

2024 ORH Hospital Quality Workshop

June 26-27, 2024

St. Charles Medical Center | Bend, OR

Holler, "All Aboard!"

Get the Front-Line Staff and your
Board of Directors to jump on the Quality Train

Susan Runyan, CEO, Runyan Health Care Quality Consulting



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Objectives

- ❖ Discuss the role of the Quality Director in educating and informing front-line staff and board members about quality
- ❖ Recognize ways CAHs can adopt a culture of quality to foster continuous quality improvement and promote staff engagement across all aspects of the organization
- ❖ Analyze current practices and create ways for every position to be committed to quality

Train Terminology

- ❖ Train stations primarily serve as places for passengers to board or alight from trains
- ❖ Train stations are customer-oriented with services and amenities
- ❖ Train depots focus on the storage, maintenance, and repair of trains
- ❖ Train depots are more of a behind-the-scenes facility

At the Depot



Fostering a Culture of Quality

Develop a Standard Definition of Quality

- ❖ How do we define quality?
- ❖ Is it the same across the organization?
- ❖ What does our Quality Plan describe for the definition and actions of quality in the organization?
- ❖ When do staff, volunteers, and board members get exposed to the quality definition?

Empower Employees and Strong Leadership

- ❖ Empower employees and hold them accountable for achieving quality standards
- ❖ Involve employees at all levels in decision-making and action planning
- ❖ Celebrate successes – widely – all shifts and all departments
- ❖ Strong leadership who walks the quality walk – CEO, CNO, Board, Providers, Managers.....

Cultivate Relationships

- ❖ Work with those who will work with you
- ❖ Building relationships is key to winning others over
- ❖ Involve others in small tests of change
- ❖ Slowly help redefine roles and relationships



At the Education Station

Education on Quality

New Hire Orientation

- ❖ Conversation about what quality is – quality assurance vs quality improvement – back to the common definition
- ❖ Examples of all staff involvement – to empower and encourage
- ❖ Displaying current projects for each department – discussing how they will see this moving forward
- ❖ If not in front of new employees, how do they know quality is important

Annual Skills Lab



FOCUSED IMPROVEMENTS FOR 2022

DO YOU KNOW WHAT YOUR DEPARTMENT AND OTHERS ARE FOCUSING ON FOR QUALITY IN 2022?



Celebrating our 2021 improvements in quality care!



SAFETY	EFFECTIVENESS	TIMELINESS	PATIENT CENTERED	EMPLOYEE SATISFACTION
<p>In the areas of</p> <ul style="list-style-type: none"> • Risk • Respiratory Therapy and Pulmonary Rehab • RN Case Mgmt • Facility Operations • Pharmacy • Hospital Nursing • Infection Control • Environmental Services • Quality 	<p>In the areas of</p> <ul style="list-style-type: none"> • Therapy Services • Revenue Cycle • Radiology • RN case Mgmt • Behavioral Health • Patient Access • Medical Records • Materials Mgmt • Laboratory • IT • Finance • Clinics 	<p>In the areas of</p> <ul style="list-style-type: none"> • Radiology • Behavioral • Health • Facility Operations • Surgery • Medical Records • Materials Mgmt • IT • Billing/Coding 	<p>In the areas of</p> <ul style="list-style-type: none"> • Risk • Radiology • RN Case Mgmt • Patient Access • Surgery • Hospital Nursing • Laboratory • Environmental Services • Dietary • Clinics 	<p>In the areas of</p> <ul style="list-style-type: none"> • Marketing and Communications • Human Resources • Administration
<p>PHARMACY</p> <p>Decreased number of expired medications in med carts</p>	<p>RADIOLOGY</p> <p>Decreased number of repeat radiology exams in both the hospital and clinics</p>	<p>IT</p> <p>Working to decrease amount of time for helpdesk ticket closure</p>	<p>CLINICAL NURSING</p> <p>Increased number of fall risk assessments done on patients over 65</p>	<p>MARKETING AND COMMUNICATIONS</p> <p>Sending out newsletters each quarter to increase internal communication</p>

New Managers

- ❖ Foundational understanding of PDSA and JDIs
- ❖ How to get their staff involved in project selection
- ❖ Discuss the project selection process for your organization – annual, ad hoc, quarterly, etc
- ❖ How they participate with the quality committee – annual, quarterly, monthly, in-person
- ❖ Expectations for documentation submission
- ❖ Strategies to display data – staff, customers, frequency

Board of Directors

- ❖ What quality is – back to that common definition
- ❖ FTEs in the quality department
- ❖ Roles covered in the quality umbrella
- ❖ Typical quality reports – how often the quality director will be at their meetings and what to expect in the ‘off’ months
- ❖ Quality and Safety are “supermarket issues”

At the Strategy Station



Strategies to Promote Quality

Leadership Practices

❖ Leadership Visibility

- ❖ Rounding – staff and patients
- ❖ Discuss quality on walkrounds
- ❖ New equipment equals a visit

❖ Leadership Development

- ❖ Invest in leaders – new and seasoned
- ❖ Internal and external – trainings, book clubs, homework
- ❖ Mentorships – internal and external

Staff Engagement

- ❖ Involve staff in decision-making and problem solving
- ❖ Celebrate progress in departmental projects
- ❖ Recognize staff contributions
- ❖ Invite to participate on committees, when possible
- ❖ Invest in staff development – internal and external
- ❖ Conduct stay interviews

Collecting, Reporting, Displaying, and DOING SOMETHING w/ Data

- ❖ QAPI Self-Assessment – Initially, Semi-Annually, Annually
- ❖ MBQIP Measures
 - ❖ SDoH and HE
 - ❖ ASP
 - ❖ CAH Quality Infrastructure
 - ❖ EDTC
- ❖ Consistent way/location data is displayed

Directions: Use this tool as you begin work on QAPI and then for annual or semiannual evaluation of your organization’s progress with QAPI. This tool should be completed with input from the entire QAPI team and organizational leadership. This is meant to be an honest reflection of your progress with QAPI. The results of this assessment will direct you to areas you need to work on in order to establish QAPI in your organization. You may find it helpful to add notes under each item as to why you rated yourself a certain way.

Date of Review: _____ Next review scheduled for: _____

Rate how closely each statement fits your organization	Not started	Just starting	On our way	Almost there	Doing great
Our organization has developed principles guiding how QAPI will be incorporated into our culture and built into how we do our work. For example, we can say that QAPI is a method for approaching decision making and problem solving rather than considered as a separate program. Notes:					
Our organization has identified how all service lines and departments will utilize and be engaged in QAPI to plan and do their work. For example, we can say that all service lines and departments use data to make decisions and drive improvements, and use measurement to determine if improvement efforts were successful. Notes:					
Our organization has developed a written QAPI plan that contains the steps that the organization takes to identify, implement and sustain continuous improvements in all departments; and is revised on an ongoing basis. For example, a written plan that is done purely for compliance and not referenced would not meet the intent of a QAPI plan. Notes:					
Our board of directors and trustees (if applicable) are engaged in and supportive of the performance improvement work being done in our organization. For example, it would be evident from meeting minutes of the board or other leadership meetings that they are informed of what is being learned from the data, and they provide input on what initiatives should be considered. Other examples would be having leadership (board or executive leadership) representation on performance improvement projects or teams, and providing resources to support QAPI. Notes:					

QAPI SELF-ASSESSMENT TOOL

Systemic Quality Process

- ❖ Standing quality/safety meeting agenda with current MBQIP, HCAHPS, Department Projects
- ❖ Standardized PSDA Forms – ways to document projects
- ❖ Deadlines for submitting project (PDSA) updates monthly
- ❖ Leadership supporting timelines

HCAHPS, EDCAHPS, CGCAHPS, and PFE

- ❖ Ensure staff and providers know what the questions are and delivery methodology
- ❖ Share patient experience data and information with staff and providers
- ❖ Encourage discussion and suggestions – including departments working together
- ❖ PFAC – one big, happy family
- ❖ Data and quotes for social media

System of Patient Safety

- ❖ Risk Management and Quality Management connection
- ❖ Promote transparency – safely
- ❖ Educate staff and providers on patient harm events or risk trends
- ❖ Create quality project from risk trends
- ❖ Share quality measures – the good and the bad – publicly and privately

Communication

- ❖ Marketing to help craft the stories to share
- ❖ Social media
 - ❖ HCAHPS Scores and Patient Quotes
 - ❖ Quality data
 - ❖ New and/or successful projects
- ❖ Educational material
- ❖ Newsletter – Quality Corner/Q-Tips

Set Expectations

- ❖ Shared responsibility – not just the quality director/department
 - ❖ From registration to environmental services to providers to clinical staff to board of directors
 - ❖ Patient care cannot always trump quality project timelines
- ❖ Added to job descriptions and performance reviews
- ❖ Leadership actively supporting quality efforts
 - ❖ Demonstrating interest in projects
 - ❖ Celebrating successes
 - ❖ Holding staff/managers accountable when not involved and/or no project

CAH Quality Infrastructure

- ❖ Leadership Responsibility and Accountability
- ❖ Quality Embedded within the Organization's Strategic Plan
- ❖ Workforce Engagement and Ownership
- ❖ Culture of Continuous Improvement Through Systems
- ❖ Culture of Continuous Improvement Through Behavior
- ❖ Integrating Equity into Quality Practices
- ❖ Engagement of Patients, Partners, and Community
- ❖ Collecting Meaningful and Accurate Data
- ❖ Using Data to Improve Quality

Back at the Depot





All Aboard

- ❖ At the Depot: Foster a Culture of Quality
- ❖ Education Station: Build an Education Structure for Quality
- ❖ Strategy Station: Engage Strategies to Promote Quality
- ❖ Back at the Depot: Maintain the Quality Train



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Funding Acknowledgement

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number 5-U2WRH33327-03-00, Rural Hospital Flexibility Program, 0% Non-governmental sources. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.



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Thank you!

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Oregon Rural Quality Excellence Award

Honoring the commitment to health care quality in our rural communities.

Thank you for attending the Oregon CAH Quality Workshop! Your Feedback Matters!

Please take a moment to complete the survey.
Your input is valued, and we want to hear from you!

Scan the QR code below to access the survey.

