Quality Improvement Programs

Part 1: Introduction to Quality Improvement

Developed by
Quality Management, PerformCare
Purpose of the Training

• PerformCare continuously pursues the fulfillment of its commitment to high-quality care for our Members. Our Provider network plays a significant role in meeting this goal.

• The success of any program depends on a commitment to good quality and an understanding of quality principles, methodologies, and processes. Toward this end, PerformCare is providing a three-part training that focuses on the foundation to quality improvement, and key concepts to develop or enhance a quality improvement program.
Objectives for Part I

- To define quality improvement.
- To identify the six dimensions of quality.
- To identify the framework of quality of care.
- To describe the difference between quality assurance and quality improvement.
- To recognize the crucial importance of developing a culture of quality in your organization.
- To understand why quality improvement is essential.
Agenda

• Purpose of the trainings.
• Objectives.
• Definitions.
• Principles and framework.
• Quality assurance versus quality improvement.
• Quality-improvement culture.
What Is Quality Improvement?

Defined as:

• An integrative process that links knowledge, structures, processes, and outcomes to enhance quality throughout an organization (source: National Committee for Quality Assurance).

• Consisting of systematic and continuous actions that lead to measurable improvement in health care services and the health status of targeted patient groups (source: Health Resources and Services Administration, U.S. Department of Health and Human Services).

Behavioral health care may refer to quality improvement as:

• Quality and risk management.
• Quality and performance improvement.
• Compliance and quality improvement.
• Total quality management.
• Quality assurance.
Six Dimensions of Quality

Effective — improves behavioral health outcomes for Members

Efficient — maximizes resources to avoid waste

Accessible — delivers timely, geographically reasonable care in a setting where the skills and resources are appropriate

Acceptable or patient centered — considers the preferences, goals, and cultural needs of the Member

Equitable — maintains quality for all Members, with no variations based on gender, race, ethnicity, geographic location, or socioeconomic status

Safe — minimizes risks and harms no Members

Framework of Quality of Care

**Structure** = resources

- People.
- Infrastructure.
- Materials.
- Information.
- Technology.

**Processes** = activities

- What is done?
- How is it done?

**Outcomes** = results

- Services delivered.
- Changes in behavior.
- Changes in health status.
- Patient satisfaction.

Donabedian, JAMA, Volume 260, No. 12, September 23, 1988
By looking at the company as a whole, Providers can draw conclusions based on these findings.

Here are a few questions that may come from this framework model:

- Are company resources being used in the best manner, including funding, staffing, and time management?
- Are we observing the intended outcomes for our programs?
- Are we helping our clients reach their treatment goals?
- Is our technology limiting our ability to gather data?
- Do we understand the quality-improvement tools and techniques?
- Do the staff members understand their roles and responsibilities related to quality?
Some individuals may use these terms interchangeably, but there is a difference.

<table>
<thead>
<tr>
<th>Quality assurance</th>
<th>Quality improvement</th>
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<tbody>
<tr>
<td>Reactive process</td>
<td>Proactive process</td>
</tr>
<tr>
<td>Focus on regulatory guidelines</td>
<td>Goals are self-determined</td>
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<tr>
<td>Led by management</td>
<td>Led by everyone</td>
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<tr>
<td>Addresses one point at a time</td>
<td>Systemic</td>
</tr>
<tr>
<td>Linear</td>
<td>Cyclical</td>
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http://patientsafetyed.duhs.duke.edu/module_a/introduction/contrasting_qi_qa.html
Developing a Quality Culture

• **Establishing leadership is essential.** Someone has to be assigned as the champion of quality.

• **Staff engagement in the process is required.** Without staff understanding why processes are being changed and their participation in the processes, the data will most likely not change.

• **Change must be recognized.** Staff will need to adapt to change and the leader will need to help them manage change in a positive manner.

• **Annual review of the goals and rates is necessary.** The Provider must evaluate if the current processes are creating positive results.
If you cannot measure it, you cannot improve it.

Meaningful quality improvement should be driven by the data you have available to you.

- Identify performance goals required by regulatory agencies.
- Identify performance goals based on best practices.
- Assess Member and staff concerns and identified issues.
- Identify clear, Member-focused goals.
- Create short- and long-term goals with obtainable measures.
Why Quality Improvement Is Essential

Quality

Safety #1
Cost containment
Satisfied Members
Reputation
Improved health outcomes
Prevention
Collaboration

PerformCare is always willing to provide guidance in setting up a good-quality improvement program.

We encourage Providers to review all three parts of this series:

- Part two focuses on the tools for looking at processes and data to make meaningful changes.
- Part three of this series looks more closely at quality improvement and corrective action plans.

PerformCare’s ultimate goal is to provide our Members with excellent care and, by doing so, improve the quality of their lives. Providers play a significant role in obtaining this goal.

If you have any questions about this presentation, please contact PerformCare and ask for the Quality department at 1-888-700-7370.
Resources

- Institute for Healthcare Improvement. [http://www.ihi.org/resources/Pages/default.aspx](http://www.ihi.org/resources/Pages/default.aspx).
- Donabedian A. The Quality of Care: How Can It Be Assessed? JAMA 188; 260(12): 1743 – 1748.
Care is the Heart of Our Work