PERFORMANCE IMPROVEMENT:
THE HIDDEN LINK TO CREATING A CULTURE OF CLINICAL PERFORMANCE.

BY: BILLIE ANNE SCHOPPMAN AND DON JARRELL

"Our best is always getting better."

That's the intended goal in healthcare today. Healthcare providers are focused on delivering as much value as possible, and that means continually raising the bar in terms of improved patient care and financial performance. While everyone agrees that is the thing to do, many struggle to take the right actions to do that effectively and efficiently.

Regulatory reporting requirements must be met along with specific quality metrics to not only ensure reimbursement levels but also support compliance with these regulations. It's a tall job for any provider, large or small. But because meeting those explicit external requirements was, for many years, the primary - or only - driver of "quality" efforts, it is a common and easy practice to keep turning that same old crank in hopes of achieving the real goal of internally driven improvement.

Before laying out the important fundamental innovations recommended here, especially for those new to a leadership position in Quality, Safety/Risk or Performance Improvement functions, we should cover the basics that serve and position those needs and recommendations.

There are three primary areas that impact this value equation: quality management, risk management and performance improvement.

Healthcare quality involves the safe, effective, timely and cost-effective delivery of healthcare. As shown, we believe the traditional function of safety event reporting, which includes reporting and investigation of safety events and near misses, is part of that, but it is also a component of Enterprise Risk Management. ERM has evolved far beyond its previous focus on clinical matters in terms of corporate strategy and goals.

Clearly, avoiding injuries to patients from care that is intended to help them, avoiding the overuse and misuse of care, providing care that is appropriate to the specific needs of each patient, ensuring control over harmful delays for patients, and supporting the cost-effective and efficient use of equipment, supplies, physical facilities, and administrative personnel all are important to the overall goals regarding the quality of patient care and ERM.

Prista

In support of these goals, healthcare providers need the ability to gather and share data that is accurate, comprehensive and timely, providing insight about safety events such as falls, infections and mortality rates, readmissions, staff efficiency, administrative decision making, prescription management, possible litigation, outside vendors, accreditation agencies, government policies and compliance, reimbursements, and human resource management. These factors also impact costs, revenues and the bottom-line financial performance of the organization.

Even as organizations strive to address these issues, managing quality and risk and complying with reporting demands are only two legs of a three legged stool if we are to continuously improve patient care in tangible ways.

After all, we didn't get into this profession to enter data and generate reports. We all want to deliver real improvement in patient's lives.

The only way for an organization to achieve this goal is to create a culture of clinical performance. Without this "third leg," a team might be well within compliance requirements, but might not be delivering care to their full potential and truly achieving performance improvement.

The successful cultural effect comes from their reflection on their work, their insights and their organizational results, reinforcing the best ideas and attitudes that serve the goal. That working culture - while they work in new, more effective ways - echoes in their heads: "This is how we work better."

A team with a performance culture is always asking questions:
- How many falls have we had?
- How many infections have we had?
- How are we doing on this particular performance measure?
- How are we performing overall as an organization?
- How can we do better?

> "Managing quality and risk and complying with reporting demands are only two legs of a three legged stool. "
>
> *~ Don Jarrell*

ActionCue
CLINICAL INTELLIGENCE

Too often, the mechanics of event reporting and Risk/Quality management are so cumbersome that teams are working at their cognitive capacity - they simply don't have enough mind-share to think about the bigger picture. Why don't we provide tools and processes that provide those concise insights and improvement steps automatically, rapidly and routinely? The right tools are essential to success. Teams must have the appropriate processes, information, data and insights across the healthcare organization. For every user, the tool should be holistic in its approach, breaking down silos of information and integrating data to make the required work easier so they can fully engage their professional intellect to drive performance improvement.

Six Key Elements to Creating a Culture of Clinical Performance

1. Culture Starts at the Top

It's crucial that leadership is united and lets everyone know that the well-being of patients and the quality of care they receive is the entire reason the healthcare organization exists. Leadership must set the tone with communication and visibility to staff. They must show commitment and "walk the talk." This does not require a lot of meetings among staff or "walking around," which can be impractical for executives. Instead, technology should be applied to support collaboration and visible bi-directional communication with staff so that transparent, streamlined and actionable insights are provided to the executives while direction-setting, priority and feedback is communicated to the staff.

The achievable goal is no more large published reports – which are rarely read – and more genuine participation in the efficient, focused manner appropriate for executives.

2. A Common Definition of "Quality"

Organizations must have a specific and united definition for what "quality" means - beyond the factors required by law. Teams should first coalesce on a single goal, a place that everyone can "see" the attainment, or variance

from, that singular goal before drilling down into specific parts. This helps prevent simply going through the exercise, having a paragraph of words that sound good but don't drive the effort.

This definition might vary slightly from the industry's more general version as referenced above but must be consistent throughout the organization. Taking time to work as a team to define what "quality" means to your organization and documenting this definition is time well spent. This document can also be printed and used as posters to continually reinforce both the culture of the organization and the definition of success.

3. Culture is Driven by a Clear Vision

Healthcare leadership must create a vision that will drive the organization's patient safety culture. This requires executives and key team members to conduct a gap analysis to understand where the organization is now and where it wants to be. This is where accurate and easily accessible data is valuable. The analysis will only be as good as the data. Having the right data in an accessible format leads to true insight. Only with this insight can you then set the organization's quality vision.

4. Have a Data-Driven Performance Improvement Plan

It's crucially important to have a detailed, and overarching organizational work plan for the organization's clinical and service quality improvement initiatives. This plan is generally developed by executive and clinical leadership and serves as a road map for all quality activities, both operational and clinical.

The purpose of the Performance Improvement Plan is to provide a formal, ongoing process by which the organization and stakeholders utilize objective measures to monitor and evaluate the quality of services, both clinical and operational, provided to the patients.

5. Patient Involvement and Empowerment

We should also note that performance improvement is impossible without a high level of collaboration between the healthcare providers and the patients they serve. As with any aspect of a culture of quality, all parties

need to be fully engaged in clear, candid and ongoing communication. Understandably, patients sometimes want to avoid appearing confrontational when mentioning their concerns. For example, patients might be reluctant to ask their clinician if she has washed her hands before an examination. Encourage team members to make patients comfortable raising any concerns.

Indeed, hospitals increasingly recognize the crucial role of patients' perspectives in establishing a culture of safety. Many institutions have prioritized engaging patient representatives in the design and nurturing of safety efforts, and emphasize transparency in reporting errors and care problems. The active engagement of patients in safety efforts has even extended in some cases to allowing patients and families to summon rapid response teams, rather than waiting for clinicians to respond.

In addition, performance improvements have been realized with programs that educate patients about safety hazards and provide specific questions that patients (and their caregivers) can ask regarding safety. The widespread availability of electronic medical records is also being used as an opportunity to engage patients in safety efforts.

6. The Right Technology

Health information technology improves patients' safety by reducing medication errors, reducing adverse drug reactions, and improving compliance with practice guidelines. There should be no doubt that health information technology is an important tool for improving healthcare quality and safety. But the right technology goes beyond these basics, making providers' more efficient, improving data sets and reducing the work load of data entry and reporting so staff can focus on big picture performance improvement and how they are tracking to the plan.

The right system can deliver many advantages including standardizing reporting structure, standardizing incident action work flow, rapidly identifying serious incidents and trigger events all while automating data entry and analysis.

ActionCue CI delivers insight.

ActionCue CI enables Performance Improvement by breaking down silos of information that prevent people from seeing the bigger picture and finding solutions to problems together.

This collaborative approach is critical to achieving true Performance Improvement. When team members have ready access to the information they need to do their jobs, they can see how the pieces fit together to form the bigger picture, and can see the results of improvement efforts, then the Culture of Quality has been sparked and true Performance Improvement can be not only achieved, but also accelerated and amplified.

ActionCue CI brings consistency and parallelism to the Performance Improvement projects in the organization, helping to create a Culture of Quality. This amplifies the work done by the Performance Improvement team and the effectiveness and speed of institutionalizing its results through the management team and processes.

Based on its collaborative and holistic approach, ActionCue CI delivers better patient care, higher reimbursements and lower risk for healthcare providers. And because it's easy to use and powerful, the platform delivers significant efficiencies for staff by decreasing the time required for reporting and analysis.

About the Authors

Billie Anne Schoppman, RN, BS, CPHQ is a noted expert on patient quality and performance improvement in clinical settings. With 25 years in healthcare leadership roles at DTI Healthcare Professional, Sr. V.P. of Clinical Services at Cornerstone Healthcare Group and several nursing management positions, she delivers advisory and execution services in hospital operations, clinical services management, quality management, education and strategic IT recommendations.

Don Jarrell is a recognized expert on the topic of software and product development for the healthcare and telecom industries. In addition to founding Prista and designing ActionCue, Don has served as the Software Business Manager, a Product Management function, for Alcatel USA; Director of High-Level Design and Business Architect at The Equitable; and the Director of Product Line Planning/Product Line Management with Northern Telecom, Inc. (later known as Nortel Networks).

Prista Corporation

Austin, Texas

Schedule a quick demo:

sales@pristacorp.com