

**QUALITY ASSURANCE  
STUDIES AND  
BENCHMARKING:  
*A ROUNDTABLE DISCUSSION***

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

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Holy Cross

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RPI

# 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

# QA STANDARDS

## Quality Management and Improvement AAAHC



# CHANGES TO AAAHC STANDARDS

# CHAPTER 4: QUALITY OF CARE PROVIDED

**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.**

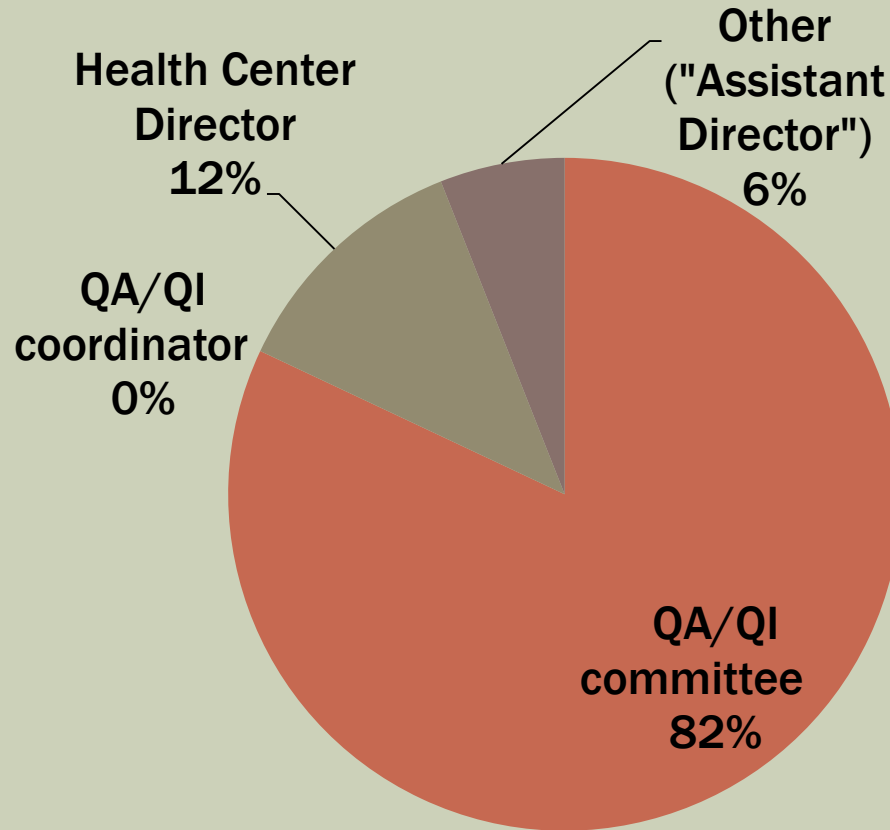
# CHAPTER 5: QUALITY IMPROVEMENT AND MANAGEMENT

The organization collects and reviews data to ensure ongoing quality and to identify quality-related problems and concerns.

# QUALITY ASSURANCE/IMPROVEMENT SURVEY – APRIL 2013

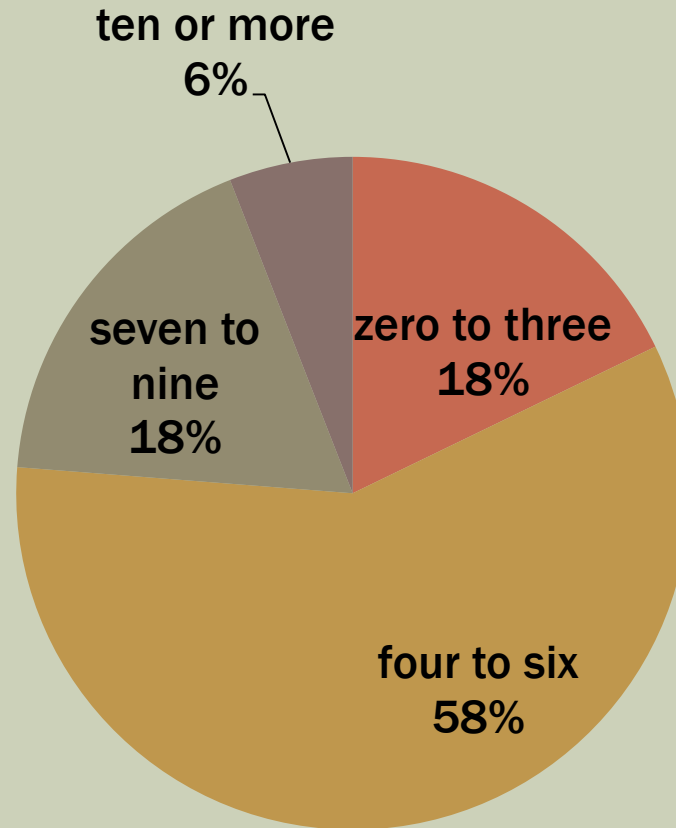
- **NYSCHA/NECHA health centers accredited by AAAHC**
  - Invitation to complete web survey sent to 29 schools
  - Survey completed by 17 schools (59% response rate)

# INDIVIDUAL(S) INVOLVED IN QUALITY ASSURANCE/IMPROVEMENT ACTIVITIES AT YOUR CENTER

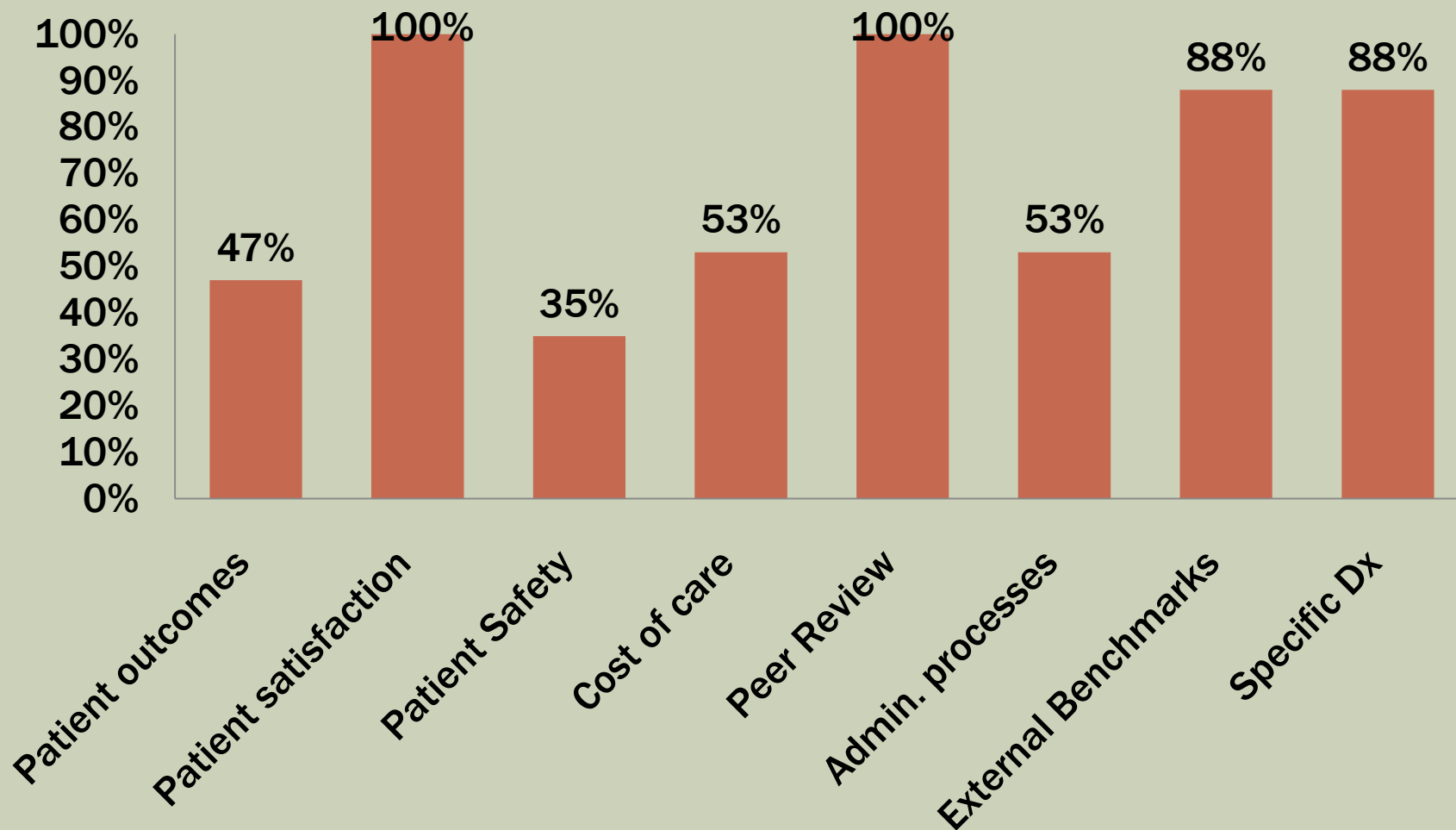




# HOW MANY QA/QI STUDIES DO YOU CONDUCT IN A TYPICAL YEAR?



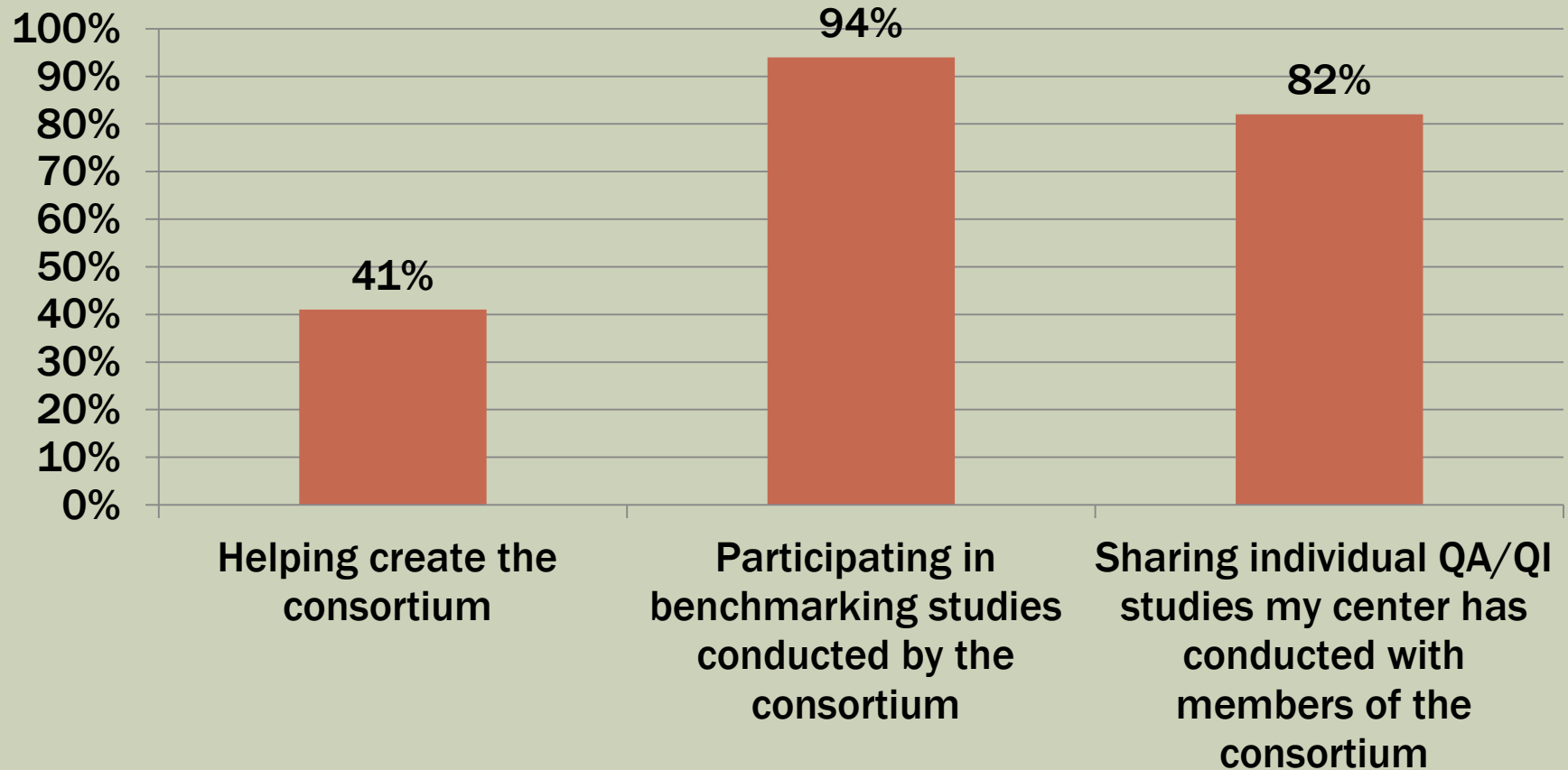
# WHAT CLINICAL/SERVICE AREAS DO YOU STUDY? (SELECT ALL THAT APPLY)



# PLEASE RATE YOUR AGREEMENT WITH EACH OF THE FOLLOWING STATEMENTS

	1	2	3	4	5
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
It is difficult to motivate staff around quality improvement activities.	average = 3.58				
Coming up with new issues/topics for QI/QA studies is a challenge.	average = 3.29				
Finding external benchmark studies is a challenge.	average = 2.35				

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



# HOLY CROSS QA/QI PROGRAM

## What is quality healthcare?

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

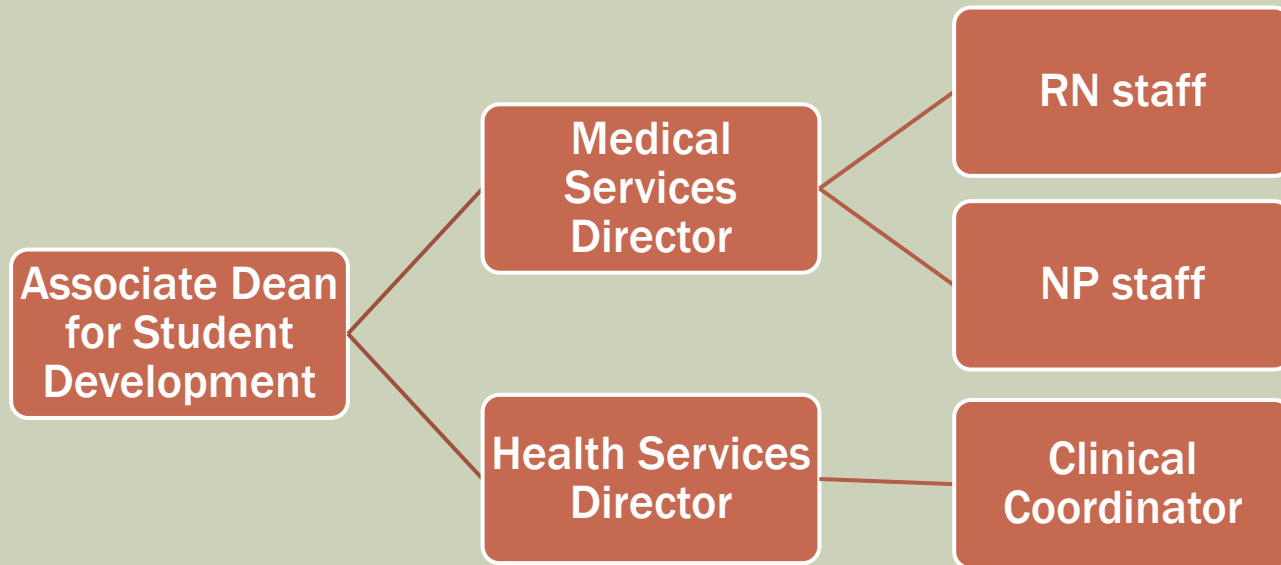
Program design:

active, integrated, organized, peer-based

- Activities and goals are designed to advance our mission and concept of quality.

# QA/QI PLAN

- QI Committee meets annually



# PEER REVIEW: PROVIDES CHECKS AND BALANCES

**Chart review**

**Staff participation**

**Organized**

**Results used in privileging  
and evaluations**

**Biannually**

**Review of results consider  
QI activities**

# HOLY CROSS PEER REVIEW WORKSHEET

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.



# RISK MANAGEMENT

**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

# QI ACTIVITIES

- **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

# QA ACTIVITY QUESTION MODEL, CON'T

8. Re-measurement
9. Additional corrective action
10. Reporting

# QI ACTIVITIES

- 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

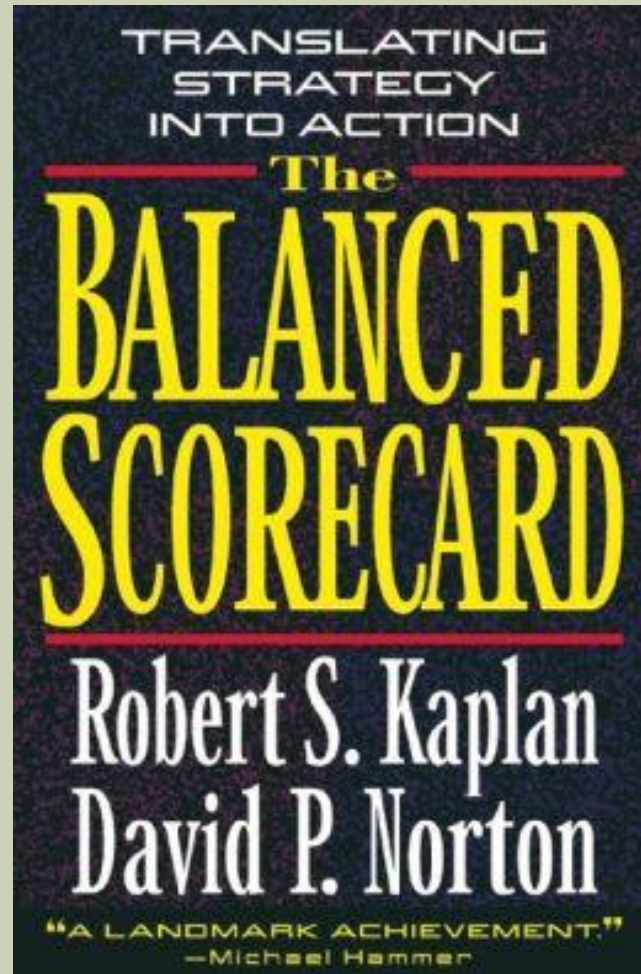
- New up to date guidelines in the treatment of conjunctivitis
- Screening for Chlamydia in students presenting with UTI symptoms
- How are we following up on cancelled/ no show appointments?

# 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*



# 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

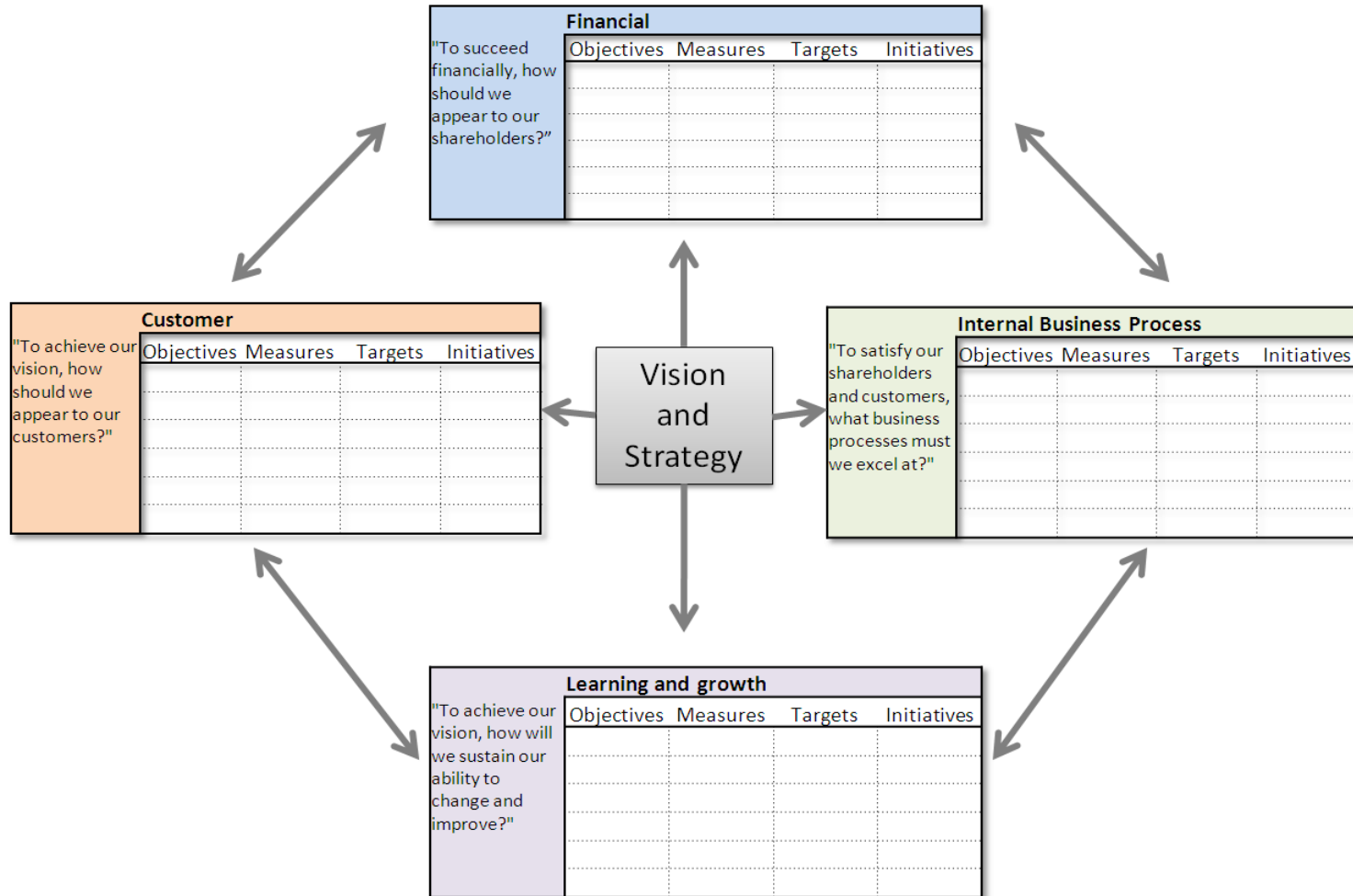
# QA PROGRAM AT RPI: *THE BALANCED SCORECARD*

## 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*



# 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?

<b>Objectives</b>	<b>Ensure access to services</b>
<b>Measures</b>	Satisfaction survey question - time to scheduled appointment
<b>Targets</b>	w/in 24 hours – medical; w/in 1 week counseling
<b>Outcomes</b>	97% medical and 90% counseling met threshold

# QA PROGRAM AT RPI: *THE BALANCED SCORECARD*

## Internal Perspective

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

<b>Objectives</b>	<b>PRIME class - Increase protective and decrease risk factors</b>
<b>Measures</b>	Pre- and Post-PRIME questionnaire and AUDIT
<b>Targets</b>	Statistically significant decrease in AUDIT scores and in reported protective factors
<b>Outcomes</b>	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: "avoid drinking games" (baseline $\mu = 2.39$ , follow-up $\mu = 3.28$ , $n=38$ , $t=4.8639$ , $p<0.0001$ ) and "pace your drinks" (baseline $\mu = 2.5$ , follow-up $\mu = 3.15$ , $n=38$ , $t=2.2874$ , $p =0.0250$ ).

# QA PROGRAM AT RPI: *THE BALANCED SCORECARD*

## Innovation/Learning Perspective

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

<b>Objectives</b>	Maintain active peer review system
<b>Measures</b>	Number of charts reviewed and compliance with respect to agreed upon criteria
<b>Targets</b>	Overall compliance of 95%
<b>Outcomes</b>	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%.

# QA PROGRAM AT RPI: *THE BALANCED SCORECARD*

## Financial Perspective

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

<b>Objectives</b>	Conduct one cost of care study per year
<b>Measures</b>	Number of x-rays ordered
<b>Targets</b>	Compliance with Ottawa Ankle Rules for assessment and testing
<b>Outcomes</b>	Over ordering of x-rays represented \$300-\$450 of excess cost to patients.



# QA PROGRAM AT RPI: *THE BALANCED SCORECARD*

## Employee Perspective

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

<b>Objectives</b>	<b>Maintain strong staff satisfaction</b>
<b>Measures</b>	Web-based employee satisfaction survey
<b>Targets</b>	Overall average satisfaction 4 on 5 point scale
<b>Outcomes</b>	Overall average was 3.81 (up from 3.72 the year before)

# NEW YORK UNIVERSITY HEALTH CENTER QUALITY PROCESS COMMUNICATION FLOW

- Codes**
- PATIENTS FUNCTION**
- RI – Patient Rights and Organization Ethics
  - PE – Assessment of Patient
  - TX – Care of Patient
  - IM – Management of Information
  - PF – Education
  - CC – Continuum of Care
- ORGANIZATION FUNCTIONS:**
- PI – Improving Organization Performance
  - LD – Leadership
  - EC – Management of the Environment of Care
  - HR – Management of Human Resources
  - IM – Management of Information
  - IC – Surveillance, Prevention, and Control of Infection

**Executive Director**

**Medical Director**

**Senior Staff**

**Quality Management Council**

- Medical Committees
- Credentialing and Bylaws
  - HIM Committee
  - Infection Control
  - P&T
  - Clinical Practice

**Lead Team 6**  
Sentinel Event  
Management/  
Patient Safety

**Lead Team 5**  
LD  
HR  
RI/PI  
PR Comm.

RCAT

SET

PIT

- Management Groups**
- Sr. Staff Meetings
  - Safety
  - Ethics
  - Info Systems
  - Coding
  - Strategic Planning
  - Managers' Meetings
  - Departmental Meetings
  - Ad Hoc Teams

**Lead Team 1**  
TX

**Lead Team 4**  
IC  
EC

PIT

**Lead Team 2**  
IM

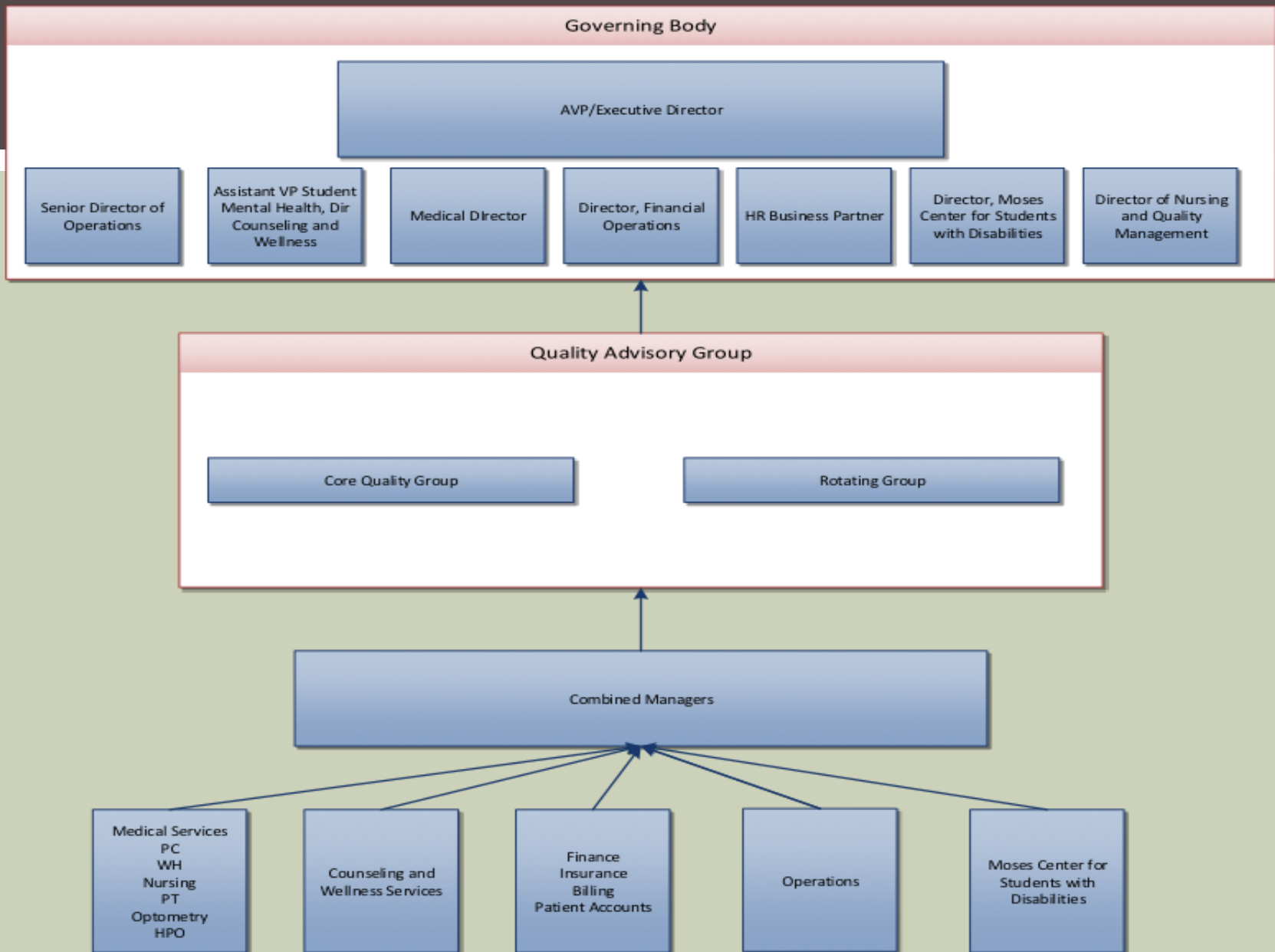
**Lead Team 3**  
PF  
PE  
CC

PIT

**Clinical/Ancillary  
Departments**

March 2002

# Quality – Flow of Information Chart



# THE ‘CHASM’

- 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




# IOM SIX AIMS

1. Safe
2. Timely
3. Equitable
4. Efficient
5. Patient Centered (Student Centered)
6. Effective

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The courses are completely free for students, medical residents, university faculty who teach courses, and users from the **Least Developed Countries**. All other IHI Open School resources – including the Chapter Network – are free for all.

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**Patient- and Family-Centered Care**

- **PFC 101: Dignity and Respect**

**Leadership**


- **L 101: So You Want to Be a Leader in Health Care**

**Population Health**

- **PH 101: Introduction to Population Health**

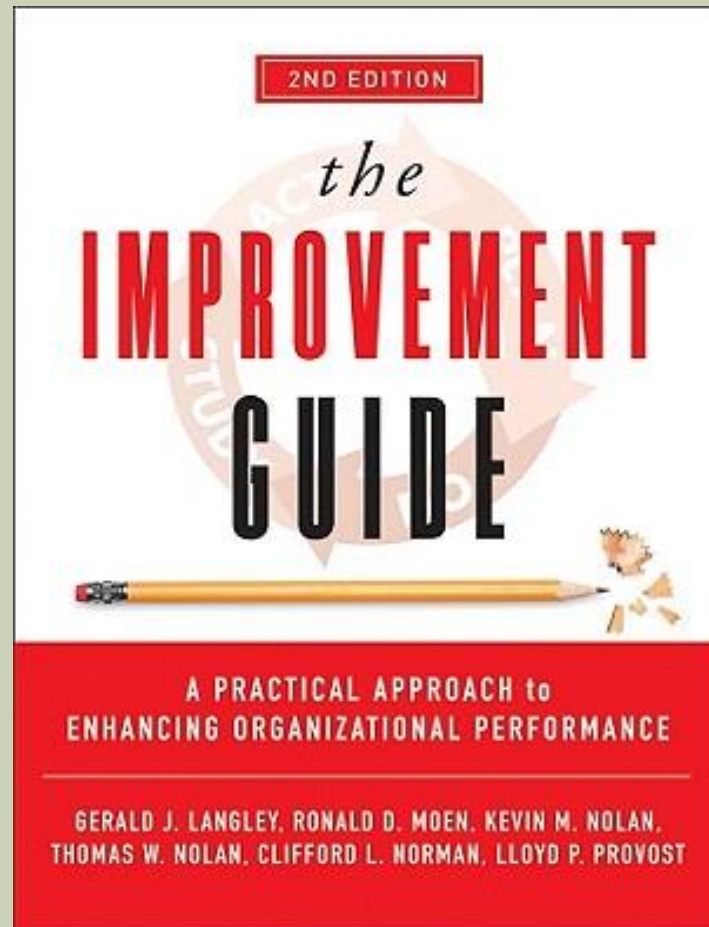


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# RESOURCES



# RESOURCES

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cc47@nyu.edu



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# THE GOAL FOR QUALITY AT THE SHC



# ACHA BENCHMARKING COMMITTEE

Measuring the  
Best Practices  
in College  
Health

# ACHA BENCHMARKING COMMITTEE SURVEYS

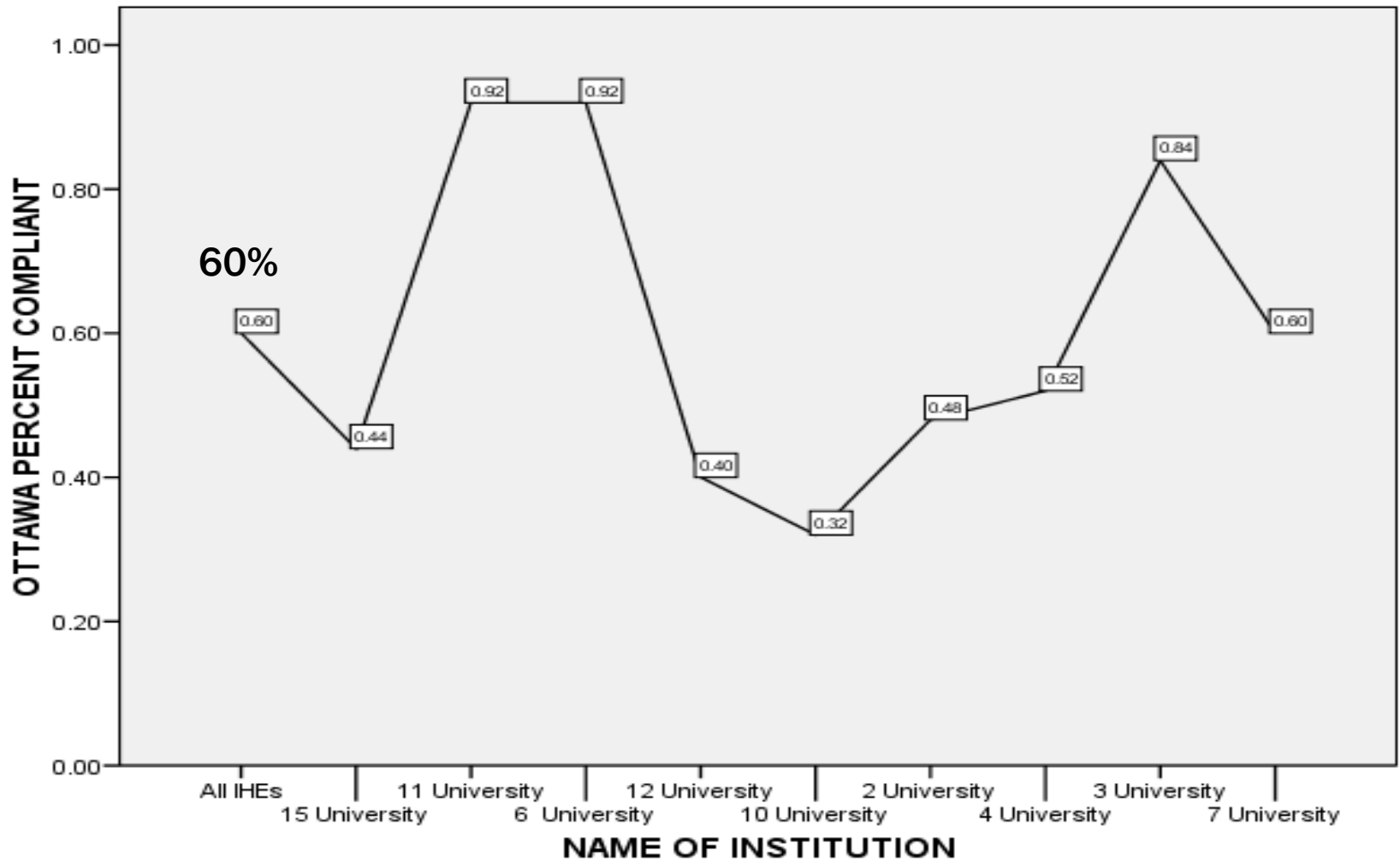
<b>Survey Name</b>	<b>Frequency</b>	<b>Last Completed</b>	<b>Next Scheduled</b>
<b>Facilities</b>	<b>Every 5 yrs</b>	<b>2008</b>	<b>2013</b>
<b>Utilization</b>	<b>Every 3 yrs</b>	<b>2010</b>	<b>2013</b>
<b>Staffing/Salary</b>	<b>Every 5 yrs</b>	<b>2010</b>	<b>2015</b>
<b>Learning Outcomes</b>		<b>2011</b>	<b>*Health Promotion</b>
<b>Patient Satisfaction</b>	<b>Ongoing</b>		

# ACHA BENCHMARKING COMMITTEE SURVEYS (CONT.)

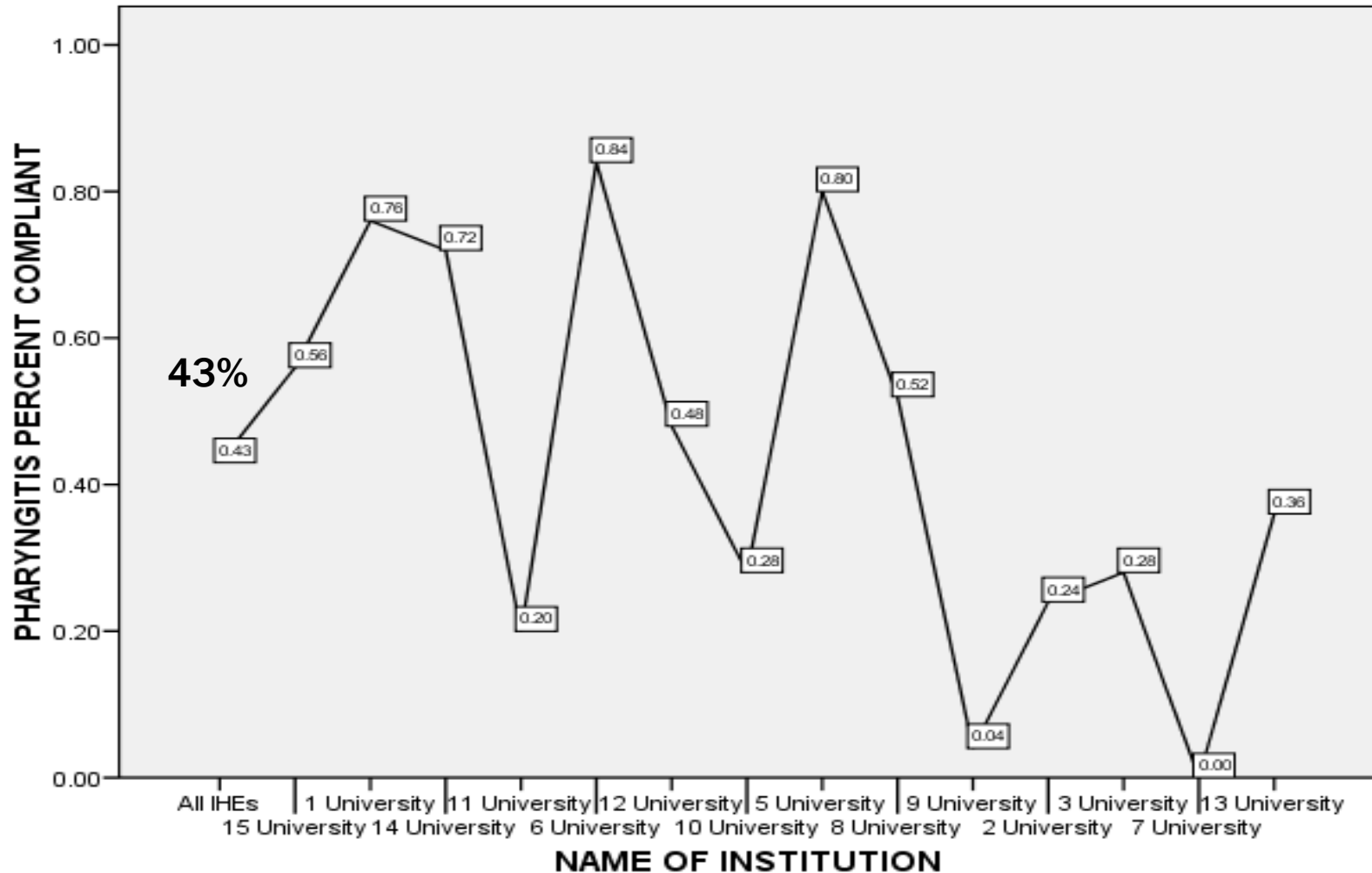
- **Clinical Benchmarking**
  - First Pilot- 2009-10
  - Second Pilot- 2010-11
  - Third and Final Pilot- 2012 Post Meeting
- **Goals**
  - Identify Best Practices for sharing at meetings
  - Identify opportunities for learning for members based on performance
  - Compare ACHA member organizations versus national standards.



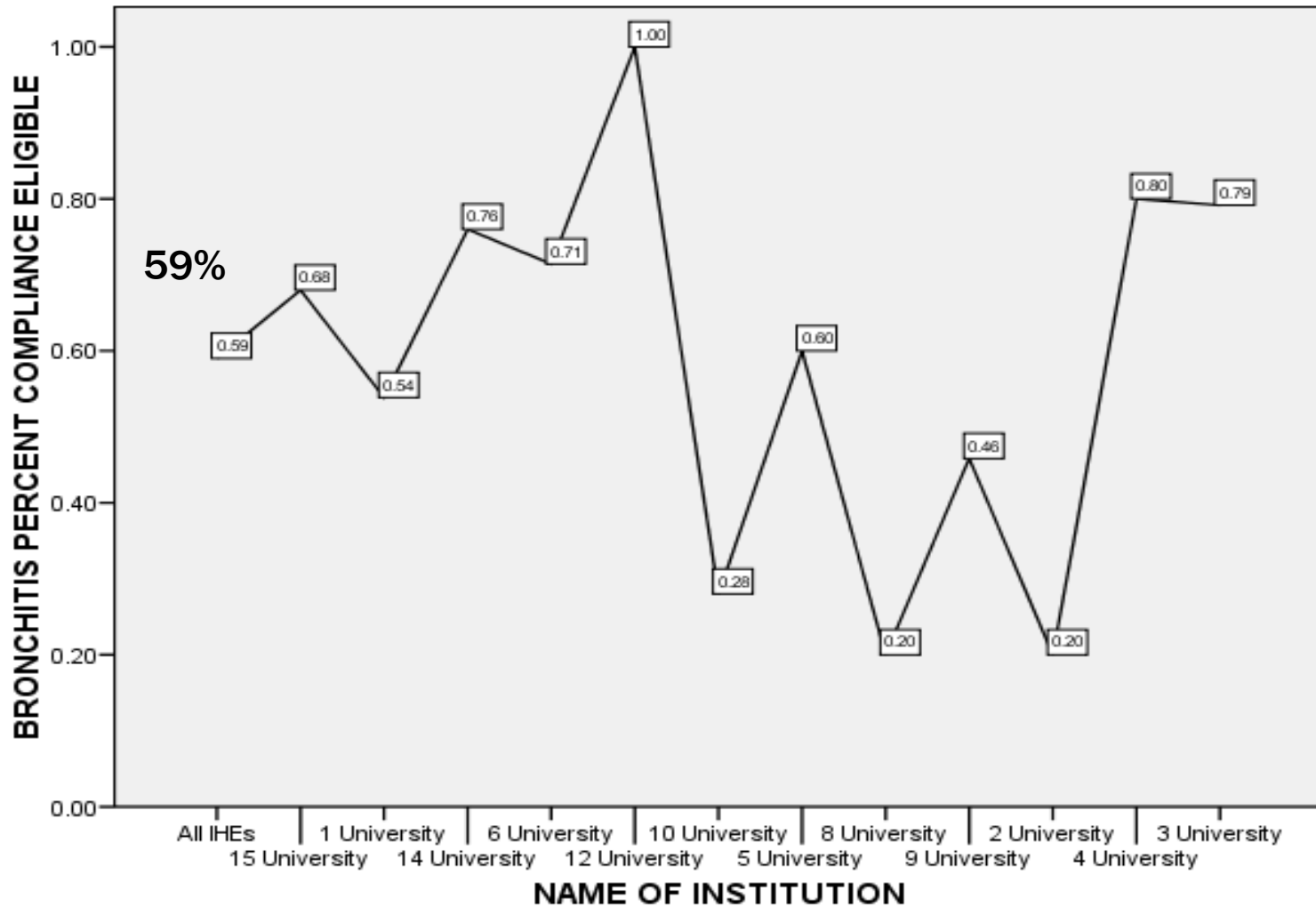
# REVIEW OF CLINICAL BENCHMARKING PILOT #2



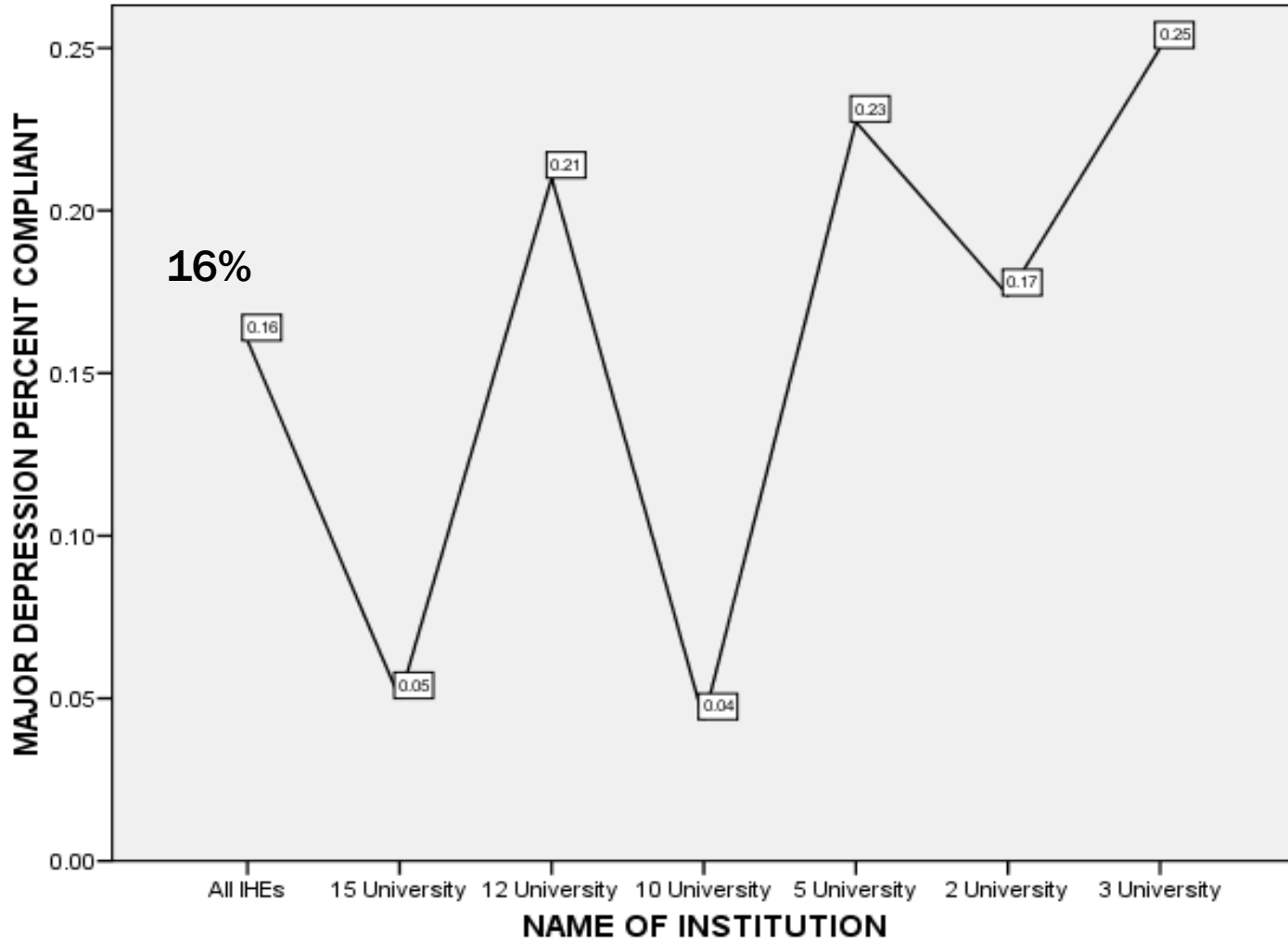
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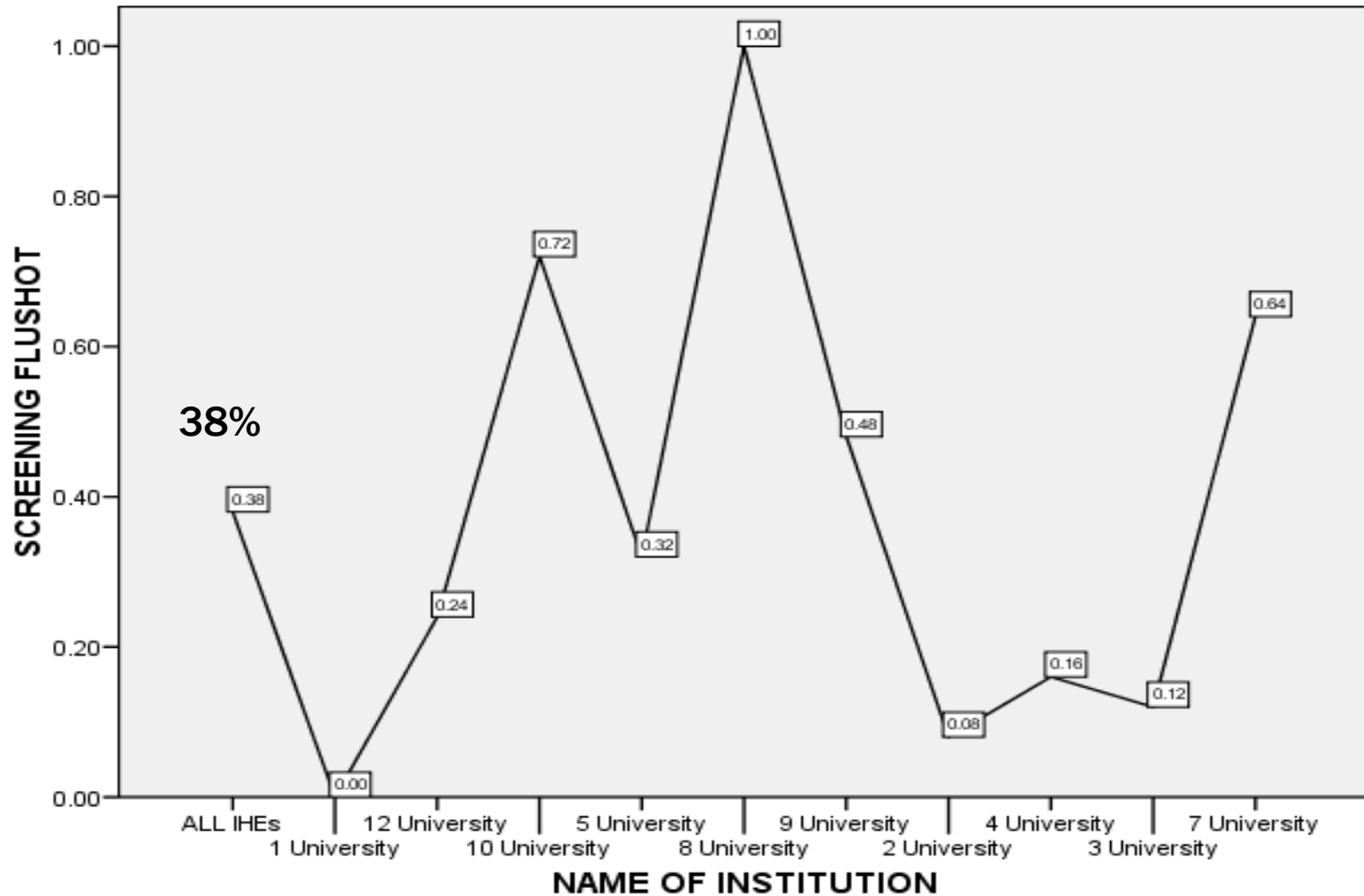
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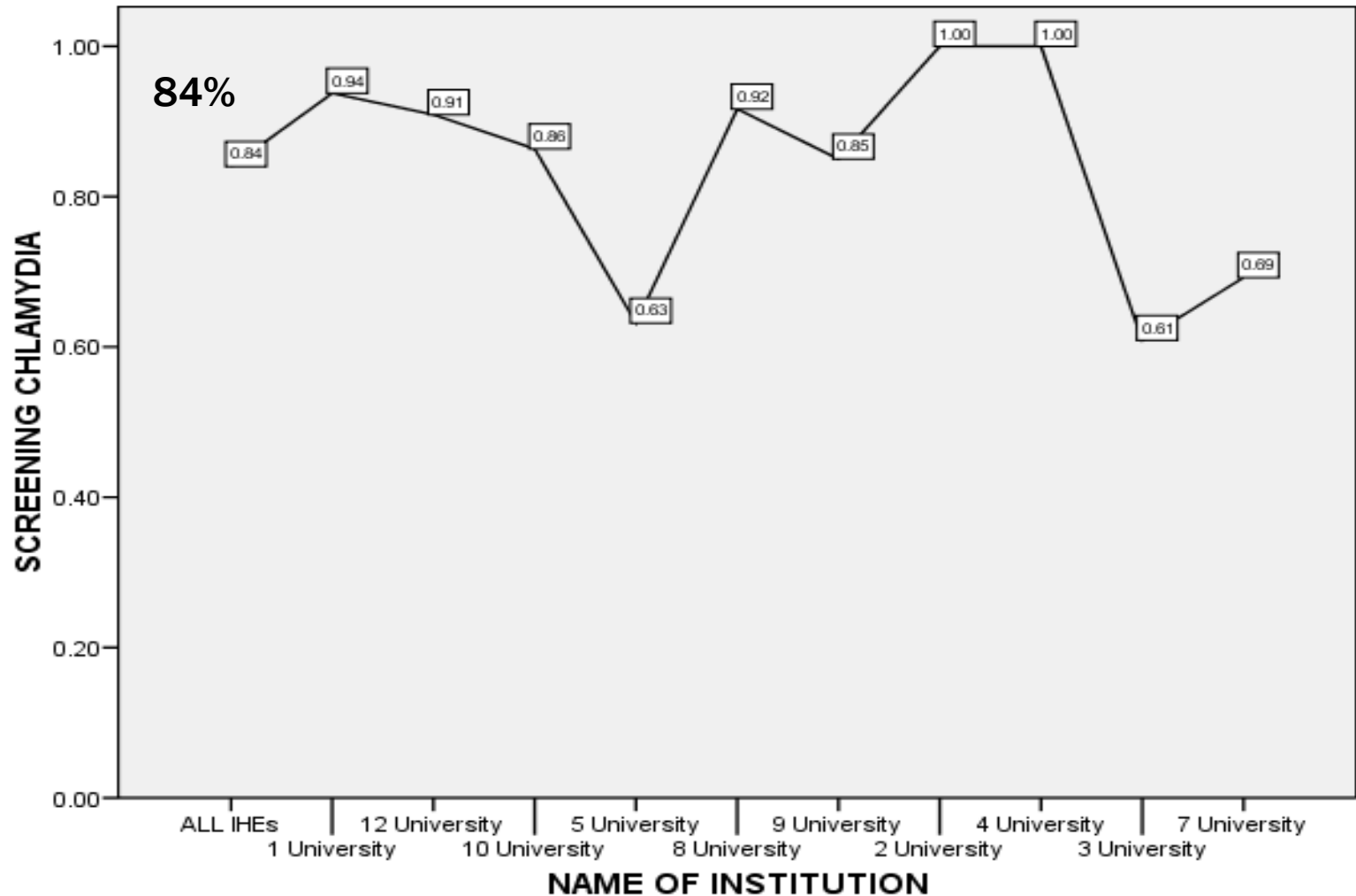
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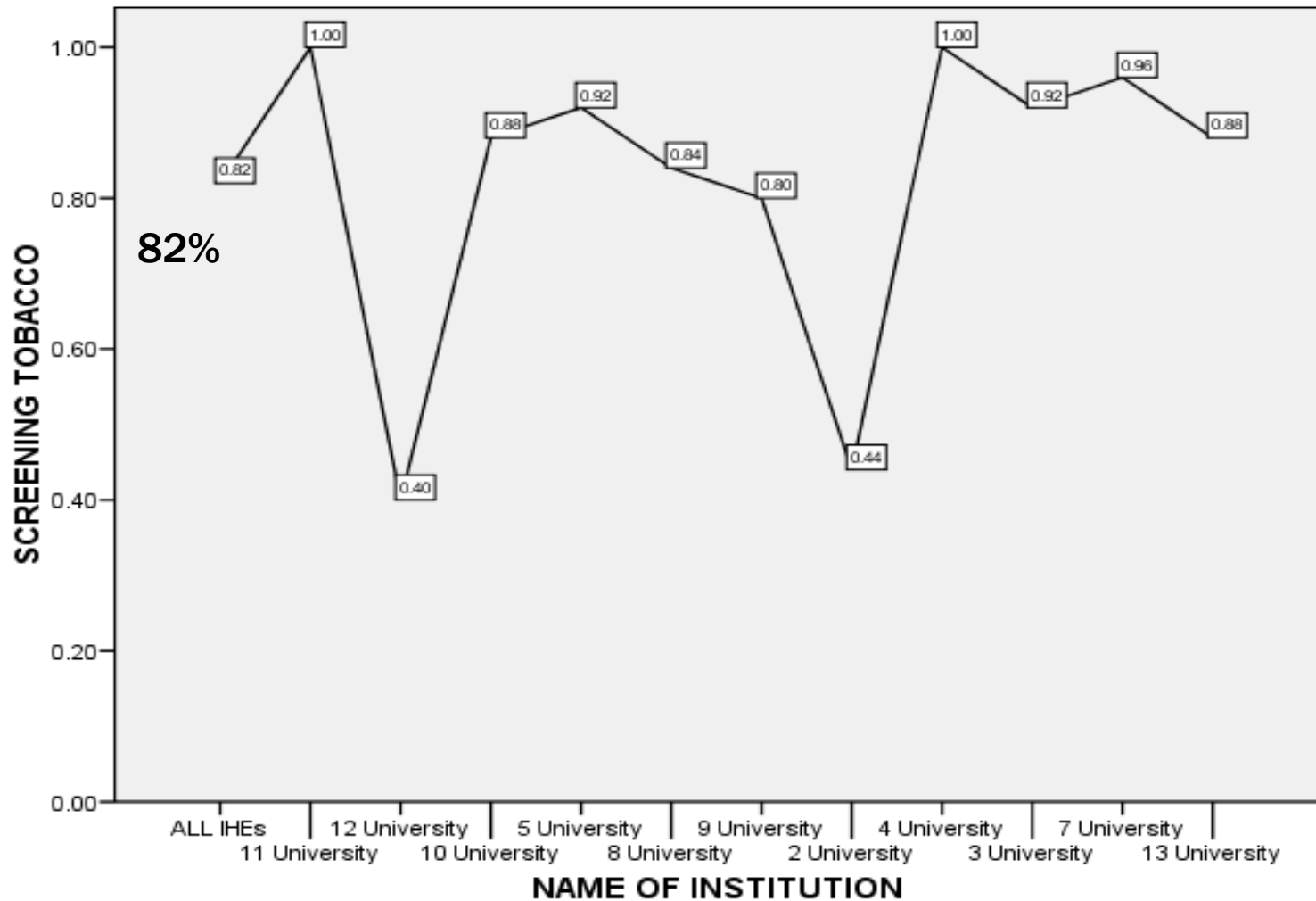
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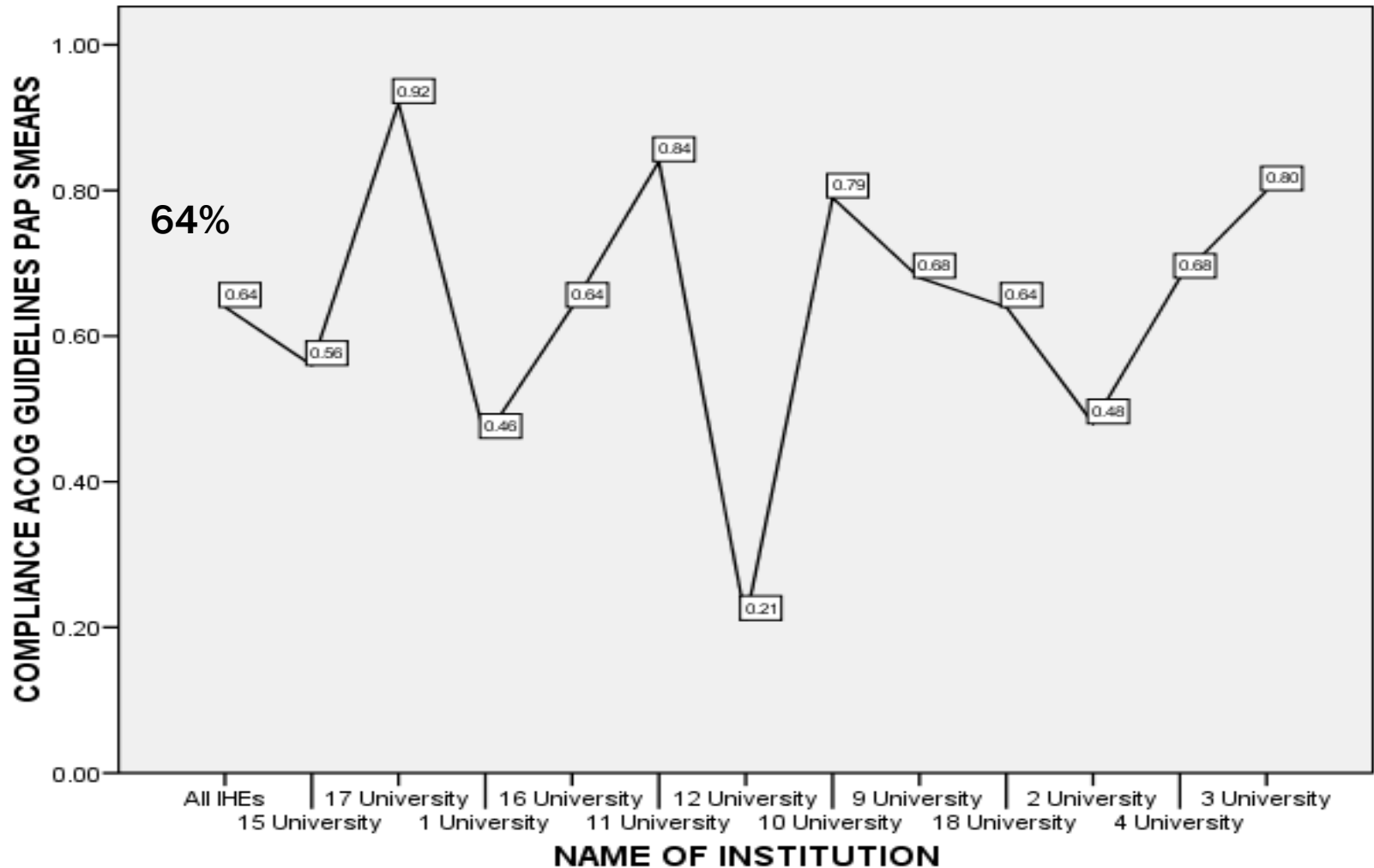


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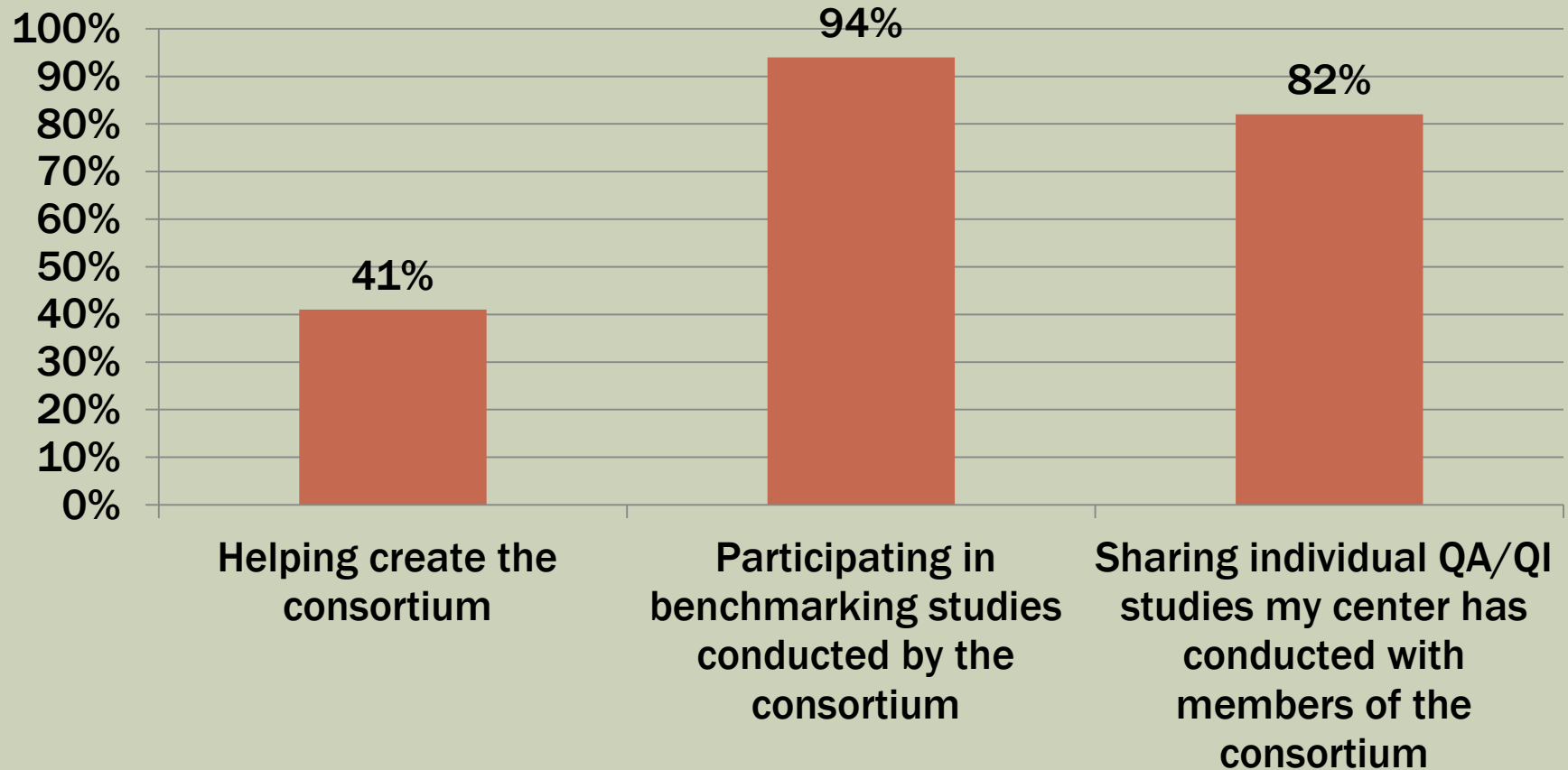




# REVIEW OF CLINICAL BENCHMARKING PILOT #2



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



# DISCUSSION



# QUALITY MATTERS!

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