

Quality Management Building Blocks

Case study

The following case study illustrates the use of measurement information for quality management purposes.

The Redwood Health Center is a multispecialty clinic that employs ten care providers— nine physicians and one nurse practitioner. Quality customer service is a priority for every staff person in the clinic.

Measurement: How are we doing?

To judge customer service, the clinic regularly measures patient satisfaction. A locked, ballot-style feedback box is located in the waiting area. It is clearly labeled: ***“Please tell us how we’re doing.*** Your feedback will help us make things better.” Next to the box is a container holding pens and pencils and a stack of blank feedback forms. The one-page feedback form includes the following questions:

1. What is the date of your clinic visit?

2. How would you rate the quality of the medical care you’ve received?

(Please Circle one.) (Poor) 0 - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10 (perfect)

3. How would you rate the quality of the customer service you’ve received?

(Please circle one.) (Poor) 0 - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10 (perfect)

4. What did you like best about this visit?

5. What did you like least about this visit?

6. Please suggest one or more ways we could make things better.

Exhibit 3.3.

Excerpt from Larger Report of Wait Time Data for Each Patient

Monday	Wait Time
Patient 1	12 minutes
Patient 2	9 minutes
Patient 3	17 minutes
Patient 4	7 minutes
Patient 5	9 minutes
Patient 6	13 minutes
Patient 7	21 minutes
Patient 8	11 minutes
Patient 9	7 minutes
Patient 10	8 minutes

Constructing Measures

Creation of performance measures should follow three steps to ensure each measure yields information that is accurate, useful, easy to interpret, and consistently reported:

- ❖ Identify the topic of interest.
- ❖ Develop the measure.
- ❖ Design the data collection system.

These steps can be time consuming but are essential to ensuring that the measures are useful for quality management purposes.

The first step to constructing a performance measure is to determine what you want to know. Consider just one function for example, taking patient X-rays in the radiology department. To select performance measures for X-ray procedures, consider IOM's (2001) six dimensions of healthcare quality and the corresponding performance questions listed in Exhibit 3.9. Answers to these questions can help the radiology department gauge its performance in each quality dimension. The department will determine which quality characteristics it will need to measure regularly and which questions will provide the most useful answers for measurement purposes. Factors the radiology manager will take into consideration when selecting performance measures for the department are summarized in Exhibit 3.10.

Exhibit 3.9.

Quality Dimensions and Performance Questions for Radiology Services

Quality Dimension	Performance Questions
Safe	<ul style="list-style-type: none">• How many patients react adversely to the X-ray dye?• Are pregnant patients adequately protected from radiation exposure?
Effective	<ul style="list-style-type: none">• Are significant (e.g., life threatening) X-ray findings quickly communicated to the patient's doctor?• How often are pre-surgery X-ray findings confirmed at the time of surgery?
Patient centered	<ul style="list-style-type: none">• Do patients often complain about a lack of privacy in the X-ray changing rooms?• How many patients are greeted by the receptionist upon arrival in the department?
Timely	<ul style="list-style-type: none">• How long do patients wait in the reception area before an exam?• Are outpatient X-ray results reported to the patient's doctor in a timely manner?
Efficient	<ul style="list-style-type: none">• How often must X-ray exams be repeated because the first exam was not performed properly?• Is staff sometimes unable to locate X-ray films when needed because they have been misplaced?
Equitable	<ul style="list-style-type: none">• Do uninsured patients receive the same level of service as insured patients do?• How often is the mobile mammography unit available to people living in rural areas?

EXHIBIT 5.4**HCO**Contribution to
Excellent Care

<i>Goal</i>	<i>Purpose</i>	<i>Activity</i>	<i>Examples</i>
Safe	Minimize risk and unanticipated outcomes	Safety practices Engineering controls Safety plans Risk management plans	Functional protocols Training Hand-washing “Huddles” before surgery Patient fall precautions
Effective	Treatment meets desired outcome	Selecting treatment options based on evidence Monitoring for changes in response to treatment Patient management protocols	Guidelines for preventive screening Guidelines for diagnostic testing Watchful waiting for prostate cancer versus radiation or surgery
Patient-centered	Coordinate care that is individualized	Pre-care planning Nursing care Psychosocial considerations Cultural and language competency Patient education in care alternatives	Advance directives Interpreters Discharge follow-up Planning for post-discharge home care with appropriate caregiver education
Timely	Right treatment at the right time at the right place	Accurate and timely diagnosis Decreasing waiting times	Door-to-intervention time Early detection and intervention for patient complications Prompt transfer to a higher level of care
Efficient	Achieving quality with lowest cost	Evaluating lower cost alternatives of treatment, supplies, and pharmaceuticals	Functional protocols and training Standard treatment packs Standardizing drug formularies
Equitable	All persons have equal access to best treatment	Evaluating appropriateness of intervention when resources are scarce, depending on patient’s condition and pros and cons	Uncompensated care Community outreach For certain costly cases (i.e., transplant) without scarce resource, refer to ethics committee for assistance in making decisions

EXHIBIT 5.9

Profile of
Service Line
Operational
Scorecard

<i>Dimensions</i>	<i>Examples</i>
<i>Input Measures</i>	
<i>Demand</i>	
Requests for care	Patient arrivals, appointment requests, consultation and referral requests; often specified by patient age, service, and location
Market share	Percent of total demand from community
Appropriateness of service	Percent of expected or benchmark demand from epidemiologic planning model
Logistics of service	Hours of availability
<i>Cost/Resources</i>	
Total costs per patient	Labor, supplies, plant, indirect costs for service line
Resource condition	Occupancy and percent of capacity rates, age of equipment, failure rates of equipment
<i>Human Resources</i>	
Supply	Staffing levels, staffing shortfalls, vacancy rates
Training	Average hours of training per associate
Employee satisfaction	Associate loyalty, retention or termination, absenteeism, work loss days from accident or injury
<i>Output Measures</i>	
<i>Output/Productivity</i>	
Patients treated	Discharge counts by specified group
Cost per case	Total costs per discharges by specified group
Cost per treatment	Costs for specific activity such as surgical operations or examinations per patients receiving
<i>Quality</i>	
Clinical outcomes	Outcomes assess patient condition at discharge
Procedural quality	Procedural measures assess completion of specific tasks or events
Structural quality	Structural measures assess availability and adequacy of service, particularly staffing and facility safety
<i>Customer Satisfaction</i>	
Patient satisfaction	Post-discharge surveys, counts of "Caught in the Act," complaints, service recovery and unexpected incidents
Referring physician satisfaction	Survey, rounding, complaints
Other customer satisfaction	Community surveys, boundary spanning activities
Access	Delays for service, unfilled demand