



الجمعية السعودية للعلاج الطبيعي  
Saudi Physical Therapy Association

**Medical**<sup>K P I S</sup>  
Infinite Giving  
عطاء بلا حدود



# PERFORMANCE MANAGEMENT AND PROCESS IMPROVEMENT

## Chapter 3-Part 2

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## QUALITY, RISK, UTILIZATION, AND PATIENT SAFETY PLANS :

- **Written plans** generally **describe quality management / improvement, utilization review/ management, risk management, patient safety functions,** and govern their operations .
- The **plans may be separate or integrated.** All plans **should align** with the **organization's vision** and strategic goals.
- All organization wide plans related to the provision of patient care and services **must be approved by administration,** the governing body, and, in hospitals, by the medical/professional staff.





## Utilization Management:

➤ Technique used by the payer of health care to **manage costs** through **analysis of medical necessity and appropriateness** of care including the appropriateness of:

1. Admission
2. Treatment and investigation
3. LOS
4. Discharge needs



Management  
of resource

**HIGH QUALITY + COST EFFECTIVE.**



## Utilization Management Plan :

- To ensure that the healthcare organization provides **medically necessary** at the **appropriate level of care** while optimizing quality outcomes and financial performance.
- To ensure **effective and efficient utilization** of hospital facilities and services and includes a performance improvement component. (CPGs)
- Utilization Management generally is **described in writing** because it is an organization-wide process with many component steps.
- To **comply with local and regional healthcare** delivery regulation and accreditation bodies



## Utilization Review

### Inpatient

### Out patient

Admission criteria

Encounter/visit

Treatment & investigation necessity  
(resources)

Treatment & investigation necessity  
(resources)

Length of stay

Accessibility of service

Transition of care

Multiple encounter / revisits

Discharge criteria

Referral

Readmission

Revisit



## Utilization Problems

### Under utilization

- **In efficient use of resources.**
- **Underuse** of service even with evidences of medical necessity.
  1. No order of ttt.
  2. No investigation done
  3. No care coordination (consultation)
  4. No follow up

### Over utilization

- **Abuse the hospital resources** without necessity.
  1. Admission **without necessity**
  2. **Overuse** of antibiotic
  3. Increase **LOS** without necessity
  4. **Abuse** for investigation

### Misutilization

- **Wrongly use** of hospital resource.
  1. Wrong ttt.



## ➤ How to prevent utilization problem?

1. Pre-authorization process in MCO (managed care organization).



1. Assessment of data or cases by physician advisor, medical director with subsequent dialogue with primary care practitioners.



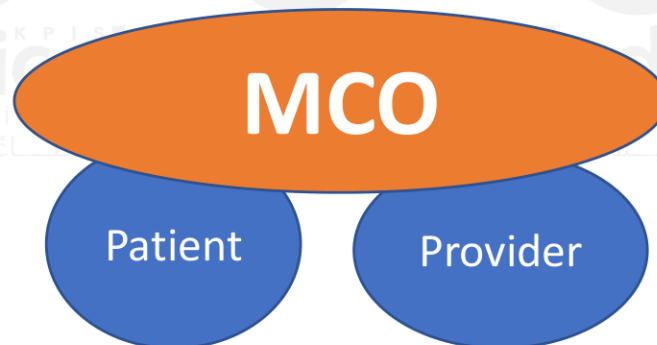
1. QI team activities to improve systems and processes associated with inefficient delivery of care.





## Managed care Organization:

- Responsible for both **delivery** and **financing** of health care service.
- Establish links among provider, patient and payer
- Both patient and provider have an agreements with MCO:
  1. **Patient** agrees for payments of the services.
  2. **Provider** agree to accept the fees offered by MCO.







## ➤ Effective Utilization management

1- Top level **commitment**.

2- Recognition that utilization management is a part. of overall quality management.

3-Knowledge of **current laws**.

4- effective UM plan.(**SMART**)

5-**Coordination** with all care levels and care management.

6- Effective **communication** and education systems.

7- Computerized databases **and information systems for tracking** UM

data with comprehensive reporting capabilities.



## ➤ Care Coordination:

- It is a function that helps **ensure** that patient's needs for health services are met and information sharing across people ,functions and sites are met over time.
- Coordination maximizes the value of service delivered to patients by facilitating **beneficial ,efficient ,safe** and **high quality** services and **improving health outcome**.
- It involves management of delivery of wellness disease and chronic care services to both individual client ( **case management**) and selected populations (**population management**).
- Care coordination assumes there is a patient care management system in place which link patient needs to available services.

## ➤ How does Care Coordinator work?

1. Proactive care plan and follow up
2. Communication: **information availability** and shared decision making
3. Information systems: **easily accessible** by practitioner
4. **Transition/hand off** between staff.



**NHS**

HOW CAN A  
**CARE COORDINATOR**  
HELP YOU?

I can help you by...

- Providing support for patients with complex needs.
- Helping you access health care in a more simple way.
- Supporting you to get help with training & employment.
- Helping you learn how to manage your own health.

THE RIGHT CARE, FROM THE RIGHT HEALTH PROFESSIONAL.

#WEAREGENERALPRACTICE

**SBAR:** Structured Communication tool designed to convey a great deal of information to be transferred accurately between HCW.

## STOP!

### WHAT'S THE PROBLEM?

Errors in communication is one of the main causes of adverse events in clinical practice.

### WHAT'S THE SOLUTION?

The SBAR tool helps to convey information effectively in a range of situations including handovers, referrals and when seeking senior advice.

Use of the SBAR tool during medical emergencies is recommended in the NICE Quality Standard 174.<sup>(1)</sup>

**The overall goal is to improve patient safety.**

Research has shown improved patient outcomes particularly when SBAR has been used over the phone.<sup>(2)</sup>

## LOOK

### SITUATION (WWW.Y)

- **W**ho you are
- **W**here you are calling from
- **W**ho you are speaking about
- **W**hy you are calling

### BACKGROUND

- Age, Gender
- Presenting complaint
- Very brief summary of relevant background history



### ASSESSMENT

- NEWS and key clinical findings
- Relevant tests & treatments carried out so far
- (Differential) Diagnosis
- Any specific major concern

### RECOMMENDATION

- "Can I please ask you to [help me with/advise me/review]..."
- "Is there anything I need to do in the meantime?"

## LEARN

**REMEMBER!** Ask the receiver to **repeat key information to ensure understanding.**<sup>(3)</sup>

The plan also needs to be communicated to the patient and/or their next of kin.

1. <http://bit.ly/3auJX6F> (NICE)
2. <http://bit.ly/3auLHwJ> (BMJ)
3. <http://bit.ly/30DX5IE> (NHS Improvement)

**Our SBAR video playlist:**  
<http://bit.ly/whatisSBAR>





- \* IDENTIFY SELF & SITE/ UNIT PERSON CALLING from
- \* IDENTIFYING INDIVIDUAL (NAME & D.O.B)
- \* SYMPTOM ONSET & SEVERITY



- \* SUSPECTED UNDERLYING CAUSE or CONCERNS



## SITUATION

## BACKGROUND

## ASSESSMENT

## RECOMMENDATION

- \* DATE/TIME of ADMISSION
- \* ADMITTING DIAGNOSIS
- \* RELEVANT MEDICAL HISTORY
- \* LAB/DIAGNOSTIC RESULTS
- \* NOTABLE CHANGES



- \* RECOMMENDATION & EXPECTATIONS
- ~ CLEAR/SPECIFIC about URGENCY of REQUEST & EXPECTED TIME FRAME

### PURPOSE

- \* COMMUNICATION TOOL to STRUCTURE CONVERSATION about MEDICAL SITUATIONS REQUIRING IMMEDIATE ATTENTION & ACTION
- ~ REDUCES ERRORS
- ~ ENCOURAGES ASSESSMENT & DECISION-MAKING SKILLS





## CASE MANAGEMENT

- It is the clinical and **administrative coordination of all phases of patient care**, where specific clinical outcomes are achieved within a time frame.
- The case management process **consists of intake and assessment, development of a care plan, case coordination, discharge planning, and quality** management.
  - Intake and assessment begins with admission to particular service.
  - A comprehensive care plan is developed after the initial assessment.
- **The plan of care should contain:**
  - 1-A **treatment plan** established by the healthcare practitioner in cooperation with the primary care provider, the patient, and family.
  - 2-**Clearly defined**, measurable short- and long-term **goals and expected outcomes** with time frames for completion.
  - 3-Plan and tools for **patient and family education** & case coordination and referral information.

treatment  
plan

Measurable  
goal

Education



## ➤ Role of case manager?

1. Ensure that only **medically appropriate** and **cost conscious care** is provided to patients.
2. Maintains an **overview of the case** and helps the primary care provider maintain an objective **ongoing assessment of the patient's healthcare needs**.
3. Responsible for **ensuring continuity of care** from hospital to home, home to hospital, or hospital to subacute or long-term care facility

