

✓ 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

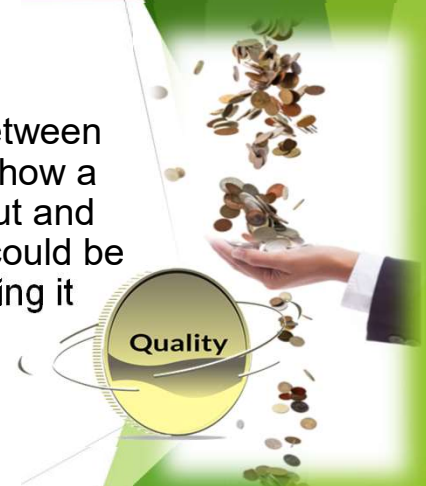
Quality

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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.

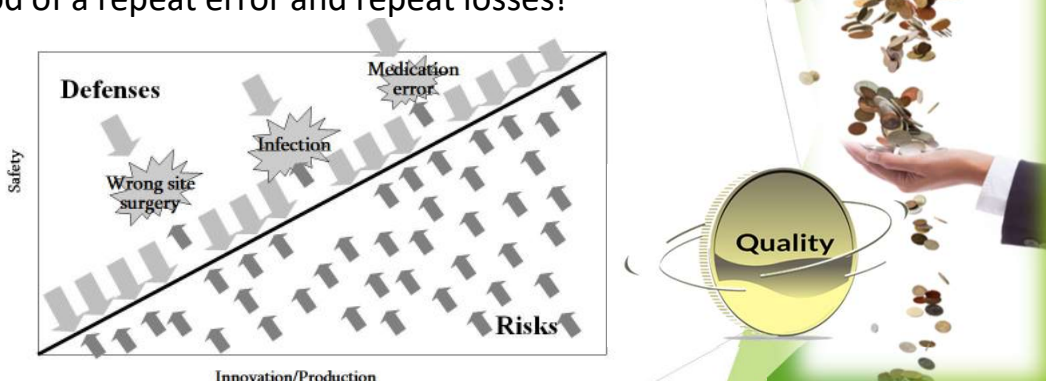


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Rapidly closing holes in the line so to minimize the likelihood of a repeat error and repeat losses!



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Controlling the Line!

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The product of our weak QI activities over the past fifty years!

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Quality Improvement

PDCA
Plan, Do Check, Act

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Quality Improvement Management Methodology

PDCA
Plan, Do Check, Act

PACE
Plan, Act, Check, Enhance

PDSA
Plan, Do Study Act

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So, What Does Good QI Look Like?

Medical/Surgical Nursing

Performance Measure / QI Initiative	Jun 2013	Jul 2013	Aug 2013	Sep 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014	Feb 2014	Mar 2014	Apr 2014	May 2014	Jun 2014
To have 95% of all patients report adequate food temperatures when meals are served. (show chart, show history)	P 44.50%	A, C, E 77.50%	C, E 94.10%	C, e 95.80%	C, e 99.30%	C 97.80%	C 98.00%	C 92.00%	C 99.10%	C 100.00%	C 98.00%	C 99.00%	C 99.00%

PACE
Plan, Act, Check, Enhance

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Quality Improvement

Performance Measure / QI Initiative	Jun 2013	Jul 2013	Aug 2013	Sep 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014	Feb 2014	Mar 2014	Apr 2014	Ma 2014
To have 95% of all patients report adequate food temperatures when meals are served. (hide chart, show history)	P 44.50%	A, C, E 77.50%	C, E 94.10%	C, e 95.80%	C, e 99.30%	C 97.80%	C 98.00%	C 92.00%	C 99.10%	C 100.00%	C 98.00%	C 99.00%

Food temperature has an important influence on patient satisfaction with the quality of the food. As one of the longest known pseudomeasures of quality in health care, our goal is for at least 95% of our patients to express satisfaction.

Click to Edit Chart Description

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quality of the food. As one of the longest known patient features of quality in health care, our goal is for at least 95% of our patients to express satisfaction.

Click to Edit Chart Description

Month	Percentage
Jan 2013	85%
Feb 2013	86%
Mar 2013	87%
Apr 2013	88%
May 2013	89%
Jun 2013	90%
Jul 2013	91%
Aug 2013	92%
Sep 2013	93%
Oct 2013	94%
Nov 2013	95%
Dec 2013	98%

Quality

99.00% **June 2014**
Stop
2 new patients in June. All continue to monitor patient satisfaction data and address issues as they are identified by staff and patients.

99.00% **May 2014**
Check
Still good. Staff enjoy the process, so we will for them.

98.00% **April 2014**
Check
Still looking good. Will monitor for two more months.

100.00% **March 2014**
Check
All meals (breakfast) were delivered in less than 15 minutes. Patient satisfaction scores with food temperature has been 4.7 to 4.9, and 100% monitor satisfaction for the first 15 minutes. The added responsibility for meal delivery will impact the assignment of any resources that people

99.10% **February 2014**
Check
The new approach to sending trays continues to be well. The data report that it is making it easier to separate their evening duties. Their other duties will continue to be added. Patient satisfaction scores are trending around 4.7.

92.00% **January 2014**
Check
Plans seem to be working well at all departments. Staff report that they have no suggestions at this time for improvements to the work

98.00% **December 2013**
Check

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..... While Bringing Our People Out of The Valley of Despair!!!!

Quality

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QI and The Valley of Despair

P	P	A	A	C	C	C	C	C	C	C	C	C	C	C	C	C	C
81.3%	80.3%	69.3%	68.5%	74.2%	76.6%	81.1%	94.4%	97.1%	98.6%	97.8%	94.5%	98.7%					

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Controlling for the Ring of Turmoil

- Denial
- Stress
- Hope
- Acceptance
- Fear
- Anger
- Anxiety
- Pride
- Frustration
- Distrust
- Overwhelmed
- Enthusiasm
- Uncertainty
- Victimization
- Skepticism
- Creativity

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Living in the Valley of Despair

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And, most critical in the current environment is the question of where the workforce ends up after the “improvement” is achieved – with a net gain or a net loss in productivity!

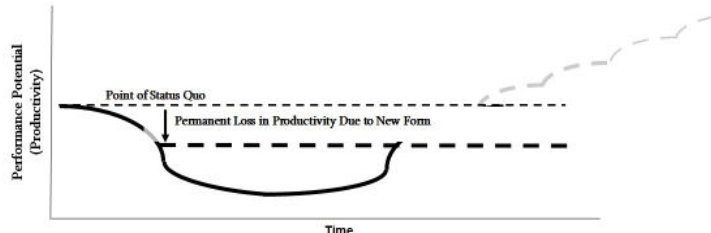
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20 minutes
 X 3 shifts
 X 365 days in a year
 21,900 minutes
 X 25 patients
 547,500 minutes
 / 60 min in an hr
 9125 hours
 / 1800 hours per FTE
 5.07 FTEs

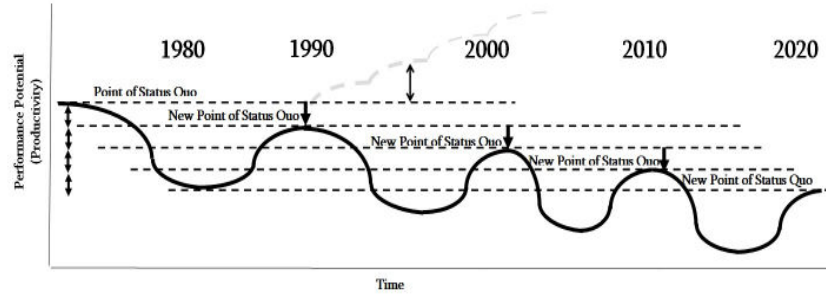








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Manage Every Initiative With the Goal of Results, Reducing Waste and Improving Productivity!!!!

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The Best a Department or Group Can Do These Days Is Manage “4” Improvements at One Time – DEPENDING ON THEIR SIZE !!!!!

P 38%	A,C, 39%	C,E 49%	C,E 51%	C,e 88%	C,e 94%	C 96%	C 97%	C 94%	C 97%
C 46%	P 38%	P 46%	A,C 49%	A,C,E 62%	C,E 79%	C,E 89%	C,E 91%	C 95%	C 96%
		C 67%	P 74%	P 78%	A 82%	C,E 87%	C,E 89%	C,e 94%	C,e 94%
	C 59%	P	P	P	Parked	Parked	Parked	A,C 67%	C,E 75%

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QI Versus PI

To Have No More Than 150 Late Charges Per Month Organization-wide

Performance Improvement Goals

Performance Measure / Objective	Jan 2019	Feb 2019	Mar 2019	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019
PROCESSES												
To maintain 150 or fewer late charges per month	142	159	275	208	232	159	151	109	90	67	47	59
Lab												
Performance Measure / Objective	Jan 2019	Feb 2019	Mar 2019	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019
To maintain 150 or fewer late charges per month	159	15	242	200	160	98	91	50	41	22	40	31
Pharmacy												
Performance Measure / Objective	Jan 2019	Feb 2019	Mar 2019	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019
To maintain 150 or fewer late charges per month	159	15	242	200	160	98	91	50	41	22	40	31
Physical Therapy												
Performance Measure / Objective	Jan 2019	Feb 2019	Mar 2019	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019
To maintain 150 or fewer late charges per month	159	15	242	200	160	98	91	50	41	22	40	31
Radiology												
Performance Measure / Objective	Jan 2019	Feb 2019	Mar 2019	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019
To maintain 150 or fewer late charges per month	159	15	242	200	160	98	91	50	41	22	40	31
Respiratory Therapy												
Performance Measure / Objective	Jan 2019	Feb 2019	Mar 2019	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019
To maintain 150 or fewer late charges per month	159	15	242	200	160	98	91	50	41	22	40	31



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QI Versus PI

To achieve 95% satisfaction with staff friendliness

Performance Improvement Goals

Performance Measure / Objective	Jan 2022	Feb 2022	Mar 2022	Apr 2022	May 2022	Jun 2022
Outcomes						
To achieve 95% satisfaction with staff friendliness (score chart)	93.00%	93.33%	94.17%	95.00%	95.00%	95.00%
Emergency Room						
Performance Measure / Objective	Jan 2022	Feb 2022	Mar 2022	Apr 2022	May 2022	Jun 2022
To achieve at least 95% satisfaction with staff friendliness (SR)	93.00%	93.00%	93.00%	95.00%	95.00%	95.00%
ICU						
Performance Measure / Objective	Jan 2022	Feb 2022	Mar 2022	Apr 2022	May 2022	Jun 2022
To achieve at least 95% satisfaction with staff friendliness (ICU)	93.00%	93.00%	95.00%	95.00%	95.00%	95.00%
Lab						
Performance Measure / Objective	Jan 2022	Feb 2022	Mar 2022	Apr 2022	May 2022	Jun 2022
To achieve at least 95% satisfaction with staff friendliness (LAB)	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
Medical/Surgical Nursing - Floor 2						
Performance Measure / Objective	Jan 2022	Feb 2022	Mar 2022	Apr 2022	May 2022	Jun 2022
To achieve at least 95% satisfaction with staff friendliness (Nursing)	93.00%	95.00%	95.00%	95.00%	95.00%	95.00%
Obstetrics						
Performance Measure / Objective	Jan 2022	Feb 2022	Mar 2022	Apr 2022	May 2022	Jun 2022
To achieve at least 95% satisfaction with staff friendliness (OB)	100.00%	100.00%	100.00%	95.00%	100.00%	100.00%
Respiratory Therapy						
Performance Measure / Objective	Jan 2022	Feb 2022	Mar 2022	Apr 2022	May 2022	Jun 2022
To achieve at least 95% satisfaction with staff friendliness (RT)	95.00%	100.00%	100.00%	100.00%	95.00%	95.00%



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Welcome to Anywhere Community Hospital's Surgery Center

Our Commitment to Closing Zero in Surgery-Related Error Rates

Category	2019	2020	2021	2022	2023
1. Failure to follow standard of care	100%	100%	100%	100%	100%
2. Failure to follow standard of care	100%	100%	100%	100%	100%
3. Failure to follow standard of care	100%	100%	100%	100%	100%
4. Failure to follow standard of care	100%	100%	100%	100%	100%
5. Failure to follow standard of care	100%	100%	100%	100%	100%
6. Failure to follow standard of care	100%	100%	100%	100%	100%
7. Failure to follow standard of care	100%	100%	100%	100%	100%
8. Failure to follow standard of care	100%	100%	100%	100%	100%
9. Failure to follow standard of care	100%	100%	100%	100%	100%
10. Failure to follow standard of care	100%	100%	100%	100%	100%

Our Commitment to Creating a Great Patient Experience

Category	2019	2020	2021	2022	2023
1. Patient safety	100%	100%	100%	100%	100%
2. Patient safety	100%	100%	100%	100%	100%
3. Patient safety	100%	100%	100%	100%	100%
4. Patient safety	100%	100%	100%	100%	100%
5. Patient safety	100%	100%	100%	100%	100%
6. Patient safety	100%	100%	100%	100%	100%
7. Patient safety	100%	100%	100%	100%	100%
8. Patient safety	100%	100%	100%	100%	100%
9. Patient safety	100%	100%	100%	100%	100%
10. Patient safety	100%	100%	100%	100%	100%

Our Commitment to Closing One-Fifth on Adopting National Standards for Advancing Patient Care and Safety

Category	2019	2020	2021	2022	2023
1. Patient safety	100%	100%	100%	100%	100%
2. Patient safety	100%	100%	100%	100%	100%
3. Patient safety	100%	100%	100%	100%	100%
4. Patient safety	100%	100%	100%	100%	100%
5. Patient safety	100%	100%	100%	100%	100%
6. Patient safety	100%	100%	100%	100%	100%
7. Patient safety	100%	100%	100%	100%	100%
8. Patient safety	100%	100%	100%	100%	100%
9. Patient safety	100%	100%	100%	100%	100%
10. Patient safety	100%	100%	100%	100%	100%

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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