

# QA IN CARDIOPULMONARY

Bridging the Healthcare Performance Gap

## BUILDING YOUR DEPARTMENT'S QUALITY CONTINUUM

A healthy quality program has three critical components. These include quality assurance, quality improvement and performance improvement. Together, they are collectively known as the quality continuum.

Just as every healthcare organization needs to have a healthy quality continuum if it is to be operationally and financially successful in meeting the needs of its patients and communities, every department needs to have an effective continuum if it is to be what it needs to be for the organization. A strong quality continuum helps an organization in living up to the expectations of the people who count on it to meet their needs for access to great patient care.

Some of the important members of the healthcare team are those clinically-oriented departments that are directly involved in the delivery care and diagnostic patient care services. The diagnostic activities of these departments provide valuable information for the delivery of direct care in determining the best treatment for patient health issues and assessing patient response to care interventions.

The cardiopulmonary department is one of the clinical departments that plays a very important role in assuring high quality patient care, patient safety and a strong reputation for the hospi-

tal. It makes a major contribution to the management of a patient's clinical condition through the management of key diagnostics and the delivery of direct patient care.

Cardiopulmonary controls a series of structures and processes that can impact the patient experience in today's market. This very important department controls the safety and appropriateness of a series of critical diagnostics that can easily impact patient care and outcomes in quality of life situations. It plays an important role in the inpatient, outpatient and emergency management of patients. It helps to convey a sense of accessibility and caring for the community. (See the on-line module titled *Building the Patient Experience*.)

Patient safety is a very important concern in today's healthcare environment. With the proliferation of patient care interventions, the potential for untoward events, and the very complex multidisciplinary environment that is only becoming more complex with each passing day, cardiopulmonary has some pretty big responsibilities. Some of the important

contributions made by this department include:

1. How competent is the organization in meeting patient needs?
2. How committed is the organization to the delivery of high quality patient care?
3. How committed is the organization to ensuring patient safety?
4. How much does the organization care about the members of its community?
5. How committed is the organization to making people feel well cared for and deeply cared about?

In addition to helping to establish first impressions, cardiopulmonary plays a critical role in the management of patients with emergency care needs. Their involvement in the management of life and death situations has a huge impact on quality of people's lives. As you review the enclosed list of quality assurance activities for which cardiopulmonary has primary responsibility, one can appreciate just how important this department's role is as a member of the healthcare team.

*A healthy quality continuum allows our people to know that:*

1. *they are in control of their futures;*
2. *their efforts make a difference, and*
3. *that they are part of creating something better for tomorrow than what already exists today.*

*They come to appreciate the contributions they make in meeting the mission and creating the vision of the organization.*



## SO WHAT IS QUALITY!

Quality in healthcare encompasses the ability of an organization or provider to make patients feel very well cared for at the same time they are making them feel deeply cared about. When patients define quality, these are the two things that they repeatedly say they are looking for. For health care's customers, these seem like pretty easy requests and they are becoming less and less tolerant when providers don't get them right.

In today's healthcare environment, quality is about making people feel safe in an environment where they can also feel that they are receiving state-of-the-art care from people who are on top of those variables that could place them in harm's way. Safety is a pretty broad term for patients as it ranges from a sense of feeling physically safe in the environment to feeling that they are receiving the very best care that can be delivered by people who genuinely care about the outcomes that their actions lead to. They also want to feel informed and in control of their patient experience.

For the people in the cardiopulmonary department, quality means accurate and timely testing and treatment consistent with physician orders and current standards of practice in ways that are sensitive to the need for patients to feel that they are in control. The healthcare system is pretty complex and often difficult for experienced healthcare professionals to understand. For the average patient, it is commonly a trip into the twilight zone. The user-friendliness that a healthcare provider can drive into the patient experience can go a long ways in building healthy relationships with patients and communities.

The average patient can not actually judge the quality of the patient care they receive to a level that creates a genuine level of comfort. They can not determine if the battery of tests being ordered by the physician are truly the best tests or if the treatment and drugs are truly the best interventions. Because they need some measures that help them to feel good about their choices, they tend to rely heavily

on pseudo-measures of quality.

Pseudo-measures are measures that patients and family members can judge more easily because they are familiar with what they are and what they should look like if quality exists. The most common pseudo-measures in healthcare have traditionally been cleanliness, friendliness, physical appearance, physical safety, quality of the food and the perception of teamwork. Factors that impact the patient's perception of safety are taking important roles as a very influential pseudo-measure. If these pseudo-measures convey a sense of quality, people assume that there is a pretty good chance that the quality of the clinical care is good also.

The measure of quality for people looking to health care is found in the attention to details that they observe. The more attention to details that they witness in pseudo-measures, the more comfortable they are that the same attention is given to the details of direct patient care. Great reputations are not built on being average. They are built on reaching well beyond average and paying close attention to the details that convey a message that providers take their roles in the delivery of great care seriously.

## WORKING WITH YOUR QA CALENDAR

The quality assurance calendar is a tool that helps a department to organize and manage its quality assurance and compliance-related activities in a way that reduces resource consumption and the risk of falling behind (see the PACE Workbook on *Working with Your Quality Calendar*). Historically, healthcare organizations have not utilized highly structured systems to collectively organize and manage their quality assurance or compliance-related activities. The lack of such a system has been one of the major contributing factors in prompting healthcare organizations to find themselves in trouble on surveys and having to put an inordinately large number of resources into ongoing efforts to maintain the basics.

Quality and compliance inside health care does not just happen. They are activities that need to be managed. As one looks at the list of compliance and quality assurance-related activities on the following pages, it is obvious how easy it would be to overlook something or get behind if you do not have a system that allows you to manage them.

As most of these activities are time

sensitive, once they don't happen it is impossible to make them up. For example, if quality controls are not properly run on equipment before testing, the organization could find itself unable to ensure the quality of the testing. If ventilators are not properly cleaned, an organization could find itself placing patients' lives at risk from infections such as MRSA.

As the healthcare industry continues to become more complex and more and more is asked of our people, systems like the quality calendar can help to better manage activities as it becomes increasingly necessary to find ways of doing more with fewer resources. The answer is not in working harder. It is in working smarter and the quality assurance calendar is a tool that can help department managers to do that.

Some important points in using your calendar are:

1. Only schedule activities that must be done on a Monday for that day. Mondays tend to be bad days in healthcare organizations because of the many issues that spill over from

the weekend. As most legal holidays fall on Mondays, it is the one day of the week that prompts people to more easily get behind because things from the holiday must be pushed to Tuesday.

2. Similarly, it is best if you minimize the number of flexible activities that need to be done on a Friday because that is generally the day that people are pushing to get things done for the weekend. It is also the most common day that people request off to have a long weekend.
3. Try to always set the schedule up so that compliance related activities never consume more than two hours in a given day for any one person. This is one of the reasons that a calendar is so helpful. It allows you to plan and balance things out. Most people can plan to commit up to two hours of the day to designated activities. They can also tend to find time to make those activities happen even on a day when there seems to be one crisis after another.
4. Try to always set the schedule so that



# CREATING YOUR QA CALENDAR!

The topics in the table on the next three pages list out the common quality assurance or compliance type activities that could be found on a QA calendar for Cardiopulmonary. Some may not apply to all organizations and others may need to be added as compliance standards are dependent on the services offered. Please review these tables to determine which topics are important to your calendar and then follow the instructions in the PACE training workbook titled *Working with Your Quality Calendars* to build your calendar. Please note that health care is a very dynamic industry and constantly subject to change. The completeness of the list and frequency recommendations in these tables should be regularly checked against those established by federal, state and local regulatory agencies.

	QA Accountability	Frequency
1	Assessment of patient	Per policy and procedure
2	Reassessment of patient	Per policy and procedure
3	Informed consent	All procedures requiring consent
4	Physician evaluation of therapy	Per bylaws, rules, regulations, policies and procedures
5	Stat collection of specimens	On every stat order
6	Transportation of specimens safety	On every transport
7	Timeliness of results reporting	On every specimen
8	On-call availability	On every evening, night, weekend and holiday
9	Scheduling of procedures	Per policy and procedure on every order
10	ABNS	On every applicable test
11	Daily review of patient results	Daily
12	Proficiency testing for non-waived testing	Per proficiency protocols
13	Waived testing	Per protocols
14	Waived testing personal competency	For every employee that does waived testing
15	Point of care testing	Per protocols
16	Point of care testing personal competency	For every employee that does point of care testing
17	Arterial blood gas sampling	Per policy and procedure
18	Arterial blood gas analysis	Per policy and procedure
19	Quality control records	Per state and federal protocols
20	Allen's test	For every blood gas draw
21	Product ordering and management to maintain adequate par levels	Per requirements for patient volumes
22	FIFO	For all supplies
23	Critical test results reporting	Per policy and procedure
24	Patient identification protocols	Per protocols
25	Capillary blood sampling	As appropriate for infants
26	BIPAP Ventilatory Support	Per policy and procedure
27	CPR management	Per protocols, policies and procedures
28	Crash cart readiness	Daily and after each code
29	Hand-held nebulizer	Per policy and procedure
30	Endotracheal suctioning	Per policy and procedure
31	Post-op management	Per policy and procedure
32	Aerosol delivery	Per policy and procedure
33	High Humidity Aerosol	Per policy and procedure

# CREATING YOUR QA CALENDAR!

	QA Accountability	Frequency
34	Incentive spirometry	Per policy and procedure
35	Appropriate use of clinical alarms	Per policy and procedure
36	Timely response to clinical alarms	Per policy and procedure
37	Culturing protocols	Per physician order
38	Invasive procedure site identification protocol	For every invasive procedure
39	Oxygen administration per nasal cannula	Per policy and procedure
40	Oxygen administration per partial rebreathing mask	Per policy and procedure
41	Oxygen administration per simple mask	Per policy and procedure
42	Oxygen administration per venturi mask	Per policy and procedure
43	Pediatric oxygen tent management	Per policy and procedure
44	Postural drainage therapy	Per policy and procedure
45	Pulmonary function testing	Per physician order
46	Pulse Oximetry	Per physician order
47	Sedation monitoring	Per policy and procedure
48	Smoking cessation training	For every patient that smokes on each admission
49	Ventilator management	Per policy and procedure
50	Echocardiograms	Per physician order, policy and procedure
51	Electrocardiogram	Per physician order, policy and procedure
52	EKG reading panel	Per medical staff bylaws, rules and regulations
53	24-hour holter monitoring	Per physician order, policy and procedure
54	Treadmill stress testing	Per policy and procedure
55	Floor stock management	Continuous
56	Standard precautions	Continuous
57	Special handling procedures for high risk specimens	For every high risk specimen
58	Infection control compliance	Continuous
59	HIPAA compliance	Continuous
60	Standing order management	Continuous
61	Standing order annual review and approval	Annually within 30 days of last review
62	Outdated reagents and supplies	Continuous
63	Outdated reagents and supplies at point-of-care testing locations	Continuous
64	Management of questionable orders per rules, regulations and procedures	Continuous
65	Handwashing	Continuous
66	Service contract review	Annually
67	Service contract renewal	Annually or on term
68	New chemical training	Before use
69	Telephone, verbal and written orders management	Per policies and procedures
70	Physician acknowledgment of results of diagnostic testing	Per medical staff bylaws, rules and regulations
71	Refrigerator temperatures	Daily
72	Biomedical preventive maintenance	Per policy and procedure

# CREATING YOUR QA CALENDAR!

	QA Accountability	Frequency
73	Automatic stop orders	Per policy and procedure
74	Safe medication precautions	Per policy and procedure
75	Adverse drug reaction reporting	Per policy and procedure and federal/state requirements
76	Safe Medical Device Act reporting	Per policy and procedure and federal/state requirements
77	Self administration of medications by inpatients	Per policy and procedure
78	Isolation precautions	Per policy and procedure
79	Secure MSDS and assure appropriate precautions	Before new chemical use
80	Employee right-to-know MSDS training	On orientation before chemical use and annually
81	Separation of patient care and cleaning chemicals	Continuous
82	Flooring integrity	Continuous
83	Baseboard integrity	Continuous
84	Ceiling integrity	Continuous
85	Surface washability	Continuous
86	Annual fire safety training	Annually
87	Annual general safety training	Annually
88	Annual infection control training	Annually
89	Staff certification for special equipment management and skills	Before expiration
90	Annual policy and procedure review	Annually
91	Employee training on new/revised policies and procedures	On creation of or revision of policy or procedure
92	Ergonomics compliance	Continuous
93	PPE compliance	Continuous
94	Sharps management on draw trays	Continuous
95	Sharps box management	Continuous
96	Sharps box disposal	When 3/4 full
97	General trash management and disposal	Daily or when every receptacles are 3/4 full
98	Eye wash station integrity	Continuous
99	Annual review of employee job descriptions	Annually
100	Annual employee performance appraisal	Annually
101	Horizontal surface cleaning	Daily and on each use
102	Deep cleaning schedule	Per schedule
103	Storage 4 inches off the floor	Continuous
104	Compressed gas and oxygen security and safety	Per policy and procedure
105	Compressed gas and oxygen management	Per policy and procedure
106	Storage of empty gas and oxygen cylinders in separate location	Per policy and procedure
107	BCLS/ATLS resuscitation certification	Continuous for all personnel
108	Progress notes completion and accuracy	Per policy and procedure
109	Acceptable abbreviations and symbols	Per policy and procedure



# KEEPING PACE WITH TODAY'S STANDARDS

Quality assurance or compliance-related activities are extremely important in a healthcare organization because they are generally related to safety and can have a significant impact on patient satisfaction. They frequently involve precautionary steps taken by an organization to prevent an untoward event and to be prepared in the event of a disaster or break in the routine that could place people or the organization in harm's way.

For example, while providers hope they will never need them, there are many precautionary activities that healthcare organizations need to be skilled at in the event there is a fire. They need to know that we have a strong plan to protect people in the event of a natural disaster. These are also important activities for departments such as cardiopulmonary because these departments often need to play a very important support role. The moment of crisis is not the time to be determining what the department's contribution should be.

Healthcare organizations also need to know that the day-to-day risk is reduced for people who come into their buildings and the organization. They need to know that the organization is in compliance with current principles of pharmaceutical management. They need to know that general safe medication practices are followed.

Too often healthcare organizations find themselves at risk because they become complacent about quality assurance related activities. As so many of the activities are precautionary in nature and many organizations view them as routine for regulatory compliance, it is very easy for an organization to elect to take short cuts or overlook striving for 100% compliance. The danger is in the fact that an organization can't make it up to a patient or a community member or employee when its failure to stay current negatively effects any one of them. If its reputation in the community is damaged, it may never recover.

Proactive compliance is significantly less resource intensive than running to catch up. Developing a corrective action plan in response to a Medicare Condition of Participation survey is never the best way to achieve compliance. Working to overcome the damage created by a negative outcome is definitely more expensive and resource intensive than ensuring the negative outcome could not happen. As the saying goes, "an ounce of prevention is more valuable than a pound of cure." This

is particularly true in health care where the cost of a negative outcome can be particularly steep. A well structured quality assurance program inside the quality continuum can provide for that ounce of prevention to protect an organization.

The majority of the compliance standards for the cardiopulmonary department relate to accuracy, timeliness, general safety diagnostic testing and patient therapy. These are very big areas of responsibility where compliance is critical. When any of these areas of responsibility fall out of compliance it is important to bring them back into line as soon as possible.

Because of the magnitude of some of the responsibilities, retrospectively trying to fix them can be a nightmare in addition to placing the organization at risk because of non-compliance. For example, the failure to report accurate results can result in patient harm. Failure to maintain proficiencies can result in regulatory compliance investigations, fines and the failure to operate. Failure to monitor order appropriateness can result in a failure to get paid. Proactively dealing with issues through prevention can reduce resource consumption by as much as 25-33%. Every minute appropriately spent on planning (such as the creation of a balanced QA calendar) can save 10 minutes in execution time.

Historically, healthcare organizations have had poor systems for managing and documenting quality assurance related activities. Too often those systems for managing these activities have existed in the minds of our managers. While the mind is a very powerful place, the stresses of today's healthcare environment make it a poor stand-alone tool in creating the kind of efficiency and effectiveness we need. As a result, too many things end up being retrospectively repaired rather than proactively managed. The quality calendar system is an approach to proactive activity management. If the average cardiopulmonary department is able to reduce time and/or resource consumption by an average of 33% because it uses tools to improve its efficiency and effectiveness, it can find itself capable of managing more with less in a less stressful environment. This is an important goal in today's health-

care environment. It also reduces the amount of time spent on crisis management which is one of the industry's greatest threats to resources.

When a quality assurance or compliance activity goes out of compliance, it is a department's responsibility to bring that activity back into compliance as quickly as possible in a way that will hold the compliance.

QA Calendar								
	Frequency	Responsible Party	Jan	Feb	March	April	May	June
Proper Label-	Every Speci-	Susan	SK OK	SK OK	SK OI	SK OK	SK OK	SK OK

The department needs to document the steps it took to achieve that compliance and the ongoing activities to monitor it.

The first step is to set up the quality assurance calendar with all of the compliance-oriented activities that are important to the organization. Once the list is complete, the manager, with the assistance of his or her departmental team, defines when each activity is to be completed along with who will be responsible for it. (Remember that the stronger the team approach, the greater the potential for success and the more that can be achieved with fewer resources.) As long as activities remain in compliance the only documentation that is necessary is to complete the required log for the activity and to indicate an OK on the calendar. When an activity moves out of compliance, a department should be able to demonstrate that it has quickly moved through the steps of the PACE cycle. Documentation should demonstrate that it quickly identified the issue (moving the issue to its quality improvement calendar), PLANNED to re-establish compliance, ACTED to initiate the plan, CHECKED to make sure that the plan achieved the designed results and ENHANCED the plan to achieve the best outcomes possible. Once compliance is re-established and a short period of more intensive monitoring demonstrates compliance, the department can return to its normal schedule of monitoring as defined by the calendar.

The calendar should be evaluated each year as part of the annual review of services to determine needed additions and revisions that would increase departmental efficiency in achieving continuous compliance.



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*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 B. Menton*

*The Future Starts with a Strong Today!*

Building a strong reputation and future for a healthcare organization starts with building a strong today. In many ways it is like building a new building. If you don't start out with a sound foundation it becomes increasingly difficult to build a structure that can be as tall as you would like or that can withstand the various elements that place stress on it. When the foundation isn't strong, you frequently find yourself having to put additional resources into shoring it up and to apply patches where necessary. You also tend to find yourself having to monitor it more closely every time the structure is placed under stress to make sure it will hold up. A healthy quality assurance program is about making sure a healthcare organization has a strong foundation on which to build tomorrow and the future. If an organization is constantly struggling to maintain compliance with today's standards, the activities steal valuable time and resources away from efforts that could be used to build a healthier tomorrow. Given the strain on today's healthcare resources, providers need to ensure that they are getting the most they can from what they have. They need to make sure that quality lives today so it is easier to build a better tomorrow.

## BRINGING IT ALL TOGETHER

A healthy quality program is about making sure that our organizations are being true to the business of health care. That business is the delivery of high quality patient care in an environment that makes our patients and communities feel well cared for and deeply cared about. It is about making sure that our organizations are healthy and strong for today, tomorrow and into the future.

The quality program creates the structure to support the creation and implementation of the many systems that (1) ensure that our organizations and patient care services are what they need to be to make our organizations strong for today, (2) continuously work to improve and meet the changing needs of tomorrow as technological advancements continue to reshape the delivery of patient care, and (3) bring the strategic plan and vision of an organization to life while holding true to the mission and values of the organiza-

tion. A healthy quality program is about much more than making sure that our organizations are meeting the expectations of outside regulators and the many external customers that enter our doors every day.

The mission defines why our healthcare organizations exist. The vision defines where we picture our organizations to be at some point in the future if the organization is to remain strategically positioned for success while it remains true to its mission and values. Our values define those behaviors we hold to be important to every day life if we are to remain true to our missions (who we are).

It can be very easy for these important messages to become fluff and pie-in-the-sky words that only raise more doubt and questions if people can not see the path that brings them to life. A healthy quality program provides that path by creating

the structures and systems that make proactive change possible.

The mission, vision and values of an organization come to life when they are successfully married together through the organization's quality program and strategic planning activities. These two activities create the environment for the creation of a culture for quality where patients feel well cared for and deeply cared about while healthcare providers have the potential to feel good about their contributions in improving the quality of life for the public that entrusts them with their care.

