

Overview of Quality Improvement

How to Get Involved

HQSC-NURF Health Equity Conference

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May 27, 2020



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COVID-19 and Health
Equalizer”

Stephen A. M...

Department

Crime | Health | Local News | Northwest

Seattle police searching for man who attacked, blamed Asian couple for coronavirus pandemic

May 21, 2020

COVID-19 outbreak exposes generations-old racial and economic divide in New York City

The Bronx is home to 1.5 million New Yorkers, many of them essential workers.

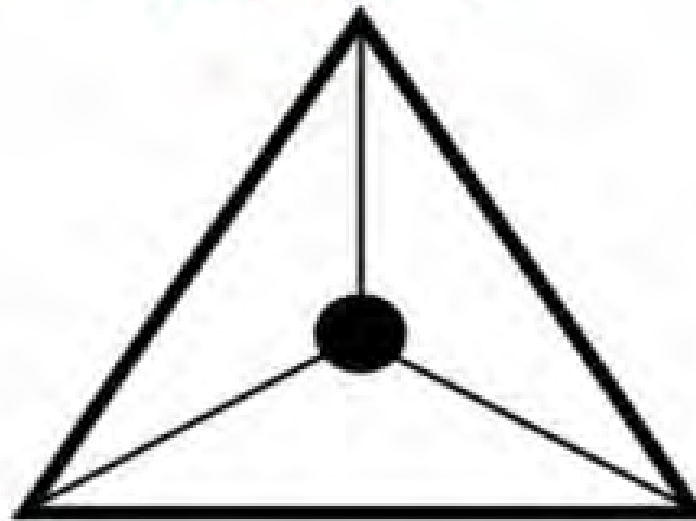
reality of “the Great



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*Patient Experience
(Better Care)*



*Health of
Populations
(Better Health)*

*Reducing per
capita cost
(Better Value)*

IHI *Triple Aim*



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So how do we fix healthcare?

- Traditional methods
 - M & M Conferences
 - “Just do better”
 - Metrics without solutions
 - Top down initiatives
- Results
 - Disengagement
 - Burnout
 - Little improvement

“Everyone in healthcare has two jobs when they come to work; to do their work and to improve it. This is the essence of Quality Improvement”

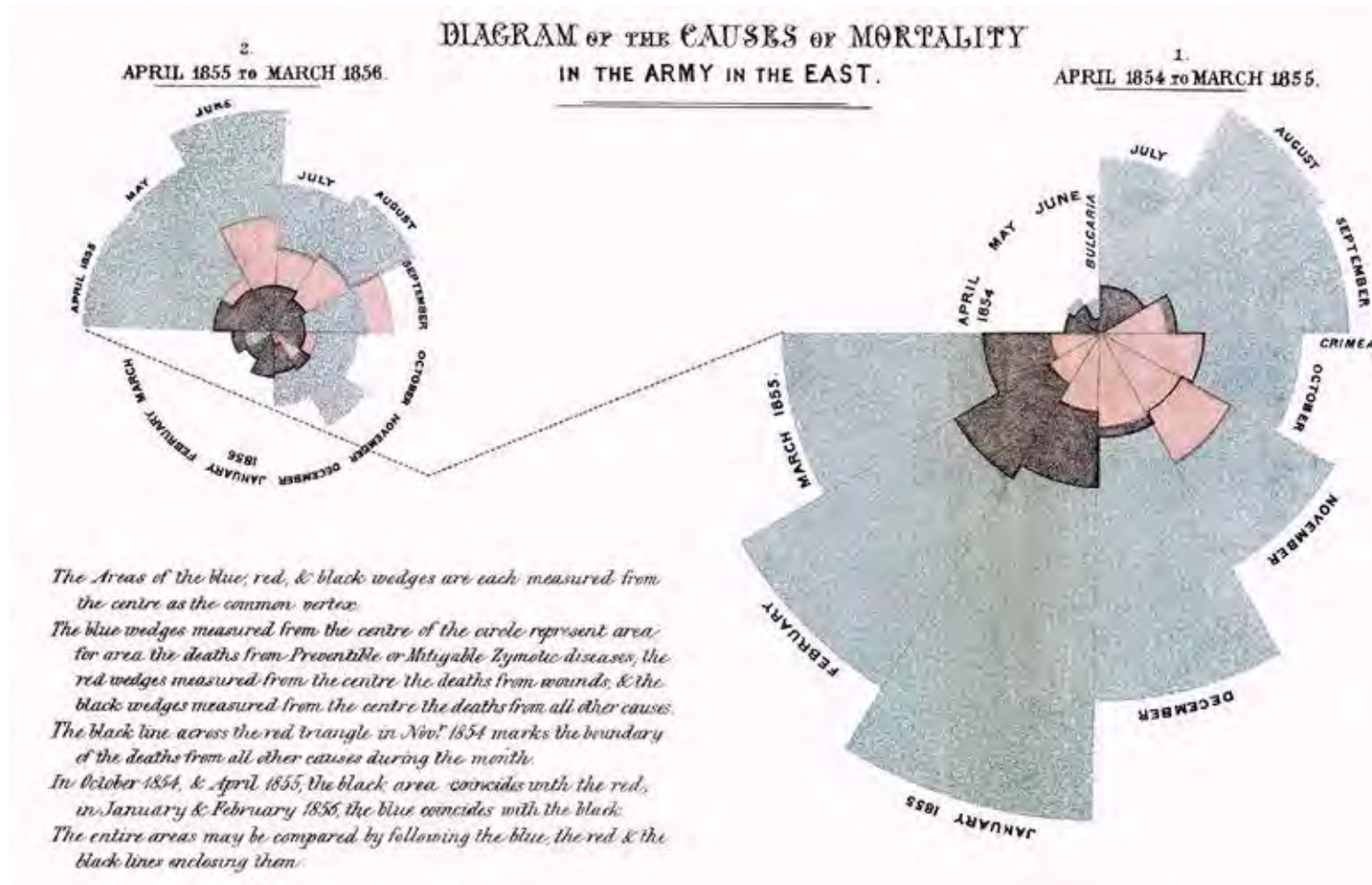
- Paul B. Batalden, Senior Fellow, Institute for Healthcare Improvement

Brief History of QI in Modern Medicine





Florence Nightingale



Walter Shewhart – Bell Labs



- 1920's
- Physicist
- Studied variation in manufacturing
- Sought out how observing variation could predict and develop future process
- Developed statistical process control

W. Edwards Deming



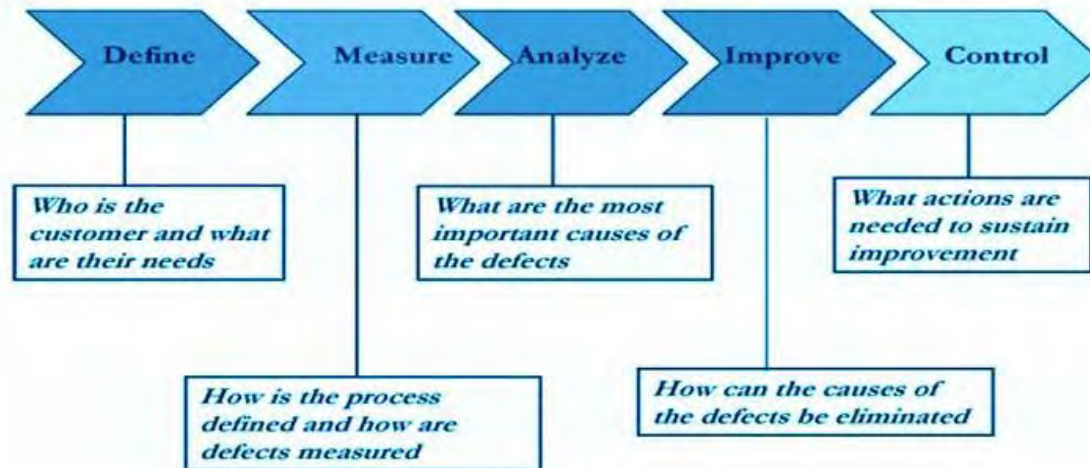
- 1950's
- Student of Shewhart
- Taught quality control to Japanese scientists and engineers
- Theory of Profound Knowledge
 - Appreciation of a system
 - Understanding of variation
 - Theory of knowledge
 - Understanding human nature
- PDCA / PDSA

QI Frameworks

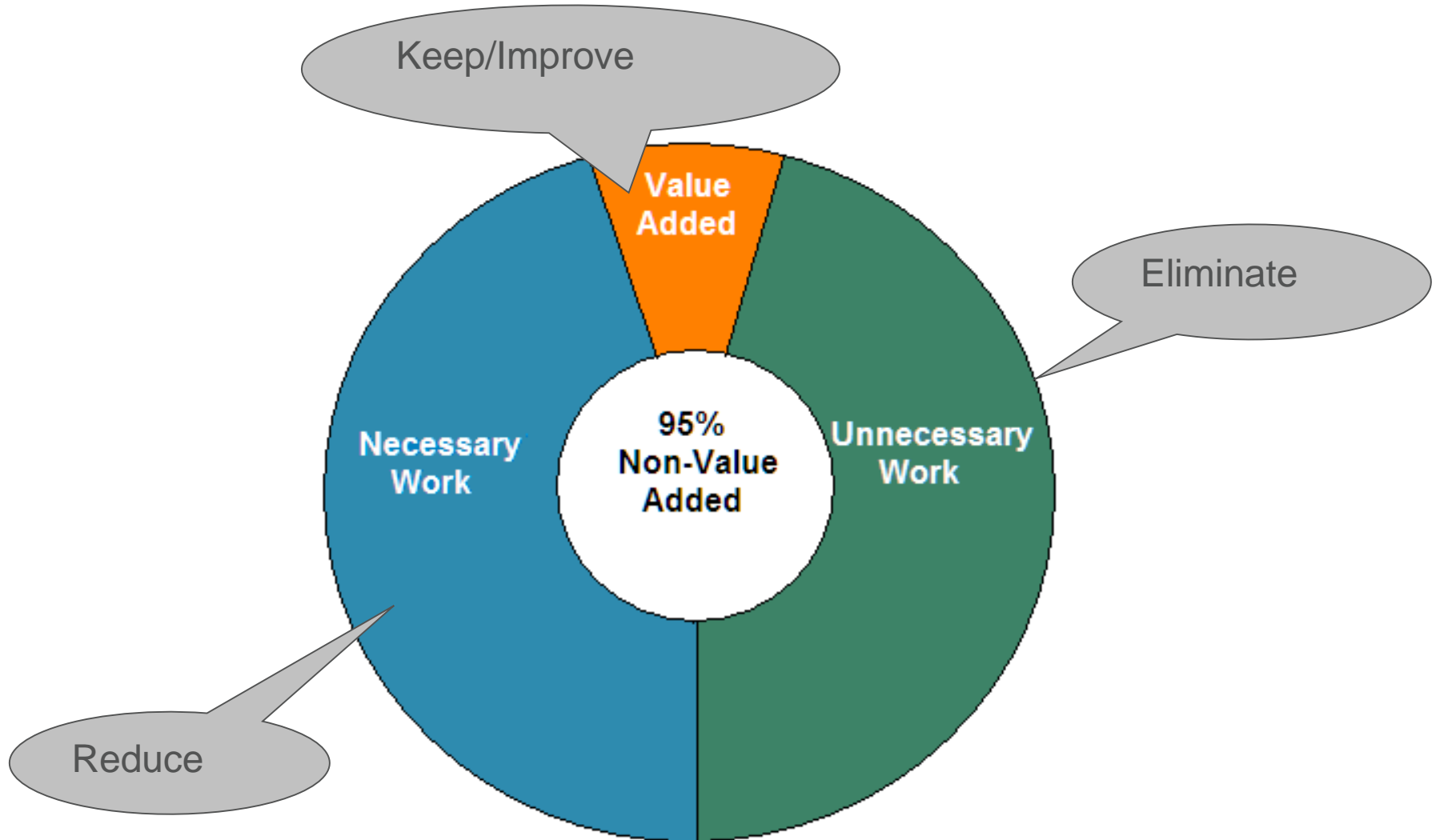
- Six Sigma
 - Improve Reliability
 - Reduce variation
- LEAN
 - Eliminate Waste
 - Pull and flow
- Model for Improvement
 - Small Tests of Change
 - Three simple questions

Six Sigma

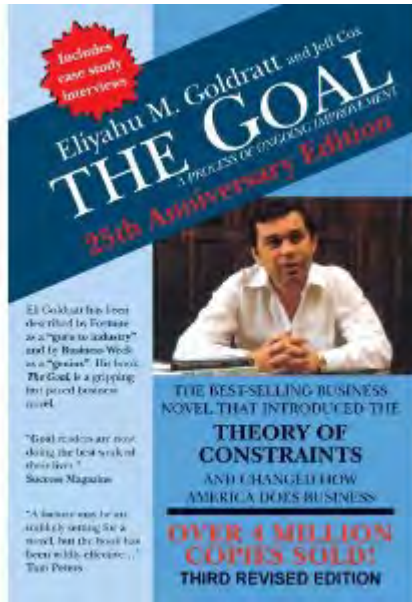
- Motorola 1980's
- Focus on reducing defects to 6 sigma levels (3.4 per million)
- Derived from Shewhart's work
- DMAIC



LEAN - FOCUS ON WASTE



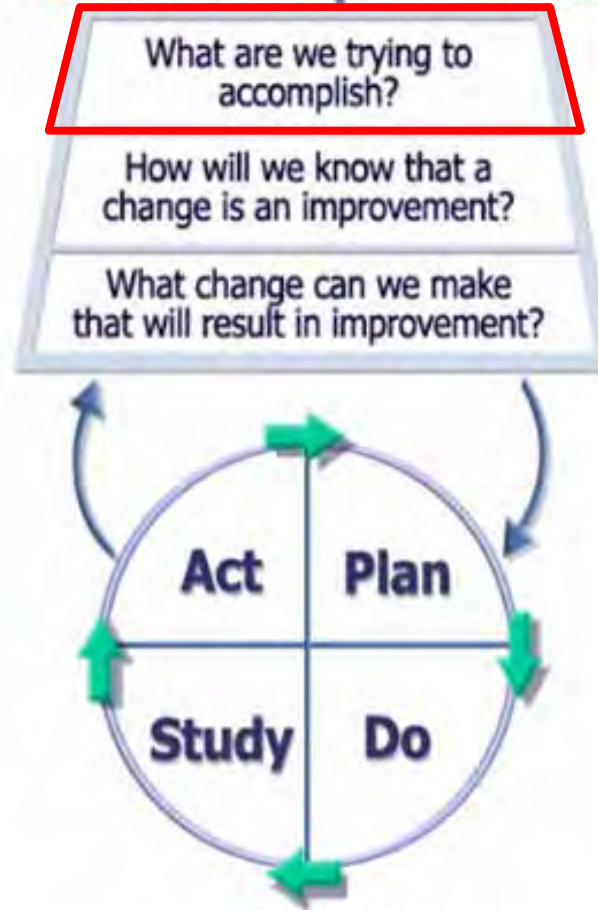
Theory of Constraints



- Eliyahu Goldratt – 1984
- The Goal
- Any goal-oriented system is most limited by constraint points
- The process won't improve unless you address the constraint
- Iteratively identify, address and monitor constraints

IHI Model for Improvement

Model for Improvement



What are we trying to accomplish?

— DEFINE THE TEAM

- Sponsor
 - Often a senior leader who can endorse a project, ensure it is aligned with institutional goals and remove obstacles as they arise
- Champion
 - Leader of a project who oversees planning and maintains momentum, reports up to sponsor on progress
- Process Owner
 - Stakeholders who have expertise and/or oversight to a process impacted by the project
- Team Member
 - Multidisciplinary members providing varying viewpoints in an impacted process

What are we trying to accomplish?

- Keep it **SMART**
 - **S**pecific
 - **M**easureable
 - **A**chievable
 - **R**elevant
 - **T**imely
- What? How Much? By When? By Whom?

Resident Project: Aim Statement

- “We aim to improve the care of patients with chronic pain at VA Puget Sound. By October 2013, we will decrease the number of new starts on chronic opioids by 10%”

Specific?
Measurable?
Achievable?
Relevant?
Time Bound?

IHI Model for Improvement

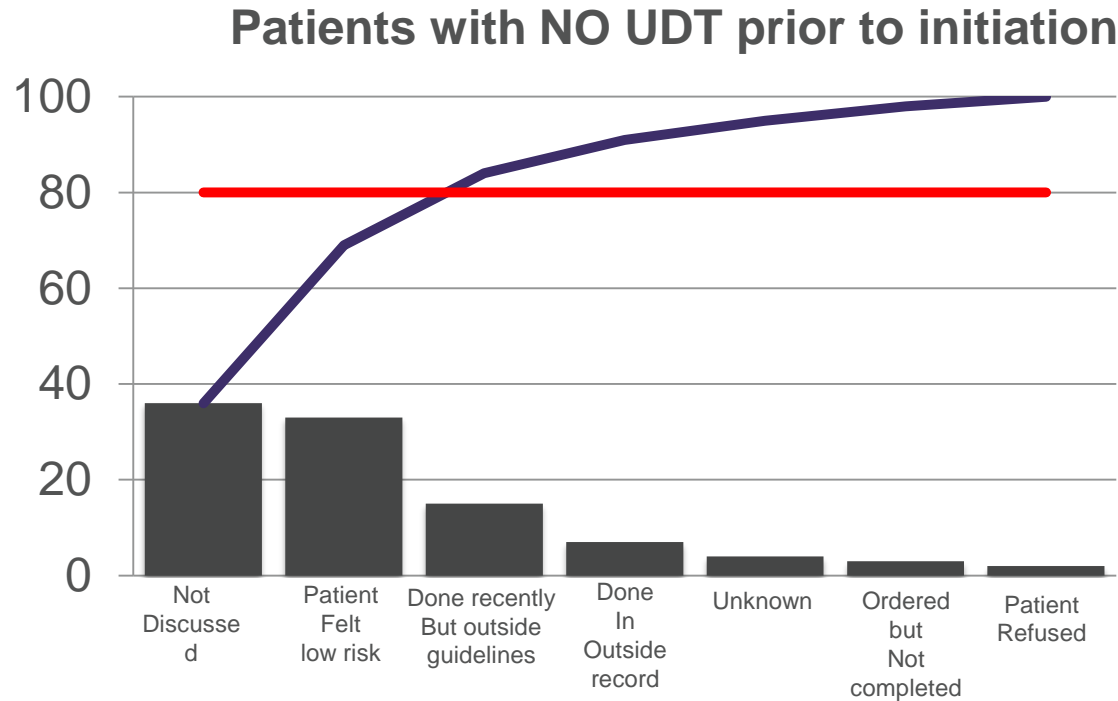
Model for Improvement



Types of Measures

- Outcome: Final product, result
 - *What happens to the patient?*
- Process: How system works
 - *What is done to the patient?*
- Balance: Capture unintended consequences
 - *How else does this effect the system?*

Pareto Charts



- Frequency chart to demonstrate what factors contribute to low quality
- Often demonstrates “80/20” rule

IHI Model for Improvement

Model for Improvement

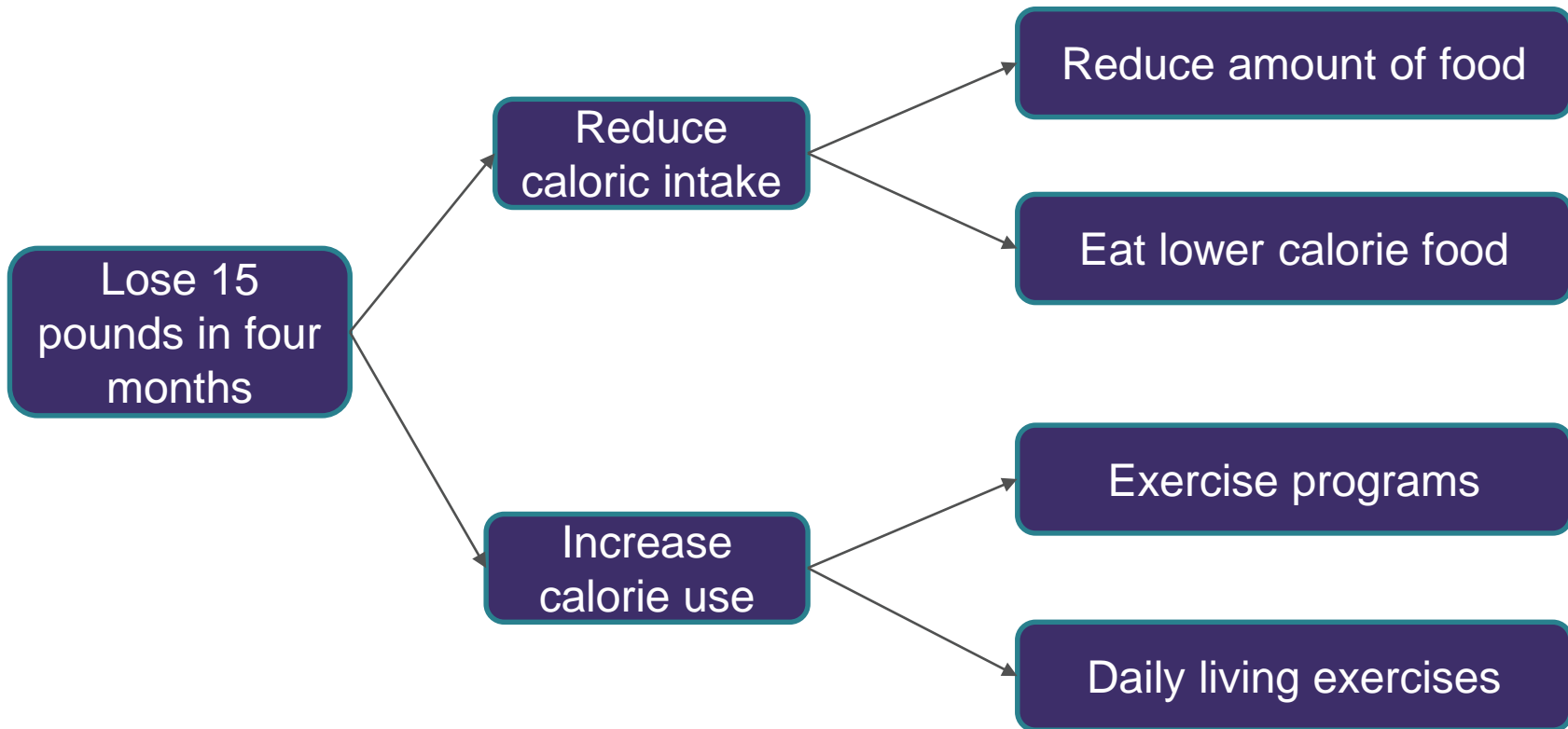


Driver Diagrams

Aim or Outcome

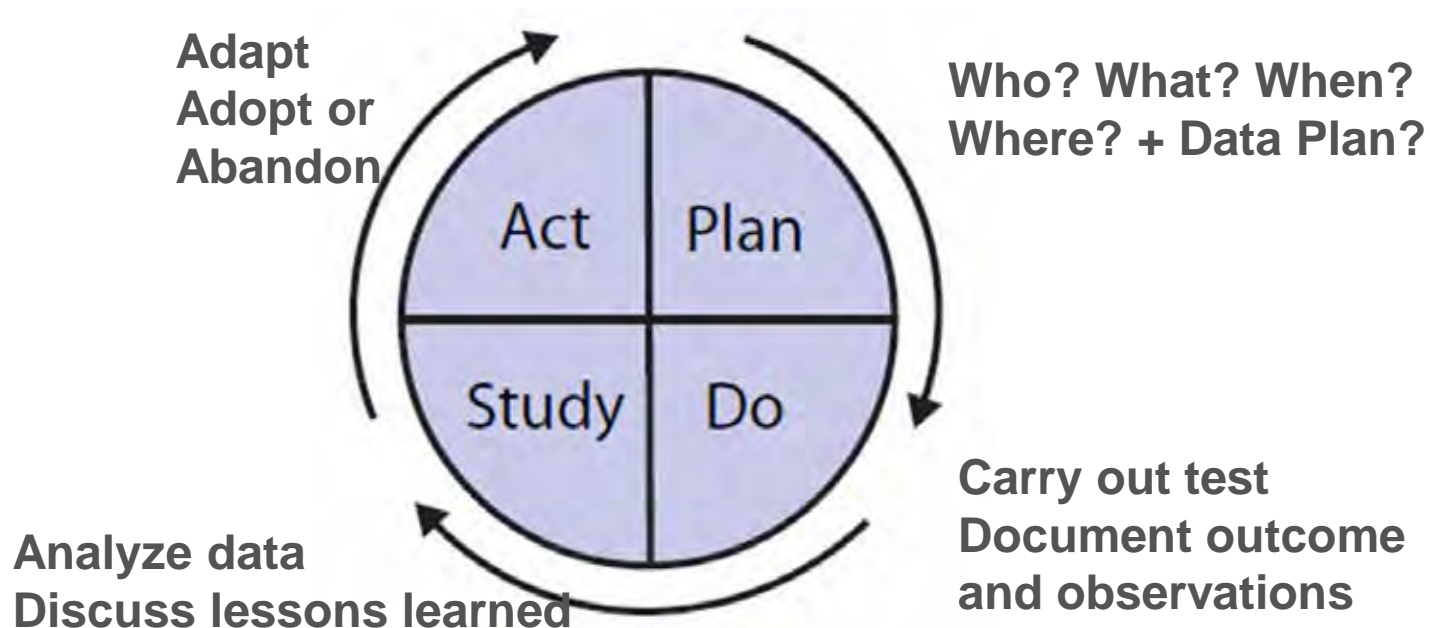
Primary Driver

Secondary Driver

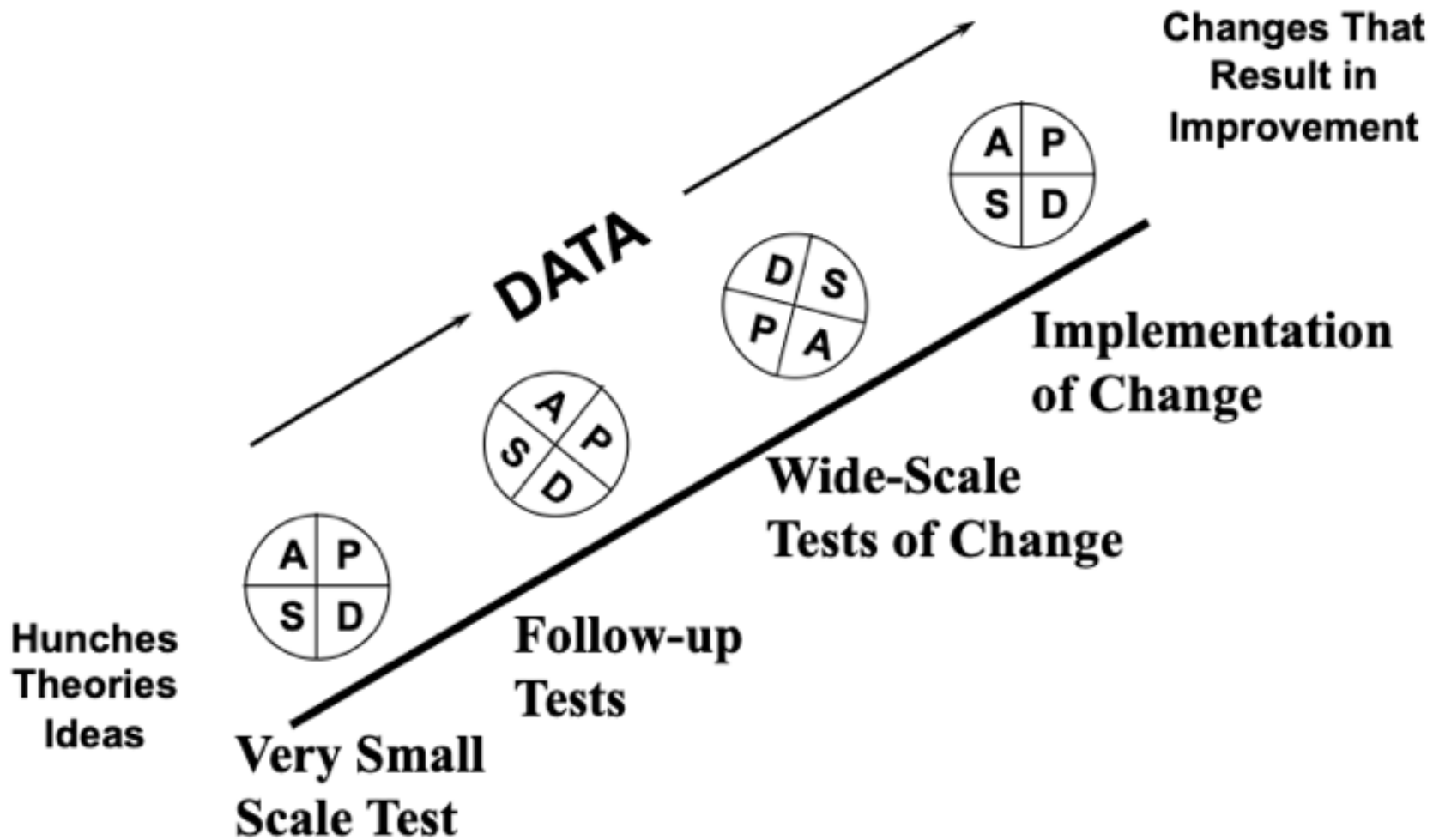


PDSA

- PDSA cycles are the action portion of a QI project
- Iterative small tests of change
- 1 test can demonstrate a fatal flaw



| Current Situation | | Staff/Clinician Readiness | | |
|--|--------------------------|---------------------------|---------------------------|---------------------------|
| | | Resistant | Indifferent | Ready |
| Low Belief Change leads to improvement | Cost of failure LARGE | Very Small Test of change | Very Small Test of change | Very Small Test of change |
| | Cost of failure SMALL | Very Small Test of change | Very Small Test of change | Small-scale |
| High Belief Change leads to improvement | Cost of failure LARGE | Very Small Test of change | Small-scale | Large-scale |
| | Cost of failure SMALL | Small-scale | Large-scale | Just do it |



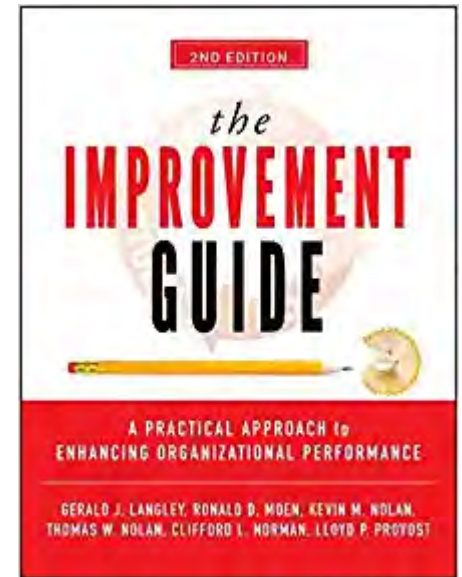
IHI Model for Improvement

Model for Improvement



Opportunities to Learn More

- UW Medicine Center for Scholarship in Patient Care Quality & Safety
 - <https://patientsafety.uw.edu>
 - Website has a curated selection of QI and Safety resources, tools and links
- Institute of Healthcare Improvement/NPSF
 - IHI Open School
 - Certified Professional in Patient Safety
 - CPPS Review Courses
 - IHI National and International Forums



Opportunities to Learn More

- James Anderson Center/Cincinnati Children's
 - I2S2 Improvement Course
 - Advanced Improvement Methods

- Intermountain Healthcare
 - Advanced Training Program
 - MiniATP courses

UW Center Offerings

- QI Bootcamps
 - Several per year sponsored by UW Medicine
 - Ad hoc bootcamps
- UW Medicine/Seattle Children's Certificate Program
 - 8 months
 - 6 full-day sessions
 - Full-day equity session
 - Extended QI bootcamp
 - Broad overview of QI and safety topics
 - Longitudinal QI Project
 - <https://patientsafety.uw.edu/certificate-program>



What questions do
you have?

Thank you!