The QA GUIDE

A Resource for Hospital Quality Assurance

Joint Commission on Accreditation of Hospitals

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Quality Assurance

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Foreword

Throughout its history, the Joint Commission on Accreditation of Hospitals (JCAH) has been dedicated to the goal of promoting optimal health care. This commitment is demonstrated in the approval of the new quality assurance standard for hospitals, which reflects the dynamic growth and change that is occurring in the field of quality assurance. The standard affords hospitals considerable flexibility in the manner in which they implement and administer their quality assurance programs and encourages innovation. The JCAH believes that such flexibility and innovation will encourage advancement in the state of the art of quality assurance.

The QA Guide: A Resource for Hospital Quality Assurance, 1980 edition, is intended as a guide to the current state of the art of quality assurance. Although it references JCAH's quality assurance standard for hospitals, the *Guide* should not be construed as JCAH's definitive statement on compliance with the standard. Rather, the *Guide* has been designed to help hospital staff organize a hospital-wide quality assurance program, focus evaluation activities on the identification and resolution of important problems in the provision of care, and incorporate quality assurance activities within the management decision-making process.

Because the state of the art of quality assurance will continue to evolve, JCAH will continue to test, revise, update, and improve our educational materials on quality assurance. The JCAH looks forward to advances in the field of quality assurance that will assist staff in making such improvements. We encourage your participation by asking you to inform us of your experiences, your approaches to quality assurance, and your suggestions.

John E. Affeldt, MD
President

Introduction

The increase in medical knowledge, the increasing sophistication of medical technology, the growing complexity of hospital services, and the rapid emergence of new health care professions have changed the complexion of health care delivery in the United States. Diagnostic and treatment procedures have become more complex; and the level of education of the American public has improved dramatically, contributing to greater awareness of and expectations from the health care field. Third-party payers have assumed an active, vocal role in health care financing and reimbursement; and federal financing of the care provided to large segments of the population has made hospitals and private physicians increasingly responsible and accountable to government and to society. An unprecedented inflation in the cost of care and in the utilization of services has occurred; public financing has been initiated; and federal attention to utilization review, cost containment, and mechanisms to evaluate quality has increased. In 1972, Congress directed the Department of Health, Education, and Welfare to develop its own program to ensure the necessity, quality, and cost-effectiveness of care financed under federal health care programs. Through this legislation, Professional Standards Review Organizations (PSROs) were established.

The JCAH and Quality Assurance

Throughout this period, health care professionals have maintained their dedication to improving the quality of patient care. This commitment is reflected in the standards and accreditation processes of the Joint Commission on Accreditation of Hospitals (JCAH).

Since its establishment in 1951 and during this period of rapid growth and change in the health care field, JCAH has emphasized quality and stressed the value of ongoing review and evaluation of care by medi-

cal and other professional staffs. Over the years, various means of reviewing and evaluating care have been recognized by JCAH. In 1972, JCAH developed an audit methodology designed to assist hospitals to objectively review and evaluate patient care, established a requirement for medical audits, and, in 1974, specified the number of audits to be performed.

Requirements Reconsidered

Although the establishment of numerical requirements was initially seen as an overwhelming task involving extensive paperwork, health care professionals responded to the requirements. They recognized the value of reviewing quality of patient care, if not the value of conducting extensive audits. In the period of questioning that typically accompanies any new procedure or requirement, both JCAH and the health care professionals who were evaluating care began to realize that medical audit requirements were self-limiting: Adherence to numerical requirements limited the amount and scope of care evaluated. In addition, emphasis on broad diagnosis-based review specified by the JCAH methodology encouraged hospitals to focus only on diagnostic topics rather than on identified or potential problems in patient care or clinical performance. Other quality assessment and quality related activities (eg, review of nursing care and support services; tissue, antibiotic, and blood utilization review; delineation of clinical privileges; and monitoring of clinical practice) were not coordinated with audit activities or recognized as part of an overall quality assurance program.

As hospitals attempted to evaluate care and meet requirements—and, indeed, some hospitals demonstrated impressive results in the evaluation and improvement of care—survey findings demonstrated that patient care and clinical performance had not improved to the extent anticipated. In some cases, changes in patient care and clinical performance were not in proportion to the amount of time invested and the costs associated with audit activity. Evaluation of the quality of patient care had evolved to the point at which a wider perspective, which took into account all hospital activities contributing to patient care, had to be pursued.

These factors were important considerations in the JCAH decision to eliminate the numerical audit requirement, effective April 1979, and to substantially revise the approach to quality assurance requirements. The "new" quality assurance standard for hospitals is designed to help health care professionals develop a more sophisticated, comprehensive approach to quality assurance activities. The factors which precipitated a healthy examination of the state of the art of quality assurance have influenced a more dynamic and useful quality assurance standard. The standard, which is effective for accreditation decision purposes on January 1, 1981,

- emphasizes the value of a coordinated, hospital-wide quality assurance program;

- develop a quality assurance plan; and
- implement the quality assurance program.

Problem-Focused Approach

The new quality assurance standard requires a problem-focused approach to quality assurance activity. The interpretation of the standard states that "to obtain maximal benefit, any approach to quality assurance must focus on the resolution of known or suspected problems (that impact directly or indirectly on patients) or, when indicated, on areas with potential for substantial improvements in patient care."* A quality assurance program that results in problem resolution depends on explicit, knowledgeable use of a logical approach to problem solving. The following basic components of quality assurance activity constitute a logical approach to problem solving:

- identify problems;
- determine priorities for problem assessment and problem resolution;
- establish clinically valid criteria and select appropriate assessment methods;
- establish problem causes most amenable to correction and plan and implement corrective actions; and
- evaluate and monitor problem resolution.

Any quality assurance activity, whether simple or complex, should be based on the problem-solving logic delineated above. However, these five components are *not* steps that must be rigidly followed to meet accreditation requirements or rules that outline the "right" or the "only" approach to quality assurance, nor do these components imply that new forms for quality assurance activities are in the offing. The five components of quality assurance activity *are* a set of guidelines for quality assessment that are based on logical principles of evaluation and that are most likely implicit (ie, not written) in many quality assurance activities already. However, the components should become an explicit part of the hospital's quality assurance activities because, when clearly spelled out and acknowledged, they can be used to evaluate whether the program is planned and implemented effectively. Flexibility in the depth and speed of application of the components is both appropriate and acceptable; that is, although the components should be considered in problem solving, it is not necessary to isolate and apply each component in a strict methodological sense.

Chapters 6-10 of the *Guide* discuss the components of a problem-focused approach to quality assurance and will assist you to

- use multiple data sources for problem identification;

Accreditation Manual for Hospitals, 1981 Edition. Chicago: JCAH, 1980, p 151.

- allows greater flexibility in approaches to problem identification, assessment, and resolution;
- emphasizes the importance of focusing quality assurance activity on problems whose resolution will have a significant impact on patient care and outcomes;
- emphasizes the importance of focusing quality assurance activity on areas where demonstrable problem resolution is possible;
- encourages the use of multiple data sources to identify problems; and
- discourages the use of quality assurance studies only for the purpose of documenting high quality care.

The QA Guide: A Resource for Hospital Quality Assurance

The QA Guide is designed to help hospitals meet the intent of the quality assurance standard and to develop and implement comprehensive, problem-focused approaches to quality assurance that have a positive impact on the quality of patient care and clinical performance.

Comprehensive Quality Assurance Programs

The QA Guide addresses the importance of organizing a flexible quality assurance program that meets the unique needs of your hospital. To be maximally flexible, effective, and efficient, the quality assurance program should be planned carefully and quality assurance activities should be integrated to the degree possible. Planning a coordinated program involves detailed assessment of all quality assurance activities currently conducted in your hospital. Such an assessment should help identify the strengths and correct the weaknesses of present activities; and the program should stress integration and coordination of activities to encourage strong, useful interrelationships, enhance communication, and minimize duplication. A well-constructed quality assurance program allows approaches to problem solving that preserve the integrity of individual disciplines and their unique quality assurance efforts while providing for appropriate sharing of information.

The first five chapters of the *Guide* should help you to assess your current activities and organize an effective, comprehensive quality assurance program. The *Guide* will assist you to

- set goals and objectives for quality assurance;
- assess current quality assurance activities;
- analyze assessment results;
- use assessment results as a basis for organizing the hospital-wide quality assurance program;

- determine priorities for problem assessment and resolution;
- select and implement appropriate assessment methods;
- establish clinically valid criteria; and
- select appropriate sample sizes.

A comprehensive problem-focused approach to quality assurance will only be successful if identified problems are resolved and if resolution of problems is sustained. The impact of the program on patient care and clinical performance should be assessed, and the effectiveness of the overall program should be evaluated on a regular basis. Chapter 11 discusses annual reevaluation of the program and suggests questions that might be useful in assessing the results of your hospital's quality assurance activities.

Comment

Review and evaluation of patient care is a dynamic process that offers exciting opportunities for achieving and maintaining optimal quality of care in hospitals. Staff of JCAH invite you to participate in this process by using *The QA Guide: A Resource for Hospital Quality Assurance* in the spirit in which it is written—as a resource and guide for developing and implementing effective mechanisms for evaluating and improving the quality of patient care in your hospital.

Contents

Chapter 1. Planning a Quality Assurance Program

Quality isn't method. It's the goal toward which method is aimed. *

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Pirsig

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The following distinction between methods and goals will help you establish an effective quality assurance program in your hospital: Methods change constantly; goals usually remain the same. You change methods to improve your chances of attaining goals. The process is ongoing and dynamic, involving constant change, correction, and improvement. As progress is made and objectives met, the focus of the process shifts to greater improvement or to other areas in need of attention. The management of this dynamic process is the purpose of your quality assurance program. Providing the optimal quality of care within available resources is the inherent goal of your quality assurance program. Numerous methods are discussed in this *Guide*. Use those that seem appropriate to your hospital, but don't hesitate to change methods that don't work.

The commitment of hospital leadership is essential to the success of any hospital's quality assurance program. Without commitment from the top, other staff will most likely consider the program a nuisance, a paper exercise performed to satisfy external agencies. On the other hand, if hospital leaders are committed to and express support for the program, if they treat quality assurance as a priority, and if they use quality assurance information as a basis for their activities and decisions, then the program will most likely succeed. Other hospital staff will support it, and the quality assurance program could become the basis for management decisions throughout the hospital.

Responsibility for planning can be assigned to an individual (eg, an assistant administrator, a director of medical education), or a group (eg, a task force comprised of several top managers). Whoever is given re-

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*Pirsig, RM: *Zen and the Art of Motorcycle Maintenance: An Inquiry Into Values.* Toronto: Bantam Books, 1974.

sponsibility for planning should obtain extensive input from staff, particularly from individuals actively involved in quality assurance activities. Key members of the medical staff should be consulted throughout the planning process. By including staff in the planning process, you increase their acceptance and support of the program, and you will probably find it easier to obtain their help should you need it in the future. Extensive staff participation also provides for a variety of perspectives in the planning process.

The importance of planning to an effective quality assurance program cannot be overemphasized. Careful planning is the cornerstone of any good program: It secures and strengthens the various components of the program, and, at the same time, it guides and supports staff in their attempts to achieve the objectives and goals of the program. Planning begins when the purpose of the program, and the means or methods of achieving the purpose are written as program goals and objectives.

Goals are general results or conditions that you expect to achieve. Specify goals in measurable terms and in a statement of relatively broad scope. Goals should guide you in developing objectives. Objectives are similar to goals in that they are also stated in terms that will serve as measurable indices of progress. They are different from goals in that they are narrower and more specific in scope, and they are related to the eventual achievement of a goal. The difference between goals and objectives is illustrated by the following example. A hospital's goal is to provide high quality care; one of its objectives is to comply with JCAH standards. Successful compliance with these standards, will contribute to attainment of the goal—high quality care.

The mission statement of your hospital is a useful resource in determining goals. Statements concerning the proper utilization of resources, reduced liability, and a safe patient environment relate to achievable, optimal conditions that can serve as goals for a quality assurance program. Once you have stated the goals, you may want to incorporate them into a statement of purpose. This statement can be incorporated into the written plan describing your quality assurance program.

Objectives should also be written. Unlike goals, which usually remain the same, objectives may change periodically and new objectives set as others are achieved. Written objectives should be specific and should include the date by which the objective is expected to be met. For instance, if one of your objectives is "to develop a promotional campaign that explains the quality assurance program to all staff," add the date you expect to launch the campaign (eg, March 1980).

Objectives can apply to the entire institution or to one of its departments. For example, a hospital-wide objective might be "to orient all department directors to their roles in the quality assurance program by April 1980." A departmental objective for nursing services might be "to assess the administration of medications quarterly and reduce errors by 10%."

Chapter 2. Assessing Quality Assurance Activities

Determining the status of current quality assurance activities is the second step in planning a hospital-wide quality assurance program. This assessment is conducted to identify the scope, purpose, and effectiveness of current activities; to ascertain whether such activities meet all JCAH requirements for review and evaluation; to identify strengths and weaknesses in the overall quality assurance program; to determine whether duplication in activity, overlap in authority and responsibility, or unnecessary expenditures in staff time and resources exist; and to determine whether expansion, reorganization, or streamlining of the current program is necessary and appropriate.

Included in the assessment should be medical staff functions such as departmental meetings, continuing medical education, and credentialing; departmental activities such as emergency services, nursing, and anesthesiology reviews; and hospital-wide activities such as risk control, safety programs, and infection control. Although difficult, it might be useful to identify the cost and time spent in the conduct of quality assurance activities. The cost of an activity might be measured by calculating the number of man-hours spent in meetings and in data preparation and then multiplying those hours by a predetermined dollar value. Costs can also be determined by calculating the number of man-hours and multiplying that number by the hourly salary of paid personnel. However, the latter approach does not account for the time and cost of non-salaried committee members.

You might wish to estimate the productivity or effectiveness of a quality assurance activity by viewing the impact of the activity on care in relation to the time, effort, and dollars expended. This approach tends to be subjective but can prove helpful by identifying areas in which changes may be indicated.

Assessment Tools

To assist you in assessing your current quality assurance activities, ten questions and instructions for answering each question are provided on pages 4-8. These questions are not necessarily all-inclusive, and their use need not be limited only to an initial assessment of the quality assurance program. That is, you might wish to use or incorporate questions from other sources (such as the *Hospital Survey Profile,* the *Program on Hospital Accreditation Standards (PHAS) Manual,* and/or the evaluation questions in Chapter 11, pages 129-131) in your periodic and/or annual evaluations of the quality assurance program. A table of organization of quality assurance activities is also a useful tool in your hospital. This chart should identify all functions, committees, and departmental activities related to quality assurance, illustrate the relationship among activities, and depict the reporting relationships.

Although only one person might be assigned to conduct the assessment, others necessarily will be consulted. Each department or committee might be requested to complete the questions for the activity for which it is responsible. In such instances, assign someone knowledgeable about overall quality assurance requirements (eg, an assistant administrator or committee chairman) to work with the departments or committees during assessment.

When each assessment question has been answered for each quality assurance activity, you might wish to display the results on a matrix to facilitate analysis of the information. (For an example of an assessment matrix which you might wish to use or modify, see pages 6-7.)

Initial Assessment Questions

Respond to each of the following ten questions for each quality assurance activity conducted in your institution. In instances where the question does not apply to a particular function, indicate that it is not applicable.

1. Is the function performed by an individual or committee? Name the individual/committee that performs that function. For example, utilization review (UR) may be handled by both a UR coordinator and a UR committee. Both should be indicated.

2. Who is routinely responsible for the function? Indicate the responsible person or position, and/or the individual who coordinates the function on a full-time or part-time basis.

3. Is there a written description or procedure for the function? Indicate if a written description or procedure for the function exists. An attached copy of the description or procedure can be useful in analyzing the function.

4. What data sources are used to perform this function? List the data sources used for each function. Data sources may include, but need not be limited to, one or a combination of the following:

- medical records;
- morbidity/mortality review;
- review of prescriptions;
- profile analysis, including PSRO and other regional data;
- specific process-oriented/outcome-oriented studies;
- incident reports;
- laboratory, radiologic, and other diagnostic clinical reports;
- financial data (eg, hospital charge data for services rendered, malpractice claims experience);
- utilization review findings;
- data from staff interviews and observation of hospital activities;
- patient surveys or comments; and
- data originating from third-party payers/fiscal intermediaries.

5. Are preestablished, clinically valid criteria used? Clinically valid criteria are statements about the structure, process, or outcome of care drawn from the best in knowledge and experience of experts and from the health care literature. Some quality assurance functions, such as continuing education, may use objectives or standards of care and of clinical performance as appropriate measures.

6. If a purpose of the function is to identify problems, are important problems identified? If problem identification is a purpose of the function, indicate if a projection is made of the problem's impact on patients (ie, those problems which, if allowed to continue unresolved, are likely to have an impact on patient care and clinical performance). For example, are incident reports on medication errors analyzed to determine the scope and cause of a pattern or increased number of events, or are they merely tabulated?

7. Does the responsible individual or committee recommend or implement action? If the responsible individual/committee refers action to another committee, it recommends action; if the individual/committee is responsible for taking action, it implements action. Some committees such as the medical staff executive committee can recommend *and* implement action.

8. Is there monitoring to determine effectiveness of action? Monitoring means that assessment is done to determine if the problem(s) was corrected or improved as a result of the action taken. Monitoring (follow-up) may be accomplished by:

- performing a new study using the same, new, and/or revised criteria;
- reviewing data collected after corrective action is instituted;
- directly observing the activity or personnel being assessed; and
- interviewing pertinent personnel and/or patients.

Assessment Questions	Credentialing	Clinical Department Review	Tissue/Surgical Case Review and Evaluation	Morbidity/Mortality	Pharmacy and Therapeutics	Blood Utilization Review and Evaluation	Antibiotic Usage R and Evalu
1. Is the function performed by an individual or committee?							
2. Who is routinely responsible for the function?							
3. Is there a written description or procedure for the function?							
4. What data sources are used to perform this function?							
5. Are preestablished, clinically valid criteria used?							
6. If a purpose of the function is to identify problems, are important problems identified?							
7. Does the responsible individual or committee recommend or implement action?							
8. Is there monitoring to determine effectiveness of action?							
9. To whom are the results of the function reported? With whom are they shared?							
10. Is the function evaluated routinely?							

Nursing Care Review and Evaluation	Review and Evaluation of Support Services	Audit	Infection Control	Safety	Utilization Review	Risk Control	Continuing Education	Accreditation	Patient Representative Information		