Embedding Quality Improvement into Organizational Culture

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Stratis Health

- Independent, nonprofit, Minnesota-based organization founded in 1971
  - Lead collaboration and innovation in health care quality and safety, and serve as a trusted expert in facilitating improvement for people and communities
- Work at intersection of research, policy, and practice
- Long history of working with rural providers, CAHs, and the Flex Program
- Rural Quality Improvement Technical Assistance (RQITA) is a FORHP funded program of Stratis Health

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Rural Quality Improvement Technical Assistance Center (RQITA)

- Cooperative agreement awarded to Stratis Health starting September 2015 from the Health Resources and Services Administration Federal Office of Rural Health Policy (HRSA FORHP)
- Improve quality and health outcomes in rural communities through technical assistance for FORHP quality initiatives
  - Flex/MBQIP
  - Small Health Care Provider Quality Improvement Grantees (SCHPQI)
- Focus on quality reporting and improvement

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Overview

- Discuss characteristics of a culture of quality
- Assess current state of organizational culture as it relates to quality
- Identify short and long term strategies for embedding quality improvement into organizational culture

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Embedding QI into Organizational Culture

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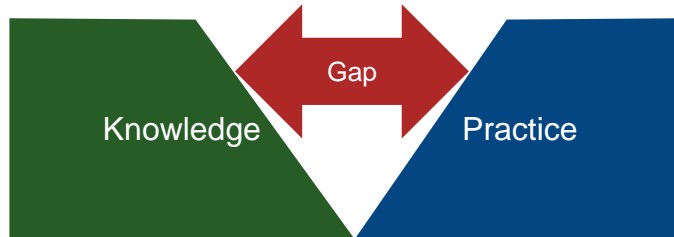# Why a Culture of QI?

- The right care for the right patient every time*:

  ✓ Safe   ✓ Timely

  ✓ Effective   ✓ Efficient

  ✓ Patient-Centered   ✓ Equitable

- QI helps build and demonstrate *value.*

*To Err Is Human, Institute of Medicine, 1999.

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QI Helps Bridge the Gap

Opportunities to improve are identified where there is a gap between what we know and how we practice.

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Foundations of QI

Customer/patient-focused

Process-oriented

Team effort

Data-driven

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QI: Expectations vs. Reality

Ideal

- Prioritize areas to improve
- Analyze the problem, understand the current process and the root causes of problems
- Measure current performance against goals
- Choose option to implement
- Plan the change
- Implement & test changes (for example using PDSA cycles)
- Evaluate results

What often happens

- Pick any thing to work on

- Think of an option

- Implement

- Hit system barriers

- Fail

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IHI's Six Components of Sustainability

- Supportive **management** structure
- **Structures** to foolproof change
- Robust, transparent **feedback** systems
- **Shared sense** of the systems to be improved
- **Culture of improvement** and deeply engaged staff
- Formal **capacity building** programs

IHI Sustainability and Spread How-to-guide
http://www.ihi.org/resources/Pages/Tools/HowtoGuideSustainabilitySpread.aspx

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Culture of Quality Success Factors

- Leadership
- Systematic Processes
- Flexibility
- Expectations that Prioritize QI
- Celebrate Wins

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Success Factors:
Leadership Engagement

- Visible commitment to quality
- System and process lens
- Allocation of resources
  - Time
  - Training
- Support accountability

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Success Factors:
Systematic Process for QI

- Common language and approach to improvement
- Templates can be effective tools to organize multiple projects
- Flow of information is critical

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Success Factors:
Flexible Structure

- No perfect way, be creative in how you allocate the work
- What makes sense based on your needs and staff capability
- Allow flexibility and engagement of wide variety of staff in project planning and implementation

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Success Factors:
Expectations that Prioritize QI

- Distributed leadership - quality is everyone's role and responsibility
- Resist temptation to allow direct patient care activities to trump QI work – "Too busy chopping wood to sharpen the axe"

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Success Factors:
Celebrate Wins

- Recognize progress (small steps or lessons learned), and celebrate accomplishments
- Ensure people feel that their QI appreciated
- Keep teams engaged in the work going forward
- Can be simple! (but also an opportunity to be creative and have fun)

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Self Assessment

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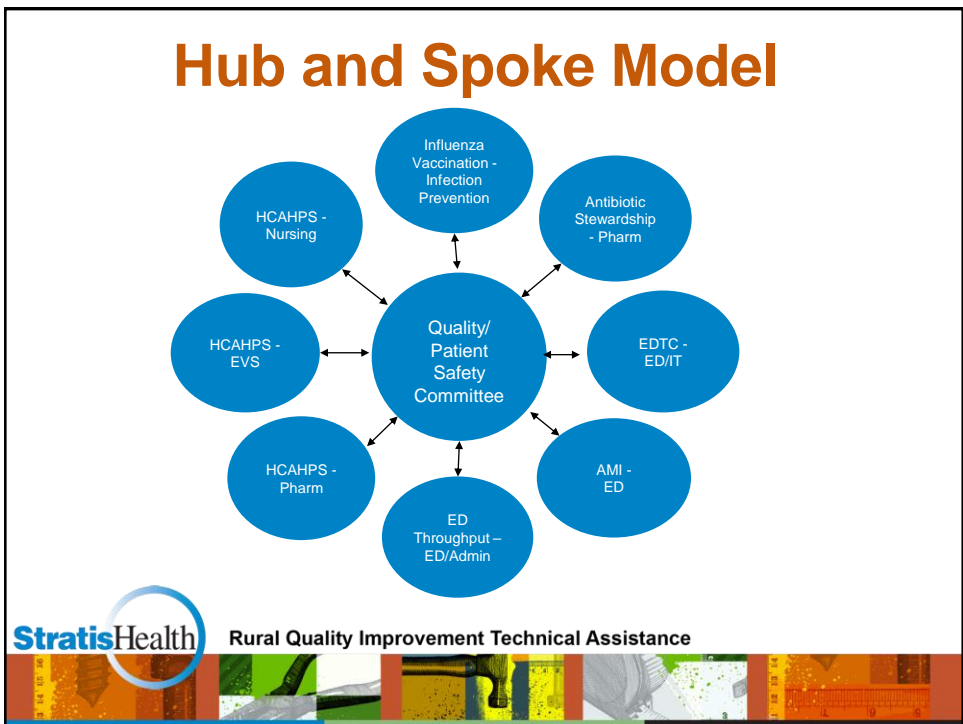

Discussion/Reflection – Embedding a Culture of QI

- Identify recent examples of how your organization has celebrated quality improvement wins. Can you name three from the past year?

- If someone from outside your organization was visiting, what easily identifiable artifacts would they see that reflect your organization's commitment to quality improvement?

- What structured method for implementation of quality improvement efforts does your organization use? How do you know it's used consistently?

- How is accountability for quality improvement distributed at your organization? Who is responsible for quality?

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One Management Approach: The Hub and Spoke Model

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Hub and Spoke Model

Influenza Vaccination - Infection Prevention

HCAHPS - Nursing

Antibiotic Stewardship - Pharm

HCAHPS - EVS

Quality/ Patient Safety Committee

EDTC - ED/IT

HCAHPS - Pharm

ED Throughput – ED/Admin

AMI - ED

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The Hub

- A coordinator keeps QI activities coordinated and moving
- Central committee plans, reviews, and oversees quality improvement work
- Before/after central committee meetings, coordinator communicates with "spoke" leaders to receive updates and share committee requests

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The Spokes

- Project or topic "owner"
  - Passion trumps almost any other qualification in choosing leaders
  - Be creative in project delegation, spread the work
- Any quality project or topic (examples)
  - MBQIP
  - Patient safety topics such as HAI, fall prevention, pressure ulcer prevention, adverse drug event prevention
  - Readmissions, swing bed metrics, potentially avoidable ED use
- Reports progress to coordinator prior to central committee meetings

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Change is Hard!

Critical components to engender change:

- Knowledge – data/facts, best practices, models

- Skills – workflow, processes, tools, training

- Feelings/Motivation – stories, connections, meaningful goals

From: https://heathbrothers.com/books/switch/
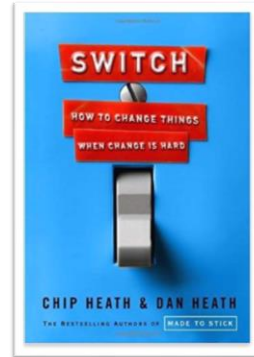
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What's my role?

- Be the leader you would want to follow
- Put QI on the agenda
- Consistently focus on systems and processes
- Encourage and welcome ideas for improvement
- Show respect for the perspective and experience of others
- Highlight and communicate successes and engagement whenever possible across all levels of the organization

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Opportunities for Action

Resources

- MBQIP Monthly (CAH's Can Stories)
- Virtual CAH QI Mentors
  - Recipes for Success: Sharing PIE
- CAH Quality Improvement Guide and Toolkit
- Quality Improvement Basics (free on-line curriculum with on-demand modules tools and templates)
- Team STEPPS (Strategies & Tools to Enhance Performance and Patient Safety) – Teamwork and Communication
- IHI Framework for Improving Joy in Work

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Questions?

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