

PREFACE

Healthcare consumers expect to receive quality services, and the people delivering these services work hard to make it happen. But healthcare quality is not something that occurs by chance. Just as cheerleading does not improve a football team's chances of winning, the desire for excellence does not by itself create continuous improvement. Knowledge, diligence, effort, focus, resources, and effective leadership are all essential to the achievement of quality healthcare.

You are about to embark on a journey that describes how to ensure patients receive high-quality care that is safe, efficient, and effective. This journey takes you through the concepts of measurement, assessment, and improvement. At each step in the journey, you learn the tools and techniques necessary for advancing continuous improvement in a variety of healthcare settings. The role of leadership and the need for an organizational culture supportive of the workforce are emphasized throughout.

Since the first edition of this book in 2009, healthcare quality has become increasingly important. Reimbursement pressures are forcing healthcare facilities to be more efficient, and value-driven purchaser initiatives require adoption of continually higher quality standards. The COVID-19 pandemic reminded everyone of the importance of ongoing improvement. Healthcare workers and leaders had to quickly adapt to a rapidly changing environment. The measurement, assessment, and improvement methods described in this book helped people meet those challenges.

For the fourth edition of this book, Kenneth A. DeVane served as the coauthor. His data analytic and project management credentials added another perspective and

enabled expansion of performance improvement topics in his areas of expertise. Updates for the fourth edition of this book include more details on the use of popular Lean tools and techniques to improve performance reliability. The section on control charts has been expanded. Details about statistical process control provide a broader understanding of this quality monitoring technique often used today in healthcare organizations. Because more facilities are using DNV for accreditation purposes, these quality-related standards are mentioned in this edition along with Joint Commission standards. Failed or stalled improvement projects are unfortunately an all-too-common occurrence. A new chapter has been dedicated to this topic. Causes of unsuccessful projects and suggestions for preventing failures are covered. As in past editions, the use of medical terminology is minimized and real-life examples help to explain the material without the need for a clinical background.

CONTENT OVERVIEW

In chapter 1, students are introduced to various groups affected by healthcare quality and what is important to these stakeholders. How quality is defined and the many components of quality are covered, along with the connection between cost and quality. The quality management overview provided in chapter 1 serves as a foundation for the details throughout the remainder of the book.

Most quality management activities encompass three interconnected building blocks: measurement, assessment, and improvement. In chapter 2, students learn about these concepts and discover how quality initiatives in the manufacturing industry influenced quality improvement practices in healthcare. This edition includes more details about quality programs promoted by the government as well as the work of Walter Shewhart, Joseph Juran, W. Edwards Deming, and other quality pioneers. This chapter also describes external forces that continue to shape healthcare quality management activities.

Chapters 3 through 7 elaborate on the building blocks of quality management. Measurement is described in chapter 3 with examples of structure, process, outcome, and patient experience measures. How measures are created and selected for use by healthcare organizations are covered, along with numerous types of commonly used measures from different settings. Assessment, the second building block, is addressed in chapter 4. Assessment starts with organizing performance data for reporting and analysis. Several tools can be used to evaluate measurement results, including control charts. Chapter 4 in this edition contains more details about using statistical process control and control charts to assess performance.

Chapter 5 is dedicated to quality improvement models—the stepwise methods used to continuously improve healthcare services. Popular models are described with case studies illustrating what occurs at each step of the improvement project. Quantitative and qualitative quality tools used during improvement projects are detailed in chapter 6. Numerous examples illustrate how the tools provide insight into what needs improving and how to go about making those improvements. Improvement projects are often completed by a team

of people who are personally involved in the process to be improved. Chapter 7 focuses on team member roles, project management functions, and teamwork suggestions.

Your journey continues with a discussion of safe and reliable patient care. These quality characteristics continue to be imperative to healthcare stakeholders. In chapter 8, the principles and practices of patient safety are covered. How measurement, assessment, and improvement are used to reduce errors is described. Two safety improvement models—failure mode and effects analysis and root cause analysis—are presented with illustrative case scenarios.

Creating reliable processes is an important aspect of quality and safety. Results are more likely to be successful when people do the right thing at the right time. In chapter 9, the concepts of reliability are covered. The chapter also contains details about which process improvement actions are most likely to result in a reliable process in clinical and nonclinical areas.

Over- or underuse of healthcare resources is of particular interest to regulators and purchasers. Chapter 10 describes how these resources can be effectively managed using measurement, assessment, and improvement techniques. Many utilization-related regulatory and accreditation requirements are covered along with the support functions of discharge planning and case management. Several new payment models that encourage cost efficiencies are introduced. These new reimbursement models necessitate community outreach by providers to better manage population health. The concept of population health is covered in chapter 11. The chapter includes two case studies showing how measurement, assessment, and improvement can be used for population health management.

The complexity of improvement projects in healthcare can impede implementation, with studies often indicating high project failure rates. Chapter 12, new to this fourth edition, addresses the problem of stalled or failed improvement projects. Many case examples are used to illustrate common causes of project failures together with guidance for achieving success. Chapter 13 describes the organizational structure supporting continuous improvement in healthcare settings, key players, and information flow. This chapter also covers an important deterrent to project failures—an organizational culture supportive of continuous improvement.

SUPPLEMENTAL AND INSTRUCTIONAL RESOURCES

At the end of each chapter are student discussion questions that encourage further analysis of some topics or give students an opportunity to apply what is covered in the chapter. Additional resources are available to students and instructors on this book's companion website. For access information, e-mail hapbooks@ache.org.

The many elements of healthcare quality management cannot be covered in just one book. Your journey does not end when all chapters in this book have been read. To help you continue the journey, each chapter includes additional web resources that provide more

detailed information. These resources can also be useful for topics that are constantly in flux. For example, regulations and accreditation standards governing healthcare quality are often updated. New value-based reimbursement models are being created. New techniques for mistake-proofing healthcare processes are being developed. Students are also encouraged to search current journal articles for topics related to quality management.

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