Role and Responsibilities of the Quality Leader

Quality Leader Curriculum
Module 2
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Module 2, Section 1

QUESTIONS TO PONDER, OVERVIEW AND DOCUMENTS TO REVIEW
Questions to Ponder

• What is the scope of my responsibility for my role/position?
• What functional areas should I have awareness of, even if they don’t directly report to me?
• How can I learn more about those aspects for which I have less knowledge and/or experience?
Let’s Get Started!

As you transition to this new role, we recommend that you assess and understand:

• How quality is currently structured and supported at your hospital
• How your hospital is performing
• Where your hospital is excelling
• What opportunities exist
QL’s Scope of Responsibility

Varies from one organization to another
• In addition to Quality/Performance Improvement (QI/PI), you may be responsible for:
  – Licensing and Accreditation
  – Patient Safety
  – Measurement
  – Risk Management
  – Infection Prevention
  – Case Management
  – Other

• Take time to meet with the leader for each function
• Seek to understand their priority focus areas and how you may collaborate to improve care.
Understand the current
• structure
• scope of responsibility (yours & others)
• Medical staff organization chart
• Results – strengths and opportunities

• Your Job Description
  – Job descriptions of your direct reports
• Organizational Chart
  – Hospital level
  – Department level
  – Medical staff leaders & committees
• Quality Improvement Plan
• Culture of Safety survey results
• Quality metric reports
Module 2, Section 2

ORGANIZATIONAL QUALITY STRUCTURE
What do you need to know?

Identify

• Components of the Organizational Quality Structure
• The scope and responsibilities of each
• Where do are the quality, patient safety, and infection prevention activities reported?
  – Peer review? Medication safety?
• Who is part of each committee?
Governance

• Governance responsibility
  – Board of Directors
    • Fiduciary responsibility for the hospital
  – Medical Executive Committee (MEC)
    • Medical staff governance responsibility
    • Medical Staff Bylaws
Quality Roles Across the Organization

Medical Staff

• Medical Staff Departments
  – Responsible for department oversight, rules, peer review
  – Examples: Surgery, Imaging, Internal Medicine, Pediatrics, Psychiatry, Emergency Medicine, Anesthesiology

• Medical Staff Committees
  – Responsible for key functions (many are mandated)
  – Examples: Pharmacy & Therapeutics, Bioethics, Credentials, Allied Health Practitioners, Wellbeing, etc.
Hospital – Operational aspects

- CEO
- Executives: CFO, CNO, CQO, CMO, CIO
- Senior Leaders: Department Directors
- Patient Safety Officer
- Safety Officer (Environment of Care)
- Middle Management: Managers, Supervisors
- Front Line Staff
Hospital Committees

- Hospital Quality Committee
  - May be a medical staff committee or a hospital committee
- Patient Safety Committee
- Infection Control Committee
- Medication Safety Committee
- Nursing Councils
- Case Management Committee
- Environment of Care Committee

Organizations may have some of all of these committees to provide oversight and accountability for key functions.
Clinicians that greatly impact quality

Quality truly permeates the entire organization.

• **Medical Staff**
  – Leadership (Chief Medical Officer, Chief of Staff/President of the Medical Staff, Department Chairs)
  – Peer Review (criteria/indicators), Ongoing Professional Practice Evaluation (OPPE), Focused Professional Practice Evaluation (FPPE), Department goals

• **Nursing**
  – Nursing leaders (all levels) are key partners
    • Shared governance structure and nursing councils
    • Nursing care at the bedside
    • Nurse driven indicators
Podcast: Executive Leadership and Quality
Theo Stoller, MSB
CEO/Administrator
Jacobson Memorial Hospital Care Center, Elgin, ND

• A CEO's Perspective Podcast
Podcast:
Working with your nursing leaders to form a strong, collaborative relationship

Kim Radant RN, MS
Patient Safety & Quality Advisor
Indiana Patient Safety Center
Former CNO – VA Hospitals

• Working with your Nursing Leaders Podcast
Additional areas with a significant quality role

- **Medication Management/Pharmacy**
  - Medication safety mechanisms and technology such as dispensing cabinets, bar code administration, smart infusion pumps
  - Pharmacy and Therapeutics Committee

- **Infection Preventionist**
  - Expert in controlling and preventing the spread of infectious diseases (including hospital acquired infections (HAIs))
  - Establishing best practices

- **Clinical Informatics** – electronic medical record, design, safety mechanisms such as alerts

- **Information Technology** – management of information systems

- **Medical Records** – coding, clinical documentation improvement (CDI)
Additional areas with a significant quality role

• **Clinical Lab/Pathology/Blood Bank**
  – High alert results; blood use/management; culture results (HAIs)

• **Case management**
  – Discharge planning, care transitions

• **Decision Support**
  – Rich resource of information; data reports, analysis, access to clinical and financial systems

• **Finance**
  – Budgeting, resource allocation
Quality Department – Role and Functions

• All quality departments are structured differently
  – How is your department staffed?
  – What is the scope of responsibility of each team member?
  – What functions is the department responsible for?
• Which quality functions reside outside your quality department and who is responsible for?
  – You will want to connect with these individuals
Module 2, Section 3

KEY FUNCTIONS OF THE QUALITY LEADER ROLE
Role of the Quality Leader: LEADER

• Lead or participate in establishing the quality strategy for your organization
• Build organizational quality improvement capacity
• Partner and collaborate with key stakeholders
  – Executive/Senior leaders
  – Medical staff and Nursing leaders
  – Middle Management
  – Front line staff
• Patients and Families
Role of the Quality Leader: FACILITATOR

• Meeting facilitation
• Engagement
  – Leaders, medical staff, front line staff
• Communication
• Introduce tools, forms, processes to help people/teams improve
Role of the Quality Leader: COACH

- Coach and advise your team, the medical staff and other leaders in:
  - Performance improvement
    - Approach, team selection, best practices, small test of change
  - Measurement
    - Selecting metrics, how to find the data, setting AIMS
  - Data Analysis
    - How to analyze data
    - How to segment
Role of the Quality Leader: CHANGE AGENT

• Help your organization transform
• Focus on organizational effectiveness and improvement
• Identify clues that identify barriers to change
• Advocate. Keep attention on the issues.
Role of the Quality Leader: INFLUENCER

- Rely on own expertise
- Find and engage the experts in your organization
- Share knowledge
- Point people/teams in the right direction
Role of the Quality Leader: CONVENER

• Bring key stakeholders together (will vary with project)
  – Understand the challenges
  – Brainstorm solutions

• Examples:
  – Readmissions
    • Convene meeting for hospital representatives and community representatives (SNFs, etc.)
  – Quality Leaders from local hospitals
    • Convene meetings/calls to share ideas, tools, solutions
Role of the Quality Leader: NETWORKER

• Connect with other hospitals
  – Identify and share best practices, barriers encountered and how they overcame them
  – Share tools

• Join listservs, attend meetings
  – Professional organizations/associations
  – Disease/condition specific organizations

• Journals

• Websites (IHI, HRET, etc.)

• Seek and share knowledge
Podcast: "Tips for the New Quality Leader: “What I wish someone told me”"

Shari Michl, RN, CPHQ
Director of Quality
Fillmore County Hospital, Geneva, NE

• **Tips for the New Quality Leader Podcast**
KEY AREAS OF RESPONSIBILITY - AND/OR CLOSE INTEGRATION/COLLABORATION
Quality & Performance Improvement

Understand

• Quality and Patient Safety Strategy
• Is it aligned with your organization’s strategic goals?
• What is your current organizational performance?
  – Review QI/PS reports, accreditation report
  – Improvement priorities, successes, and challenges
  – Recent significant and sentinel events
  – Assessment of the Culture of Safety
Patient Safety

• Patient Safety is a national priority
  – Striving to prevent patient harm
    • Partnership for Patients (PfP)
    • Hospital Value Based Purchasing (VBP)
    • Hospital Acquired Condition (HAC) Reduction Program
    • Hospital Readmissions Reduction Program (HRRP)

• Other Resources
  – Patient Safety Module
  – HRET HIIN topic specific change packages
  – Culture of Patient Safety change package
Licensing and Accreditation

• Hospitals must be certified as a Medicare and/or Medicaid provider as a condition of participation. [Read more here.]

Certification by:

– State Survey Agency [or]

– Accreditation by a CMS approved organization (e.g. Joint Commission (TJC), Det Norske Veritas Healthcare (DNV), others)

Resources

• Conditions of Participation
• Accreditation Standards
• State regulations - requirements
Licensing and Accreditation

- Identify each accrediting organization(s)
  - Some departments and programs are accredited by other organizations
    - Radiology – each modality may be accredited
    - Specialty programs – i.e. stroke, trauma, etc.
- Date of last/next accreditation survey?
- Previous findings and action plans?

Documents to review
- Last survey report for each accreditation
- Action plan for any deficiencies and opportunities identified
  - Measures of success
  - Responsible party
Risk Management

• Risk Managers typically involved with analyzing errors and failures and helping to minimize the financial risk/liability to the hospital and caregivers.

• In some organizations, they are actively involved with:
  – Sentinel event management and root cause analysis
  – Workplace injury, workers compensation
• They manage occurrence reports
  – Data from the risk reporting system are a valuable source of information to identify near misses/failures

• The QL and Risk Manager can partner to work proactively to reduce errors
• The Infection Preventionist is often responsible for:
  – Assessing the hospital’s risk for different infections
  – Reporting data to the Centers for Disease Control’s National Healthcare Safety Network (NHSN) to track infections
  – Creating and supporting policies to prevent infections
Infection Prevention (cont.)

• National and local efforts are underway to prevent hospital acquired infections
• Quality and the infection preventionist often work closely together to improve (reduce and prevent) hospital acquired infections
Medical Staff and Peer Review

• Understand how the medical staff conduct peer review in your hospital
• What peer review indicators are used to identify cases

TIP

• Look for ways to create alignment with medical staff functions, such as:
  • peer review criteria
  • medical staff department goals
• What metrics are used for Ongoing Professional Practice Evaluation (OPPE) and Focused Professional Practice Evaluation (FPPE)?

• How do these align with the overall quality improvement strategy and goals?
  – If not aligned, this may be an area you’d like to prioritize
Patient Experience

Understand the current process

• Who has responsibility for patient experience?
  – Understand program components
  – HCAHPS survey results
    • How shared with organization
    • How action plans are developed
    • Understand how surveys are distributed
    • What number of surveys must be submitted to be significant
  – How are patient complaints and grievances handled?
Understand your hospital’s results

• Trends?
  – Strengths – domain category
  – Opportunities
  – Action plans and accountability – effective?

• How high of a priority is patient experience?
Patient and Family Engagement (PFE)

• Assess level of PFE at your hospital
• Are patients and/or families participating in any hospital committees? Are they: represented on the Board (charged with providing the patient/family’s voice)?
• Do you have a patient family advisory committee?
Decision Support is the process of utilizing data from information systems to assess program and department effectiveness and support decision making:

- Some hospitals have decision support staff. Others have assigned the function (such as Finance).
• What decision support resources exist, if any?
• What information systems are used? (e.g. admitting-discharge-transfers; medical records (DRG, complications), charges (pharmacy, lab, radiology)
• What type of clinical process and outcome data are used?
• Role in data validation? Role in submitting data to CMS or data vendor(s).
Information Technology (IT)

- Information systems are an important source of data
- Helpful to understand which information systems are used throughout the organization
- Meet with IT and understand how they interface with clinical informatics
- IT can be very helpful in creating solutions that will help address specific challenges
Clinical Informatics

• The clinical informatics team supports the electronic medical record design and workflow
• This team has valuable insight to workflow and design elements aimed to prevent patient harm
  – Duplicate medications; medication reconciliation; drug allergies; drug interactions; level of care transitions
Measurement

- QL serves as key resource to the organization in
  - Selecting metrics
  - Establishing AIM statements (goals - specific, measurable, time limited)
  - Understanding data sources, how to use the data for improvement, possible gaps/weaknesses with data
  - Analysis of data
  - See the Data Management Module
Measurement

Assessment

• What measures and goals is your organization working on?
  – How were these selected?

• Who and what resources (people and systems) support data collection and reporting at your hospital?
  – How are reports created? Who is responsible?
  – Which committees receive the reports?
• Assess the data analysis capability/competency on your team and across the organization
• Identify in which external databases does your organization participate
• Who is responsible for submitting publicly reported data (CMS, NHSN, etc.)? How is this done?
• How is data validated?
• How can we use the improvement calculator to support our efforts and communication?
Podcast:
Using the Improvement Calculator

Jena Aucoin, RN, CPHQ, Certified LEAN Six Sigma Green Belt
Quality Manager/Patient Safety Officer
Women’s Hospital, Baton Rouge, LA

• Using the Improvement Calculator Podcast
At first, the scope of responsibility and expectations may seem overwhelming. With time and experience, your proficiency will strengthen!
Key Skills and Competencies

• Skills and competencies that contribute to the QL’s effectiveness:
  – Working knowledge of performance and process improvement methods: Lean, six-sigma, plan-do-study-act
  – Tools and techniques: value stream mapping, process flow mapping, root cause analysis
  – Access and use of information
  – Data analysis, statistical tools
Key Skills and Competencies (cont.)

• Effective communication, use of narrative and visual aids (diagrams, graphs, dashboards)
• Project planning, project management
• Relationship building, teamwork
• Education and training
• Ability to assist in breaking down barriers and overcoming hurdles.
Module 2, Section 6

SOURCES OF INFORMATION
Internal Resources

• Identify local experts

• Identify formal (defined role) and informal leaders
  – Possess positive attributes to support improvement efforts
  – Medical Staff leader for specific improvement topic

• Identify and recruit those who can provide data to support improvement
External Resources

• HRET Implementation Guide, Part I & II

• IHI Open School offers interactive, online modules for a fee. Topics include quality improvement, patient safety, patient family centered care and leadership. Earn a certificate upon completion.

• National Association for Healthcare Quality offers modular education, QC Principles, that can be accessed for a fee.
Keeping Current

- Participate in listservs, by topic, professional organizations
- Network with individuals outside your organization, share ideas, approaches, tools and resources
- Keep up with current literature
- Participate in education/training – virtual and in person
Certifications

• Consider gaining additional training and certification
  – **Certified Professional in Healthcare Quality** (CPHQ)
  – Institute for Healthcare Improvement (IHI) **Basic Certificate in Quality & Safety**
  – Lean six sigma certification (multiple vendors)
  – Patient Safety **certification** and/or graduate degree (offered by various universities)
RESOURCES AND REFERENCES
Checklist

Things to review and gain familiarity with:

– PI Plan
  • an annual plan and a Joint Commission requirement
– Accreditation Standards
– State Licensing Regulations
– Medical Staff Bylaws and Rules
THANK YOU!