

What Quality Improvement Means to Reproductive Health Programs



Oregon Reproductive Health Program, Public Health Division

LEARNING OBJECTIVES

- List 3 benefits of establishing and implementing a Quality Improvement Plan
- List 3 Quality Improvement principles
- Identify basic principles in the development of protocols, policies and procedures for clinical practice
- Develop a chart review process and audit tool
- Establish a system for staff orientation, training and continuing education and documentation

Definitions

What is Quality?

- ❖ The degree of excellence of something as measured against other similar things
- ❖ Meeting and/or exceeding the expectations of our clients
- ❖ The degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge

Definitions, Cont.

What is Quality Assurance (QA)?

- ❖ A system for evaluating performance, as in the delivery of services or the quality of products, provided to clients (American Heritage Dictionary)
- ❖ A program for the systematic monitoring and evaluation of the various aspects of a project, service, or facility to ensure that standards of quality are being met (Merriam-Webster)

Definitions, Cont.

What is Quality Improvement (QI)?

- ❖ A management philosophy that builds upon traditional quality assurance methods by emphasizing the organization and systems
- ❖ Consists of an iterative process applied to everyday work to meet the needs of those we serve and improve the services we offer

Definitions, Cont.

What is Quality Improvement (QI)?

- ❖ Contends that most things can be improved



So What's the Difference?

Quality Improvement

- Is a management philosophy and approach
- Focuses on system weaknesses; treats these as golden opportunities
- Assumes that the system, NOT the individual is the root cause of most problems

Quality Assurance

- Is a peripheral activity
- Focuses on individual weaknesses; treats these as compliance problems
- Is a “policewoman” of errors and faults

So What's the Difference?

Quality Improvement

- Is a motivating force for improvement
- Are strategies tailored to address root causes and elevate the performance of the entire system
- Focuses on the system meeting the needs of the consumer
- Is proactive

Quality Assurance

- Motivates workforce to perform “well enough”
- Focuses on individual performance
- Is reactive



Is This What We Want?

Mediocrity ~

It takes a lot less time
and people won't notice
the difference until it's
too late.



Core Concepts

- ❖ Customer focus – who are our customers?
- ❖ Staff involvement and ownership
- ❖ Focus on processes and systems
- ❖ Cost-consciousness and efficiency
- ❖ Ongoing quality improvement
- ❖ Continuous learning, development and capacity building
- ❖ Part of our everyday work

Tune to WIFM* for Benefits

- ❖ Improved Client Satisfaction
- ❖ Improved Staff Satisfaction/Morale
- ❖ Better Outcomes
- ❖ Safeguards for Clients and Staff
- ❖ Increased Efficiency
- ❖ Increased Cost Savings

*What's in it for Me.



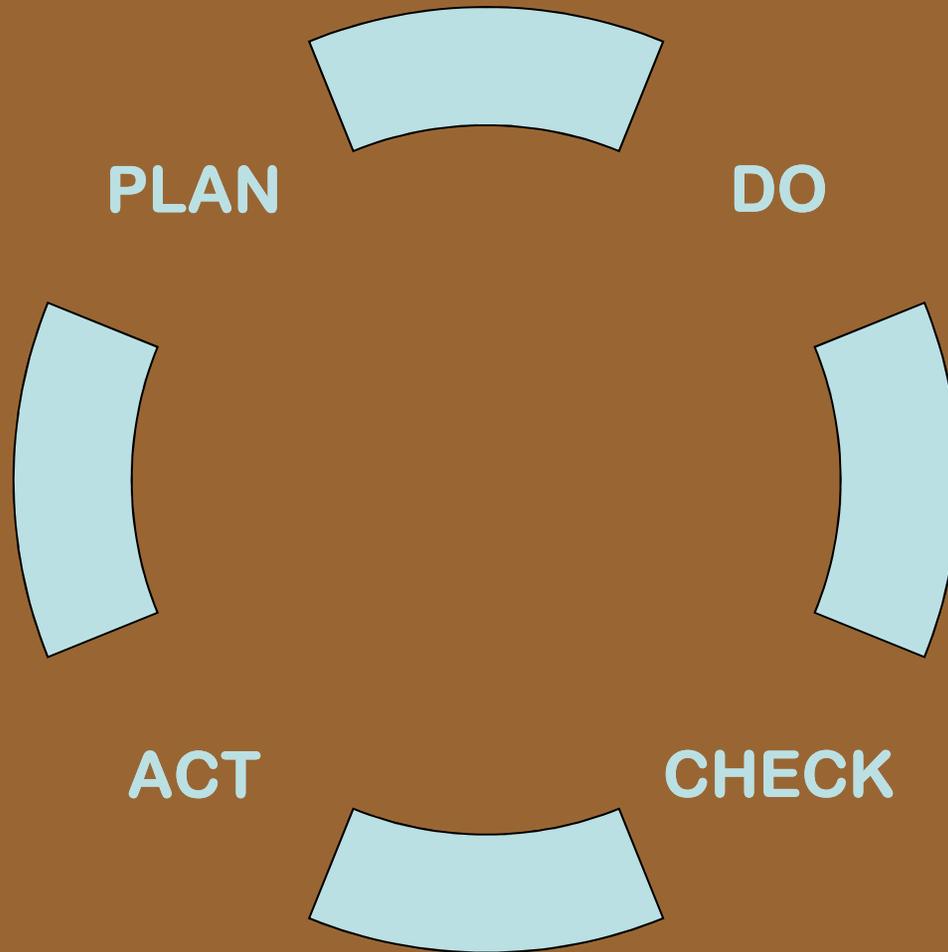
Need to FOCUS for QI

- **F**ind a process that needs improvement
- **O**rganize a team knowledgeable about the process
- **C**larify the knowledge about the process
- **U**nderstand the causes of variations in the process
- **S**elect the improvement

How Does QI Work

- **P**lan
 - Identify and study opportunities for improvement
 - analyze the root cause(s) Set quality performance indicators and goals and develop an **ACTION PLAN**
- **D**o
 - Try out the Action Plan strategies
- **C**heck
 - Reevaluate the strategies in the Action Plan
- **A**ct
 - Adjust the plan and go back up to the top and try again

PDCA Is a Continuous Process



Involve All Staff in Process



The QI Action Plan

- Strategic, Dynamic and Interactive
- Incorporates System, Program, Public Health Practice, and Staff Development
- Measurable Milestones
- Realistic Timeframes
- Real People Accountable for Taking Real Action
- Living Document

Action Planning

CLIENTS RIGHT TO ACCESS TO SERVICES

CONFIDENTIALITY IN THE FRONT DESK WAITING AREA

- * LACK OF SPACE
- * LACK OF PRIVACY
- * SHARING THE F.D. WITH WIC
- * LOCATION OF THE PHONE
- * MAKE A FORM (TO F. APPS & F)
- * TINTED GLASS IN F. AREA.
- * A FOLDER FOR SCH
- * MOVE PHONE TO FEE OFFICE WAITING

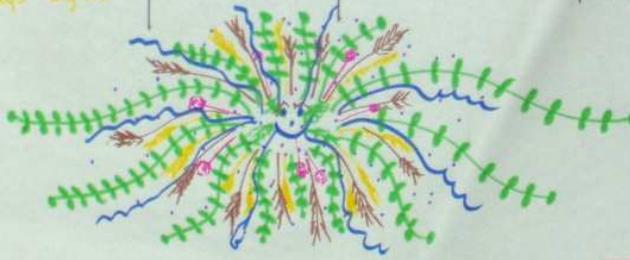
CLIENTS RECEIVING COUNSELING IN NON CONFIDENTIAL AREAS

- * CLIENTS ADDRESS ISSUES IN THE HALLWAYS.
- * STAFF DON'T THINK ANYONE IS HEARING.
- * INH MEDICINE DISPOSE AT RECEPTION DOOR.
- * LET CLIENTS KNOW ISSUES NEED TO BE PRIVATE.
- * REMIND STAFF THAT THEY CAN BE HEARD.
- * DISPOSE INH AT A ROOM.

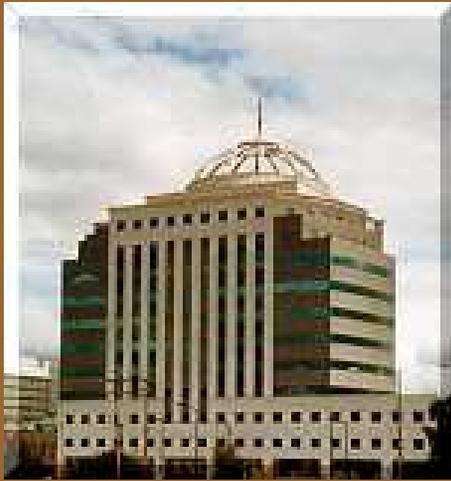
Client's Right to informed choice

Strength:
Informed Choice a High Priority @ MCHO

Problem	Causes	Recommendations	By Whom
<u>Lack of Services</u>	<ul style="list-style-type: none"> • Unsure of how to apply. • Unsure of resources available 	<ol style="list-style-type: none"> 1) Research Resources i.e. grants/programs 2) Feedback from other Clinics 	<ul style="list-style-type: none"> • Chris/Ka • 05/30/16
<u>Conflict Resolution</u>	<ul style="list-style-type: none"> • Lack of funding • Lack of training 	<ol style="list-style-type: none"> 3) Apply for Appropriate funding. 1) Staff training on Conflict Resolution 	<ul style="list-style-type: none"> • Sandra • 07/01/16
<u>Consent Forms not always signed</u>	<ul style="list-style-type: none"> • System not in place overlooked by staff 	<ol style="list-style-type: none"> 1) Create Checklist for Completed paperwork. 	<ul style="list-style-type: none"> • Katie/B • 07/01/16



Quality Improvement Is the Way We Do Business



What occurs between here
and here is....



Hopefully a lot of this...

