The Importance of Quality Improvement in Infection Control Programs

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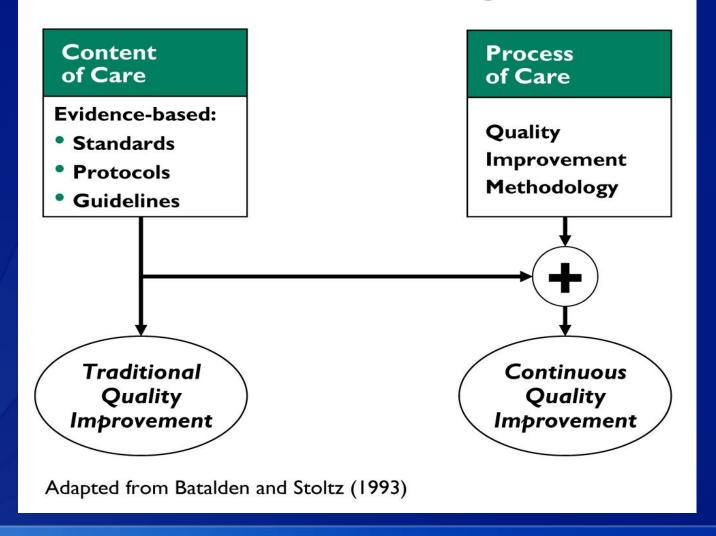
National Center for Emerging and Zoonotic Infectious Diseases

Division of Healthcare Quality Promotion

Defining Quality

- Doing the right thing
- At the right time
- In the right way
- To achieve the best possible results

Quality Improvement Integrates Content of Care and the Process of Providing Care



Quality improvement (QI) in public health is the use of a deliberate and defined process which is focused on activities that are responsive to community needs and improving population health.

Riley, W. J., Moran, J. W., Beitsch, L. M., Bialek, R., Cofsky, A. (2010). Defining Quality Improvement in Public Health. *Journal of Public Health Management and Practice*, *16*(1), 5-7.

Use a deliberate and defined process

Examples of QI Models:

- CARE Model
- FADE (Focus, Analyze, Develop, Execute)
- Lean Model
- Model for Improvement
- Six Sigma

A Modern Paradigm for Improving Healthcare Quality

Rashad Massoud, Karen Askov, Jolee Reinke, Lynne Miller Franco, Thada Bornstein, Elisa Knebel, and Catherine MacAulay

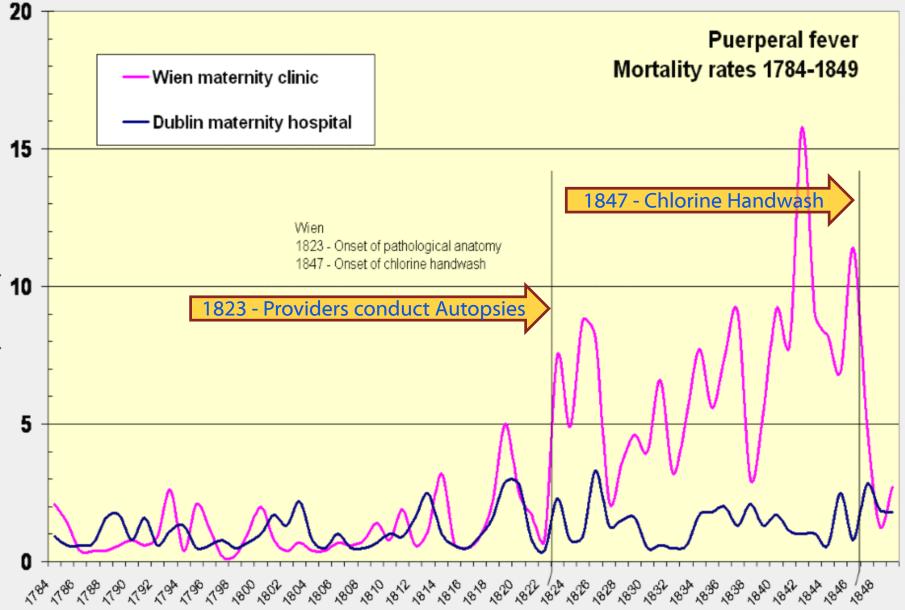


A cyclical process of measuring and improving a process or processes within a system

What are the Benefits of Quality Improvement?

Improves patient and population based clinical outcomes

Quality Improvement. Retrieved from http://www.hrsa.gov/quality/toolbox/methodology/qualityimprovement/index.html



Ignaz Semmelweis. Retrieved from https://en.wikipedia.org/wiki/Ignaz_Semmelweis

percent of patients

Improves Efficiency



Quality Improvement. Retrieved from http://www.hrsa.gov/quality/toolbox/methodology/qualityimprovement/index.html

Improves Efficiency

- # of cases captured by the surveillance system increased when data collection began in the laboratory
- Improved procurement of supplies
- Ensure all patients who need a blood culture have one drawn
- Avoid duplication / error in inputting specimens into the database.



Proactively identifies and improves problems

Quality Improvement. Retrieved from http://www.hrsa.gov/quality/toolbox/methodology/qualityimprovement/index.html

 Proactively identifies and improves problems

Report all errors

 Early evaluation of surveillance system Avoids costs associated with inefficient and unreliable processes



Quality Improvement. Retrieved from http://www.hrsa.gov/quality/toolbox/methodology/qualityimprovement/index.html

 Avoids costs associated with inefficient and unreliable processes

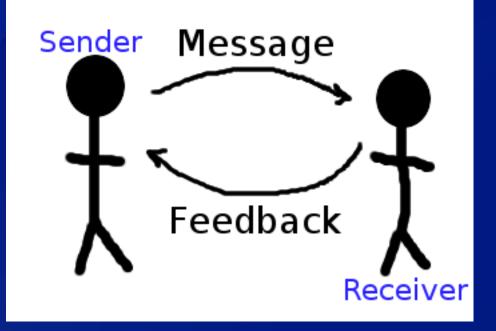
 Avoid duplication of staff needed to collect/ input data.

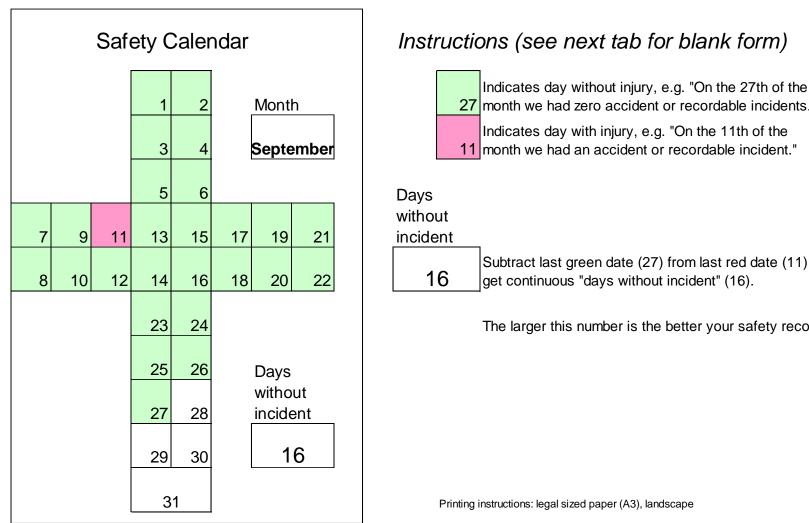
-Use of a check-list for central line insertion



Quality Improvement. Retrieved from http://www.hrsa.gov/quality/toolbox/methodology/qualityimprovement/index.html

Enhances communication and accountability





Instructions (see next tab for blank form)

27 month we had zero accident or recordable incidents."

Indicates day with injury, e.g. "On the 11th of the

11 month we had an accident or recordable incident."

ent	
~	Subtract last green date (27) from last red date (11) to get continuous "days without incident" (16).

The larger this number is the better your safety record.

Printing instructions: legal sized paper (A3), landscape

101 Kaizen Templates. Retrieved from http://gembapantarei.com/2008/01/101_kaizen_templates_safety_cross.html



Step 1: Plan

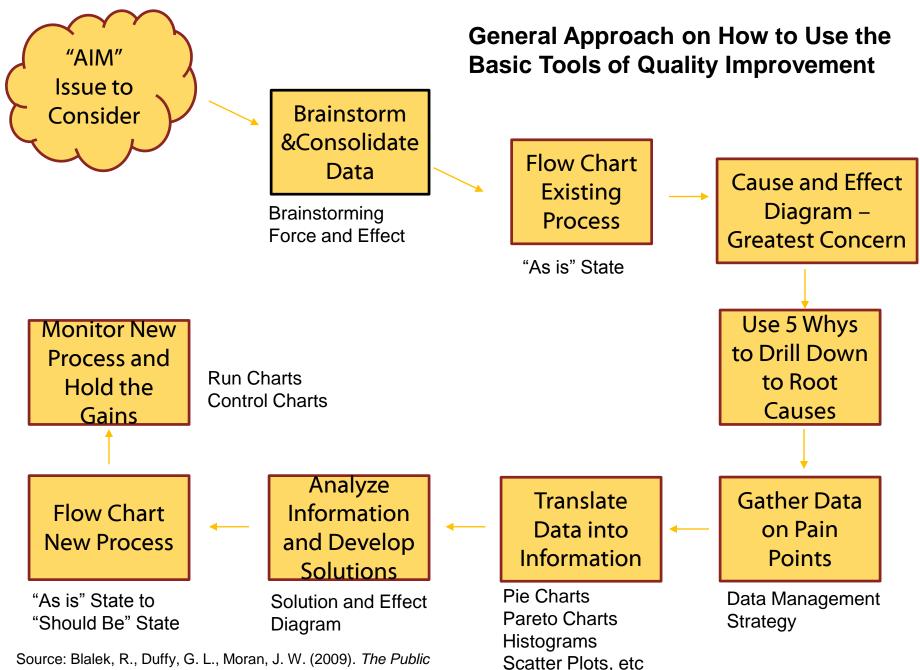
Plan changes aimed at improvement using information from root cause analysis.



Step 1: Plan Plan changes aimed at improvement using information from root cause analysis. CARE Model FADE Lean Model Model for Improvement Six Sigma

<u>Tools</u>

- Flow Chart
- Fishbone Diagram
- Pareto Chart
- Check Sheet
- Histogram
- Scatter
 Diagram
- Control Chart



Source: Blaiek, R., Duffy, G. L., Moran, J. W. (2009). *The Public Health Quality Improvement Handbook*. Milwaukee, WI: American Society for Quality, Quality Press



Step 1: Plan – Plan changes aimed at improvement using information from root cause analysis.

Step 2: Do - Try out the test on a small scale.



Step 1: Plan – Plan changes aimed at improvement using information from root cause analysis.

Step 2: Do - Try out the test on a small scale.

Step 3: Study – Analyze the data and compare the results to your predictions.



Step 1: Plan – Plan changes aimed at improvement using information from root cause analysis.

Step 2: Do – Try out the test on a small scale.
Step 3: Study – Analyze the data and compare the results to your predictions.

Step 4: Act - Make changes based on what was learned.

Strong and Empowered Leadership

- Facility leadership supportive.
- Administration empowers a dedicated team to identify and remove barriers to implementation.
- Strong implementation champion(s) are identified on wards.



Yamey, G., (2012). What are the barriers to scaling up health interventions in low and middle income countries? A qualitative study of academic leaders in implementation science. *Globalization and Health*, 8(11).
 Leatherman, S., Ferris, T. G., Berwick, D., Omaswa, F., Crisp, N. (2010). The role of quality improvement in strengthening health systems in developing countries. *International Journal for Quality in Health Care*, 22(4), 237-243.

Embed QI in the existing health system

- Avoid a piecemeal approach
- Focus on sustainability with broader health system in mind rather than isolated QI projects
- Identify sustainable financing
- Focus on training HCW to perform QI as part of daily work

Leatherman, S., Ferris, T. G., Berwick, D., Omaswa, F., Crisp, N. (2010). The role of quality improvement in strengthening health systems in developing countries. *International Journal for Quality in Health Care*, 22(4), 237-243.

 Pick simple interventions and outcome measures

- Begin with one or two interventions
- Have a plan to scale up a successful intervention

keep it simple.

Durand, M. (2010). Quality improvement and the hierarchy of needs in low resource settings: perspectives of a district health officer. *International Journal for Quality in Health Care*, *22*(1). 70-72.
Yamey, G., (2012). What are the barriers to scaling up health interventions in low and middle income countries? A qualitative study of academic leaders in implementation science. *Globalization and Health*, *8*(11).
Leatherman, S., Ferris, T. G., Berwick, D., Omaswa, F., Crisp, N. (2010). The role of quality improvement in strengthening health systems in developing countries. *International Journal for Quality in Health Care*, *22*(4), 237-243.

 Implement QI at health care facilities where staff is ready to adopt the interventions as useful or necessary



Maru D. S-R., Andrews J., Schwarz D., et al. (2012). Crossing the quality chasm in resource-limited settings. *Globalization and Health*, 8(41).

Yamey, G., (2012). What are the barriers to scaling up health interventions in low and middle income countries? A qualitative study of academic leaders in implementation science. *Globalization and Health*, 8(11).

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Quality Improvement Resources on the Web

- HRSA Quality Improvement Methodology- Training Modules <u>http://www.hrsa.gov/quality/toolbox/methodology/index.html</u>
- USAID A modern Paradigm for Improving Healthcare Quality <u>https://www.usaidassist.org/resources/modern-paradigm-improving-healthcare-quality-0</u>
- HIVQUAL US/International. <u>www.healthqual.org</u>
- National Quality Center Academy. http://nationalqualitycenter.org/
- Quality Assurance Project. <u>http://qaproject.org/</u>
- Healthcare Communities. Quality Improvement Resource Center <u>http://www.healthcarecommunities.org/ResourceCenter.aspx?CategoryID=8601&EntryID=3</u> 3952
- **Family Health International.** <u>https://www.fhi360.org/resource/quality-improvement-series</u>

Canada Patient Safety Institute, "New Approach to Controlling Superbugs": Starter kit, QI framework for controlling drug resistant pathogens in healthcare settings. Special focus on MRSA, VRE, and C.diff

(http://www.patientsafetyinstitute.ca/en/toolsResources/Documents/Interventions/Infection %20Prevention%20and%20Control/NACS%20Getting%20Started%20Kit.pdf)

Questions?

For more information please contact Centers for Disease Control and Prevention

1600 Clifton Road NE, Atlanta, GA 30333 Telephone, 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348 E-mail: cdcinfo@cdc.gov Web: www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



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