‘Quality’ is not a Department

"Your organization will only make meaningful and sustainable quality improvements when people at every level feel a shared desire to make processes and outcomes better every day, in bold and even imperceptible ways."

Robert Lloyd, Executive Director of Performance Improvement at the Institute for Healthcare Improvement, offers some tips for improving quality within your organization.

If your hospital, medical practice, or health system has a Quality Improvement Department, congratulations. If the general assumption is that this is the place where quality improvement resides and is performed, however, you’ve got work to do. Quality is not a program or a project; it isn’t the responsibility of one individual or even those assigned to the Quality Department. The Quality Director is basically the coach, facilitator and cheerleader. His or her job is to instill principles of quality at all levels, helping everyone in your organization - every employee, executive, caregiver, and consultant - feel driven to achieve excellence.

This fundamental lesson is at the heart of successful quality improvement, and often the most challenging and hardest for an organization to grasp. After all, everyone believes they perform at a high level of quality - it’s the American way, it’s written in slogans, posters, even billboards. “We care,” “We’re number one,” “We’re the quality leader,” and so on. And when your organization’s Quality Department is diligently taking steps to comply with quality directives from external review or accrediting bodies, it is easy to feel complacent. But this is only part of the story. Your organization will only make meaningful and sustainable quality improvements when people at every level feel a shared desire to make processes and outcomes better every day, in bold and even imperceptible ways.

I often make this point with a story. It’s short and sweet, no doubt part real and part legend, retold again and again at quality events. In 1969 when the US was planning a trip to the moon, the major TV networks had crews stationed at NASA headquarters in Houston, Texas, to cover the lead up to the launch. One day the reporters and camera crews had some down time while waiting for the NASA officials to arrive at the press room. As they passed the time milling about the halls, someone noticed a janitor coming toward them with a broom and thought, “Well, nothing else to do, why don’t we film some ‘B’ footage to have on hand.” A reporter happened to have a microphone handy, so he said to the approaching janitor: “So, what’s your job at NASA?”

As the story goes, the fellow paused, leaned on his broom, looked thoughtfully into the camera and said, “My job is to help us get to the moon.” He then picked up his broom and went on his way. Whatever the apocryphal elements may be, I tell people: There in a nutshell is “quality”. This is a man who sees himself not as a janitor but as part of a team helping people get to the moon.

All too often health care organizations I have worked with will tell me, “Oh yes, we believe in quality. We’ve got..."
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40 projects going on, just talk to so-and-so down the hall who runs the Quality Department.” Or they’ll show me their high satisfaction ratings on this or that survey, or nice brochures announcing the corporate commitment to quality. But the truth is, quality is a way of thinking about work, how you approach work every day for yourself personally and for those that you serve. It’s not about the right turn of phrase or staff titles.

When organizations tell me how many teams they have assigned to quality projects, I ask them: “But what are the teams really doing? What have they done to make something better for your doctors, nurses, patients and their families?” Quality is about making change, getting results. Activity doesn’t equal accomplishment.

This approach is not always easy to embrace. Health care providers and administrators I have worked with sometimes see it as idealistic; they feel so swamped with daily commitments and duties that they see quality improvement as an added burden. It’s more work, extra work, over and above their ‘real’ job. But if they tell me that, I’ll ask them: “Well, if quality isn’t your job, what is?”

This reflects a fundamental shift in perspective - a cultural, almost philosophical evolution - that some organizations have to attain in order to really understand quality and be able to achieve it. Quality has to be connected to an organization’s mission, its strategic vision. It has to be part of the work and weave, the very fabric of the organization.

I often tell another story to illustrate this point, a health care example that I can attest is true. I once worked with a small inner-city hospital that served a low-income community in a neighborhood plagued with crime - gangs, drugs, violence, you name it. This place had so much going against it, so many challenges; you might imagine the science of quality improvement wouldn’t get a lot of attention. But quite the contrary: the hospital was full of spirit and energy - I loved going there.

One day the emergency department (ED) was backed up. The hospital’s CEO learned of the problem during regular check-ins and review of bed flow charts and such. What did she do? Make a few phone calls to put someone to work finding staff? No. She got up, left her office, and went down to the ED and started registering patients. Before long she was getting patients in wheelchairs and transporting them to the lab, to radiology, or to their assigned unit.

This woman understands what quality and service are all about. It’s not that she’s just generous enough to take on extra work. She is able to connect the dots, see the bigger picture, instead of saying, “I’m the Administrator,’ or ‘I’m in HR,’ ‘I’m in the finance department.” She is someone who - like our mythic NASA janitor - understands that it’s these little moment-to-moment interactions that, once accumulated, become the overall quality of what we do. Quality is personal - and it begins with you!

Improvement Tip: “Quality” Is Not a Department
http://www.ihi.org/IHI/Topics/Improvement/ImprovementMethods/ImprovementStories/ImprovementTipQualityisnotaDepartment.htm
Accessed 12/1/04

NHQI: What’s that?
Orientation Packet available

If you are new to your position in long term care, please call or e-mail either Bernadette Nelson or Rhonda Streff (contact information listed below) to request a NHQI orientation packet. An orientation packet will be mailed to you.

In each packet you will find an overview of the national Nursing Home Quality Initiative (NHQI), snap shot definitions of the NHQI Quality Measures, a guide to the Medicare Quality Improvement Community (www.MedQIC.org), a copy of Compare Care (a consumer guide to Nursing Home Compare), as well as other helpful and welcoming information.

Please contact either Bernadette or Rhonda at:
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Puppy Fair is a hit

According to nursing homes across South Dakota, care teams are changing the style of their staff inservices. Teams that have included a Puppy Fair state that the fairs have been key to opening lines of communication and creating team spirit in their homes.

One person stated, “Normally our inservices include a stand-up speaker or videos. Having the information presented to me in a fun, unique way enables me to learn and have fun at the same time!”

For more info on a Puppy Fair inservice, you can listen to a teleconference (handouts also available) regarding pressure ulcers on SDFMC’s website at www.sdfmc.org/NursingHomes/Teleconferences/March182004Teleconference/Index.cfm
Pressure Relieving Device(s) for Chair and Bed Section M5a and M5b

Q: If the manufacturer designates a device as pressure relieving, including foam, can it be coded on M5?

A: Only if the device meets the clinical practice guidelines outlined in Treatment of Pressure Ulcers published by the Agency for Health Care Policy and Research as follows:

"When one is selecting a support surface for a patient, the primary concern should be the therapeutic benefit associated with the product... the caregiver should consider a variety of factors when selecting a support surface, including the clinical condition of the patient, the characteristics of the care setting, and the characteristics of the support surface."

"Use a static support surface if a patient can assume a variety of positions without bearing weight on a pressure ulcer and without 'bottoming out'... When selecting a static support surface made of foam, caregivers should consider the following characteristics of the foam: stiffness, density, and thickness."

"Use a dynamic support surface [e.g., air fluidized, low air loss, alternating air] if the patient cannot assume a variety of positions without bearing weight on a pressure ulcer, if the patient fully compresses the static support surface, or if the pressure ulcer does not show evidence of healing... The dynamic support surface should be dependable and capable of lifting the individual and preventing bottoming out."


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MDS Frequently Asked Questions

Applying Quality Improvement to Medication Management
by Jane Mort, Pharm.D.

If you have a pattern of medication use that is inconsistent with recommended practices, then using the quality improvement process may be extremely valuable to you. By approaching the issue in this way you can achieve agreement on the standard of care, measure current activities against the standard, identify opportunities for improvement, implement corrective measures, and evaluate the impact of the corrective measures.

In this edition of Pharmacist’s Corner, Applying Quality Improvement to Medication Management, you will find an example of how the process can work for you. The article also contains a description of the quality improvement/drug use evaluation (QI/DUE) process including designing the monitor as well as data analysis and actions. Included in the online article are three appendices:

Appendix A) Quality improvement or Drug Utilization Review Form
Appendix B) Quality Improvement Myocardial Infarction example (fictitious)
Appendix C) Quality Improvement Depression Management example (fictitious)

Read the complete article at http://www.sdfmc.org/NursingHomes/PharmacistsCorner/Index.cfm

Pharmacist’s Corner

Pharmacist’s Corner is a regular feature in Quality Focus. The complete article can be found on SDFMC’s website at http://www.sdfmc.org/NursingHomes/PharmacistsCorner/Index.cfm
Nursing Home Compare and weight loss quality measure

Nursing Home Compare has been refreshed with Quarter 2, 2004 data. Beginning November 18, 2004, a weight loss quality measure for public reporting will appear on Nursing Home Compare. You can find Nursing Home Compare on [www.medicare.gov](http://www.medicare.gov). The following documents have been updated to include information on the weight loss quality measure:

  (see Chapter 6 - Section O - Percent Of Residents Who Lose Too Much Weight)
- Appendix A - Snapshot definitions Of NHQI Quality Measures
- Consumer language

For further information, go to: [www.cms.hhs.gov/quality/nhqi/](http://www.cms.hhs.gov/quality/nhqi/)

Interested in joining a statewide e-mail discussion group?

SDFMC would like to extend an invitation to all interested nursing home staff to join the South Dakota Nursing Home e-mail discussion group. Members of this discussion group receive timely updates on issues important to nursing homes and have an opportunity to learn ‘what nursing homes are sharing’.

If you would like to be included in this statewide e-mail group, send an e-mail (from the address you would like added to the group) to jviereck@sdqio.sdps.org.

Be sure to specify that you would like to join the statewide nursing home e-mail discussion group and include your name, your title, and the name of your facility.

Wishing each of you and the elders in your community a very
Merry Christmas and Happy New Year!