MOHAMED ELDIB

Utilisation plan

- Who will review
  - Care coordinator/Case manger
    - link patient needs to available services.
    - 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.
    - 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.
- Utilisation Problem
  - Under utilisation: under use or insufficient use of resources
  - Over utilisation: Abuse of hospital resources
  - Misutilization: Wrongly use of hospital resources
- Utilisation review
  - 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.
- Manage resources
- Manage cost through Medical necessity and appropriateness of service
- SBAR

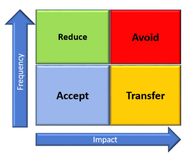
- CASE management
  - It is the clinical and administrative coordination of all phases of patient care, where specific clinical outcomes are achieved within a time frame.
  - The case management process consists of intake and assessment, development of a care plan, care coordination, discharge planning, and quality management.
    - Intake and assessment begins with admission to particular service.
    - A comprehensive care plan is developed after the initial assessment.
- Care plan
  - Organization mission, vision, goal
  - Attention

Care Coordinator	Case Management
Ongoing in the community level (prevent decline in patient health before they happen)	Triggered by hospitalization (focused on safely discharging the patient
Community based (Family based)	Patient based
Build relationship between the team and patient care to identify the risk and prevent it.	Working to link the care team to create comprehensive care plan.

Risk Management

- Population identification.
- CPGs
- Plan of care (potential/proactive)
- Risk assessment
- Patient & family education/behavior change
- Outcome measurement and evaluation
- Disease Management
  - Access
  - Improve connection between community market
  - Coordination
  - Education
  - Track pt conditions
- Demand Management
- Population Health
  - Case management rightfully focuses on the individual patient. The concept of population management is a newer epidemiological focus on groups of patients with certain conditions.
    We will focus on:
    Disease Management
    Demand Management programs.
- Respond to
  - Financial loss/Emotional loss/Increse incidence
  - Role of risk manager
- HARM prevention
  - dealing with incident report investigations.
  - patient complaints.
  - litigious situations.
  - adverse patient events or outcomes.
  - conducting root cause analysis.
  - proactively assessing risk to the organization(FMEA)
  - Daily responsibilities
- 1. Identify and manage risk
  2. Prevent and minimize risk of harm (Patient,Visitor,HCW)
  3. Identify opportunity of improvement
  4. Reduce (not eliminate financial loss).
- process of identifying, assessing and controlling threats to an organization's capital and earnings. These threats, or risks, could stem from a wide variety of sources, including financial uncertainty, legal liabilities, strategic
- Infection control
  - MAIN goal
    - Survilliance
    - 100 surveillance : is not effective in identifying where to begin to make improvements
    - Foucs (Target) surveillance : Example (MRSA-VAP-CAUTI)
- Environmental safety program
- Risk Evaluation
  - 1. Identify risk
    2. Analyze risk
    3. Evaluate risk
    4. Treat risk
    5. Monitor risk
- ERM program
  - Component
    - Component
  - Organization wide early warning system:
    - Generic screening:
      Concurrently screen every patient hospitalization, ambulatory service or home care
      An example of 100% review process
    - Incidents reporting:
      Notification of adverse patient occurrence & PCE
    - Patient safety data screen:
      NAHQ survey
  - Risk Evaluation

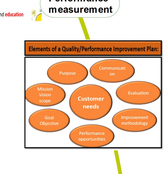
- Adverse patient occurrences (APOs) : Unexpected un toward events with actual or potential negative impact on the patient those APOs might become claims
- Organization early warning process (Incident Report) : to identify as early as possible all :
- (PCEs) Potentially compensable events An APO that might result in a lawsuit or claim based on the degree of actual or potential impact on the patient
- FMEA & RCA
  - FMEA = Proactive
    RCA = Reactive
  - Concept of loss
    - Loss Prevention : Do (FMEA)
    - Loss Reduction : Do (RCA)



- Risk treatment
  - Risk control
    - Avoidance
    - Reduction
    - Shifting
  - Finance
    - Transfer
    - Retention
  - In case of claim
    - Equipment sequester/Isolation
    - Medical record kept under locked and key in RM office
    - Copy place back to MRD
    - For late entry staff should be escorted in room & sign for late entry
    - Not allow to remove or cross out in Medical record
    - EMR will be in read only mode

PLANs

- The plans may be separate or integrated. All plans should align with the organization's vision and strategic goals.
- Performance Improvement
  - It shifts the primary focus from the performance of individuals to the performance of the organization's processes and systems. Emphasizing the importance of the individual contribution of medical staff members and other staff.
  - Performance improvement program structure
  - Performance improvement plan
  - Implementation of performance improvement program
  - Dissemination of performance improvement information
  - Team
  - Practitioner appraisal process
  - QM & PI orientation and training and education
- Performance measurement
  - Structure
    - Quality is measured by what is done and how well it is done in relation to desired outcomes
  - Elements of a Quality/Performance Improvement Plan:



Effective Structure

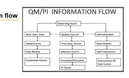
- Definition of quality
  - Impacted by
    1. the type of organization . (gov or non gov)
    2. It is for profit or not for profit.
    3. the mission, vision, and values of the organization
    4. patient population.
    5. type of services offered, type of practitioners utilized.
    6. geographic and environmental factors .
- Leadership role
  - Quality council
    - body of senior managers representing with in a firm and quality specialists who meet periodically to identify quality problems and devise appropriate solutions of these problem.
    - consists of the administrative, physician, and nurse leaders and key organization staff who serve as an oversight committee for all quality activities (clinical and non-clinical) of the organization and including community members and/or previous patients.
    - 1. Promote quality improvement
      1. Provide technical support
      2. Set goal and time frame
      3. Prioritize the opportunities of improvement
      4. Establish performance improvement team
    - Responsibilities (Develop/Modify-Approve PI Plans/Prioritize-Select-over see and support PI teams)
    - 1. eliminate all redundant bodies.
      2. reduce the need for multiple meetings and duplicative reporting
      3. ensure appropriate and timely communication throughout the organization
    - High level information (Graph)/ Findings by highlighted memo
- Accountability structure

Accountable	Responsible
Responsible for what is do and what is mandatory reason	Duty to work or help some one who in position of authority
Can not be shared	Can be shared
U r blamed for mistakes	No liability

- Quality language
  - Staff must know the common terms of quality
- Organisation important function
  - W can not improve everything because of lack of resources
  - How can we prioritise the project
    - High risk
    - High cost
    - High volume
    - Problem prone
- Improve process
  - PDCA

- PI approaches
  - Decrease variation/reduce defect
    - Six Sigma

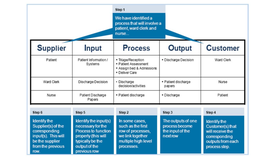
- Eliminate waste/non added value
  - Lean
    - 5S tool
      - SORT: evaluates what is needed and what non-value added items/steps can be deleted.
      - STORE: consists of examining the effectiveness of the order of steps in the process, and reorganized to increase efficiency and productivity.
      - SHINE: consists in streamlining the process to eliminate additional processing time.
      - Standardize: work phase is when the process steps are standardized
      - SUSTAIN: the process can be monitored and refined in order to maintain the new processing time.
- Information flow & reporting
  - Periodic reporting
  - information flow



- Balance score card

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

Six Sigma



Six Sigma Belt Colors	
White Belts	Work on local problem-solving teams but not part of Six Sigma teams Have an awareness of Six Sigma aspects
Yellow Belts	Participate as project team member Reviews process improvements that support the project
Green Belts	Leads Green belt projects and teams Assist with the data collection and analysis for Black Belt projects
Black Belts	Integrate Six Sigma implementation into their primary jobs Leads problem-solving projects Trains & coaches project teams Dedicate all their professional efforts to Six Sigma
Master Black Belts	Concentrates on Six Sigma implementation Trains and coaches Black and Green Belts

- Type of WASTE
  - T — TRANSPORTATION: Moving items or information
  - I — INVENTORY: Items or information that customer has not received
  - M — MOTION: Excessive movement within workspace
  - W — WAITING: Waiting for information or items to arrive
  - O — OVERPROCESSING: Doing more work than necessary
  - O — OVERPRODUCTION: Doing work before it is needed
  - D — DEFECTS: Mistakes and errors that need to be reworked
  - S — SKILLS: Not using workers to fullest of abilities

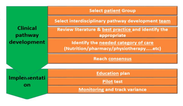
STAndard

- Standard
  - what is expected from performance.
  - what must be done
  - source of standard
    - Statement of expectation: defining the capability of a governance, managerial, clinical, or support system
    - Standards can be obtained from national, accreditation/regulatory organizations, as well as the community standards and
- Benchmark
  - Best practice
  - Comparison/ your performance against other organisation same like you in scope of service
  - Way of judgement
  - Improve process
  - Type of bench marck
    - XEROX 12-STEP BENCHMARKING PROCESS

PHASE 1 PLANNING	1. Identify what to benchmark 2. Identify comparable companies 3. Determine data collection method and collect data
PHASE 2 ANALYSIS	4. Determine current performance 5. Project future performance levels
PHASE 3 INTEGRATION	6. Communicate findings and gain acceptance 7. Establish functional goals
PHASE 4 ACTION	8. Develop action plans 9. Implement specific actions and monitor progress
PHASE 5 MATURITY	10. Place leadership practices 11. Pursue leadership positions 12. Fully integrate practices into processes

Internal benchmarking :	External benchmarking :
identifies best practices within an organization.It can be used to compare best practices within the organization and to compare organizational practices over time.	involves utilizing comparative data from other organizations to determine performance and identify improvements that have been successful in other organizations.

- Bench marck
  - Befor the trackng was for negative variance only but now the traking id for how the process work to deliver the care of patient
- CBGs /EBP
  - EBP:Integration of best practice and clinical expert and patient value
  - Decrease variation
    - patient
    - Human factors
  - StandardiSation
  - Typical ttt for typical patient
  - Facilitate capitated management contract
    - A capitation payment model works by paying healthcare providers a fixed amount for each patient they deliver care to, per unit of time.
  - Component
    - COMPONENTS:
      1. Clinical practice
      2. Current best practice
      3. Clinical perspective
      4. Research evidence
  - Identify the problem in practice
    - PICOT
      - Population/Situation
      - Intervention/solution
      - Comparison
      - Outcome
      - Timeline
    - determine Strength of evidence
      - ranking the evidence based on the type of research, the highest being systematic reviews or meta-analysis of randomized studies and the lowest being expert opinion.
    - Table 16: Standards Categories for Developing Clinical Practice Guidelines
      1. Establish transparency
      2. Management of conflict of interest
      3. Guideline development group compoolition
      4. Clinical Practice guideline-systematic review intersection
      5. Establishing evidence foundations for and rating strength of recommendations
      6. Articulation of recommendations
      7. External review
      8. Updating
- PAthway
  - Performance Indicators
    - can derive from regulations, accreditation standards, governing boards and other leader determinations, the organizational strategic plan, current data or by identification of weak areas within the organization.
    - PROSPECTIVE patient management strategy and tool describing the timing of key events in the process of care for a given diagnosis or condition that the healthcare team determines are most likely to
      - Patient management plan NOT a standard of care
      - Development



Clinical guideline	Clinical pathway
Make specific recommendation on healthcare and link these to research evidence.	Structure multidisciplinary plan of care designed to support implementation of guideline and protocols , based on Q/cost (total cost of care).
Consensus statement developed to help practitioner to take decision related to specific clinical circumstances	Prospective management plan provide sequence timing of action
Come from many sources (Evidence based practices)	Decrease variation

- points of reference for evaluating the organization's actual performance and comparing that performance
  - CAusal relation ship
    - Structure
    - Outcome
    - Process
      - Reliablity
        - Reliability: is the degree to which the measure accurately and repeatedly identifies the event or fact from among all cases in the group or cohort.
      - Validity
        - Validity: is the degree to which the measure identifies all appropriate events or facts.
  - Type of indicator
    - Create indicator
      1. Choose the indicator
      2. Define the indicator clearly
      3. Identify who is responsible and to whom the result will be reported
      4. Put it into template

Indicator Type	Example
Rate-based Indicator: Proportion	# of falls with injury this month / Total # Falls this month # pts who brought their medications to clinic / Total # patient seen in the clinic
Rate-based Indicator: Different definition	# of patients with falls this month / Total # of patients seen this month
Sentinal Event	# of falls resulting in a head injury

Main Topic