



# Quality Management and Accreditation

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# Disclosure Slide

- I, *Lina Mekawi*, declare to meeting attendees that there are no financial relationships with any for-profit companies that are directly or indirectly related to the subject of my presentation



# Outline

- ▶ Concepts of Quality Management & Accreditation
- ▶ Joint Commission International (JCI) Standards & Surveys
- ▶ Quality Management / Performance Improvement Activities
- ▶ Performance Measurement
- ▶ FOCUS PDCA Cycle, a Performance Improvement Model
- ▶ Quality & Compliance Reviews
- ▶ Sampling Guidelines
- ▶ Graphic Representation of Data
- ▶ Conclusion



# Why Quality Management?

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- ▶ *“It is in the discovery of imperfection wherein lies the chance for improvement” (Janet Brown)*



- ▶ *“It is easier to do the job right than explain why you didn’t” (Martin Buren)*



# What's Quality?

## ▶ **Quality:**

- ▶ Doing the right things, right, the 1<sup>st</sup> time
- ▶ The degree to which health services increase the likelihood of desired health outcomes & are consistent with current professional knowledge of best practice (IOM)
- ▶ Freedom from deficiencies (Juran Institute, 1993)

## ▶ **Quality Management / Performance Improvement (QM / PI):**

- ▶ A planned, systematic, organization-wide approach to the monitoring, analysis, & improvement of performance
- ▶ **Thereby continually improving the quality of patient care**

▶ *Janet Brown*

▶ *Joint Commission International (JCI)*

▶ *Institute of Medicine*



# Key Dimensions of Quality

Healthcare should be

**S**

• Safe

**T**

• Timely

**E**

• Effective

**E**

• Efficient

**E**

• Equitable

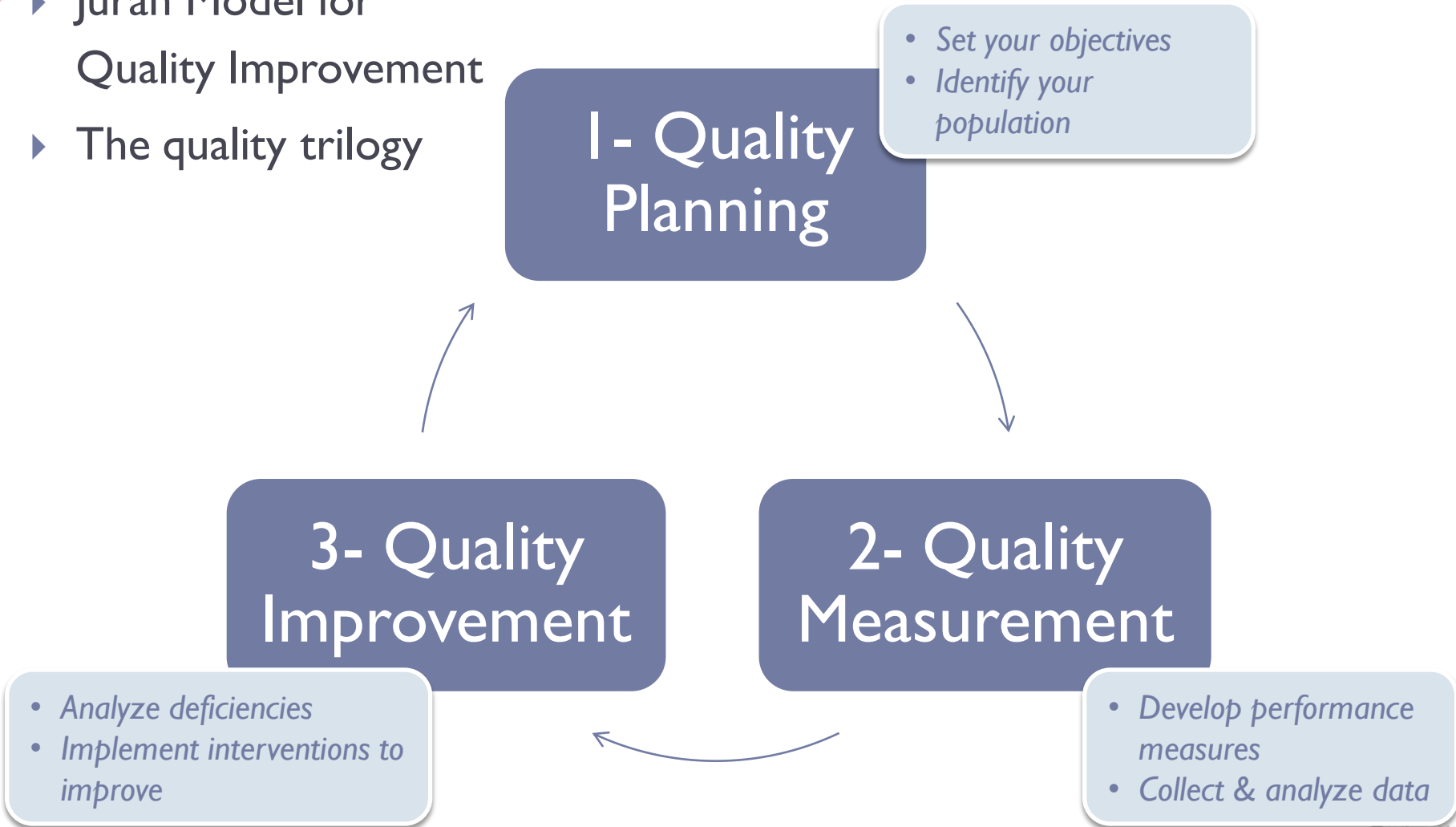
**P**

• Patient-centered



# Quality Management Cycle

- ▶ Juran Model for Quality Improvement
- ▶ The quality trilogy





# Accreditation

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## ▶ **What's Accreditation?**

- ▶ A voluntary survey process by which an accrediting body assesses the extent of a healthcare organization's compliance with **standards**

## ▶ **Why Seeking Accreditation?**

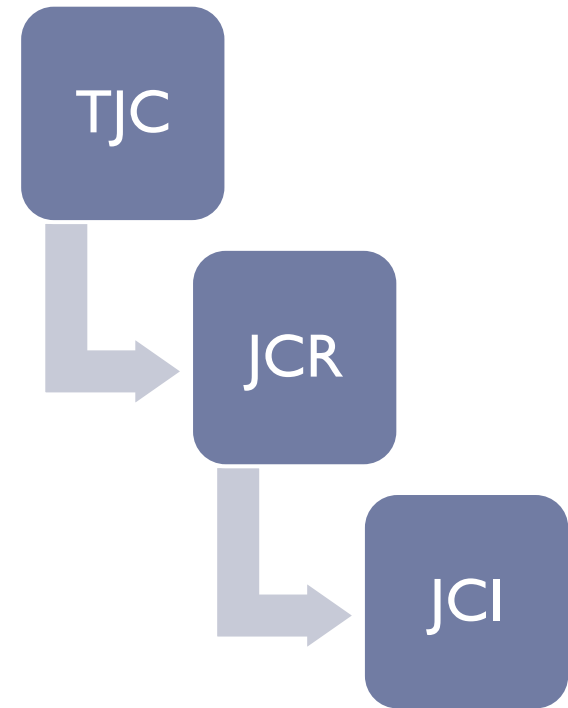
- ▶ Willingness to be held accountable
- ▶ To be compared to like organizations
- ▶ To enhance confidence of public
- ▶ For reimbursement, governmental & residency programs





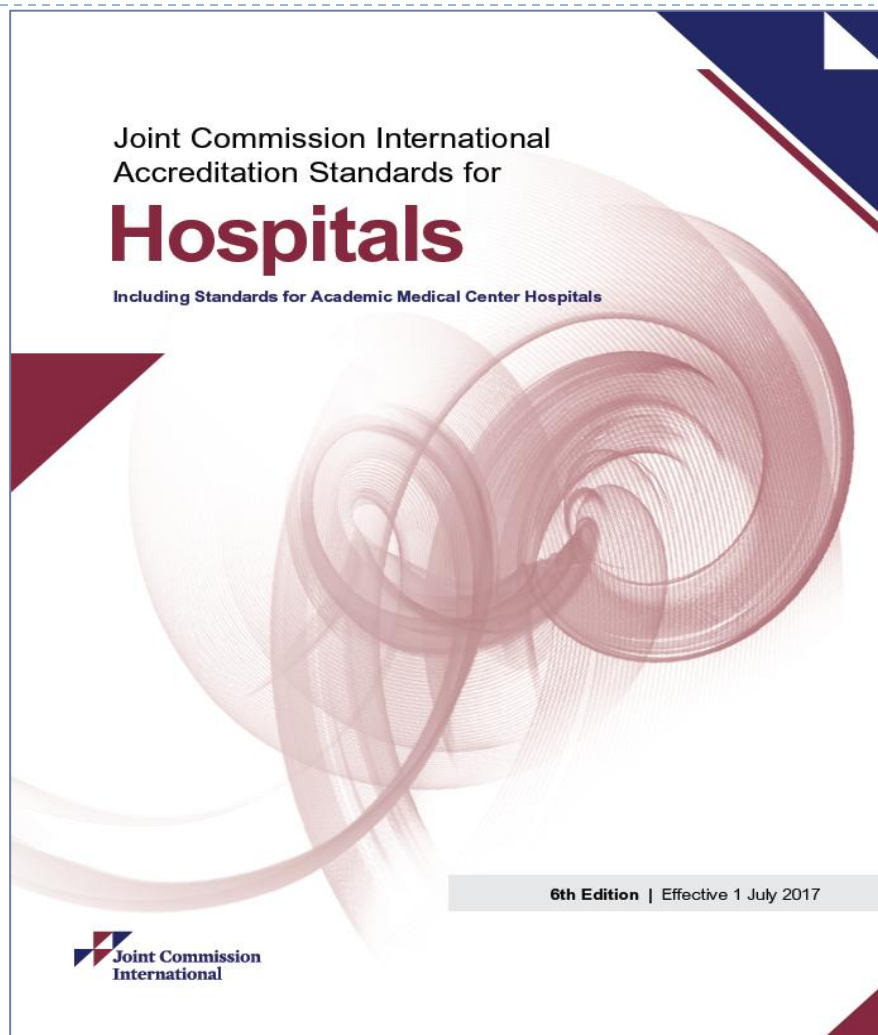
# Joint Commission International (JCI)

- ▶ Non-profit, non-governmental organization
- ▶ Mission: To improve the quality & safety of care through:
  - ▶ Education
  - ▶ Publication
  - ▶ Consultation
  - ▶ **Evaluation services**



# JCI Accreditation Standards - Academic Medical Center

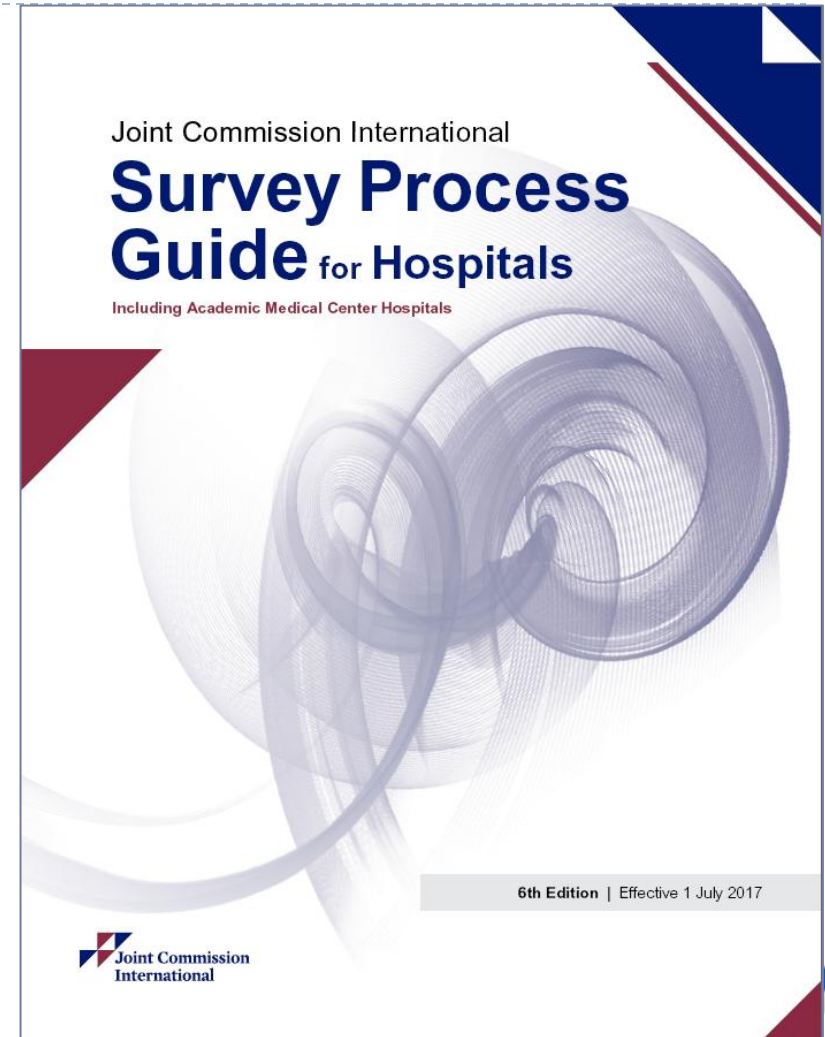
- I. Accreditation Participation Requirements (APR)
- II. Patient Centered Standards (8 chapters)
  - **International Patient Safety Goals (IPSG)**
- III. Health Care Organization Management Standards (6 chapters)
- IV. Academic Medical Center Hospital Standards (2 chapters)





# JCI Survey Process Guide for Hospitals

- ▶ Eligibility Criteria
- ▶ Accreditation Preparation
- ▶ Required Documents
- ▶ Hospital Survey Agenda
- ▶ Scoring Guidelines
- ▶ Accreditation Decision Rules
- ▶ **Survey Activities:**
  - ▶ Interviews (leaders, staff, patients)
  - ▶ Tracers (patient, system)
  - ▶ Closed Patient Record Review
  - ▶ Review of Policies & Procedures
  - ▶ Review of Indicators & PI Projects





# JCI Scoring Methodology

## Goal 5: Reduce the Risk of Health Care-Associated Infections

### Standard IPSG.5

The hospital adopts and implements evidence-based hand-hygiene guidelines to reduce the risk of health care-associated infections. (P)

### Intent of IPSG.5

Infection prevention and control are challenging in most health care settings, and rising rates of health care-associated infections are a major concern for patients and health care practitioners. Infections common to all health care settings include catheter-associated urinary tract infections, bloodstream infections, and pneumonia (often associated with mechanical ventilation).

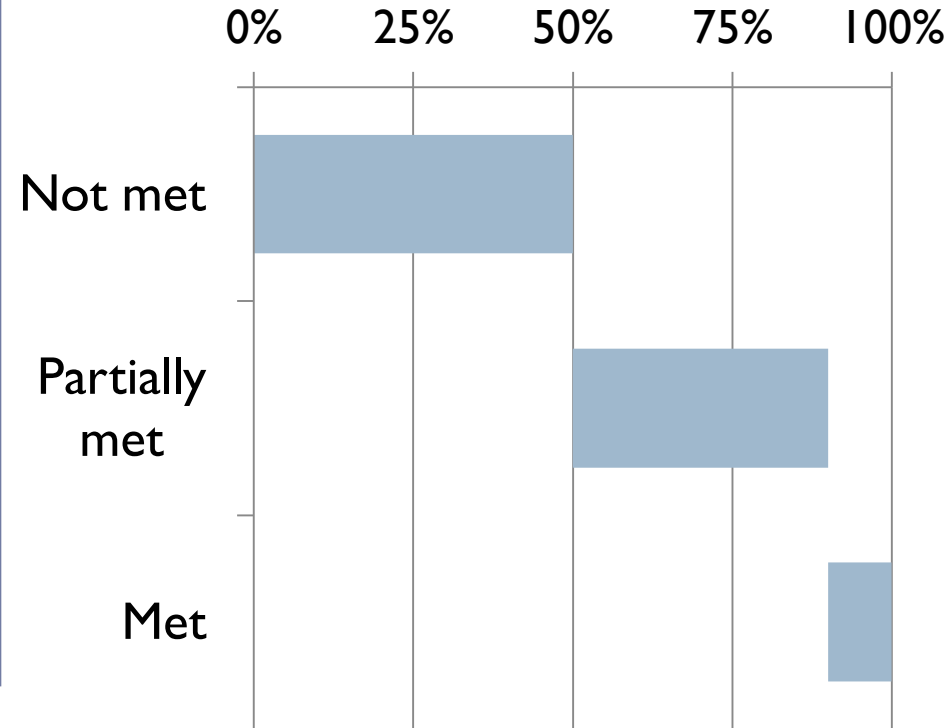
Central to the elimination of these and other infections is proper hand hygiene. Evidence-based hand-hygiene guidelines are available from the World Health Organization (WHO), the United States Centers for Disease Control and Prevention (US CDC), and various other national and international organizations.<sup>28,30</sup> (Also see GLD.11.2)

The hospital adopts and implements current evidence-based hand-hygiene guidelines. Hand-hygiene guidelines are posted in appropriate areas, and staff are educated in proper hand-washing and hand-disinfection procedures. Soap, disinfectants, and towels or other means of drying are located in those areas where hand-washing and hand-disinfecting procedures are required. (Also see PCI.9)

### Measurable Elements of IPSG.5

- 1. The hospital has adopted current evidence-based hand-hygiene guidelines.
- 2. The hospital implements a hand-hygiene program throughout the hospital.
- 3. Hand-washing and hand-disinfection procedures are used in accordance with hand-hygiene guidelines throughout the hospital. (Also see IPSG.9, ME 4)

## Scoring of Measurable Elements (ME)



▶ No ME in the IPSGs should score as “not met”

# Organizational Readiness for Quality & Accreditation

- ▶ Ensure leadership commitment
- ▶ Establish effective relationships
- ▶ Assess organizational strengths, weaknesses
- ▶ Outline staffing, resource & training needs
- ▶ Develop the QM / PI Plan



# Quality Management / PI Activities

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- ▶ **“The secret of joy in work is contained in one word – excellence”**
- ▶ **“To know how to do something well is to enjoy it” (Pearl S Buck)**



# Quality Management / PI Activities

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- ▶ Gap analysis (accreditation standards)
- ▶ Development & update of policies & procedures
- ▶ Provision of training & education on QM / PI, P&P, standards
- ▶ Acting as facilitators, supporting the implementation of:
  - ▶ PI activities
  - ▶ Indicators
  - ▶ Accreditation standards
  - ▶ Policies
- ▶ Compliance reviews (vs. standards & policies)
- ▶ Patient tracers
- ▶ Implementation of corrective measures to address deficiencies



# Performance Measurement

- ▶ **“You can't manage what you can't measure” (A Banker)**
- ▶ Measures: Used to assess the quality of patient care

S

• Specific



M

• Measurable



A

• Achievable



R

• Realistic



T

• Time-bound







# Types of Measures

## Structure

- Organizational structure
- Policies
- Resources, credentials

▶ Probably  
causally  
related

## Process

- Procedures, methods, sequence of steps
- Flow of patients, info, material

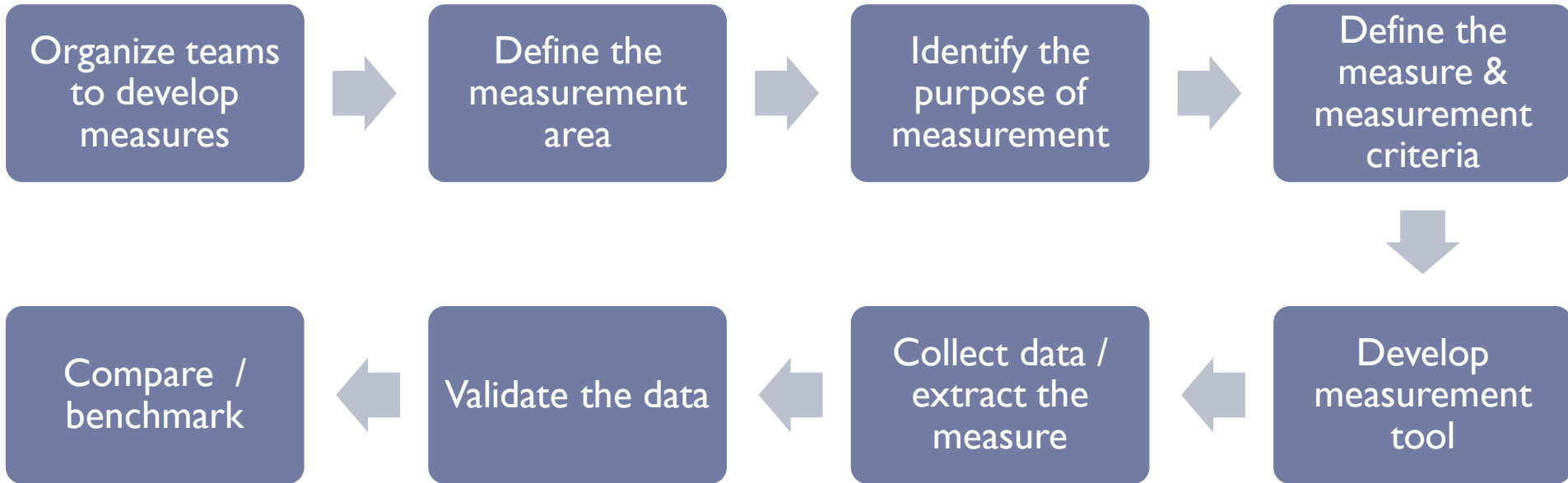
## Outcome

- Clinical (results of treatment)
- Perceived (satisfaction, knowledge)



# Performance Measurement

## ► Steps:





# Benchmarking

## ▶ **Benchmarking:**

- ▶ A process that compares organizational performance against that of others considered to have **best practice**:
  - ▶ Based on scientific evidence
  - ▶ Improves quality, cost, safety

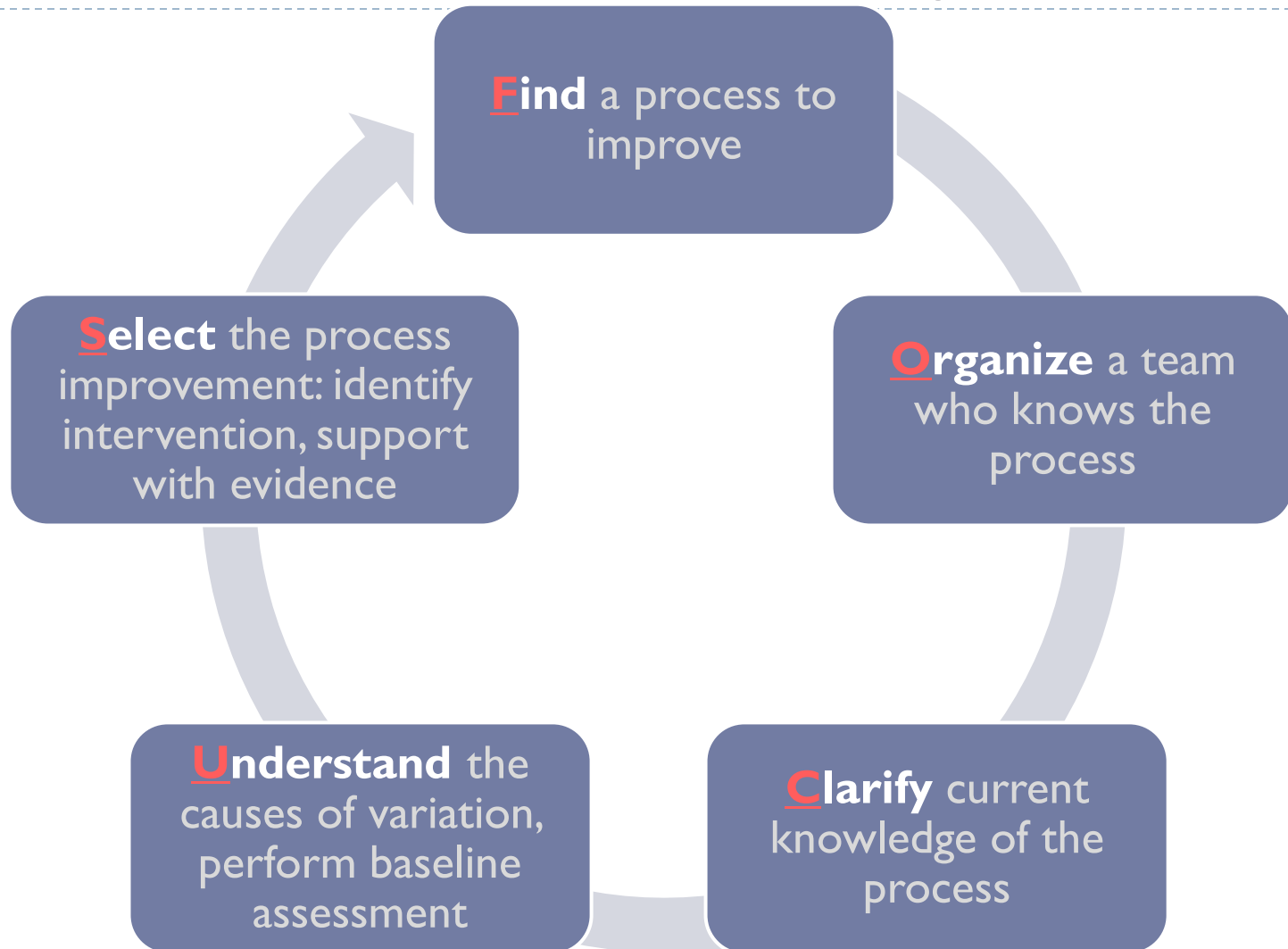
## → **Benchmark: A comparative best**

## ▶ **Examples:**

- ▶ *INICC: International Nosocomial Infection Control Consortium*
- ▶ *NDNQI: National Database for Nursing Quality Indicators*
- ▶ *NSQIP: National Surgical Quality Improvement Program*
- ▶ *JCI Library of Measures*



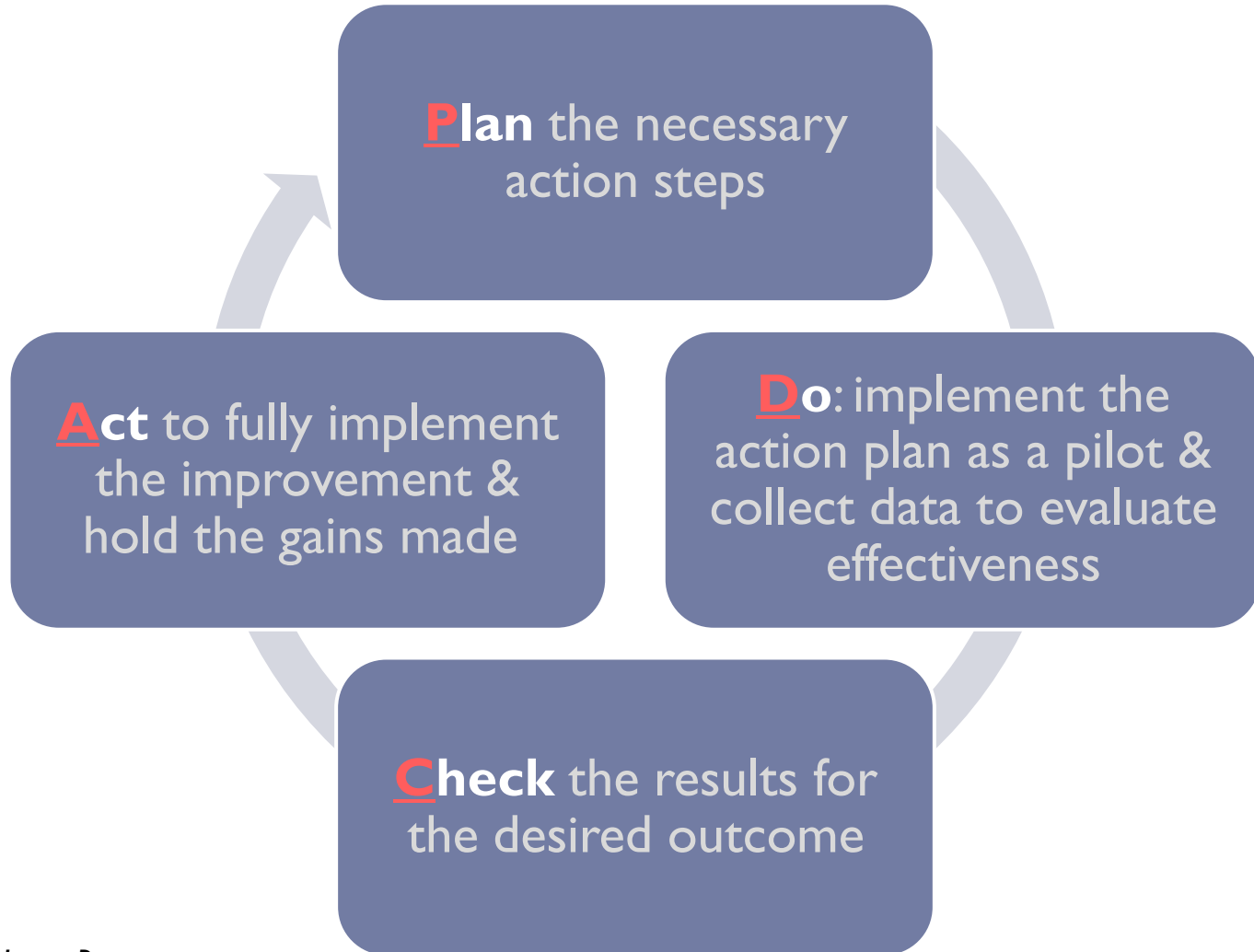
# FOCUS PDCA Model / Cycle for PI



- ▶ Janet Brown
- ▶ Shewart / Deming Cycle
- ▶ Hospital Corporation of America, HCA Healthcare



# FOCUS PDCA Model / Cycle for PI

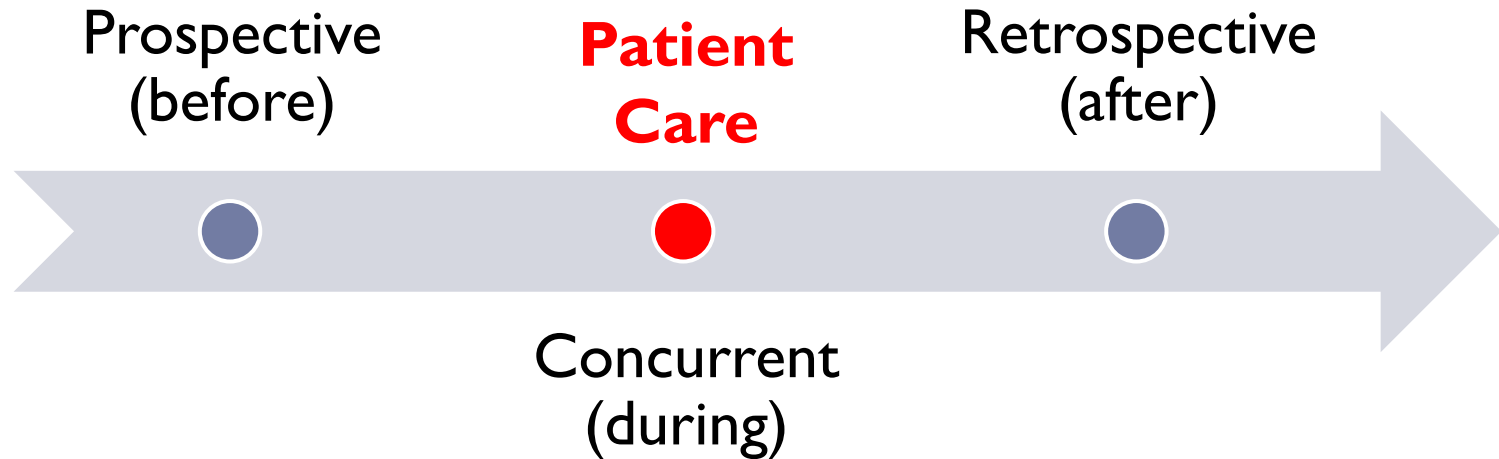


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# Quality & Compliance Reviews

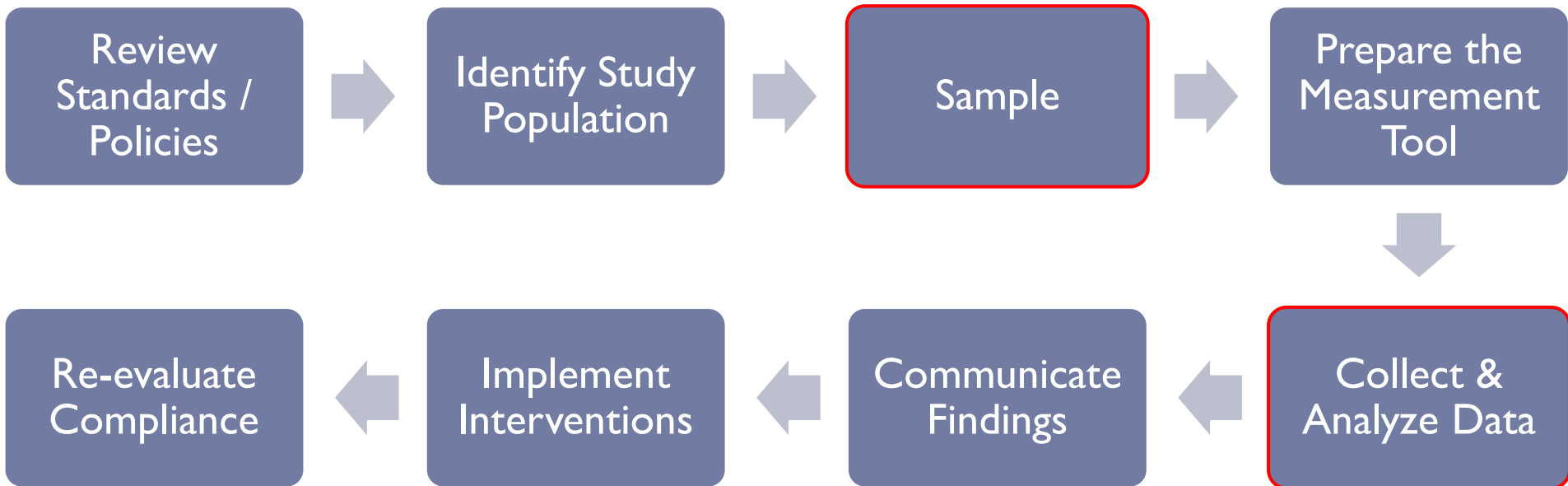
- ▶ Performed to assess compliance with standards & policies
- ▶ **“If I had 1h to save the world, I would spend 55 min defining the problem & only 5 min finding the solution” (Albert Einstein)**
- ▶ Types of reviews:





# Quality & Compliance Reviews

## ► Steps:





# Sampling Guidelines

## ▶ **Sampling Techniques:**

### ▶ Random Sample:

- ▶ Use statistical technique
- ▶ Representative
- ▶ Simple random, stratified random, or systematic random sample

### ▶ Convenience Sample:

- ▶ Uses most readily available data
- ▶ Results cannot be generalized

## ▶ **Sample Size Determination (JCI):**

Population Size	Sample Size
< 58	All available cases
58-1000	58
> 1000	5-10%





# Graphic Representation of Data

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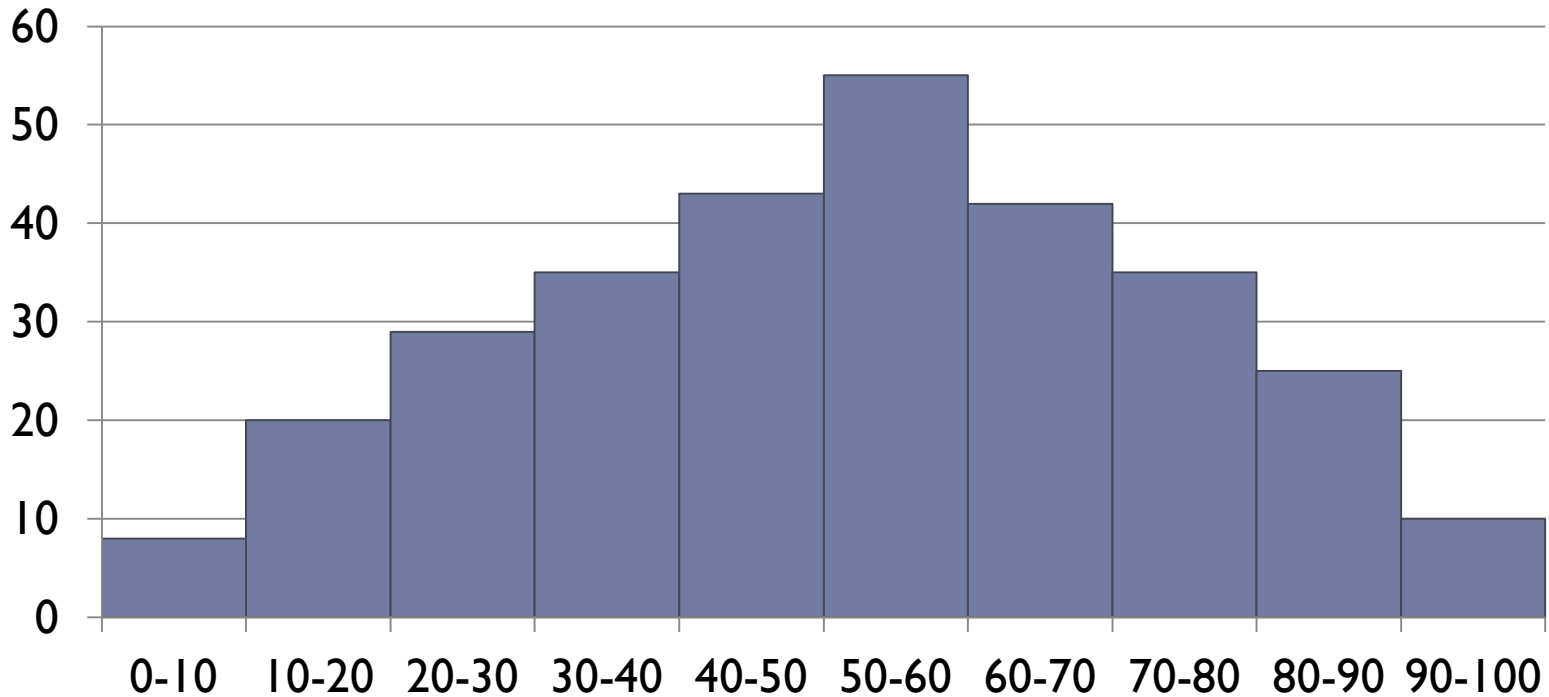
- ▶ Histogram
- ▶ Pie Graph
- ▶ Bar Graph
- ▶ Pareto Chart
- ▶ Line / Run Chart
- ▶ Control / Shewart Chart
- ▶ Scatter Diagram



# Histogram

- ▶ Shows the frequency distribution of data

**Number of Students per Grade Category**

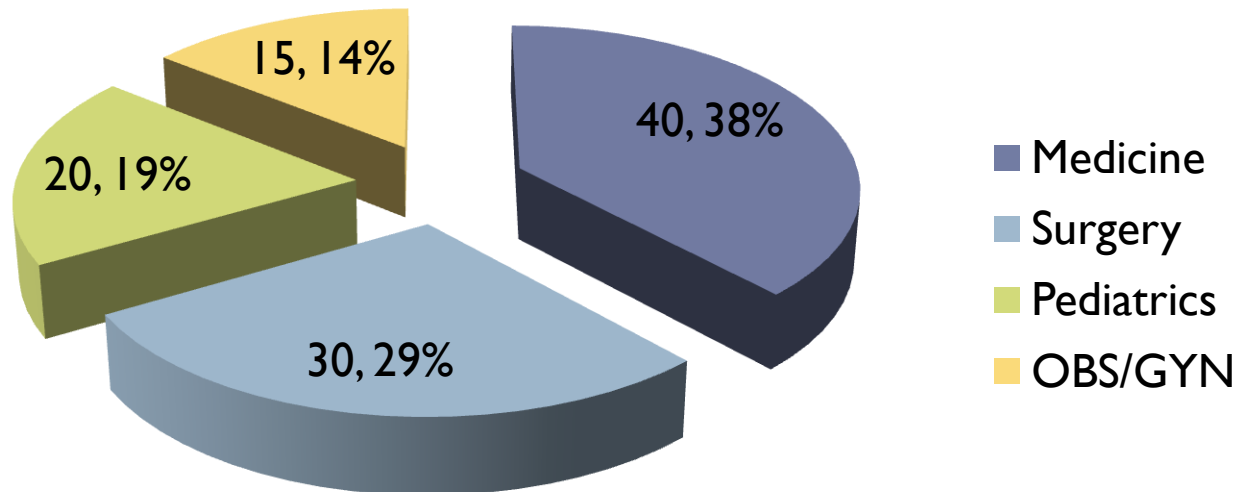




# Pie / Circle Graph

- ▶ Displays the relative frequencies / proportions

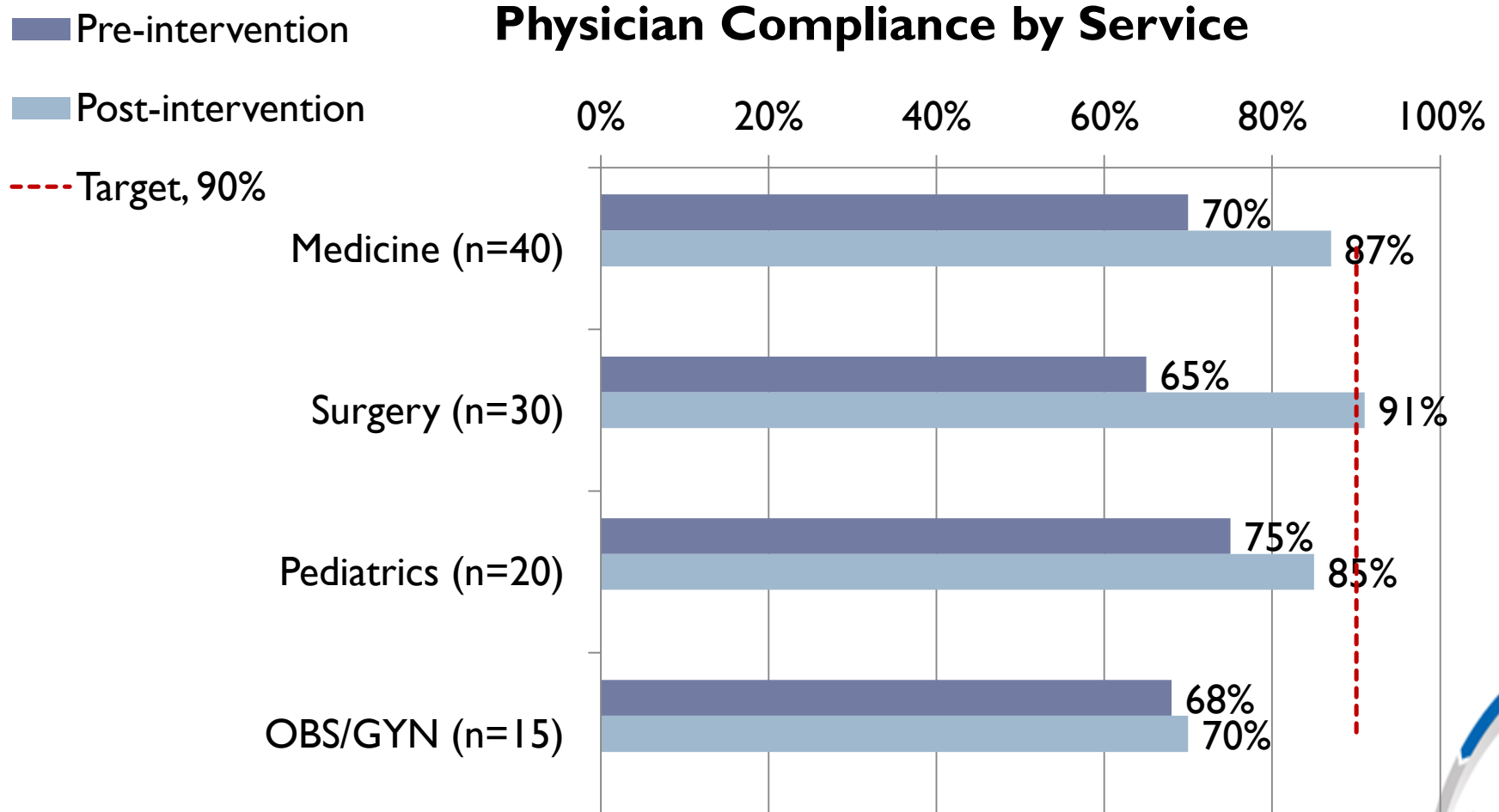
**Sample Distribution by Service**





# Bar Graph / Chart

- ▶ Compares between groups of categorical variables



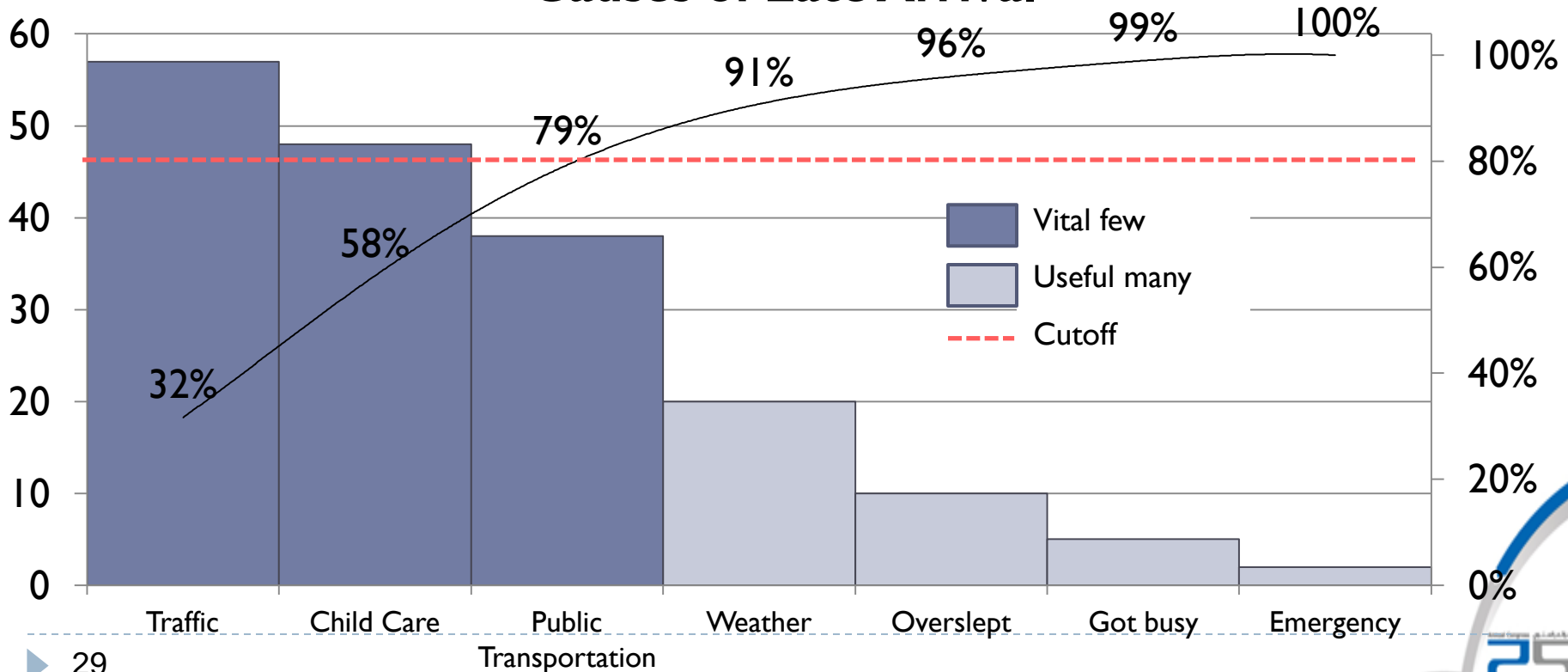


# Pareto Chart

## ▶ Pareto Principle:

- ▶ Prioritizing for QI
- ▶ Focus on the 20% of process issues that make up 80% of the variation (the vital few)

### Causes of Late Arrival

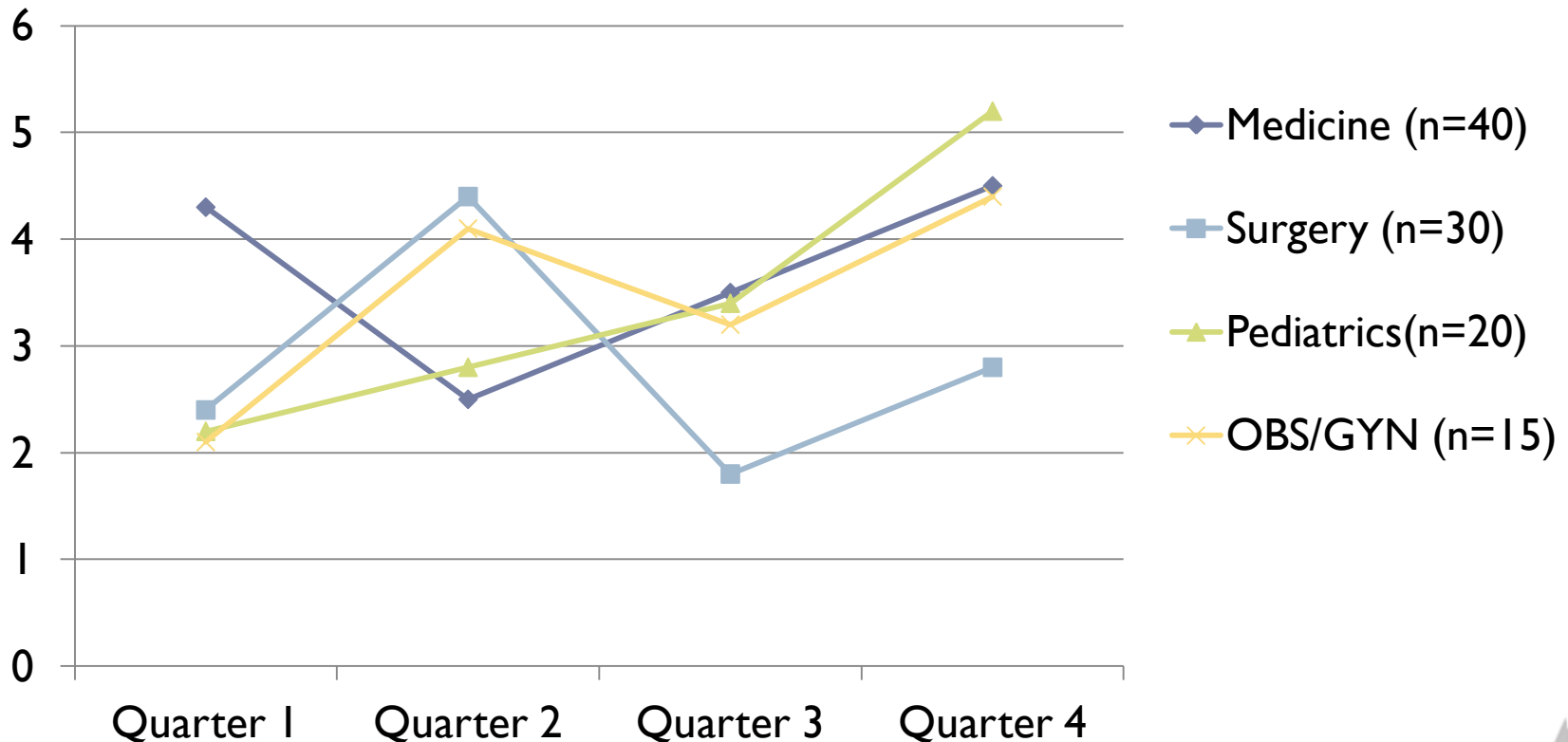




# Line Graph / Run Chart

- ▶ Displays the trend of one or more categories over time

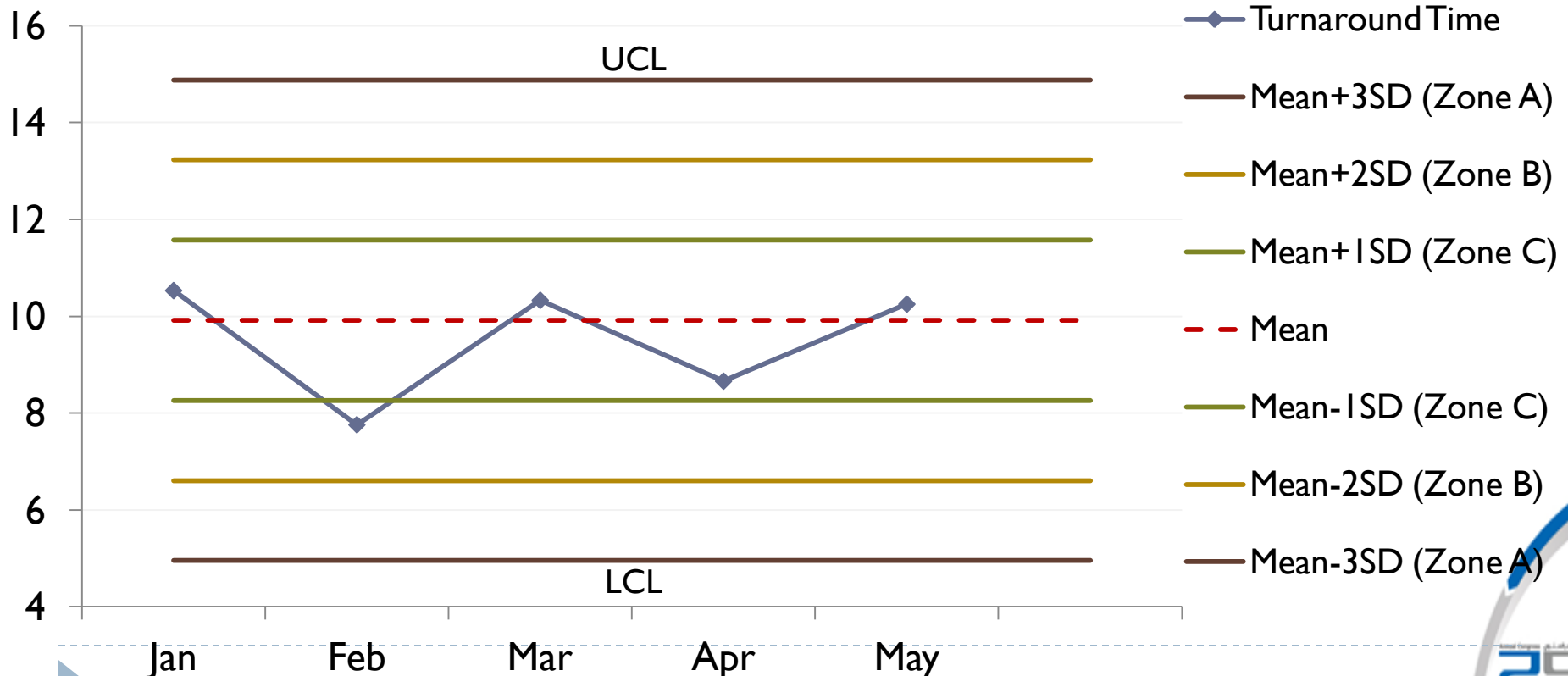
**Average Process Turnaround Time (hours)**





# Control / Shewart Chart

- ▶ Compares actual performance over time to the mean
- ▶ Includes upper & lower **control limits**: 3 SD (non-clinical); 2 SD (clinical)
- ▶ Data between control limits: Common cause variation (controlled system)
- ▶ Data outside control limits: Special cause variation (need intensive analysis)



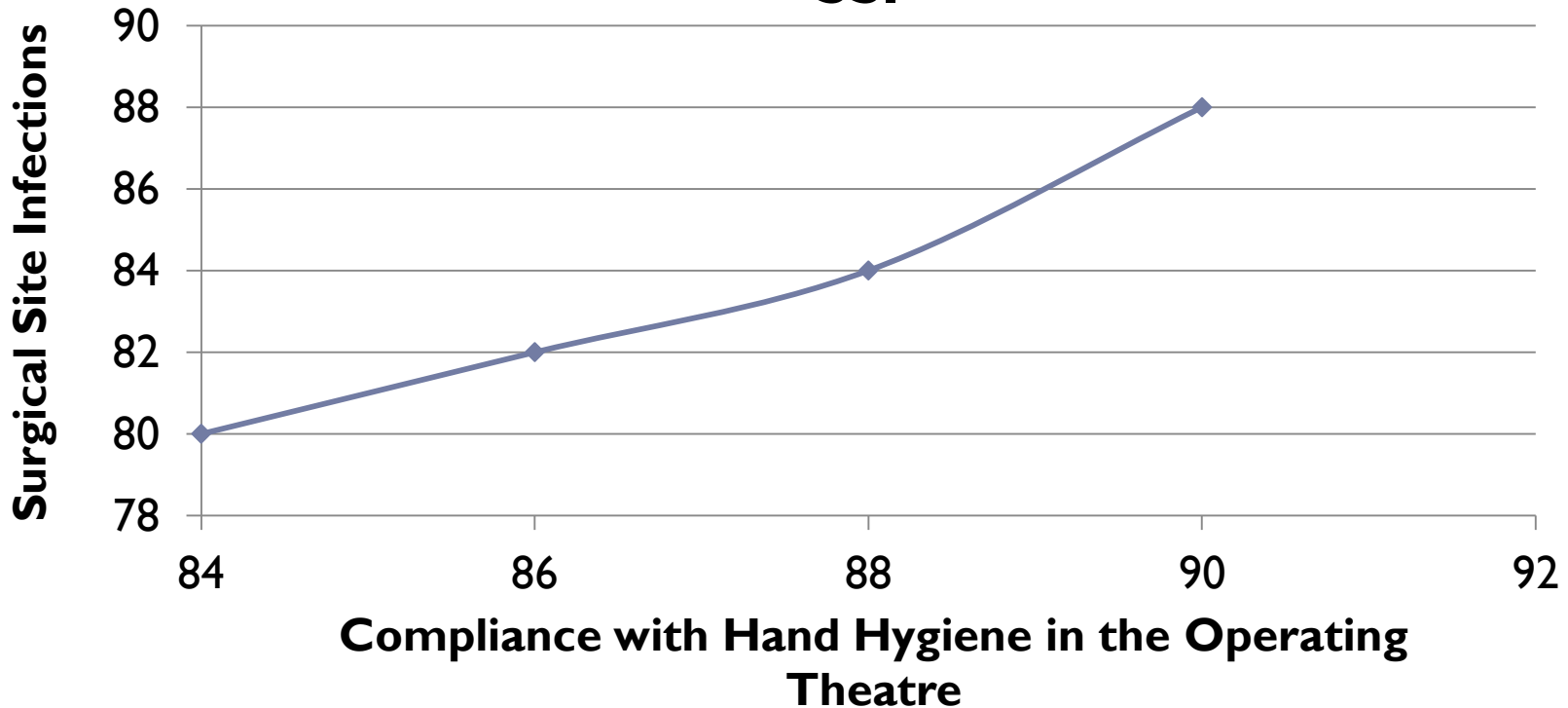
▶ *Graphs display fictitious examples*



# Scatter Diagram

- ▶ Checks for possible relationship between 2 variables (cause & effect)
- ▶ The more the cluster resembles a straight line, the stronger is the correlation

**Correlation between Proper Hand Hygiene & SSI**







# Quality & Compliance Reviews

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## ▶ **Addressing deficiencies:**

- ▶ Inadequate systems or processes → **IMPROVE**
- ▶ Insufficient knowledge or skill → **EDUCATE**
- ▶ Inappropriate behavior → **COUNSEL**



# Conclusion

- ▶ Seeking accreditation is a true **COMMITMENT** to improve quality of care.
- ▶ **QUALITY** means “The right care for **EVERY** person **EVERY** time” (CMS).
- ▶ Opportunities to **IMPROVE** processes & patient outcomes are **more frequent** than mistakes & errors (TJC process principles).





# References

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- ▶ The Janet A. Brown Healthcare Quality Handbook, *A Professional Resource and Study Guide*, 28<sup>th</sup> ed., 2015 (Janet A Brown)
- ▶ JCI Accreditation Standards for Hospitals 6<sup>th</sup> ed., July 2017
- ▶ JCI Survey Process Guide for Hospitals, 6<sup>th</sup> ed., July 2017
- ▶ The JCI Miami Practicum Resource Book, 2011
- ▶ IOM Report: *Crossing the Quality Chasm: A New Health System for the 21<sup>st</sup> Century* (2001)



Thank YOU