

OBJECTIVE

To positively improve quality measures while increasing leadership participation and understanding of organizational goals.

BACKGROUND

PRIOR TO 2021 – The Quality Department owned inputting data on the QI Form. The Quality Committee met monthly with departments scheduled to rotate presenting their data once a quarter.

STARTING IN 2021 – Department Directors were empowered with entering their own data on the QI Form. Quality Connection meetings with Department Directors and stakeholders began where goals were mutually determined, analysis of the data was reviewed to identify opportunities of improvement & determine action plans to improve trends. The Quality Committee meetings were moved to quarterly with every department presenting every quarter.

ANALYSIS

FY22: # Quality Metrics = **37**
Patient Experience Metrics = **10**

FY23: # Quality Metrics = **36**
Patient Experience Metrics = **18**

FY22 to FY23: # Metrics “retired” = **16**

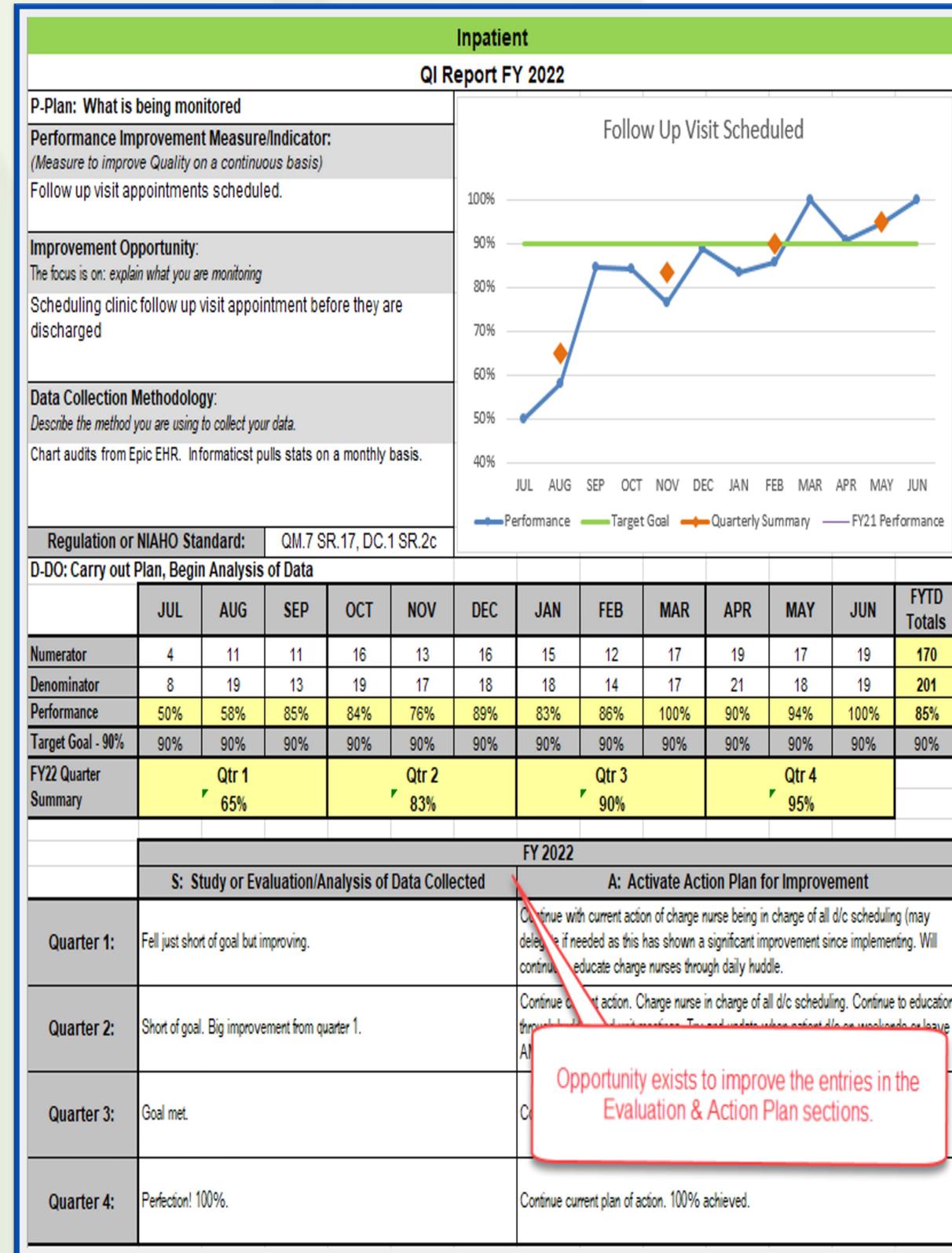
FY21 to FY22: % Metrics maintained or improved end of fiscal year score = **68%**



Our Quality STORY

Making Quality More Meaningful through Connections

Story County Medical Center Quality Department



ACTIONS TAKEN

Collaborate with Department Directors to set Fiscal Year metrics & goals. Metrics include: Regulatory requirements (i.e. CMS, DNV), patient experience survey questions & align with organizational goals.

Meet monthly with the Director along with their department stakeholders to review the current trend for each metric using the QI Form & discuss action items as needed.

Analysis is shared during these Quality Connections on specific areas of improvement & brainstorming of solutions is done at this time.

At quarter end, additional support is provided to help prepare them for their Quality Committee meeting presentation.

The Director has ownership of the data entry in the QI Form; thus it has been developed to be simplified and user-friendly with auto-calculations & color coding.

NEXT STEPS

Continue monthly Quality Connection meetings, focus on improving understanding & verbiage of the Evaluation & Action Plan sections.

Ongoing review for new meaningful metrics & targets as well as determining if trends should move a metric to Quality Assurance vs a Quality Improvement initiative.

Revise QI Form as opportunities for improvement are identified.

