



Quality & Patient Safety Collaborative

June 17, 2014

9 AM PDT/10 AM MT/11 AM CDT/12 PM EDT

ACHIEVING STEEP HEALTH CARE

In 2001, the IOM defined quality as "the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge."

Safe

Avoiding injuries to patients from care that is intended to help them, without accidental error or inadvertent exposures

Timely

Reducing waits and harmful delays impacting smooth delivery of care

Effective

Providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding overuse and underuse)

Efficient

Using resources to achieve best value by reducing waste and reducing production and administrative costs

Equitable

Provides consistent quality, without regard to personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status

Patient-Centered

Providing care that is respectful of and responsive to individual patient preferences, needs, and values

Add an “L” for Leadership. Top down, bottom up leadership (to include physicians) supports consistent, accountable and quality-focused leadership which supports MVV. Nurse leaders should possess the following qualities or be coached on how to develop these qualities:

1. Transformational leader-promotion of evidence based practice, shared governance model (one example is the AACN Synergy Model for Patient Care), use of LEAN methodology
2. Structural empowerment-nursing councils, ASPIRE program (Achieving Synergy in Practice through Impact, Relationships and Evidence), community outreach
3. Outstanding professional practice-Professional Nursing Practice Model of clinical excellence, optimizing patient outcomes, creating a culture of inquiry.
4. Encouraging innovation, creativity, sharing new knowledge
5. Understanding outcomes throughout the organization. For example, nurse outcomes, organizational outcomes, patient outcomes

EDUCATION

STEEEP uses strategies and tools to start implementing process improvements and other quality initiatives at your organization. Rapid-cycle improvement, which is based on the simple Plan-Do-Check-Act (PDCA) model:

- Plan a change aimed at quality improvement.
- Do the tasks required to implement the change, preferably on a small scale.
- Check the results of the change.
- Act to adopt or abandon the change

STEEEP incorporates a variety of other process improvement methodologies and tools with a focus on creating a culture of continuous quality improvement including:

Methodologies:

- Define, Measure, Analyze, Improve, Control (DMAIC [define, measure, analyze, improve, control + replicate]) and Six Sigma: Emphasizes reducing variation and defects
- Lean thinking: Emphasizes the voice of the customer, adding value, eliminating waste, and improving flow
- ***Change management-hardest of all methodologies

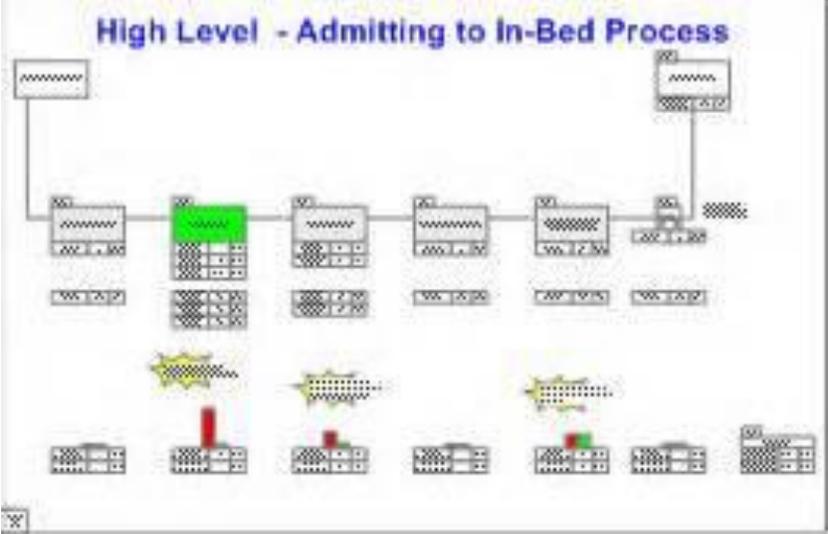
Prosci’s (*derived from the words professional and science*)model from 1999 or Kotter’s model for change or Lewin’s model for change or Burke-Litwin model for change

ADKAR Elements	Factors Influencing Success
Awareness of the need for change	<ul style="list-style-type: none"> • A person's view of the current state • How a person perceives problems • Credibility of the sender of awareness messages • Circulation of misinformation or rumors • Contestability of the reasons for change
Desire to support and participate in the change	<ul style="list-style-type: none"> • The nature of the change (what change is and how it will impact each person) • The organizational or environmental context for the change (his or her perception of the organization or environment that is subject for change) • Each individual person's situation • What motivates a person (those intrinsic motivators that are unique to an individual)
Knowledge of how to change	<ul style="list-style-type: none"> • The current knowledge base of an individual • The capability of this person to gain additional knowledge • Resources available for education and training • Access to or existence of the required knowledge
Ability to implement required skills and behavior	<ul style="list-style-type: none"> • Psychological blocks • Physical capabilities • Intellectual capability • The time available to develop the needed skills • The availability of resources to support the development of new abilities
Reinforcement to sustain the change	<ul style="list-style-type: none"> • The degree to which reinforcement is meaningful and specific to the person impacted by the change • The association of the reinforcement with actual demonstrated progress or accomplishment • The absence of negative consequences • An accountability system that creates an ongoing mechanism to reinforce the change

Tools and Techniques:

- Strengths, weaknesses, opportunities, and threats (SWOT) analysis
- Value stream maps-series of steps occurring to provide a service with the customer desires in mind
- Fishbone diagrams – cause & effect; Ishikawa diagram
- Gap analysis-comparison of actual performance with potential performance
- Visual management-is a lean technique designed so that any person entering a work place, even those who not familiar with the detail of the processes, can rapidly see what is going on, understand and see what is under control and what is not.
- Cost-benefit analysis-sometimes called benefit–cost analysis (BCA), is a systematic approach to estimating the strengths and weaknesses of alternatives that satisfy transactions, activities or functional requirements for a business
- Pareto analysis-technique used for decision-making; sometimes referred to as the 80/20 rule
- Run charts-sometimes called a run-sequence plot is a graph that displays observed data in a time sequence

Example of value stream mapping:



Reference: *Achieving STEEP Health Care: Baylor Health Care System's Quality Improvement Journey.* David J. Ballard, MD, PhD, MSPH, FACP