

WELCOME!

While we wait...

- Look back over the FMEA tool.
- Remind yourself of the RACI acronym.

Be ready to share...

- Updates on your PDSA/Improvement “Act” Cycle.
- The FMEA line item you completed.



NATIONAL ASSOCIATION OF
Community Health Centers®

HEALTH CENTER PROFESSIONAL DEVELOPMENT PROGRAM

QI TRAINING, POWERED BY



REGLANTERN

QI TRAINING: COHORT D - LIVE SESSION 5

NOVEMBER 7, 2023

2:00 – 3:30 PM ET

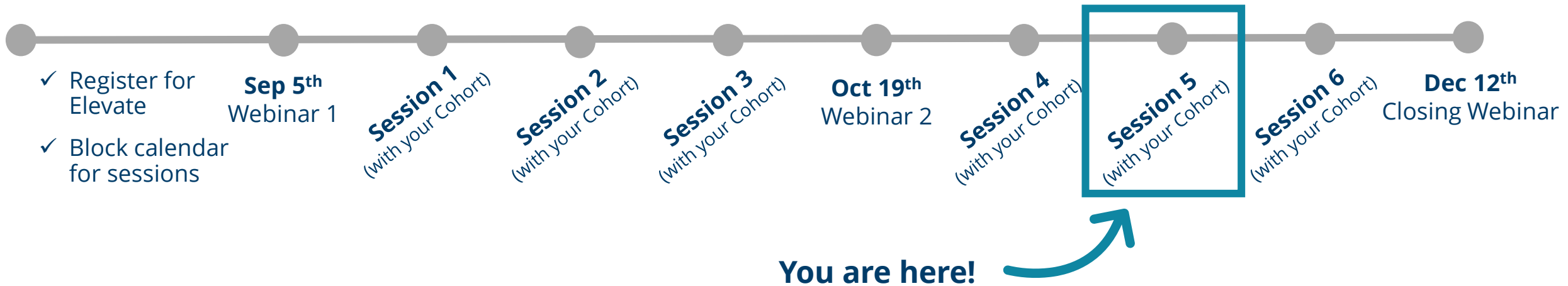




QI Training: Course Timeline

Pre-Work

Course: September 5, 2023 – December 12, 2023



Pop Quiz!

1. What are the 3 kinds of measures?
2. How can you balance an efficiency measure (i.e., balance improving cycle times)?
3. What does RACI stand for?
4. In an improvement effort, you (the QI professional) would like to increase your colorectal cancer screening numbers by ensuring patients are giving historical information about previous screenings during triage/intake. What RACI roles do the following individuals have:
 1. Medical Assistant?
 2. Patient?
 3. Medical Provider?
 4. Medical Records?
 5. You, the QI professional?
 6. Board of Directors?

Laboratory demonstration



Next Leading 2 ply

3 passes, 3.5 sec elapsed time, 1 tsp caramel, 0.5 psi



Select-a-Size

10% ETHANOL

10% ETHANOL

10% ETHANOL

10% ETHANOL

REGULAR
UNLEADED

\$ 3.599

Price per gallon
All taxes included

MINIMUM OCTANE RATING
(R+M) / 2 METHOD
87
PRESS

SPECIAL
UNLEADED

\$ 3.719

Price per gallon
All taxes included

MINIMUM OCTANE RATING
(R+M) / 2 METHOD
88
PRESS

MID
GRADE
UNLEADED

\$ 3.849

Price per gallon
All taxes included

MINIMUM OCTANE RATING
(R+M) / 2 METHOD
89
PRESS

PREMIUM
UNLEADED

\$ 3.969

Price per gallon
All taxes included

MINIMUM OCTANE RATING
(R+M) / 2 METHOD
91
PRESS

SUPER
PREMIUM
UNLEADED

\$ 4.049

Price per gallon
All taxes included

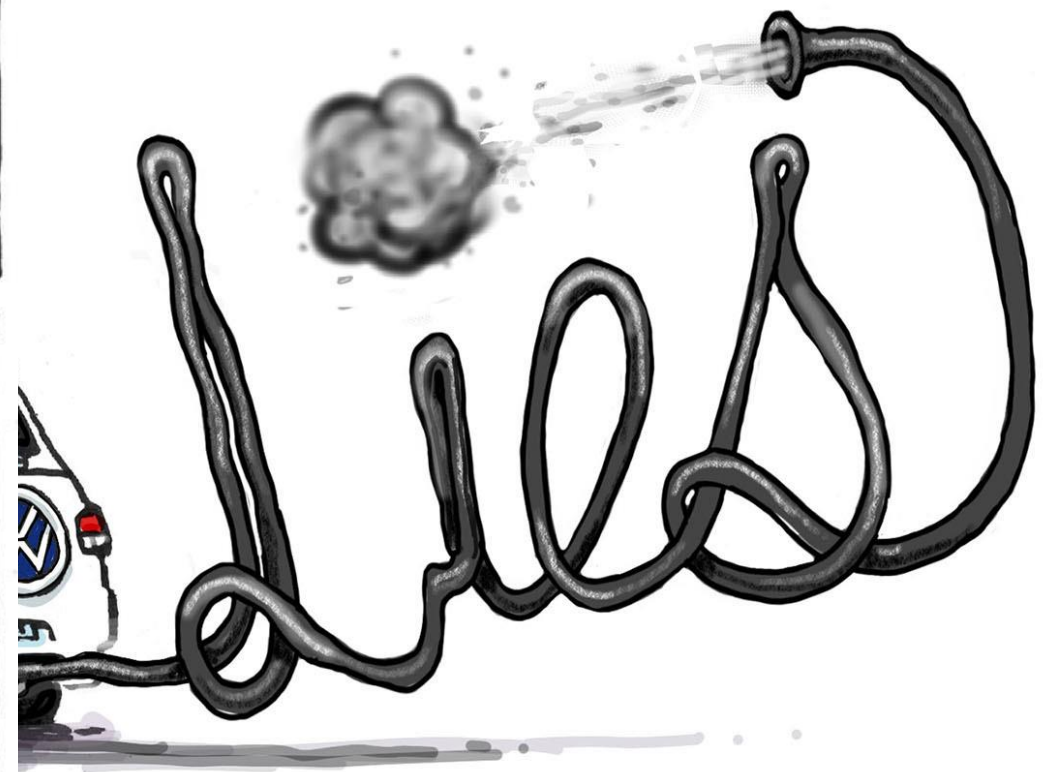
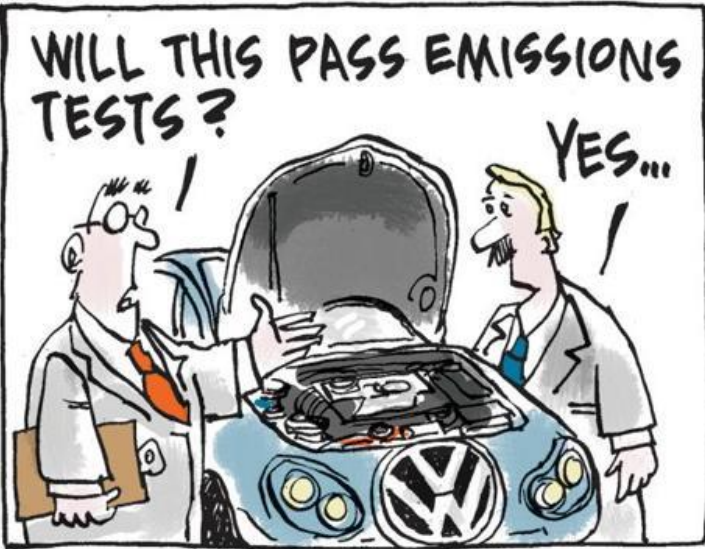
MINIMUM OCTANE RATING
(R+M) / 2 METHOD
93
PRESS

4 Return
Nozzle

EMISSION
TEST

LOOKS LIKE OUR EMISSION
OMISSION PLAN...

BACKFIRED



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Planning

- Strategic planning
- Set priorities, goals, and measures
- Establish structures & processes

Improvement

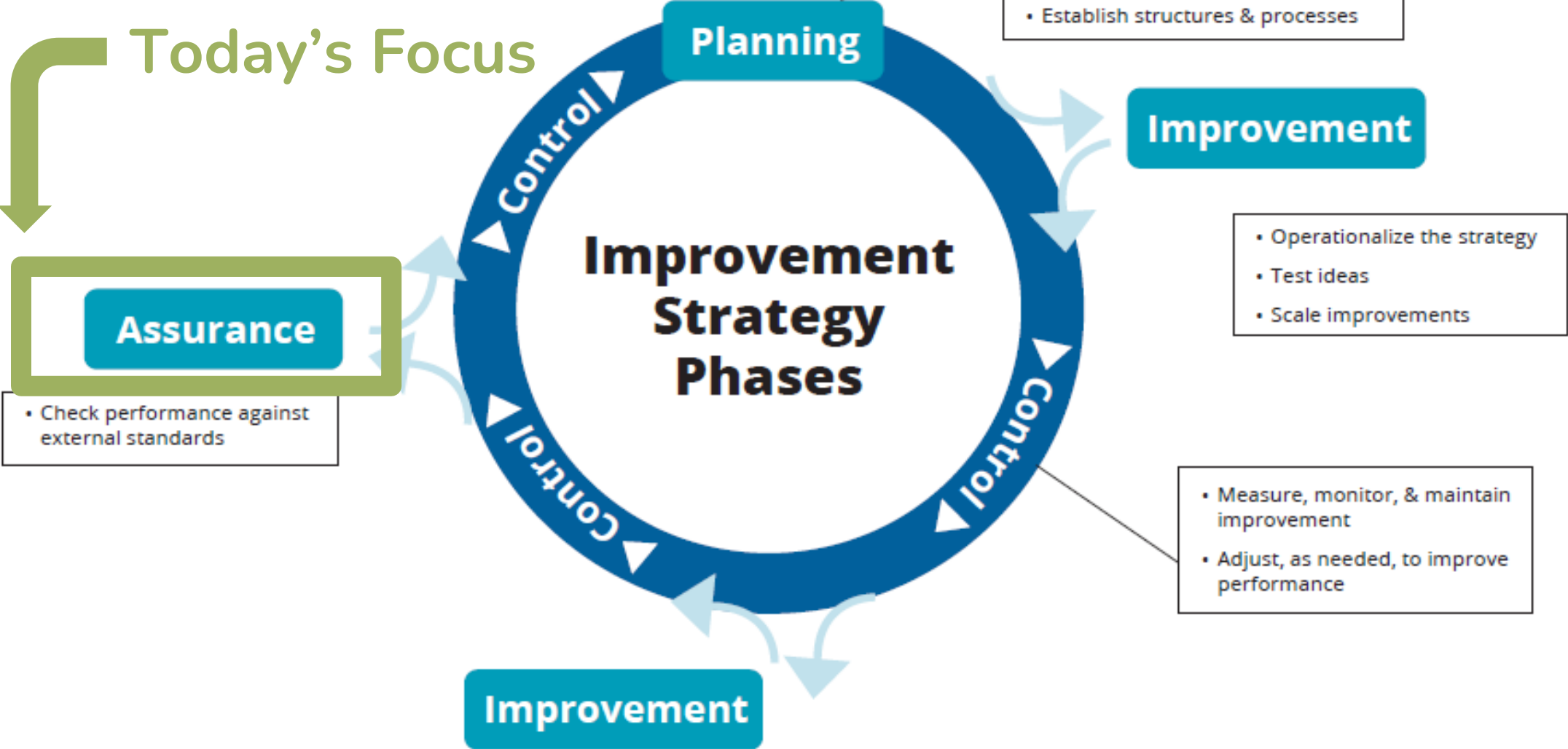
- Operationalize the strategy
- Test ideas
- Scale improvements

Assurance

- Check performance against external standards

Improvement

- Measure, monitor, & maintain improvement
- Adjust, as needed, to improve performance



Quality Assurance (QA)



- **Checking** performance
- **Comparing against external** standards.
- **Informs** the process of improvement



PLANNING (QP)



IMPROVEMENT
(QI)



CONTROL (QC)



ASSURANCE
(QA)

Session Objectives

- Understand the purpose and definition of Quality Assurance
- Differentiate Quality Assurance from Quality Control
- Review tools for Quality Assurance in the Health Center
- Map out a workflow of Quality Assurance for Pay for Performance Models
- Look ahead to the PDSA/Improvement Cycle presentations for Session 6

Quality Assurance: Definition and Purpose

Action Guide Steps (9)

- **9: Check Performance Against External Standards** Quality Assurance (QA) is the process of assessing performance against external standards. QA informs the process of improvement. It is a relevant step in value-based care as stakeholders (e.g., payors) typically align payments with established standards or expectations.

Stage	Step
QP	1
	2
	3
	4
QI	5
	6
	7
QC	8
QA	9

Quality Assurance (ISO 9000)

- To provide confidence that a product or service will fulfill requirements for quality.



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- To provide **confidence** that a product or service will fulfill **requirements** for quality.



Quality Assurance (ISO 9000)

- To provide **confidence** that a product or service will fulfill **requirements** for quality.

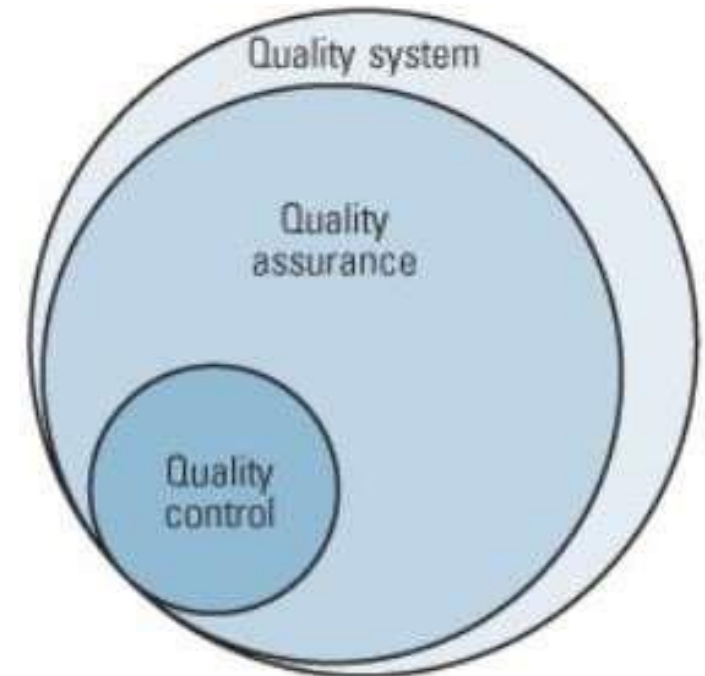


- Help our patients **TRUST** they will get the care they **NEED**.



Quality Assurance – Audiences and Scope

- The confidence provided by quality assurance is twofold—**internally** to management and **externally** to customers, government agencies, regulators, certifiers, and third parties.
- Quality Assurance can be all-encompassing – giving confidence internally can be done by showing evidence of Quality Planning, Quality Improvement and Quality Control.



Assurance leads to Trust

- For those in authority or places of power, they must build trust by giving assurances that their actions will match their words.
- Patients are inherently in a vulnerable position with health care institutions. They deserve to have verification that their trust is well founded.



Where is the best place to wash our hands when treating a patient? Why?



Quality Assurance vs. Quality Control



Quality Assurance vs. Quality Control

Quality Assurance	Quality Control
Providing Confidence that quality requirements are met	Fulfilling quality requirements
External standards	Internal standards
Internal & External stakeholders	Internal stakeholders
Report on performance	Fix mistakes
Auditing	Inspecting
Includes the process	Looking at the product
Informs quality planning updates	Informs quality improvement cycles

Quick Breakout!

In your breakouts, share the following (10 minutes):

- Your FMEA row
- Your classification Quality Control or Quality Assurance in the sample

Steps in the Process	Failure Mode	Failure Causes	Failure Effects	Likelihood of Occurrence (1-10)	Likelihood of Detection (1-10)	Severity (1-10)	Risk Profile Number (RPN) O x D x S	Actions to Reduce Occurrence of Failure
Nurse Manager contacts Mammogram Bus Inc. and schedules dates for visit for next 6 months.	Nurse Manager forgets to schedule dates.	Nurse manager has no reminder system for reminding to schedule.	Bus is not scheduled and pts are not screened for breast cancer.	5 - Frequent	4 - Moderate	5 - Critical	100	Create a Quality Work Plan noting times where NM schedules bus. Reviewed by Quality Team quarterly.

Risk Identification

Risk Analysis

Risk Mitigation



Quiz Results

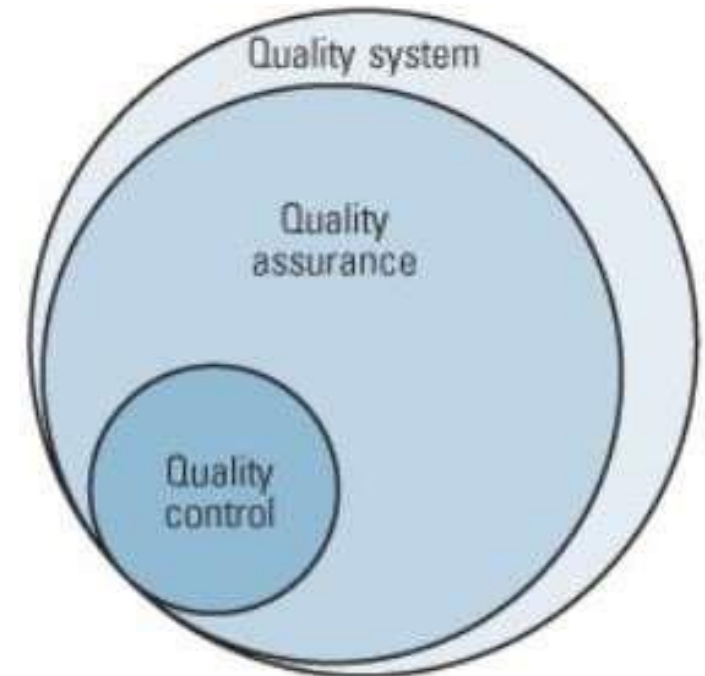
Quality Assurance in **BOLD**. Quality Control not in **BOLD**.

1. Inspecting 20 charts to see if BMI was addressed.
2. **Reporting to the Board of Directors that the BMI has been addressed for 42% of patients.**
3. **Washing hands in front of a patient.**
4. Performing an environment of care inspection.
5. **Completing a HRSA Operational Site Visit.**
6. **Having the front desk confirm all general consents have been signed for this week.**
7. **Completing credentialing and privileging for providers**
8. **Comparing Breast Cancer Screening rates with national averages.**
9. Completing a run chart for daily performance of Breast Cancer Screenings.
10. **Placing the NCQA icon on your website.**

Quality Assurance: Audiences

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Internal Audiences



Internal Examples of Quality Assurance

- Completed and Retained Checklists
- Workplans with color coding
- Internal reports from the Accountable party (remember RACI)
- Board reports of quality efforts
- Regular internal communication of quality efforts

Oath of Modern Hippocrates

By all that I hold highest, I promise my patients competence, integrity, candor, personal commitment to their best interest, compassion, and absolute discretion, and confidentiality within the law.

I shall do by my patients as I would be done by; shall obtain consultation whenever I or they desire; shall include them to the extent they wish in all important decisions; and shall minimize suffering whenever a cure cannot be obtained, understanding that a dignified death is an important goal in everyone's life.

I shall try to establish a friendly relationship with my patients and shall accept each one in a nonjudgmental manner, appreciating the validity and worth of different value systems and according to each person a full measure of human dignity.

I shall charge only for my professional services and shall not profit financially in any other way as a result of the advice and care I render my patients.

I shall provide advice and encouragement for my patients in their efforts to sustain their own health.

I shall work with my profession to improve the quality of medical care and to improve the public health, but I shall not let any lesser public or professional consideration interfere with my primary commitment to provide the best and most appropriate care available to each of my patients.

To the extent that I live by these precepts, I shall be a worthy physician.

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Implications of the Hippocratic Oath

- QI Professionals should commit to improving the quality of medical care and public health.
- Not let public or professional consideration interfere.
- A commitment to outright transparency in our organizations.
- Standing as ones who hold our own organizations accountable for the care provided.
- Resolve to advocate for our patients and build trust in the healthcare system as a whole.

External Audiences



HRSA

Health Resources & Services Administration



External Examples of Quality Assurance

- Brand creation (We've got a name you can trust)
- Posting signs about quality for patients (think of Restaurant ratings)
- Completion of regulatory requirements (OSV, PCMH, JCAHO)
- Chart audits and quality measures for payors
- Displaying measures for donors and the community

Quick Breakout!

- Brainstorm 2-3 ideas of ways you can promote Quality Assurance in your organization for an external stakeholder.

Example: Post our quality scores on our website OR submit all quality data for payors rather than a sample.

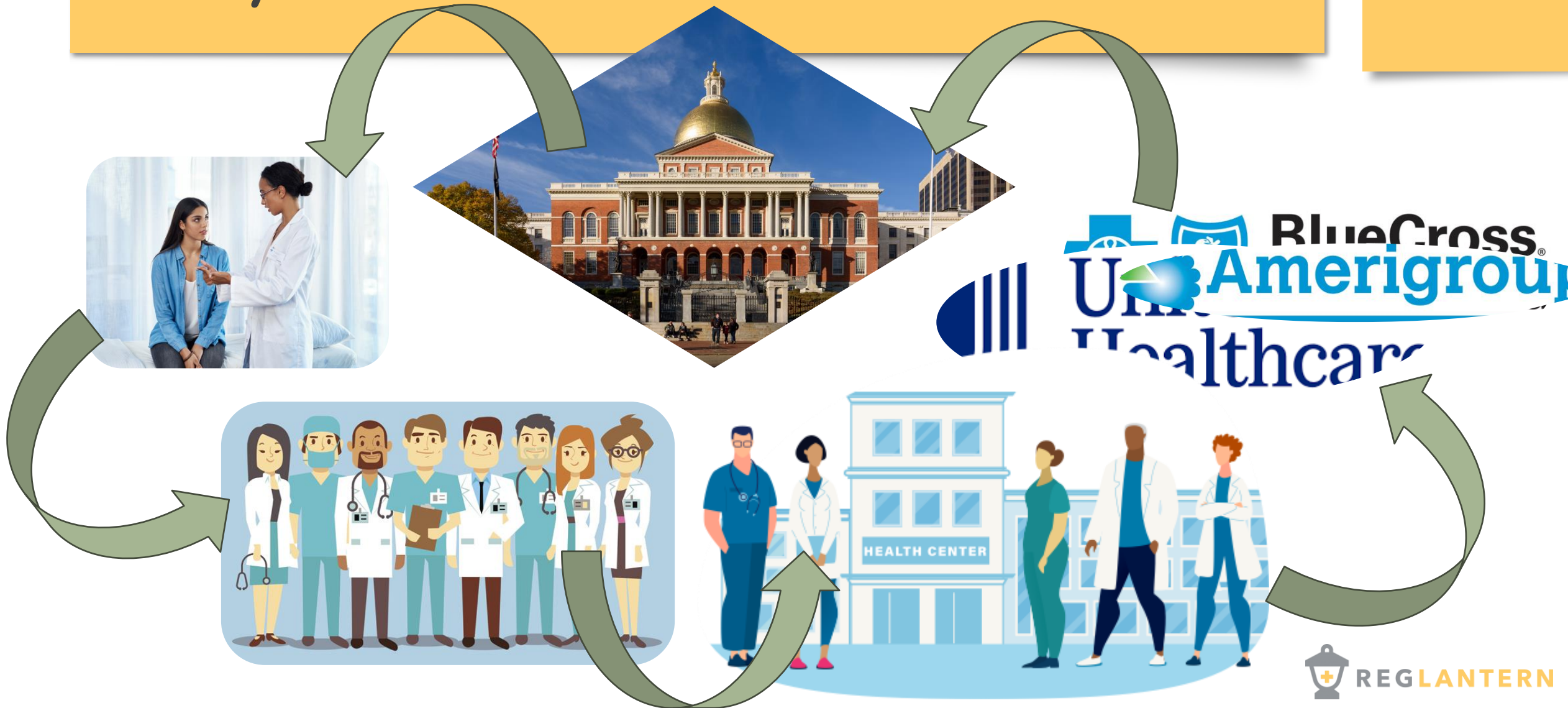
Quality Assurance: The System Approach

Pay for Performance

- Many health centers are participating in pay for performance models with public and private payors
- Many Medicare and Medicaid plans are now offering some form of pay for performance with varying levels of risk involved.
- Often these quality measures are in place, because they are required by the states of the plans.



The Cycle of Assurance



Practice to Payor



- Claims Data
 - Use CPT II codes for BP ranges, A1c values, assessing BMI, completing labs
 - Use ICD codes for BMI ranges, exclusion criteria
- Clinical Data Exchanges
 - A safety-net for missing claims data (especially for in-house labs or historical data)
- Provider Portals
- Supplemental Documentation
 - Manual gap closure – some payors will do chart abstraction on site

Practice to Payor



Strategy	Detail
Claims Data	Use CPT II codes for BP ranges, A1c values, assessing BMI, completing labs Use ICD codes for BMI ranges, exclusion criteria
Clinical Data Exchanges	A safety-net for missing claims data (especially for in-house labs or historical data)
Provider Portals	Patient-level submissions online to close gaps
Supplemental Documentation	Manual gap closure – some payors will do chart abstraction on site

Care Teams to Practice



Strategy	Detail
Automated rules in the EMR to add additional CPT II or ICD codes	For the CPT II Code – BP and BMI are prime examples to start with The timing of A1c values may be challenging
Clinical reminders to prompt additional documentation	
Training of staff on the requirements and quick tip sheets	Ensuring support staff are equipped to operate at the top of their license
Checkout process in place to close gaps and schedule follow up appointments are scheduled	Engaging the front helps make sure the whole team is involved



Patients to Care Teams

Strategy	Detail
Providing access to integrated records	i.e. hospital and specialist records
Promoting awareness for patients to provide relevant historical data	Giving patients a score card for all of their quality measures
Scheduling for annual wellness visits	

Look Ahead

Improvement Cycle Presentations

GOAL

Collaborate with other QI Professionals by sharing the results of an Improvement cycle (whether it “worked” or not).

REQUIREMENTS

- Clearly state the measure and baseline data
- Outline the planned steps
- Share the results that you studied / analyzed
- Share the Action Step (will this be adopted, adapted, or abandoned)
- Keep it to 5 minutes

Clinic:	What a Wonderful World Community Health	
QI Professional:	Kyle Vath, RN	
Objective:	Improve uncontrolled diabetes (A1c) control from 32.6% to 25%.	
Baseline Data (Time frame, numerator, denominator, percentage):		Describe what happened. What data did you collect? What observations did you make?
2022, 32.6% uncontrolled, 141/432 patients with diabetes		Nurse Kyle called Patient C.R., scheduled an appointment for MM/DD/YYYY (had not been in for last year). The day after, pulled patient record, saw that patient kept appointment.
Questions & Predictions:		Describe what happened. What data did you collect? What observations did you make?
We predict that quarterly appointment reminder calls will improve patient engagement and A1c control.		Nurse Kyle called Patient C.R., scheduled an appointment for MM/DD/YYYY (had not been in for last year). The day after, pulled patient record, saw that patient kept appointment.
Who, What, Where, When:		Determine what modifications you should make – adapt, adopt, or abandon:
Find one patient with diabetes who has not been in for an appointment in three months, have Nurse Kyle call them, and schedule an appointment in the next two weeks.		Adopt and Scale: Next step would be for Nurse Kyle to run a report all of Dr. Doe's patients with diabetes and see how many have not been in for an appointment/A1c in last quarter and had an A1c above 9%, and call them to schedule an appointment.
Plan for collecting data:		
Review appointment records and see if appointment was kept.		

Conclusion

Recap

- Understand the purpose and definition of Quality Assurance (**CONFIDENCE**)
- Differentiate Quality Assurance from Quality Control (**EXTERNAL VS. INTERNAL**)
- Review tools for Quality Assurance in the Health Center (**POSTERS**)
- Map out a workflow of quality assurance for Pay for Performance Models (**CYCLE**)
- Look ahead to the PDSA/Improvement Cycle presentations for Session 6

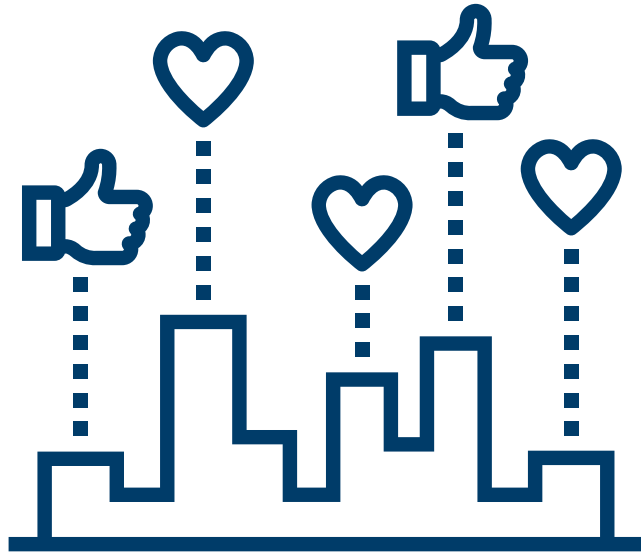
Next Steps

- Finish preparing to present your PDSA/Improvement Cycle and Lessons Learned during Session 6.

Session #6 Dates

All times are 2PM Eastern / 11AM Pacific

- **Cohort A:** November 30
- **Cohort B:** November 28
- **Cohort C:** December 7
- **Cohort D:** December 5



Provide Us Feedback



Contact Us!

The NACHC Quality Center team is here to help!

Questions on how to access online content? VTF Assessment?

Contact QualityCenter@NACHC.org