ASC Review
ASC Fall Conference

Quality Improvement
Building an Outstanding Program

Dawn Q. McLane RN, MSA, CASC, CNOR
Chief Development Officer
Nikitis Resource Group
Are You Becoming a Boiled Frog?
Challenges in Creating a QI Program

- Identify members of the QI team – from throughout the organization
- Assure the Governing Body is involved and information is communicated actively throughout the organization
Challenges in Creating a QI Program

- Credentialing & Privileging – set it up correctly and keeping it current; primary and secondary source credentialing
- Peer Review – know the rules; set it up and maintain an ongoing program
Challenges in Creating a QI Program

- HR – employee records; employee health records; verification elements; I9 records
- Medical Records – assure they are uniform and complete; HIPAA & HITECH
- Risk Management – design a program appropriate to your setting and tap into resources.................

(your professional liability company)
Challenges in Creating a QI Program

- Facilities and Environment – compliance with licensure, Medicare, Life Safety Code and OSHA
- Benchmarking – internal and external sources required; how to find them and how to use them
- Selection of Quality (Loop) Study topics – document your work
Quality Assessment vs. Improvement

- Monitoring to assure that accepted standards are met
  - Refrigerator / freezer temps
  - Fluid / blanket warmer temps
  - Hemocue QA
  - Glucometer QA
  - Urine pregnancy test QA
Quality Assessment vs. Improvement

- Terminal Cleaning & Damp Dusting
- Locked carts: Code, MH, Anesthesia, Difficult Intubation
- Defibrillator test
- OR temperature and humidity
- Sterilization records
- Eye Wash station tests
Quality Assessment vs. Improvement

- Medical Record generic screens
- Medical Record tracking sheets
- Generator tests
- Service contracts review
- Infection rate tracking
- Patient satisfaction
Quality Assessment vs. Improvement

- Service Contracts / Committees
  - Pharmacy Consultant
  - Infection Control Consultant
  - Hazard Control and Safety Management
  - Quality Patient Care – Nursing
  - Medical Record Consultant (review)
  - Radiology Review – physicist
  - Information systems – network admin.
  - Compliance Coding Audit
Quality Assessment vs. Improvement

- How does QA become QI?
  - when QA data falls outside the desirable range or standard
  - when a simple correction does not correct the variance
  - may become a Quality (Loop) Study to determine the severity of the problem and identify solutions
Quality Improvement Program

- Key elements:
  - QA
  - Performance Improvement
    - written program – scope
    - quality (loop) studies
    - benchmarking
  - Peer Review
  - Risk Management
QI - One Step at a Time

- Break the Program requirements down -> manageable
- Develop your program
- Make it specific to your organization
- Demonstrate improvement!
QAPI Program

Characteristics of the program:

- active
- integrated
- organized
- peer-based
QAPI Program

- Scope of the program:
  - clinical
  - administrative
  - cost of care
  - actual patient outcomes
  - safety

- Evaluation of Program annually
Quality Improvement
AAAHC Program Elements

- participation by health care professionals (all clinical and professional personnel) – at least one physician
- goals and objectives
- process to identify important problems or concerns that are appropriate to address for improving the quality of services provided – Specific to the Organization
Quality Improvement
AAAHC Program Elements

- defined linkages between QI, peer review and risk management
- evaluation of the effectiveness of the program at least annually
- identification of processes to report findings from the QI activities to the Board and throughout the organization
Quality Improvement Activities

- unexpected outcomes of QA
  - complications
  - transfers
  - medical errors
- MR review variances -
- responses to patient satisfaction surveys or complaints (grievances)
- staff or physician concerns
Quality Improvement Goals
Quality Improvement Program

Quality Loop Study:

1. statement of purpose of the activity – including a description of the problem and why it is significant
2. identification of performance goal against which you will compare your current performance
3. describe data that will be collected to determine current performance
Quality Improvement Program

4. evidence of data collection
5. data analysis that describes findings about the frequency, severity and source of the problem
6. Comparison of the current performance in the area being studied against the identified goal (#2)
7. Implement corrective actions to resolve the identified problem
Quality Improvement Program

8. re-measurement (second round of data collection and analysis) to objectively determine if the corrective actions have achieved and sustained demonstrable improvement

9. If initial corrective action did not achieve or sustain the desired improvement, implement additional corrective actions and continue re-measurement until the problem is resolved

10. communication of the findings to the governing body and throughout the organization
Quality Improvement

- Benchmarking
  - a systematic comparison of products, services, or work processes of similar organizations, departments, or practitioners to identify best practices known to date for the purpose of continuous quality improvement.
Quality Improvement

- Benchmarking
  - External – compare performance between different organizations
    - ASC Association (FASA)
    - Value Management Group (VMG)
    - MGMA
    - AAAHC
    - state reporting
    - management company
  - Internal – compares performance within an organization, such as by physicians or department, or over time.
Any Surgery Center, LLC
Medical Quality Improvement

I. Quality Assurance

- Pharmacy and Therapeutics
  - Pharmacist Consultation Report
  - Medication Errors and follow-up
  - Quality Monitors appropriate to Pharmacy topics

- Infection Control
  - UP and refrigerator monitors
  - Sterilizer monitors
  - Infection control reports from offices
  - Needle stick reports and follow-up
  - Quality monitors appropriate to infection control
Safety
- Disaster drills
- Monitors – crash cart, malignant hyperthermia cart, intubation cart
- Laser safety monitors
- Eye wash station monitors
- Quality Monitors appropriate to safety

Patient Care Evaluation
- Patient Satisfaction Survey

Nursing Quality Improvement
- Facility assessment
- Glucometer / Humocue logs
- Nausea and vomiting survey – PACU
- Quality Monitor Review- appropriate to nursing care
Medical Records
- MR Consultation Report
- Generic Screens of 5% of the medical records for each month
- Quality Monitor Review – appropriate to Medical Record policy compliance

Surgical Review
- Tissue review
- Utilization review

II. Quality Improvement
- Loop Studies – reviewed at least quarterly or as determined per study
- Benchmarking – internal and external reports at least quarterly
III. Risk Management

- Quality Monitor Review – Risk Management topics
- Liability Insurance / Litigation Update
- Patient Accounts – Collections
- Patient Satisfaction / Complaints
- Physician Satisfaction / Complaints
- Contracts Review
- Utilization Review

Medical Staff Peer Review

- Performed by Medical Executive Committee as part of Credentialing and privileging program
Risk Management Program

- **Purpose:** to protect the life and welfare of patients and employees

- Documentation within the QAPI Program minutes
Risk Management
AAAHC Elements

- safety of patients
- risk management in all areas of the organization
- policy - methods by which a patient may be dismissed from care
- reporting and reviewing of all incidents (patient, employee, others)
Risk Management
AAAHC Elements

- periodic review of all litigation
- review of all deaths, trauma, or other adverse incidents
- review of patient complaints
- communications with the professional liability insurance carrier – know how your company sees this communication
Managing a situation where a healthcare professional becomes incapacitated during a procedure

Impaired healthcare professional

Established and documentation of coverage after normal hours

Prevention of unauthorized prescribing

Process to identify and/or designate the surgical site and involves the patient
Vendor Rep Credentialing

- aorn.org/HCIRCredentialing statement signed by 11 organizations supporting a policy for vendor rep credentialing
- a living document under continuous revisions at present
- for clinical reps in the immediate vicinity of patient care
- covers: vaccinations, liability insurance, background checks, facility orientation and training documentation,
Risk Management
AAAHC Elements

- Review of medical records
- Risk management education provided to all staff and affiliated persons

Recommend including:
- Annual review of Center’s:
  - compliance plan
  - HIPPA – Privacy policies & Security Plan; now including HITECH
Risk Management

Adverse Outcomes Requirements

1. Adverse Outcome defined:
   - an unexpected occurrence ... involving patient death or serious injury...
   - any process variation for which a recurrence carries a significant chance of a serious adverse outcome
Risk Management
Adverse Outcomes Requirements

- events such as breeches in medical care, administrative procedures, or other breaches resulting in a negative impact on a patient...

  even when death, loss of limb or function does not occur
Risk Management

Adverse Outcomes Requirements

2. a process for conducting a thorough analysis when an adverse incident occurs

3. a process for reporting adverse incidents

4. an action plan that identifies the strategies... to reduce the risk of similar incidents occurring in the future...
Risk Management

Adverse Events Analysis

- Important to determine the system issues that cause, contribute to or increase the severity of the event.
- Staff are who really know what problems exist – value their input.
- Near misses happen 10 – 300 times before the event = opportunity to solve before event occurs.
Risk Management

Adverse Events Analysis

- employees fail to report near misses due to shame or concern about blame
- focus on prevention not blame or punishment - employee feels safe reporting concerns
- culture of patient safety
Peer Review
Peer Review - Examples

- Scheduled Peer review - credentialing and privileging (chart review form)
- Performance measure that falls outside of expected range
  - infection rate
  - transfers to hospital
  - scope cases that convert to open
  - PACU patient supports airway
  - case cost analysis
- Adverse patient outcome investigation
Peer Review File

- file is confidential
- stored separate from credentials file
- keep secure in locked files
- privileged under State statutes
- access to the file is logged – signature and purpose of access (the log is not confidential)
- review of the file must take place in the presence of authorized persons
Peer Review File

- file contains:
  - peer review - scheduled
  - NPDB reports (adverse)
  - occurrence reports – adverse patient outcome
  - other peer review
    - documents that may be created as part of the QI Program
Peer Review File

- Reviewed only for:
  - appointment & reappointment
  - credentialing & privileging
  - investigation of practitioner
  - accreditation activities
Infection Control Surveys

- National pilot test in ASCs in 2008
- Infection control tool and tracer methodology developed by CMS and CDC
- Tracks patient care from admission to discharge
- Funded by ARRA – states to hire additional surveyors
- $572,250 to 12 states for 125 ASCs
WHO Surgical Safety Checklist

- World Health Organization
- worldwide pilot study - 2008
- death and complications significantly decreased with checklist use
- takes < 2 minutes
- Sign In, Time Out, Sign Out
- www.safesurg.org
- www.scoap.org/checklist/index.html
National Quality Forum
Ambulatory Surgery Centers

1) **Patient Burn** - % of ASC admissions experiencing a burn prior to discharge (ASCQC)

2) **Prophylactic IV Antibiotic Timing** - % of ASC patients who received IV Ab ordered for SSI prophylaxis on time (ASCQC)
National Quality Forum
Ambulatory Surgery Centers

3/4) Hospital Transfer / Admission - % of ASC admissions requiring a hospital transfer or admission prior to being discharged from ASC (ASCQC)

5) Patient Fall - % of ASC admissions experiencing a fall in the ASC (ASCQC)
National Quality Forum
Ambulatory Surgery Centers

6) **Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant** - % of ASC admissions experiencing a wrong site, wrong side, wrong patient, wrong procedure or wrong implant (ASCQC)
National Quality Forum
Ambulatory Surgery Centers

ASC Quality Collaboration – comprised of industry leaders and representatives from accrediting bodies and associations….. Was formed to develop, support and promote quality measures appropriate to the ASC industry
Thank You!

Questions?
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