Implementing Performance Improvement in the Clinical Setting
Practice Improvement

- NPs are known for well-established history of providing high quality care, achieving excellent patient outcomes.
- The IOM’s landmark 2001 Crossing the Quality Chasm report placed emphasis on the need for continual efforts to enhance the safety, effectiveness, overall quality of the care consumers receive.
- The process is broader than individual clinicians, who may provide excellent care—it involves the system of healthcare delivery, whether in a private practice or large healthcare organization.
PI Principles

- Performance/Practice Improvement should be:
  - Based on issues important to the providers and their patients
  - Based on best available evidence
  - Designed to include patient health status and outcomes, satisfaction, measures of access
  - Reflect appropriate variation in practice
PI Principles

- Practice Improvement Measures should be:
  - Practical
    - in light of available resources
    - in regards to data collection and analysis
  - Conducted as part of ongoing improvement efforts
  - Revised and updated at regular intervals to reflect
    - Higher levels of outcomes
    - New developments and needs
Practice Improvement=QI/PI

- PI provides a structured and ongoing process through which HCPs:
  - Explore specified measures related to their practice
  - Retrospectively assess their practice
  - Apply improvement plans over a specified period of time
  - Reevaluate performance
Priority Selection

- Determining the factors on which to focus, consider:
  - **Potential impact**
    - Disability, mortality, costs
  - **Improvability**
    - Ability to narrow gap between current practice and ultimate goal
    - Contribution to areas such as safety, effectiveness, patient-centeredness, efficiency, timeliness
  - **Inclusiveness**
    - Populations and differences such as gender, age, economics, condition types, settings
Steps to Implement PI

- There are different models which specify sequence. However, general steps include:
  - Conduct an initial assessment of practice
  - Determine aims/goals for practice
  - Define relevant population, group
  - Identify improvement team members
  - Select measures
  - Outline measurement plans/process
  - Collect and analyze data
  - Synthesize findings and project next steps
PI Models: Examples

- DMAIC (define, measure, analyze, improve, control)
- PDCA (plan, do, check, act)
- IMPROVE (identify, measure definitions, problem analysis, remedy cause, operationalize effectiveness, evaluate)
- PDSA (plan, do, study, act)
PDSA

- **Plan:** Identify the aim, predict what can be achieved, develop a plan that includes who, what, when, where.

- **Do:** Implement a test, documenting problems, observations, beginning analysis

- **Study:** Complete analysis, comparing data to predictions, and summarizing what learned

- **Act:** Make refinements, determining necessary modification and planning next steps
PDSA: PLAN

- Identify the aim
- Predict what can be achieved
- Develop a plan for measurement and change:
  - Who
  - What
  - When
  - Where
Conceiving and Following General Plan

- Keep in mind what you are trying to accomplish (Aims)
- Be attentive to whether change represents an improvement? (Measures)
- Consider subsequent changes you/team can make to promote improvement (Changes/Performance)

- Keep feasibility and practicality in mind
- Obtain necessary approvals
Setting Goals

- Goals describe the AIMS for the project and measurement
- Aims include broader concepts such as improving patient satisfaction, safety, costs
- Aims should drive the measurements so that they are specific, measurable, attainable, relevant, and timely (SMART)
Be specific

- Be specific, e.g. instead of “significantly increase X”
  - Quantify (increase X by 75%)
  - Specify time-frame (increase X by 75% within 12 months)
- Consider when narrow focus necessary
  - Does the improvement relate to all patients or those with cardiac conditions?
Decide How Performance to be Measured

- Select measures to provide evidence of progress towards meeting goals
- Evaluate to determine which are
  - Important
  - Measurable
  - Achievable
Choose Measures of Importance

- Consider measures that are:
  - Evidence-base
  - Drive potential for improved outcomes
    - Directly or indirectly
    - Substantial and relevant
Consider Measurability in Setting

- Reliable and valid
- Well-defined
  - Identify rationale/intent in the selection
  - Specify relevant population to which apply
  - Determine the denominator for the measure
  - Specify inclusion/exclusion criteria
  - Define the sources for data elements (EHR, survey, chart review)
  - Identify data collection processes—who, when, how
  - Establish means to verify data
- Ensure interpretable findings
Achievability/Feasibility

- Achievable and reasonable goal and measures
- Feasibility
  - Available data
  - Protection of confidentiality
  - Reasonable number of measures
  - Consistency of measures and processes
  - Clarity in procedures
  - Room for appropriate variation by clinician and patient preferences/decisions
  - Cost-effectiveness of processes
Types of Measures

- Outcomes
  - Clinical: A1c, blood pressure values
  - Kept appointments
  - Satisfaction

- Processes
  - Percentages of patients with documented A1c, immunizations, BP
  - Average time to be appointed
  - Average wait time in clinic
Examples of PI Projects

• Diabetes example:
  • Increasing the % of patients with DM for whom A1c documented twice a year by 20% within a year.
  • Increasing the % of patients with DM with A1c below determined value by 30% within six months.

• General adult
  • Increase percentage of patients with chronic cough with documented screening spirometry by 30% within three months.
General adult immunizations:

- Increase the percentages of patients without contraindications who have documented immunizations according to ACIP recommendations, as follows:
  - Pneumovax among
    - adult smokers by 30% within 6 months
    - ≥65 years old by 30% within 6 months
  - Tdap booster in adulthood by 50% within a year
  - Annual influenza by 50% within 6 months
Effective Measurement

- Measured over time
  - Set goal date, but conduct reality checks at intervals to determine progress, need for adaptation
- Seek usefulness, not perfection
- Sampling to fit feasibility while representing focus
- Integration into daily processes
- Collect qualitative data, as well-how patients and staff are responding
Determining Sampling

- Baseline—must know current status and compare to the recommendations
- Frequency: ongoing vs intervals
  - Measure at monthly intervals
- Selection: rather than record every relevant patient, often feasible and reasonable to select samples over time
  - Select 20 random records/patients
  - Select last 10 relevant encounters on given date
- Sampling enhanced with registries, EHR, etc
Engaging Team

- Include the right people
  - By number and skills/roles/contributions
  - Consider
    - who will be affected
    - who is familiar with processes involved
    - who has needed skills: system leadership, clinical expertise, front-line leadership/members

- Clarify responsibilities and roles
  - Avoid duplication, confusion, gaps
Identifying Practice Change(s)

- What performance/practice will be adapted to optimize outcomes?
- Look to literature, recommendations, evidence for best-practices that fit setting
- Brainstorm how to promote improvement within setting
  - Have well-defined processes
  - Team leadership and engagement—need buy-in
    - Establish team feedback loops
    - Willing and committed team members
  - Consider first trying as small-scale pilot—test feasibility/applicability
  - Standardize steps, changes
    - Avoid reinvention of wheel
  - Reality checks along way—interval measures
    - Prepared to halt, if indicated
PDSA: Do

- Implement a test
- Documenting problems
- Continue observations
- Beginning analysis
Implementing Change

- Go back to practice changes identified during brainstorming
- Follow the protocol or plan
- Frequent reality checks with team
- Interim measurement to gauge progress
- Regroup for discussion if progress not as planned
- What is happening, how adaptations may be needed
PDSA: STUDY

- Complete analysis
- Compare findings to predictions/goals
- Summarizing what learned
Study

- Monitor measurements/data
- Track and trend over time
  - Graph change over time
  - Post, share, and discuss
- Compare reality to goals
- Reflect on results of individual steps/changes
  - What did/did not work
- Consider next steps
- When goals being met, begin to “freeze” the change
PDSA: ACT

- Make refinements
  - Even if goals achieved, see opportunities for future improvement
- Determining necessary modification
  - If modification not needed, establish as protocol/practice
Acting

- PDSA cycle repeated
- Planning next steps
  - May include continued refinements
  - May include translating lessons learned to new area
  - May include starting new project from scratch
- Consistent efforts for
  - Refinements
  - Broadening
  - Adding steps, processes, measures
Many Initiatives Promoting PI

- PQRS: Physician Quality Reporting
  - In spite of the program’s name, NPs are eligible to participate annually
- NCQA: National Committee for Quality Assurance
- PI CE/CME: Increasing trend for CE/CME programs to include PI component, with credit earned for participating in project
PI Topics for NP Practice

• Endless examples, with following examples:
  • Vaccinations rates
  • Recommended screening rates
  • Appropriate counseling (smokers, etc)
  • Appropriate therapy
    • Lipids, heart failure, URIs
  • Outcomes
    • BPs, A1C, smoking cessation rates
Summary

- While NPs are known for providing high quality care, achieving excellent patient outcomes, there is always room for improvement
- There is a public call for documentation of healthcare outcomes
- Improvement is not limited to one profession or individual—it involves the system
Summary

When choosing focus for practice improvement, make sure it is:

- Important to the clinicians
- Important to the patients
- Evidence-based
- Practical
- Relevant