Western Technical College

10530161 Health Quality Management

Course Outcome Summary

Course Information

Description: Explores the programs and processes used to manage and improve healthcare quality. Addresses regulatory requirements as related to performance measurement, assessment, and improvement, required monitoring activities, risk management and patient safety, utilization management, and medical staff credentialing. Emphasizes the use of critical thinking and data analysis skills in the management and reporting of data.

Career Cluster: Health Science

Instructional Level: Associate Degree Courses

Total Credits: 3.00

Core Abilities

1. Demonstrate ability to think critically.

2. Make decisions that incorporate the importance of sustainability.

3. Use effective communication skills.

4. Use technology effectively.

Course Competencies

1. INVESTIGATE performance improvement principles, models, tools and considerations

   Assessment Strategies
   1.1. Oral, written or graphic assessment

   Learning Objectives
   1.a. Trace the legislative reforms, technological advances and scientific discoveries that have influenced modern healthcare quality initiatives
   1.b. Differentiate between internal and external customers in the healthcare delivery system
   1.c. Explain the importance of quality to the stakeholders in healthcare (patient, provider, healthcare facility, public, etc.)
1.d. Differentiate suppliers of a healthcare product or service and internal and external customers of that product or service
1.e. Demonstrate the importance of customer perspectives in the PI process
1.f. Explain how the cyclical nature of performance improvement and continuous monitoring exposes variation
1.g. Follow steps in the performance improvement cycle (identify measures, measure performance, analyze data, identify PI activities, ongoing monitoring)
1.h. Assess the effective use of teams in PI activities (composition, role of team members)
1.i. Illustrate the relationship between the organization wide performance improvement cycle and the team based performance improvement cycle
1.j. Research key individuals and organizations that have shaped the theory and developed models for use in performance improvement activities
1.k. Examine the methodology, goals and benefits of common performance improvement models (Six Sigma, Lean, Systems Thinking)
1.l. Define the parts of a performance measure (numerator, denominator, population)
1.m. Differentiate internal and external benchmark comparisons
1.n. Use benchmarking as a tool to establish baselines and monitor performance over time
1.o. Use a dashboard to monitor performance measures
1.p. Use tools designed to identify customers or to determine performance measures (brainstorming, nominal group technique)
1.q. Use aggregate data to support data analysis
1.r. Use a control chart to monitor data variation
1.s. Recognize the correct graphic presentation for a specific data type
1.t. Describe tools to communicate PI findings (storyboard, minutes)
1.u. Evaluate presentation tools for display of PI data (storyboard, dashboard)
1.v. Differentiate between surveys and interviews
1.w. Assess the effectiveness of tools used to measure customer satisfaction (surveys, interviews)
1.x. Describe the principal aspects of healthcare that are targeted for performance measurement (systems, processes, outcomes)
1.y. Describe how an organization prioritizes aspects of healthcare that are measured (high risk, high volume, problem prone considerations, patient outcomes (sentinal events), customer feedback, regulatory requirements)
1.z. Identify the needs and expectations of the customer of a healthcare product or service
1.aa. Determine whether outcomes meet the needs and expectations of the customer of a healthcare product or service

2. **EVALUATE performance data for patterns, trends and opportunities for improvement**

Assessment Strategies
2.1. Oral, written or graphic assessment

Learning Objectives
2.a. Determine aspects of service to monitor in the provision of care, treatment and services (core processes: assessment, planning, provision of care, treatment and services, coordination)
2.b. Articulate the differences between structure, process and outcome performance measures
2.c. Write measurable indicators to monitor quality of care, treatment and services
2.d. Determine data needed to create performance rates
2.e. Collect data for performance measurement (outcomes review, core measures, seclusion, restraint monitors, blood products review, medication review, documentation review, evaluation of core standards and pathways)
2.f. Display collected data in a table, graph, spreadsheet or database
2.g. Discuss how thresholds are set for indicator monitoring
2.h. Analyze results of performance monitoring activities (percent meeting/not meeting criteria, exceeding or meeting thresholds, etc.)
2.i. Describe how national patient safety goals interface with the performance improvement cycle during the patient care process
2.j. Explain how standardization of care processes increases quality while lowering costs of patient care (consider universal protocols for surgery, clinical guidelines, evidence based medicine, pay for performance initiatives)
2.k. Explain how partnering with agencies and consumer groups has improved the quality of patient care

3. **EVALUATE utilization data for patterns, trends and opportunities for improvement**
Assessment Strategies
3.1. Oral, written or graphic assessment

Learning Objectives
3.a. Discuss legislation and regulations leading to healthcare utilization controls (Medicare, Medicaid, managed care, etc.)
3.b. Describe what is meant by optimizing the continuum of care
3.c. Articulate how utilization management controls help to optimize the continuum of care
3.d. Identify and discuss the steps in the case management function
3.e. Illustrate how application of criteria sets and core indicators contribute to the management of care in the US healthcare system
3.f. Explain the role of the PA Advisor, Case Manager and UR Technician within the utilization management function
3.g. Describe the denial of payment process that occurs when documentation does not support criteria for admission or continued stay
3.h. Discuss ethical considerations with respect to assignment of criteria and notification of denials
3.i. Differentiate utilization criteria - preadmission, continued stay, intensity, severity, appropriateness, discharge screens, retrospective, other)
3.j. Apply criteria to determine a patient's eligibility for admission or continued stay or necessity for discharge
3.k. Apply generic screens to data
3.l. Collect and organize avoidable days data
3.m. Collect comparative hospital benchmarking data
3.n. Collect utilization data (UR criteria, thresholds, critical path variation, occurrence screens)
3.o. Monitor utilization data (develop database for avoidable days tracking)

4. EVALUATE risk management/patient safety data for patterns, trends and opportunities for improvement

Assessment Strategies
4.1. Oral, written or graphic assessment

Learning Objectives
4.a. Discuss the importance of managing risk exposure in today's healthcare organization from various viewpoints (patient, provider/staff, administration, public)
4.b. Investigate the role of agencies that develop regulations related to risk management (OSHA, Worker's Comp, Joint Commission)
4.c. Describe programs and plans that are key elements in a health care organization's environment of care (safety program, security management, hazardous materials and waste management, emergency preparedness, life safety (fire prevention) medical equipment management, utility management)
4.d. Describe concepts related to risk management (risk, potentially compensable event, proactive error reduction, adverse event, incident, sentinel event, near misses, insurance)
4.e. Describe items that should be addressed in a risk management plan, policies and procedures (approaches to risk reduction, method of risk identification, tools and techniques used to identify and monitor risk, communication process when PCE occurs)
4.f. Outline the role of the risk manager and the risk management team
4.g. Identify the relationship between the Joint Comission Environment of Care standards and the National Incident Management System in the development of an emergency operations plan
4.h. Discuss ethical considerations in risk management
4.i. Illustrate risk reduction strategies related to infections (universal precautions, infection surveillance, education, screening)
4.j. Explain how patient advocacy may lessen the impact potentially compensable events can have in healthcare organizations
4.k. Analyze the importance of using occurrence reporting to identify sentinel events and decrease risk exposure
4.l. Emphasize the importance of National Patient Safety Goals for healthcare organizations and strategies for proactive risk reduction activities
4.m. Outline the important functions in a safe and effective medication management system
4.n. Differentiate healthcare associated infections from community acquired infections
4.o. Conduct a hazard vulnerability analysis
4.p. Discuss how sentinel events can point to important opportunities to improve safety in healthcare organizations
4.q. Explore the Joint Commission's Sentinel Event Alerts and their relationship to patient safety
4.r. Follow the incident reporting process
4.s. Describe patient safety issues and the legal consequences associated with medication errors and adverse drug events
4.t. Become familiar with the process of monitoring and reporting medication errors and adverse drug events
4.u. Identify how health policy, national initiatives, private sector and professional advocacy all contribute to the design of a safe medication management system
4.v. Follow a medication reconciliation process
4.w. Compare patient safety protocols to National Patient Safety Goals
4.x. Follow steps to monitor safety documentation (safety data sheets)
4.y. Use the failure mode and effects analysis (FMEA) tool as a proactive risk reduction strategy in anticipating medication system failures
4.z. Use flow charts to analyze or redesign a process
4.aa. Create and analyze a cause and effect diagram for a given problem
4.bb. Conduct a root cause analysis for a given scenario
4.cc. Organize and collect risk data (create a RM database)
4.dd. Demonstrate understanding of the relationship between quality management, patient safety and RM
4.ee. Use aggregate data to report risk trends (using RM database)

5. REPORT facility-wide outcomes data (internally & externally)

Assessment Strategies
5.1. Oral, written or graphic assessment

Learning Objectives
5.a. Explore regulations and standards for a PI plan (Joint Commission standard)
5.b. Describe what organizations should do with the information gathered from the performance improvement program evaluation
5.c. Discuss the ways performance improvement activities are implemented and findings are communicated throughout the organization
5.d. Organize performance improvement data for effective review by a board of directors (dashboard)
5.e. Analyze the relationship between performance improvement and strategic planning

6. EXAMINE the organization's accreditation, licensure and credentialing processes

Assessment Strategies
6.1. Oral, written or graphic assessment

Learning Objectives
6.a. Compare the PI perspectives of accreditation, certification and licensure
6.b. Interpret legislative requirements for quality improvement programs
6.c. Compare accreditation, certification and licensure's various approaches to the site visit/survey
6.d. Discuss the purpose and activities of quality watchdog groups (Leapfrog)
6.e. Assess the significance and relationship of tort law to QI activities
6.f. Investigate the purpose and activities of QIOs
6.g. Describe indicators and data sources of the CMS and Joint Commission's core measure sets
6.h. Compare reported core measure data and analyze its usefulness to the paper, patient, government and healthcare facility
6.i. Analyze survey data and plan improvements
6.j. Outline the credentialing process for independent practitioners and employed clinical staff
6.k. Explore credentials verification organizations for medical staff
6.l. Interpret regulations governing medical staff (processes of appointment, reappointment and professional practice evaluation, required review activities)
6.m. Illustrate the role of the governing board and medical staff in maintaining a competency evaluation system for physicians and licensed practitioners
6.n. Describe the use of comparative performance data in performance assessment
6.o. Differentiate between medical staff credentialing and privilege delineation
6.p. Explore methods used for privilege delineation for medical staff
6.q. Examine the peer review process for medical staff
6.r. Discuss ethical considerations in medical staff appointment/reappointment and delineation of clinical privileges

7. UTILIZE data analytics for decision support, strategic initiatives, and research
Assessment Strategies
7.1. Oral, written or graphic assessment

Learning Objectives
7.a. Determine the reliability and accuracy of secondary data sources used in data mining
7.b. Conduct data mining to reveal trends in data related to quality in health care
7.c. Use data visualization tools to organize data for analysis
7.d. Utilize project management tools (Gantt, PERT)
7.e. Illustrate the project management function
7.f. Discuss steps in the project management life cycle (initiation, planning, execution, closure)
7.g. Illustrate the importance of closure with regard to reporting back to organizational leadership
7.h. Discuss means to avoid project failure
7.i. Draw conclusions from data analytics for strategic initiatives and research