

# Quality Improvement for Leaders

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# Objectives

1. Define Quality
2. Review Critical Leadership Attributes and Functions
3. Overview of IHS Quality Focus Work
  - a. Reducing Preventable Harm
  - b. Enhancing Collaborative Multi-disciplinary Teamwork
  - c. Improving Operational Management
  - d. Improving Patient Outcomes
    - i. Models of Improvement
    - ii. Application of the Model for Improvement in the Improving Patient Care Program
    - iii. Impacting Access to Care Through Alternative Visit Models

# Quality Defined

- What is Quality?
- Is Quality Physically Real?
- Can Quality Be Touched, Heard, or Seen?
- How does Quality Compare to Value?
  - $\text{Value} = \text{Quality} / \text{Cost}$
- Quality: “The degree of excellence of something; how good or bad something is; a characteristic of something or someone.” (Cambridge English Dictionary)

# High-Impact Leadership Behaviors

## 1. Person-centeredness

Be consistently person-centered in word and deed

## 2. Front Line Engagement

Be a regular authentic presence at the front line and a visible champion of improvement

## 3. Relentless Focus

Remain focused on the vision and strategy

## 4. Transparency

Require transparency about results, progress, aims, and defects

## 5. Boundarilessness

Encourage and practice systems thinking and collaboration across boundaries

# Fundamental Tasks

- When Leading Transformation:
  - Define Reality
  - Articulate the Vision
  - Create Alignment
  - Become a Servant
  - Say “Thank You”

# Change Management

- Visible and Vocal Leadership
- Anticipation/Preparation
- Motivation
- Training/Knowledge
- Implementation
- Follow-Up

# Change Management: Successful Strategies

- Change Agents are a Distinct Type of Leader
- Shift From Singular Effort to Collaborative Team
- Conduct Collaborative Learning Throughout Change
- Communicate to Deepen Partnership
- Fluency in Managing Resistance, Confrontation, Uncertainty
- Take Vital Signs Regularly
- Secure Strategic, Intellectual, Emotional Support

# IHS Quality Focus

- Reducing Preventable Harm
- Enhancing Collaborative Multi-disciplinary Teamwork
- Improving Operational Management
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# Reducing Preventable Harms

- Hospital Engagement Network (HEN) 2.0
- Joint Commission Resources (JCR)
- Just Culture Model

# HEN 2.0

- Continuation of the Partnership for Patients
- CMS-funded Quality Improvement Support to:
  - Reduce Avoidable Readmissions
  - Reduce Hospital Acquired Conditions:
    - Pressure Ulcers
    - Falls
    - Medication Errors
    - Catheter Associated Urinary Tract Infections
    - Surgical Site Infections
    - Etc.

# Joint Commission Resources

- Joint Commission Center for Transforming Healthcare
- Resources Available to Accredited Facilities
  - High Reliability Organizational Assessment and Resources (Oro 2.0)
  - Targeted Initiatives
    - Fall Prevention, Hand Hygiene, Hand-Off Communications, Avoidable Heart Failure Admissions, Safety Culture, Surgical Site Infections, Wrong Site Surgery, Prevent Venous ThromboEmbolic
  - Targeted Solutions Tools
    - Preventing Falls, Hand Hygiene, Hand-Off Communications, Safe Surgery

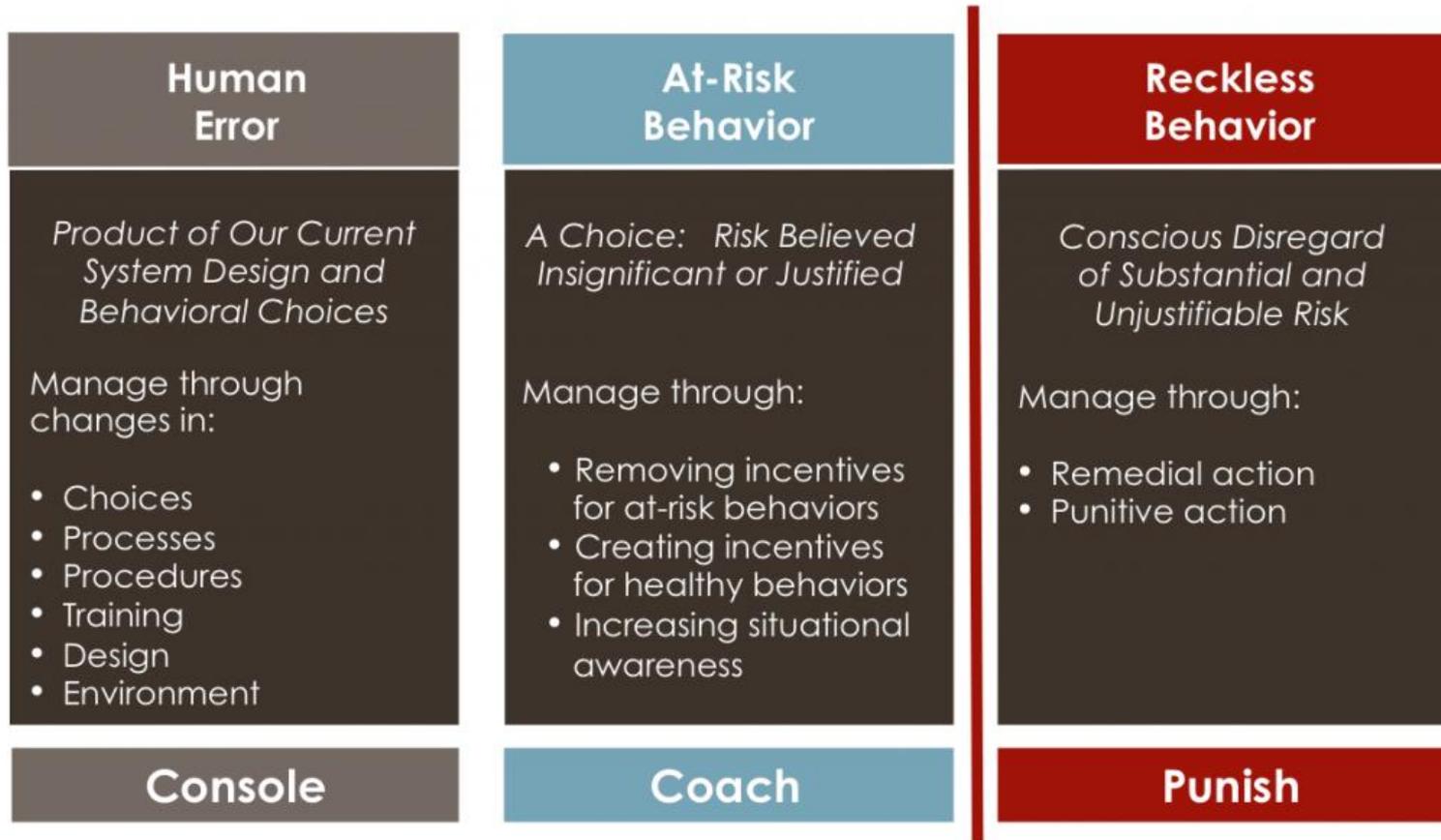
# Just Culture for IHS

- Creates a Fair and Equitable Culture of Accountability
- Applied Following Root Cause Analysis or Informal Review of Any Event
- Consists of a Standard Framework for Identifying Breaches of Duty and Resultant Responses
  - 3 Breaches of Duty
  - 3 Behaviors
- Draft Adverse Event Prevention and Response Policy – in IHS clearance process
  - Formally adopts the Just Culture Model for IHS

# Just Culture for IHS (Breaches & Behaviors)

- 3 Breaches of Duty
  - Duty to Avoid Causing Unjustifiable Risk or Harm
  - Duty to Produce an Outcome
  - Duty to Follow a Procedural Rule
- 3 Behaviors
  - Human Error
  - At-Risk Decision
  - Recklessness

# Just Culture for IHS (Model of Behaviors)



# IHS Quality Focus

- Reducing Preventable Harm
- **Enhancing Collaborative Multi-disciplinary Teamwork**
- Improving Operational Management
- Improving Patient Outcomes

# Enhancing collaborative multi-disciplinary teamwork

- Improving Patient Care (IPC) Program
- Quality Improvement Network/Quality Improvement Organization (QIN/QIO)
  - Short-term QIN: Great Plains Area
  - Long-term QIO: IHS Direct Service Hospitals
- Hospital Engagement Network (HEN) 2.0

# IHS Quality Focus

- Reducing Preventable Harm
- Enhancing Collaborative Multi-disciplinary Teamwork
- **Improving Operational Management**
- Improving Patient Outcomes

# Improving Operational Management

- Standardizing Governance Structure and Function
- Enhancing Accreditation Survey Readiness
- Standardizing Credentialing – Single Software System
- Developing and Implementing Quality Metrics Review

# Improving Operational Management

- Outpatient workload
- Supporting service delivery innovation
- Measure everything

# Build a Quality Team

- Surround Yourself with Subject Matter Experts
  - Quality Manager
  - Quality Assurance Performance (QAPI) Improvement Officer
  - Patient Safety Officer
  - Infection Control Specialist
  - Data Manager/Analyst
- Place Quality High on Meeting Agendas, Report Frequently
  - QAPI – Accreditation, Certification, Care Standards, Readiness for Surveys
  - Quality Improvement – Progress, Innovations, Targets
  - Metrics/Data – Progress, Performance

# IHS Quality Focus

- Reducing Preventable Harm
- Enhancing Collaborative Multi-disciplinary Teamwork
- Improving Operational Management
- **Improving Patient Outcomes**

# Improving Patient Outcomes

- Improving Patient Care (IPC) Program
- Hospital Engagement Network 2.0
- Focused Quality Improvement Network activity in southern Great Plains (short-term)
- Single Quality Improvement Network for all 27 hospitals (long-term)

# Quality Improvement Methods

- Lean (Toyota Manufacturing)
- Six Sigma
- Model for Improvement
  - Plan-Do-Study-Act (PDSA)
  - Rapid Cycle Tests of Change
  - Start Small and Scale Up with Success
  - Can Apply in Clinical, Administrative, Business, and Other Settings

# PDSA Cycle

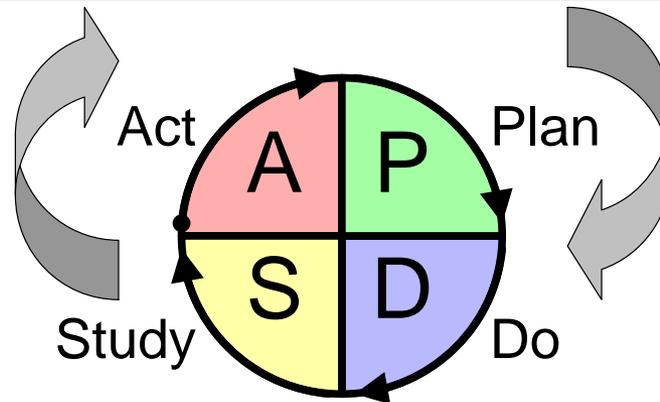
AIM: What are we trying to accomplish?



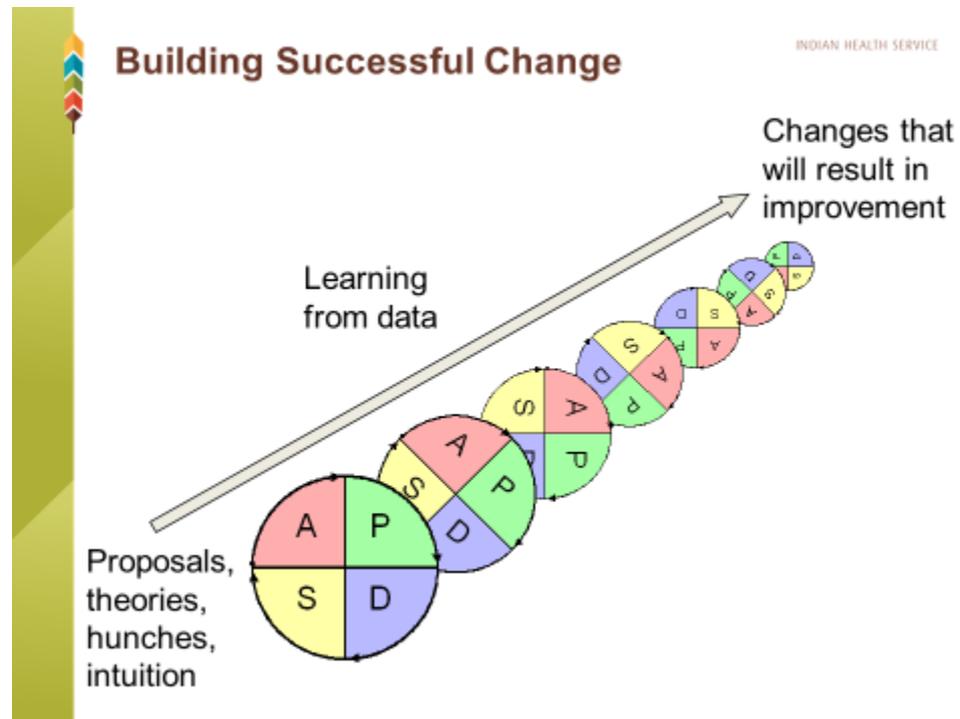
MEASURES: How will we know if a change is an improvement?



CHANGE: What changes can we make that will result in improvement?



# PDSA Rapid Cycles



- Aim Statement:

The aim of the IPC 2.0 Program is to transform the Indian Health System through discovering, learning, and applying quality improvement processes and the Patient Centered Medical Home (IPCMH) model of care to continuously improve health and wellness of American Indians and Alaska Natives.

# IPC 2.0



# IPC 2.0 Program Elements

- IPC-Made Simple (IPC-MS)
  - Introductory: Learn Model for Improvement and Population Health Tools
- IPC Medical Home (IPCMH)
  - Advanced: Apply IPC-MS Knowledge to Patient Centered Medical Home (PCMH) Transformation
- IPC Intensives
  - Advanced: Apply IPC-MS Knowledge to Agency Initiatives (non-PCMH)

# IPC – Made Simple (IPC-MS)

- IPC-MS (IPC-Made Simple):
  - Teaches the foundational principles of Quality Improvement to participating I/T/U facility care teams
  - IPC-MS was launched in July 2015 and is taught through a 9 month curriculum in each of the 12 IHS Areas
  - Upon completion, IPC-MS teams transition to the IPC Medical Home (IPCMH) activities
  - The IPC National Team provides coaching, support, and data management coordination

# IPC Medical Home (IPCMH)

- IPC Medical Home
  - Facilitates Primary Care Outpatient Transformation into a Patient-centered Medical Home Model of Care and Achievement of PCMH Recognition
  - Monthly Webinars Addressing PCMH Standards are Provided in a 16 Month Recurring Participants Curriculum
  - Can Join the Webinar Series at Any Point in the Sequence
  - **26 Officially Recognized I/T/U PCMHs Resulting from IPC Participation**

# IPC Intensives

- The Intensive will enable practices serving AI/AN communities to:
  - Advance the development of processes on focused clinical topics for better outcomes
  - Done through intense immersion into selected focused clinical topics
    - Million Hearts Intensive: Sep – Dec 2015
    - Behavioral Health Integration with Primary Care: Summer 2016

# IPC 2.0 Change Package



# Access to Care

- Veterans Health Affairs Wait Times
- Most Common IHS Complaint Received from Tribes
- Multiple Influences:
  - Scheduling Template
  - Staffing
  - Efficiency
  - Location
  - Social Determinants

## Access To Care (cont.)

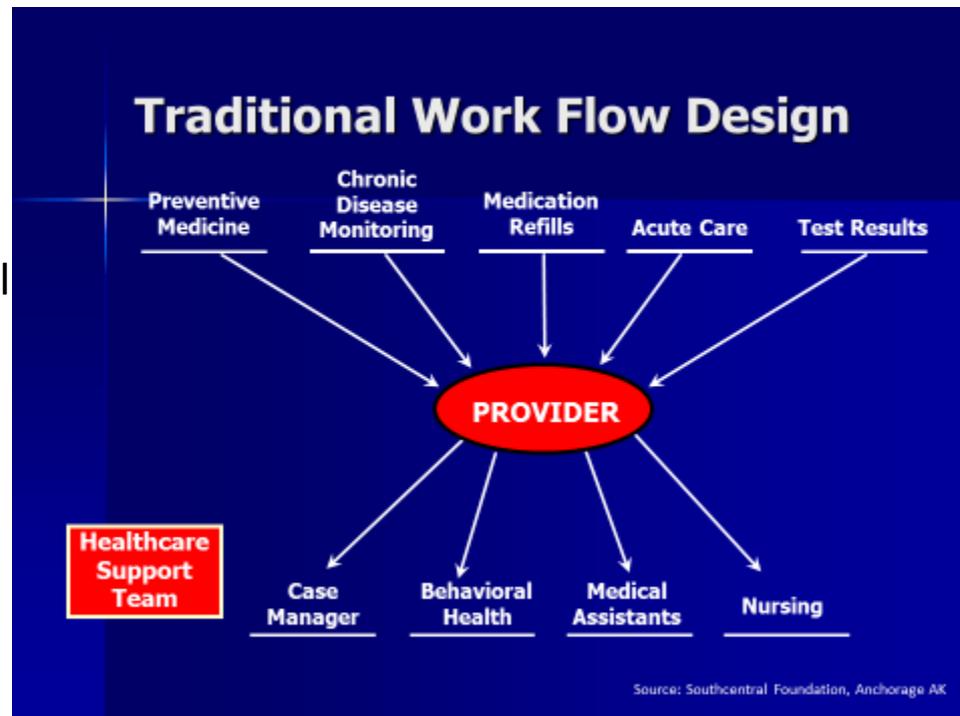
- Metric – Third (3<sup>rd</sup>) Next Available (TNA)
- First and Second Next Available Do Not Reflect True Availability
  - Often Reflective of Last Minute Cancellations
- No Automated Collection in IHS
  - Requires Manual Calculation
  - Labor Intensive and Prone to Human Error
- Difficult to Track or Improve Under Current Circumstances

# Improving Access

- Establish Automated Metric Calculation and Reporting
- Alternate Visit Types
  - Phone
  - Telemedicine
  - Group
  - Care Team
- Aggressive Recruiting/Retention
- Optimizing Teams for Efficiency

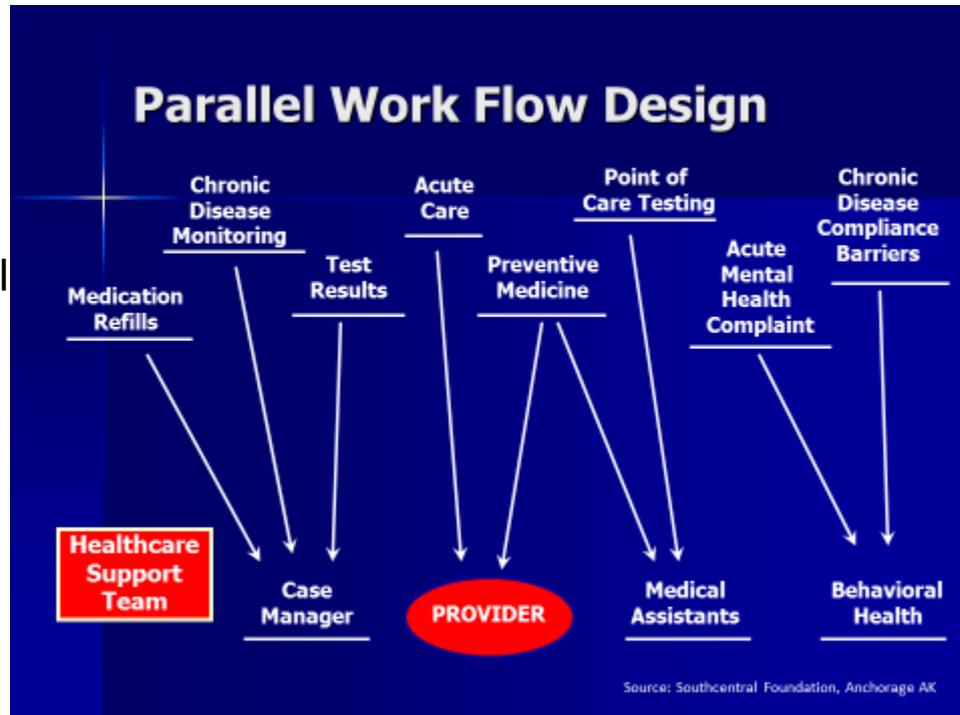
# Optimizing Teams

Current Model



# Optimizing Teams

Revised Model



# Leadership Role in Quality Improvement

- Inspire and Support Innovation at all levels
- Active Role in Change Management
- Make Quality Improvement a priority
- Ensure Regular Reporting of Improvement Outcomes
- Be Visible and Vocal in Supporting Improvement Activities
- Not all Tests of Change Result in Improvement
  - Something Can Be Learned from Every Test

# Summary

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