SVS VQI PSO Quality Improvement

QI Methodology Toolkit

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Vascular Quality Initiative

Identifying a QI Project

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Use your VQI reports

- Bi-annual reports (Spring and Fall)
- Center Opportunity Profile for Improvement (COPI) reports
  - Center level
  - Physician level
- Analytics engine reports
- SVS guidelines and recommendations

Starting a QI Project – Team Members

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Identify Team Members

- Project lead
- Project sponsor
- Quality expert
- Front line staff
- Stakeholders

Starting a QI Project

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What are the desired improvements?

- Relevant
- Measurable
- Accurate
- Feasible

Starting a QI Project –be SMART

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When starting a QI Project, it is also important to select SMART goals. By making sure the goals you set are aligned with the five SMART criteria (**Specific**, **Measurable**, **Attainable**, **Relevant**, and **Time-Bound**), you have an anchor on which to base all of your focus and decision-making.

Starting a QI Project –be SMART

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Selecting a QI Model

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- Use a single model or combination
- Categorize and identify potential changes
- Already been proven effective
- Provides guidance on approach to change
- Improves quality care

PDSA

Model for Improvement/PDSA: This model focuses on three questions to set the aim or organizational goal, establish measures, and select changes. It incorporates **P**lan-**D**o-**S**tudy-**A**ct (PDSA) cycles to test changes on a small scale.

https://www.ihi.org/resources/tools

PDSA

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The PDSA Methodology, which is a Model for Improvement, is one of the most common QI methodologies utilized. The Institute for Healthcare Improvement (IHI) and Agency for Healthcare Research and Quality (AHRQ) have excellent PDSA tools available for download. The **PDSA cycle** is shorthand for testing a change by developing a plan to test the change (**Plan**), carrying out the test (**Do**), observing and learning from the consequences (**Study**), and determining what modifications should be made to the test (**Act**).

DMAIC or Lean Six Sigma

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The DMAIC model is a roadmap for Six Sigma, used to improve the quality of results that company processes produce. The letters DMAIC are short for: Define, Measure, Analyse, Improve and Control.

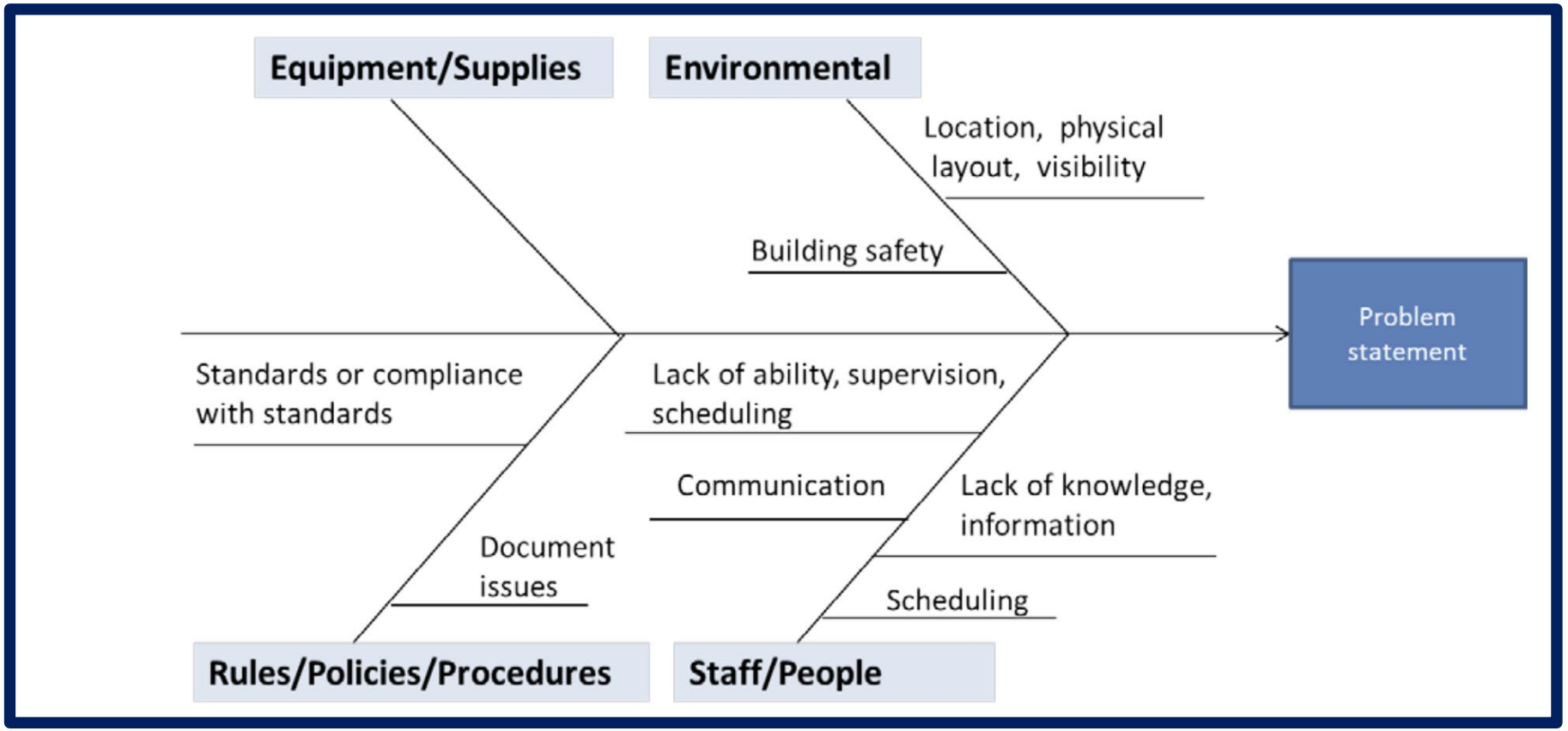
https://asq.org/quality-resources/dmaic#:~:text=DMAIC%20is%20an%20acronym%20that,(internal%20and%20external)%20requirements.&text=Measure%20process%20performance.

DMAIC/Lean Six Sigma

Fishbone

A cause-and-effect diagram, often called a “fishbone” diagram, can help in brainstorming to identify possible causes of a problem and in sorting ideas into useful categories. A fishbone diagram is a visual way to look at cause and effect.

Fishbone



https://www.cms.gov/medicare/provider-enrollment-and-certification/qapi/downloads/fishbonerevised.pdf

Donabedian Model of Care

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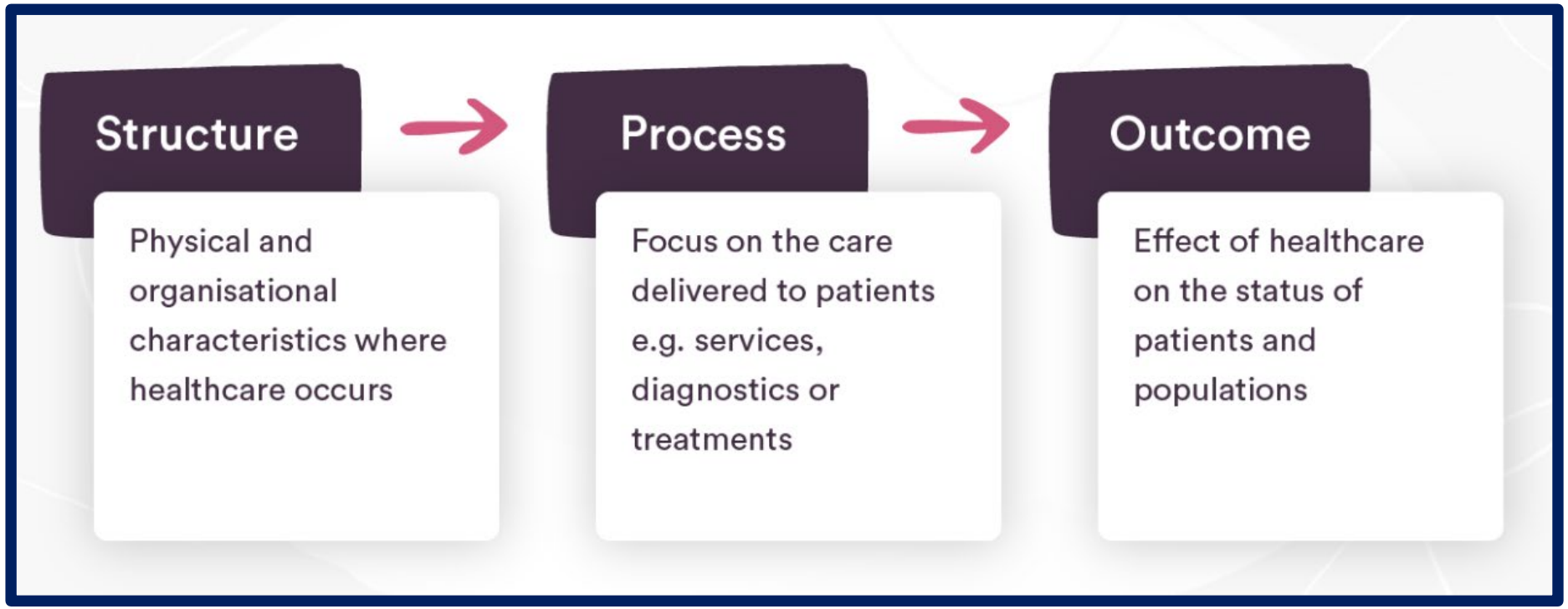
Measures used to assess and compare the quality of health care organizations are classified as either a structure, process, or outcome measure. Known as the Donabedian model, this classification system was named after the physician and researcher who formulated it.

Donabedian Model of Care



https://www.ahrq.gov/talkingquality/measures/types.html#:~:text=Measures%20used%20to%20assess%20and,and%20researcher%20who%20formulated%20it

FMEA

Begun in the 1940s by the U.S. military, failure modes and effects analysis (FMEA) is a step-by-step approach for identifying all possible failures in a design, a manufacturing or assembly process, or a product or service. It is a common process analysis tool.

https://asq.org/quality-resources/fmea

FMEA


Team of the experts
Data for analysis
Failures, effects, causes
Asset criticality assessment
Risk mitigation actions
Effectiveness analysis
FMEA

FADE

FADE -a cyclical model consisting of 4 steps

Focus – define the process to be improved

Analyze – collect and analyze data

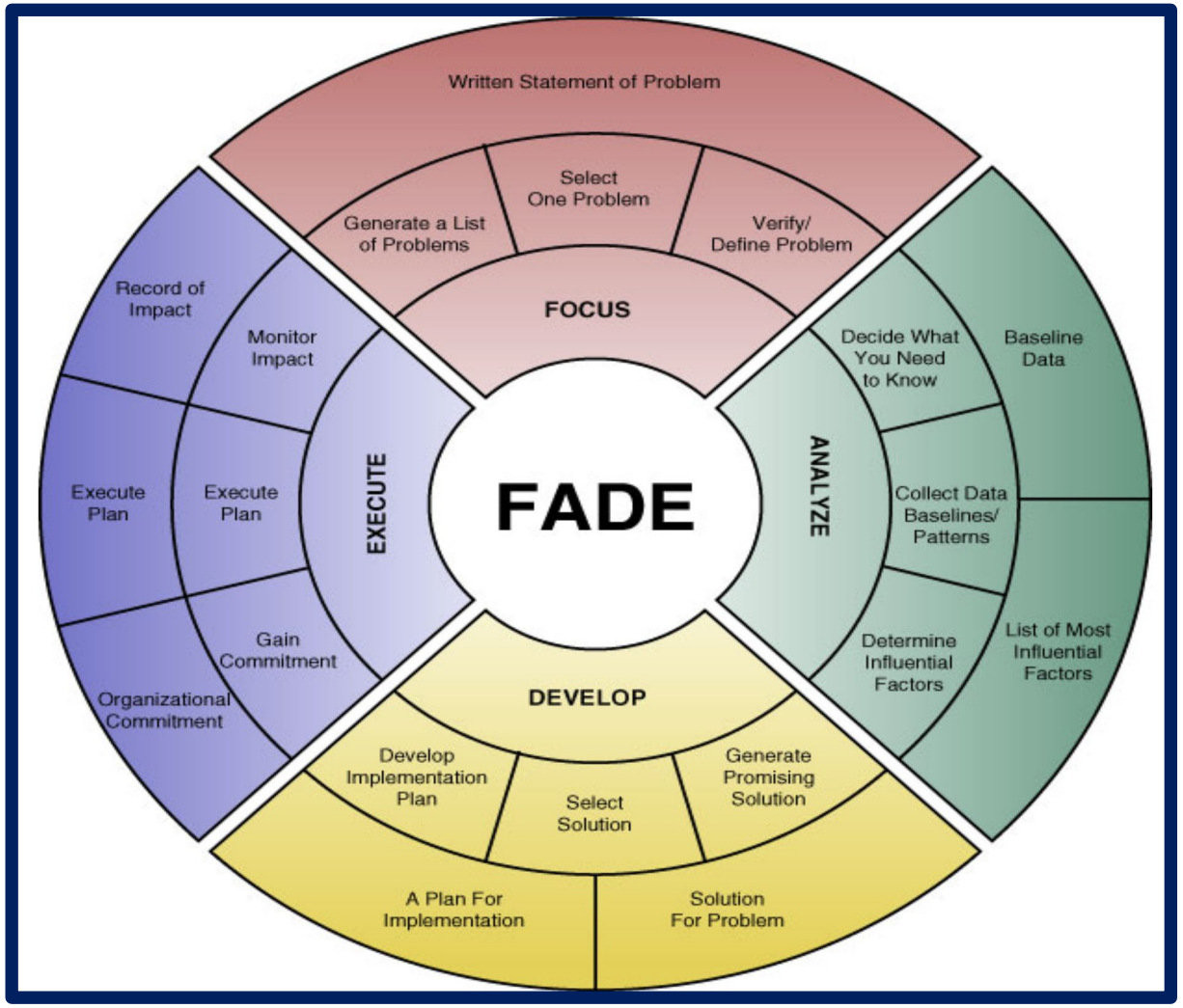
Develop – action plans for improvement

Execute – implement the action plans *and*

Evaluate – measure and monitor the system to ensure success

https://josieking.org/patientsafety/module_a/methods/methods.html

FADE


Written Statement of Problem
Generate a List of Problems
Select One Problem
Verify/ Define Problem
FOCUS
Record of Impact
Monitor Impact
Execute Plan
Execute Plan
EXECUTE
Gain Commitment
Organizational Commitment
FADE
Decide What You Need to Know
Baseline Data
ANALYZE
Collect Data Baselines/ Patterns
Determine Influential Factors
List of Most Influential Factors
DEVELOP
Develop Implementation Plan
Select Solution
Generate Promising Solution
A Plan For Implementation
Solution For Problem

Supporting the QI Project

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- Keep the momentum going
- Strike a balance
- Communication – informal and formal
- Celebrate success
- Learn from failure

Which Model(s) Best Fit Your QI Project?

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- Review www.vqi.org for resource materials
  - https://www.vqi.org/quality-improvement-members-only/
- Need members only access for VQI?
  - Contact jcorrea@svspso.org
- Develop a charter and email bwymer@svspso.org for approval
  - Sample charters https://www.vqi.org/quality-improvement-members-only/#qi-charters
- Any questions, contact bwymer@svspso.org