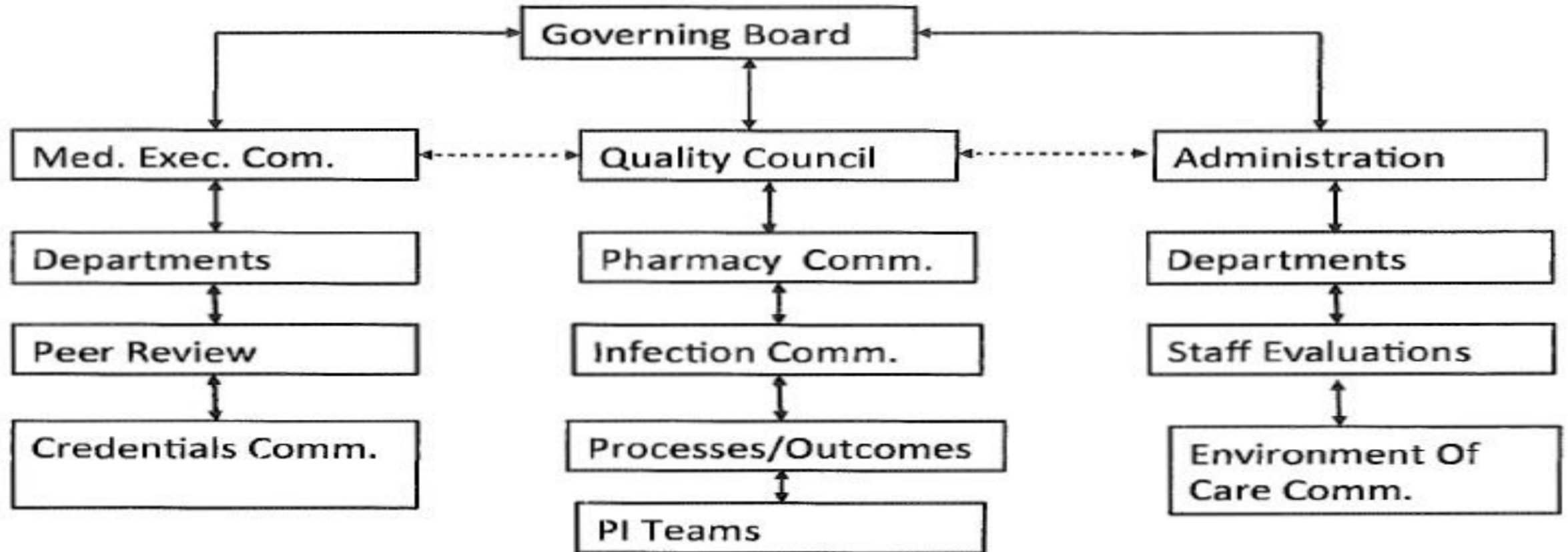QM/PI INFORMATION FLOW

Establish Reporting Routines :

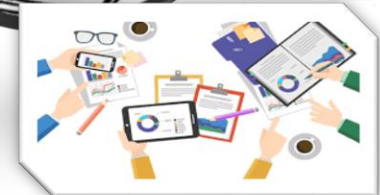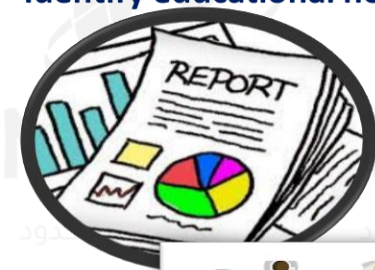- All quality, risk, and utilization management activities should be reported periodically in summary form to the Quality Council.

- Certain information ,should be identified and documented in the Plan or in policy and should be reported to the various medical staff departments and committees or other physician groups, as applicable, and to the governing body.

- Teams and departments/services are calendared to present the current status of quality or performance improvement activities with a written (ideally one-page) "Outcome Summary" for distribution.

- All directors and/or managers are then responsible for dissemination of the information to all staff at department meetings.

1. Definition of the term quality for the organization
2. Clarify leadership roles
3. Create an accountability structure
4. Determine what the name of your program will be (i.e., quality or performance improvement)
5. Identify the important functions of the organization
6. Identify approaches to process improvement framework
7. Develop an information flow chart
8. Establish reporting routines
9. Integrate quality principles into organization's policies and procedures
10. Identify educational needs

Integrate Quality Principles into the Organization's Policies and Procedures :

- **Quality principles and processes that are utilized in an organization should be integrated into the policies and procedures of the organization .**

- **Develop, clarify, confirm or revise, and integrate all organization policies and guiding statements concerning patient safety, quality of care and service, and performance improvement efforts .**

- **If a process is improved, the improvements/changes need to be changed in the policy and procedures, as appropriate.**

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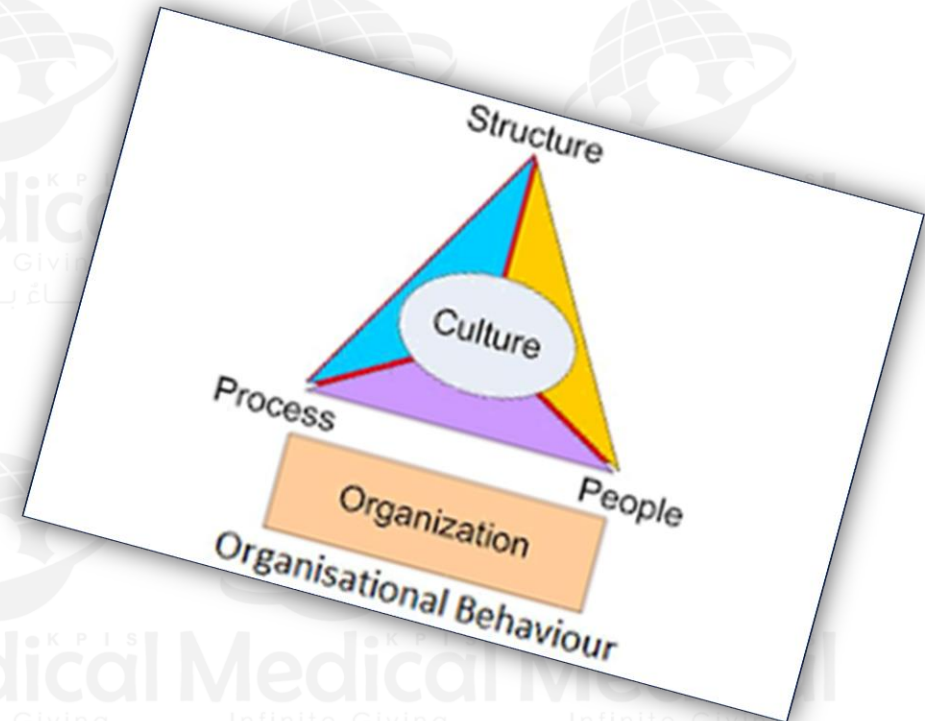10. Identify educational needs

Identify Educational Needs:

➤ **The educational needs in regard to quality/performance improvement ,risk management and utilization management will vary in each type of healthcare organization.**

➤ **It is up to the quality management leaders to determine who? requires what? education and to determine the best methodology to deliver that education.**

➤ **Specific educational goals should be developed along with ways to measure the effectiveness of the teaching.**

➤ **The effectiveness should be measured at the conclusion of the educational event, but also later in time to assure that information learned is applied as appropriate in the organization.**

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7. Develop an information flow chart
8. Establish reporting routines
9. Integrate quality principles into _____ and procedures

The structure and processes are determined by:

1. Organizational culture (degree <u>of **leadership commitment**</u> to mission, vision, values, people, and the community served)

2. Ability to trust and <u>**empower individuals**</u> and groups (with information, to make decisions, to change and make change)

3. Ability to <u>**relinquish**</u> and/or <u>**share power**</u> and control (information, delegation, resources, influence)

4. Degree to which <u>**willingness to change accompanies**</u> the "<u>buy-in</u>" to quality (changes in policies, procedures, budgets, schedules, organizational charts, roles and responsibilities, reporting relationships, etc)

5. Depth **of <u>understanding of the practical implications</u>** of QM :
   -Relationships between board, administration, and physicians (committee structure, flow of reports, leadership participation on QI Council, etc.)
   -Value of **networked information** management systems, staff time for QI Team activity, and ongoing education.

Organizational Influences for Program Effectiveness :

➤ **There are many organizational influences impacting program effectiveness, and these must be considered throughout the development.**

1. Organizational culture
2. Governing body support and involvement
3. Administrative and management leadership support and involvement
4. Medical/professional staff or medical group/IPA support and involvement, as applicable
5. Organizational, team, and committee structures
   Scope of services and programs
7. Important organization wide functions
8. Strategic quality initiatives.
9. Care and service delivery functions, systems, and processes
10. Information system resources
11. Financial budget and resources
12. Political environment

Quality/Performance Improvement Plan :

➢ **The Quality/Performance Improvement (PI) Plan should be developed by the executive and clinical leadership and must be** <u>approved</u> **by the organization's governing body.**

➢ **The plan is** <u>the road map</u> **for all quality related activities, clinical and service related, for the organization.**

➢ **The Quality/Performance Improvement plan, generally outlines, the quality performance improvement focus areas for the current and future years.**

➢ **The** **prioritization of improvement opportunities** **should include appropriate strategic initiatives of the organization.**

➢ **The** <u>annual PI plan</u> **should be derived from the evaluation of the previous year's plan's activities, organizational priorities, and organizational requirements.**

1. Performance improvement program structure
2. Performance improvement plan
3. Implementation of performance improvement program
4. Dissemination of performance improvement information
5. Team
6. Practitioner appraisal process
7. QM & PI orientation and training and education

➤ *five characteristics of a Quality/Performance Improvement Plan:*

systematic process that includes leadership, accountability, and dedicated resources .

2. Use of **data and measurable outcomes** in the progress towards evidence-based benchmarks .

3. Focuses on linkages, efficiencies, and provider and client expectations when improving outcomes .

4. Continuous process that adapts to change within the organization's quality Improvement arena .

5. **Data collected** is utilized to assure that the goals of the program are accomplished and they are concurrent with the improved outcomes .

Elements of a Quality/Performance Improvement Plan:

- Purpose
- Communication
- Mission Vision scope
- Customer needs
- Evaluation
- Goal Objective
- Improvement methodology
- Performance opportunities

Balance score card

1. It Organize the data with key performance measures (indicators).
2. **Performance measurement** system based on and organized **around the strategic plan**.
3. It is a translation of **mission, vision, and strategic plan** into actions.
4. It gives an **overall snapshot of the organization's status.**
5. It answers **" How are we doing?"** and **"Are we there yet?".**
6. Reflect the priorities of both the organization and its customers & Vision Innovation.
7. It's better than looking for financial issues only . It's **balanced**.

Financial Perspective
Financial result and growth
Key Financial parameters and performance (ROE, ROCE)
Higher Profit Margin
Improved Cash flow
Lower Bad loans and lower debt
Net Interest Margin
Reduced overhead Expenses
Proper Revenue Mix

Learning and Growth
Develop Critical Skills and Knowledge
Proper Knowledge Management
Provide Strategic Information to all
Align Personal Goals with Company goals
Employee growth and turnover
Employee Satisfaction and Retention

Balanced Scorecard

Customers
Increase Customer Satisfaction
Increase Customer Loyalty
Retention of key customers
Sales revenue per customer
Competitive pricing and product offering
High Quality Service
Customer preference compared to competitors

Internal Business Processes
Cross-Sell Products
Improve Operational efficiency and minimize Problems
Proper Customer relationship management
Higher success rate in converting business opportunities
Fast business decisions and approvals
Proper work culture and higher employee confidence

The importance of BSC

1. The main goal to link organisation mission and vision with the strategic plan.
2. Align day to day work which every one is doing with strategy.
3. Prioritise the projects, products and services.
4. Measure the progress toward strategic target.

The four strategic choices:

- **Objectives:** High-level, long-term goals.
- **Measures:** Metrics that help you check your progress toward your objectives.
- **Initiatives:** Key large-scale actions that you're taking to meet your objectives.
- **Action items:** Small-scale actions that you're taking to support your initiatives.

It covers four aspects of your business:

- **Financial:** Your income and outflow. Decreasing costs, increasing income, and opening new sources of revenue.
- **Customer:** How your customers relate to you. Satisfaction levels, market share, brand awareness, and brand sentiment.
- **Internal Processes:** streamlining processes, improving production quality, boosting efficiency.
- **Learning and Growth:** employee skills, knowledge transfer, intellectual property, company culture.

It's called a *Balanced* Scorecard because it helps you balance your strategy across all business areas. This is a key component for creating successful growth in a company.

Dashboard	Balance score card
Support Operational decision	Support strategic plan
Monitor in real time (Performance monitoring)(snapshot of business performance)	Performance management(Progress toward target)
Real time feed	Monthly snapshot (retrospective)
Display performance (KPI)	Display Progress (metric against target)
Visualise performance to understand the current status (NOW)	Align KPI, Objective and action to see the connection between them

Table 13: Potential Scorecard Objectives and Measures

Potential Scorecard Objectives and Measures	
Objectives	**Possible Measures**
Community Perspective	• # community-based services or projects (new/linked to needs assessment) • # volunteers • # uninsured patients
Customer Perspective (patients, physicians, employees, other customers)	• Satisfaction (patients, physicians, employees) • Point of service survey results (patient services, key suppliers/partners) • Complaints/compliments • (patients, physicians, employees, other customers) • Time to first appointment (selected patient services)
Financial Perspective	• Revenue and cost per unit of service; cost/adjusted discharge; reimbursement minus cost per case • Operating and total margins, days accounts receivable, and days cash on hand • FTEs/adjusted occupied bed
Innovation and Growth	• Market share • % of revenue from new services • # referring MDs; # patients per referring MD
Operations / Internal Perspective	• Utilization: acute/subacute inpatient length of stay; ambulatory encounters per day/month/year by practitioner; case length for key surgical procedures • Access: aggregate wait times; % patients in disease management (actual/ potential); treatment of underserved/uninsured • Clinical Outcomes and Health Status: prioritized by high volume/risk/cost and links to strategic goals. In a corporate setting, some may be applicable to all services and some specific to each service type
Research & Teaching (academic medical center)	• # new/# completed research projects • # hours worked per week per resident

Thanks