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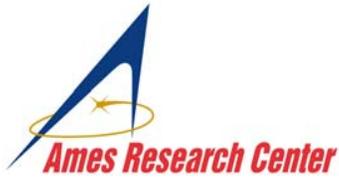
# **NASA Ames Research Center Health Unit**

## *Quality Assurance in the Occupational Health Setting*

June 29, 2005

Liesel Short, R.N., B.S.N., COHN-S

David H. Kaye, D.O., M.P.H.

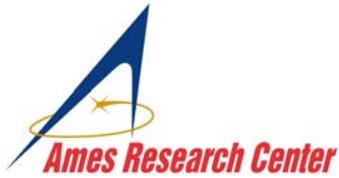


# Topics for Discussion

## Part One



- Quality Assurance Overview
- Areas of Focus for Occupational Health
- JCAHO Quality Improvement Program
- Ames Health Unit JCAHO Experience
- JCAHO New Programs ~“Shared Visions – New Pathways”

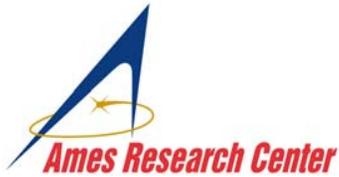


# Topics for Discussion

## Part Two



- The importance/goals of a QA program
- Deciding which elements of your medical program to monitor
- Data collection and analysis
- Ames Health Unit QA program
- Modifying your QA program

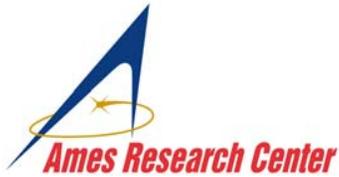


# Quality Assurance



A continuous process of identifying issues, establishing priorities, developing measures, collecting and analyzing data, implementing recommended changes, and monitoring and sustaining improvements.

The ultimate goal of the medical quality improvement process is improved patient care and outcomes.



# QA Program

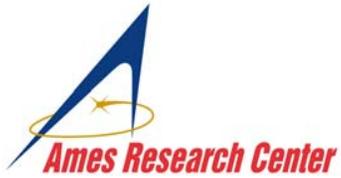


Ever changing terminology for QA:

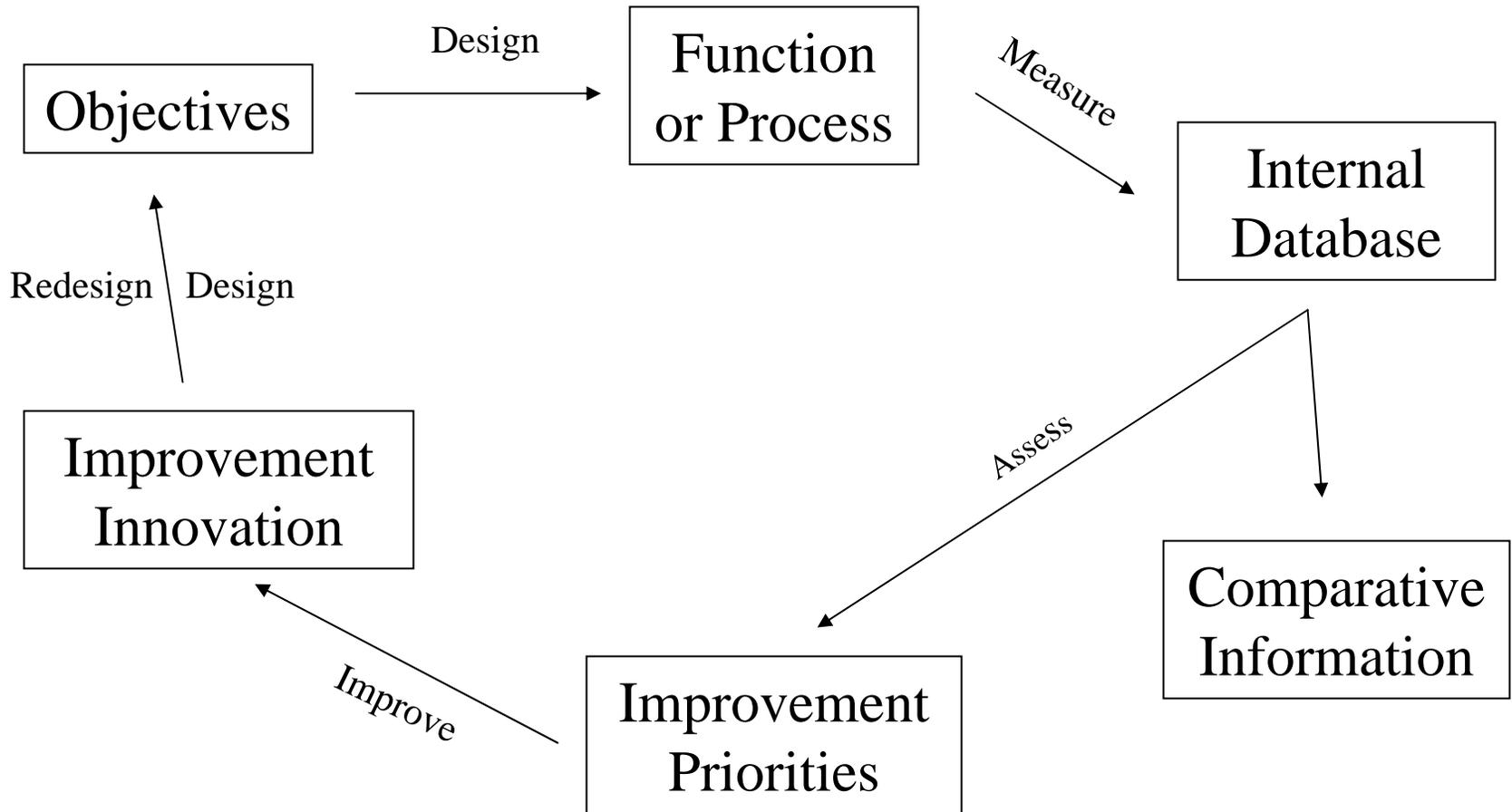
QI = Quality Improvement

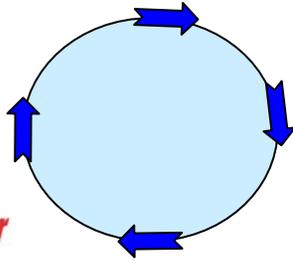
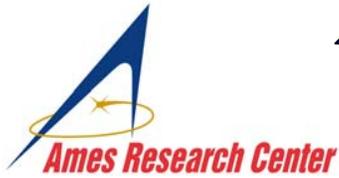
CQI = Continuous Quality Improvement

PI = Performance Improvement



# Cycle for Improving Performance





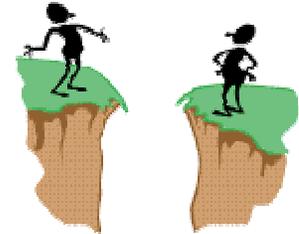
# PDSA



- **PLAN** the change strategy including who will be involved, what data will be collected, how and when the data will be collected, and when the data will be considered adequate to study.
- **DO** the intervention
- **STUDY** the results
- **ACT** on the knowledge you gain from the data (maintain the plan, modify the plan, add to the plan). Continue with a second PDSA Cycle, and so forth. The process continually builds learning to foster improvement efforts.

# FADE

- F - Focus on the process for study.
- A - Analyze the process for weaknesses and opportunities.
- D - Develop a proposed method of improving the process.
- E - Execute the plan





# Quality Assurance Resources



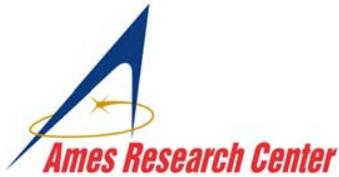
- AHRQ – Agency for Healthcare Research and Quality
- IHI – Institute for Healthcare Improvement
- JCAHO – Joint Commission on Accreditation of Healthcare Organizations
- NAHQ – National Association for Healthcare Quality
- IOM – Institute of Medicine
- NCQA – National Committee for Quality Assurance



# Main Areas of Focus for Occupational Health



- Medication Management
- Emergency Response
- Documentation
- Infection Control
- Staff Management (Credentialing, Training)
- Surveillance Activities



# JCAHO Mission

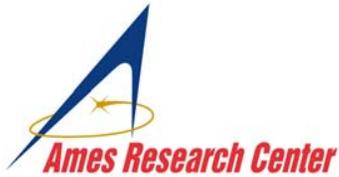


“The mission of JCAHO is to **continuously improve the safety and quality of care** provided to the public through the provision of healthcare accreditation and related services that support performance improvement in healthcare organizations.”



**Joint Commission**

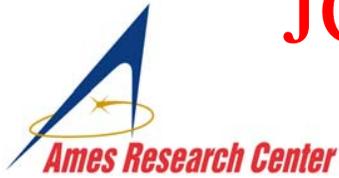
*on Accreditation of Healthcare Organizations*



# JCAHO Overview



- Predominant standards-setting and accrediting body in healthcare.
- Standards of Quality are developed in collaboration with health professionals.
- An independent, not-for-profit organization.
- Organizations voluntarily undergo a survey every 18 months - 3 years.
- 18,000 Facilities are evaluated by JCAHO.



# JCAHO Quality Improvement Process



- Identify the issues and set priorities
- Develop measures on which to collect data
- Collect data
- Analyze and interpret the data
- Make and implement recommendations
- Monitor and sustain performance improvement

# Sentinel Events

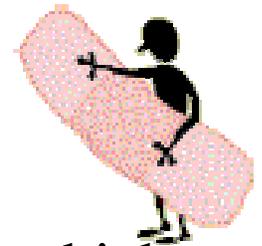


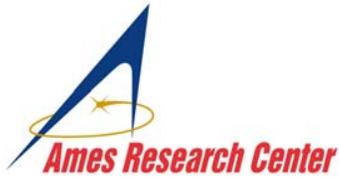
“An unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof.”

Serious injury specifically refers to loss of limb or function.

“or risk thereof” includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome.

These events require immediate investigation and response.



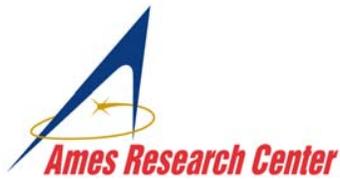


## Sentinel Events, cont.



A Root Cause analysis is performed when a sentinel event occurs. An action plan identifying improvement strategies should be written.

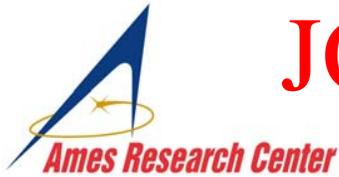
Assists organization to understand the causes that underlie the sentinel event and to make changes in the organization's systems and processes to reduce the probability of such an event in the future.



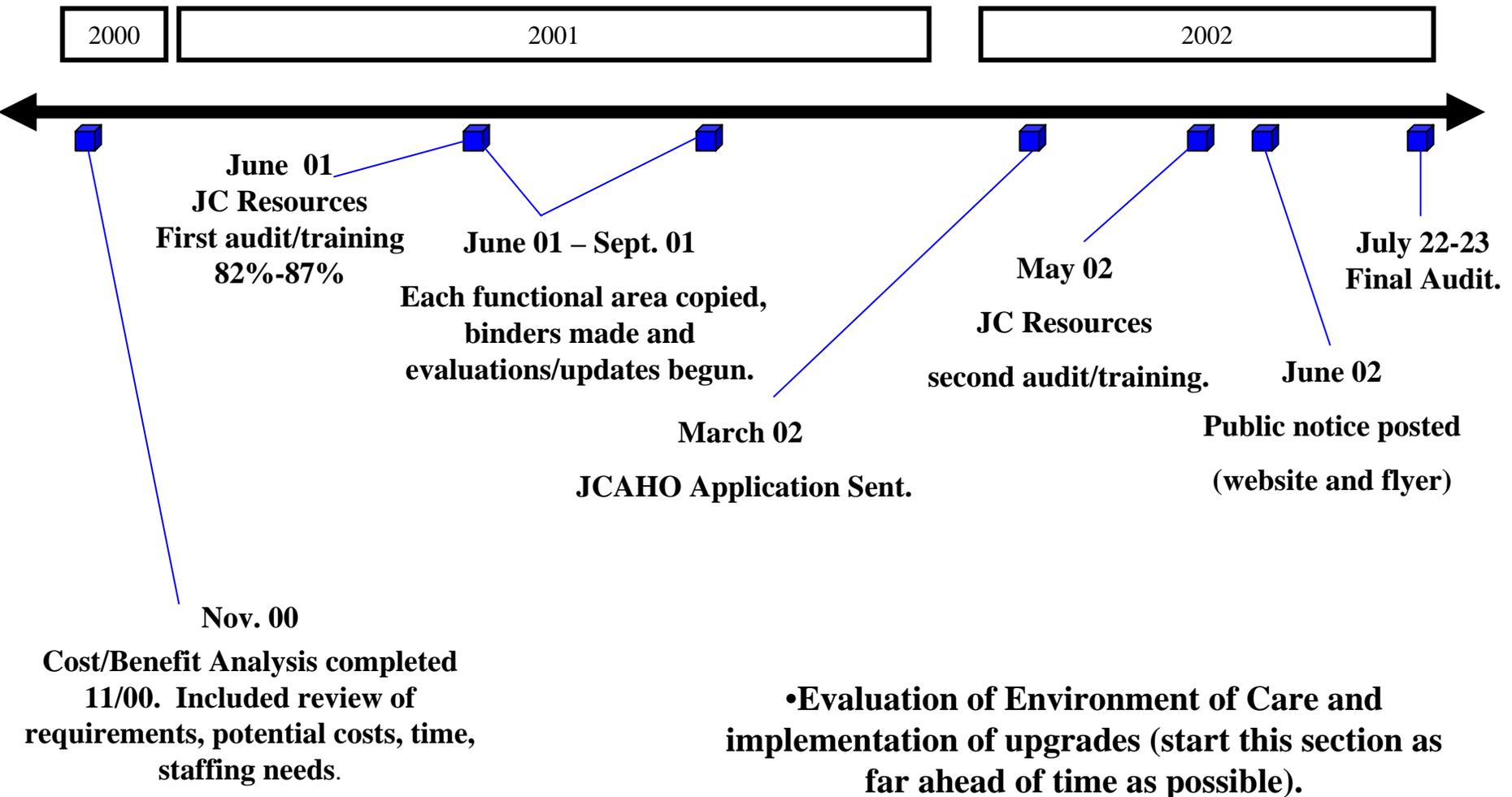
# Why did we seek Accreditation?

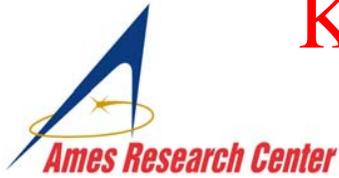


- To improve the quality, consistency and safety of care and services provided to patients.
- An independent verification from an outside organization that Ames Health Unit meets the highest national standards of care.
- Reduce patient risk for undesirable outcomes.



# JCAHO Timeline Summary

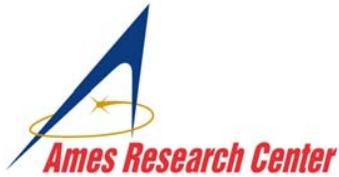




# Key Improvement Areas Identified During Internal Self Assessment



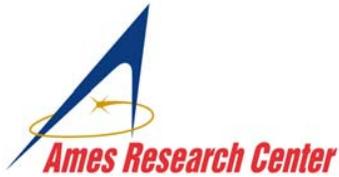
- Policy and Procedure Manual drafted.
- Medication Dispensing Program revised.
- Human Resources/Credentialing/Privileging Files Updated.
- Formal Quality Improvement Program implemented.
- Documentation overall needed to be improved.  
Organization of Patient Information.
- Pain Assessment and effectiveness of treatment documentation revised.



# JCAHO Findings



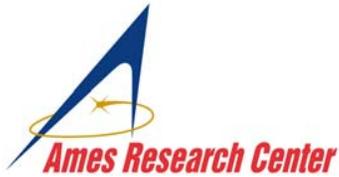
- JCAHO Survey completed on July 22 - 23, 2002.
- Full accreditation granted with a score of 98/100. Highest score our surveyor had given a first time survey in 20 years of surveys. YOU are better than you think.
- Closing meeting ~ Impressed with:
  - Congeniality and support from all levels of those involved (Health Unit staff, USHW Corporate, PAI Project Management/Corporate, NASA).
  - Willingness to learn and improve.
  - Best practice for sign-in sticker log.



# JCAHO New Programs



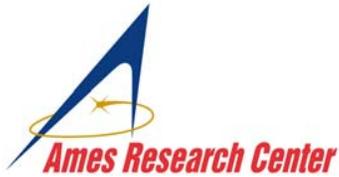
- Shared Visions – New Pathways
  - Began in January 2004
  - Paradigm shift away from a focus on survey preparation to one of continuous operational improvement.
  - Survey now focuses on the actual delivery of care, treatment and services.
  - Encourages incorporation of the standards as a guide for routine operations.



# JCAHO New Programs



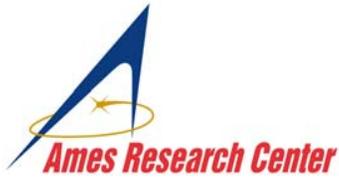
- Periodic Performance Review
  - A compliance assessment at the midpoint of your organization's accreditation cycle.
  - Includes a review of applicable standards, an assessment of compliance, development and implementation of a plan of action, and identification of measures by which success will be gauged in carrying out the plan of action.



# JCAHO New Programs



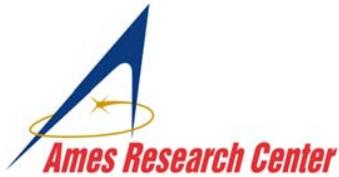
- Priority Focus Process
  - Guides surveyor in planning and conducting the on-site survey.
  - Surveyor uses past survey information, complaint data, periodic performance review data and publicly available external data to plan individual survey.
  - Identifies Priority Focus Areas and Clinical/Service Groups for survey.



# JCAHO New Programs



- Priority Focus Areas
  - Processes, systems or structures in a health care organization that significantly impact safety and/or the quality of care provided.
  - Evolved from JC process of identifying common patterns useful toward building positive health care outcomes and safe, quality health care.

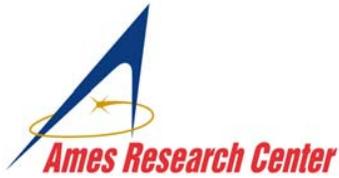


# JCAHO New Programs

## Priority Focus Areas



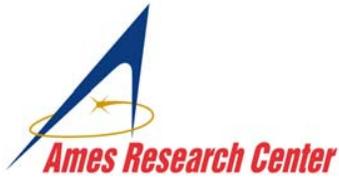
- Assessment and Care/Services
- Communication
- Credentialed Practitioners
- Equipment Use
- Infection Control
- Information Management
- Medication Management
- Organization Structure
- Orientation and Training
- Rights and Ethics
- Physical Environment
- Quality Improvement Expertise and Activity
- Patient Safety
- Staffing



# JCAHO New Programs Clinical/Service Groups



- Categorizes patients and/or services into distinct populations for which data can be collected.
- Tracer patients are identified according to clinical group.



# JCAHO New Programs Tracer Methodology



- The cornerstone of the new survey process. Individual and System Tracers.
- “Traces” the care experiences that a patient had while at the ambulatory care organization or the flow of one specific system across the organization.
- Provides a way to analyze an organization’s systems of providing care, treatment and services and the interaction of those systems.



# JC New Programs

## Miscellaneous



- Surveys are now unannounced (2005-2006).  
Survey may take place anytime after the 18 month midpoint to 3 years.
- Cost is now annual, spread over the three year period.
- Website is individualized for each organization with their results and instructions.
- Our next survey scheduled for July 25 - 26, 2005.  
Periodic Performance Review completed in February, 2004.

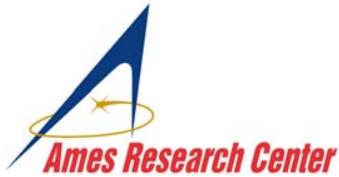


# Ames Health Unit QA Program

## Topics for Discussion



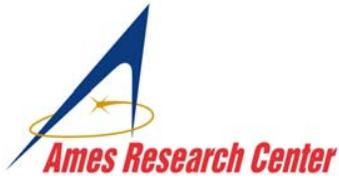
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# The Process



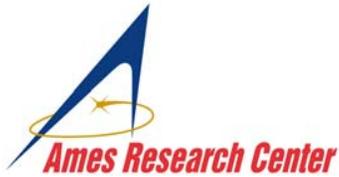
- Quality assurance is defined as a set of procedures designed to ensure that quality standards and processes are adhered to, and that the final product meets or exceeds the required performance requirements.



# Goals of a QA Program



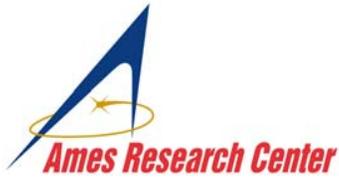
- To successfully achieve sustained improvement in health care, clinics need to design processes to meet the needs of patients.
- To design processes well and systematically monitor, analyze, and improve their performance to improve patient outcomes.



# Goals of a QA Program



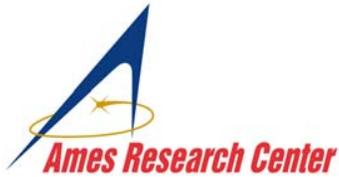
- A designed system should include standardized, predictable processes based on best practices.
- Set Incremental goals as needed.



# Deciding What to Monitor



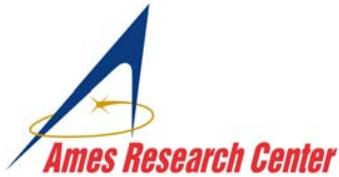
- Need to pick processes that are measurable.
- Limit your Program to 3 or 4 processes
  - Want a manageable program
  - Should focus on specific processes with at least one higher risk process.
- Be specific in what you want to measure
- Write up a Policy and Procedure for the chosen process to be monitored.



# Data Collection



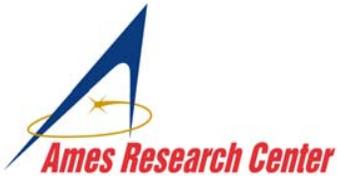
- Decide the frequency that you want to collect data
  - For processes that occur frequently, monthly collection is possible.
  - Less frequent processes do better with a quarterly collection.
- Try to collect data that represents all the physicians, nurses, and/or clinic staff.



# Ames' Initial QA Plan



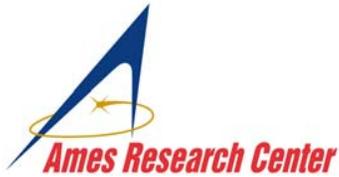
1. Documentation of pain level in injury care patient charts.
2. Review charts for presence and completion of the Patient Ambulatory Summary Sheet.
3. Patient satisfaction surveys.
4. Documentation of dispensing pharmacy/vaccine information sheets for all new prescriptions/ vaccinations.



# Data Analysis



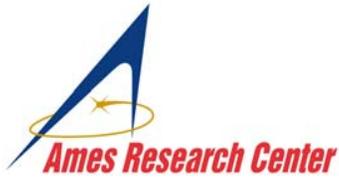
- The data collected needs to be quantifiable.
- It's best to work with percentages.
- In my opinion, it's better to have an initial process with low numbers that show improvement over time rather than a process that exceeds goals all along.
- Data should be collected monthly or quarterly depending on your P&P.



# Pain Assessment



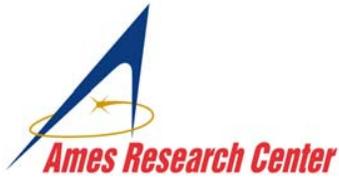
- Monitor documentation of:
  - Pain level per 0-10/10 pain scale
  - Pain description/location
- Goal = 95% documentation of pain levels
- Review twenty charts quarterly on randomly selected injury/trauma cases



# Modifying your Program



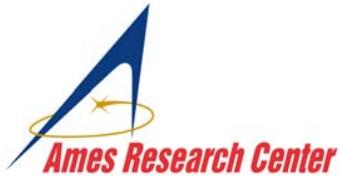
- If your analysis for a process indicates that you meet or exceed your goal for the program year, you may drop this process from your program.
- If your analysis falls short of your goal:
  - Discuss/further analyze the issue with clinic staff
  - Determine what changes need to be made to meet your goal
  - Modify the process and/or goal
  - Continue to monitor the process



# Ames Modified QA Plan



1. Documentation of pain level in medical records for injury/illness care visits.
2. Completion of Ambulatory Summary Sheet for:
  - a. Allergies
  - b. Medications
  - c. ETOH / Smoking History
  - d. Family History



# Ames Modified QA Plan

(cont'd)

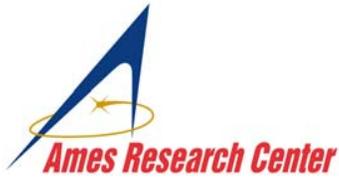


3. Documentation that medication information sheets are given out for all first time dispensed prescriptions.

4. **HIGH RISK PROCEDURE**

Medication labels properly placed in :

- a. Medication binder
- b. Medical chart



# Conclusions



- The QA Program is a continuous process.
- Try to involve as many of your staff in the process.
- Your Program should be focused on processes that need improvement. Don't be afraid to pick a process that you know will initially give suboptimal results.
- Use your results as an educational tool.

# Questions?

