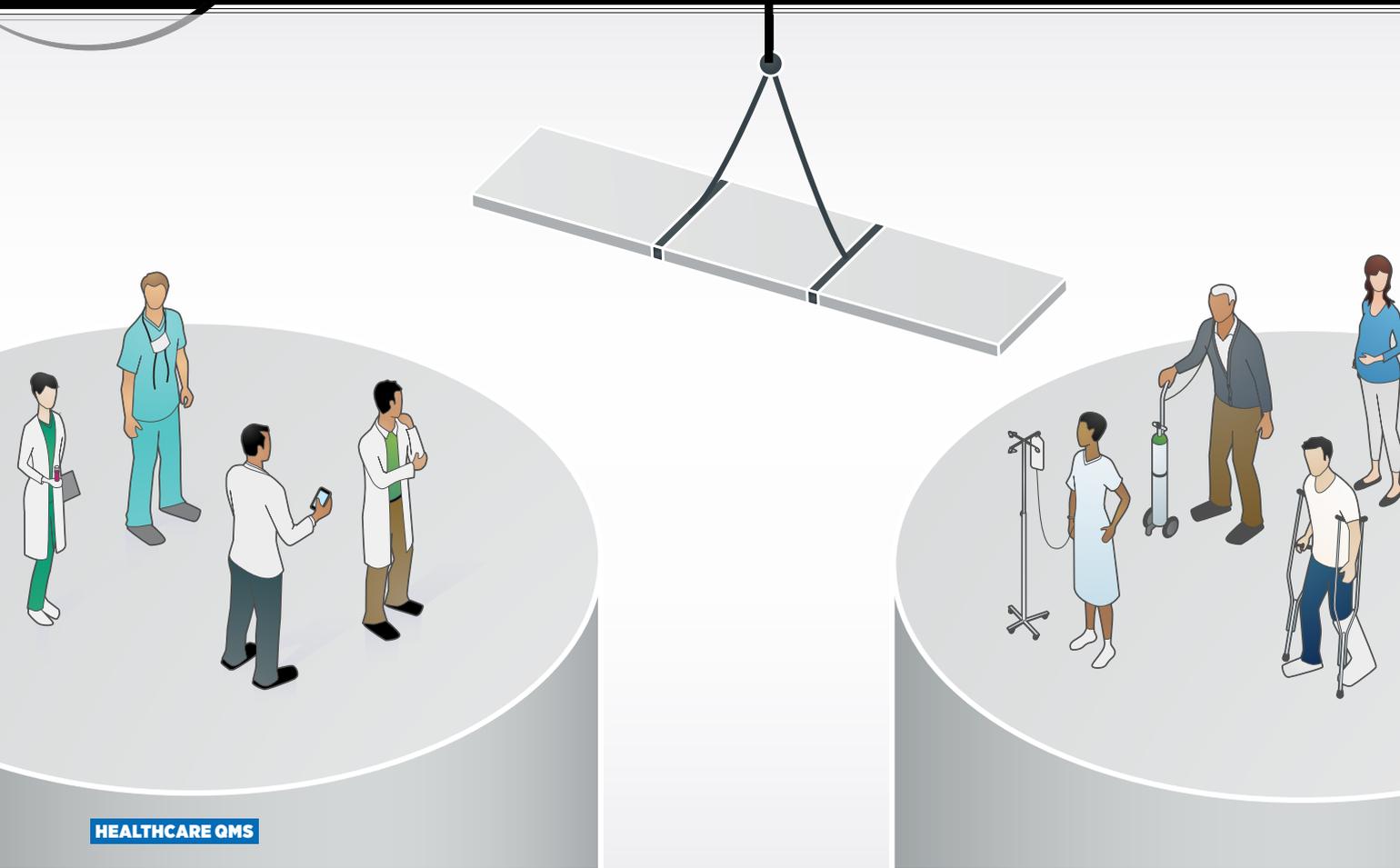


# Field Notes

Zooming in on industry-specific issues



HEALTHCARE QMS

## Bridge the Gaps

***Systemwide, integrated communication and sharing leads to collaboration opportunities at hospitals***

by Grace L. Duffy

**While it may seem natural for healthcare professionals to work together to achieve the best patient outcomes, it isn't always that simple in practice.**

The silo-nature of modern healthcare can make fluid collaboration a challenge. Physicians, nurses, health administrators and public health professionals all serve in the community, but no one is connecting with one another.<sup>1</sup>

Healthcare curricula have historically focused only on clinical knowledge with no time for administrative or systems thinking. In Minneapolis, for instance, Capella University's graduate nursing program is beginning to realize the value of orienting clinical professionals to the importance of integrated professional competencies.<sup>2</sup>

Bolstered by the Patient Protection and Affordable Care Act in the United States, hospital systems are beginning to communicate with other organizations in their demographic communities to improve patient care.

## Community healthcare systems reaching out

There is a renewed interest in combining the talents of a community to support individual health. Hospitals are purchasing physician offices and bringing the talent under hospital system financial control. Rehabilitation centers are aligned through medical processes with the controlling hospital. Improvement teams are more cross functional, involving members from the nursing, laboratory, rehabilitation center, emergency department, home health, finance and IT areas.

One example of this interdepartmental activity happens at Inova Alexandria Hospital in Alexandria, VA. In a project to provide better care for sepsis in patients, a team of nurses, physicians, laboratory, pharmacy and rehabilitation center partners improved the identification and early treatment of sepsis at the hospital.<sup>3</sup>

Over the course of a year, the team reduced variation in process measures and cycle times, established strict reporting schedules and integrated awareness of the impact of sepsis across the

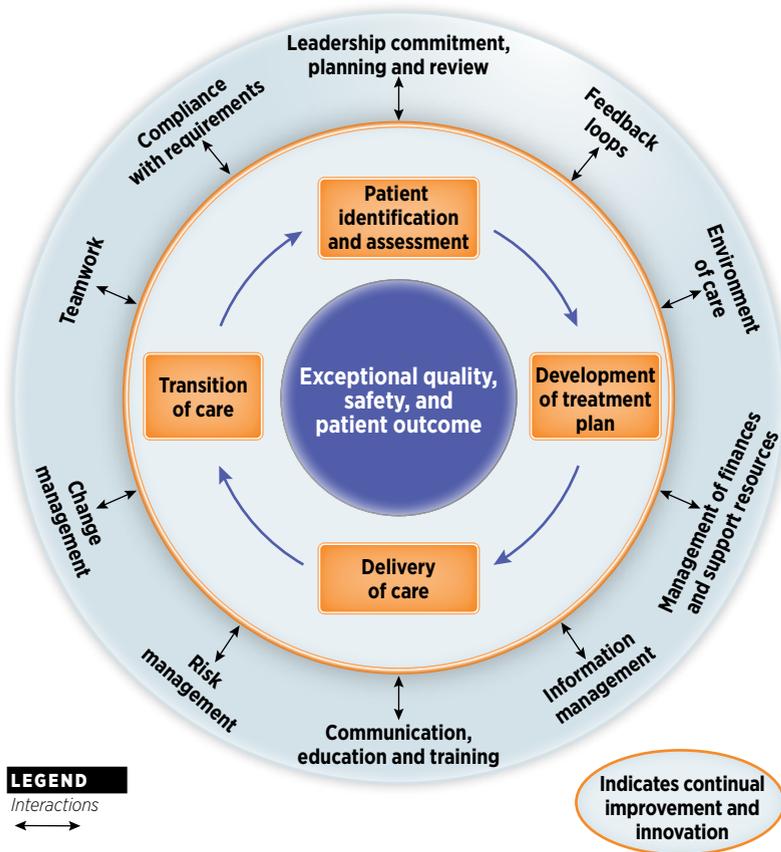
hospital. The project achieved statistically significant reduction in length of stay related to sepsis. Mortality also decreased. Inova was one of five hospitals invited by the Joint Commission Center for Transforming Healthcare to take part in a national sepsis collaborative.

Delaware's Department of Health and Humans Services provides annual quality and facilitation training for its public health department. Instead of running a workshop for only the 14 or so quality professionals in public health, the department opens the invitation to sister organizations and fills the workshop to capacity. Not only is cost spread over a larger number of participants, but participants also learn more about one another's organizations during workshop project debriefs.

Another example is the formation of a home care services department at Florida Hospital Waterman in Tavares, FL. The home care services function is supported by a professional advisory committee that meets regularly to provide input from community leaders. Community quality professionals volunteer with the committee along with the full-time hospital quality manager.

FIGURE 1

## Hospital-based healthcare quality management system model



## Emerging models guide collaboration

One model of community health integration in recent years is the previously mentioned Affordable Care Act, in which a local hospital is identified as the focal point for integrated preventive and clinical care.

Another integrated model focused on the hospital environment was unveiled in May 2016. The ASQ Healthcare Technical Committee, a joint development of ASQ's Healthcare and Quality Management divisions, unveiled the hospital-based healthcare quality management system (QMS) model. This model represents the work of a dedicated team of professionals who understand hospitals and QMSs.

As the executive summary of the monograph states, "This hospital-based healthcare QMS model is directed to the CEO and chief medical officer (CMO) who seek to improve patient outcomes, safety and satisfaction, as well as cost savings, risk management and regulatory compliance. A QMS is defined as a formalized

system that documents the structure, responsibility and procedures required to achieve effective quality management that is focused on the quality policy and quality objectives to meet customer requirements. This organizationwide QMS specifically describes the systematic process in healthcare for improving all aspects of patient outcomes and operating performance.”<sup>4</sup>

The QMS model’s purpose is “to provide leaders of healthcare organizations with a framework for evaluating current business conditions against a set of commonly accepted quality management fundamentals, which have been adapted specifically for the healthcare business environment.”<sup>5</sup>

Figure 1 is an illustration of the QMS model that includes four areas of consideration:

1. The core of the model delineates expected results—exceptional quality, safety and patient outcomes.
2. The middle circle details four key components of the patient’s care delivery—identification and assessment, development of a treatment plan by all primary and ancillary services, delivery of care, and transition of care to the next level or discharge.
3. The 10 critical quality system elements that provide the infrastructure and framework for supporting and influencing achievement of exceptional quality, safety and patient outcomes are described in the outer circle.
4. All these quality system elements work together and are supported by the integration of continual improvement and innovation to ensure better patient care and business efficiency are achieved.

Integrating the clinical pathways of the QMS model’s middle circle with the outer circle’s healthcare quality system elements weaves a tapestry that overcomes traditional healthcare silos. The value of the model and the four areas of consideration lies in the recognition that an effectively functioning system cannot be constrained by silos. The quality system elements in the outer circle of the model represent operational processes that must perform in a repeatable and reliable way to provide the central result of exceptional quality, safety and patient outcomes.

The hospital-based healthcare QMS model has been tested by EvergreenHealth Systems in Kirkland, WA, as an assessment vehicle for continuous improvement. The improvement team performing the self-assessment observed that the model guided it effectively across its complete system of patient care and operations.

## The best hospitals work together

EvergreenHealth has a long history of award-winning patient care. In an email dated Feb. 22, 2017, CEO Robert H. Malte

informed his organization that Healthgrades, a company that provides information about physicians, hospitals and healthcare providers, announced that EvergreenHealth was the recipient of the 2017 America’s 100 Best Hospitals Award, recognizing its high-quality patient care, and was placing EvergreenHealth among the top 2% of hospitals in America.

“This recognition, along with our numerous other achievements, is a direct reflection of the commitment from each of you to our purpose of working together to enrich the health and well-being of every life we touch,” Malte wrote.

Limiting quality improvement, communication or information exchange to the traditional silos of clinical functions does not propel hospitals toward exceptional quality, safety and patient outcomes. Examples such as those given in this column show the value of systemwide, integrated communication and sharing. [QP](#)

### EDITOR’S NOTE

The full monograph describing the QMS model is available at <http://tinyurl.com/healthcare-qms-model>.

### REFERENCES

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