Setting the Stage: Success in Performance Excellence

Providence St. Joseph Health
The function of the Quality Improvement (QI) team has evolved from the basics of quality assurance to a much more sophisticated function for many reasons. An increased complexity of the patient care delivery, advancements in technology, the increase in evidence based medicine, the evolution in performance improvement science, the increase in regulatory requirements, better data systems, and evolving models of payment focused on value represent some of the changes over the last 10 years. Unfortunately, the science behind what is needed to support today’s quality & performance improvement requirements (including optimal structures, resource allocations, and requisite training and skills, etc.) is lagging behind and there are currently no national benchmarks established for a high functioning QI team.

This broad variation in structure, skills, allocated resource and expectations has led to unpredictable and inconsistent performance improvement at the local hospitals and at the health systems’ regional level, hindering the rapid spread of successful practices across a large multi-hospital organization. We set out to better define these for St. Joseph Health (SJH).

The team then followed the process below to survey, address, and partner with leadership to resolve resource gaps and to better empower the local quality improvement teams. We believe this is the first step in achieving an ideal design for a hospital level quality improvement team to continue to drive quality improvement, patient safety and value.

### Case Study: Risk Management

**HOSPITAL A**
- **The Risk team is at least independent in all key risk functions except FMEAs, but that work is done by the QI team.**
- **The cross-cover of risk within the region is a “best practice” and serves the region well.**
- **Overall Hospital A appears adequately staffed. They report 3.5 Risk FTEs which is comprised of 6 team members.**

**HOSPITAL B**
- **Overall Risk team is inexperienced and has suffered from high turnover.**
- **The reported 3.9 FTE count should be sufficient to be successful when coupled with appropriate training and leadership support.**

**Findings & Recommendations for Risk Management**

**Key Skills & Competencies**
- Manages event reporting system in collaboration with medical staff, nursing, and other clinical leaders.
- Leads critical event investigations.
- Leads root cause analysis.
- Reports claims to appropriate carrier.
- Manages difficult patients, grievances, and complaints.
- Oversees discloses process.
- Provides defense counsel support (litigation discovery).
- Conducts FMEA/proactive risk assessments.
- Collaborative Just Culture expertise.
- ASHRM Barton Modules.
- Six Sigma experience.
- CPHRM certification.

**Advanced Curriculum**
- System Office Site Visit and 1:1 Orientation.

**Recommendations**
1. The Risk Team should continue to pursue CPHRM Certification (the goal has already been set by the Risk Director).
2. Consideration should be given for the creation of a Risk Manager position to help coordinate the team and back-fill the Risk Director.
3. The team should continue their regional risk educational meetings, with a focus on developing CPHRM expertise.
4. Resource X should be groomed for regional promotional opportunities and/or local succession planning.

**Next Steps**
- Analyze the correlation between the recommended expertise categories and the quality outcomes at the local hospital level.
- Partner with local hospitals to identify improvement opportunities, demonstrate improvement, and spread of successful practices.