Creating a Culture of Quality in Healthcare

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Church Health
Quality — define it for your organization

• Fostering a culture of excellence
• Prioritizing person-centered, trusted care
• Engaging the larger community to serve our neighbors better
• Offering cost-effective services based on best practices and aligned with national standards
# Quality Program at Church Health

<table>
<thead>
<tr>
<th>Internal Strategy</th>
<th>External Programming</th>
<th>Continuous Improvement</th>
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<tbody>
<tr>
<td><strong>Purpose:</strong></td>
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<tr>
<td>- Achieve organization goals to further the mission</td>
<td>- Informs on new approaches to ‘best practices’</td>
<td>- Internally evaluates and improves upon processes</td>
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<td><strong>Examples:</strong></td>
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<tr>
<td>- Driver Diagrams</td>
<td>- Patient-Centered Medical Home</td>
<td>- Using data to monitor processes</td>
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<td>- Organization Dashboard</td>
<td>- Transforming Clinical Practices Initiative</td>
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<td>- MACRA/MIPS</td>
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Process and Quality Improvement

True “process improvements” usually **DO NOT** come from:

- working harder using a broken or inefficient process
- education or re-education
- blaming / threatening / coercion / policies

“Every system is perfectly designed to get the results it gets”

Paul Batalden
Culture eats Strategy for breakfast!
Quality Improvement Culture: Key Factors

• "Just Culture"
• Team-based solutions
• Judgment free zone
• Comparison data
• Data-based decision making
The Early Days: A Church Health Improvement Story

- Our issue: Hypertension control
- Our setting:
  - Patient-centered medical home
  - Good appointment access
  - Super smart doctors
  - Committed staff
  - We love our patients and our patients love us
November 2012: Data Shock

35%
Stages of Data Grief...

1. Denial – The data is wrong.
2. Anger - The data is right but it’s not MY problem!
3. Bargaining – The data would be right if we could take out this bit here, tweak this range there...
4. Depression - The data is right, but there’s nothing we can do about it...
5. Acceptance – The data is right, and it’s our responsibility to get working on improving it.
The Plan

1. Agree on an improvement plan framework
2. Team-based care AND responsibility for outcomes
3. Start with quick “easy” wins
4. Transparent reporting
5. Continue to nurture a culture of improvement
Step One: ORGANIZING OUR WORK

An improvement framework
HYPERTENSION DRIVER DIAGRAM

<table>
<thead>
<tr>
<th>OUTCOME</th>
<th>PRIMARY DRIVERS</th>
<th>SECONDARY DRIVERS</th>
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<tbody>
<tr>
<td>Blood Pressure Management</td>
<td>Good BP Measurement</td>
<td>Automatic calls and measurement protocol</td>
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<td></td>
<td>System Follow-up</td>
<td>BP check appointment types</td>
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<tr>
<td></td>
<td>Treatment</td>
<td>Return to clinic orders</td>
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<tr>
<td></td>
<td></td>
<td>Appointment reminder process</td>
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<td></td>
<td></td>
<td>Refill protocols/bansers</td>
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<tr>
<td></td>
<td>Medication Compliance &amp; Patient Health Literacy</td>
<td>Decrease therapeutic inertia</td>
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<tr>
<td></td>
<td></td>
<td>Increase therapeutic efficiency</td>
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<tr>
<td></td>
<td>Lifestyle Modifications</td>
<td>Patient education/ABCs of Hypertension</td>
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<td></td>
<td></td>
<td>Health coaching/goal setting with patient</td>
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<tr>
<td></td>
<td></td>
<td>Access to medication bansers</td>
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<tr>
<td></td>
<td></td>
<td>Access to wellness services</td>
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<td></td>
<td></td>
<td>Social marketing opportunities</td>
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Communicating Strategy

Why it’s important that all staff know the strategy:

• Whole organization working towards common goal
• Gain insight from staff – helps shape future strategic planning
• Increased joy in the workplace
• Everyone is an ambassador of your strategy!
Key Components of ‘How’

• Be clear & concise
• Define your terms
  • Avoid jargon
  • Tell staff how you plan to measure your achievement
• Articulate the ‘Why’
• Relate it back to what they know
  • MVV
  • Core Competencies
  • Known strategic challenges
• Use SMART goals
Goal: To decrease the cost per patient at our clinic.

**S** – What processes at our clinic affect this number? What changes could be made to decrease this number?

**M** – What measures could influence our results? Are these numbers readily available?

**A** – What level of change is attainable? Do we have the staff / tech to achieve this goal?

**R** – How will I ensure that my aims impact my goal?

**T** – What time periods will I take my measurements? When will I evaluate my results?
How will you know you’re successful? Manage by Fact!

Managing by Fact – Data based Decision-making

• Sometimes we remember the worst or best of times... not the typical day.
• Sometimes we plan for the 5% worst case scenario, instead of making plans around what happens 90% of the time.
• Sometimes we make decisions from our gut or emotions, anecdotal stories, or here say.
• Sometimes we avoid difficult decisions because it makes us feel uncomfortable or upset.

All of the above happen because we are human and most behavior in humans is guided from our emotions. Managing by fact is a way to use data as much as possible to inform our decision-making process.
Benchmarking

• The “benchmark” = comparison point, ideally a high performing goal to reach
• A method for continuous quality improvement
• Different kinds of benchmarking:
  • Internal
  • External (Competitive)
  • Functional
  • Generic
Step Two: WE’RE ALL IN THIS TOGETHER

Team-based responsibility for outcomes
De-blaming the Physician

1. Physicians are achievement-oriented
   • Proactively counter physician-blaming by self or others
   • Celebrate improvement increases, not just “top scores”

2. Report on QI processes that are responsibilities of other team members

3. Name Physician teams and report by team names
Psychology of Change

Defined as: *the science and art of human behavior as it relates to transformation.*

In the end, we have to rely on people to implement or abide by our change.

Call us to **activate the agency** of individuals.

Agency: the ability of an individual or group to choose to act with purpose.
Reframing the Question:

From:
How can I get all these people to do what I want them to do?

To:
How can I get all these people to do what they want to do?

Source: Institute for Healthcare Improvement
Rate at Which Change Spreads: People

Source: Institute for Healthcare Improvement
Step Three: GRAB THE LOW-HANGING FRUIT FIRST

Starting with quick wins
Where to begin?

• Look at your driver diagram:
  • Which activities seem easiest to implement?
  • Which activities seem to have the greatest impact?
  • Keep it simple
  • Start small
7 Types of Waste

Part of Lean Methodology

‘Waste’ defined as: any task that utilizes resources but does not add any value for your customer.

Value added tasks:
- Something your customer cares about
- The task advances the service delivery
- Can be done correctly the first time, consistently
7 Types of Waste

- **Overproduction**: Production that is more than needed or before it is needed.
- **Transportation**: Unnecessary movements of products & materials.
- **Waiting**: Wasted time waiting for the next step in a process.
- **Overprocessing**: More work or higher quality than is required by the customer.
- **Defects**: Efforts caused by rework, scrap, and incorrect information.
- **Inventory**: Excess products and materials not being processed.
- **Motion**: Unnecessary movements by people (e.g., walking).
Voice of the Customer (VOC)

• Voice of those we serve and those who help us serve better!

• A process for obtaining a customers’ wants and needs.

• Is a process used to capture the requirements/feedback from the customer (internal or external) to provide the customers with the best in class quality.

• This process is about being proactive and constantly innovative to capture the changing requirements of the customers.

• The “voice of the customer” is the term used to describe the stated and unstated needs or requirements of the customer.
Methods for VOC

• Interviews (formal or informal)
• Focus Groups
• Surveys
• Point-of-use Observations
Process Mapping

1. Start making pasta
2. Fill pan with water
3. Put pan on stove
4. Turn on stove
5. Is the pasta ready?
   - No: Wait for pasta to cook.
   - Yes: Add dry pasta
4. Is the water boiling?
   - Yes: Drain water
   - No: Wait for water to boil
3. Add dry pasta
2. Turn on stove
1. Start making pasta
Swim Lane Example

Current State: The Pizza Place

- **Get Ticket**
- **Assemble Tools & Chop Veggies**
- **Start to Coat Pizza with Olive Oil**
- **Coat Pizza with Olive Oil**
- **Drop Off Dough**
- **Add Pepperoni, Cheese**
- **Plate the Baked Pizza**

- **Get Dough**
- **Get Extra Dough**
- **Get More Olive Oil**
- **Get More Pepperoni, Cheese**

- **Add Tomato Sauce**
- **Get Pepperoni & Cheese**

- **Bake Pizza**
Tools are Collaborative

Patient Assistance Team used Process Mapping to identify ‘Waste’ present in their process.
Three Questions for Continuous Improvement

1. What are we trying to accomplish? (setting aims)

2. How will we know that a change is an improvement? (establishing measures)

3. What change can we make that may result in improvement? (selecting changes)
Model for improvement

*Institute for Healthcare Improvement*
“Truth is found more often from mistakes than from confusion.”
- Francis Bacon, 1561 - 1626
Run Charts: change over time

Meaningful Increments of Time
(days, weeks, months, quarters, years)
Step Four: STRETCH THE COMFORT ZONE

Transparent reporting
% of Patients with BP < 140/90
Assigned patients seen 2 or more times during measurement period


Healthy People 2020 goal

Provider Team: A, B, C, D, E, CHC Total
“How to” for Transparent Reporting

- Celebrate the Bright Spots
- Provider Champion
- Move through the Stages of Grief
CH Round One: Quick Wins

1. Correct Blood Pressure Measurement

2. ABC’s of HTN patient education handout

3. Provider group discussions:
   - Minimize therapeutic inertia
   - Medication strategies
   - Follow-up frequency

4. BP Checks at non Primary Care visits
   - Dental, Optometry, Physical Therapy, Lab, Volunteer Specialists
Invite Failure

• Failure is a learning opportunity
• Judgment free zone
• Short cycle tests of change are key to maximize learning from failure
CH Round One: Quick Fails

1. BP Check visit – trained front desk personnel to perform no charge BP Checks
2. Volunteer nurses calling patients overdue for HTN appointments
3. Goal setting by Medical Assistants – engaging patients in setting behavior goals at HTN visit
Step Five:
FOCUS ON THE LONG GAME

Nurturing a culture of improvement
High Impact Leadership

• **Person-centered**: be consistently person-centered in word and deed

• **Front-line engagement**: be a regular, authentic presence at the front line and a visible champion of improvement

• **Relentless focus**: remain focused on vision and strategy

• **Transparency**: require transparency about results, progress, aims, and failures

• **Boundarilessness**: encourage and practice systems thinking and collaboration across boundaries

*Source: IHI White Paper: High Impact Leadership*
Shared Strategic Plans

• Ensure staff understand the role they play in the success of your strategy
• Discuss how departmental strategies contribute to the org. strategy
• Encourage two way communication
• Visual Reminders

• Don’t go away!
Tips for Sustaining Change

- Sustain champion or leadership engagement
- Assign Ownership
- Hardwire Improvements
- Communicate
- Continuously Measure
Resources

• Institute for Healthcare Improvement (ihi.org)
  • White papers
  • Whiteboard videos
  • Toolkits
  • Conferences

• Tennessee Center for Performance Excellence (tncpe.org)
  • Affordable staff development opportunity (TNCPE Examiner Training)
  • Framework for performance excellence (Baldrige Model)

• Midsouth Quality Productivity Center (msqpc.com)
  • Lean Six Sigma certifications
  • Performance excellence trainings and resources for individuals and organizations