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The role of the decision-support Healthcare Quality Professional (HQP) requires a unique blend of statistical knowledge, technical prowess, innovative thinking, and healthcare knowledge. Pradeep Podila exemplifies this combination of skills—and an intense dedication to continuous learning—in spades.

Podila began his career in engineering, earning a bachelor's of technology in electronics and communications engineering from Nagarjuna University in India. He then moved to the United States, working in various IT roles outside of the healthcare field while pursuing his master's in electrical engineering from the University of Memphis, all while keeping his eye on his goal of working in healthcare. He pursued master's degrees in biomedical engineering and healthcare administration, followed by a doctoral degree in public health (concentration: epidemiology), not to mention his many credentials, including the Certified Professional in Healthcare Quality® and a Lean Six Sigma Black Belt, to realize his goal of becoming a healthcare leader.

This experience in technology and systems administration has made Podila an indispensable resource in his current role as a decision support data specialist in the division of Process Improvement and Innovation (PI&I) at Methodist Le Bonheur Healthcare in Memphis, TN.

THE IMPORTANCE OF REAL-TIME DATA

After gaining a strong understanding of the healthcare quality field during an internship in the Clinical Decision Support (CDS) at Methodist Le Bonheur, Podila began his first position within the organization with one goal: to make processes easier to follow and understand—for both stakeholders and users—to improve efficiency and reduce the potential for errors.

"The most important thing to keep in mind about healthcare quality is that decisions should be data-driven and based on reliable and valid data," Podila said. "And the key to achieving efficiencies is clearly defining a problem, analyzing the data to quantify the problem and identify the root causes, making improvement, and

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continuous monitoring of the improvement supported by relevant metrics. If something can be done in an hour, it should be done in an hour, not 2 days. We need 'just in time' information to work toward solving issues in real time, and efficient processes help make that happen."

To improve efficiencies at Methodist, Podila developed a standardized, system-wide Clinical Quality Report that presented organization stakeholders with simple-to-understand data on relevant core measures mandated by the Centers for Medicare & Medicaid Services (CMS). In addition, he has developed Leapfrog Bilirubin Compliance and NTSV C-Section dashboards to drive system-wide compliance of nursing documentation, physician accountability, and more closely monitor adherence to patient safety standards.

Podila also has implemented a wide variety of technology tools that allow quality and safety data to route more directly to the change-agents throughout his organization. Examples include the development of a database that assesses the hospital's compliance with regulatory metrics for patients' recovery post-surgery, shortening the timeline to obtain that data from days to hours. He also developed a new system-wide methodology to evaluate readmissions data—a long-time focus area for Podila—that not only improved the significant lag time for reporting readmission metrics, but also consolidated reporting so that the hospital's performance

PATIENT SAFETY

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improvement professionals can look for relevant patterns to improve population health outcomes. Analyzing data and monitoring improvement can promote thinking outside the box, Podila reiterated. That's why every HQP must know how to work with data and ensure data are presented in an easily understood format tailored to the audience.

TELLING THE DATA STORY

"HQPs assess, analyze, and manage a multitude of metrics," said Podila. For example, in addition to administrative and medical information, health determinants data (eg, social, environmental, behavioral, public health, access to care, education, housing) from multiple sources must be taken into account to capture the full story of a patient or patient population. One can then ask, what exactly is missing for this patient? Is there a family issue? Or, is it an access to care issue? We need to understand the full story to provide high-quality safe care, he said, because one missing piece of data can make all the difference between substandard and successful application of scientific methods, especially in healthcare where zero harm is desired.

"We have to capture and analyze the metrics that add value and directly affect patient outcomes and experience," Podila said. "For example, clinical information about a readmission may not be valuable on its own. Other variables that led to the readmission such as noncompliance with medication, food and housing insecurity, or lack of access to a pharmacy or primary care physician's office

in the patients' residential area may provide valuable insights, will have a profound effect on the health outcome, and may be valuable predictors of future readmissions." Podila is currently working on this geospatial analysis as a part of his Population Health Training with the Centers for Disease Control and Prevention's (CDC) Department of Preventive Medicine and Residency Program.

HQPs must have competencies in adopting methods to identify and evaluate risks for safety, mitigating and managing risk for harm, and fostering a culture of safety as defined by the *HQ Essentials*. These competencies require patient safety advocates to have a strong understanding of analytics, the various data sources of information, their significance to the outcomes being tracked, and the processes used throughout the organization. Podila teaches these concepts to future HQPs in his Managerial Epidemiology class as an adjunct professor in the School of Public Health at the University of Memphis.

"I always tell my students, 'The data tells a meaningful story. If you grasp and communicate the real-life story, you'll have the attention of people. Once you have their attention, they'll start understanding the value, and change can happen,'" said Podila.

So what advice does Podila have for HQPs trying to navigate this world of big data and ever-changing patient information? Always rely on the three P's: Passion, Patience, and Perseverance. And remember the words of Henry Ford, "Quality is doing the right thing when you think no one is watching."

PATIENT SAFETY