QUALITY 101 | Part 2 – February 10, 2026
Susan Runyan
Runyan Health Care Quality Consulting

1

Check In

2

Quality Improvement
and
Quality Measurement

3

How Does Measurement Improve Quality?

By helping us:

understand the variation that exists in a process
monitor a process over time
see the effect of a change in a process

By providing:

a common reference point
a more accurate basis for prediction

4

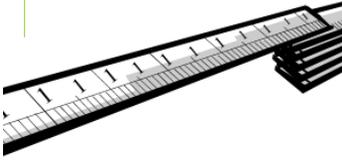Measurement allows us to determine if change is improvement

Percentage of eligible patients receiving Annual Wellness Exams

HOW WILL WE KNOW THAT A CHANGE IS AN IMPROVEMENT?

5

UPSTREAM OR DOWNSTREAM

A leading measure is "upstream" in the process – can also be called a process measure

A lagging measure is "downstream" in the process – can also be called an outcome measure
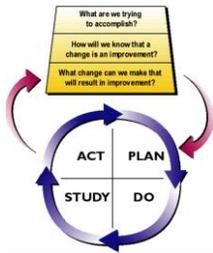
6

QI Model for Improvement PDSA

7

QI Model for Improvement

Encourages learning by testing change on a small scale
◦ Pilot the change in one unit, with one physician, on one shift, etc.

Eliminates studying the problem to death
◦ Moves the team from contemplation to action

Minimizes data collection/data overload

Works well with "small numbers"

Uses three questions as a framework

Langley, G. J. (1996). *The improvement guide: a practical approach to enhancing organizational performance*. San Francisco: Jossey-Bass
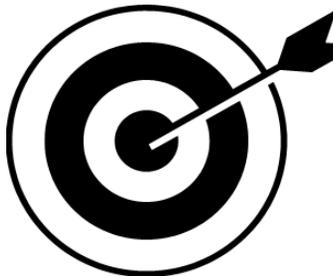
8

What are we trying to accomplish?

Improvement begins with setting aims
◦ State aim clearly
  ◦ Gain agreement from team
◦ Make aim measurable
  ◦ Use a % goal
◦ Make aim achievable
  ◦ Should be a "stretch"

9

SMARTIE GOALS

Specific | Measurable | Attainable | Relevant | Time-bound | Inclusive | Equitable

Set goals and create a plan.

10

What changes can we make to achieve our aim?
Percentage of patients with chronic conditions (e.g., diabetes, hypertension) who have controlled disease markers (e.g., HbA1c levels, blood pressure).

Follow the treatment path of a patient from new patient to monitoring chronic conditions:

Registration, Laboratory, Nursing, Physician/Provider, Patient, Community Health Worker, Social Worker/Case Manager, Medical Records
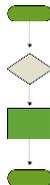
11

What changes can we make to achieve our aim?

Understand how current process works

Flow chart the actual process-not what you want it to look like-but the reality

Look for:
◦ redundant tasks
◦ logical placement of tasks
◦ forgotten tasks
◦ delays
◦ missed opportunities
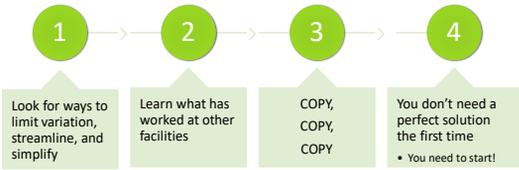◦ continuity of care across units/disciplines and settings

12

1	2	3	4
Look for ways to limit variation, streamline, and simplify	Learn what has worked at other facilities	COPY, COPY, COPY	You don't need a perfect solution the first time • You need to start!

What changes can we make to achieve our aim?

13

Implement and evaluate

14

15

Why Document PDSA?

Because surveyors require it?
◦ Regulatory – state and federal

Because the Medicare Conditions of Participation (CoP) require it?
◦ Payer

Because the hospital quality improvement plan requires it?
◦ Organizational policy

Because you want to demonstrate the good work your unit/ department is doing?
◦ Communication tool and affirmation

16

Check In

17

Data Collection & Measurement Key Points

18

6

19

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**:
  - Establish a patient and family advisory council
  - Effective coordination of care with other healthcare providers and specialists, measured by the percentage of patients with documented care plans.
  - Improve patient experience scores by 5% across all providers
  - Able to accommodate same day appointments 75% of the time

20

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

21

1	2	3	4
Keep it simple	Hold to original question	Communicate the findings	Understand variation

Suggestions

22

Uses of Data and Measurement

Accountability

Clinical management

Improvement

23

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?

24

Data Sources

Administrative		Billing Lab Pharmacy
External requirements		
CGCAHPS Surveys		

25

Considerations	• When is it necessary? • How will you use it? • Easy to obtain, but limited information and accuracy
Sources	• Billing (ICD10-CM, CPT codes) • Lab (A1c tests for diabetic patients) • Pharmacy (# of patients on warfarin)

Administrative

26

Strengths	• Rich, detailed information • Vehicle for clinicians to record, plan, share information
Weaknesses	• Clinician documentation • Missing data/illegible records • Time/resource intensive • Inconsistency of Abstractors

Medical Records

27

1	2	3	4	5
Measure customer voice	Identify improvement opportunities	Set priorities	Evaluate progress	Tell story

CGCAHPS Surveys

28

Collect Data & Monitor Progress

- 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

29

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 CGCAHPS 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!

30

Check In

31

Quality 101

Upcoming Sessions

Part 3: March 10 @ 1000

April individual clinic zooms

Part 4: May 12 @ 1000

Part 5: June 2 @ 1000

32

Contact Me

Susan Runyan
▸ runyanhcquality@gmail.com
▸ 620.222.8366

33

34