

## RHQN February 2007: Quality Newsletter

### **Quality Improvement: Sustaining the gains:**

Once improvement has been achieved the next step is to then sustain the gains and make improvements permanent. Quality leaders suggest that making improvements permanent involves:

1. **Standardization:**

\*This is the method of establishing specific policies and practices that act as a model or guideline for a process. The actual documented policies, material, methods, equipment, and training are called “standards” or “best practices”.

In order for standardization to be successfully implemented it is necessary for:

- \*Management to require the use of standards.
- \*Different employees/ use the same standards
- \*Employee training focuses on the documented standards
- \*Employees document and compare results to the standards when problem solving.
- \*Standards are regularly updated and changes are based on new knowledge
- \*Employees share information with coworkers and managers in ongoing improvements efforts.

**Documentation:** Remembering to document that a standard was met or that a policy was followed is an important element of demonstrating successful interventions.

2. **Measurement:** is key to evaluating the success of change and for sustaining gains

\*Measurement provides a source of learning during implementation of change and a method of maintenance afterwards (*Define each measure; document how the data will be collected, summarized, and displayed*).

\*View measurements over time

*Are you continuing to get the desired results? Are modifications needed?  
Additional staff/clinician education needed?*

3. **Training:**

\*If change is simple, then a one-time discussion may be all that is needed; if more complex, then more extensive training may be needed

\*Timing of the training is important

\*Explain the “why” of the change (value)

\*Share the knowledge needed to successfully implement/maintain the change and sustain gains over time.

4. **Self-audits:**

- \*Perform periodic self-audits to determine if the change/standard is being followed
- \*Make adjustments where appropriate: Education when necessary
- \*Provide ongoing feedback

**Failure to hold the gains:**

Failure to hold the gains can often be attributed to the following beliefs and statements:

- \*“We met our goals”
- \*“We assumed the improvement would hold”
- \*Other priorities took resources away
- \*Did not learn how to hold the gains
- \*Infrastructure (overall plan) not in place

Continuous quality improvement is necessary to hold gains.

**Important Strategies for Holding Gains:**

Two important strategies for holding the gains are:

- \*Implementing your strategies from the beginning (during testing phase using PDSA methodology).
- \*Set up a simple measurement system that is reliable and consistent (set up regular measurement intervals).

**Other Quality Improvement Tips:**

Waiting until the day of discharge to *implement* quality measures is not ideal. However, *including assessment of quality measures as part of discharge planning is an important way for you to evaluate whether or not the appropriate core measures were addressed* and if not, give you one last chance to address documentation that was missed prior to the patient leaving the hospital. Some patient education, such as education around heart failure or smoking cessation counseling can take place at any time during the admission. The same is true with the immunization measures. Shifting immunizations to "the day after admission" rather than the day of discharge is an example of improving efficiencies. Things can be too hectic on the day of discharge, with all the steps necessary for discharging the patient, while at the same time getting ready for a new admission. Giving immunizations the day after admission may be a more reliable process and provide more consistent outcomes. This could be better for the patient (more will receive immunizations) and your Core Measures score.

**Getting Verbal Order Authentication in a timely fashion:**

To comply with the intent as well as the letter of the law about "authentication" of verbal orders within 48 hrs, tag/flag all verbal orders as they are being taken for the *next* provider responsible for the care of the provider who rounds on the patient to review and sign. If they are uncomfortable signing someone else's order because of concerns with the appropriateness of the order, then they are already obligated (and responsible/accountable) for correcting / superseding it or contacting the original prescribing practitioner about it... after all, they are responsible for the care of the patient.

That way the providers will review and sign the verbal orders in a more timely fashion for patient safety, and not have to sign/date/time all the verbal orders in charts accumulating in medical records - more timely and less re-work. This is currently permitted by both Washington Pharmacy Statute RCW246-873 and the CAH Conditions of Participation. Until the providers

learn to "date and time" the authentication, when the night nurse does the midnight check reconciling the CardEx with the order sheets, the "authentications" could be noted "as present" on a daily basis with a rubber stamp or other notation. To prevent improper alteration of the medical record and to improve compliance with the medical record security regulations, your policy could state that once the medical record has the discharge summary and/or a defined period of time has elapsed since discharge, the medical record will be considered closed to protect the integrity of the medical record.

The following is a line from a medical record documentation policy that has stood the test of time and several JCAHO/DOH inspections:

*"After discharge and the completion of the Discharge Summary, authentication of any orders not yet individually authenticated will not be pursued, as the record will be considered closed, and all orders will be considered authenticated."*

### **RHON Heart Failure Initiative:**

Individual dashboard reports for Q 3 will be mailed out soon. It is now time to request 4<sup>th</sup> quarter (2006) data.

### **Upcoming Events:**

March 20<sup>th</sup> Red Lion Hotel Spokane: AHRQ Grant Research participants meeting: details to be sent via E-mail

March 20<sup>th</sup> Red Lion Hotel, Spokane: RHQN members evening reception: details to be sent via E-mail

March 21<sup>st</sup> Critical Access Conference, Red Lion Hotel, Spokane

March 22-23<sup>rd</sup> Northwest Rural Health Conference, Red Lion Hotel, Spokane