

Continuous Quality Improvement in Behavioral Health Care: A Conversation

Objectives

- Understand relevant objectives of quality improvement in health care
- Distinguish Continuous Quality Improvement (CQI) from Quality Assurance (QA)
- Review the technology of CQI
- Understand why CQI works best when everyone is involved
- Demonstrate specific behavioral health applications of CQI

Continuous Quality Improvement vs Quality Assurance

QA

- QA focuses on resolving errors
- The object of QA is often compliance
- In QA, performance is measured "at the end" of a process against predetermined criteria (static)

What is quality health care?

"The degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge."



CQI

- CQI is a change management tool
- In CQI, the focus is on systems and processes
- In CQI, measurements and adjustments are made in real time (fluid)

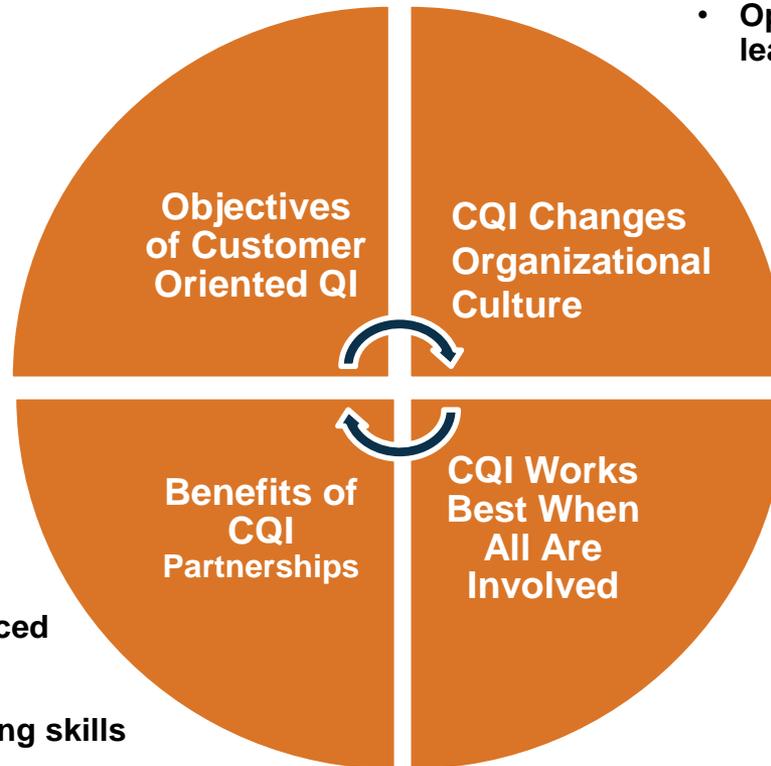
QA - quality assurance, CQI – continuous quality improvement

1. U.S. Department of Health and Human Services, Health Resources and Services Administration. (2011). *Quality Improvement*. Washington, DC. <https://www.hrsa.gov/quality/toolbox/508pdfs/qualityimprovement.pdf>
2. Quote from Institute of Medicine. 2001. *Crossing the Quality Chasm: A New Health System for the 21st Century*. Washington, DC: The National Academies Press. doi: 10.17226/10027. https://download.nap.edu/cart/download.cgi?record_id=10027

Continuous Quality Improvement

- IHI Triple Aim¹
- IOM Six Aims² for Improvement
- Tailored Performance Outcomes

- More "total power"
- Effectively manage change
- Improved organizational performance and enhanced quality of services
- Increased problem solving skills
- Improved relationships with external partners³



- Opportunity for innovative leadership & management
- Move from top heavy leadership style to incorporative participatory framework
 - Everyone has a role in leadership³

Horizontal Partnerships:

- All "parts" of the organization³

Vertical Partnerships:

- All "levels" of the organization
- Primary customers
- Secondary customers
- Internal customers
- Front line change agents and supervisors/managers⁶

CQI – continuous quality improvement; IHI – Institute for Healthcare Improvement; IOM – Institute of Medicine; QI – quality improvement;

1. Institute for Healthcare Improvement. IHI Triple Aim Initiative. <http://www.ihl.org/engage/initiatives/tripleaim/pages/default.aspx>.
2. Committee on Quality of Healthcare in America, Institute of Medicine. Crossing the Quality Chasm: A New Health System for the 21st Century. Washington DC: National Academies Press (2001). Executive Summary. <https://www.nationalacademies.org/hmd/-/media/Files/Report%20Files/2001/Crossing-the-Quality-Chasm/Quality%20Chasm%202001%20%20report%20brief.pdf>
3. U.S. Department of Health and Human Services, Health Resources and Services Administration. (2011). Quality Improvement. Washington, DC. <https://www.hrsa.gov/quality/toolbox/508pdfs/qualityimprovement.pdf>
4. Reinertsen JL, Bisognano M, Pugh MD. Seven Leadership Leverage Points for Organization-Level Improvement in Health Care (Second Edition). Cambridge, Massachusetts: Institute for Healthcare Improvement; 2008. (Available on www.ihl.org) [http://www.ihl.org/ layouts/ihl/login/login.aspx?ReturnURL=%2fresources%2fpages%2fihlwhitepapers%2fsevenleadershipleveragepointswhitepaper.aspx](http://www.ihl.org/layouts/ihl/login/login.aspx?ReturnURL=%2fresources%2fpages%2fihlwhitepapers%2fsevenleadershipleveragepointswhitepaper.aspx)

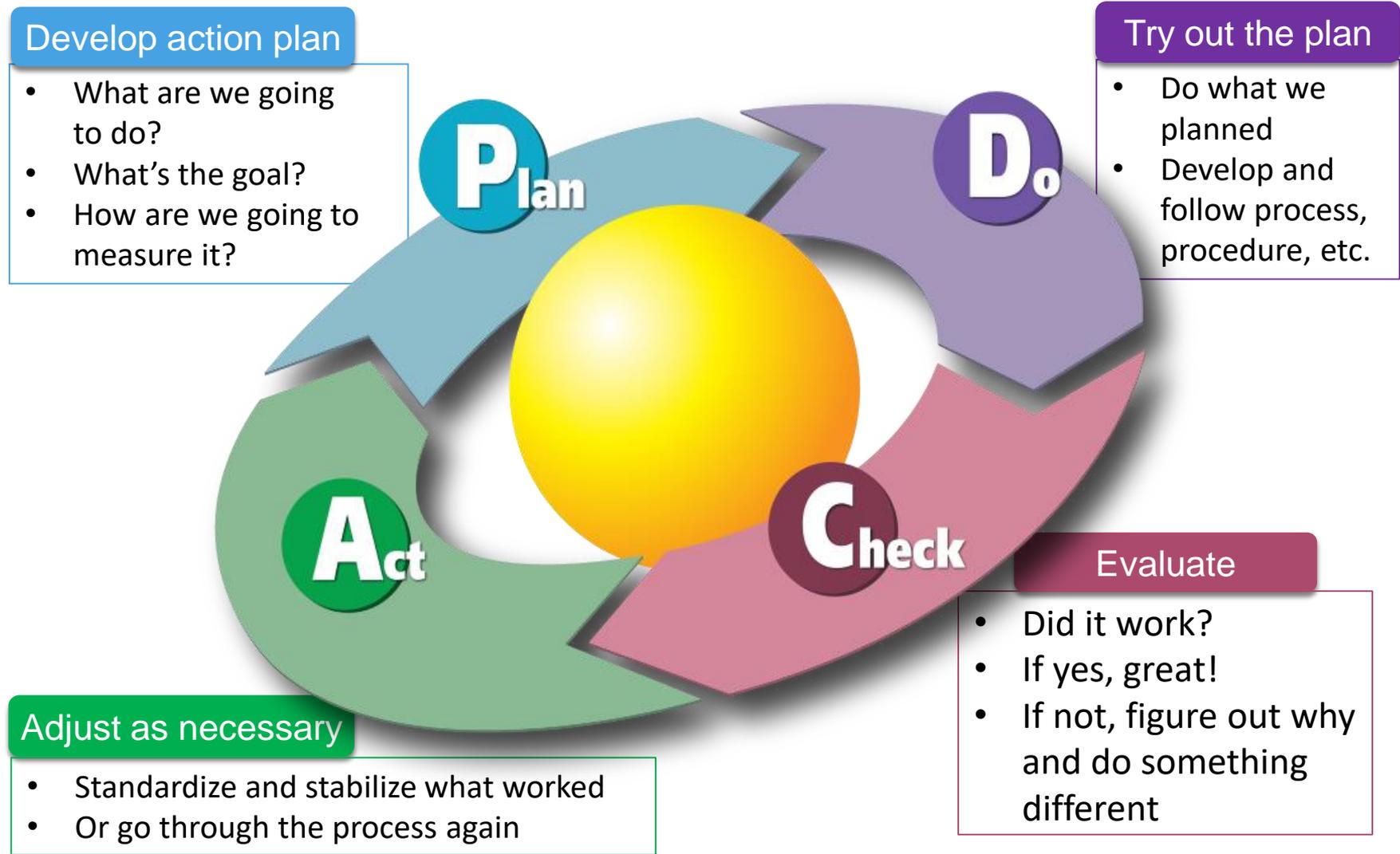
The Technology of CQI: FOCUS-PDCA¹

- **F**ind a process that needs improvement
- **O**rganize a team of partners knowledgeable about the process
- **C**larify the baseline knowledge about the process (with data)
- **U**nderstand the causes of variations in the process (Fishbone or Ishikawa Diagram)
- **S**elect an improvement to initiate PDCA cycles (rapid cycles of change)

- **P**lan one or more small steps of intervention
- **D**o the intervention for a brief period of time
- **C**heck (or Study) the impact by re-measuring
- **A**ct based on the result, adopt or adjust or modify the intervention and try again, or try a new intervention

1. American Society for Quality. Plan-Do-Check-Act (PDCA) Cycle. <http://asq.org/learn-about-quality/project-planning-tools/overview/pdca-cycle.html>

The Technology of CQI: PDCA Cycle¹



1. Bulsuk, K. G. (2009, February 2) Taking the first step step with the PDCA (Plan-Do-Check-Act) cycle. Retrieved from <http://www.bulsuk.com/2009/02/taking-first-step-with-pdca.html>.

Behavioral Health Applications: Improving Consumer Experience*

Welcoming Access & Engagement – FOCUS

- **Find** – Many people don't return after initial contact. Improve our “rate of return”
- **Organize** – Team of clinical and clerical staff involved in front door processes, managers of intake and assessment processes, and “customer” representation
- **Clarify** – What is the current baseline “rate of return”? What types of clients (e.g., most complex) have the lowest “rate”? What is the “walkthrough” experience?
- **Understand** – Identify contributions to low return: Lack of welcoming; paperwork priority; delay in access to help; multiple steps to care; appointment delays
- **Select Process To Improve** – e.g., Welcoming eye contact before paperwork completion; OR same day access to clinical connection; OR specific engagement activities for most challenging customers

*Examples developed independently by authors

Behavioral Health Applications: Improving Consumer Experience*

Welcoming Access & Engagement – PDCA

- **Plan** – Design a small, do-able starting place
- **Do** – Implement for a brief period – e.g., Develop procedure for improving welcoming engagement before paperwork completion and try for a month
- **Check** – Re-measure rate of return
- **Act** – Review findings and anchor into place, modify and retry, and/or initiate new plan

*Examples developed independently by authors

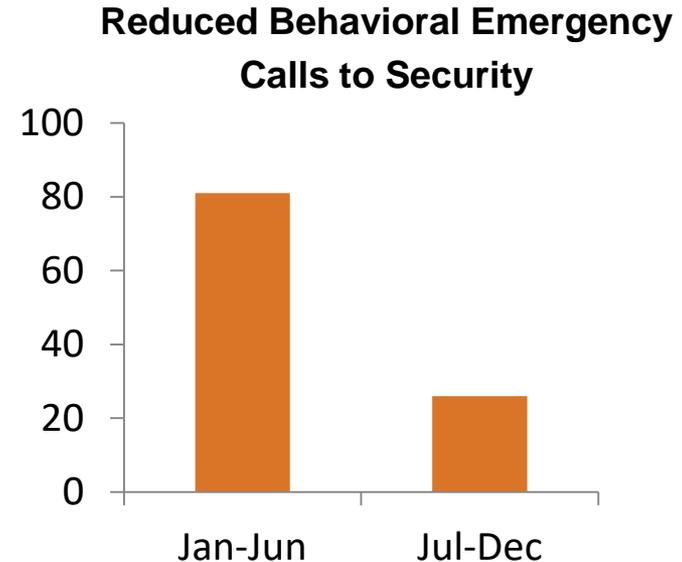
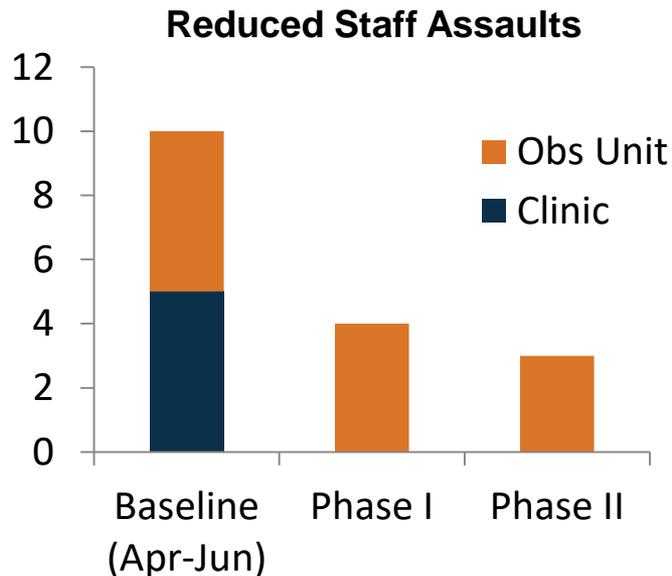
Behavioral Health Applications: Improving Safety*

Improving Effective Psychiatric Crisis Response

- **Find** – Psychiatric Crisis Center: Poor patient experience and safety incidents due to long waits & mixing of high/low acuity patients
- **Organize** – Team includes management and front-line staff, including peers who were prior patients. (For many, this was the first time they had been asked to provide input)
- **Clarify** – How long are patients waiting? How often are staff assaulted? How often is security called to help with agitated patients?
- **Understand** – Identify contributions to long waits and safety events: Lack of clear triage criteria for high vs. low risk. Bottleneck waiting for doctor to write admission orders to observation unit. Staff spread out over a large area
- **Select Process To Improve** – Re-design triage process, including new risk assessment, patient flow, standing order set for observation unit admission, reduce redundant documentation

*Examples developed independently by authors

Behavioral Health Applications: Improving Safety¹



- **Reduced Crisis Dwell Time** – Decreased from 7 hrs to 2 hrs
- **More Efficient Use of Space** – Higher clinic throughput resulted in unused space, remodeled to increase the observation unit capacity from 25 to 34
- **No additional staffing** was required

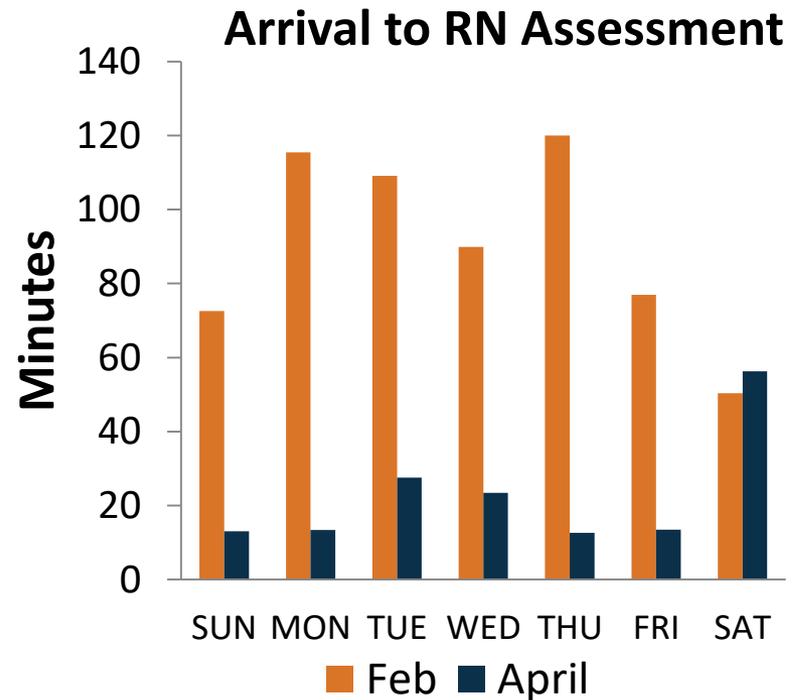
1. Balfour ME, Tanner K, Jurica JS, Llewellyn D, Williamson R, Carson CA. (2017) Using Lean to Rapidly Transform a Behavioral Health Crisis Program: Impact on Throughput and Safety. *Joint Commission Journal on Quality and Patient Safety*. In press.

Behavioral Health Applications: Improving Safety¹

Improving Effective Psychiatric Crisis Response

Impact of sharing data with the people doing the work

- **Problem:** Nurses assessing patients on arrival, but delayed entering their assessment into EHR where others could read it
- **Intervention:** Provided graph to Charge Nurses
- **Result:** Dramatic reduction in time from Arrival to RN Assessment
- **Cost:** Printing 4 copies of graph!



RN – registered nurse; EHR – electronic health records

1. Balfour ME, Tanner K, Jurica JS, Llewellyn D, Williamson R, Carson CA. (2017) Using Lean to Rapidly Transform a Behavioral Health Crisis Program: Impact on Throughput and Safety. Joint Commission Journal on Quality and Patient Safety. In press.

Behavioral Health Applications: Improving Primary Health Integration*

Improve Direct Communication Between BH & PCPs – FOCUS

- **Find** – BH & PCP integrated care requires improved communication
- **Organize** – Team includes medical, nursing, clinical and clerical staff, and relevant managers. Involving PCP is desirable, but not required
- **Clarify** – What is current baseline of “PH-BH sharing”? Do we identify PCPs and obtain releases? Do we share written info? Do we communicate directly? Doc to doc? Nurse to nurse?
- **Understand** – Identify contributions to low sharing: Lack of clear procedure for releases; lack of tracking; lack of follow through; medical staff believe there is no time
- **SELECT PROCESS TO IMPROVE:** e.g., Identify procedure for initiating and following up releases; OR Create trial period of piloting prescriber to PCP phone contact for small number of clients to see how it works; OR Identify process for routinely sending letter to PCPs to invite communication

BH – Behavioral Health; PCP – Primary Care Practitioner; PH – primary health

*Examples developed by authors

Behavioral Health Applications: Improving Primary Health Integration*

Improve Direct Communication Between BH & PCPs – PDCA

- **Plan** – Design a small, do-able starting place
- **Do** – Implement for a brief period – e.g., Develop procedure for initiating, checking, and sending releases, and try it for a month
- **Check** – Re-measure rate of information sharing in the chart
- **Act** – Review findings and anchor into place, modify and retry, and/or initiate a new plan

BH – Behavioral Health; PCP – Primary Care Practitioner; PH – primary health

*Examples developed by authors

Summary

- Behavioral Health (BH) CQI is an element of organizational culture AND an essential change management tool
- Horizontal and vertical partnerships engage all components of the organization
- BH organizations and systems can use CQI to achieve important customer outcomes
- CQI uses simple technology – such as FOCUS-PDCA
- Illustrations of BH CQI show application to improving welcoming access and engagement; timeliness of crisis response; and improved coordination of care between behavioral health and PCP practitioners
- Apply these processes “continuously” throughout the organization to improve the myriad processes that affect customer experience and outcomes