



2008
HEALTHCARE QUALITY MANAGEMENT TRAINING PROGRAM
By
Quality Associates Inc.

*All the courses offered during this program
Have been approved by the National Association for Healthcare Quality for CPHQ CE credit*

Quality 104

Performance Measurement and Improvement

This activity has been approved by the National Association for Healthcare Quality for CPHQ CE credit

This eight day course is a core course that is required for each healthcare professional who is seeking to play a role in healthcare quality. It covers the full scope of performance improvement: planning, implementation, education, evaluation and Integration. It is tailored according to the requirements of healthcare organizations that implement performance improvement programs to improve quality that leads to improving patient outcomes. The topics covered in this course are the ones identified by the Healthcare Quality Certification Board after conducting the bi-annual international survey for the scope of work of Healthcare Quality Professionals around the world. It follows the new outline that is effective October 1, 2007. Participants will be using a variety of learning methods including web search for evidence based practice and small groups to conduct reviews.

Learning Objectives

At the conclusion of this course, participants will be able to:

A. Planning

- Facilitate establishment of priorities for process improvement activities
- Facilitate development of performance improvement action plans
- Facilitate development or selection of process and outcome measures
- Facilitate evaluation or selection of evidence-based practice guidelines (i.e., for standing orders or as guidelines for physician ordering practice)
- Participate in the development of clinical/critical pathways or guidelines
- Aid in evaluating the feasibility to apply for external quality awards

B. Implementation

1. Coordinate the performance improvement process
2. Lead performance improvement teams
3. Facilitate performance improvement teams
4. Participate on performance improvement teams
5. Participate in the credentialing and privileging process
6. Coordinate or participate in quality improvement projects
7. Participate in the process of:
 - medication usage review

- medical record review
 - infection control processes
 - peer review
 - service specific review (e.g., pathology, radiology, pharmacy, nursing)
 - patient advocacy (e.g., patient rights, ethics)
8. Perform or coordinate risk management:
- risk prevention
 - risk identification
 - mortality review
 - failure mode and effects analysis
 - collaborate with quality department

C. Education and Training

1. Develop organizational performance improvement training (e.g., quality, patient safety)
2. Provide performance improvement training
3. Evaluate effectiveness of performance improvement training
4. Facilitate change within the organization through education
5. Develop/provide survey preparation training (e.g. accreditation, licensure, or equivalent)

D. Evaluation/Integration

1. Evaluate team performance
2. Analyze/interpret performance/productivity reports
3. Analyze patient/member/customer satisfaction
4. Conduct or coordinate practitioner profiling
5. Perform or coordinate complaint analysis
6. Incorporate performance improvement into the employee performance appraisal system
7. Incorporate findings from performance improvement into the credentialing/appointment/privilege delineation process
8. Integrate results of data analysis into the performance improvement process

9. Integrate outcome of risk management assessment into the performance improvement process
10. Integrate outcome of utilization management assessment into the performance improvement process
11. Integrate quality findings into governance and management activities (e.g., bylaws, administrative policies, and procedures)
12. Integrate accreditation and regulatory recommendations into the organization

Application:

Participants will apply the knowledge and acquired skills during the exercises that follow the session and through the small group work. They will be able to apply Performance Improvement tools in live examples from their work places.

Methodology

This training course will incorporate different training strategies to achieve course objectives. Mastery learning approach is emphasized and interactive training methods are utilized including illustrated lectures, group discussion, small group activities and presentations.

Participant's selection criteria:

- Participants should have the basic knowledge in healthcare quality
- Active Staff who will be involved in the implementation of the quality program
- Ability to use computers for Web search and Applications such as Microsoft Office
- Full time participation

Participant's evaluation:

- Pre and Post test
- Observed interaction and participation
- Delivered projects

Reference:

5. Chapter IV. in the Healthcare Quality Handbook
Janet A. Brown R.N., C.P.H.Q.
Twenty First Annual Edition

6. Q SOLUTIONS: Essential Resources for the Healthcare Quality Professional
Editors:
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MODULE ONE
Foundation, Techniques, and Tools
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Course Schedule:

Day/Time	First Session 9:00 – 10:30	Second Session 11:00 – 12: 30	Third Session 1:00 – 2:30	Fourth Session 3:00 – 4:30
First Day	Introduction Ice braking exercises Pre- Test	Quality Management and Performance Improvement: <ul style="list-style-type: none"> ▪ The Design Process ▪ The Monitoring Process ▪ The Analysis Process ▪ The Improvement Process Establishing priorities for process improvement activities Large group discussion Establishing priorities for process improvement activities Small groups to review the Joint commission (or JCI) standards related to Quality Improvement	Development of performance improvement action plans Application: ➤ In small groups develop an outline for the Quality plan in your organization	Power point presentation followed by large group discussion and Q& A Performance Measurement Outcomes Measurement How to select measures Sources of measures Application: Small group work <ul style="list-style-type: none"> • Review Indicator data bases on the internet • Select appropriate indicators for each healthcare facility according to its Scope of services
Second Day	Framework for Performance and Quality Improvement (PQI) Application The whole group facilitated by the instructor will use FOCUS-PDCA as an approach to coordinate the process of performance Improvement :	What is facilitation Your Role as Facilitator The role of the team leader The role of the team member Supporting and Managing Teams <ul style="list-style-type: none"> ▪ Team planning ▪ Team Formation ▪ Team Building Application: Form Small groups to identify the PI tools required each step the performance improvement process	<ul style="list-style-type: none"> ▪ Development of Clinical Standards ▪ Development of clinical/ critical pathways or guidelines ▪ Review of the Joint Commission standards related to the use of Guidelines 	Group Practice Participants will be divided into two groups. Each group will be facilitated by one Instructor Each group will select a diagnosis based on high volume, high risk or problem prone Using the guidelines previously downloaded from the Guidelines clearinghouse, each group will develop a clinical pathway for the selected pathway The groups will use agreed upon template for the Clinical pathway Each group will present the draft clential pathway to the whole group for discussion and critique
Third Day	Why Reviews are required in Quality management Types of Reviews How to review a medical record Small Group Practice	Medical Record Review Practice session Participants will be divided into groups of two. ➤ Each group will review 10	Short presentation on how to conduct Peer Review Group practice: Guided by the instructors	Group Practice: Guided by the instructors <ul style="list-style-type: none"> ▪ The three medical peer review committees will meet at 3:00 PM

	Review The Joint commission Standards related to Medical records and their closed and open review	closed medical records using the Joint commission review check list	<ol style="list-style-type: none"> 1. Participants will be divided into three groups 2. Using predetermined indicators from three department: Internal Medicine, Surgery, and OB/GYN, each group will review charts from one department to select the cases for peer review 3. Participants will use the peer review form to refer cases for the peer review 4. Each group will prepare an agenda for the Peer Review committee meeting <p>Each group will select one of them to facilitate the peer review meeting that will take place between 3:00 – 4:30 PM (for training purposes)</p>	<ul style="list-style-type: none"> ▪ Each committee will meet separately and will be facilitated by the selected participant. ▪ The other members of the group will attend as observers ▪ The three medical committees will review the cases ▪ Results will be recorded on the peer review form ▪ Each group will enter results to the peer review database in order to use for physician profiling
Fourth Day	<p>Power point presentation</p> <p>Topics covered:</p> <ul style="list-style-type: none"> ▪ Physician Credentialing ▪ Physician profiling ▪ Providing information for re-credentialing <p>Discussion and Q & A</p> <p>Small group work</p> <p>Review the Joint Commission (or JCI) related medical staff</p>	<p>Short Power point presentation</p> <p>Video Presentation</p> <p>Large group discussion</p> <p>Q& A</p> <p>Short Power point presentation</p> <p>Overview of the Joint commission (JCI) standards on Medication management</p> <p>Large group discussion</p> <p>Q& A</p>	<p>Lecture using Power point presentation and flip chart</p> <p>Service specific review (e.g., pathology, radiology, pharmacy, nursing)</p> <p>Large group discussion</p> <p>Q& A</p>	<p>Overview of the standards related to patients and family rights</p> <p>Short lecture to address the patient complaint tracking system</p> <p>Group Practice:</p> <ul style="list-style-type: none"> ▪ Results of patient satisfaction survey will given to participants ▪ A list of patients complaints during the past six month period will be shared with participants ▪ The group guided by the instructors will be asked to analyze the results of the survey as well as the complaint list ▪ Results of the analysis will be recorded ▪ A brain storming session to identify the opportunities for improvement based on the analysis

<p>Fifth Day</p>	<p>Lecture using Power point presentation and flip chart Q& A</p> <ul style="list-style-type: none"> ▪ Incident report review ▪ Sentinel/unexpected event review ▪ Preventable adverse event review <p>Group Practice Participants will divided into 3 groups</p> <ul style="list-style-type: none"> ▪ Each group will be given a 10 incident reports for review ▪ The group will use the definitions and criteria in the policy to classify the events into minor, moderate, Near miss and sentinel event. <p>Each group will identify the sentinel event according the definition in the sentinel event policy</p>	<p>Group Practice The instructors will give each group a chronological description to the sentinel event identified by them</p> <p>The group will conduct Root Cause Analysis for the sentinel event</p> <p>Based on the analysis, the group will develop an action plan for the sentinel event NOTE: The sentinel events will be selected from the sentinel event alert web site at the Joint Commission web site</p>	<p>Power point presentation to explain how to conduct FMEA Group practice:</p> <ul style="list-style-type: none"> ▪ Participants will be divided into two group ▪ Each instructor will lead the group to conduct FMEA and develop an action plan 	<p>Power Point presentation the covers the following topics</p> <ul style="list-style-type: none"> ▪ Case management ▪ Focus on patient advocacy (e.g., patient rights, ethics) ▪ Patient Rights and Responsibilities ▪ Coordination between case, utilization and risk management and quality management <p>Group discussion on how to achieve coordination at your work place</p> <ul style="list-style-type: none"> ▪
<p>Sixth day</p>	<p>Panel discussion Topics</p> <ul style="list-style-type: none"> ▪ Principles of Adult learning ▪ Conducting performance and training needs assessment ▪ Steps in course design <p>Provision of performance improvement training</p>	<p>Evaluation of PI training program</p>	<p>Lecture on Change management Video presentation Group discussion on</p> <ul style="list-style-type: none"> ▪ How to overcome barriers to change through education 	<p>Power point presentation that covers the following topics:</p> <ul style="list-style-type: none"> ▪ How to introduce the standards ▪ Explain the survey process ▪ The tracer methodology <p>Group discussion How to use training as tool to facilitate the survey preparation process</p>
<p>Seventh Day</p>	<p>Power point presentation <u>Topics covered</u> Expectations from PI teams (The charters) Roles of team leader, facilitator and members Who should evaluate the team The value of evaluating teams</p>	<p>Short lecture:</p> <ul style="list-style-type: none"> ▪ What is performance/ productivity report ▪ Elements of the employee performance appraisal system <p>Review the standards related to employee performance appraisal Guided group discussion How to incorporate performance improvement into the employee performance appraisal system</p>	<p>Power point presentation: <u>Topics</u></p> <ul style="list-style-type: none"> ▪ Examples of current quality awards ▪ Why should a healthcare organization apply for quality awards ▪ Eligibility criteria <p>Guided group discussion: Are we ready to apply for a Quality Award?</p>	<p>Power point presentation: <u>Topics</u> Implementing utilization management Utilization Review as a component Case Study (LOS in the ICU) How to integrate utilization management assessment into performance Improvement process</p>

<p>Eighth Day</p>	<p>Integrating results of data analysis into the performance improvement process</p> <p>Case Studies</p> <ul style="list-style-type: none"> ▪ Each instructor will share will share with participants one case where data was collected and analyzed ▪ The three case studies will cover three areas: <ol style="list-style-type: none"> 1. Patient satisfaction survey 2. Issues related to patient safety e.g. Falls, misidentification, medication errors infections. etc 3. Administrative/ financial issues <p>A group decision need to be taken on what to do based on the analysis</p> <p>Using FOCUS – PDCA, the group will decide how integrate results into the performance improvement process</p>	<p>Power point presentation on how to report performance Improvement results throughout the organization</p> <p>Large group discussions on</p> <p>How to achieve Integration of quality concepts within the organization</p>	<p>Lecture using power point presentation to give live examples from PI projects that has been incorporated into governance and management activities</p> <p>Guided group discussion The instructor will share with participants examples of regulatory recommendations and get their inputs on how integrate them into the organization</p>	<p>Post Test</p> <p>Wrap up Closing ceremony</p>
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