



✓ Saving Health Care

“Rapid Cycle Quality Improvement”

Getting to Results Faster While Pulling Our Workforce Out of the Valley of Despair

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Rapid Cycle Quality Improvement


The act of making an existing activity better or implementing a new process in less than six months so to expedite risk control and improved performance.

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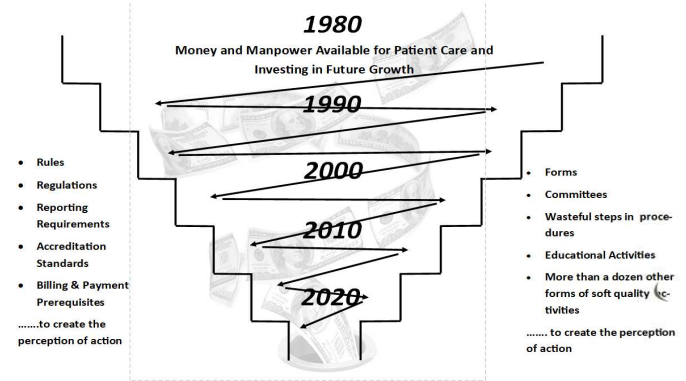
Quality improvement (QI) is a systematic, formal approach to the analysis and improvement of how well we do anything and everything that impacts our immediate and long-term **financial, operational and/or reputational health!**



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1980
Money and Manpower Available for Patient Care and Investing in Future Growth

1990

2000

2010

2020

- Rules
- Regulations
- Reporting Requirements
- Accreditation Standards
- Billing & Payment Prerequisites
-to create the perception of action

- Forms
- Committees
- Wasteful steps in procedures
- Educational Activities
- More than a dozen other forms of soft quality activities
-to create the perception of action

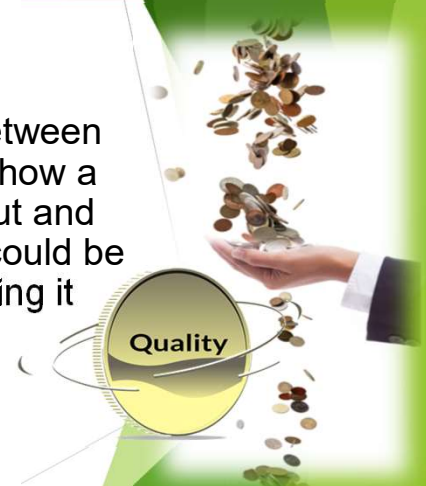
Quality

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The cost of poor quality – the difference between the realized cost and losses associated with how a service is delivered or an activity is carried out and what the much larger gain and smaller cost could be if the performance was laser focused on getting it right the first time in the most business smart, defect-free and customer-focused ways possible.

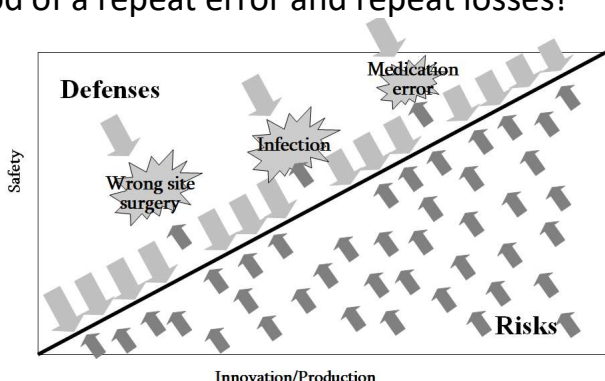


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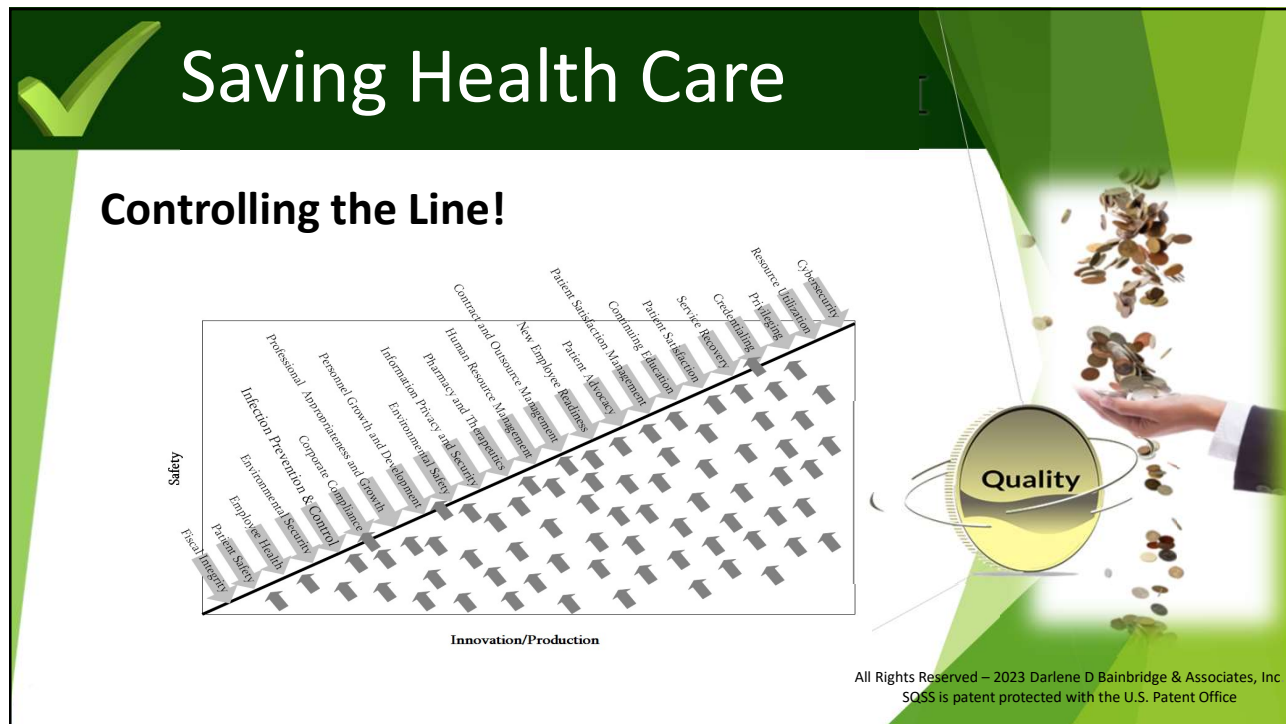
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Rapidly closing holes in the line so to minimize the likelihood of a repeat error and repeat losses!

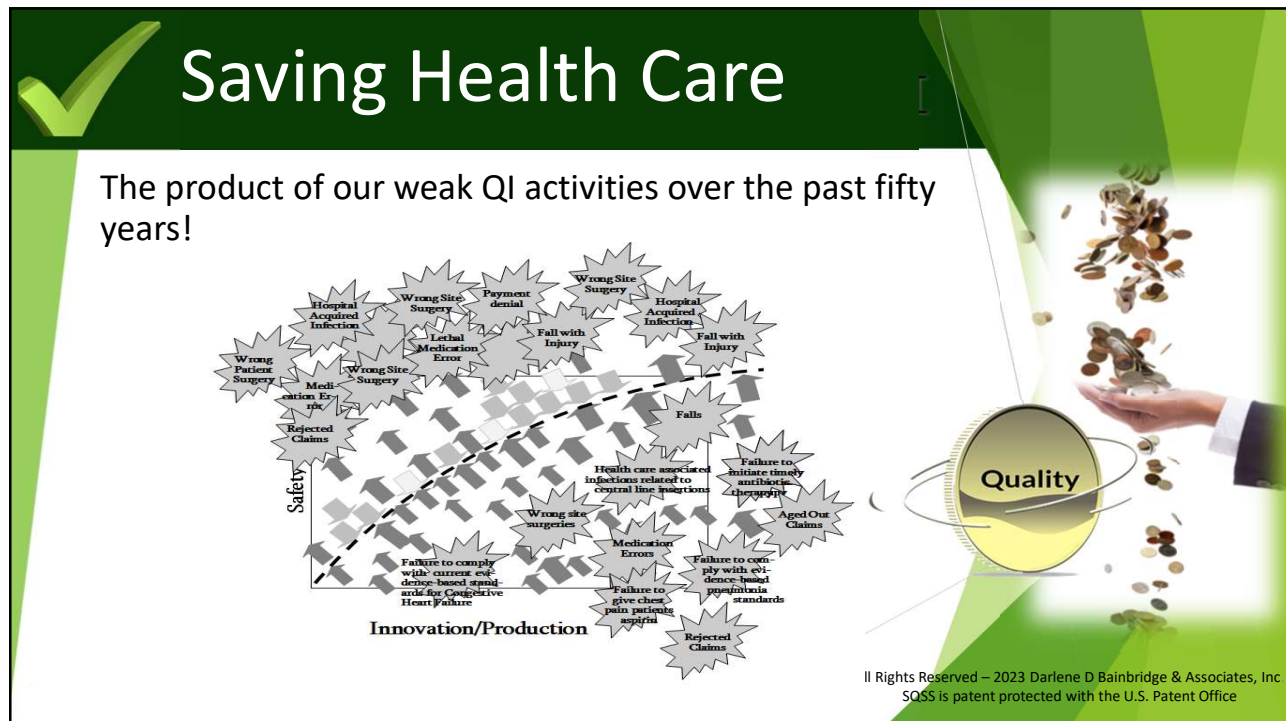


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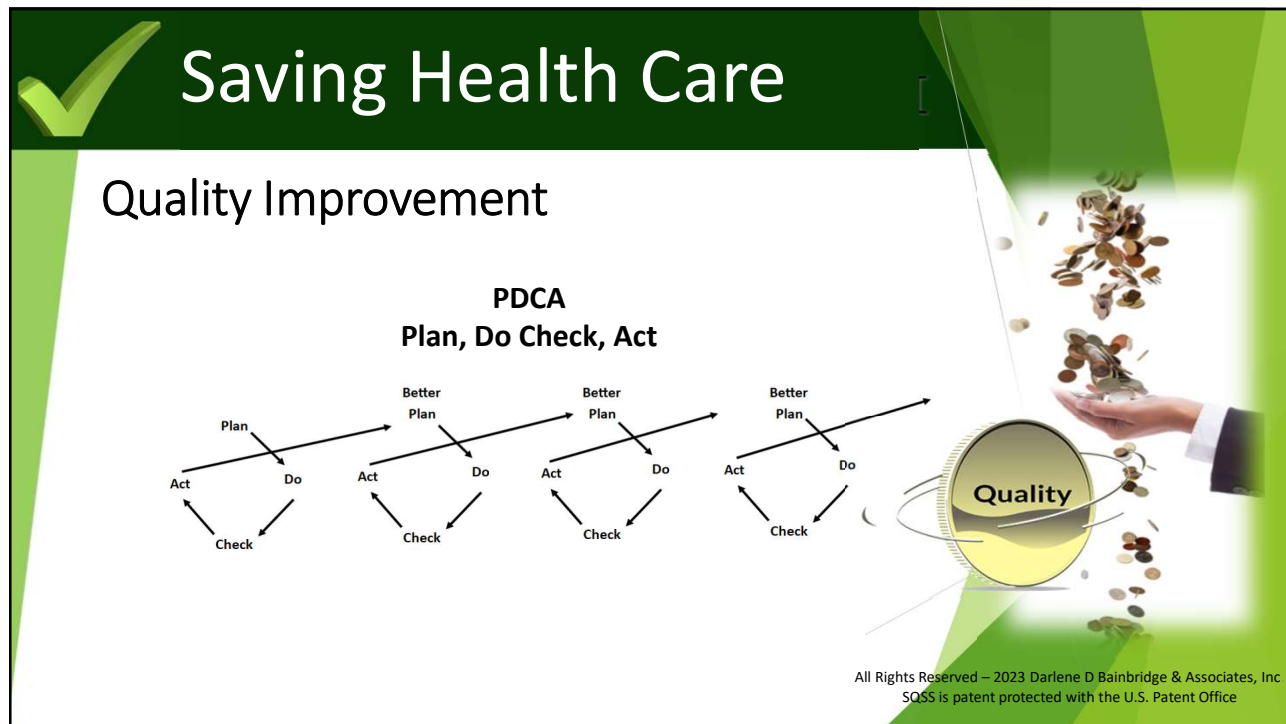
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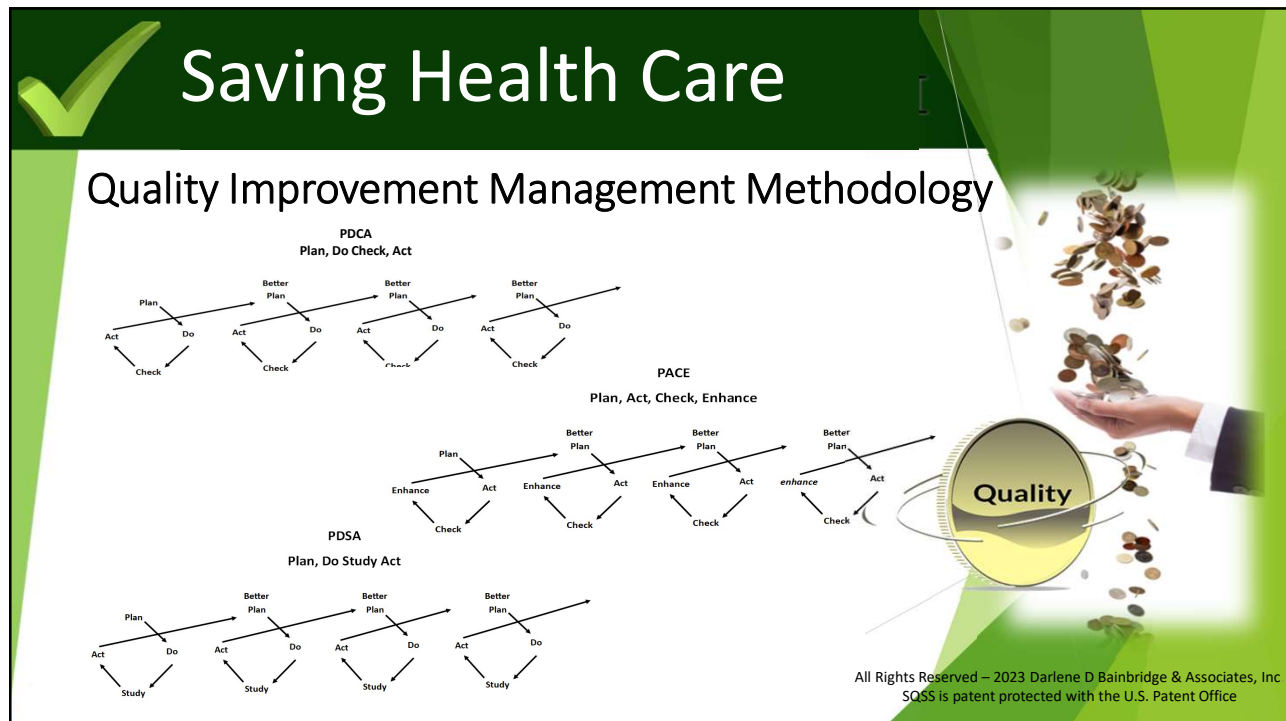
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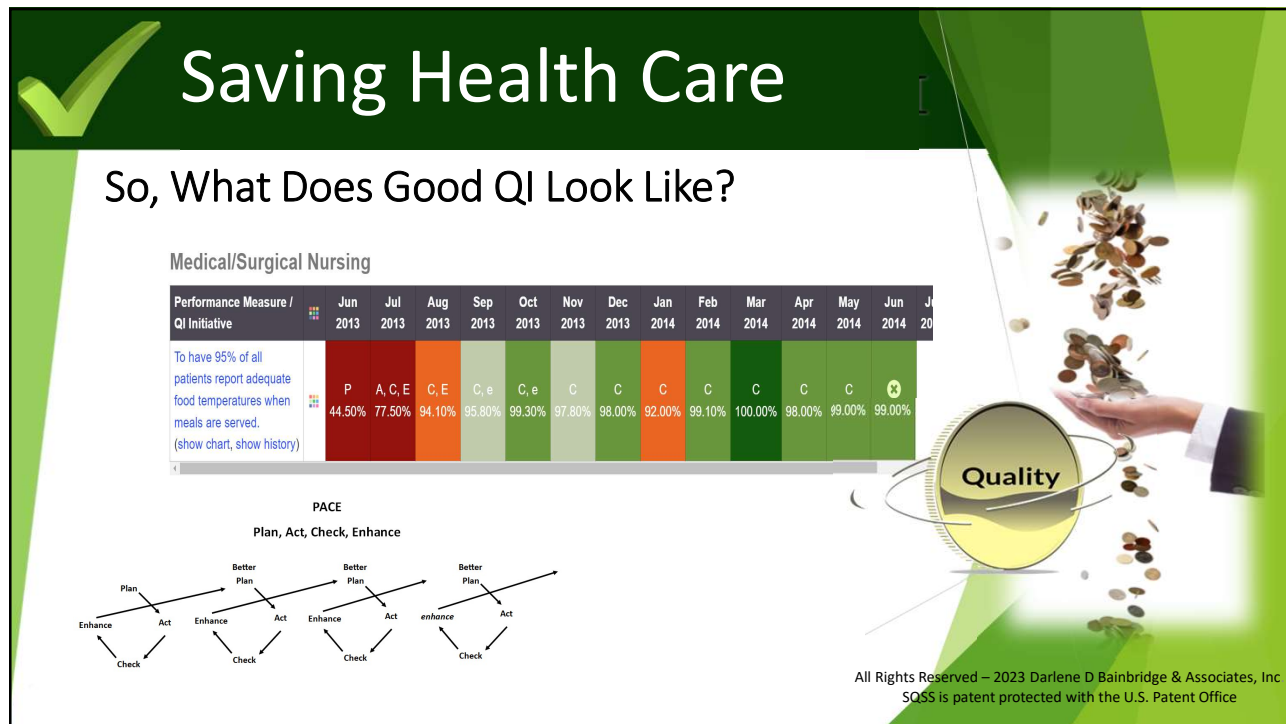
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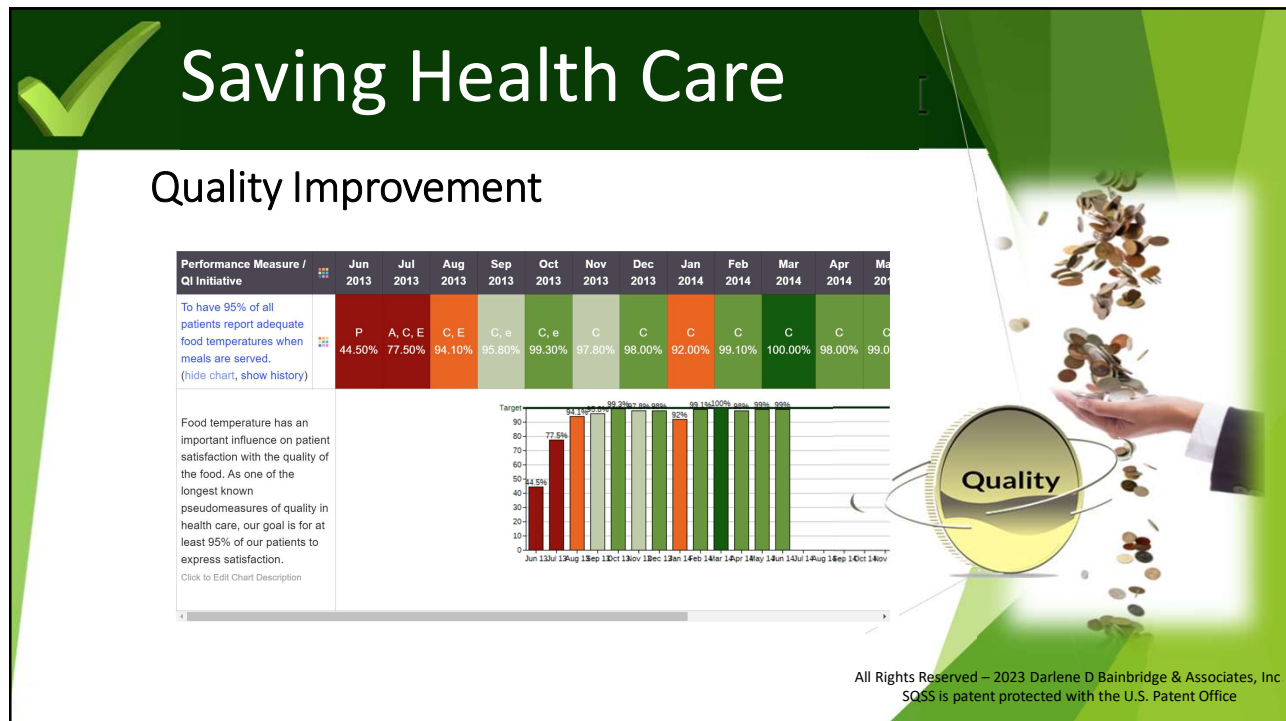
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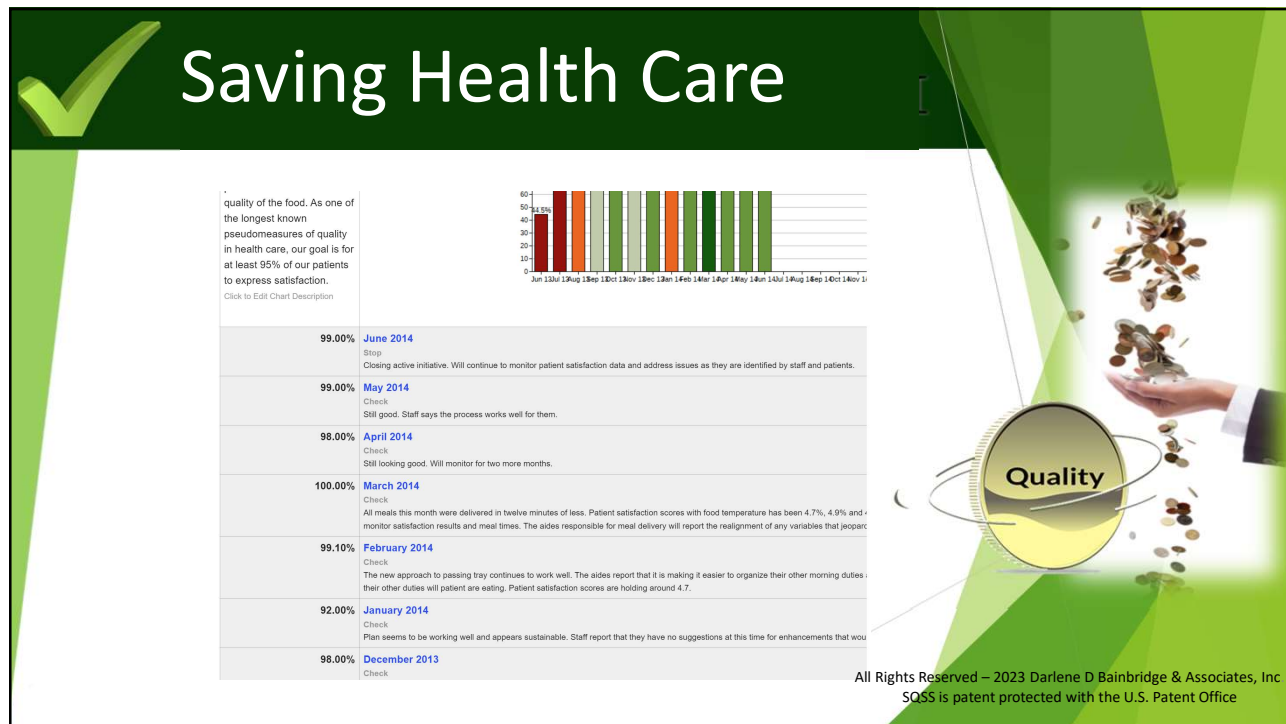
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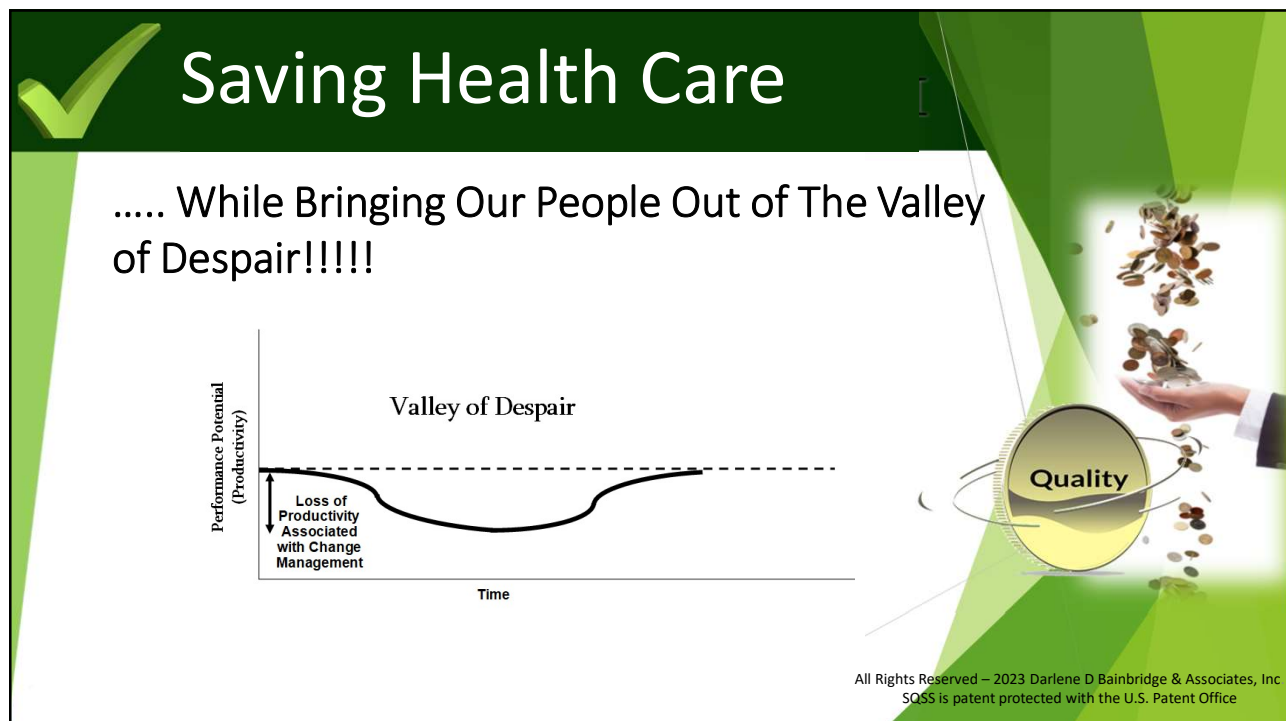
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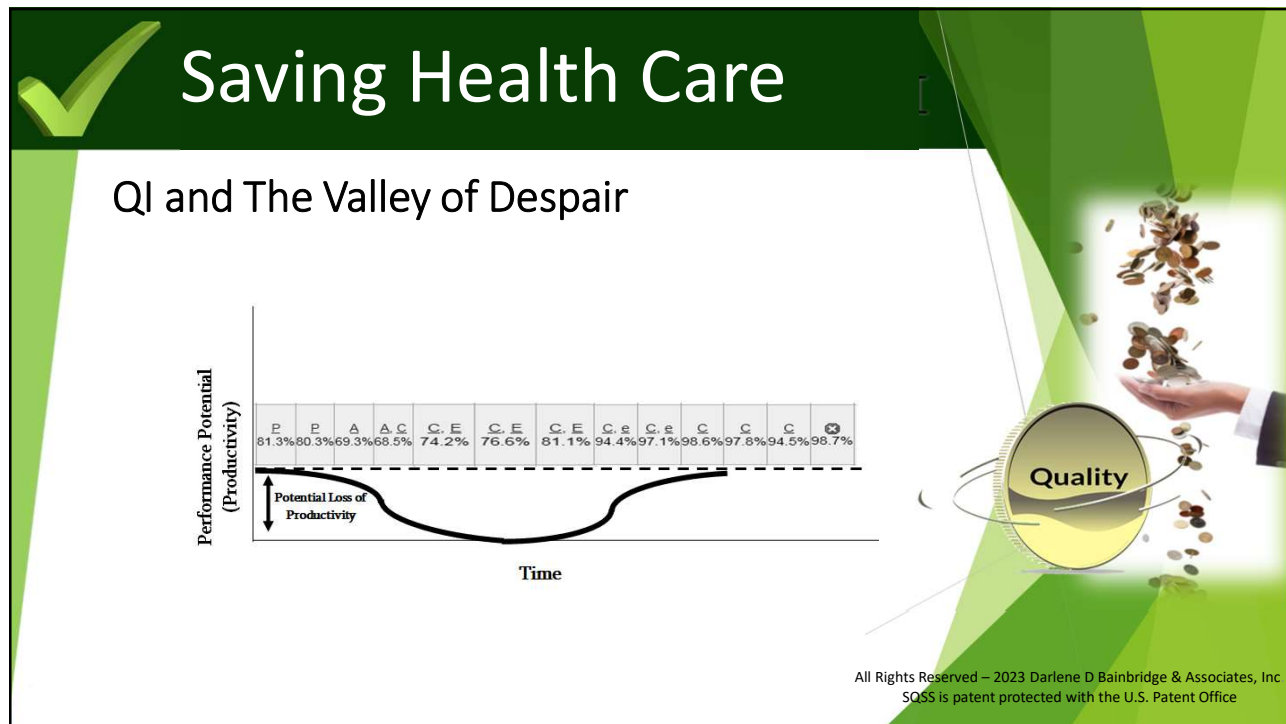
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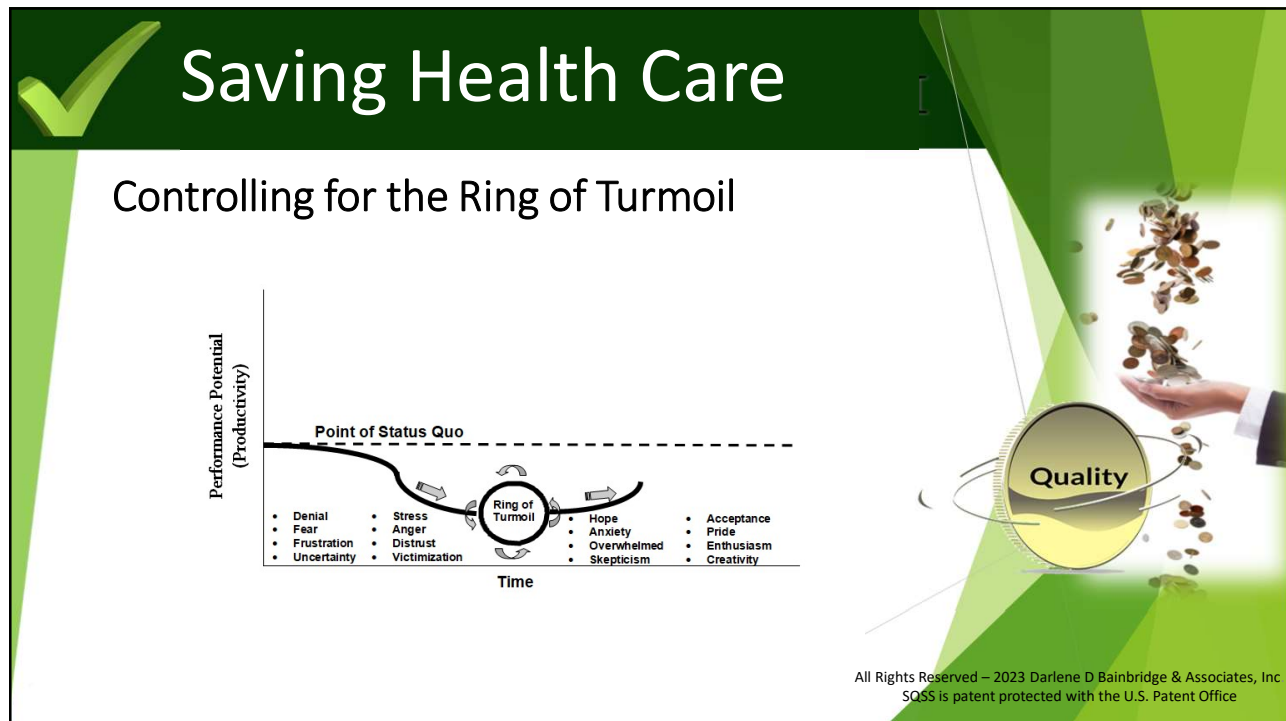
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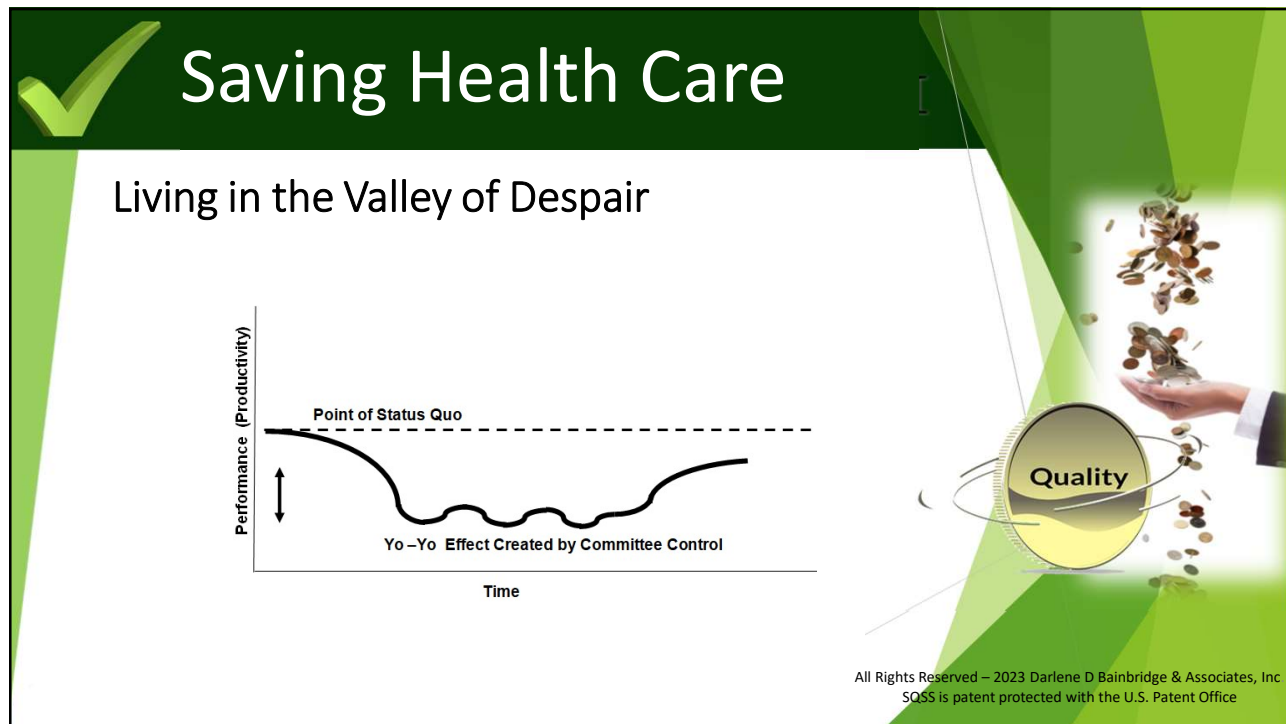
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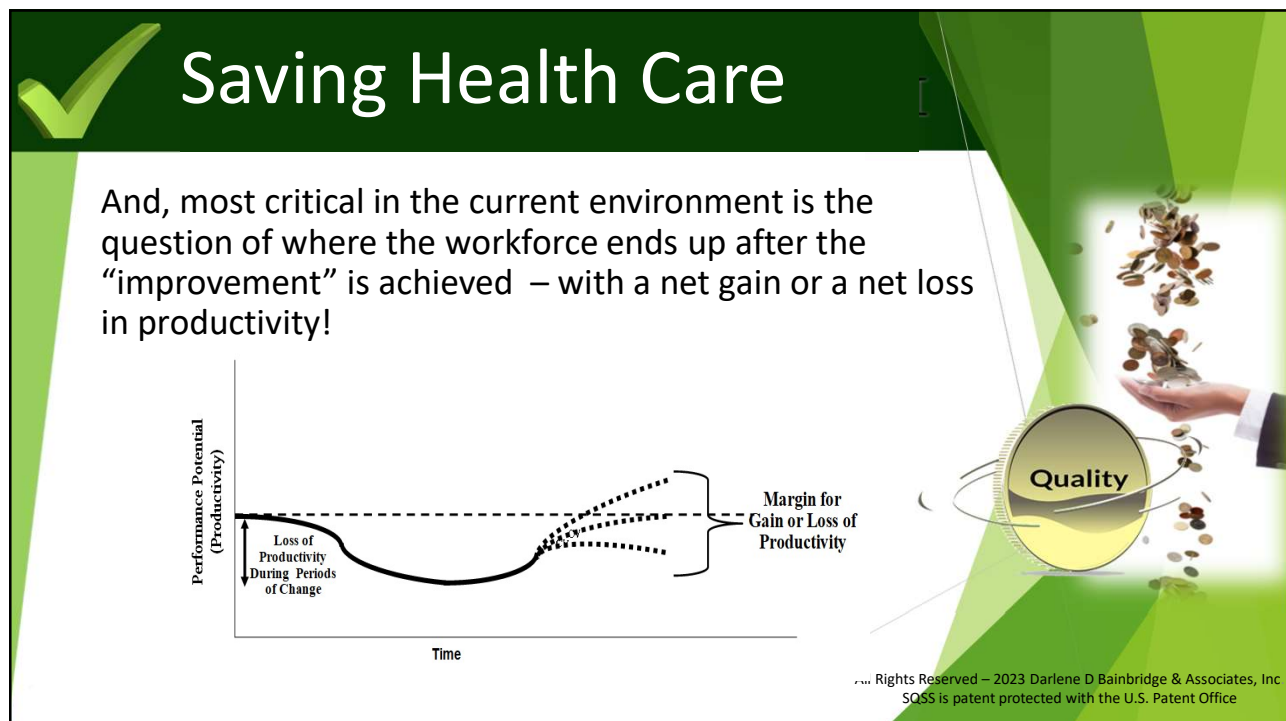
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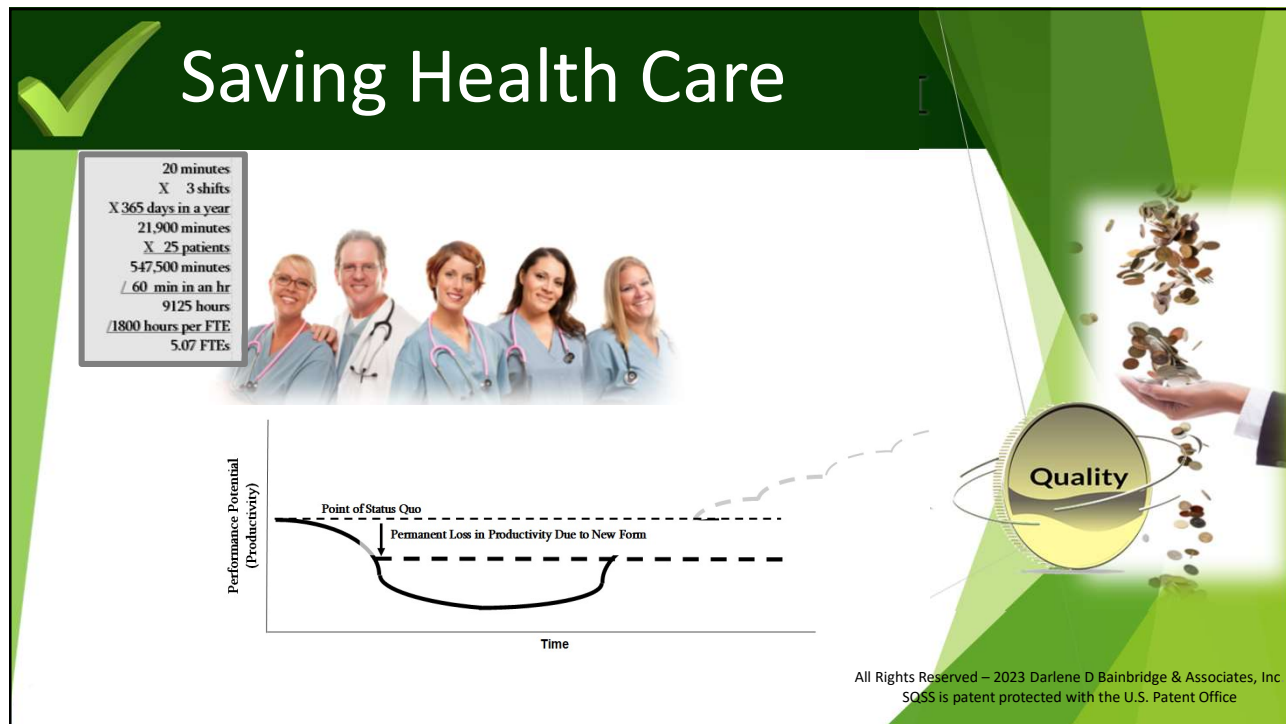
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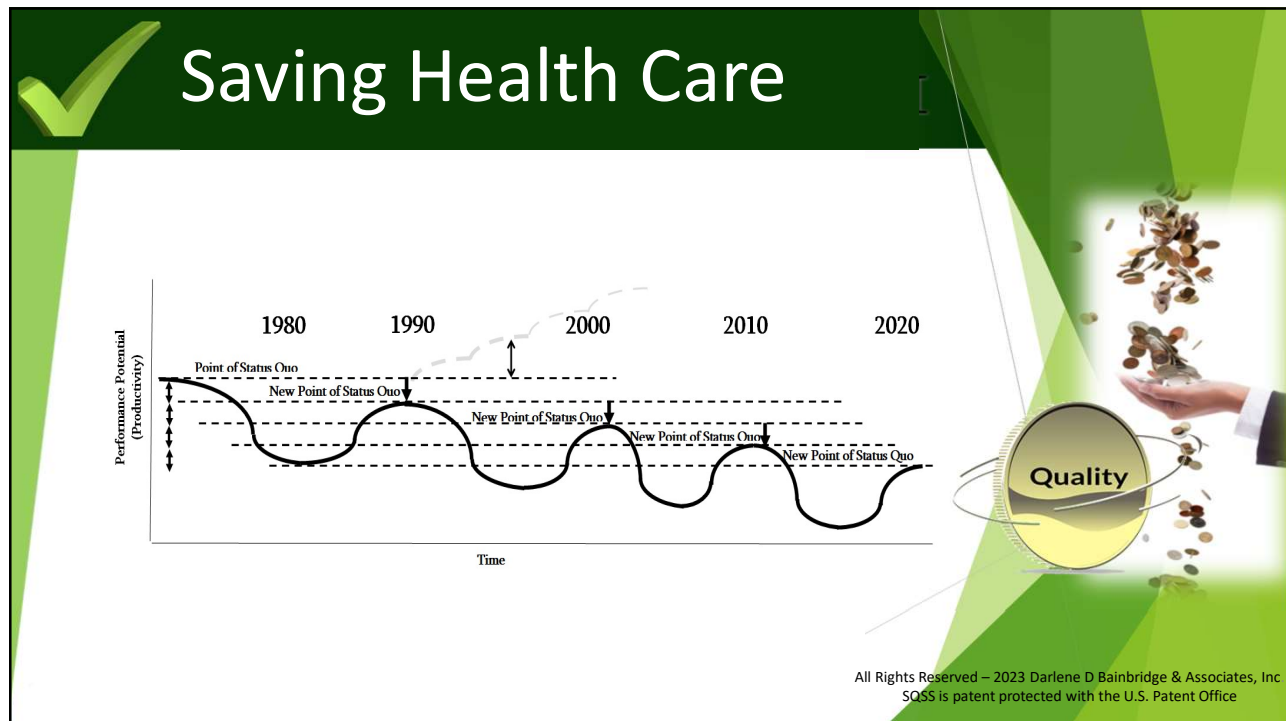
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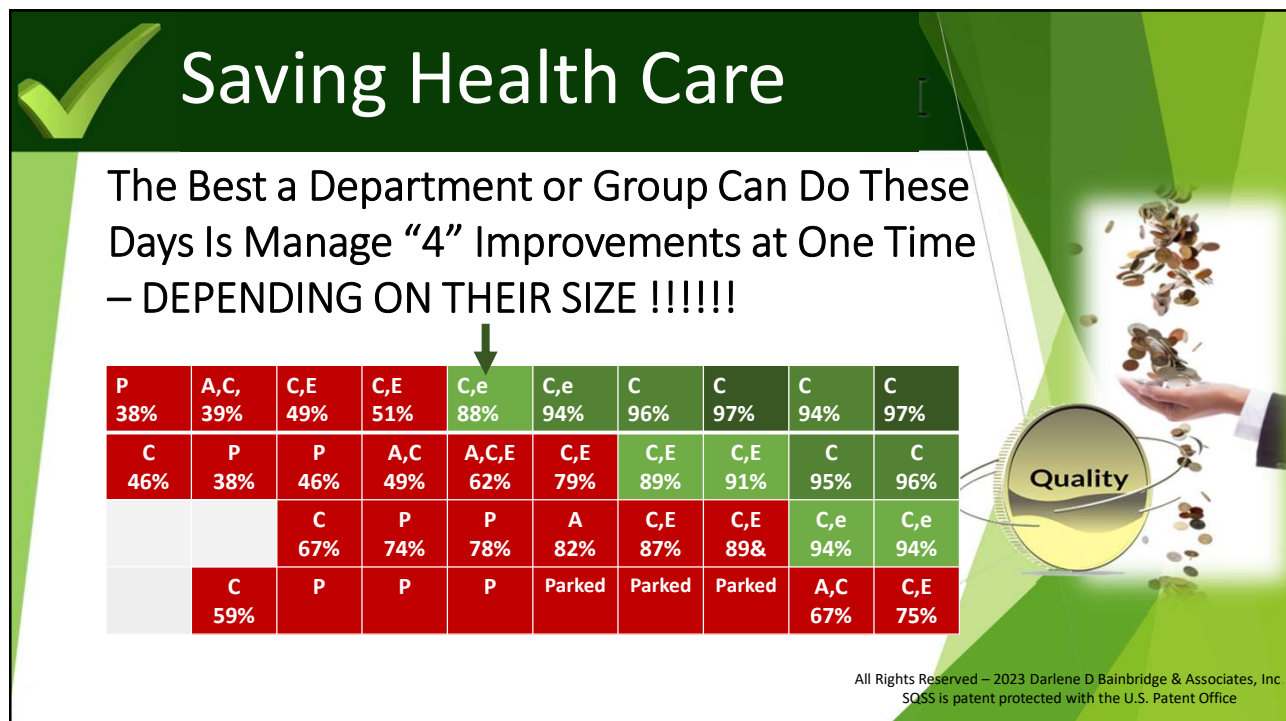
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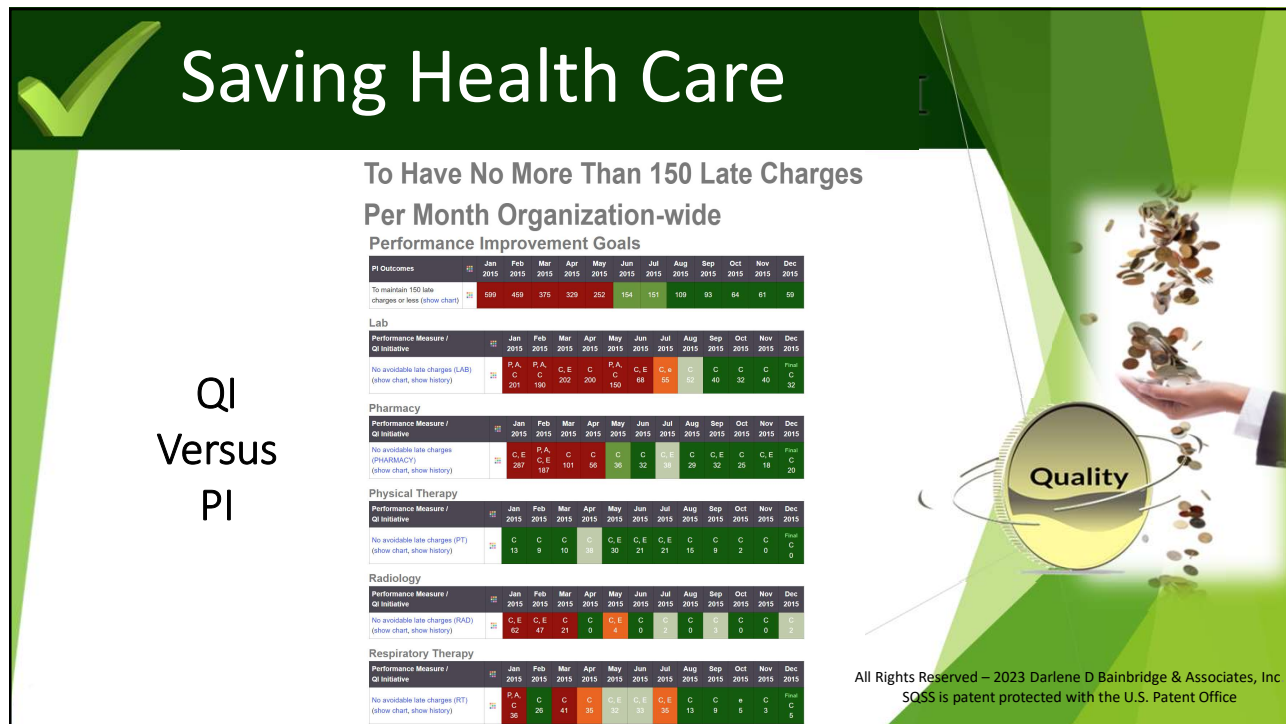
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Welcome to Anywhere Community Hospital's Surgery Center

Our Commitment to Chasing Zero in Surgery-Related Error Rates

Performance Measure / All Patients	Jan 2015	Feb 2015	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015
To have no surgical patient experience a moderate associated into operative complication that resulted in harm and a change in plan of care (other chart, other history)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
To have no surgical patient experience a moderate associated post-operative complication that resulted in harm and a change in plan of care (other chart, other history)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
To have no surgical cases where the wrong procedure was done on a patient (other chart, other history)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
To have no surgical cases where a surgical procedure was done on the wrong patient (other chart, other history)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
To have no patient experience a wrong site surgery (other chart, other history)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
To have no surgical patient develop a surgery-related infection following surgery (other chart, other history)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
To have no surgical patient experience a medication error as part of or for her surgery experience (other chart, other history)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Our Commitment to Creating a Great Patient Experience

Performance Measure / All Patients	Jan 2015	Feb 2015	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015
Consentment of patient care (other chart, other history)	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Staff efforts to alleviate your pain (other chart, other history)	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Response of department personnel (other chart, other history)	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Staff efforts to find solutions to any problems that came up during your surgical visit (other chart, other history)	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Efforts made by your department and medical providers to include you in decisions about your care (other chart, other history)	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Concern displayed by the physicians and other caregivers for your safety (other chart, other history)	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Staff efforts to make you feel safe during patient care (other chart, other history)	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Staff efforts to always explain their role and responsibility in your care (other chart, other history)	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Adequacy of instructions about medicines and medications after discharge (other chart, other history)	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Adequacy of instructions about medications you have to take after discharge (other chart, other history)	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Staff efforts to always explain their role and responsibility in your care (other chart, other history)	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Staff efforts to find solutions to any problems that came up after your discharge (other chart, other history)	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

Our Commitment to Chasing One-Hundred in Adopting National Standards for Advancing Patient Care and Safety

Performance Measure / All Patients	Jan 2015	Feb 2015	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015
To have all surgical patients report satisfaction with their surgical experience on each day 10 (other chart, other history)	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
To have the surgical interventions for patients less than 100 minutes (other chart, other history)	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
To have all surgical patients report satisfaction with the care experience on the surgical patient experience call (other chart, other history)	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
To have all surgical cases that follow 10 minutes of established time (other chart, other history)	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
To have all surgical patients receive preoperative antibiotics for 30 minutes of infection prevention in compliance with current national standards (other chart, other history)	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
To have all surgical cases meet patient safety standards as outlined by the American College of Surgeons and Association of perianesthesia Registered Nurses (other chart, other history)	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

Quality

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What Is Not Working For You.....

Then Turn It Into a Well Managed Rapid Cycle Quality Improvement Initiative So It Does!!!!!!

Quality

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