

PREFACE

The healthcare quality management basics—measurement, assessment, and improvement—have not changed appreciably in decades. Terminology used to describe various aspects has undergone some modifications, and specific practices have evolved, but the underlying principles are unchanged. In 1976, Jacobs, Christoffel, and Dixon wrote about measuring patient care inputs, processes, and outcomes using an improvement methodology known as Performance Evaluation Procedure (PEP) audits. In 1980, Dr. Stanley Skillicorn detailed quality and patient safety improvements at San Jose Hospital following implementation of a problem-oriented, multidisciplinary approach combined with increased individual accountability. And a population-based approach to measuring and managing quality of ambulatory services was described in 1995 by Goldfield. These are just a few examples of the quality management evolution over the past few decades.

Since the first edition of this book was published in 2009, the principles of healthcare quality management have essentially stayed the same while the practices have continued to progress. External influences have always affected quality management in provider organizations; however, these forces are stronger than ever before. Value-based reimbursement and public reporting of provider-specific performance data are two of the many factors driving changes in quality management practices.

Updates for the third edition of this book cover topics such as new quality management regulations and standards, healthcare application of improvement models adopted from other industries, and how to manage the quality of population health improvement initiatives. This edition also includes more case studies from varied provider sites, new

clinical and non-clinical examples, and many additional websites to expand your learning experiences.

As in past editions of this book, the material is intended for people with little or no clinical experience. The examples are primarily focused on the provision of health services, not the diagnosis and treatment of medical conditions. When topics of a clinical nature are discussed, explanatory notes and examples are added to help clarify the information. The language of quality management can also be a barrier to learning. For this reason, various analogies from common life situations are used to illustrate concepts. For example, measuring healthcare quality is similar to measuring one's weight on a scale. A simple, familiar analogy is often the best way to explain what may appear at first to be a complex topic.

CONTENT OVERVIEW

Chapter 1 introduces students to the concepts of healthcare quality from the viewpoint of various stakeholders. Consumers' perceived value of a product or service differs when the modality being purchased is healthcare services. The Institute of Medicine definition of healthcare quality and important quality characteristics also are covered in chapter 1. *How* the quality of these characteristics is managed is covered throughout the remainder of the book.

The three interconnected building blocks of quality management—measurement, assessment, and improvement—are discussed in chapter 2. Students are exposed to the history of industrial quality improvement, starting in the 1940s with the works of Walter Shewhart, W. Edwards Deming, Ishikawa, and other quality pioneers. Quality management principles and practices that originated in manufacturing are now being successfully applied in healthcare provider organizations. The chapter concludes with a discussion of the ever-increasing external forces causing providers to strengthen their quality focus.

The building blocks of quality management are elaborated in chapters 3 through 7. Each chapter explains how to measure, assess, and improve quality. Chapter 3 describes the four categories of measurement: structure, process, outcome, and patient experience measures. The chapter also covers current regulations and accreditation standards affecting the provider's choice of measures and how to create worthwhile measures of importance to the organization. Case studies illustrate how measures are used for quality management purposes, including how clinical decision-making is evaluated.

Measurement does not directly lead to improvements in quality. Two additional steps are needed: data compilation and assessment, which are discussed in chapter 4. Assessment of measurement data is performed to determine whether performance is acceptable, and it starts with data compilation and display. The chapter illustrates both tabular and graphic reporting formats and includes case studies showing how to create these reports and use them to evaluate results. Statistical process control (SPC), a performance assessment technique

introduced in the 1940s by Shewhart, also is covered in this chapter. Examples show how SPC can be applied to healthcare measurement results.

Measurement and assessment ultimately lead to the last step—improvement. The fundamentals of quality improvement are covered in chapters 5 through 7. Chapter 5 describes various improvement models, including an expanded discussion in this third edition of Lean and Lean Six Sigma because these are becoming more commonplace in provider organizations. Chapter 5 also includes several case studies, as these are the best way to understand improvement model steps.

Chapter 6 covers the tools used to improve performance, including the traditional quantitative and qualitative tools used to measure quality and the improvement tools used in Lean and Six Sigma projects.

Often teams are formed to conduct improvement projects, and chapter 7 describes the responsibilities of various team members and project management functions.

Patient safety, high reliability, and utilization management are three components of healthcare quality that are of particular interest to regulators, payers, and consumers. For this reason, one chapter is devoted to each of these topics. Chapter 8 applies the building blocks of measurement, assessment, and improvement to the principles and practices of patient safety. Two specialized safety improvement models—failure mode and effects analysis, and root cause analysis—are covered in depth, accompanied by case study illustrations.

Chapter 9 explains what a reliable process is and how to create one. Techniques used for years in high-reliability industries are now being applied to healthcare processes to reduce failures and achieve reliable quality. A number of mistake-proofing strategies for clinical and non-clinical activities also are covered in this chapter.

Reducing the cost of healthcare services using utilization management techniques continues to be challenging for payers and provider organizations. Chapter 10 describes a number of cost-control techniques, including several new payment models that incentivize providers to become more cost sensitive. The practices of discharge planning and case management also are covered in this chapter, as well as regulatory and accreditation requirements.

A new trend affecting quality management activities in provider organizations is population health care. For this reason, this third edition devotes a full chapter to this topic. Chapter 11 describes the concept of population health care and explains why new reimbursement strategies are influencing provider organizations to become involved in these initiatives. The chapter also discusses the application of the building blocks of quality management (measurement, assessment, and improvement) as they relate to population health care, and includes two case studies illustrating the application of population health quality management activities.

Effective leadership direction and a supportive culture are the cornerstones of a successful quality program. Chapter 12 provides an overview of quality program structures and key players in measurement, assessment, and improvement activities. This chapter concludes with a discussion of organizational dynamics that affect the achievement of quality goals.

SUPPLEMENTAL AND INSTRUCTIONAL RESOURCES

Each chapter concludes with student discussion questions. Some questions encourage contemplation and further dialogue on select topics, and some give students a chance to apply the knowledge they have gained. Others promote continued learning through discovery and use of information available on the Internet.

A book at least twice this size would be needed to cover every current topic associated with healthcare quality management. For this reason, only basic principles and practices are described in this book. In some instances, supplemental learning materials may be needed to delve deeper into a subject or to become familiar with a quality-related topic that is not addressed in the text. The websites listed at the end of each chapter have been greatly expanded from the second edition to provide even more learning opportunities. For rapidly changing topics, such as alternative reimbursement models and externally imposed performance measurement requirements, current journal articles may be the best information sources.

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REFERENCES

Goldfield, N. 1995. "The Measurement and Management of the Quality of Ambulatory Services: A Population-Based Approach." In *The Epidemiology of Quality*, edited by V. A. Kazandjian, 171–96. Gaithersburg, MD: Aspen Publishers, Inc.

Jacobs, C. M., T. H. Christoffel, and N. Dixon. 1976. *Measuring the Quality of Patient Care: The Rationale for Outcome Audit*. Cambridge, MA: Ballinger Publishing Co.

Skillicorn, S. A. 1980. *Quality and Accountability: A New Era in American Hospitals*. San Francisco: Editorial Consultants, Inc.

INSTRUCTOR RESOURCES

This book's Instructor Resources include a test bank, PowerPoint slides, and answers to in-book questions.

For the most up-to-date information about this book and its Instructor Resources, go to ache.org/HAP and browse for the book's title or author name.

This book's Instructor Resources are available to instructors who adopt this book for use in their course. For access information, please email hapbooks@ache.org.