

A photograph of a male athlete in a black singlet and shorts running on a track. The background is a blurred stadium with spectators.

# IMPROVING CARE BY REVERSE ENGINEERING CLINICAL PERFORMANCE.

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## Introduction

In technology circles, reverse engineering is the process of starting with a given end state, such as a product, device, conceived process or operation, and figuring out—in reverse—how to build it. The evolved current state of healthcare quality and performance improvement warrants a similar reverse engineering exercise, and, when executed properly, can result in a truly optimized process, positively impacting patient care and safety.



## The Performance Improvement Landscape

Historically, the hospital functions of Quality Management, Safety Reporting and Performance Improvement were predominantly carried out to produce data and documents for submission to external parties, including accreditors, regulators, government agencies, researchers and the like. Those external parties defined the content, format and methodologies of the material to be submitted, and those hospital functions operated toward the objective of sending or submitting the various data and reports in the form and frequency mandated. The actions hospitals took in response to the data and reports was secondary, limited and typically initiated at a much later time than when it was submitted. This delayed, disjointed and reactionary approach proved ineffective for enacting real change within the organization.



Today, with the progressive shift into the system and cultural environment of Pay for Performance, rapid, efficient improvement of clinical outcomes is the internal responsibility of hospital staff all the way up to the C-suite. The game has changed fundamentally, and this priority must remain the focus and goal for hospitals to ensure their success, if not survival.

As described in the Harvard Business Review article, “Why Process is the U.S. Health Care’s Biggest Problem,” processes for medical care and therapies are often localized, personalized and very difficult to improve systematically and fundamentally. These widespread irregularities and weaknesses also apply, maybe even more intensely, to administrative processes, including Quality Management, Safety Event Reporting and Performance Improvement. It is human nature when trying to improve processes to hold on to, and simply shuffle, the artifacts and activities of previous processes, impeding meaningful change. This, too, is admittedly a widespread practice within healthcare administration.



## Reverse Engineering for Optimization

For this reverse engineering exercise, we must depart from the activities and artifacts of previous processes built around the different original goal of simply producing reports. With a focus on accomplishing meaningful improvement in quality and safety of patient care, we recognize that the goal is really to optimize a mental pathway to insight that leads to taking corrective action. Those organizations producing the same data, reports, and documents they always have, and trying to accomplish the new goal of active, internal improvement, must undertake a tremendous amount of human effort to cover the distance between the old deliverables, built for an old goal, and the accomplishment of the new goal. Resource constraints, misguided efforts, organizational boundaries, and inadequately designed tools and systems make this ongoing effort a huge problem of ineffectiveness and inefficiency.

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*~ Billie Anne Schoppman*

While the optimal environment and process for improvement-centered work still involves capturing, processing, analyzing and presenting data and narrative information from the clinical environment, it

also requires a relatively advanced design for an integrated, collaborative working platform. The priorities of such a design should center on learning and action for improvement. Technology can be harnessed to bring a wide array of quantitative data, qualitative facts and circumstances of events, assessments of contributing causes and corrective actions from investigations, reference material on procedural innovations and best practices, and tracking of communication and referrals, right to the fingertips of Performance Improvement (PI) experts.

By changing the quality-safety improvement effort of the organization from one of “too many moving parts” to a coherent whole aimed at the comprehensive goal of improved quality-safety for patients, healthcare organizations can finally make real progress on several important fronts. This is a crucial step in the objectives many experts talk about: achieving effective executive leadership and creating/sustaining a culture of quality.



In order to exist as a transformative element, delivering real process change, an effective platform must not simply wrangle data, but rather embody communication, teamwork, attention-focusing, prioritization, standardization, and other aspects of management facilitation, guiding individuals and the organization collectively towards a united goal. Only then can clinical performance improvement succeed and serve executives' strategic clinical, regulatory, and financial objectives.

## What are the benefits and pay-offs of having a truly effective and efficient quality-safety improvement process?

With patient care being so fundamental to the organization's operational, regulatory and financial objectives, a sustained, optimal improvement process has both tactical and strategic impacts, including:

Clinical staff and executive management enjoy immediately recognizable, significant time-savings within their respective roles in the pursuit of quality-safety, through aggressive leverage of technology, balanced with a pleasant and effective user experience for healthcare professionals. This is increased by a much higher degree of collaboration across the Quality Management (QM), Safety and PI organizations, with those functions being

tightly integrated, resulting in greater flexibility in assignment and staffing.

The organization's executives' leadership is better engaged in terms of

- (1) setting and communicating direction and focus for the improvement goals and efforts, and;
- (2) facilitating proper executive oversight through clear and timely "big picture" views, critical alerts, selective insights into the process and the ability to very easily drill-down to the desired level of detail.

By centering on the quality-safety improvement process, attention and action are focused on impacting the very elements affecting reimbursement penalties, non-reimbursed care, remedial compliance actions, litigation costs, insurance premiums, and other Pay for Performance and "cost of quality" factors, which take a big bite out of the organization's top- and bottom-line finances. These effects on real-dollar ROI have been proven repeatedly.

History has shown that trying to educate staff into a significant change or ramp-up in motivated work effort is typically ineffective or short-lived. However, by upgrading their work from passive, transactional tools, like basic databases and report generators, to advanced workflows designed to carry out best practices, the work itself changes. This transforms their thought processes, and then attitudes and motivation follow and are sustained. It is strongly suggested this is the only way to develop the much-sought "culture of quality".



## Benefits Beyond the Bottom Line

Unifying and simplifying the visibility of all clinical performance issues – as opposed to everyone’s being overwhelmed by the countless, fractured elements – has a collateral benefit of keeping the whole team alert and focused on those things on which they should be working. This collective mindset helps the organization be more proactive than reactive, more disciplined than frantic, and more cooperative than competitive or fault-finding.

This is the kind of innovation you’ve been searching for and can now obtain. By reverse-engineering the performance improvement process, healthcare organizations can part with ineffective and outdated processes, and invest in improvement-centered solutions that go beyond simply producing reports for external parties, and instead use insights to drive action that improves the quality and safety of patient care.

### About the Author:

Billie Ann Schoppman RN BS CPHQ is a noted expert on patient quality and performance improvement in clinical settings. With 25 years in the healthcare industry in leadership roles at DTI Healthcare Professional, Sr. V.P. of Clinical Services at Cornerstone Healthcare Group and several nursing management positions.

### About Prista:

Prista’s flagship product, ActionCue Clinical Intelligence, has transformed the way hospitals manage risk, quality and performance improvement by making information immediate and easy-to-use and understand. While a number of software solutions address some of these functions separately, none deliver information in a single, collaborative environment that provides the actionable insights and reporting found in ActionCue CI.

### Why ActionCue CI?

Historically, risk, quality and performance improvement have been mutually exclusive tasks within healthcare organizations. ActionCue Clinical Intelligence brings Event and Quality Management together with Performance Improvement in an easy-to-use, collaborative on-line platform.

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