

**SETTING RELEVANT AND ATTAINABLE QAPI GOALS**

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**Disclosures**

No Disclosures

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**Objectives**

- Discuss the role of goal setting in achieving sustainable improvement
- Determine program/organization readiness to adapt quality goals
- Identify measurable and objective transplant quality goals
- Construct tools to monitor and measure progress of goals and objectives to success
Goals

- Key component of QAPI Plan
- Align with hospital or system quality goals
- Presumably aligned with strategic goals
- Span the scope of the quality chasm
  - Close the gap between what we know to be good quality care and what is the norm in practice
- Identify domains or measures for improvement

Quality Goals and Objectives

- Goals are esoteric, visionary statements of purpose and good intentions
  - Objectives are succinct, measurable statements that translated in actions/performance
- Framework for identifying goals
  - WHO
  - IOM
  - Donabedian model
  - HRSA

WHO

What are the deficiencies in.....
IOM Conceptual Components of Quality

IOM Six Domains
- Safe – avoid injuries
- Effective – care based on scientific knowledge, to all who could benefit, avoid providing to those that likely will not benefit
- Patient-centered – respectful, responsive to patients needs, values, and preferences
- Timely – reducing waits, harmful delays, for those that give and receive care
- Efficient – avoid waste of equipment, supplies, ideas, and energy
- Equitable – eliminate variation in quality due to personal characteristics including gender, socioeconomic status, geography, ethnicity, etc

IOM - Ten Simple Rules
1. Care primarily based on visits
2. Care based on continuous healing relationships
3. Professional autonomy drives variability
4. Care is customized to patients needs & values
5. Professionals control care
6. Patient is the source of control
7. Information is a record
8. Knowledge is shared freely
9. Decision making based on training and experience
10. Decision making is based on evidence
IOM - Ten Simple Rules

1. Do no harm is an individual responsibility
2. Safety is a system property
3. Secrecy is necessary
4. Transparency is necessary
5. The system reacts to needs
6. Needs are anticipated
7. Cost reduction is sought
8. Waste is continuously decreased
9. Preference given to professional roles over the system
10. Cooperation among clinicians in a priority

Donabedian

Structure
- Physicians & hospitals
- Personnel
- Policies related to care delivery

Process
- Any aspect of the encounter between patient and caregiver

Outcome
- Health status
- Intended outcome
- Unintended outcome
1. Institutional Vision and Commitment
   Recognize that transplant is unique from other health services. Hospital leadership demonstrates a commitment to making transplantation an institutional priority and to assure adequate organizational resources to develop a successful program.

2. Dedicated Team
   Create a dedicated team by creating a collaborative and rewarding work environment that attracts, retains, and is supported by highly-skilled, dynamic, and committed transplant professionals.

3. Maximize Clinical Opportunities
   Clinical opportunities will be maximized if we can assure program growth through effective partnerships with referring teams and OPOs to optimize all aspects of the transplant pathway including patient acceptance, waiting list management, pre-transplant recipient care, donor evaluation, and donor management.

4. Patient and Family Centered Care
   Organize care around the diverse needs of patients and families.

5. Financial Intelligence
   Achieve transplant program financial strength through a detailed understanding of program finances, sound financial management, and excellent payer relations.
HRSA

6. Performance Improvement
Optimize transplant program performance through the on-going implementation and use of protocols, research and innovation, and data-driven quality improvement/performance.

7. Transplant Hospital Relationships with Donation Partners
Establish relationships with donation partners (e.g., OPO, Eye Bank, Tissue Bank, State Registries), and other organizations involved with donation within the DSA that reflect a collaborative, cohesive culture to support organ and tissue donation as a joint strategic priority.

Readiness Assessment

- Systematic analysis of ability to undertake transformational process or change
  - Transplant program/center
  - Hospital level
- Identify potential challenges of implementing change in current system or organizational context
- Gap analysis
- Goal to remedy gaps before or part of improvement plan
  - Organizational Quality Program readiness
  - Quality Project readiness

Organizational Readiness - Culture

1. High level executive commitment to quality initiatives
   - Leadership and physician champion

2. Understanding of financial investment required
   - Resources – time, staff

3. Quality aligned with
   - Organizational goals
   - Clinician & physician support
Assessing Organizational Culture

- Supportive culture key
- Shared vision
- Goal directed behaviors
- Modeled by leadership

Organizational Culture

Shared Beliefs

Individual Perceptions

Individual Expectations

Affects any change effort

Define the Culture

Old

- Decisions made at the top
- Freedom to experiment with different approaches
- Standardization considered an infringement of professional judgment
- Provider centric

New

- Decisions made by consensus
- Protocol driven – follow protocol before making a change
- Support standardization
- Patient centric

Organizational Readiness - Structure

Assessment

- Does the organization have a quality structure to assess and improve quality of care
- Does the organization have resources dedicated to QI activities

Goal

- Develop quality structure
  - QAPI Committees
  - Alignment/reporting to hospital
- Goal – policies and procedures
  - QAPI policy
  - Patient safety/adverse event policy
  - Staffing assessment
Organizational Readiness - Structure

**Assessment**
- Does the organization routinely and systematically collect and analyze data to assess quality of care

**Goal**
- Identify data sources
- Identify metrics/indicators
- Identify benchmarks/targets
- Collect/represent data
- Scorecard or Dashboard

Project Readiness – Data Management

- Collect data
- Measure data
- Manage data
- Display data

**EFFECTIVE MEASUREMENT ESSENTIAL TO SUCCESSFUL IMPROVEMENT**

Knowledge Readiness

**Hospital Leadership**
- Understand transplant
  - Clinical, operations, regulatory, quality

**Hospital Quality Staff**
- Understand transplant
  - Quality and regulatory compliance

**Transplant Physicians**
- Understand and accept quality as a priority
  - Shift from academic model
  - Basic tools and methods of QI

**Transplant Staff**
- Basic tools and methods of QI
- Role in quality
  - Assessment, Improvement, Patient Safety
Knowledge Readiness

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<thead>
<tr>
<th>Education</th>
<th>Human Resource Management</th>
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<tbody>
<tr>
<td>- Quality</td>
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<tr>
<td>- What is</td>
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Quality Journey

- Goals must be realistic..........  
  - Not data driven  
  - Data driven

Goals versus Objectives

<table>
<thead>
<tr>
<th>Goals are....</th>
<th>Objectives are....</th>
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<tbody>
<tr>
<td>- Broad</td>
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<tr>
<td>- General intentions</td>
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<td>- Intangible</td>
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GOALS

- Specific
- Measurable
- Attainable
- Relevant
- Time-bound

Goal Setting

- State the aim very clearly
  - System to be improved
  - Population affected
- Include numerical goals requiring fundamental change
  - Reduce referral to listing time by 20% in 12 months
- Set stretch goals
  - Reduce referral to listing time by 50%
    - Tweaking current system will not cut it – major change required
- Avoid ‘drift’ – repeat and confirm aim often
- Refocus aim
  - Reduce referral to initial visit
  - Reduce initial visit to listing committee decision

Examples of Quality Goals

- Patient safety
  - Increase reporting of events by 30% in 2014 over 2013
  - Identify 2 improvement activities in 2014 in response to patient safety reporting
  - Change M&M from program level to transplant institute level
  - Define morbidities to be reported including graft loss
  - Implement screening for RCA on all M&M cases
- Patient complaints
  - Increase reporting of patient complaints by 50% in 2014 over 2013
  - Identify and begin 1 improvement project related to identified quality of care issue
Examples of Quality Goals

- Information Management
  - Implement complications tracking in transplant database
  - Map Tiedi forms data elements to transplant database/EMR
  - Automate 30% of quality data reports from transplant database

- Education/Training
  - Incorporate education on quality to one day New Employee Orientation program
  - Develop education module on quality and achieve 100% completion rate by all staff
  - Develop education module on improvement method (PDSA) and achieve 100% completion rate by all staff
  - Publish Quality Newsletter monthly

Examples of Quality Goals

- Quality Structure
  - Develop and implement organ specific process and outcome indicators for each organ/age group
  - Develop a pediatric quality committee to meet the needs of the pediatric population, and hold at least 3 committee meetings before the end of the year
  - Consolidate the heart, lung, and VAD QAPI committee to one thoracic QAPI Committee
  - Identify transplant quality reporting structure aligned with hospital quality structure, and begin reporting to all entities by mid-year
  - Complete analysis of quality staffing needs

- Improvement
  - Each clinical program to identify 2 improvement opportunities, develop improvement plan, and implement

Examples of Quality Goals

- Minimize risk of transmission of HIV, HCV, and HBV to recipients of a LD transplant
- Refer 100% of living donor that smoke for smoking cessation program
- 100% of transplant recipients will have ABO verification completed prior to transplant after organ arrival
- Decrease primary liver transplant LOS to 8 days
- Decreased time from referral to first visit (start of evaluation) to 14 days for routine referral for all referrals for liver transplant
- Decrease readmission within 7 days following kidney transplant to < 20%
Examples of Quality Goals

- Decrease rate of delayed graft function in living kidney donors to < 10%
- Implement cardiac consult for all annual post-transplant patients with a history of previous coronary ischemic event, diabetes diagnosis, or ≥2 of the following: age ≥45, current smoker, past heavy smoker, hypertension, total cholesterol > 200, HDL < 35, or LVH on EKG
- Diagnose potential disease transmission in all solid organ transplant recipients at one month post-transplant.

Resources


