



# Bridging the Healthcare Performance Gap

## Moving Across the Quality Continuum

Healthcare quality is on the national agenda and a growing area of concern at almost every level of American society. When our patients judge us they are looking for two things: 1) *They want to know that we can meet their needs for clinical care in a safe and appropriate manner where we are always striving to deliver the best;* and 2) *they want to know that we can create an experience that makes them feel great about their relationship with us because they feel well cared for and deeply cared about.*

To our constituents, these seem like very simple requests and they don't understand why we struggle in getting them right. One of the most important steps for our healthcare organizations to take in turning these

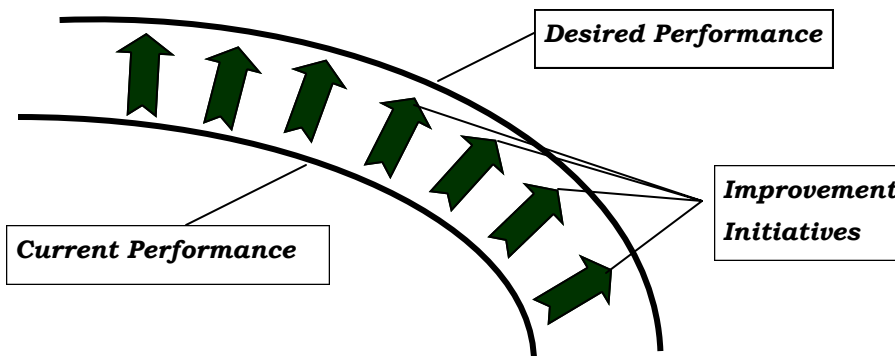
expectations into realities are to move our quality activities firmly into the realm of performance improvement.

Performance improvement is not a replacement for quality improvement or something new that creates one more activity for our organizations. It is about bringing quality to a new level where efforts come together to create tangible results in moving the organization from poor performance to good or from good to great. It is about giving our quality programs new meaning where they are not viewed as busy work or one more thing to be done for the sake of regulatory compliance.

The goal is to create activities that move beyond compliance and isolated quality improvement. Performance improvement identifies the destination

for the future of a healthcare organization and then creates the plan and initiatives that will take the organization there. Those plans and initiatives then drive a significant number of quality improvement activities for the organization.

The outcome is one where the organization proactively creates a future that is better for its community and itself. It involves creating a chain reaction of win-win situations where the organization, the community, the workforce and other external customers realize growth and success. It transforms our traditional quality structures from activities focused on compliance, discipline and negativity to ones that operate to build, create, encourage and develop.



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Compliance

Strategic Improvement



## Moving from QA to QI to PI

In organizations that have successfully moved from quality assurance to quality improvement and then on to performance improvement, people report that it is really about creating a cultural shift away from a focus on compliance to a focus of strategically improving the organization. It changes the attitude and focus of the leadership and the workforce because it expands control for the organization's future from leadership to everyone in the organization. The frontline employee can tell a guest as much about the importance of the strategy as the Director of Nursing and CEO.

In organizations where the focus is still predominantly on quality assurance, the language and behaviors focus heavily on compliance. As long as compliance occurs, life is good and there is no need to have further discussion. The problem with this approach is the fact that compliance is usually about minimal standards and preserving what exists today. It offers very little potential for creating anything better for tomorrow. Staff frustration tends to run high and morale tends to decline over time.

For organizations that have moved into a program that is predominantly focused on quality improvement, the impact on the organization is largely dependent on how many of the unhealthy characteristics of discipline and negativity that are common in traditional quality assurance programs remain in the program. The quality improvement programs of the 1990s helped many organizations to

**When we moved from quality assurance to performance improvement, the biggest difference was that we moved from an environment where we constantly felt we were airing our dirty laundry to one where we were working to create something better. While both approaches dealt with a lot of same issues, it was nice for the staff to feel that they were part of creating something rather than constantly being beat down. The buy-in and energy for quality grew exponentially. The ability to improve performance became much easier.**

deal with the weaknesses that were inherent in quality assurance. The activities recognized that compliance was not enough in an industry where change and technological growth came at such a rapid-fire rate. For organizations that continued to focus heavily on compliance, problems with state surveys, patient complaints and loss of reputation have been commonplace.

While the quality improvement of the 1990s strengthened our organizations' abilities to address quality of care and performance concerns, it still wasn't enough to help the leadership to move their organizations to a better position financially, operationally and in relationships with key customers

such as patients, communities and employees. Leadership felt they were investing in activities that did not yield enough return for the investment. As a result, quality programs continued to have a tenuous reputation and existence.

In the early 1990s, we began to hear about the benefits of performance improvement. While the idea came out of other industries, it had many characteristics that were attractive to health care. The most important attraction was that it seemed to overcome the weaknesses of the traditional quality improvement programs.

Performance improvement involves linking the strategic plan of the organization to the quality program and creating the organization-wide system that is capable of moving the organization forward while maximizing resources and building efficiency and effectiveness. Performance improvement recognizes that the successful implementation of the strategic plan usually involves bringing a number of quality improvement initiatives to life. These usually involve activities that improve patient satisfaction, increase patient retention, improve patient profitability, promote new patient acquisition and protect plus expand market share. Capitalizing on the benefits and features that are part of a good quality program, an organization can create a synergy that has been difficult for many healthcare organizations to achieve in the past.

# Quality Assurance, Quality Improvement and Performance Improvement in Comparison

	Traditional Quality Assurance	Traditional Quality Improvement	Performance Improvement
<b>Focus</b>	Compliance with current standards and requirements. Compliance with expectations set by outside parties. Maintain activities at their current level of performance.	Identification of opportunities for improvement at departmental levels of the organization. Each department has its own quality improvement program and works independently to identify and address quality initiatives.	Identification of the right mix of quality improvement initiatives. Many are those that, when brought together, have the potential to strategically move the organization to a better strategic future while also improving quality and strengthening constituent relationships.
<b>Common Locus of Control</b>	Administration and Management	Management	Teams with Frontline Staff Participation
<b>Common Forms of</b>	Education and Discipline	Education, Discipline, Coaching, Mentoring	Redirecting, Coaching, Mentoring
<b>Common Tools and Techniques</b>	Audits and Monitoring. Writing new policies and procedures.	Brainstorming, CQI Teams, Six Sigma, Root Cause Analysis, Process Improvement.	Brainstorming, CQI Teams, Genesis Teams, Balanced Scorecards, Deming and Rebuilding.
<b>Typical Conversation</b>	We have a patient who was not happy with his care in the Emergency Room. Upon investigation, we found that we complied with all the policies, procedures, and outside regulatory requirements. Clinical care met current standards of practice. Standards of care were met.	We have a patient who was not happy with his care in the Emergency Room. While we complied with all the policies, procedures, and regulatory requirements and the care met the current standards for clinical practice, what could we have done to make his experience in the Emergency Department better.	Our organization has a pretty good reputation for the care we deliver in the Emergency Room. What can be done to strengthen that reputation and make us the preferred choice for patients who have a choice of coming to our Emergency Room and going 35 miles down the road.
<b>Strategic Involvement</b>	Leadership develops, writes and understands the strategic plan. Frontline managers and workers know very little about the plan and < 7 percent tend to have any idea what their role is in making it happen.	Leadership develops, writes and understands the strategic plan. Physicians and some members of the management team may be involved in the development phases. Frontline managers and workers know very little about the plan and < 7 percent tend to have any idea what their role is in making it happen.	Leadership supports the strategic planning process but everyone in the organization contributes something to developing the strategy. Everyone in the organization understands his or her critical role in making it happen. Everyone in the organization has personal and professional initiatives that feed into making the strategy happen. Ownership for organizational success is clearly disseminated across the organization.
<b>Staff Attitude and Morale</b>	Employees avoid participation beyond what is required. Turnover tends to be high. Recruitment is more difficult because of reputation. Conflict tends to run high.	Employee participation, recruitment, and retention are directly proportional to the level of discipline and negativity that exist in systems.	Staff participation in quality activities tends to be high. Recruitment and retention is stable. Over time, it becomes easier to hire the right people.

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***Getting people to work with us is simply the other side of us working with them.***



*Our reputation and the strength of the relationships we have with our customers and communities is a choice. That choice is demonstrated in how we treat them when they are in our world, the commitment we demonstrate to the quality of the care we deliver, the desire we demonstrate to constantly reach for something better than what we have today and our willingness to recognize when we could have done something better and to do something about.*

*With our choices, we have a wide range of responsibilities and actions that can result in good and bad consequences. The real measure of who we are and what we are about is not in what we write into our mission statements but it is in the choices that we make which communicate what that mission means to us. If our choices indicate that it has no real meaning to us, why should anyone else place value in it.*

## **It's Not That Complex!**

Moving from quality assurance to quality improvement to performance improvement is not all that hard with the right ingredients. The most important ingredients are commitment, conviction and time. For those organizations that don't succeed, they tend to decide it is too hard or give up too early. Both of these are unacceptable excuses to those who count on us for their health care.

When we talk about moving across the quality continuum, we are talking about creating a cultural shift in most organizations. It is

***Success has a price tag on it, and it reads COURAGE, DETERMINATION, DISCIPLINE, RISK TAKING, PERSEVERENCE, and CONSISTENCY—doing the RIGHT THING for the RIGHT REASONS and not just when we feel like it.***

***James M. Menton***

not enough to say you want it. You need to work at making it happen as the current cultures in many organizations are perceived to be safer and more comfortable for a large number of healthcare people. Negative experiences of the last two decades have also made many fearful of anything that claims to offer a better future.

Leadership is key to the successful creation of an effective performance improvement program. Without the commitment and conviction of the leaders, no change happens. Without leadership, there is no potential for success. If the environment is one

where the workforce has to create change in spite of the leader, status quo is best that can be achieved.

For organizations that choose to live in the past or preserve status quo, the future is a very bleak place. These are the organizations that have the greatest chance of finding themselves as casualties on the road to health care's future.

For those that choose to embrace change and work for a better future, there is a chance for success. With that chance comes opportunity and with opportunity comes a much greater potential for success. The first group that must risk embracing that future is leadership. Without the belief and conviction of leadership, only very brave or very foolish employees would risk going there by themselves.