Role and Responsibilities of the Quality Leader

Quality Leader Curriculum

Module 2

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Module 2 Content

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Module 2, Section 1

QUESTIONS TO PONDER, OVERVIEW AND DOCUMENTS TO REVIEW

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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.

Documents to Review

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

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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

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

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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?
  - 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

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- Help your organization transform

- Focus on organizational effectiveness and improvement

- Identify clues that identify barriers to change

- Advocate. Keep attention on the issues.

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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

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- 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](#)

Module 2, Section 4

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

Risk Management (cont.)

- 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

Infection Prevention

- 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

Medical Staff and Peer Review (cont.)

- 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?

Patient Experience (cont.)

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

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).

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Decision Support (cont.)

- 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

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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 <u>data analysis capability/competency</u> on your team and across the organization
- Identify in which <u>external databases</u> does your organization participate
- Who is responsible for submitting <u>publicly reported data</u> (CMS, NHSN, etc.)? How is this done?
- How is <u>data validated</u>?
- How can we use the <u>improvement calculator</u> to support our efforts and communication?

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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

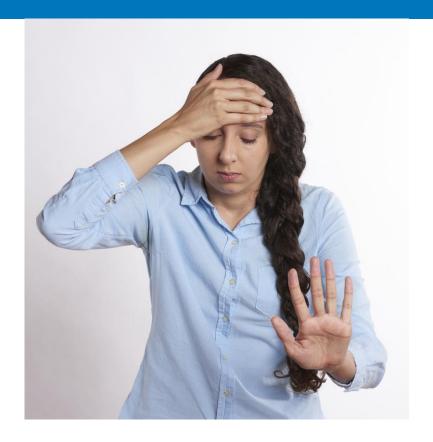- [Using the Improvement Calculator Podcast](#)

Module 2, Section 5

KEY SKILLS AND COMPETENCIES

At first, the scope of responsibility and expectations may seem overwhelming. With time and experience, your proficiency will strengthen!

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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.

Module 2, Section 7

KEEPING CURRENT

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)

Module 2, Section 8

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!