

Chapter 21: Clinical Quality Management

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Learning Objectives

- Identify terminology related to quality and performance improvement
- Examine historical and present-day contexts related to clinical quality
- Analyze the role of organizations and organizational mechanisms influencing clinical quality
- Determine tools and processes used to improve clinical quality
- Identify professional roles and certification examinations related to clinical quality
- Evaluate emerging issues affecting clinical quality
- Compare the various types of outcomes and effectiveness measures

Key Terms

Accreditation	Evidence-based practice	Organizational culture
Accreditation Association for Ambulatory Health Care	Explicit knowledge	Outcomes and effectiveness research (OER)
Agency for Healthcare Research and Quality (AHRQ)	External benchmarking	Patient Protection and Affordable Care Act (ACA)
American College of Radiology	Healthcare Cost and Utilization Project (HCUP)	Performance
Benchmarking	Healthcare Quality Improvement Act of 1986	Performance improvement
Care coordination	Health data stewardship	Plan-do-check-act (PDCA)
Case management	Health Information Technology for Economic and Clinical Health (HITECH) Act	Quality
Case managers	Information governance	Quality indicators
Change management	Internal benchmarking	Quality management
Clinical Laboratory Improvement Amendments	Interprofessional education	Quality professional
Clinical pathways	Joint Commission	Tacit knowledge
Commission on Accreditation of Rehabilitation Facilities	Leadership	Telehealth
Conditions for Coverage	Medical malpractice liability	Total quality management
Conditions of Participation	Medical peer review	Tracer methodology
Credentialing	Medical staff	Triple Aim
Emergency Medical Treatment and Active Labor Act (EMTALA)	Medicare Prescription Drug, Improvement, and Modernization Act	Value-based payments
	Mission statement	Vision statement
	National Practitioner Data Bank (NPDB)	

Real-World Cases

1. A 2014 CBS News online article reported on a patient who died after a hospital in Oregon admitted to giving the patient an incorrect drug. The patient needed an anti-seizure drug and was instead administered a paralyzing agent typically used for patients during surgery.

At the time of the story, three hospital employees had been placed on leave and the hospital was conducting a thorough investigation.

Source: CBS News. 2014, December 4. Hospital medication error kills patient in Oregon. Retrieved from <http://www.cbsnews.com/news/oregon-hospital-medication-error-kills-patient/>

Discussion Questions

a. If the investigation found that the physician leading the patient's care was involved in the error, what type of review might take place?

b. Provide three examples of hospital departments that would be involved in the investigation of this type of error?

2. One of the quality measures reported by hospitals to the Centers for Medicare and Medicaid Services which is published on the Hospital Compare website is statistics on "surgery patients who were given an antibiotic at the right time (within one hour of surgery) to help prevent infection." Answer the following questions to reflect on your understanding of this quality measure.

Source: Medicare.gov, Hospital Compare. (n.d.). Measures and current data collection periods. Retrieved from <https://www.medicare.gov/hospitalcompare/Data/Data-Updated.html>

Discussion Questions

a. Why is it clinically important for patients to receive antibiotics prior to surgery?

b. In regards to clinical documentation in the health record that would be reviewed to report on hospital performance of this quality measure, which portion of the record would provide the most accurate details to confirm the administration and time of administration of antibiotics prior to surgery?

c. If hospital a consistently scores low on this measure, what does this indicate?

d. If a hospital is scoring low on this quality measure, which clinical quality management process could be used to help the hospital understand why the performance is low, formulate a plan to improve its score, implement the plan, and evaluate results of this measure in the future?

Application Exercises

1. Visit at least three separate websites of groups or agencies that are concerned about the quality of healthcare. Submit a written critique of each website. The critique should include the items you found most helpful and how the websites might be of value to you as an HIM professional.

2. Visit the IHI Open School website (<http://www.ihl.org/education/ihlopenschool>) and complete a free course that relates to tools or processes used in managing clinical quality. You will need to register with their website to get started with your selected course; registration is free. Once you complete all lessons within the course you selected and achieve a score of 75 percent or higher on the assessment for the course, submit a copy or screen print showing your 75 percent or higher pass rate for the course to your instructor.

3. Locate a mission statement on the Internet for a long-term care or skilled nursing facility. Provide details for the following prompts in reaction to the mission statement you reviewed:

- a. The name of the organization
- b. The website address from which you located the mission statement
- c. The mission statement
- d. General reactions/thoughts about the mission statement
- e. Specific feedback on if the mission statement articulates the organization's commitment to quality. If so, how? If not, please explain.

4. Assume that two nursing units are experiencing higher rates of patient falls than the other six nursing units in a rehabilitation hospital. Create a theoretical reason this is occurring. Create a document; in the document provide a synopsis of what is occurring and the reason you have established it is occurring. Also in the document, using the plan-do-check-act process, describe how the issue will be addressed.

Review Quiz

Instructions: Choose the most appropriate answer for the following questions.

1. *To Err is Human: Building a Safer Health System* was published by which organization?
 - a. Institute for Healthcare Improvement
 - b. American Hospital Association
 - c. Institute of Medicine
 - d. Centers for Medicare and Medicaid Services
2. Which of the following is true about value-based payments?
 - a. Value-based payments focus on paying for quality of care versus quantity of care provided
 - b. Approaches to value-based payments includes incentives or penalties
 - c. It is anticipated that quality management in healthcare will be continually influenced by value-based payment methodologies
 - d. All of the above
3. Which of the following is an example of data?
 - a. 97 percent
 - b. The patient has a 12.2 hemoglobin; hemoglobin reference range is 11.7–15.5 g/dL
 - c. 0.75
 - d. Answer choices a and c are examples of data

4. The acronym PDCA refers to which of the following?
 - a. plan-do-check-act
 - b. plan-document-check-attack
 - c. provider-doctor-check-act
 - d. planning-documenting-checking-acting

5. Which accreditation organization is known for Tracer Methodology?
 - a. Commission on Accreditation of Rehabilitation Facilities
 - b. The Joint Commission
 - c. Accreditation Association for Ambulatory Healthcare
 - d. American College of Radiology

6. In relationship to information governance in healthcare, which organization established a definition for information governance?
 - a. The Joint Commission
 - b. National Committee on Vital Health Statistics
 - c. American Health Information Management Association
 - d. American Hospital Association

7. Hospital A compares its catheter associated urinary tract infection rates with hospital B. This is an example of which of the following?
 - a. External benchmarking
 - b. External comparing
 - c. Internal benchmarking
 - d. Internal comparing

8. Quality Check, a publicly accessible website with quality indicator results from healthcare organizations, is offered to the public via which organization?
 - a. Centers for Medicare and Medicaid Services
 - b. Leapfrog Group
 - c. The Joint Commission
 - d. Institute for Healthcare Improvement

9. A hospital receives less reimbursement because a patient acquires a stage 4 pressure ulcer during a hospitalization. This is an example of which of the following?
 - a. External benchmarking
 - b. Value-based payment penalty
 - c. Internal benchmarking
 - d. Value-based payment incentive

10. True or false? Quality management efforts are interprofessional and multidisciplinary in nature.
 - a. True
 - b. False

11. True or false? The Healthcare Quality Improvement Act set the legal precedent that healthcare organizations as well as providers could be held liable when harm was caused to patients in the course of clinical care.
 - a. True
 - b. False
12. True or false? Accreditation, such as that performed by The Joint Commission, is a mandatory undertaking for a healthcare organization.
 - a. True
 - b. False
13. True or false? Quality data reported by healthcare organizations to the Leapfrog Group is reported voluntarily.
 - a. True
 - b. False
14. True or false? Internal benchmarking is the only type of benchmarking performed by organizations.
 - a. True
 - b. False
15. True or false? The Healthcare Quality Improvement Act was the first federal legislation addressing peer review.
 - a. True
 - b. False
16. True or false? Concerns have been expressed by some that evidence-based care thwarts physician autonomy in clinical decision-making.
 - a. True
 - b. False
17. True or false? The HCQM credential is offered by the American Hospital Association.
 - a. True
 - b. False
18. True or false? The image and reputation of a healthcare organization is influenced somewhat today by social media.
 - a. True
 - b. False
19. True or false? The concept of a Learning Health System relies in large part on smart and effective use of information resources.
 - a. True
 - b. False

20. True or false? Being an accredited healthcare organization is all that a healthcare organization must do to prove their commitment to quality.
- True
 - False
21. True or false? Consumers can access data online which is published by the Leapfrog Group to review the quality of care in hospitals.
- True
 - False
22. “XYZ hospital provides healthcare services focused on meeting the physical, mental, and spiritual needs of our patients” is an example of a(n) _____ statement.
- organizational culture
 - mission
 - vision
 - quality management
23. The term _____ refers to physicians and other approved practitioners who are granted rights and responsibilities to admit patients into a healthcare facility for medical care.
- Conditions of Participation
 - medical peer review
 - peer review
 - medical staff
24. _____ is known as the “father of modern day surgery”.
- Joseph Lister
 - American College of Surgeons
 - Florence Nightingale
 - Ignaz Semmelweis

Instructions: For questions 25–28, match the term with the correct definition.

- The Joint Commission
 - American Association for Ambulatory Healthcare
 - American College of Radiology
 - Commission on Accreditation of Rehabilitation Facilities
25. _____ This organization accredits ambulatory surgery centers
26. _____ This organization accredits ambulatory centers specialized in imaging services
27. _____ This organization accredits acute care hospitals
28. _____ This organization accredits addiction and substance abuse treatment facilities