

Two Keys to Building a Healthcare Quality Toolkit

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There are many questions facing healthcare leaders as we reflect on the last year of navigating a pandemic. COVID-19 has forced us to reassess countless status quos, from PPE supply chains and telemedicine, to information interoperability and workforce empowerment, to rapid vaccine distribution and all the surrounding population health implications. In particular, the pandemic has highlighted the need for alignment around best practices and quality of care.

One thing is clear: Harmonizing quality standards, systems and competencies can no longer be viewed as a stand-alone or 'extra-credit' assignment. A standardized and actionable quality framework can help healthcare professionals learn from a tumultuous 2020 while improving care delivery. Here are two essential areas to consider as you build a healthcare quality toolkit:

1. Rapid cycle management must become business as usual.

Whereas typical initiatives take 8 to 12 months or more, rapid cycle management allows changes to occur over the course of weeks or just a few months.

Nidia Williams, the vice president of quality & safety/operational excellence at Lifespan, a comprehensive health system in Rhode Island, developed and managed a robust crisis center as COVID-19 surged. At one point, 80% of her division was involved in supporting the COVID-19 response through the command center structure. Williams saw firsthand how a pandemic leaves no aspect of hospital operations untouched, and how people with quality training and experience were in a better position to lead and even thrive amid a crisis.

Her team tackled everything from spatial issues in the hospitals—because placement of COVID-19 patients affected how often clinicians needed to change PPE—to tough questions around how to handle symptomatic patients who tested negative, all as information changed hourly or daily. This capability to rapidly synthesize new information, dovetailed with a rapid cycle management approach, helped Williams' team translate disparate data into systemic infection prevention and establish clear protocols during a chaotic period.

Meanwhile on the West Coast, at Cedars-Sinai in Los Angeles, a similarly rapid effort allowed the health system's ambulatory surgical centers to revamp their protocols and implement new safety measures. Quickly standing up these new procedures was critical for centers to remain open and prevent patients from postponing important, potentially lifesaving care.

The team used rapid cycle improvement principles to implement COVID-19 criteria based on newly emerging scientific evidence as the pandemic raged on. The new protocols—covering PPE use, screening assessments for everyone entering the center, COVID-19 testing for patients prior to surgery, and environmental factors such as cleaning and waste disposal—were designed to keep patients, employees, clinical staff and visitors safe. Training and quality checks were included to ensure the processes were properly carried out. Now, months later, data continues to help build knowledge and drive adherence to the programs.

In countless other healthcare settings around the country, experienced quality professionals managed rapid changes in regulatory requirements, adapted to new payment models and determined new methods to monitor performance to ensure COVID-19 patients received the best possible care amid extremely challenging conditions. Even after we defeat the virus, we will need an infrastructure manned by strong quality professionals to continue safely and efficiently implementing change.

2. Truth and transparency must guide the way.

Dr. Donald Berwick, president emeritus and senior fellow at the Institute for Healthcare Improvement, has said transparency in healthcare should be “complete, timely and unequivocal,” yet “most health care organizations at present have very little capacity to analyze, monitor, or learn from safety and quality information. This gap is costly and should be closed.”

The challenges of the past year reinforce to the necessity to closing this gap. Those who embraced transparency and implementation science were instrumental in helping keep patients, providers and employees safe while building trust with their communities. Going forward, we must continue to rely on these hard-won COVID-19 lessons, leading with clear communication and an iterative approach to deploy a trained workforce that can improve delivery across the continuum of care.

Each of these concepts around quality are well-established and encapsulated in the National Association for Healthcare Quality’s twice-validated Competency Framework, built on more than four decades of proven education and training leadership. The path is well-worn. Now, as we look to a post-pandemic future, is the time to accelerate this journey.

By embracing the fact the workforce needs these skills now more than ever, we soon can emerge from the pandemic ready and equipped to deploy a coordinated, high-performing healthcare workforce that will improve outcomes—and lives. The future starts now.

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