Developing a Quality Culture

Background

Knowledge of quality and compliance with the QAPI program was lacking at Kingman Healthcare Center (KHC). Leaders were unfamiliar with how their department impacts quality; especially the effect on patient safety, patient outcomes, and employee safety. Quality data was being collected but not reported to staff for awareness and collaboration for improvement. Our Performance Improvement Projects (PIPs) compliance rate was substandard, and the program needed revamped as most staff were confused by the project forms.

- By July 15th, 2023, 100% of departments will have a Performance Improvement Project in place and provide quarterly updates for 3 consecutive quarters.

Changes Tested

I began to lay the foundation of quality at KHC with education and standardization of the QAPI program. Education was provided on how quality correlates with processes, procedures, outcomes, and why it's important. Quality updates and education was implemented at Leadership meetings and distributed to all staff.

- Standardized Performance Improvement Project dashboards
- Streamlined reporting requirements in the QAPI Plan
- Education on quality and expectations
- Provided reminders on required updates
- Quality data and updates sent to all staff

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Results

This project focused on the Performance Improvement Project completion rate. However, it resulted in implementation of multiple items to help streamline the process and create a quality culture. Major changes listed below are reflected on the Change Implementation Chart.

1. Education on Quality to all department leaders and implementation of a standardized form and process.
2. Calendar system and reminder via email implemented.
3. Department Quality Reporting Guide implemented.

Quarterly completion of PIP's
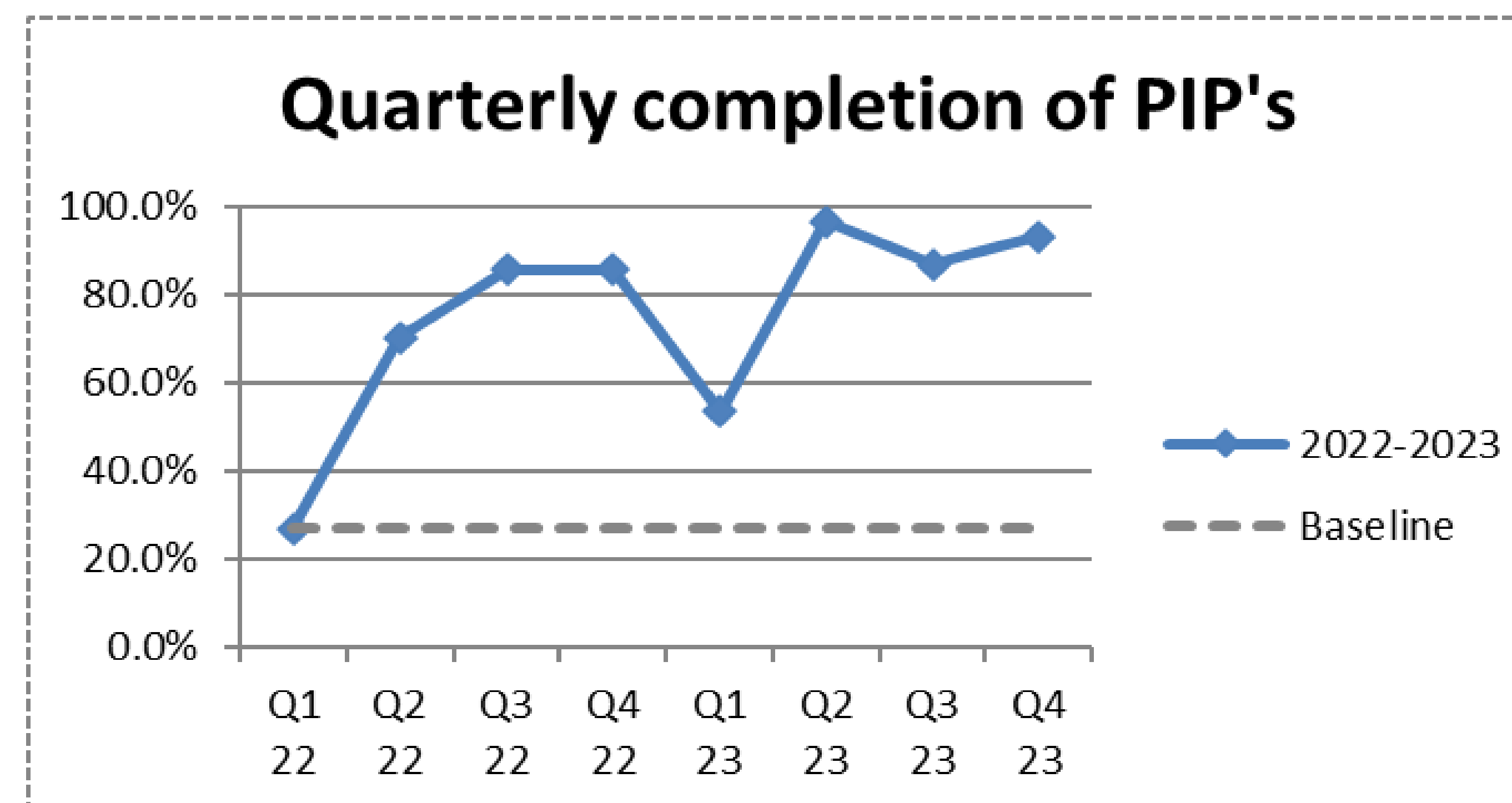
The largest change in completion rate was recognized after 1:1 education was provided to department leaders on QAPI, the expectations, and due dates. A regression was noticed after reminders provided were decreased, so a calendar system and scheduled reminder was implemented. To continue increasing progress, a Department Quality Reporting Guide was implemented to have a systematic approach on department reviews that were often missed (policy/procedure, safety/EOP, SDS, Contract services, etc.).

Change implementation comparison
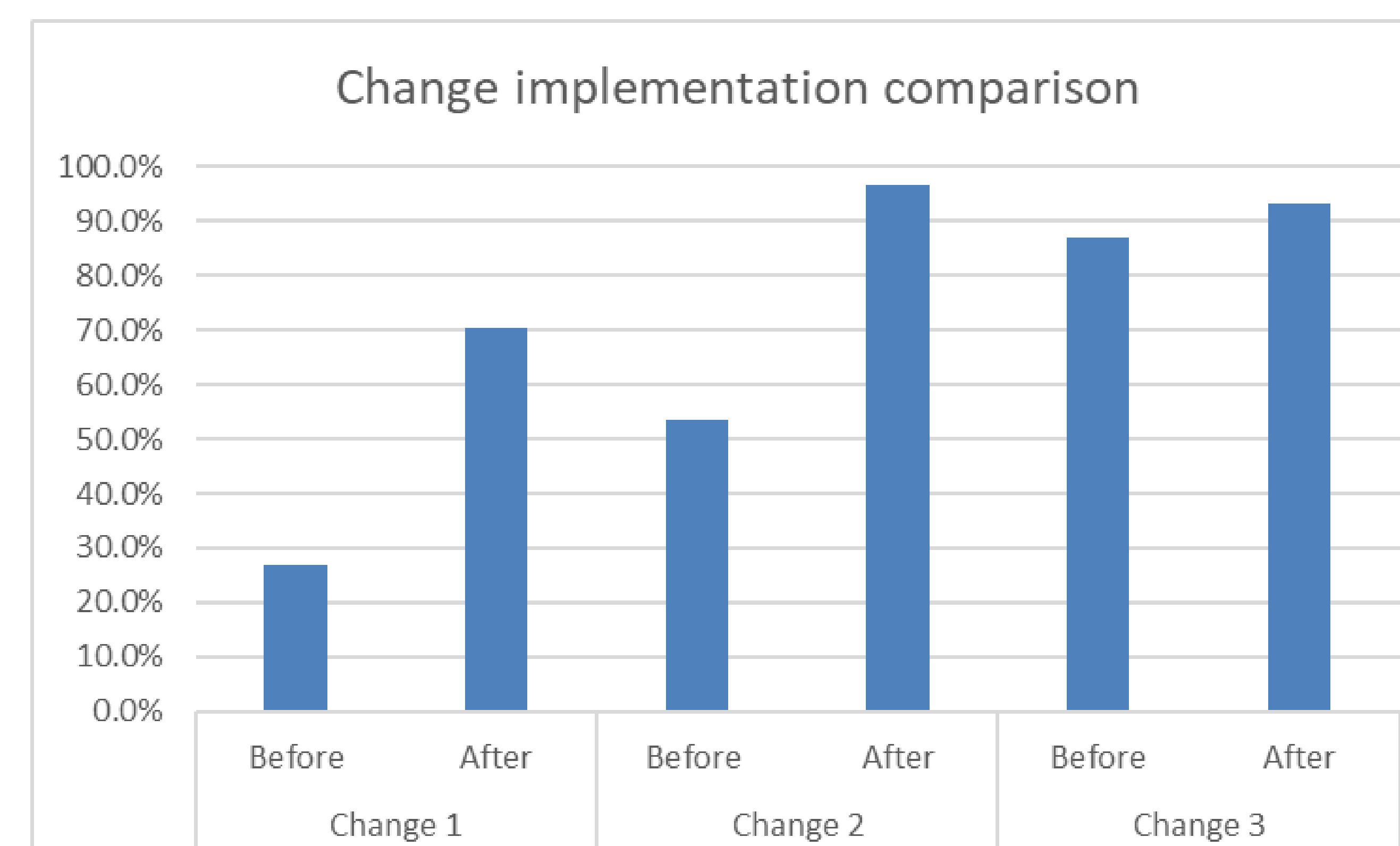
Lessons Learned

Reminders and education had a tremendous impact on PIP completion rate. Department rounding to answer questions or provide feedback enhanced acceptance from department leaders. To continue spreading awareness, Quality became a standing agenda item at Leadership, Medical staff, Town Hall and other facility-wide meetings to showcase department PIPs and quality data. Halfway through the project, it was realized that a goal of 100% for 3 consecutive quarters is unrealistic. So, the goal was adjusted to 85% and extended to the PIP due date for Quarter 4 2023.

- Adjusted goal: By January 15th, 2024, 85% or more of departments will have a Performance Improvement Project in place and provide quarterly updates for 3 consecutive quarters.

Next Steps

Since this project continues to be successful, I've implemented additional items to continue the momentum for developing and maintaining a Quality Culture at KHC.

- Quarterly Quality Newsletters highlighting specific staff quality achievements, successes, and areas of improvement.
- Quality bulletin boards in the ED, Inpatient, Clinic, and Cafeteria hallway.
- Quality education at Orientation with all staff.
- Quality Committee Rounding: includes having front line staff identify their PIP, auditing an area for survey readiness, and Leadership rounding with patients to identify successes and areas of improvement.

Team Members

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