

# Paying it Forward: The Vital Role of Physician Leadership in Quality Improvement

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## Disclosures:

- none

## Objectives:

- Create a burning desire within physicians (and other practitioners) to engage in the successful implementation and continuation of delivering quality medical care

## More Objectives:

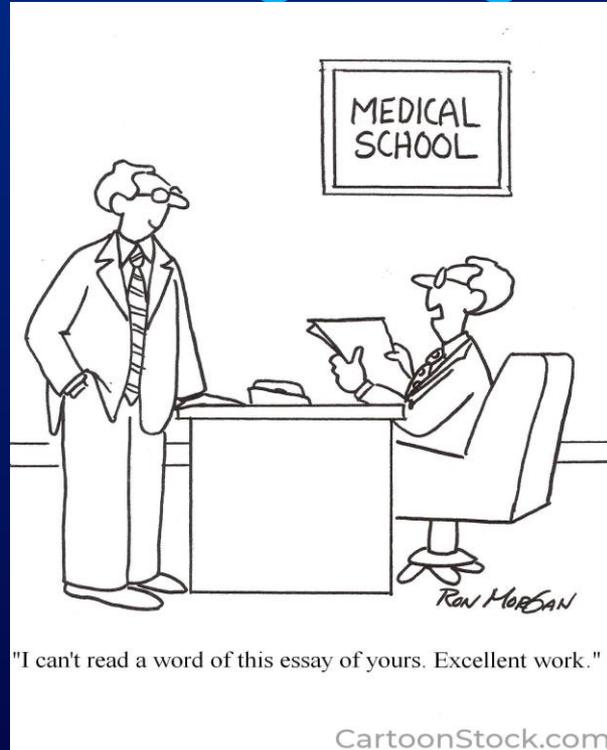
- **Understand the origins of the patient safety movement and the role physicians have played in this movement**
- **Describe the rationale for having physicians engaged in total quality management**
- **Review the motivational incentives for physicians who choose to engage in quality management**
- **Correlate the science of patient safety with other evidence-based methodologies**

**November 1999:**

**The Institute of Medicine (IOM) published *To Err is Human: Building a Safer Health System.***

- Estimated that up to 98K deaths occur each year because of preventable medical errors...say what?**

# The beginning....



**...of the Patient Safety Movement.**

- Eight Sections of Recommendations**
- National Strategy with a 10 year TAT**

**March 2001:**

***Crossing the Quality Chasm: A New Health System for the 21<sup>st</sup> Century***

- Extension of patient safety focus to incorporate additional elements of quality: effectiveness, patient-centeredness, timeliness, efficiency, and equity**

## CoP: QAPI Program: CFR 482.21

*The hospital must develop, implement and maintain an effective, ongoing, hospital-wide, data-driven quality assessment and performance improvement program. The hospital's governing body must ensure that the program reflects the complexity of the hospital's organization and services; involves all hospital departments and services (including those services furnished under contract or arrangement); and focuses on indicators related to improved health outcomes and the prevention and reduction of medical errors. The hospital must maintain and demonstrate evidence of its QAPI program for review by CMS.*

# Who should lead these efforts?

**Who should lead these  
efforts?**

**Health System CEO and CFO?**

**Who should lead these  
efforts?**

**QM and Public Health Nurses?**

**Who should lead these  
efforts?**

**The Physicians?**

**Who should lead these  
efforts?**

**The Physicians!!**  
**“say less..”**

# How do I that?

Just be a K. I. D.

Knowledgeable  
Intercessor  
Director

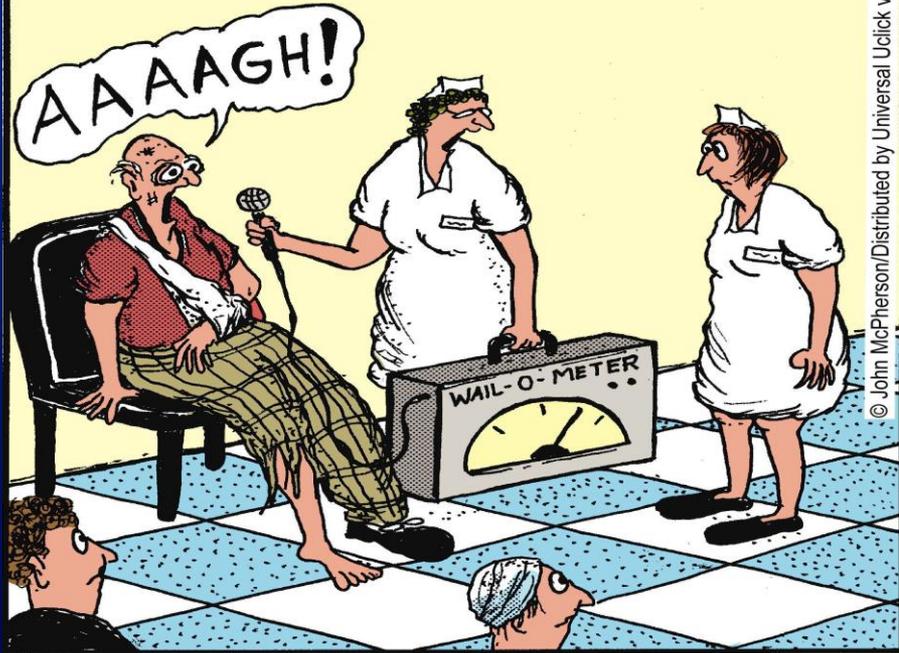
# CFR 482.21(e)

## Executive Responsibilities

- Ongoing program for QI and patient safety
- Reduction of medical errors
- Clear expectations of safety
- Evaluations of improvement actions
- Adequate resources allocated
- Annual review/determination of QI projects

McPHERSON 5-18

# EMERGENCY



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"It's our new method for determining who we should treat first. We take people in order of how loud they scream."

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**E~~X~~PLORE**  
HEALTHCARE SUMMIT

**Capable?..yes**

**Willing?..ummm**

# Motivating Factors for Operational Engagement in Quality Improvement

**ECONOMIC**

**CONTRACTUAL**

**COMPETITIVE**

**PROFESSIONAL**

**INTRINSIC**

**ETHICAL**

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**ECONOMIC**

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# Motivating Factors for Operational Engagement in Quality Improvement

## PROFESSIONAL

# Motivating Factors for Operational Engagement in Quality Improvement

**INTRINSIC**

# Motivating Factors for Operational Engagement in Quality Improvement

**ETHICAL**

**Reasons not to participate in QAPI:**

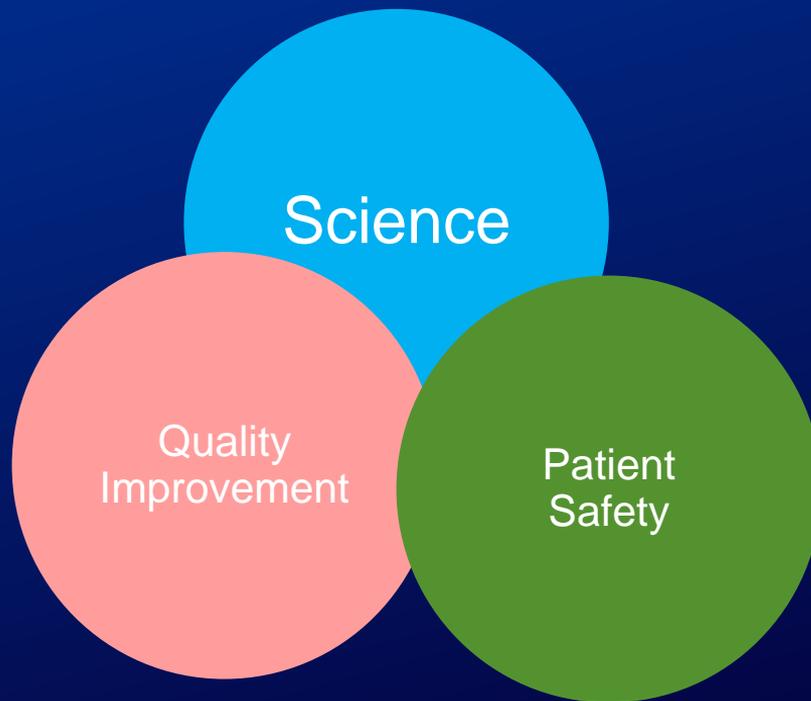
**There are none....**

# The Science of Quality and Safety

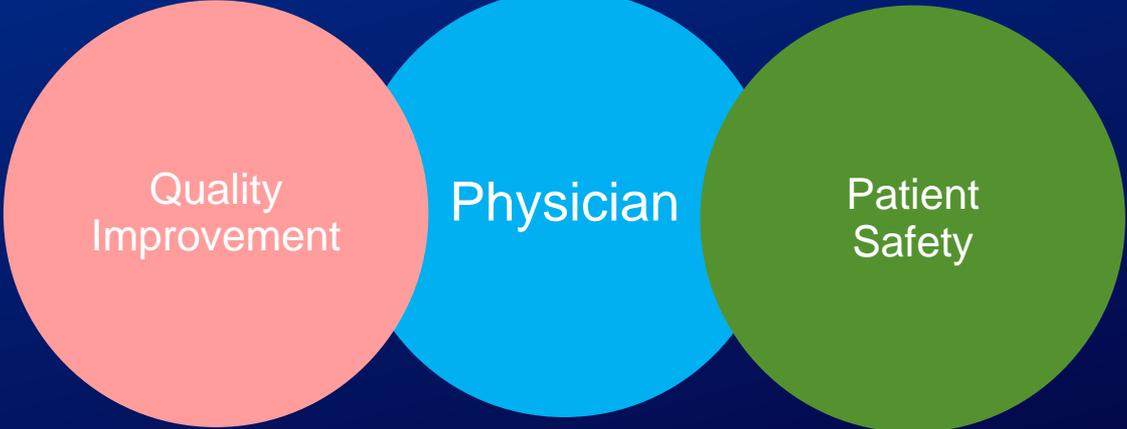
**Quality (noun):** *the standard of something as measured against other things of a similar kind*

**Science (noun):** *the systematic study of the structure and behavior of the physical and natural world through observation, experimentation, and the testing of theories against the evidence obtained*

# CLINICAL CASE REVIEW #1



# CLINICAL CASE REVIEW #2



**YOU ARE THE BEST  
THING THAT COULD  
EVER HAPPEN TO  
PATIENT CARE!**

# Thank you!

**E**  **PLORE**  
HEALTHCARE SUMMIT