

A Brief Description of Improvement Management as the Highest Application of Change

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Implementing and maintaining change has become an enormous challenge within healthcare. It is little wonder. Continuous improvement efforts occur within a complex industry as transformational change is rocking its long-established business model. As a result, improvement has never been *more essential* in all of healthcare.

With all that change, it is surprising that “Improvement Management” is seldom practiced. After all, while change provides opportunity for improvement, improvement cannot occur without further change. Management of that change is required to implement improvement, utilize limited resources, and ensure lasting improved performance. Therefore, *Improvement Management is the highest application of change.*

Defining the problem

Disorder in healthcare contributes to loss of reimbursement, poor quality, increased costs and potential harm to patients. Current improvement efforts require considerable time and resources of staff, yet their efforts often yield marginally effective or short-lived improvement. Improvement fails to attain full potential and acceptance because lack of comprehensive integration and alignment of change into organizational operations.

In contrast, Improvement Management disseminates timely innovations and interventions throughout the healthcare organization to attain operational and staff compliance and reduce error. This proactive approach spreads and sustains improvement throughout the organization by comprehensively incorporating it into operational structure and tools. Behavior change among staff is often seamless as documentation, policy, procedure, job tools, patient education, consent forms, evaluations, Strategic Plans, Medical Staff Rules and Regulations and more are all simultaneously in alignment. Surveyors find fewer discrepancies, process is better standardized and physicians and staff spend less time on operational issues and more time with patients.

Improvement Management provides:

- Horizontal and vertical operational support to expand successful improvement beyond the initial project,
- Bridges to the disconnects between silos within healthcare systems,
- An alternative to numerous previous disappointing improvement efforts,
- A method that adapts to diverse operations and healthcare settings,
- The means to continuous survey compliance with policy and procedure,
- A step toward Operational Excellence and
- The promotion of a robust culture of safety.

Managing Improvement

Improvement Management maximizes healthcare outcome by focusing on the processes leading to those outcomes. This is accomplished by diverse albeit, synergistic stakeholders from *within* the organization to create an Operational Excellence Council (OEC) to

integrate systematic improvement into routine process. The Chief Medical Officer or another professional with ties to executive leadership may chair this council.

Utilizing tools from ISMP, TJC, AHRQ, etc. and document management software, the OEC requires all operations to be safe, timely, effective, efficient, equitable and patient-centered. This council analyzes the impact of change on all areas to manage improvement and effectively orchestrate change. ***The OEC does not create improvement, but rather prioritizes, supports and proactively integrates it operationally throughout the organization.***

Concerns that may generate a request for broader organizational support and consideration by the OEC include (but is not limited to):

- Adverse Events,
- Changes to Best Practice, Regulatory requirements or Quality Measures,
- Incident trends,
- Sentinel Event Alerts,
- Expansion of successful PI pilot projects (e.g. – Adding alarm and armband checks to bedside handoff) and
- Risk Assessment, Root Cause Analysis or Failure Modes Effects Analysis.

Once a request for review is submitted, the OEC provides comprehensive analysis of the request and determines the strategies for impacted areas to establish a consistent change in practice and provides feedback.

The OEC requires divergent and convergent applications of experienced insight to effectively manage improvement and may consult in-house expertise as needed. In addition to clinical areas, valuable perspectives include those of Performance Improvement, Quality, Patient Safety, Risk Management, Medical Staff, Regulatory, Infection Prevention, Staff Education, Web Master and Policy & Procedure along with Information Systems and Data Analysis.

The OEC guides compliance with best practice, proactively reduces systemic causes of error, expedites staff behavior change and makes doing the right thing intuitive by healthcare providers by:

- Providing consistent and coordinated just-in-time tools, medical record documentation methods, education, website information and more throughout the continuum of care,
- Effective use of human factors,
- Standardizing practice and process,
- Avoiding reliance on memory of the caregivers and
- Integrating survey readiness, patient safety and operational excellence throughout the organization.

Cost Analysis

It is challenging to establish a cost associated with the time, effort and resources spent on improvement activity within any healthcare organization. Unfortunately, many of these efforts will meet with marginal effectiveness, be short lived or fail to establish enough “reach” within the organization to change organizational process, practice and attitude. Furthermore, publications of anecdotal success by others often cannot accommodate the diversity of structure, services and resources among healthcare organizations (Chassin & Loeb, 2011).

It is known, however that the costs of disorganization in healthcare are too high; the consequences too dire; the operating margins too thin. Improvement Management provides a customized approach to incorporate best practice into routine care. Costs incurred by these efforts are offset by the increase in productivity, reduction of waste, increase in best outcomes and a renewed dedication to mission.

Improvement Management and the OEC are not intended to add or replace personnel. Employees of Performance Improvement, Patient Safety, Regulatory departments or similar personnel however will likely be involved with OEC activity. In return the organization receives a comprehensive improvement process, led by in-house expertise that is specific to the operational resources and needs of the patients and staff within that healthcare organization.

Summary

Improvement Management is a cost-efficient, patient and staff-centered method to improve performance whose value is supported by evidence. Research indicates that 75 - 80% of initiatives that require behavior change fail because leaders are not adequately involved (Birk, 2015). The OEC is an extension of that leadership and brings interdisciplinary and operational know-how to the effort.

Improvement within healthcare today is less a requirement than an imperative. Managing improvement in healthcare can best be accomplished by those who know that organization. Then, customized improvement and implementation across unique healthcare settings moves toward Operational Excellence.

Benefits to the Stakeholders of Improvement Management

Executives - Fewer readmissions. Shorter length of stay. Preserves revenue. Maximizes value by focusing on outcomes. Improved medical staff, employee and patient satisfaction. Reduced exposure to risk.

Practitioners – Improved clinical and operational efficiency. Efficient processes. Technology and process support workflow and thought flow.

Care providers – Clinical efficiency. Improved time management. Standardized best practice. More quality and quantity of care.

Patients and family - Returns home quickly with improved health. Finds value in care provided. Prepared for self care.

Payers – Fewer readmissions. Shorter length of stay. Adequate documentation of care. Clean claims. Fewer complaints.

Accreditation – Increased compliance with standards. Sustained improvement. Promotes innovation.

Reference

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- Chassin, M. R., & Loeb, J. M. (2011). The ongoing quality improvement journey: Next stop, high reliability. *Health Affairs*, 30, no. 4 (2011): 559-568