This is a sample of the instructor resources for Maulik S. Joshi, Elizabeth R. Ransom, David B. Nash, and Scott B. Ransom, *The Healthcare Quality Book, Third Edition*. The complete instructor resources include

- a test bank,
- solutions to the end-of-chapter study questions, and
- PowerPoint slides for each chapter.

This sample includes the instructor resources for Chapter 1.

If you adopt this text, you will be given access to the complete materials. To obtain access, e-mail your request to hapbooks@ache.org and include the following information in your message:

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Chapter 1 – Solutions to Study Questions

1. Identify five ways in which patients can gain more control over their care.

As noted in the chapter, patient-centered care is the future of medicine. Using the example of Mr. Roberts from the text, ask students to discuss how they could improve his overall healthcare experience by helping him be more in control of his care. Some questions to consider:

- What were the barriers contributing to the poor quality of care he received, and how can they be overcome?
- After pointing out that Mr. Roberts is an educated person with access to resources that help him receive the care he needs, ask: What special challenges are there in helping patients from traditionally underserved communities take more control of their care? How can these challenges be overcome?

Some issues that should be raised during the discussion include:

- Improving communication not only between providers and patients but among the healthcare team itself
- Breaking down inefficient bureaucratic systems and creating new, more patient-centered processes
- Involving patients and their families in developing treatment strategies
- Proactively offering patients alternative care options not available in the system

2. Think of an experience you, a family member, or a friend has had with healthcare. Gauge the experience against IOM's six aims, and identify any opportunities for improvement.

Where the previous study question focused on empowering the patient, this question provides students an opportunity to explore strategies to improve the quality of healthcare on an organizational level. Ask students to describe their experience and evaluate it against the six dimensions of quality care in the chapter:

- Was the hospital's approach to care patient-centered?
- How safe did the patient feel while in the hospital?
- How effective was the care that was delivered?
- Was the care provided in an efficient and timely manner?
- Would the treatment they received be available to low-income patients?

After applying the IOM's six aims of improvement to their experience, students can discuss how these insights may be used in developing quality improvement projects within healthcare organizations. Drawing from the case studies and lessons learned outlined in the chapter, students should be encouraged to think about what is involved in

creating a culture of improvement within the organization and in collaboration with organizations in the region.

3. **You are the CEO of a hospital, and the local newspaper has just run a story on "how bad healthcare is." How do you respond to the reporter asking you to comment on the situation? How do you respond to your employees?**

The situation presented here provides the hypothetical CEO an opportunity to educate the reporter/public/employees about quality improvement efforts in the healthcare system today. While acknowledging that room for improvement exists in healthcare, the CEO could discuss how national, regional, and local quality improvement efforts are targeting systems of care and identifying ways to improve the process of delivering healthcare. The object is not to punish individuals, but to improve the systems of care in which they work.

For the reporter, the CEO could cite the *To Err is Human* and *Crossing the Quality Chasm* reports and explain how the six IOM aims for improvement are designed to rectify the findings of this report. The CEO could also summarize the four levels of the healthcare system and how a new patient-centered paradigm is emerging in healthcare. For employees, the CEO could use this as an opportunity to emphasize the importance of creating a culture of improvement within the hospital, one in which everyone knows that helping improve things is part of their job, as the text indicates.

Chapter 1: Healthcare Quality and the Patient

Chapter Outline

- The Current State of Healthcare: Five Important Reports
  - "The Urgent Need to Improve Healthcare Quality"
  - *To Err Is Human*
  - *Crossing the Quality Chasm*
  - *National Healthcare Quality Report*
  - *National Priorities and Goals*
- The Institute of Medicine's Six Aims for Improvement
- Case Study: Reducing Surgery-Related Mortality and Complications
- Case Study: Stopping Catheter-Related Blood Stream Line Infections
- Study Questions

The Current State of Healthcare: Five Important Reports

- Quality in the healthcare system is not what it should be.
- Five major reports identify gaps and call for action:
  - The National Roundtable on Health Care Quality's "The Urgent Need to Improve Health Care Quality" (1998)
  - The Institute of Medicine's (IOM) *To Err Is Human* (2000)
  - IOM's *Crossing the Quality Chasm* (2001)
  - The Agency for Healthcare Research and Quality's (AHRQ) *National Healthcare Quality Report* (2003–2011)
  - National Priorities Partners's (NPP) *National Priorities and Goals* (2008)

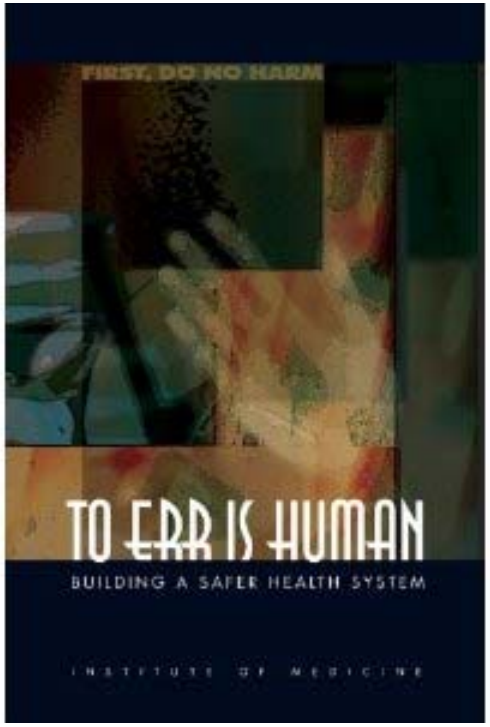
IOM's
"The Urgent Need to Improve Health Care Quality"

- *"Serious and widespread quality problems exist throughout American medicine."*

- Establishes the classification scheme of "overuse, underuse, and misuse" to categorize quality defects

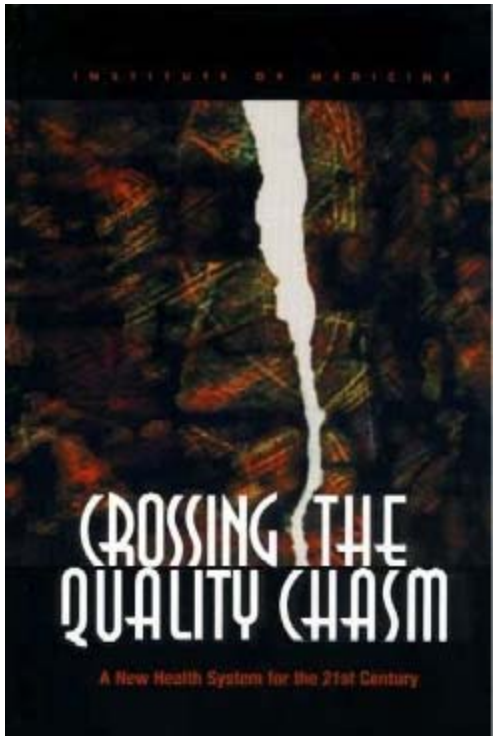
IOM's
To Err Is Human

- Captured the attention of key stakeholders for the first time
- Framed the problem in a way everyone could understand
- Led to the identification of patient safety as a solidifying force for policymakers, regulators, providers, and consumers



IOM's
Crossing the Quality Chasm

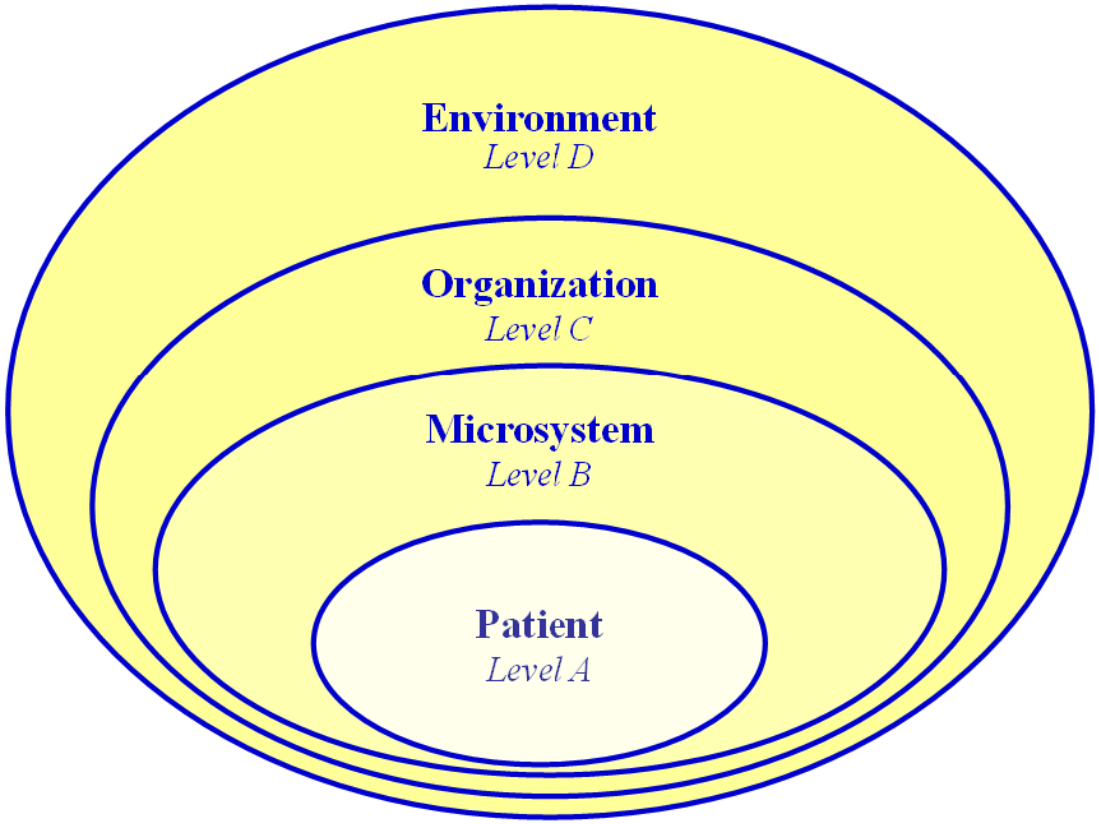
- Offers a new framework for a redesigned US healthcare system
- Identifies six aims for improvement:
  - Safe
  - Effective
  - Efficient
  - Timely
  - Patient centered
  - Equitable



IOM's Six Aims for Improvement

Aim	Definition
Safe	Care should be as safe for patients in healthcare facilities as in their homes.
Effective	The science and evidence behind healthcare should be applied and serve as standards in the delivery of care.
Efficient	Care and service should be cost-effective, and waste should be removed from the system.
Timely	Patients should experience no waits or delays when receiving care and service.
Patient centered	The system of care should revolve around the patient, respect patient preferences, and put the patient in control.
Equitable	Unequal treatment should be a fact of the past; disparities in care should be eradicated.

The Four Levels of the Healthcare System



The underlying framework for achieving the IOM's Six Aims for Improvement depicts the healthcare system in four levels, all of which require changes.

AHRQ's *National Healthcare Quality Report*

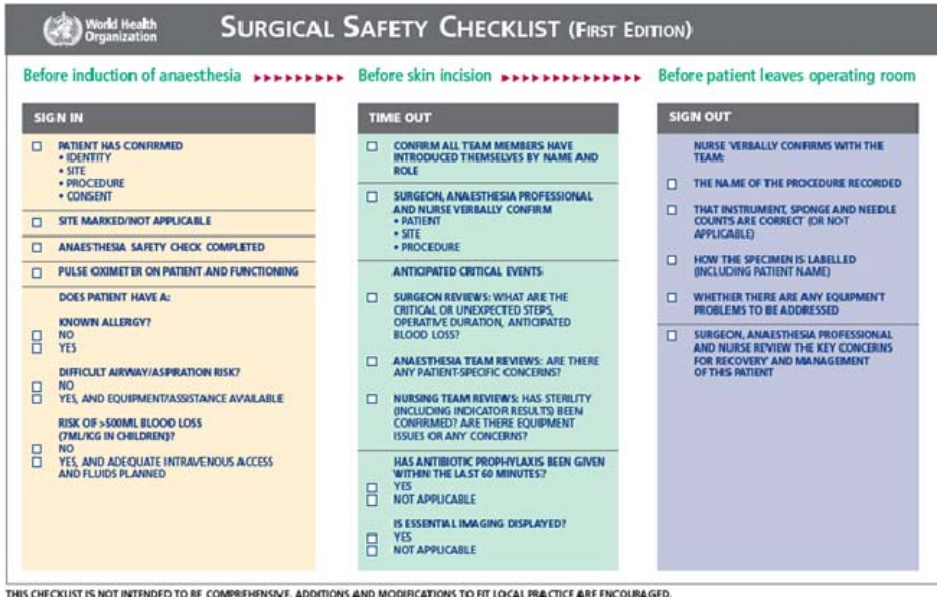
- Both identifies areas and opportunities for improvement and highlights progress that has been made
- Developed in combination with the *National Healthcare Disparities Report*
- Aims to answer three questions:
  - What is the status of healthcare quality and disparities in the United States?
  - How have healthcare quality and disparities changed over time?
  - Where is the need to improve health care quality and reduce disparities greatest?

NPP's *National Priorities and Goals*

- Focuses on national performance improvement efforts that address four major challenges:
  - Eliminating harm, eradicating disparities, reducing disease burden, and removing waste
- Highlights primary strategies that drive care improvement:
  - Performance measurement
  - Public reporting
  - Payment systems
  - Research and knowledge dissemination
  - Professional development
  - System capacity

Case Study: Reducing Surgery-Related Mortality and Complications

- University of Washington Medical Center
- *Problem:* Great variation in surgical quality across and within institutions
- *Solution:* Implement a surgical checklist



World Health Organization

SURGICAL SAFETY CHECKLIST (FIRST EDITION)

Before induction of anaesthesia ▸▸▸▸▸▸▸▸▸ Before skin incision ▸▸▸▸▸▸▸▸▸▸▸▸▸ Before patient leaves operating room

SIGN IN

- ☐ PATIENT HAS CONFIRMED
  - IDENTITY
  - SITE
  - PROCEDURE
  - CONSENT
- ☐ SITE MARKED/NOT APPLICABLE
- ☐ ANAESTHESIA SAFETY CHECK COMPLETED
- ☐ PULSE OXIMETER ON PATIENT AND FUNCTIONING
- DOES PATIENT HAVE A:

KNOWN ALLERGY?
- ☐ NO
- ☐ YES

DIFFICULT AIRWAY/ASPIRATION RISK?
- ☐ NO
- ☐ YES, AND EQUIPMENT/ASSISTANCE AVAILABLE

RISK OF >500ML BLOOD LOSS (7ML/KG IN CHILDREN)?
- ☐ NO
- ☐ YES, AND ADEQUATE INTRAVENOUS ACCESS AND FLUIDS PLANNED

TIME OUT

- ☐ CONFIRM ALL TEAM MEMBERS HAVE INTRODUCED THEMSELVES BY NAME AND ROLE
- ☐ SURGEON, ANAESTHESIA PROFESSIONAL AND NURSE VERBALLY CONFIRM
  - PATIENT
  - SITE
  - PROCEDURE

ANTICIPATED CRITICAL EVENTS:

- ☐ SURGEON REVIEWS: WHAT ARE THE CRITICAL OR UNEXPECTED STEPS, OPERATIVE DURATION, ANTICIPATED BLOOD LOSS?
- ☐ ANAESTHESIA TEAM REVIEWS: ARE THERE ANY PATIENT-SPECIFIC CONCERNS?
- ☐ NURSING TEAM REVIEWS: HAS STERILITY (INCLUDING INDICATOR RESULTS) BEEN CONFIRMED? ARE THERE EQUIPMENT ISSUES OR ANY CONCERNS?

HAS ANTIBIOTIC PROPHYLAXIS BEEN GIVEN WITHIN THE LAST 60 MINUTES?
- ☐ YES
- ☐ NOT APPLICABLE

IS ESSENTIAL IMAGING DISPLAYED?
- ☐ YES
- ☐ NOT APPLICABLE

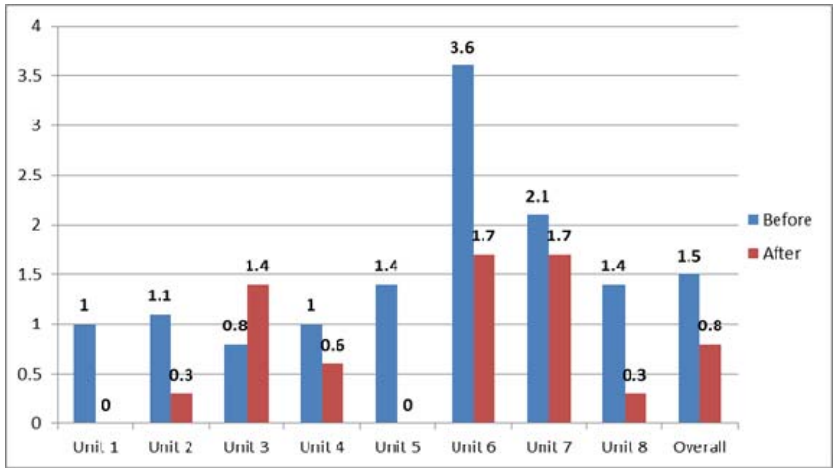
SIGN OUT

NURSE VERBALLY CONFIRMS WITH THE TEAM:

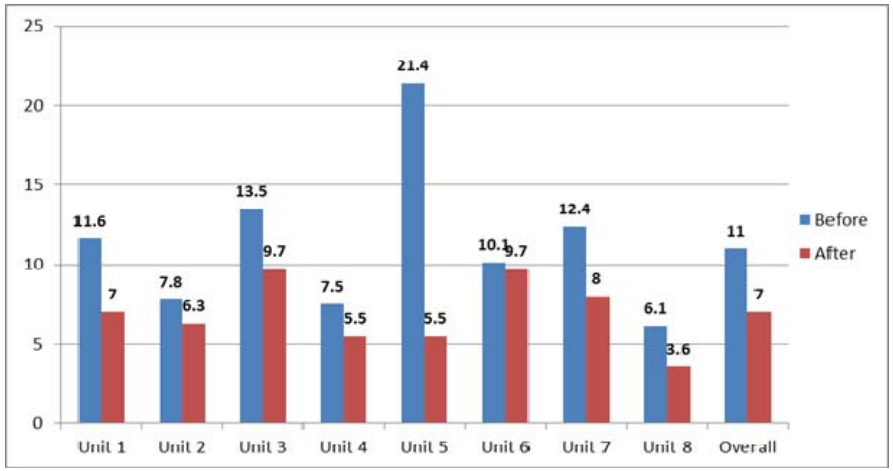
- ☐ THE NAME OF THE PROCEDURE RECORDED
- ☐ THAT INSTRUMENT, SPONGE AND NEEDLE COUNTS ARE CORRECT (OR NOT APPLICABLE)
- ☐ HOW THE SPECIMEN IS LABELLED (INCLUDING PATIENT NAME)
- ☐ WHETHER THERE ARE ANY EQUIPMENT PROBLEMS TO BE ADDRESSED
- ☐ SURGEON, ANAESTHESIA PROFESSIONAL AND NURSE REVIEW THE KEY CONCERNS FOR RECOVERY AND MANAGEMENT OF THIS PATIENT

THIS CHECKLIST IS NOT INTENDED TO BE COMPREHENSIVE. ADDITIONS AND MODIFICATIONS TO FIT LOCAL PRACTICE ARE ENCOURAGED.

Surgical Safety Checklist Results



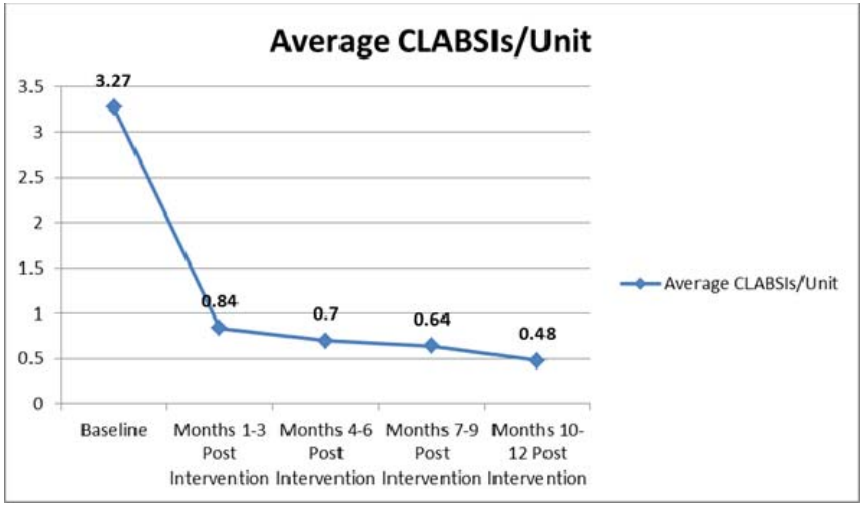
Changes in Mortality Rate Before and After Implementation of the WHO Surgical Safety Checklist at Eight Pilot Sites



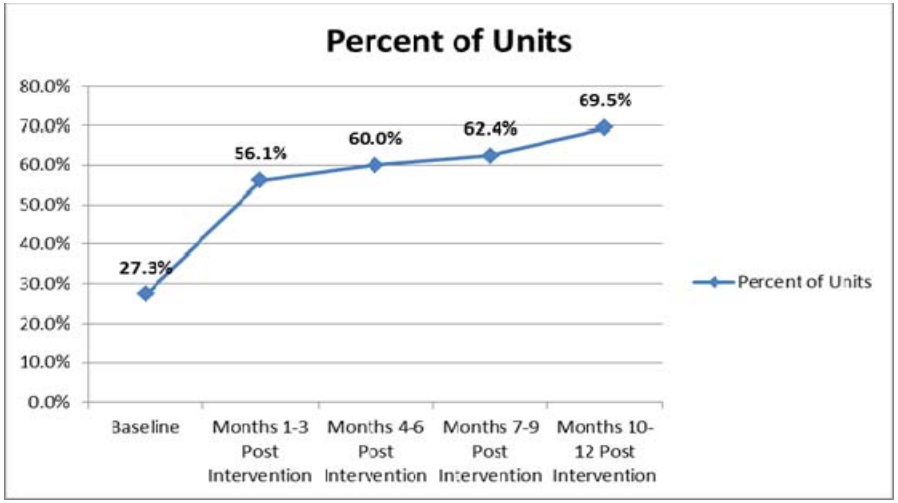
Changes in Surgery-Related Complication Rates Before and After Implementation of the WHO Surgical Safety Checklist at Eight Pilot Sites

Case Study: Stopping Catheter-Related Blood Stream Line Infections

- Johns Hopkins University Medical Center and hospitals across the United States
- Development of the Comprehensive Unit Safety Program (CUSP)



Average CLABSI Rates (infections per 1,0000 catheter-days) per Unit



Percentage of Reporting Units with CLABSI Rate of 0/1,000 or Less Than 1/1,000 Central Line Days

Keys to Success

- Secure leadership support
- Obtain clinician buy-in
- Identify surgeon and nurse champions
- Involve all relevant clinicians, including surgeons, nurses, and anesthesiologists, in process development
- Create and display checklist posters in all operating rooms
- Pilot-test the project, then spread it across the hospital

Conclusion

- Healthcare quality is not what it should be.
- The patient is paramount in quality improvement efforts.
- There is promising evidence of the capacity for significant improvement.
- Many examples of breakthrough improvements are happening today.
- Call to action for all healthcare stakeholders to continue to rethink and redesign systems.

Study Questions

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