

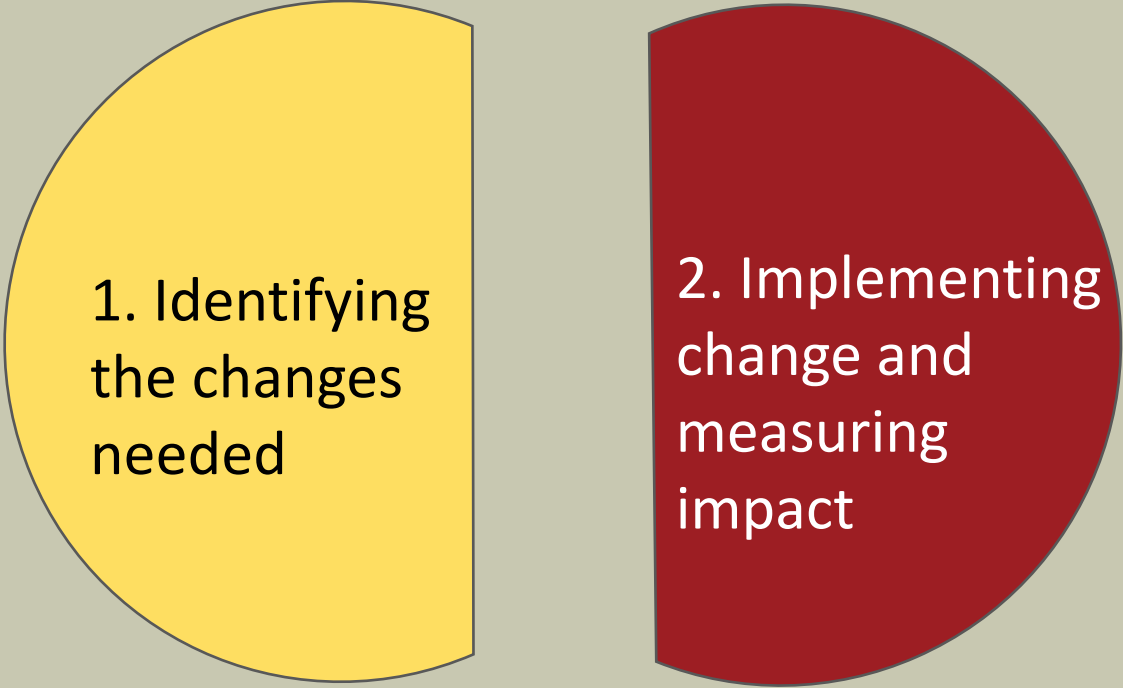


# What does an organization have to do to continually improve?

## Part I: Tools to identify changes needed

Thursday, July 12<sup>th</sup>  
12-1 PM MT

# Two parts to this Question we will focus on



1. Identifying  
the changes  
needed

2. Implementing  
change and  
measuring  
impact



# Defining Quality of Care

“Quality of care is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.”

- Institute of Medicine

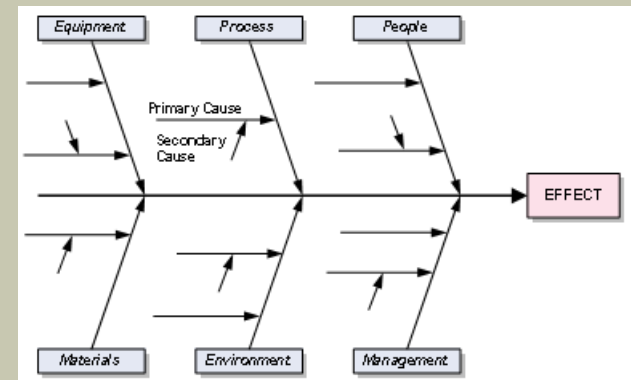
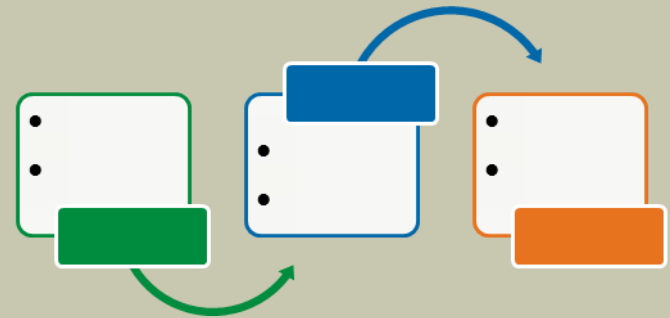


# Why is Quality Improvement Important?

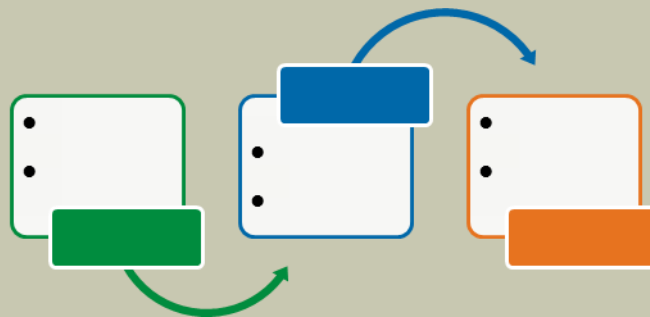
- Patient-centered
- The right thing to do
- Helps you evaluate and improve your work
- It could be required
- Enhances new system implementations
- Strengthens funding / reimbursement
- Influences cost

# Today we will look at:

- Process Mapping
- Cause & Effect Diagram
- Matrix of Prioritization



# PROCESS MAPPING





# Steps

1. Identify the process you are going to look at
2. Identify team members that are involved in the process
3. Map out process (this may take a few iterations)



# Process Mapping

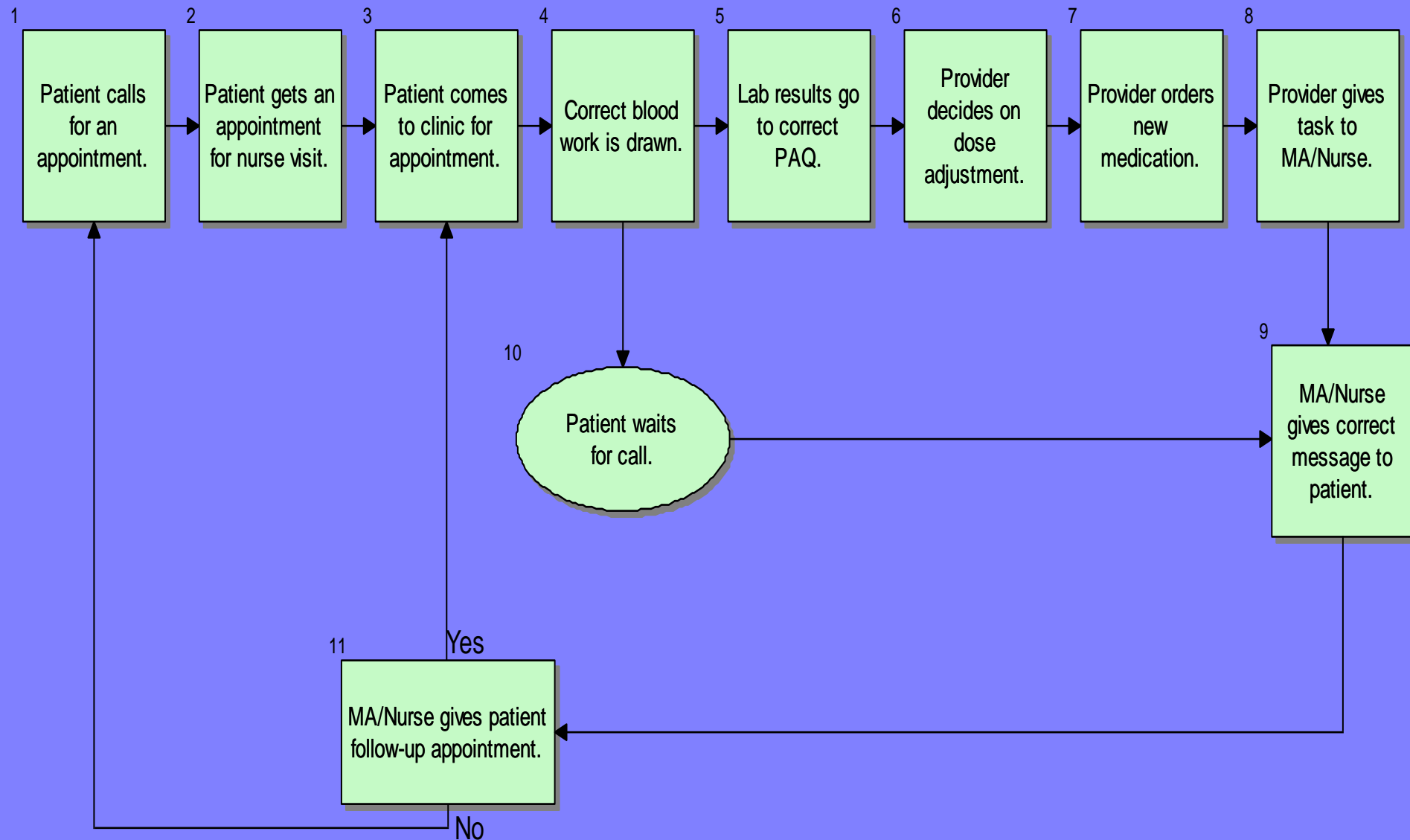
The point of mapping is not the map, but understanding the flow of information and material.





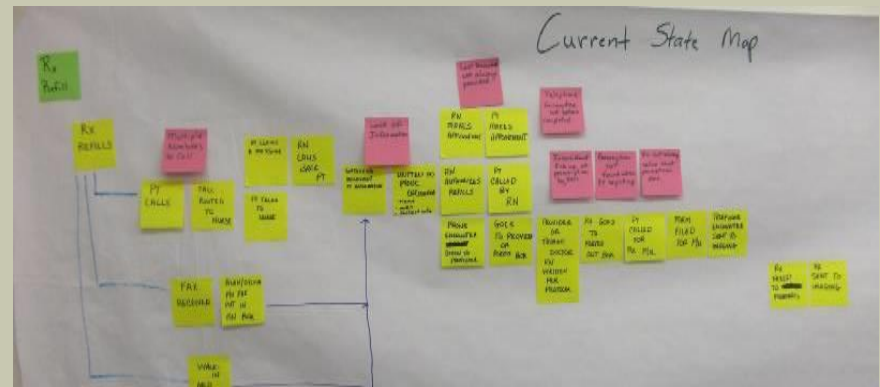
# Let's View an Example

# Ongoing Warfarin Management



# An additional step to consider with process mapping...

# VALUE STREAMING





# VALUE STREAMING

Which Steps in the Process:

- Add Value for the Patient
- Are Required
- Do Not Add Value for the Patient



## A step is value-added if:

- The patient recognizes the value
- It improves the service
- It's done right the first time

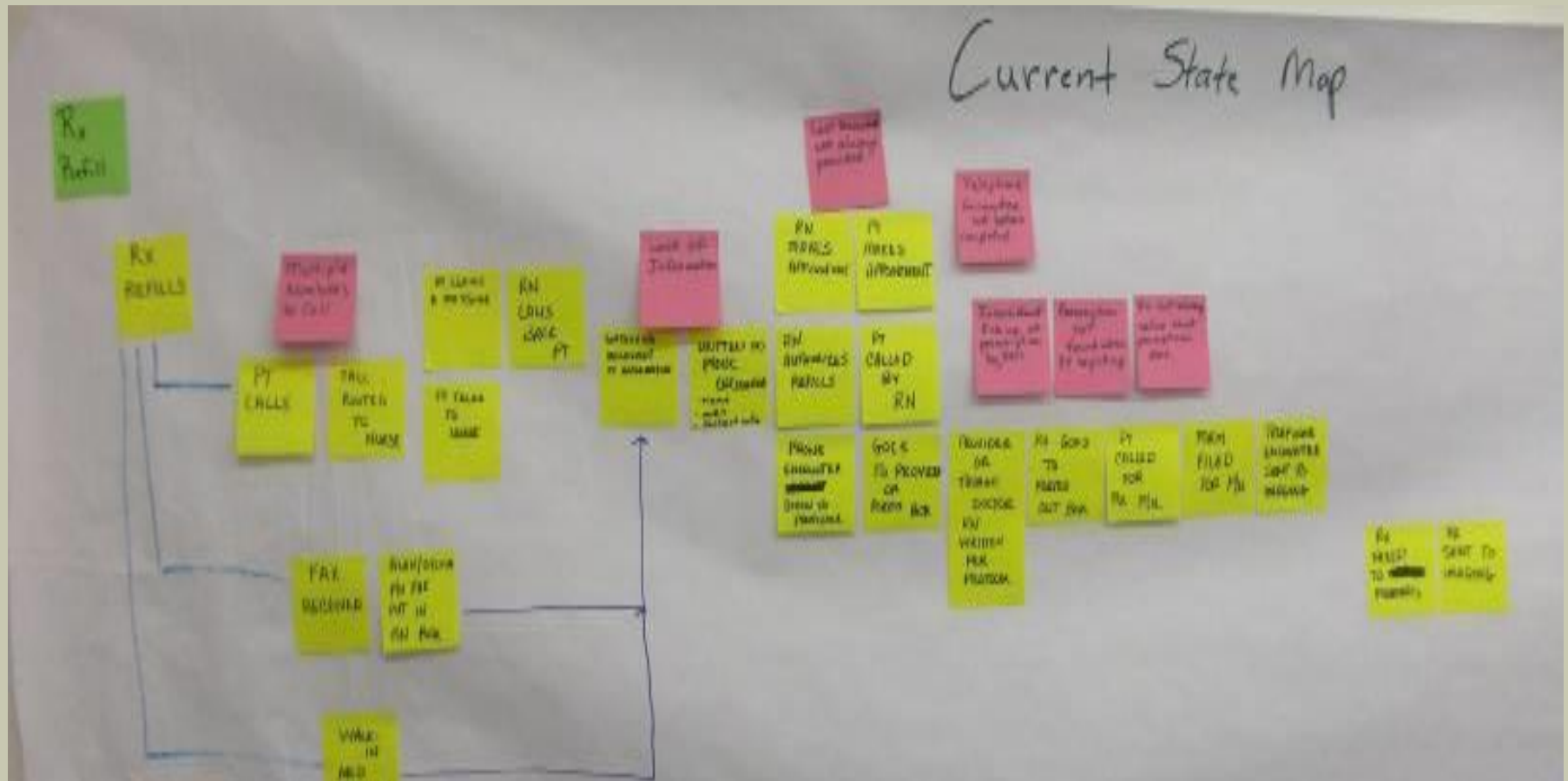




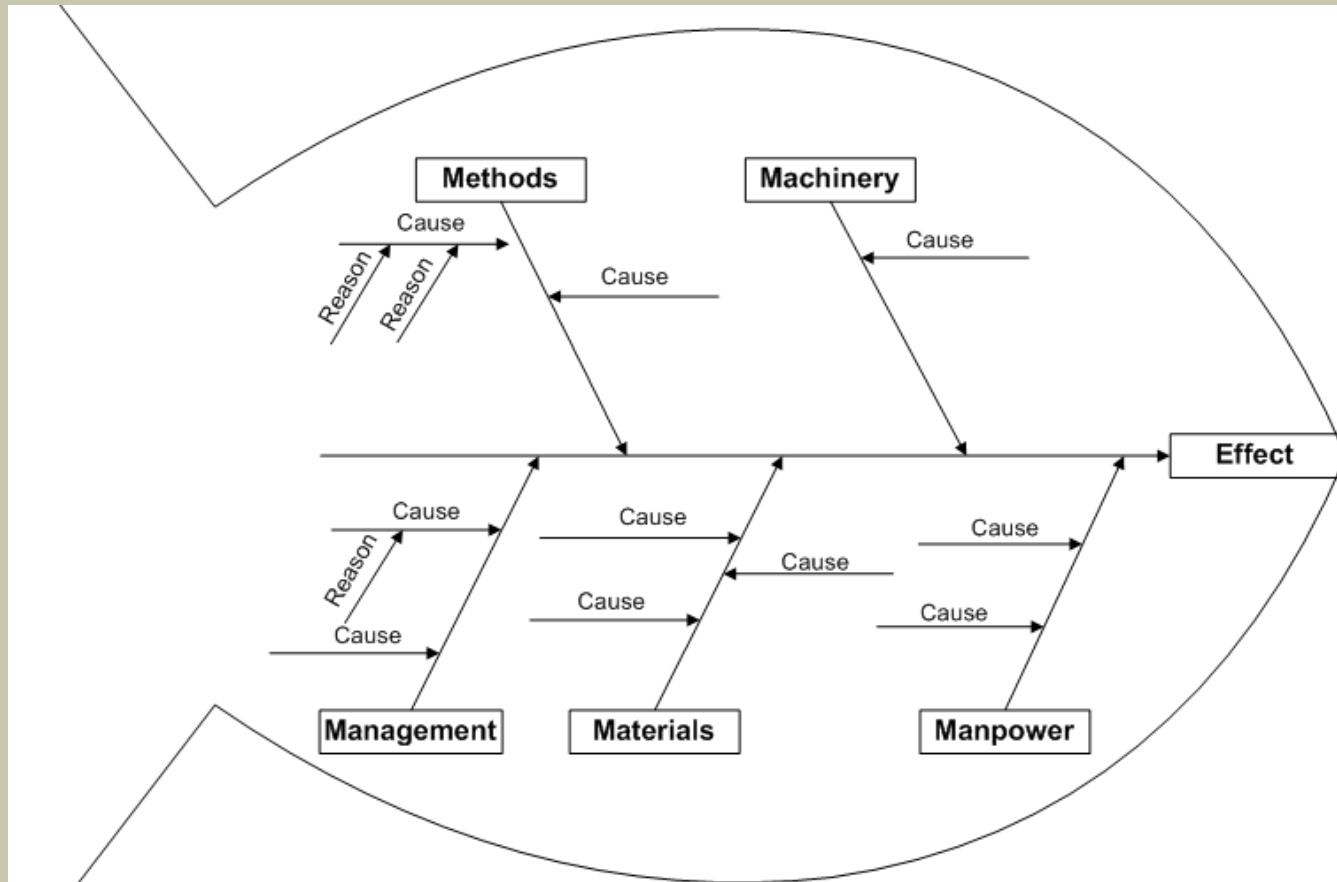
# Questions to Determine Non-Value Added Steps

- Which activities do not add value?
- Which activities can be eliminated?
- Which activities can be combined?
- Which activities can be replaced by simpler ones?





# CAUSE & EFFECT DIAGRAM







# Let's look at an Example

Phone system is too complicated and by the time patients reach Call Center they are frustrated

Providers are seeing other providers' patients

Schedulers are not making an effort to schedule patients with their PCP

Schedulers are scheduling patients with whichever provider has an opening

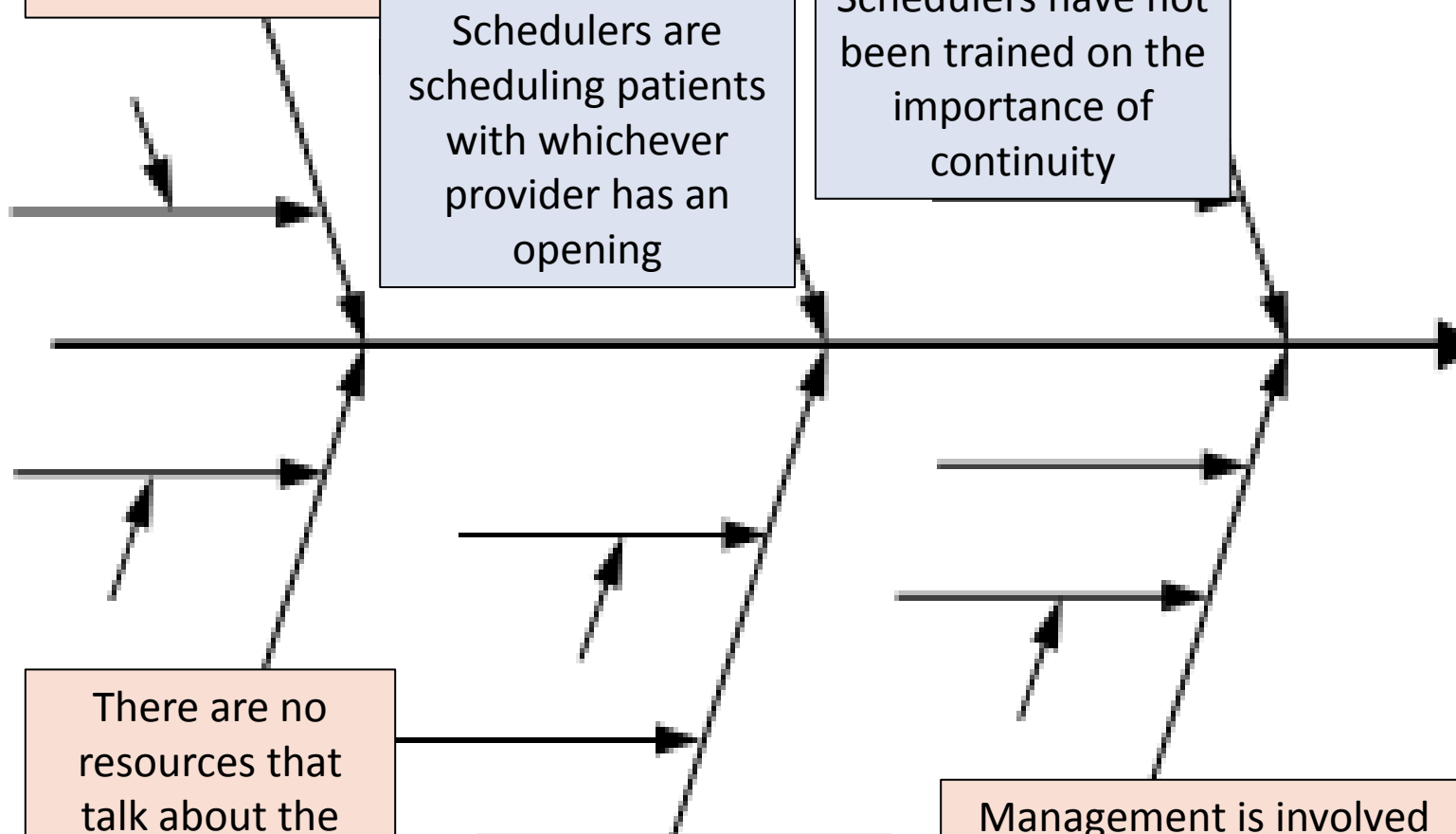
Schedulers have not been trained on the importance of continuity

Patient does not get scheduled with their PCP

There are no resources that talk about the importance of provider/team: patient continuity

Attitude: Come in, do my job and go home

Management is involved in a new initiative and doesn't have time to help address issue





# An alternative... 5 WHYs

**Issue: Patient does not get scheduled with their PCP**

| Why 1  | Why 2  | Why 3  | Why 4  | Why 5 |
|--|--|--|--|-------|
| Phone system is too complicated and by the time patients reach Call Center they are frustrated | Leadership has not prioritized improving the phone system                  |  |  |       |
|  | There is no alternate way of reaching the practice, provider or team       |  |  |       |
| Providers are seeing other providers' patients   | Schedulers are not making an effort to schedule patients with their PCP    | Schedulers have not been trained on the importance of continuity | Management is involved in a new initiative and doesn't have time to help address issue |       |
|  | Providers and their teams are not looking at their schedules ahead of time |  |  |       |

# Prioritization Matrix

| Identified Root Causes                    | Frequency of Occurrence | Impact when it occurs | Prioritization   |
|---|-------------------------|-----------------------|------------------|
| Primary Driver 1 ( <i>Initial Cause</i> ) |                         |                       |                  |
| Cause 1                                   | 2                       | 1                     | $2 \times 1 = 2$ |
| Cause 2                                   | 3                       | 2                     | $3 \times 2 = 6$ |
| Primary Driver 2 ( <i>Initial Cause</i> ) |                         |                       |                  |
| Cause 3                                   | 3                       | 1                     | $3 \times 1 = 3$ |
| Cause 4                                   | 1                       | 1                     | $1 \times 1 = 1$ |



# Prioritization Matrix

| Identified Root Causes  | Frequency of Occurrence | Impact when it occurs | Prioritization |
|---|-------------------------|-----------------------|----------------|
| <b>Phone system is too complicated and by the time patients reach Call Center they are frustrated</b> |                         |                       |                |
| 1. Leadership has not prioritized improving the phone system  | 3                       | 3                     | 9              |
| 2. There is no alternate way of reaching the practice, provider or team                               | 2                       | 2                     | 4              |
| <b>Providers are seeing other providers' patients</b>   |                         |                       |                |
| 1. Management is involved in a new initiative and doesn't have time to help address issue             | 1                       | 3                     | 3              |
| 2. Providers and their teams are not looking at their schedules ahead of time                         | 3                       | 2                     | 6              |