QUALITY ASSURANCE STUDIES AND BENCHMARKING: A ROUND TABLE DISCUSSION

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Holy Cross

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NYU

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RPI

New England College Health Association
New York College Health Association
2013 Annual Meeting
PROGRAM OVERVIEW

- Roundtable Discussion – panel members
- Quality Assurance and Benchmarking
- QA standards – accreditation
- NECHA/NYSCHA QA/QI Survey Results
- QA program descriptions
- ACHA Benchmarking Committee – Regional Complement
- Q-n-A
Quality Management and Improvement

AAAHC

Peer Review
- Ongoing, systematic monitoring of care
- Staff participate in development of criteria
- Results used in clinical privileging

Risk Management
- Incident and adverse event review
- Incapacitated provider policy
- Prevention of unauthorized prescribing

Quality Improvement Program
- Broad in scope and participation
- Goals, objectives, performance measures
- Corrective actions, re-measurement, close the loop.
CHANGES TO AAAHC STANDARDS
4 E. The organization facilitates the provision of high-quality health care as demonstrated by the following:

10. The use of performance measures to improve outcomes.
The organization collects and reviews data to ensure ongoing quality and to identify quality-related problems and concerns.
NYSCHA/NECHA health centers accredited by AAAHC

- Invitation to complete web survey sent to 29 schools
- Survey completed by 17 schools (59% response rate)
INDIVIDUAL(S) INVOLVED IN QUALITY ASSURANCE/IMPROVEMENT ACTIVITIES AT YOUR CENTER

QA/QI committee: 82%
QA/QI coordinator: 0%
Other ("Assistant Director"): 6%
Health Center Director: 12%

INDIVIDUAL(S) INVOLVED IN QUALITY ASSURANCE/IMPROVEMENT ACTIVITIES AT YOUR CENTER
HOW MANY QA/QI STUDIES DO YOU CONDUCT IN A TYPICAL YEAR?

- Four to six: 58%
- Seven to nine: 18%
- Zero to three: 18%
- Ten or more: 6%
WHAT CLINICAL/SERVICE AREAS DO YOU STUDY? (SELECT ALL THAT APPLY)

- Patient outcomes: 47%
- Patient satisfaction: 100%
- Patient Safety: 35%
- Cost of care: 53%
- Peer Review: 100%
- Admin. processes: 53%
- External Benchmarks: 88%
- Specific Dx: 88%
<table>
<thead>
<tr>
<th>Statement</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Agree</td>
<td></td>
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<tr>
<td>Neutral</td>
<td></td>
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<tr>
<td>Disagree</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td></td>
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<tr>
<td>It is difficult to motivate staff around quality improvement activities.</td>
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<td></td>
<td></td>
<td></td>
<td>average = 3.58</td>
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<tr>
<td>Coming up with new issues/topics for QI/QA studies is a challenge.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>average = 3.29</td>
</tr>
<tr>
<td>Finding external benchmark studies is a challenge.</td>
<td></td>
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<td></td>
<td></td>
<td>average = 2.35</td>
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</tbody>
</table>
IF NECHA/NYCHA CREATED A REGIONAL QUALITY ASSURANCE BENCHMARKING CONSORTIUM WOULD YOU BE INTERESTED IN:

- Helping create the consortium: 41%
- Participating in benchmarking studies conducted by the consortium: 94%
- Sharing individual QA/QI studies my center has conducted with members of the consortium: 82%
What is quality healthcare?

Safe, effective, patient-centered, timely, efficient and equitable.

Program design:
active, integrated, organized, peer-based

- Activities and goals are designed to advance our mission and concept of quality.
QI Committee meets annually

- Associate Dean for Student Development
- Medical Services Director
- Health Services Director
- RN staff
- NP staff
- Clinical Coordinator
PEER REVIEW: PROVIDES CHECKS AND BALANCES

- Chart review
  - Organized
  - Biannually

- Staff participation
  - Results used in privileging and evaluations
  - Review of results consider QI activities
The diagnosis is appropriate for the findings in the current history and physical exam

The record reflects a review and update of pt. medications including OTC meds and dietary supplements

Treatment, diagnostic, and therapeutic procedures are consistent with assessment

The record documents appropriate and timely consults and follow-up of referrals, tests and findings

Reports, histories, physicals, labs, x-rays and consults were reviewed and scanned in EMR in a timely manner

The presence or absence of allergies is in a prominent location in the EMR/reviewed at each visit/updated as needed.

**Entries for patient visits include the following, as applicable:**
- Reason for visit
- Clinical findings
- Diagnosis or assessment
- Studies ordered
- Care rendered
- Disposition, recommendations and instructions given to pt.
- Documentation regarding missed and cancelled appointments.
- Significant tel. and after hours advice is entered in the record and signed
- As applicable, records of patients treated elsewhere are in record
- If applicable, the record reflects discussions concerning the necessity and risks of procedures, care, treatment alternatives and advanced directives as applicable.
Patient dismissal/refusal of care

Review all adverse incidents

Impaired provider policy

Review of patient complaints

Prevent unauthorized prescribing

After hours coverage
QI ACTIVITIES

- Unexpected patient outcomes
- Clinical performance/practice patterns
- Clinical record peer review variances from expected performance
- Assessment of patient satisfaction surveys
- Access to care/timeliness of services
- Short or long range planning goals
Medical/legal issues
Staff concerns
Overutilization/under utilization of services
Infection prevention/safety
Wasteful practices
Benchmarking against best practices
QA ACTIVITY QUESTION MODEL

1. What is the purpose of the study?
2. Determine the performance goal.
3. Describe the data that will be collected:
4. Evidence of data collection:
5. What is the analysis?
6. What is the current performance goal?
7. Describe what corrective actions (if any) were taken
8. Re-measurement
9. Additional corrective action
10. Reporting
Are we referring students with ankle injuries to OP Radiology too frequently?
Are we referring students to the ED for head injury/concussion too frequently?
Was there documentation in the EMR of students who were referred to off campus providers/services?
What goes in the Hazardous Waste?
QI ACTIVITIES

- New up to date guidelines in the treatment of conjunctivitis
- Screening for Chlamydia in students presenting with UTI symptoms
- How are we following up on cancelled/no show appointments?
EXTERNAL BENCHMARKING

- Salary: $$$$$
- Operating hours?
- Open on weekends?
- Open for lunch?
- Allergy immunotherapy?
- Require physical for entrance?
- Offer excuse/visit slips?
- Best practices
QA PROGRAM AT RPI:
THE BALANCED SCORECARD
What is the Balanced Scorecard?

Strategic Management System

- **Directive** – guides the implementation of the vision/mission by translating strategy into objectives and actions

- **Instructive** – Provides feedback via outcomes that can be used to modify objectives and actions

- **Systemic** – focus on four or more key perspectives
It’s all about Balance

- Financial and non-financial measures
- Long-term and short-term goals
- Internal and external factors
- Leading and lagging indicators
QA PROGRAM AT RPI: THE BALANCED SCORECARD

Vision and Strategy

Financial

Customer

Internal Business Process

Learning and growth

"To succeed financially, how should we appear to our shareholders?"

"To achieve our vision, how should we appear to our customers?"

"To satisfy our shareholders and customers, what business processes must we excel at?"

"To achieve our vision, how will we sustain our ability to change and improve?"
## QA PROGRAM AT RPI: THE BALANCED SCORECARD

### Customer Perspective

- How do our customers/patients see us?
- How do we create sustainable value for our customers?
- How is customer demand satisfied?

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Ensure access to services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measures</td>
<td>Satisfaction survey question - time to scheduled appointment</td>
</tr>
<tr>
<td>Targets</td>
<td>w/in 24 hours – medical; w/in 1 week counseling</td>
</tr>
<tr>
<td>Outcomes</td>
<td>97% medical and 90% counseling met threshold</td>
</tr>
</tbody>
</table>
### Internal Perspective

- **What must we excel at?**
- **What key operational processes are most critical?**

<table>
<thead>
<tr>
<th>Objectives</th>
<th>PRIME class - Increase protective and decrease risk factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measures</td>
<td>Pre- and Post-PRIME questionnaire and AUDIT</td>
</tr>
<tr>
<td>Targets</td>
<td>Statistically significant decrease in AUDIT scores and in reported protective factors</td>
</tr>
<tr>
<td>Outcomes</td>
<td>Alcohol use (AUDIT scores) decreased overtime (baseline $\mu = 5.97$, follow-up $\mu = 4.54$, $n=37$, $t=2.3737$, $p=0.0231$). Improvements were noted in 9 of 11 protective factors measured from baseline to follow-up, 2 of which were statistical significant improvements: &quot;avoid drinking games&quot; (baseline $\mu = 2.39$, follow-up $\mu = 3.28$, $n=38$, $t=4.8639$, $p&lt;0.0001$) and &quot;pace your drinks&quot; (baseline $\mu = 2.5$, follow-up $\mu = 3.15$, $n=38$, $t=2.2874$, $p=0.0250$).</td>
</tr>
</tbody>
</table>
## Innovation/Learning Perspective

- What can we improve?
- What internal processes need to be enhanced?

<table>
<thead>
<tr>
<th><strong>Objectives</strong></th>
<th>Maintain active peer review system</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Measures</strong></td>
<td>Number of charts reviewed and compliance with respect to agreed upon criteria</td>
</tr>
<tr>
<td><strong>Targets</strong></td>
<td>Overall compliance of 95%</td>
</tr>
<tr>
<td><strong>Outcomes</strong></td>
<td>25 charts were peer reviewed by provider staff. Compliance with the 14 criteria measured ranged from 100% to 92% with an average compliance of 98%.</td>
</tr>
</tbody>
</table>
# QA PROGRAM AT RPI: 
**THE BALANCED SCORECARD**

## Financial Perspective

- What return on investment do we provide?
- What is the value added for the customer?

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Conduct one cost of care study per year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measures</td>
<td>Number of x-rays ordered</td>
</tr>
<tr>
<td>Targets</td>
<td>Compliance with Ottawa Ankle Rules for assessment and testing</td>
</tr>
<tr>
<td>Outcomes</td>
<td>Over ordering of x-rays represented $300-$450 of excess cost to patients.</td>
</tr>
</tbody>
</table>
Employee Perspective

- How do our employees feel about coming to work?
- What is the return on investment for our employees?

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Maintain strong staff satisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measures</td>
<td>Web-based employee satisfaction survey</td>
</tr>
<tr>
<td>Targets</td>
<td>Overall average satisfaction 4 on 5 point scale</td>
</tr>
<tr>
<td>Outcomes</td>
<td>Overall average was 3.81 (up from 3.72 the year before)</td>
</tr>
</tbody>
</table>
We know what good health care is; that’s not the problem. The challenge is to close the gap—the “chasm,” as the IOM calls it—between what we know to be good care and the care that people actually receive. That’s where we turn to Shewhart and Deming, whose field of research was how people work in complex, real-life systems.
WHERE ARE WE WITH A SYSTEMS APPROACH TO QUALITY IMPROVEMENT?

Overall, meeting the expectations of our students and families is a top priority here:

Mean Response: 4.50

1=Strongly Disagree, 5=Strongly Agree
WHERE ARE WE WITH A SYSTEMS APPROACH TO QUALITY IMPROVEMENT?

I am motivated to find ways to improve the way I want to do my work

Mean response 4.19
WHERE ARE WE WITH A SYSTEMS APPROACH TO QUALITY IMPROVEMENT?

We are encouraged to apply better methods for doing our work when we learn about them.

Mean response 3.65
WHERE ARE WE WITH A SYSTEMS APPROACH TO QUALITY IMPROVEMENT?

We usually study the cause of a problem before making a change:

Mean Response: 3.19

1=Strongly Disagree, 5=Strongly Agree
1. Safe
2. Timely
3. Equitable
4. Efficient
5. Patient Centered (Student Centered)
6. Effective
RESOURCES
RESOURCES

The Improvement Guide
A practical approach to enhancing organizational performance

Gerald J. Langley, Ronald D. Moen, Kevin M. Nolan, Thomas W. Nolan, Clifford L. Norman, Lloyd P. Provost
THE GOAL FOR QUALITY AT THE SHC
ACHA BENCHMARKING COMMITTEE

Measuring the Best Practices in College Health
# ACHA Benchmarking Committee Surveys

<table>
<thead>
<tr>
<th>Survey Name</th>
<th>Frequency</th>
<th>Last Completed</th>
<th>Next Scheduled</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facilities</td>
<td>Every 5 yrs</td>
<td>2008</td>
<td>2013</td>
</tr>
<tr>
<td>Utilization</td>
<td>Every 3 yrs</td>
<td>2010</td>
<td>2013</td>
</tr>
<tr>
<td>Staffing/Salary</td>
<td>Every 5 yrs</td>
<td>2010</td>
<td>2015</td>
</tr>
<tr>
<td>Learning Outcomes</td>
<td></td>
<td>2011</td>
<td>*Health Promotion</td>
</tr>
<tr>
<td>Patient Satisfaction</td>
<td>Ongoing</td>
<td></td>
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</tbody>
</table>
Clinical Benchmarking
- First Pilot - 2009-10
- Second Pilot - 2010-11
- Third and Final Pilot - 2012 Post Meeting

Goals
- Identify Best Practices for sharing at meetings
- Identify opportunities for learning for members based on performance
- Compare ACHA member organizations versus national standards.
REVIEW OF CLINICAL BENCHMARKING PILOT #2

Graph showing the Ottawa Percent Compliant for different institutions, with a 60% indicator.
REVIEW OF CLINICAL BENCHMARKING PILOT #2

43%
Review of Clinical Benchmarking Pilot #2

16%
REVIEW OF CLINICAL BENCHMARKING PILOT #2

85%

COMPLIANCE: ASTHMA TREATMENT

NAME OF INSTITUTION

ALL IHEs 15 University 10 University 5 University 8 University 9 University 3 University 7 University
REVIEW OF CLINICAL BENCHMARKING PILOT #2

38%
REVIEW OF CLINICAL BENCHMARKING PILOT #2

84%

SCREENING CHLAMYDIA

NAME OF INSTITUTION

ALL IHEs
1 University
2 University
3 University
4 University
5 University
6 University
7 University
8 University
9 University
10 University
11 University
12 University

0.84
0.94
0.91
0.86
0.85
0.92
1.00
1.00
0.61
0.69
REVIEW OF CLINICAL BENCHMARKING PILOT #2

82%
REVIEW OF CLINICAL BENCHMARKING PILOT #2

64%
IF NECHA/NYCHA CREATED A REGIONAL QUALITY ASSURANCE BENCHMARKING CONSORTIUM WOULD YOU BE INTERESTED IN:

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- Participating in benchmarking studies conducted by the consortium: 94%
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DISCUSSION
QUALITY MATTERS!

"I have a delivery for you: 1000 pens with the slogan ‘Excellence is in the Details’ and 500 factory-second, slightly irregular coffee mugs that say ‘Quality Matters’."