

Aligning Quality Initiatives with Organizational Goals Throughout all Areas of the Organization

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Objectives

- Participate in organization-wide strategic planning
- Development of goals and objectives
- Link performance improvement activities with the strategic goals

IOM To Err Is Human

- “The IOM Study indicated that 44,000 – 98,000 patients die every year as a result of errors in their care”
- Donald Berwick in 1999
- 10 years later, lots of mistakes are still happening

Ten Years Later...

- In Nov 2009, a Rhode Island hospital was fined \$150,000 for performing its 5th wrong site surgery since 2007
- In 2007, Dennis Quaid's twin newborns received Heparin in an adult dose that was 1,000 times stronger

In 2010, what has changed?

- CEOs are listening and realizing the importance of getting involved, asking front-line medical staff how to make changes and talking with families and patients
- More hospitalists in hospitals working with nurses on a consistent basis

In 2010, what has changed?

- Executives are beginning to see the benefit of sharing evidence regarding clinical conditions
- Patient Safety Organizations have been created and are beginning to be utilized to share data and to find better practice.

In 2010:


- President Obama has nominated Donald Berwick to be the CMS Administrator
- "As the changes made by health care reform are put in place, we look forward to working with Don and the administration to continue finding new ways that hospitals can improve care for the patients and communities they serve."
 - AHA President and CEO Rich Umbdenstock, April 2010

Other Facts:

- Physicians have not been trained to think of root-cause analysis or how to work in teams to reduce errors
- Safety does not improve without the clear commitment of the leaders, including quality leaders

Patient Safety Agenda

- Shoot for zero
- Broaden the focus from safety to all the other dimensions of quality
 - Reliability, processes, and performance
- Foster collaboration rather than turf issues between doctors and nurses
 - Teams working at unprecedented levels of collaboration, reaching across traditional boundaries



How is this
part of today's topic?

Organizational Strategic Planning

- If patient safety, improving outcomes, decreasing variation, and supplying more consistent and reliable care are goals of the organization...
- then why should the quality leaders not be a part of the organization's strategic planning?

Organizational Strategic Planning

- Planning and setting goals are only the first part of this process;
- Making the goals and objectives become a reality, is what really matters;
- All this is related to quality management within the organization!

STRATEGIC PLANNING

- Ongoing look into the future
- Step 1: External Analysis
- Step 2: Internal Analysis
- Step 3: Issue Analysis
- Step 4: Mission, Vision, Values
- Step 5: Organizational Goals & Objectives



Step 1: External Analysis

- Healthcare Reform
- National Patient Safety movement
- Transparency requirements
- Core Measures and other mandatory reporting
- Pay for Performance
- External Awards such as Baldrige & Magnet
- Donald Berwick nominated as CMS Administrator
- Others

Step 2: Internal Analysis

- How well is the organization doing?
 - Balanced Scorecard
 - Patient Satisfaction
 - Performance Improvement
 - Financial
 - Operational
 - Etc.

Step 3: Issue Analysis

- What makes sense for the organization to address?
- What can the organization control and or measure?
- What areas do the Board, Administration and Medical Staff leaders agree on?

Step 4: Mission, Vision, Values

- What results of the analysis from Step 3 are in alignment with the organization's mission, vision, & values?
- What results of the analysis from Step 3 are achievable in the next "X" years?
- What results of the analysis from Step 3 are not achievable in the next "X" years?

Step 5: Organizational Goals & Objectives

- Establish the goals to be accomplished in “X” years
- Establish objectives for each goal
- Establish measurement matrix and tools for each objective

Step 5: Organizational Goals & Objectives

- Determine if those items identified in Step 3 are not achievable in the next “X” years:
 - Can portions of them be accomplished within “X” years? If so, develop goals & objectives for those
 - If portions of them can not be accomplished within “X” years, put them in a parking lot for addressing next round of strategic planning

Strategic Planning Time Frame

- Usually done annually or every 2 years
- Is to be considered a working document that will be changing over time
- Priorities, goals and objectives can be changed through out the planning cycle

Goals & Objectives

- Sometimes the strategic planning is not documented well
- Sometimes the goals and objectives are not communicated outside of the senior administration, medical staff leadership, and governing board

Goals & Objectives

- Communication of the goals & objectives is the key
- Managers and directors, medical staff leaders and others MUST know what these are to be able to move the organization to meet them
- This includes the Quality Department!

Connecting Organizational Goals With The Quality Initiatives

- After the strategic planning is completed, now take the goals and objectives and translate some of them into the quality program for the organization

Connecting Organizational Goals With The Quality Initiatives

- As the Quality/PI plan is evaluated and written for the upcoming year,
- the Quality Council must determine which goals and objectives can be translated into action through the Quality/PI plan

Difference in a Quality Initiative and a Quality Monitor/Improvement

■ Quality Initiative

- Entire facility is involved with initiative
- Program needs to be developed to assure participation
- Improvement aspects are to be built into the process from the beginning
- Ongoing and may exist for multiple years

Difference in a Quality Initiative and a Quality Monitor/Improvement

- Quality Monitor/ Improvement
 - Department, service, or process specific
 - May be regulatory requirement
 - May be short term
 - May be developed to determine if an opportunity for improvement exists or if improvements have been successful

Quality Initiative and a Quality Monitor/Improvement

- Both may arise from strategic planning results, but do not have to
- Both may arise from an identified need
- Neither is more important than the other unless someone in the organization determines it to be so

Quality Initiatives

- These are the portion of the quality plan most likely to come from the organization's strategic plan
- Being an initiative, there are many aspects that can be subdivided out to accomplish the initiative

Quality Initiatives

- Exactly what should be addressed first, second, and so on is dependent upon:
 - The immediate needs of the organization
 - The goals and objectives determined in the strategic planning
 - The current improvement projects of the organization
 - The amount of resources that are needed for each improvement effort

Patient Safety Initiative

- The Quality / PI department and the Quality Council must determine the best way to proceed with this initiative
- There is no one way to do this
- However, they can utilize the strategic planning methodology themselves

STRATEGIC PLANNING

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Patient Safety Initiative

- Many avenues to address this initiative
 - Patient Safety Organizations (PSO's)
 - External Organizations such as Leap Frog, IHI's Improvement Map, etc
 - System-wide initiatives and coordination
 - Internal projects
 - Departmental projects
 - Etc.

Step 1: External Analysis

- What are the predominant external patient safety issues?
 - Regulatory Requirements
 - Accreditation Requirements
- What types of external sources are there for this initiative?
 - IHI Improvement Map
 - Leap Frog
 - Patient Safety Organizations

Step 2: Internal Analysis

- What are the predominant internal patient safety issues?
 - System or corporate driven issues
 - Risk assessment identified issues
 - Variance reports
 - Etc

Step 3: Issue Analysis

- What types of external resources are there for this initiative?
 - IHI Improvement Map
 - Leap Frog
 - Patient Safety Organizations
- What types of internal resources are there for this initiative?
 - Corporate support
 - FMEAs, RCAs, etc

Step 3: Issue Analysis

- What types of internal resources are there for this initiative?
 - Corporate support
 - Administration support
 - Physician support
 - Staff support
 - Other resources available
 - FMEAs, RCAs, etc

Step 4: Mission, Vision, Values

- What from Step 3 is in alignment with the organization's mission, vision, & values?
- What from Step 3 will have the biggest impact on the mission of the organization?
- What from Step 3 has the most support among the administration, medical staff, and facility staff?

Step 5: Initiative Goals & Objectives

- Establish the goals and objectives needed to meet those goals in a timely manner
- Utilize cause & effect diagrams, paretos, etc. to assist you in the determination of where to start with each of the portions of the initiative identified for improvement

Quality Initiatives

- Quality Initiatives should be reported to the senior administration, medical staff leaders and to the governing board on a consistent basis
- Quarterly is the best timeframe for reporting
- Report what is being addressed and what progress is being made

Reassess

- From time to time you need to reassess how it is all going
 - Have priorities changed?
 - Have new issues develop?
 - Have new needs surfaced?
 - Has new technology become available?
- Don't wait until it is time to annually evaluate the quality plan to do this

Reassess

- Don't forget that if the organization's strategic plan changes significantly, it may indicate a need to re-evaluate the current initiatives of the quality initiatives



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