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Kentucky Hospital Association - Quality Conference

The quality management system as a roadmap to high reliability
Staff processes within the quality management system for improvement consistency

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The quality management system and structure for achieving high reliability

Principles of HRO	ISO 9001:2015 Quality Management System
Preoccupation with failure	• Process control (8.5.1) • Risk and Opportunities (6.1) • Internal Audits (9.2)
Reluctance to simplify	• Documented Information (7.5) • Operational Planning and Control (8.1) • Process Control (8.5.1) • Corrective and Preventive Action (10.1)
Sensitive to operations	• Operational Planning and Control (8.1) • Internal Audits (9.2) • Management Reviews (9.3) • Control of nonconforming outputs (8.7)
Commitment to resiliency	• Leadership and Commitment (5.1) • Customer Focus (5.1.2) • Awareness (7.3)
Deference to expertise	• Organizational Knowledge (7.1.6) • Internal Audits (9.2) • Operational Planning and Control (8.1)

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Processes for improving consistency

- Policies, Procedures, Forms…
  - Notoriety of hospitals and policies

- Silos in place – department/unit tunnel vision

- Conflicting priorities

- Lack of Communication

- Level of tolerance for ineffective processes or they just don't work well

Proverb of ISO: Document what you do, do what you document, prove it and improve it

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Impact of policies and procedures for achieving high reliability

- "Policies and Procedures are required to provide consistency and standardization across your organization. They will give your employees clarity on their day-to-day activities as well as any responsibilities." - MedTrainer

- "…The scope of hospital policies and procedures is vast. …understandably, a huge headache for healthcare workers as it further adds to the complexity and workload of their already demanding roles" - PolicyMedical

- "In a hospital, deviating from the rules and standards can be detrimental. Inconsistent practices will lower the quality of patient care, and could even harm the patient and put the hospital at risk." - PowerDMS

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III. **Procedures**

Screening

1. All inpatients are screened as close to time of admission as possible to determine which patients may be likely to suffer adverse health consequences upon discharge in the absence of adequate discharge planning. A discharge planning screening shall be initiated upon admission, utilizing the initial Nursing Admission Assessment.

End of day 1?.. Day 2?

Is this always the admitting RN?

2. The admitting RN will complete the discharge planning screening to identify those patients identified as being at risk for adverse health consequences upon discharge without adequate discharge planning

   Is this consistently done? When are they notified?

   a. If the patient is identified to be at high risk from the discharge planning screening, Care Management will be notified for further evaluation.

   b. Reassessment of a patient's discharge needs and associated risks using the screening criteria will occur during multi-disciplinary rounds and the nurse's daily patient assessment.

   Maybe 50% of the time?

   c. A referral to Care Management may be requested by a member of the patient's care team, family, or provider at any time during the course of their hospitalization.

Evaluation

1. The CM will perform an evaluation of an inpatient's post-discharge needs as indicated through the primary RN's admission screening. The discharge planning assessment will be completed in a timely manner to ensure that appropriate arrangements for post-hospital care will be made before discharge, and to avoid unnecessary delays in discharge.

   [Annotation: Is the done well before discharge? Do they always use the primary RNs admission screening?]

2. As part of the discharge assessment, the CM will complete the 8 P's Risk Assessment Tool to determine the patient's risk for readmission. The below risk factors will be identified and addressed for all hospitalized patients:

   [Annotation: Is the tool always in the documentation?]

   - Problem medications-Is the patient on anticoagulants, insulin, digoxin, narcotics, or aspirin & clopidogrel dual therapy?
   - Psychological-depression screen positive or h/o depression diagnosis, anxiety disorders, and substance abuse?
   - Primary Diagnosis-cancer, stroke, diabetes, COPD, heart failure, or liver failure?
   - Polypharmacy-10 or more routine meds? *[Annotation: Do you trust this to be assessed consistently?]*
   - Poor Health Literacy-inability to do teach back?
   - Patient Support-absence of caregiver to assist with discharge and home care/poor physical condition?
   - Prior Hospitalization-Non-elective within the last 6 months?
   - Palliative Care-Does this patient have an advanced or progressive serious illness?

7. Care Management will communicate regularly with the attending physician regarding the status of the current discharge plan and update other members of the healthcare team as necessary.

- Utilize readmission data tracked by Care Team to conduct an in-depth, closed medical record review of ten percent (10%) of all-cause readmissions within 30 days.

Documented Information

- **When documented information is needed – 3 Cs**
  - Complexity – How complex is the process?
  - Criticality – Is the process critical?
  - Competence – What is the competence required to perform the work?

- **With policies, procedures and forms…. One size does not fit all…**
  - Always using standard templates
    - Is it the best way to share the information?
    - Does it say enough or too much?

- **Simplify the complexity….standardize**
  - Work instructions
  - Pictures can save a thousand words

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Value of Internal Audits…

- **Planning**
  - Effectiveness of the quality management system
  - Internal and external factors

- **Focus areas**
  - Patient Experience scores, Incident Reports, Variation of Data, VBP

- **Connecting the quality management system to organizational processes**
  - Process auditing – Sequence, hand-offs
  - Consistency

- **Proactive Risk Management**
  - Detection, Prevention, Correction…. Not Reaction
  - Risk-Based Thinking

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Proactive Risk Management

- Would you say that you do more in reacting to risk or preventing risk?

- How do you change and respond to the external and internal environment?

- Are you able to identify risks, barriers, and other aspects that impact processes?

- Culture, perceptions, and human factors all play into this.

- Simple to very detailed risk assessments

- Incorporate into rounding and internal audits

- Document these to enable action to the taken and assessed for effectiveness

- Share the results

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Roadmap to High Reliability

- An organization that has a strong quality management system in place has the foundation and **road map for achieving high reliability**.

- **Culture has the biggest impact** on an organization.   It can be a propeller or an anchor!
  - Open discussion, engagement of all parties
  - Looking at yourself in a different more critical way

- **Always learning…**
  - From your results, your processes, feedback internal & external
  - How to use the information

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