Continuous Quality Improvement
(abbreviated deck)

Rahul Koranne, MD, MBA, FACP
Chief Medical Officer, Minnesota Hospital Association
Agenda

• Context
• Our Model
• Examples
• Discussion
Quadruple Aim

Experience of Care

Caring for Healthcare Staff

Population Health

Per Capita Cost
I never guess. It is a capital mistake to theorize before one has data. Insensibly one begins to twist facts to suit theories, instead of theories to suit facts.
Continuous Improvement Model

Plan

Do

Check

Adjust

Celebrate

ID Issue
MHA Road Map

### General practices, continued

**ADVANCED**
- Our organization regularly monitors the effective completion of the pre-procedure and Time Out process steps through observational audits in anesthesia, invasive bedside procedures, ED, cath lab, endoscopy, and clinic.
  - Observational audits are standardized, conducted consistently for a specified time and a specified amount and timing of the data entry of the audit is also identified and followed.
  - For example: Each month observational audits are performed by a department leader.
    - Cath Lab: 5 audits/month
    - Clinic: 10 audits/month
    - By the 5th of the month, designated departmental staff or Quality Dept. staff enter aggregate data into the data portal.

- Automation and health information technology (HIT) is present within the specimen management process.
  - For example:
    - The facility’s primary electronic health record (EHR) interfaces with the facility’s laboratory information system (LIS).
    - The LIS transmits accurate and timely results to the EHR and the specified provider(s).
    - The EHR transmits accurate and timely patient and order information to the LIS.
    - The EHR generates or electronically transmits a specimen requisition.
    - There is an automated labeling system (e.g., bar coding, RFID).

**FUNDAMENTAL**
- Expectations are communicated to ordering providers that at a minimum critical components (pre-op diagnosis, procedure to be performed and procedure location) need to be completed by the person, or designee, who will be performing the procedure prior to scheduling a procedure with the facility.

### Specific road map element is missing

- Consider the following resources:
  - According to the Agency for Healthcare Research and Quality (AHRQ) (2016), errors related to the handling of surgical specimens can lead to serious patient harm in the form of delayed and missed diagnosis as well as repeat procedures. The Specimen Management in the Operating Room gap analysis provides evidence-based recommendations for hospitals in the development of a comprehensive specimen management program.
    - [Specimen Management in the Operating Room](#)

### One stop tool

### Web portal

### Gap assessment

### Customize actions

### Linked resources

### Track actions

### Track progress
Visual Control
Discussion