



QUALITY 101

Part 1 – January 13, 2026
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Quality Improvement



What does it mean to you?



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Quality Improvement

What does it mean to staff?

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WHAT DOES THIS MEAN?

Quality improvement is the continuous study and adaptation of a healthcare organization's functions and processes to increase the likelihood of achieving desired outcomes.



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Quality Improvement Fundamentals

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The Institute of Medicine

To Err is Human (1999)

Crossing the Quality Chasm (2001)

- Six overarching "Aims for Improvement" for health care:
 - Safe
 - Timely
 - Effective
 - Efficient
 - Equitable
 - Patient-centered

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SAFE	Avoid harm to patients, improves outcomes through error prevention, enhances diagnostic processes and assures continuous quality improvement
EFFECTIVE	Use evidence-based knowledge to limit overuse, underuse and misuse of testing services
PATIENT-CENTERED	Responsive to and respectful of patient preferences, needs and values
TIMELY	Reduce wait time for patients and healthcare providers so the next step in care is not delayed
EFFICIENT	Avoid waste of time, supplies, equipment, energy and ideas
EQUITABLE	No variance in quality due to patient characteristics such as gender, ethnicity, geographic location or socioeconomic status

Six Aims for Improvement of Health Care

The Institute of Medicine
(now known as the National Academy of Medicine)

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DEFINING QUALITY IMPROVEMENT

 TQM (total quality management)

 CQI (continuous quality improvement)

 PI (performance or process improvement)

 Six sigma

 Lean

 Balanced scorecard

 Others?

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Doing the
right thing
well

What is the
right thing?

Evidence
based
practice

Regulatory
guidelines

Standards of
practice

What is well?

Benchmarking

DEFINING QUALITY IMPROVEMENT

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QUALITY ASSURANCE VS. QUALITY IMPROVEMENT

	QA	QI
Model	Monitor and correct performance outliers	Processes/systems are in place that will affect performance today
Program Scope	Focused on organizational mistakes	Focused on outcomes and processes of organizational services
Population	Problem prone areas	High-risk, high-volume, problem prone areas
Data Collection	Retrospective data collection	Concurrent data collection Proactive risk reduction

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Comparison of QA & QI

	QA	QI
Motivation	Measuring compliance with standards	Continuously improving processes to meet standards
Means	Inspection	Prevention, monitor over time
Attitude	Required, defensive	Chosen, proactive
Focus	Outliers or "bad apples", individuals	Processes, systems, majority
Players	Selected departments	Organization wide, benchmarking
Disciplines	Within profession	Multidisciplinary approach
Scope	Medical profession focused	Patient care focused
Responsibility	Few	All

QA vs QI

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FROM QA TO QI

QA	QI	QA	QI
Monitoring crash cart checks	Developing a code blue evaluation process: <ul style="list-style-type: none"> • Adequate number/type of staff response • Timeliness of team member response • Equipment availability/malfunction • ACLS guidelines followed? • Mock code blue drills 	Monitoring radiology aprons for cracks	<ul style="list-style-type: none"> • Minimizing radiology wait times • Developing a "same day" mammography program • Developing a mammography registry and patient reminder system • Maintaining confidentiality in the waiting room

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Check In

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What's Wrong?

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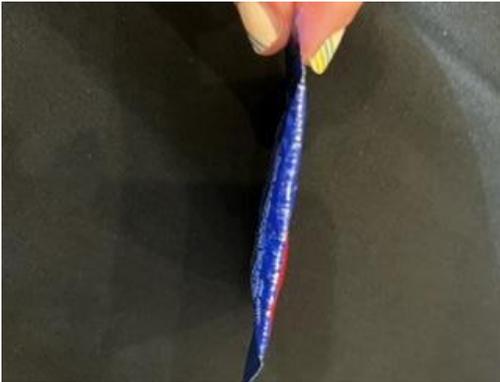
What's Wrong???

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What's
Wrong???

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What's Wrong???

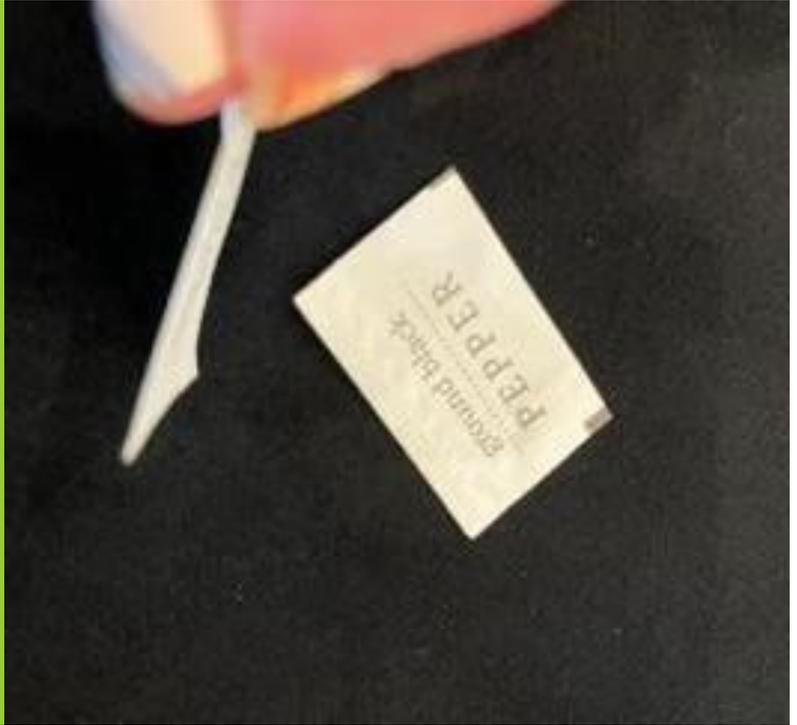
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What's Wrong???

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What's
Wrong???



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What's
Wrong???

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Foundations of Quality Improvement

Customer focused

Process oriented

Data driven

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QI Foundation #1: Customer Focused

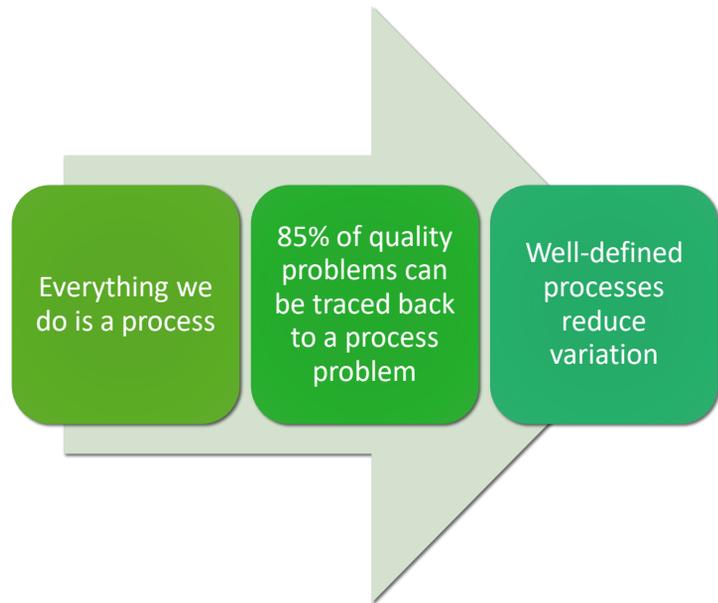
Who do we serve? Who are our customers?
(consider both internal and external)

What does it take to delight our customers?

How can we help co-workers see how their
work affects others in the process?

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QI Foundation #2: Process Oriented



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QI Foundation #3: Data Driven



Keep data collection and measurement simple



What data is currently collected that could be used?



Is another unit/department already collecting the data?

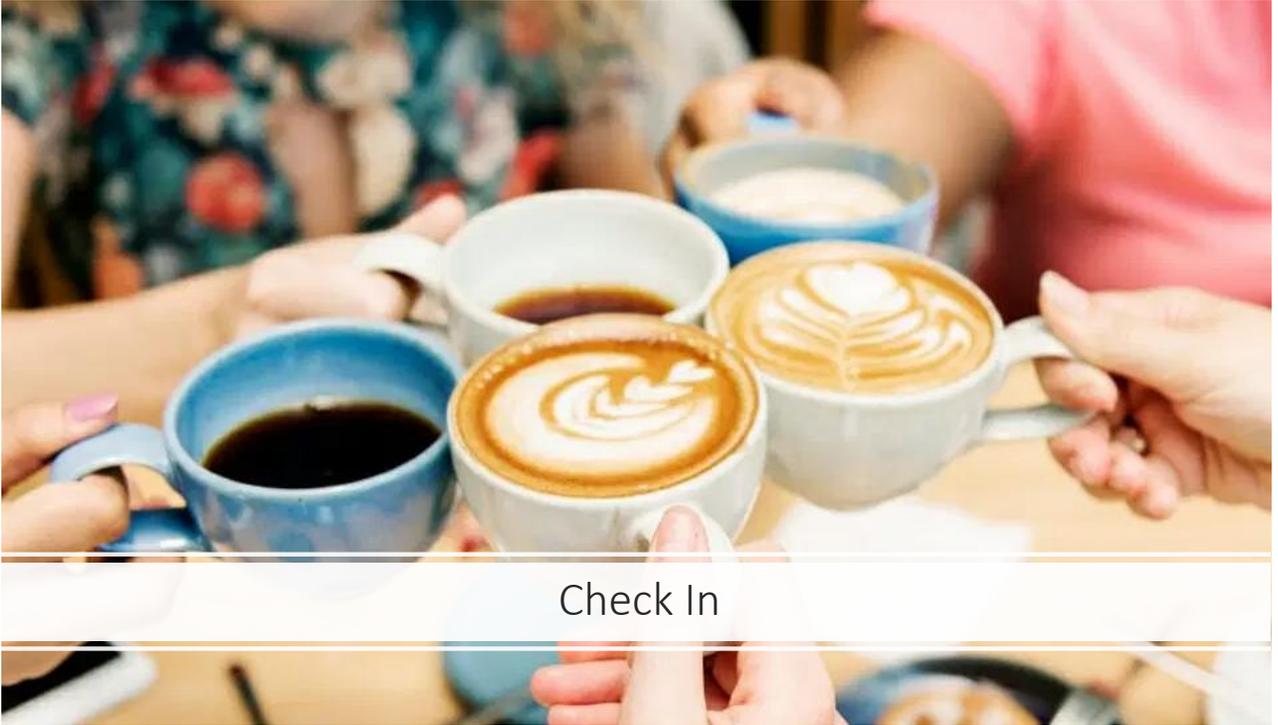


Can data be collected concurrently?



Don't use "gut" reactions only

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Quality 101

Upcoming Sessions



Part 2: February 10 @ 1000



Part 3: March 10 @ 1000



April individual clinic zooms



Part 4: May 12 @ 1000



Part 5: June 2 @ 1000

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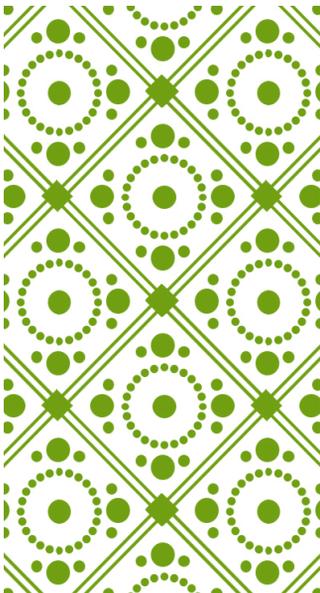
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