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## Watch for Quality Improvement Opportunities in Your Own Department

**Q**uality improvement professionals are used to monitoring and improving aspects of healthcare all over the hospital or health system. But these professionals should not forget to look for what to improve in their own departments.

An important way to make sure one is operating at peak performance is to see that each project is as efficient as possible, says **Jim Porter**, managing director at healthcare management consulting and advisory firm ToneyKorf in Charlotte, NC. He has worked with

many quality improvement directors to identify opportunities for improvement that affect the department and also the entire hospital or health system.

Clinician buy-in often is key to success. Make sure everyone involved with quality improvement, including other departments, knows about the goals.

“You want to make sure everyone understands what you’re doing and why you’re doing it. Of course, you’re

focused on outcomes and effectiveness, and you get into more specific objectives like reducing central line blood infections,” Porter says. “It’s important to sit with a very diverse group in the hospital and explain that these are the measures, here’s the numerator and

denominator, and here’s how they get recorded. They need to understand how you’re following this metric and why it is important.”

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Porter has found that many hospital departments will use slightly different definitions of the metrics they were measuring, leading to some duplication of efforts and needless expense.

“A good starting point is to ask how well does my organization understand what I’m trying to do?” he says. “You can achieve a lot with the use of time vs. the use of money.”

A physician advisory panel also can help one secure the most bang for the buck with any quality improvement effort. With so many clinicians working in an organization, it can be important to ask a group of physicians to help assess how quality improvement efforts are carried out and convey the message to clinicians.

“They don’t want it to feel like they are residents again and being lectured. Setting up a physician advisory panel helps try to blend the lofty objectives into something practical on the ground so that the folks doing the job day to day understand what it is we’re asking of them,” Porter says. “It gives them a forum where they can be comfortable hearing how they’re doing, the reason for it, what they should be doing to improve, [and] whether they are providing the right information.”

Hospital quality leaders also can help the facility’s financial outlook by ensuring the organization’s contracts correctly correlate with services and community needs. Porter recalls working with one hospital that struggled to create a better contract with a particular insurance company.

“As we dug into the data, it was revealed that it was about the number of dental visits we were providing to our patient base. It

quickly became apparent that we didn’t have the capacity to deliver the number of dental visits that we had signed up to do as part of our quality reporting,” Porter says. “We had a disconnect between the people writing the contracts and the actual capacity and capabilities of the organization. You have to review the contracts and be sure that you can do what you’re promising, whether that is dental visits or monitoring central line infections.”

Another critical area to assess in quality improvement is how the department works with technology and IT staff to ensure data are collected and transferred correctly. Porter has seen instances in which a hospital quality improvement department was monitoring a particular metric but found the data were underreported consistently.

“As you investigate it, you find that the IT system or the way the medical record is set up isn’t capable of transmitting the data. When you hear things like zero charge entries, where you need to record that you’ve done something to a patient but not actually have it part of the bill, that’s something to investigate,” Porter says. “It can get very complex and get people spun up very quickly because they’re doing the best they can with an IT system that is imperfect. If you have that kind of problem, it may not be reporting quality data effectively.”

Make the most of the budget by not spending money on things that others in the hospital already are doing or with which they can help at no cost. With any potential budget expense, assess the potential return on the investment and see if there is a way to achieve the same goal with less or no expense.

“Ask what you were doing beforehand to address this need

and why do we have this spend request now. Is it something new that has come up from a regulatory perspective, or is it something that has been done before?” Porter says. “Once you start asking those questions, it is not uncommon to find out that another department already has something similar and you can make use of it without a new expense.”

When an expense is approved, Porter notes it is common for the oversight and follow-up to fall short. The quality improvement department should maintain a process for assessing the return on investment for projects, educational initiatives, technology and material

expenditures, and anything else that comes out of the department budget. “A lot of times, you will see that you have these contracts that were supposed to have some dynamic impact on quality, and the contract keeps renewing and renewing without anyone actually looking at whether it’s making a difference,” Porter says.

Another common area with room for improvement is the annual budget process. A quality department often will treat the annual budget as something to be carried over from year to year, with just a tweak here and there to account for current needs and conditions. That is the wrong perspective. Instead, quality

leaders should view the budget process as an opportunity to revamp and change course.

“Particularly now with how COVID-19 has completely disrupted hospital operations, a quality department should take a very much bottom-up approach and reassess everything, really challenge what you are putting in that budget,” Porter says. “The biggest mistake you can make is thinking everything is going to be more of the same.” ■

## SOURCE

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