Performing quality improvement (QI) studies is a challenge for many ambulatory surgery centers (ASCs). The requirements are well known but not so easy to execute. QI is a regulatory expectation. But there is an underlying principle—making sure the facility is continually improving in areas that make a difference to quality and safety.

Among the regulatory requirements are Medicare’s revised ASC Conditions for Coverage (CfCs), which include a section on quality assessment and performance improvement. The major ASC accrediting bodies, the Accreditation Association for Ambulatory Health Care (AAAHC) and the Joint Commission, also require ASCs to have a QI or performance improvement (PI) program that meets their standards.

Though there is no shortage of requirements, there often are shortages of time and sometimes the right skill set.

“It is a challenge because you often have clinical people in these [QI] roles. How do we get them the skill set at the facility level?” asks Jan Allison, RN, director of quality and accreditation for Surgical Care Affiliates, Birmingham, Alabama.

Surveyors and other experts offered tips on conducting QI studies that fulfill the true purpose—improving quality and safety for patients.

What’s a good topic for a QI study?

In selecting a topic, focus on what matters to your organization, suggests Virginia McCollum, RN, MSN, associate director of the Joint Commission’s Standards Interpretation Group.

The Joint Commission PI standards outline areas facilities are expected to monitor regularly (PI.01.01.01). Examples are adverse events related to moderate or deep sedation or anesthesia, use of blood and blood components, and all confirmed transfusion reactions.

The PI standards also expect the facility’s leaders to set priorities for data collection.

“You need to make a judgment about what needs to be collected for your organization,” McCollum says.

The ASC staff is more likely to feel engaged in QI if they see that the studies address important issues and make a difference in quality, comments Margaret Spear, MD, chair of the AAAHC Accreditation Committee and a surveyor. She and Karen McKellar, a member of the AAAHC board of directors and a surveyor, offered suggestions for topics.

Topic ideas

Two ideas, says McKellar, are delays in start times (particularly helpful if
the ASC has problems with physician timeliness) and postoperative nausea and vomiting.

“For nausea and vomiting, you could track which medications were most helpful or perform internal benchmarking of costs by procedure by physician,” she says. “If you do external benchmarking, I’d watch for any result that demonstrates you are not doing as well as others.” Then use the QI process to determine the reasons and improvements needed.

She recalls one facility that studied its patient cancellations using internal and external benchmarking data and was able to decrease its cancellation rate significantly.

Another idea is to review flash sterilization with a goal of reducing its use and assuring use is consistent with professional guidelines.

“This is an especially relevant study given the renewed emphasis on infection control in all health care settings,” Dr Spear says.

ASCs can also consider the 6 national quality metrics developed by the ASC Quality Collaboration (www.ascquality.org). The collaboration posts data quarterly, giving ASCs a new benchmarking resource (November 2009 OR Manager).

**Strengthening QI studies**

A strong QI program doesn’t start and stop with data collection but follows through the entire improvement cycle. That includes thinking through the problem before beginning a study, planning the right data elements to collect, and setting a target for improvement. After data is collected, analyze the data and use what is learned to make improvements. The improvements are then tested by remeasuring to see whether the intended change occurred. If it didn’t, the process starts anew.

McKellar says it’s important to take time to define the data elements needed to study a problem.

“Most facilities can articulate the problem and why it is important,” she says, “but many do not consider all of the elements they need to track for the study. This often leads to not having good data that can help solve the problem.”

An example is comparing disposable and reusable supplies. If the study is limited only to the purchase price and doesn’t track the personnel costs, the results will probably be misleading.

**What’s the goal?**

Another common pitfall is not identifying the goal for improvement. Do you want to be 95% or 100% in compliance with a measure? Do you want to reduce the incidence of the problem by a certain percentage?

“If you don’t set a goal, how will you know that you meet your goals?” McKellar asks.

**Paint a picture**

It’s also important to move beyond data collection. McCollum finds some facilities get caught up in collecting data and don’t move on to perform an analysis. Analyzing the data is like painting a picture of the findings, typically with charts and graphs.

“You have to analyze the data to be able to draw conclusions about whether you’re in compliance [with the measure] or not,” she says. “Then you make changes based on the data.”
A surveyor might assess this by asking, for instance: “Could you give me an example of where you collected data and found yourself below the threshold? Then how did you make changes based on the data?”

Another pitfall McCollum sees—collecting data on the same measures indefinitely, even when a process is stable.

She says, “A good guideline is that if you find you are in compliance with a measure for 2 or 3 months in a row, your committee or facility might consider stretching out the frequency of data gathering for that measure. You might decide to move on to other areas needing improvement.” When planning a study in AAAHC-accredited facilities, McKellar recommends consulting the step-by-step QI guide in the back of the AAAHC Accreditation Handbook.

“Think through the study and identify all of the variables you need to track,” she adds. “Be sure to record when the study was reviewed by the ASC’s board of directors.”

More robust QI programs

Allison and her colleague, Lee Anne Blackwell, RN, BSN, EMBA, CNOR, director of clinical resources and education for Surgical Care Affiliates, say these are areas of QI programs that often need reinforcing:

- **Ensure the competence of the person overseeing the QI program.** That includes providing the appropriate training and competencies so the person understands the QI steps and knows how to perform the steps thoroughly.

- **Keep an eye out for new best practices and standards.** Examples are standards from AORN and the Centers for Disease Control and Prevention. Plan how to incorporate these into the QI program.

- **Determine sources for benchmarking information.** Some options include the ASC Quality Collaboration, the ASC Association’s Outcomes Monitoring Project, state ASC associations, and peers at nearby facilities.

Finding time and resources

Most ASCs can’t afford a dedicated QI coordinator, so duties are usually carried out by a staff member whose first priority is patient care. The facility’s leaders need to provide the time and resources for well planned projects to be carried out.

One way to justify a request for the necessary resources is to document the time, education, and other resources required for QI activities. Blackwell and Allison are conducting a cost-of-quality study to identify the time the staff spends performing QI and other functions that fall outside of direct patient care.

“All ASC could do a similar study by setting up a simple Excel spreadsheet,” says Allison. In the left column, list staff members’ names. Across the top, place the duties the staff performs related to the cost of quality, such as infection control, QI, risk management, medication management, and employee health.

Have the staff record the time they devote to these activities during each pay period. Then calculate the total hours and determine the labor costs.

That information will give the ASC’s leadership a clear understanding of the time needed to perform QI activities such as auditing patient charts to collect data. Knowing the time involved can help support a request for necessary resources, such as additional training and clerical support.
Where to find resources

For education, Blackwell and Allison suggest drawing on seminars offered by AAAHC, the Joint Commission, and other professional groups. Both accrediting bodies offer manuals and other resources (sidebar).

McCollum suggests reviewing the Joint Commission’s Survey Activity Guide, which she calls an “open book test” for what takes place during a survey. The guide outlines aspects PI surveyors will look at.

But PI isn’t about survey prep, she cautions—it’s about having a safer organization. The Survey Guide offers a way for ASCs to “get their arms around” what a sound PI program entails. For example, surveyors will expect to see that the facility’s leaders are involved in PI. They will ask to see evidence that the PI program has achieved and sustained performance. They will also talk with clinicians about the role they play in PI projects.

In other words, the best way to prepare for a survey is to have an effective program that improves quality—which is the purpose, after all. 

—Pat Patterson

What’s a ‘good’ QI topic?

Suggestions from the AAAHC Institute for Quality Improvement. (These are not accreditation standards.)

A. You have had adverse events, near misses, complaints.
   Examples: Administration of a medication to which a patient is allergic or sharps injuries.

B. There is something you do or see a lot.
   Example: Your most common procedures.

C. There is something that costs a lot to you, your patients, or payers. There is an opportunity to decrease these costs substantially.
   Example: Supplies you use in large quantities, such as gloves.

D. You suspect or have noticed variations in practice.
   Example: One provider uses an anesthesia regimen associated with less post-operative nausea and vomiting than other providers.

   The next 2 items actually supersede the previous ones but cannot be applied until a tentative topic is chosen.

• You believe you can accomplish change on this issue.

• You believe you can get or already have participation on this topic from across the organization.
   Example: Decreasing variation can face roadblocks if providers are not willing to consider changes, or there is not support from the governing body.

Source: Summarized with permission from AAAHC Institute for Quality Improvement. IQI Insights. Summer 2009.
Resources on ASC QI

Accreditation Association for Ambulatory Healthcare

Institute for Quality Improvement
www.aaahc.org
- IQI Insights. A bulletin on choosing a focus for a QI study.
- AAAHC Institute Innovations in Quality Improvement. A 5-year collection of winning QI projects from the Institute’s annual award program. Examples are endoscope care and handling, anesthesia for cataract surgery, and fall prevention. Available on CD-ROM.

Joint Commission
www.jointcommission.org
- QI publications available from Joint Commission Resources.
- Standards Interpretations Group. Experts answer questions and offer suggestions. 630/792-5900.