Strategic Quality Management

Quality *Pro* Communiqué

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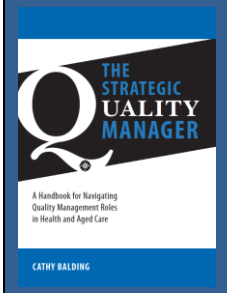

Written for quality managers, by a quality manager, ***The Strategic Quality Manager*** *is a handbook for assisting quality managers to navigate the treacherous waters of health and aged care quality management!*

Quality Manager Resources

To access The Strategic Manager and other resources, hints and tips for enhancing the quality manager role, visit:

www.cathybalding.com

Next Issue:

QI Dos and Don'ts: what works and doesn't when improving quality?

References:

1.Walshe K (2009) Pseudo Innovation: The Development and Spread of Healthcare Quality Improvement Methodologies. *International Journal for Quality in Healthcare*, vol 21, no. 3 pp. 153-59

2. Varkey P et al, (2007) Basics of Quality Improvement in Healthcare. *Mayo Clin Proc.* vol 82, no. 6, pp. 735-39

3. Naessens JM et al (2009) A Comparison of Hospital Adverse Events Identified by Three Widely Used Detection Methods. *International Journal for Quality in Healthcare*, vol 21, no. 4, pp 301-07

Welcome to Quality *Pro* Communiqué!

The Quality Pro Communiqué is a monthly newsletter for quality professionals in health and aged care. Whether your title is manager, director, coordinator or facilitator of quality, improvement, governance or accreditation, the Quality Pro Communiqué is for you! Each month we'll take a brief look at one aspect of the quality professional role, including theory, hints and tips on how to meet the challenges of being a quality professional in the demanding health and aged care environment.

Which improvement approach is 'best'?

Keeping up with the latest 'new thing' in healthcare quality can require almost constant attention to journals, conferences, books, web information and events. It can be hard to know which philosophy and method to attach yourself to. But while these quality improvement methods are often superficially different, particularly in terms of labels, jargon and structure, there is a high degree of underlying commonality of approach.

In this Quality *Pro* Communiqué, we take a quick look at some contemporary improvement methods, their similarities and differences, and identify the most important component of them all.

What do the numerous contemporary quality improvement approaches have in common? They all:

- *Make use of the 'plan, do, study, act' cycle of improvement.*
- *Use of a common set of improvement tools and techniques such as cause and effect diagrams, process mapping, indicators and data analysis.*
- *Acknowledge the need for supportive leadership and a clear organisational commitment to achieving quality care.*
- *Recognise the importance of the engagement of frontline staff, particularly clinical staff, in improvement and the need for improvement processes to be grounded in the reality of staff knowledge and practice.*[1,2]

Characteristics of three common quality management and improvement methods:

- **Six Sigma** is a rigorous statistical measurement method designed to reduce cost, decrease process variation and eliminate defects. At the level of Six Sigma, a process that has about 3.4 defects per million opportunities (DPMO) is virtually error free. Six Sigma is achieved through a series of rigorous steps: define, measure, analyse, improve and control.
- **Lean Thinking** is derived from the Toyota Motor Corporation approach to quality. It is driven by the identified needs of the customer and aims to improve processes by removing non value- added activities. Lean tools maximise value-added steps in the best possible sequence to deliver continuous flow. To create an organised cost-efficient workplace that has clear work processes and standards, Lean experts often recommend the five 's' strategy: sort, shine, straighten, systemise and sustain.
- **Risk management** requires a number of tools and processes to be employed to effectively identify and manage risk and prevent risks turning into adverse events. For example, studies have been undertaken to compare four commonly used methods of adverse event detection: incident reporting, coding data, indicators, and medical record review-based trigger tools/concurrent screening. Interestingly, each method tends to identify different adverse events, and not all adverse events are identified by all four methods. It has been claimed that indicators and voluntary incident reporting can miss more than 90 per cent of the adverse events identified through record screening. Concurrent screening and case review of medical records show the most promise in its ability to detect adverse events or sub-optimal care in a consistent fashion. However, this is a resource intensive method.[3] A coordinated program containing elements of all four approaches: incident reporting, case review of a sample of medical records, concurrent screening of all records for incident triggers and review of coding data is required to provide a comprehensive picture of the real risks - and level of safety - experienced by your consumers. And we could probably add a fifth – direct observation of incidents and poor care!

The keys to success?

When faced with a new quality improvement fad or method, we should first ask, 'is it really new?' and second, 'is it really an improvement on what we are currently doing?' It may be tempting to believe that the latest fashion in quality will be more effective than its predecessors, and some approaches are sold as a fast and simple solution to improvement. However, experience teaches us that worthwhile improvement in healthcare takes time and is not the result of quick fixes.

The variable effectiveness of individual quality methodologies, and the fact that no one method appears to be superior to others in effecting lasting change, suggests that there is probably more to be gained by adopting a limited number of tools derived from the common improvement methodologies for each stage of the PDSA cycle that are a good fit for your organisation, and support managers and staff to develop skills, experience and confidence in their use.[1,2]

The keys to success? No single approach can meet all your improvement and risk management needs. But chopping and changing between methods to adopt the 'latest' is not a recipe for success. Improvement tools are a means to an end. Focus on what you want to achieve and develop your organisation's expertise in a limited but well chosen set of tools for measurement, planning and change, to help you achieve it. In the end, your improvement tools are only as useful as their ability to support their purpose – helping you create great care and services for your consumers.