

Quality Improvement Programs

Part 2: Continuous Quality Improvement

Developed by
Quality Management, PerformCare

PerformCARE®

Objectives for Part 2

- To understand the components of continuous quality improvement.
- To identify steps to the Plan, Do, Check, Act Cycle.
- To introduce the process for completing a root-cause analysis using two different techniques.
- To understand the benefits of flowcharts.
- To examine the benefits of the Gap Analysis Tool.

Agenda

- Continuous quality improvement.
- Tools to help the continuous quality improvement process.
- Plan, Do, Check, Act Cycle.
- Root-cause analysis (five why's and Fishbone).
- Process mapping and flow charts.
- Summary.
- Resources.

Continuous Quality Improvement

Systematic

Data driven

Cyclical

- Continuous quality improvement is the process-based, data-driven approach to improving the quality of a service. This process operates in the belief that there is always room to improve operations, processes, and activities to improve quality.
- This data-driven process is proactive, not reactive.
- Integration of data and reporting of everyday operations is a must. Having a good plan and following through with the right tools is essential.

Steps 1 – 3 to Continuous Quality Improvement

Planning

A critical step. Checklists, diagrams, flowcharts, processes, and policies need to be reviewed to determine what you want to measure, amend, or monitor.

Data collection

Collect data to determine the failures and successes of your program.

Data analysis

Once your data has been collected and assessed, take practical steps toward improving your programs or services.

Steps 4 – 5 to Continuous Quality Improvement

Implementation

Take a realistic approach and practical steps to improve your program. This is the key to improving your data for the next measurement.

Process analysis

Before beginning the cycle again, determine what worked, what didn't work, and if you need more information to determine the success of the program. Are the key people at the door? How can you make the next data cycle more reliable and valuable?

Tools to Assist the Continuous Quality Improvement Process

Using the right continuous quality improvement tools for your program will ensure you have the right data to drive your decision making. These are just a few tools you may find helpful, but there are many more available at the resources noted later in the presentation.

- Plan, Do, Check, Act Cycle.
- Root-cause analysis:
 - Five whys.
 - Fishbone.
- Process mapping and flow charts.
- Gap analysis.

Plan, Do, Check, Act Cycle

PDCA

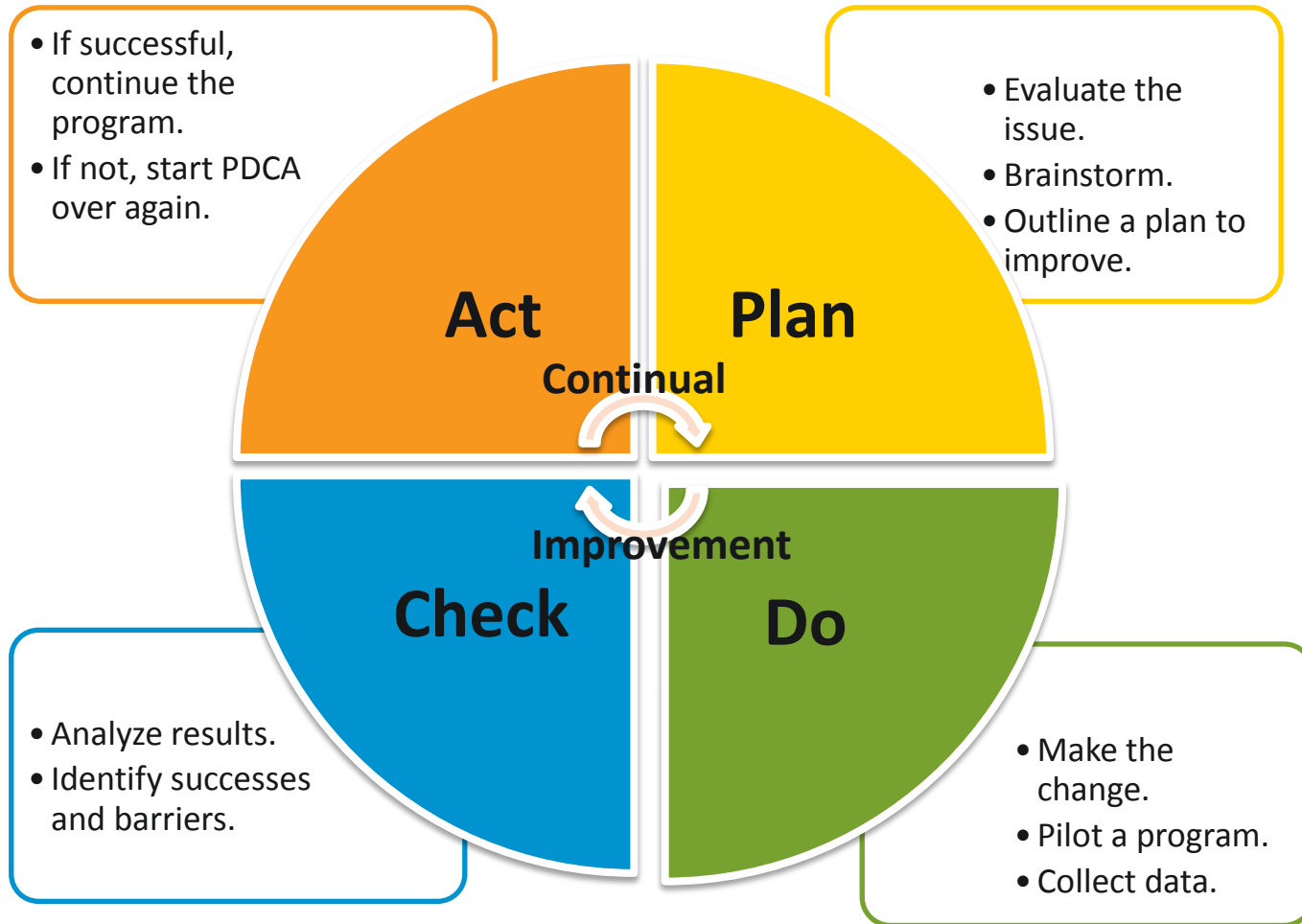
Among the most widely used tools for continuous improvement is the four-step quality model called the Plan-Do-Check-Act (PDCA) Cycle.

PDCA is a useful tool for making a change or problem-solving an issue.

PDCA maintains an order during the process that's easy for staff to follow.

PDCA can be applied again and again to the same process to drive continuous improvement.

PDCA Cycle



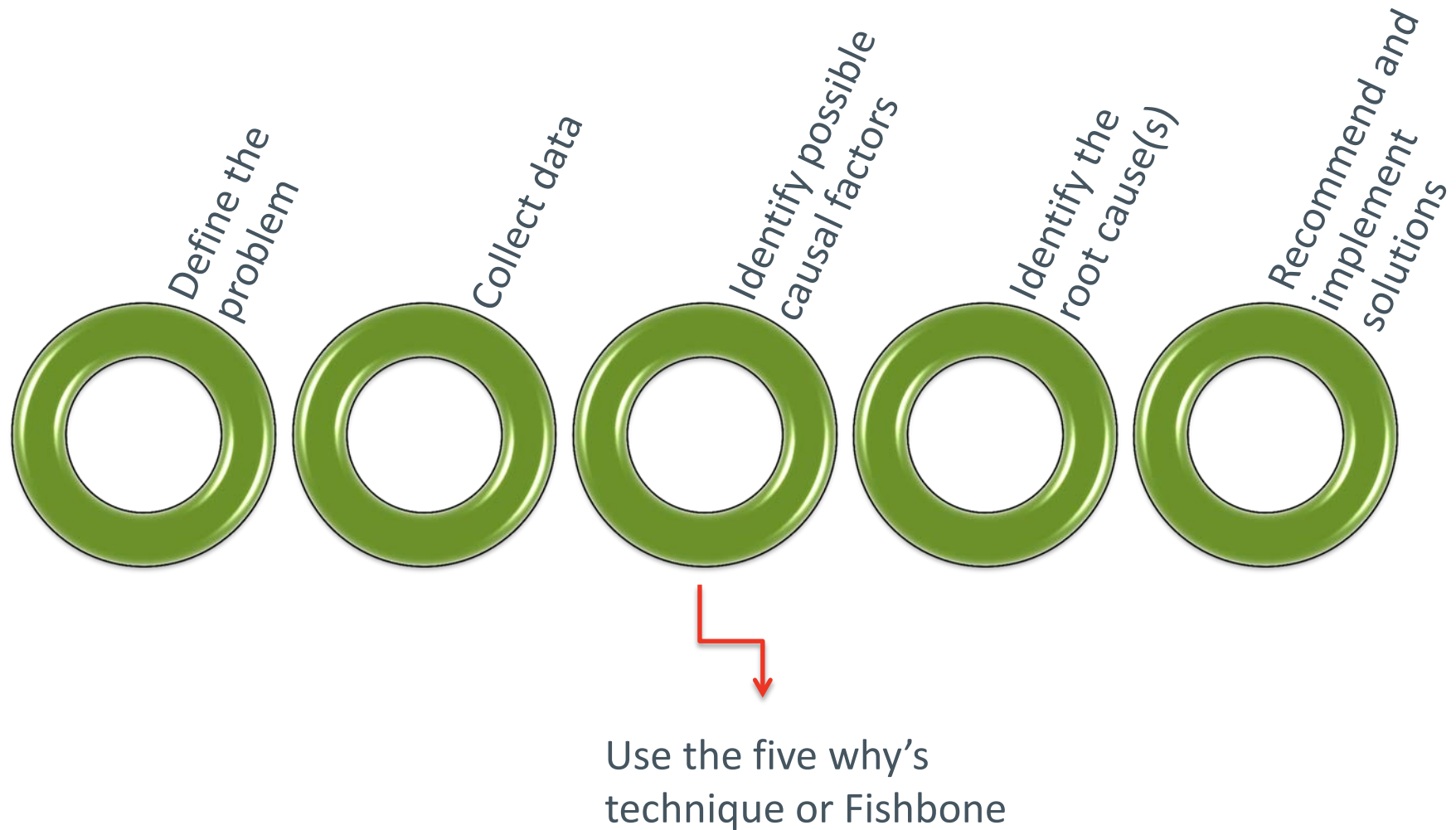
Root-cause analysis

Root-cause analysis is a popular and often-used technique that helps Providers discover **why** the problem occurred in the first place.

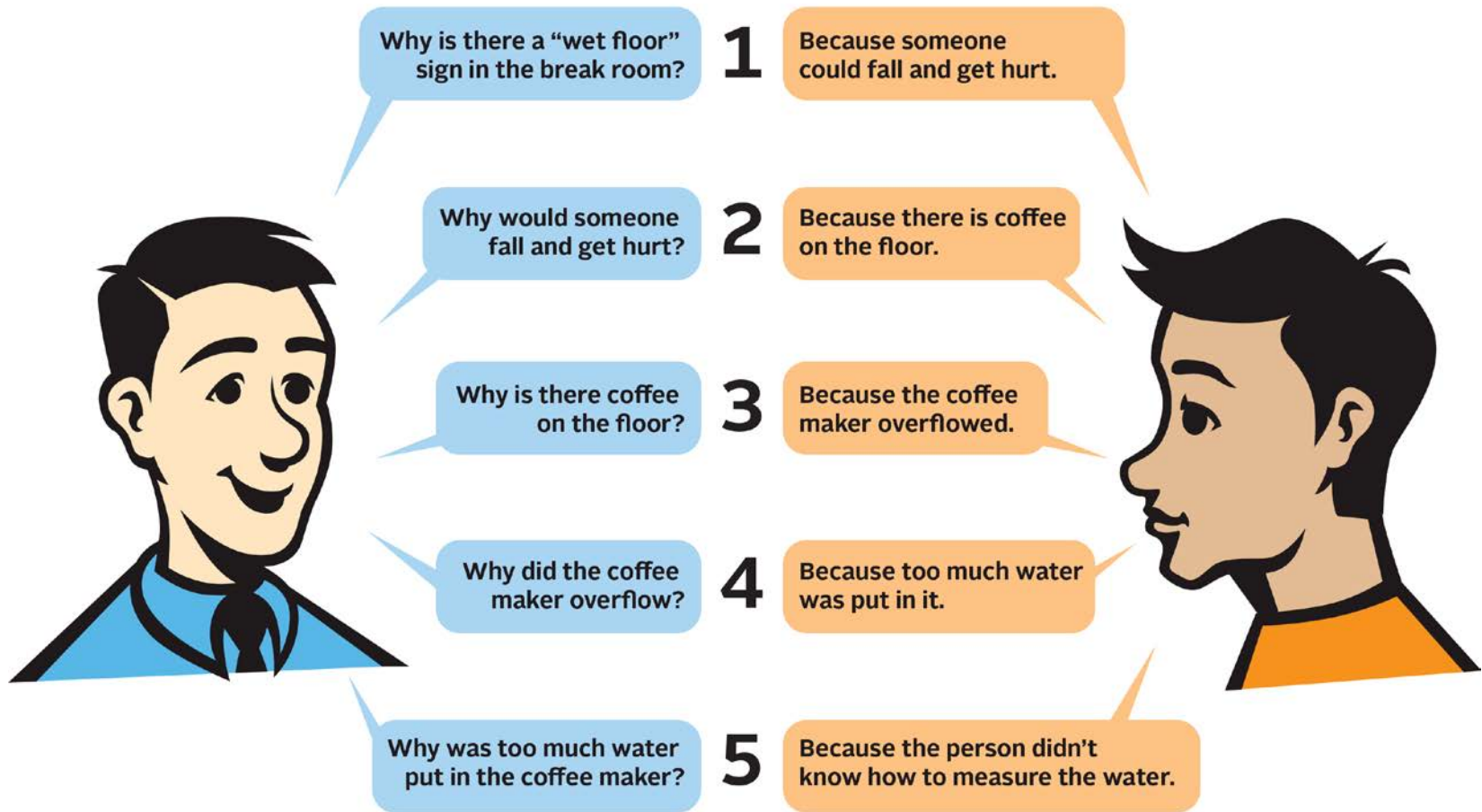
Looking for the origin of a problem using a specific set of steps allows you to determine what occurred, why it occurred, and what you can do to reduce the likelihood of it occurring again.

Looking for the patterns of negative effects, finding hidden flaws in the system, and discovering specific actions that contributed to the problem usually reveals more than one root cause.

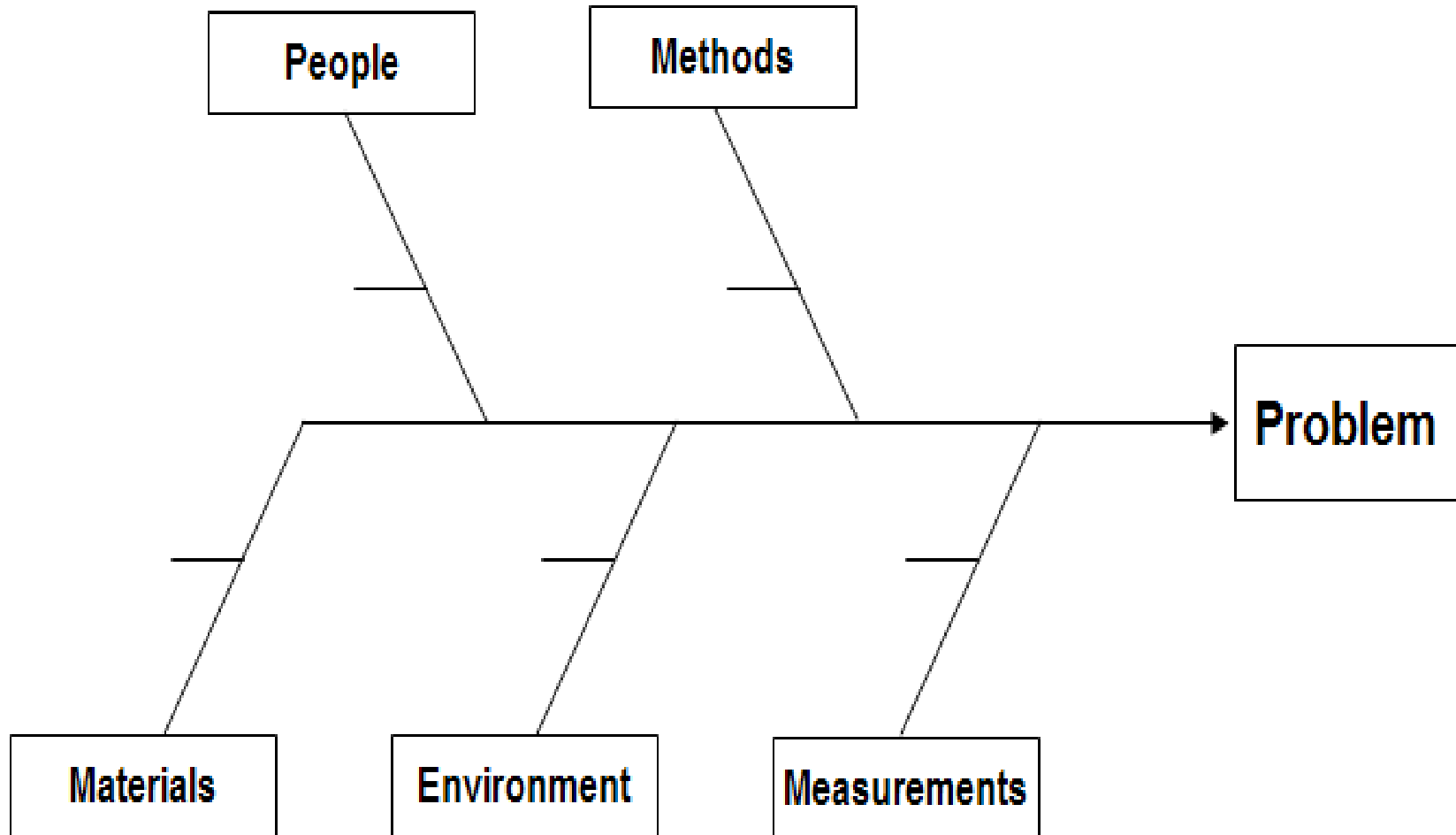
Process for Root-Cause Analysis



Five Why's Technique



Root-Cause Analysis Fishbone Example



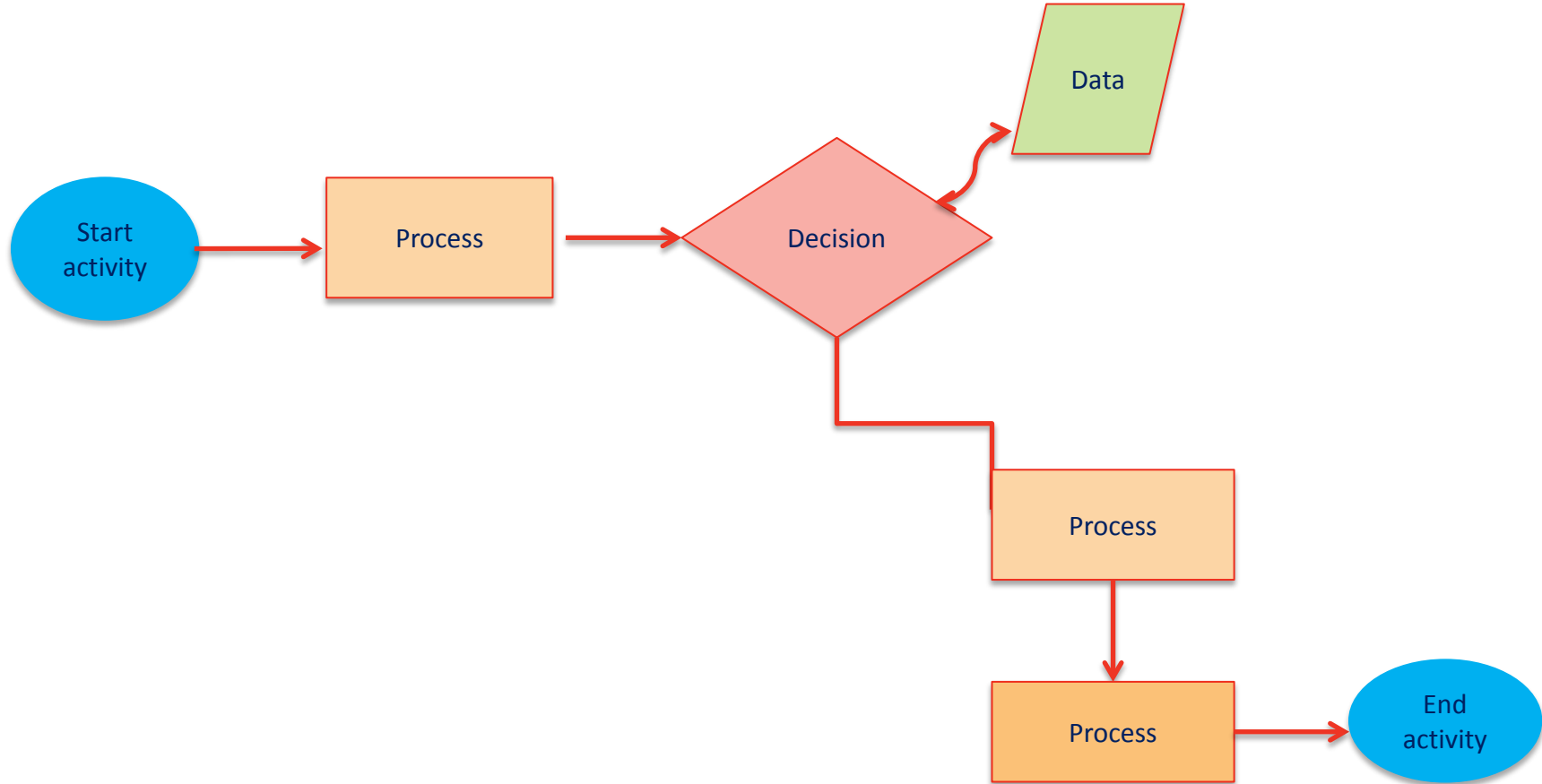
Process mapping

Process mapping shows all process-related activities the company engages in to function as a team. Review every step the company makes — including clinical activities, approvals, exceptions, and multiple individual involvements — to show efficiencies and inefficiencies.

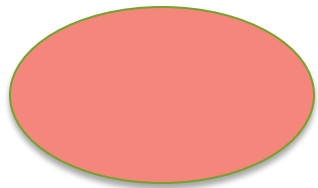
Process mapping will highlight critical areas, delays, unnecessary steps, confusion in the steps needed, and creative steps.

Process mapping has high value as a learning experience for staff and helps improve everyone's understanding of how they contribute to the company and its mission.

Process Mapping Example



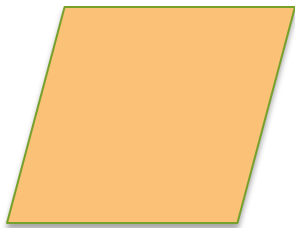
Process Flow Chart Symbols



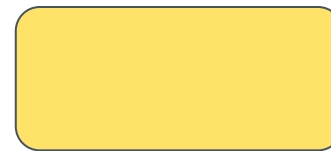
Start/stop



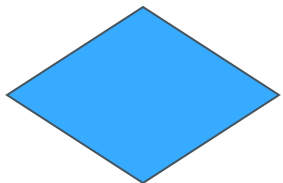
Process



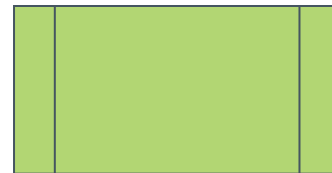
Data



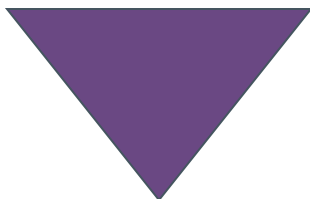
Alternate process



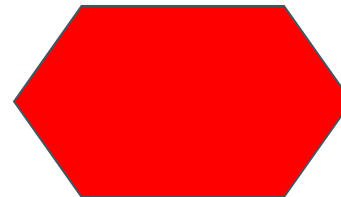
Decision point



Redefined process



Merge



Preparation

Gap analysis

A tool used by a project team to find gaps between what they do and current best practices. Current sources on best practices should be routinely reviewed.

Gap analysis allows the team to recognize strengths and weaknesses (barriers) that need addressing and management before successes can occur.

When presenting a gap analysis, don't provide too many details. Give enough details with quantifiable metrics for everyone to understand the impact.

Gap Analysis

Best practice	Steps for best practice	Current situation	Next action steps to close gap
<p>Develop treatment plan with specific and measurable goals (source: CM-006 and PerformCare Provider Manual).</p>	<ol style="list-style-type: none">1. Ensure that goals are individualized (Member specific).2. Determine baseline count of one or more behaviors.3. Make goals measurable. Write goals that reflect a count or percentage (e.g., 3/5 times or 90 percent of the time).	<p>50 percent of our treatment plans are not measurable. 20 percent are not individualized to the person.</p>	<ol style="list-style-type: none">1. Train all staff on current best practices.2. Review treatment plans during supervision.3. Monitor a monthly sample for both individualization and measurable goals.

Summary

- Form a team that prioritizes quality goals and programs.
- Know your resources. Identify regulatory requirements from the U.S. Department of Human Services (DHS), Office of Mental Health and Substance Abuse Services (OMHSAS), Department of Drug and Alcohol Programs (DDAP), Joint Commission on Accreditation of Healthcare Organizations (JCAHO), National Committee for Quality Assurance (NCQA), and Pennsylvania code.
- Develop, review, and update goals. Determine if goals should be quarterly or annually reviewed.
- Pilot a program to determine level of success or if additional brainstorming is needed.

Summary

- Get commitment from leadership and management to support the program and allocate resources.
- Get input from staff and consumers/patients.
- Communicate results to relevant individuals and groups (regular feedback regarding improvement projects is critical to success in sustaining improvements over time).
- Educate and train all levels of staff, including senior leadership, on continuous quality improvement goals, tools, and techniques.

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

Resources

- Agency for Healthcare Research and Quality.
<http://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/index.html>.
- Gorenflo G, Moran JW. *The ABCs of PDCA*. April 2010.
http://www.phf.org/resourcestools/documents/ABCs_of_PDCA.pdf.
- The National Learning Consortium (NLC). *Continuous Quality Improvement (CQI) Strategies to Optimize your Practice — Primer*. April 30, 2013.
https://www.healthit.gov/sites/default/files/tools/nlc_continuousqualityimprovementprimer.pdf.
- National Center for Community-Based Child Abuse Prevention. *Continuous Quality Improvement*. April 6, 2016. Available at: <http://friendsnrc.org/continuous-quality-improvement>.
- U.S. Department of Health and Human Services, Health Resources & Services Administration.
<http://www.hrsa.gov/quality/toolbox/methodology/qualityimprovement>.

PerformCARE®

Care is the Heart of Our Work