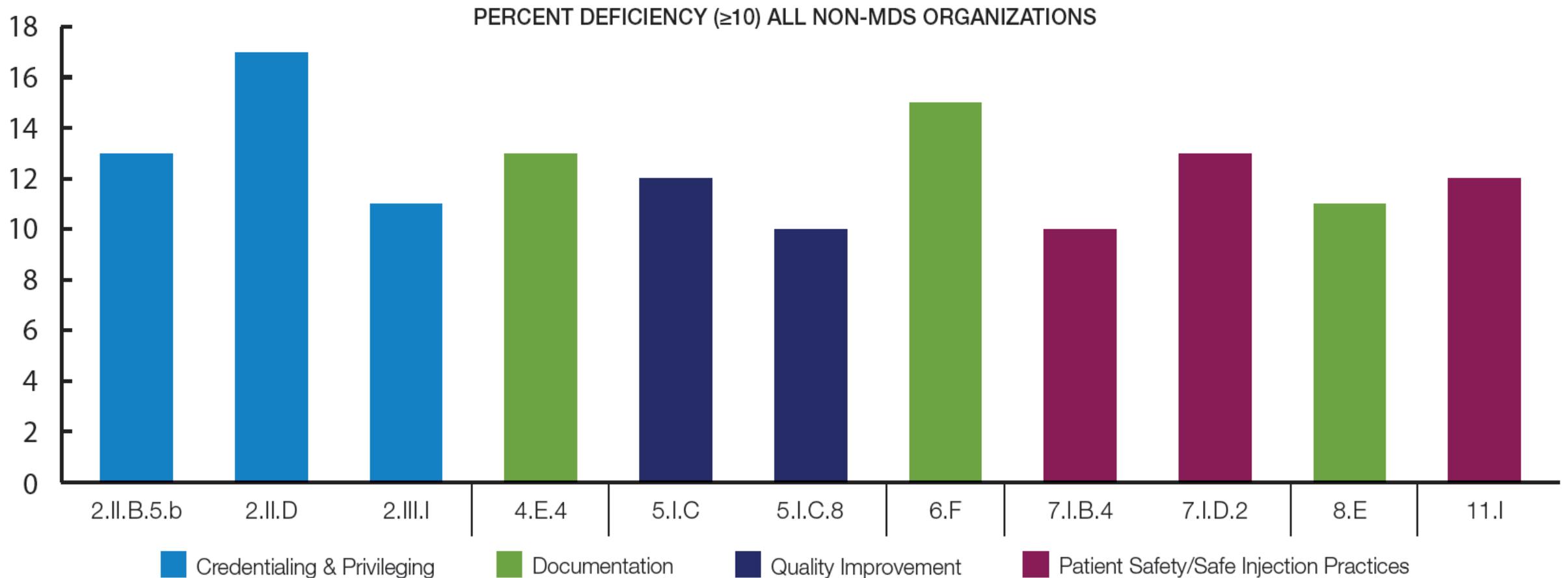
- Sustainment of accomplishments
- Transition from Quality Framework (1 year blueprint) to IHS Strategic Plan (5 year blueprint)
 - Developed using concepts of Quality as a Business Strategy
 - Envisioned as a living document with yearly chartered work groups



Accreditation



AAAHC 2017 Accreditation Trended Survey Findings



Standard	% Deficient	Language
2.II.B.5.b	13	Members of the medical or dental staff must apply for reappointment every three years, or more frequently if state law or organizational policies so stipulate. The reappointment process includes: Upon receipt of the completed reappointment application, the organization will conduct primary or secondary source verification of items listed in Standard 2.II.B.3.c-f. At the time of reappointment consideration by the governing body, the entire reappointment application and peer review results and activities, completed in accordance with Chapter 2.III, will be considered.
2.II.D	17	Privileges to carry out specified procedures are granted by the organization to the health care professional to practice for a specified period of time. The health care professional must be legally and professionally qualified for the privileges granted. These privileges are granted based on an applicant's written request for privileges, qualifications within the services provided by the organization and recommendations from qualified medical or dental personnel.
2.III.1	11	The results of peer review are used as part of the process for granting continuation of clinical privileges, as described in Chapter 2.II.
4.E.4	13	The organization facilitates the provision of high-quality health care by: performing medication reconciliation.
5.I.C	12	The organization demonstrates that ongoing improvement is occurring by conducting quality improvement studies when the data collection processes described in Standard 5.I.B indicate that improvement is or may be warranted. Written descriptions of QI studies document each of the following elements, as applicable.
5.I.C.8	10	Re-measurement (a second round of data collection and analysis as described in Standard 5.I.C.4-6) to objectively determine whether the corrective actions have achieved and sustained demonstrable improvement.

6.F	15	The presence or absence of allergies and untoward reactions to drugs and materials is recorded in a prominent and consistently defined location in all clinical records. This is verified at each patient encounter and updated whenever new allergies or sensitivities are identified.
7.I.B.4	10	The written infection prevention and control program is: The result of a formal, documented infection prevention risk assessment to ensure that the program is relevant to the organization.
7.I.D.2	13	The infection prevention and control program reduces the risk of health care-acquired infection as evidenced by education and active surveillance, consistent with: CDC or other nationally-recognized guidelines for safe injection practices.

8.E	11	The organization conducts scenario-based drills of the internal emergency and disaster preparedness plan.
11.I	12	The organization must have policies in place for safe use of injectables and single use syringes and needles that, at minimum, include CDC or comparable guidelines for safe injection practices.

Infection Prevention and Control



AAAHC IPC Overview

An accreditable organization *provides health care services* while adhering to safe practices for patients, staff and all others.

The organization maintains ongoing programs designed to:

- control and prevent infections and communicable diseases, and
- provide a safe and sanitary environment of care



AAAHC IPC Overview

Subchapter I — Infection Prevention and Control: An accreditable organization maintains an active and ongoing infection prevention and control program that meets the following Standards.

Elements of compliance

The written infection prevention and control program is:

1. Approved by the governing body.
2. Relevant to the organization as demonstrated by a formal, documented infection prevention risk assessment.
3. Based on nationally-recognized infection prevention and control guidelines considered and selected by the governing body.
4. An integral part of the organization's quality improvement program, as demonstrated by applicable policies and procedures, and by surveillance and monitoring activities.
5. In compliance with all applicable state, federal and/or tribal requirements including, but not limited to, OSHA.



Chapter 7.1: Infection Prevention and Control

The organization has established a written program for identifying and preventing infections, maintaining a sanitary environment, and reporting the results to the governing body and other health authorities, if appropriate.

- Focus on direct interventions to prevent infection
- Nationally recognized guidelines
- Risk assessment
- Staff education



Nationally Recognized Guidelines

CDC Guidelines in Dental Settings

Learn how to better protect yourself and your patients from infection transmission in the dental setting.



Summary of Infection Prevention and Control Practices in Dental Settings



Role of Infection Preventionist

The infection prevention program is under the direction of a designated and qualified health care professional who has training and current competence in infection control

Designated = approved/assigned by the governing body

Qualified = AAAHC does not define this

Training = education

Current competence = proven track record of this knowledge



IPC Current Competence

AAHC.7.I. Infection Prevention and Control

C. The infection prevention and control program is under the direction of a designated and qualified health care professional with training and **current competence** in infection prevention and control.

Elements of compliance

1. The governing body or its designee has assigned a qualified health care professional to direct the program.
2. There is documented evidence that the assigned person:
 - a. Has obtained training in infection prevention and control.
 - b. Demonstrates **current competence** in infection prevention and control.



IPC Current Competence

Participation in local APIC chapter meetings

Participation in webinars provided by professional associations and government agencies

Attendance at the national APIC

Attendance at the SHEA conference

Attendance at educational opportunities focusing on infection prevention and control such as the APIC Infection Prevention Academy

Participation in Journal clubs

Regular reading of journals focusing on infection prevention and control such as AJIC and ICHE

Participation in academic courses focusing subjects relevant to infection prevention and control, leadership, public health and others

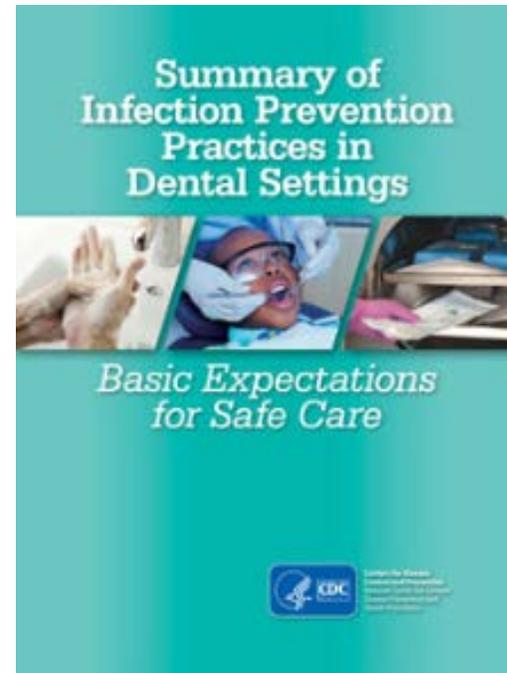
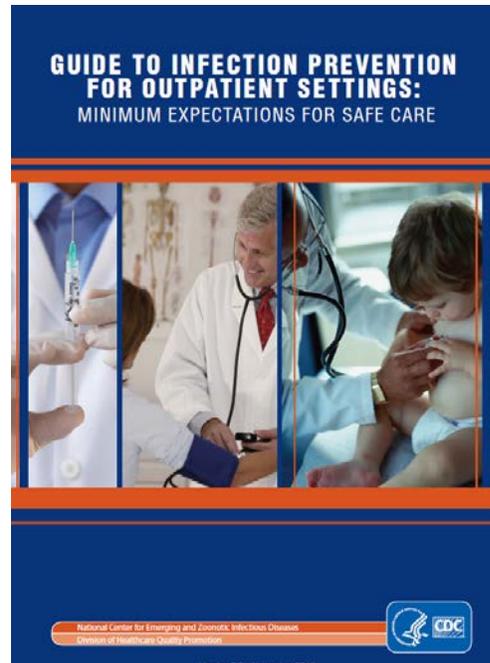
Review of new guidelines from CDC and related agencies including FDA and EPA

Review of standards that are relevant to infection prevention and control including those outlined by AORN, AVA, INS

Review of recommendations and position papers released by professional associations such as APIC and SHEA

Risk Assessment

A formal, documented infection prevention risk assessment is required to ensure that the program is relevant to the organization.



Example: Risk Assessment Checklist

- ✓ Review policies reflecting current evidence and trends
- ✓ OSHA compliance and training
- ✓ Infection prevention education
- ✓ Sharp injury/post exposure evaluation/follow-up
- ✓ Immunization of staff/providers
- ✓ Reporting of communicable disease and isolation/transfer of patient
- ✓ Reporting of healthcare associated infections
- ✓ Hand hygiene and monitoring
- ✓ Aseptic scrub
- ✓ PPE use
- ✓ Safe injection practices
- ✓ Emergency management
- ✓ Environmental cleaning
 - In between patients / terminal
 - EPA level hospital grade disinfectant
 - Staff compliance
- ✓ Reprocessing of reusable devices
 - Cleaning
 - Sterilization
 - High level disinfection
 - Storage
- ✓ Following MIUs/IFUs!!!
- ✓ Dental
 - Water lines



IPC Accreditation Standards

- Sterilization/HLD (ROBUST)

- IC Breach Response

- Sharps Plan

Multi dose/single dose

Documented active surveillance

Vaccines

Safe Injection Practices

Hand Hygiene

Hand Hygiene

Environmental Cleaning

PPE

Biohazard Management

Staff training-upon hire, annual, and as needed

Procurement



Common Problems

Lack of evidence of training/competence of appointed leader of infection control program

Insufficient (or no) monitoring and documentation of cleaning, HLD and sterilization; failure to follow manufacturer's instructions for use

Lack of adherence to hand hygiene and/or safe injection practices

Lack of written policies re: cleaning of treatment and care areas – or lack of adherence to them



Accreditation IPC Success/Tools

Environment of Patient Care Dashboard

- Risk Assessment

Sterilization Competencies

CDC ICAR Tool

Mock Surveys (Multidisciplinary Team)

Anchor Sheets

Infection Preventionist Professional Development Portfolio

On Stage/Off Stage



Resources

- Matthew.ellis@ihs.gov

- Accreditation Association for Ambulatory Health Care (AAAHC). Accreditation handbook for ambulatory health care. Skokie (IL): AAAHC; 2018.

ECRI Institute. Patient-centered medical homes: moving beyond recognition [webinar]. 2016 May 11. https://www.ecri.org/components/HRSA/Pages/HRSAWebinar_051116_PCMH.aspx

Health Resources and Services Administration, Bureau of Primary Health Care. HRSA accreditation and patient-centered medical home recognition initiative.

<https://bphc.hrsa.gov/qualityimprovement/clinicalquality/accreditation-pcmh/index.html>

Joint Commission. Ambulatory care accreditation overview. Oak Brook (IL): Joint Commission; 2017. http://www.jointcommission.org/ambulatory_care_accr_overview/



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https://en.wikipedia.org/wiki/Campbell%27s_law

https://en.wikipedia.org/wiki/Goodhart%27s_law

https://en.wikipedia.org/wiki/Cobra_effect



