

# Implementing Continuous Quality Improvement in Health Care

## A Global Casebook

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# Dedication

To our families, home academic institutions, and contributing colleagues  
with many thanks.



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# Preface

This book has its origins in the first three editions of Curtis P. McLaughlin and Arnold D. Kaluzny's *Continuous Quality Improvement in Health Care*. Each edition contained a number of cases under the "illustrations" rubric. However, when we began considering the fourth edition, it was clear that the book would be too long if it included the cases. The field of quality improvement has experienced an evolution across multiple fields, within and outside health care, and geographically as well. It has grown by leaps and bounds, and a single textbook cannot continue to fully address all the relevant issues. So in discussions with our publisher at Jones & Bartlett Learning, Mike Brown, we suggested two independent yet coordinated books. Furthermore, we realized that one could develop a much more robust educational experience centered on cases, if given the opportunity. We have split the teaching material into two volumes so the case approach stands on its own for those instructors who want more of a case approach, or it can be used in tandem with the fourth edition of *Continuous Quality Improvement in Health Care*. The cases are intended to be the basis for classroom discussion and not a judgment of either good or bad management. They have been selected to show an aspect of quality improvement in health care in the current environment. Each case has a section called "Case Analysis" that explains the primary themes and our pedagogical intentions for its use.

One new aspect of these cases is that some take place outside the United States, just as continuous quality improvement started in the United States, flourished in Japanese manufacturing, and has now moved around the world in all economic sectors. Increasingly, we have seen that the application of continuous quality improvement is driven by the funders of health care, whether they are national health insurance schemes, employers, or government administrations. In the developing world, donor agencies have been drivers as well. These efforts have generated a "quality-in-health-care industry" with its own vendors, evaluators, think

tanks, agencies, and gurus. These are also linked to the current support for expanded investments in information technology, especially electronic health records, and pay-for-performance systems.

We have watched this field evolve for two decades now and the literature related to quality improvement has grown exponentially. The book's initial case features Paul Batalden's pioneering work at HCA. From Lucian Leape's seminal publication on medical error in 1994 through the Institute of Medicine reports on quality and safety opportunities and more pioneering by Wennberg and Batalden at Dartmouth, Berwick at Harvard, and James at Intermountain Healthcare, we have witnessed more interest, more disciples, even more interest, and more activity. The next generation of quality czars and czarinas are on the way. The trick will be to be able to stick with approaches that are simple, effective, and participatory, instead of professionalized and ritualistic, with an emphasis on the philosophy as well as the processes of quality improvement.

## STRUCTURE

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The book is organized into five parts, each with a central theme. The allocation of cases to each part has been based on a pedagogical purpose, but most cases can easily service multiple purposes. For example, Case 3 about Clemson's Nursing Home was placed in Part I because it illustrates the application of basic continuous quality improvement tools in the workshop it describes. It might just as easily have gone into Part III because it involves an educational intervention by the state's Quality Improvement Organization or in Part IV on assessment, incentives, and regulation because the intervention was triggered by an assessment based on data mining of the mandated reporting of restraint use in the Minimum Data Set for nursing homes receiving payments through Medicare or Medicaid. Similarly, Case 4 about CQI in the malaria program of Ghana went into Part I because it fully describes the effort there using tools such as flowcharts and fishbone diagrams to plan interventions in a number of district programs. However, it could certainly have gone into Part V because the interventions were part of a research project looking in a very preliminary way at the potential of using CQI in Ghana.

Each case is accompanied by three aids: (1) a case analysis, which is written by the editors to prompt your thinking about one or more salient

points for analyzing the case; (2) assignment questions; and (3) a class exercise, which encourages further digging into the topic that the instructor may or may not assign. Usually the latter exercise can be accomplished on the Web. Completing the case studies along with the relevant chapters in the textbook will provide the student with a rich educational overview of the theory of quality improvement and its local application.

## GLOBALIZATION

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Four cases have a major international component. They introduce issues of limited resource availability and brain drain of health professionals in many countries. They also deal with evidence-based decision making in single-payer systems. Cultural and political differences become evident in these cases in various ways. Differences include the use of quality adjusted life years in the United Kingdom, religious preferences, medical tourism, and the potential clashes between continuous quality improvement and the trickle-down management philosophies of many health sector bureaucracies. For resource-poor countries with a large presence of external charitable or government-to-government donors with their own concepts of continuous improvement, there are also issues of national autonomy and reasonably expected responsiveness.

## FEEDBACK TO THE AUTHORS

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As always, we welcome your feedback about the book so that it can be improved in subsequent printings or editions. We suggest that you address your queries or suggestions to Dr. Sollecito at the University of North Carolina at Chapel Hill, Gillings School of Global Public Health.

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**William A. Sollecito, DrPH**, is Clinical Professor in the Public Health Leadership Program and Director of the Online Global Health Certificate Curriculum in the Gillings School of Global Public Health at the University of North Carolina at Chapel Hill. Prior to being appointed as a faculty member at UNC, he worked in the private sector, most recently at Quintiles Transnational Corporation, where he served as president of their Americas Division, overseeing all clinical operations in the United States, Canada, and South America. He has been a practitioner of Continuous Quality Improvement throughout his career, implementing CQI in multiple settings in academia and private industry. This experience is reflected in his publications, which span a broad array of topics including biostatistics and clinical research as well as CQI. He received his BBA in statistics from the Baruch College of the City University of New York, an MS(hyg) in biostatistics from the Graduate School of Public Health of the University of Pittsburgh, and a DrPH in biostatistics from the School of Public Health of the University of North Carolina at Chapel Hill.

# Frequently Used Acronyms

<b>AHRQ</b>	Agency for Healthcare Research and Quality (USA)
<b>ALOS</b>	Average Length of Stay
<b>CDC</b>	Centers for Disease Control and Prevention (USA)
<b>CMS</b>	Centers for Medicare and Medicaid Services (USA)
<b>CPOE</b>	Computerized Physician Order Entry
<b>CQI</b>	Continuous Quality Improvement
<b>DHHS</b>	Department of Health and Human Services (USA)
<b>ETOH</b>	Ethanol
<b>FQHC</b>	Federally Qualified Health Centers
<b>HCFA</b>	Health Care Financing Administration, now known as CMS (USA)
<b>IHI</b>	Institute for Healthcare Improvement (USA)
<b>IOM</b>	Institute of Medicine (USA)
<b>ITN</b>	Insecticide Treated Nets
<b>JIT</b>	Just in Time
<b>KQC</b>	Key Quality
<b>MOH</b>	Ministry of Health
<b>NCQA</b>	National Committee for Quality Assurance
<b>NHS</b>	National Health Service (UK)
<b>NHSN</b>	National Healthcare Safety Network
<b>NICE</b>	National Institute for Health and Clinical Excellence (UK)
<b>O&amp;G</b>	Obstetrics and Gynecology
<b>OPD</b>	Outpatient Department
<b>PDSA</b>	Plan Do Study Act
<b>QI</b>	Quality Improvement
<b>QIO</b>	Quality Improvement Organization
<b>STG</b>	Staff Training Guide (Ghana)
<b>TQM</b>	Total Quality Management
<b>WHO</b>	World Health Organization