

# QUALITY 101

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Susan Runyan, Runyan Health Care Quality Consulting



Roundtable

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# Data Collection & Measurement Key Points

**Success**



# Establish Goals

- Accountability
- Improve patient experience, safety, quality, and efficiency
- Short- and long-term (milestones)
- Re-evaluate on a quarterly basis and adjust as needed
  - Culture change takes time and goals may change each year
- **Sample Goals:**
  - Put someone in charge
  - Establish a patient and family advisory council
  - Implement bedside shift report
  - Improve patient experience scores by 5% across all units
  - Reduce unplanned readmissions by 10%





# Data and Measurement

## Helps

- Understand variation in processes
- Monitor process over time
- See the effect of change

## Provides

- Common reference point
- Clarity of the goal(s)
- More accurate basis for prediction



1

Keep it simple

2

Hold to original question

3

Communicate the findings

4

Understand variation

Suggestions



# Uses of Data and Measurement

Research

Accountability

Clinical management

Improvement



## Planning Data Collection

Why are we collecting the data?

What data will we collect?

Where will the data come from?

How will we collect the data?

Who will collect the data?

When will we collect the data?



# Data Sources



Administrative

- Billing
- Lab
- Pharmacy



External requirements



HCAHPS Surveys



1

Measure  
customer  
voice

2

Identify  
improvement  
opportunities

3

Set priorities

4

Evaluate  
progress

5

Tell story

# HCAHPS Surveys



## Strengths

- Rich, detailed information
- Vehicle for clinicians to record, plan, share information

## Weaknesses

- Clinician documentation
- Privacy
- Missing data/illegible records
- Time/resource intensive

# Medical Record Abstraction

# Collect Data & Monitor Progress

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- Track progress early for best results
- Develop a plan:
  - Identify who will be accountable
  - Establish a time period, including specified reporting intervals
  - Specify who will receive and review progress
  - Determine format information will be shared
- Don't recreate the wheel
- Be creative



# Identify Key Success Indicators

- Once broad goals have been defined, identify key indicators or specific measures of success
- Be sure to collect baseline data
- Things to consider:
  - Existing quality measurement efforts, including specific HCAHPS questions
  - Limit number of key indicators to help keep focus (e.g. 1-3)
  - Evaluate indicators periodically, but allow enough time for relevant measurement before changing
  - Culture change takes time!



Roundtable

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# Displaying Data

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Clear message



STEPPED ON A MOUSE TRAP



Urgent Care

STEPPED ON A BEAR TRAP



Emergency Care



OLYMPIAN CHANNEL

000813

Keep it simple

I HAVE THE FLU.



Urgent Care

I HAVE THE PLAGUE.



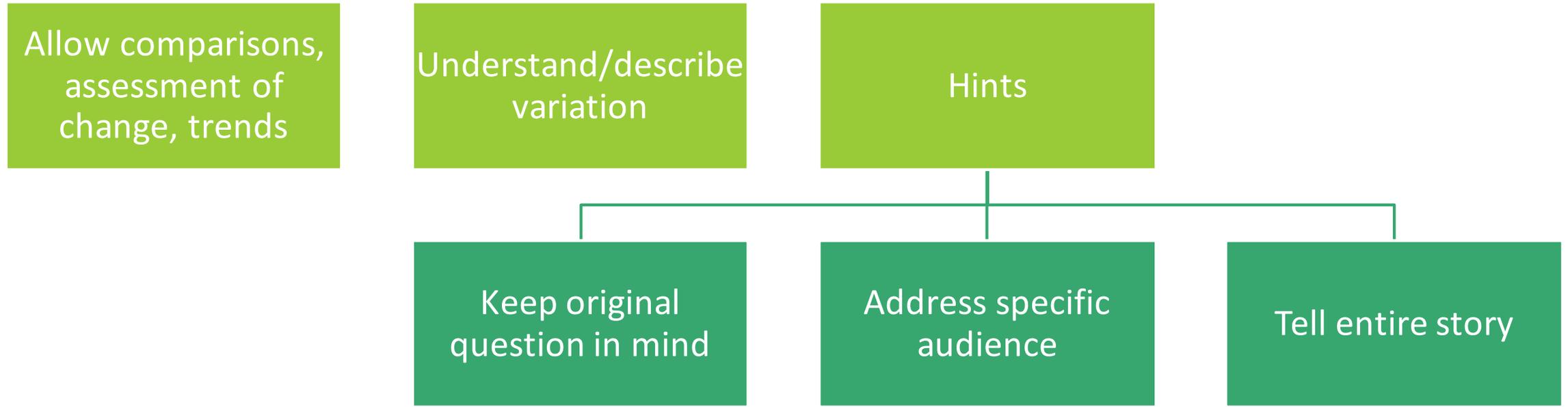
Emergency Care



000172

CLEAR CHANNEL

Tell the story



# Displaying Data



Perspective...

# Tables

Sometimes a table is all you need

- Avoids clutter, keeps things simple
- Quickly shows all data

Clarity is important

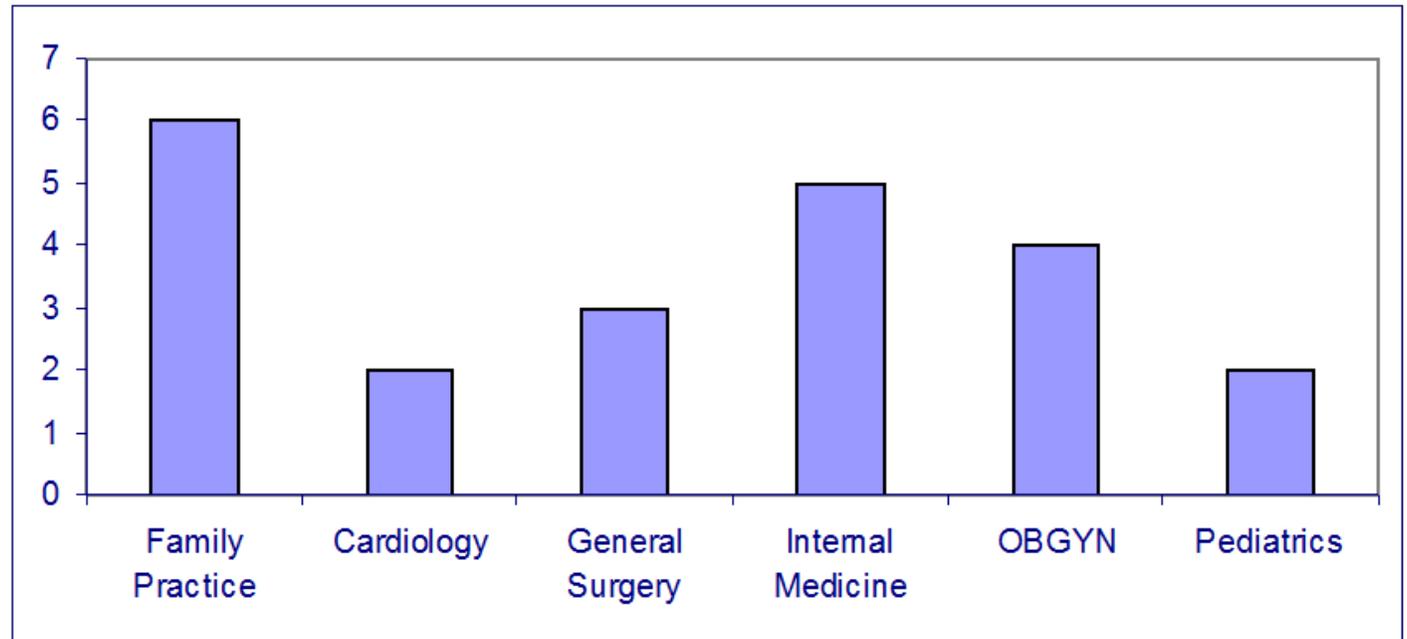
- Makes labels and titles descriptive
- Order data logically
- Includes only necessary information

<b>XYZ Facility</b>	
<b>Physician Type</b>	<b>Number</b>
Family Practice	6
Internal Medicine	5
OBGYN	4
General Surgery	3
Cardiology	2
Pediatrics	2

# Graphs

## Consider

- Displaying all data or simply summarizing information
- Form of data to display (number, percent, precision)
- Type of graph to best display the data





# Graph Types

## Consider

What's the question?

Who's the audience?

What's the essential information?

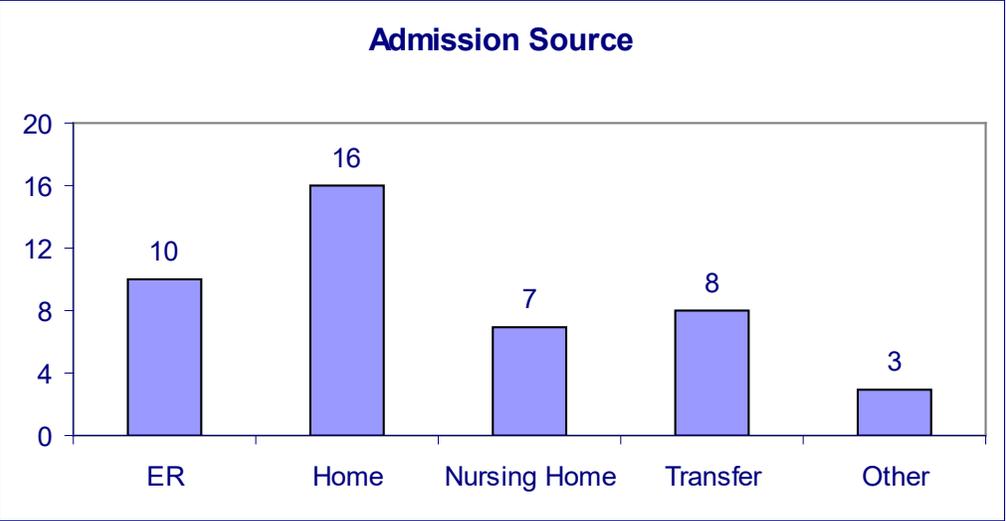


May need more than one graph

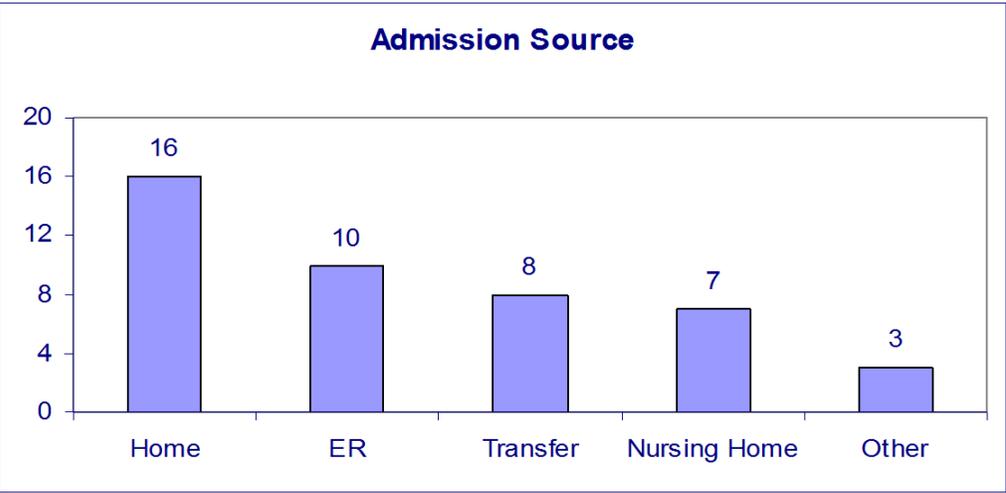


# Bar Graph

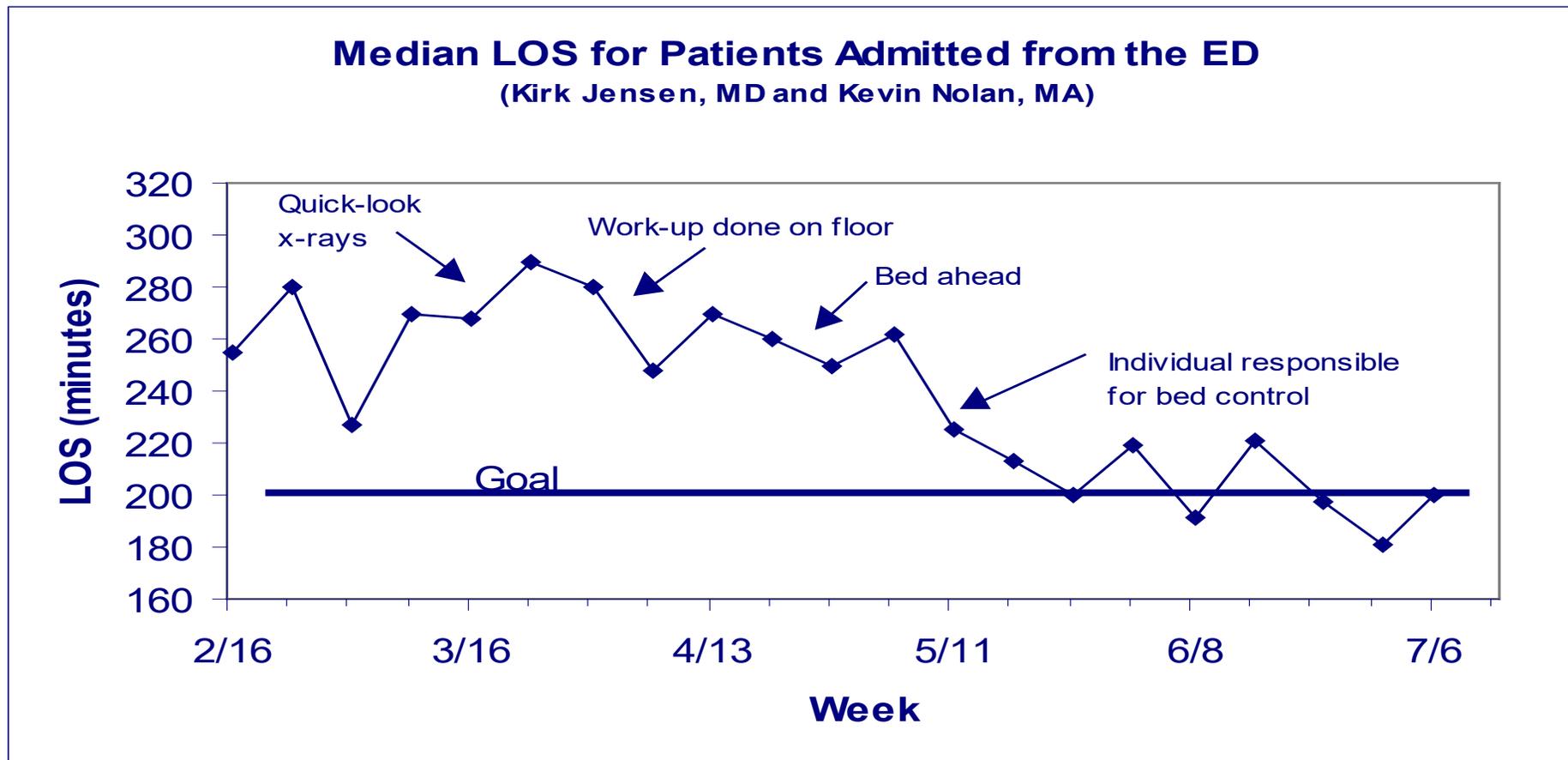
## BAR GRAPH



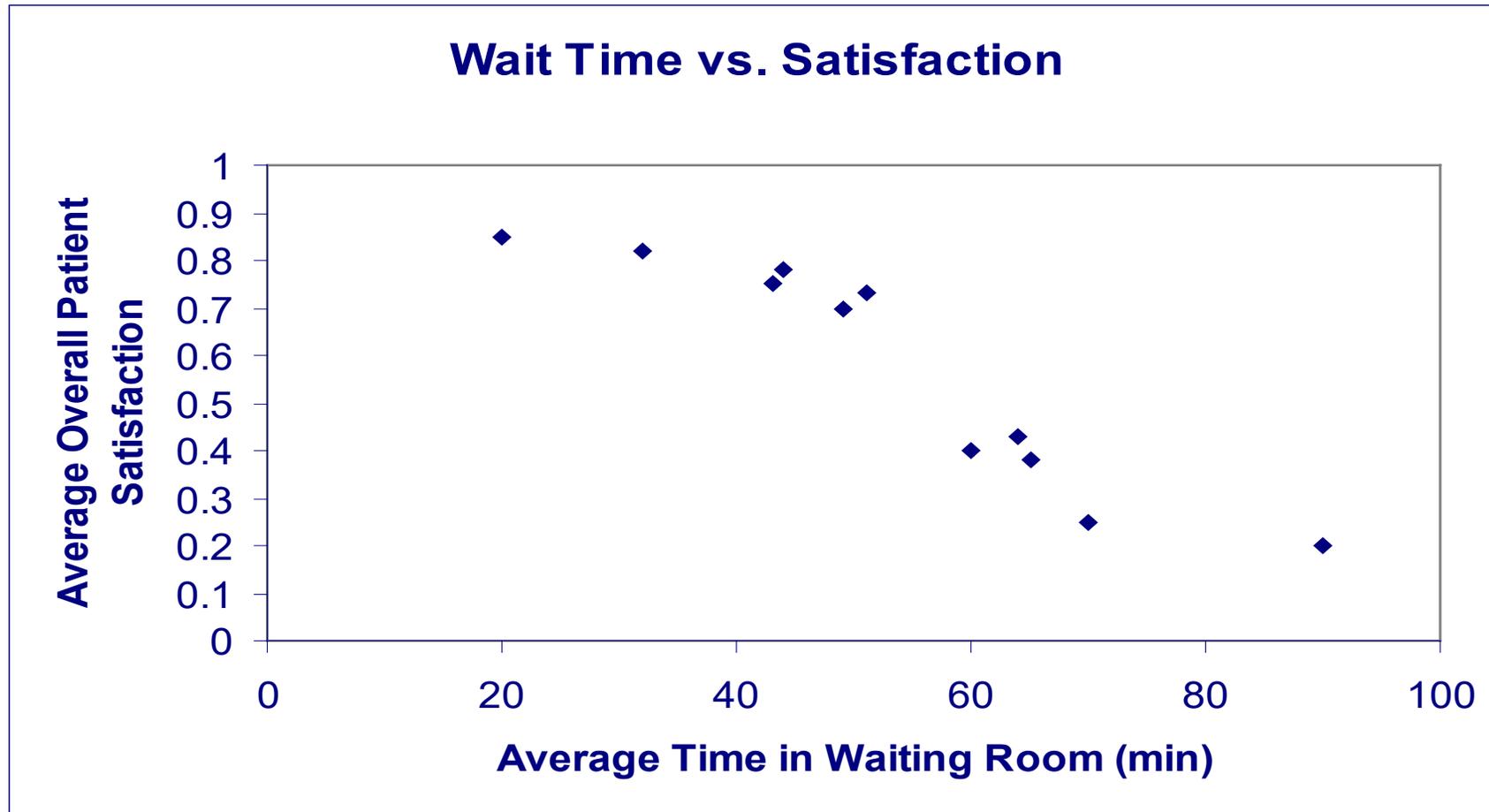
## PARETO CHART



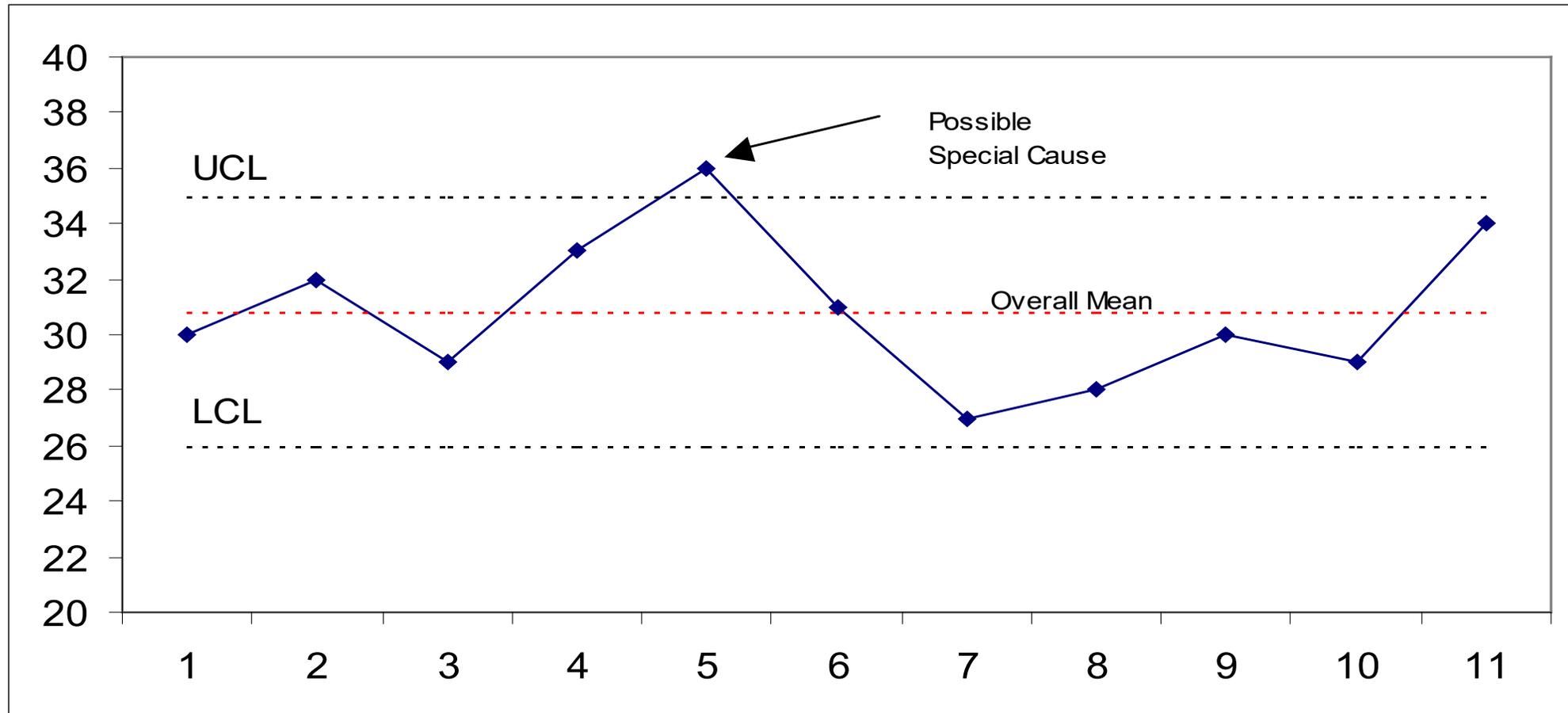
# Run Chart



# Scatter Plot

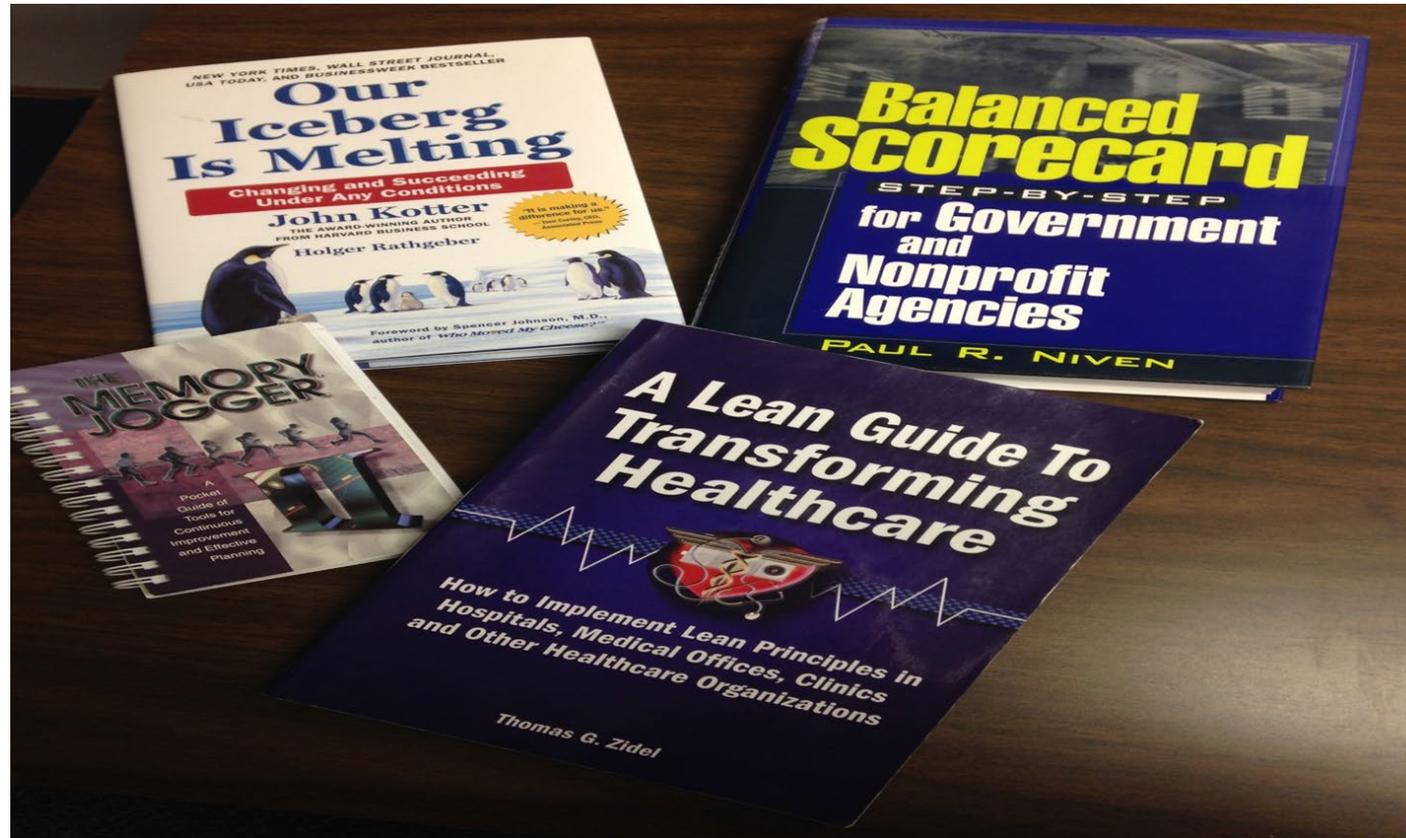


# Control Chart



# Print Resources

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# At Weiser Memorial Hospital, we strive for **QUALITY** and continue to work to improve our level of **CARE**

## WHAT WE ARE DOING WELL

### PREVENTION OF ADVERSE DRUG EVENTS

National average: 98%

WMH average: 99%



- Opioid (narcotics) safety
- Anticoagulant (blood thinners) safety
- Glycemic (sugar) management

## ANTIBIOTIC STEWARDSHIP

### Antibiotic resistance - what you can do:

Antibiotic resistance happens when bacteria change and become resistant to the antibiotics used to treat the infections they cause.



- 1** Only use antibiotics when prescribed by a certified health professional
- 2** Always take the full prescription, even if you feel better
- 3** Never use leftover antibiotics
- 4** Never share antibiotics with others
- 5** Prevent infections by regularly washing your hands, avoiding contact with sick people and keeping your vaccinations up to date

Source: [www.who.int/news-room/fact-sheets/detail/antibiotic-resistance](http://www.who.int/news-room/fact-sheets/detail/antibiotic-resistance)

## WHAT WE CAN IMPROVE

### COMMUNICATION ABOUT MEDICATIONS

Our goal: Exceed the National and State averages



### How you can help us

As a patient, you should see or hear the nurse:

- 
- 1** Check your name and date of birth
  - 2** Offer an education sheet if medication is new
  - 3** Tell you what medicine they are giving you
  - 4** Tell you what it's for (in language you understand)
  - 5** Tell you what the possible side effects are
  - 6** Use a bar code scanner to scan the medication AND your wrist band
  - 7** Ask what questions you have

**IF YOU DON'T EXPERIENCE THIS EVERY TIME, THEN SAY SOMETHING!**



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MEMORIAL HOSPITAL  
*Quality Matters*



# Quality During a Disaster Response

THE EMERGENCY PREPAREDNESS TEAM IS THE LEADER THROUGH ANY DISASTER



## Emergency Preparedness Team initiated response:

- Activating the pandemic plan for our community and people we take care of before Covid became a crisis in Idaho
- Doing patient and visitor screening
- Providing PPE for those in our facilities
- Establishing alternative waiting areas for patients with respiratory symptoms
- Providing infection prevention training for our staff
- Relocating registration to a single entry
- Starting supply conservation
- Providing external education to community regarding the virus
- EPT committee meeting weekly to maintain effectiveness
- Reducing or eliminating meetings. Meeting virtually and practicing social distancing
- Continuing an environment of care safety rounds
- Encouraging daily leadership huddles
- Participating in regional coalition calls and weekly CEO update calls
- Providing external data reporting
- Continuing hospital functions, and caring for as many patients as we feel safety permits

Doing the right thing for our patients, community and customers, and those who serve them.



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MEMORIAL HOSPITAL  
*Quality Matters*



Roundtable

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An illustration of a mountain range with a teal base and white peaks. A dotted orange path leads up a slope to a flag with a white star on an orange field. Radiating lines emanate from the flag, suggesting a summit or achievement. The text 'WHAT'S YOUR SUCCESS STORY?' is written in orange, stylized, uppercase letters on the left side of the image.

WHAT'S YOUR  
SUCCESS STORY?

Share success broadly

- Report – at least quarterly
- Celebrate and highlight successes
- Utilize your internal AND external communication channels
- Share successes – and perceived failures
- Show, don't tell

1

Tell the  
whole story

2

Use the data

3

Keep it  
simple

4

Use available  
reports

Summary

# MEASURE IMPORTANT THINGS

“The more often we *measure the important things*, the more we’ll know about where we are making progress and where we are not. And the more we know, the more we can affect behavior.”

-Quint Studer

# Quality 101

## Upcoming Sessions

### Open Office Hours – Networking time:

- ❖ May 26 @ 1000
- ❖ June 23 @ 1000
- ❖ July 28 @ 1000
- ❖ August 25 @ 1000
- ❖ September 22 @ 1000
- ❖ October 13 @ 1000



# Questions?

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*Susan Runyan, MHCL, MICT*  
*Runyan Health Care*  
*Quality Consulting*  
[runyanhcquality@gmail.com](mailto:runyanhcquality@gmail.com)  
*Phone: 620-222-8366*

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# Oregon Rural Health Education Series

## Faculty Disclosure Information – 04/28/21

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*In accordance with the requirements of the Standards for Commercial Support of the Accreditation Council for Continuing Medical Education, each instructor and member of the planning committee has been asked to disclose any relevant financial relationships with commercial interests (defined as: any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients). The information disclosed for this activity is listed below.*

### PROGRAM PLANNING COMMITTEE

Robert Duehmig, B.A.	Nothing to Disclose
Alexander Mansour, MPH	Nothing to Disclose
Brian Park, M.D., M.P.H.	Nothing to Disclose
Jessica Quan, BA	Nothing to Disclose
Marcel Tam, M.D., M.B.A.	Nothing to Disclose
Cynthia Taylor, Ph.D.	Nothing to Disclose

### INSTRUCTORS/MODERATORS

Stacie Rothwell	Nothing to Disclose
Susan Runyan	Nothing to Disclose