

## **TOOLKIT PRINCIPLES AND OUTLINE**

### **Contents of Hospital Toolkit for Quality Improvement on AHRQ Quality Indicators**

#### **PURPOSE OF THE TOOLKIT**

The toolkit is intended to be a useful and usable resource for hospitals that will support their efforts to improve performance on the Inpatient Quality Indicators and Patient Safety Indicators established by the Agency for Healthcare Research and Quality. The toolkit will be designed to target hospitals that do not have ready access to external expertise or support for quality improvement activities, and are limited in the resources needed to establish in-house performance improvement measurement programs or analytic expertise. Such a resource also should be useful to other hospitals with greater expertise in quality measurement and improvement.

#### **PRINCIPLES TO GUIDE TOOLKIT DEVELOPMENT**

To achieve the purpose of the toolkit most effectively, the development and selection of toolkit contents will be guided by the principles presented here. Each candidate tool will be evaluated against these principles before making decisions on tool development or inclusion. It is anticipated that, as candidate tools are considered, tensions will be encountered among the development principles, which will be documented and managed during the selection process. These principles also can be used to assess the extent to which the toolkit development has been successful.

##### **1. Parsimony in choice and design of tools**

The tools for the toolkit will be identified and designed carefully to provide support in the topic areas that are of greatest importance and usefulness for hospitals, in particular taking care to limit the number of tools. This principle addresses the need to avoid creating an overload of information that would dissuade hospitals from attempting to use the toolkit.

##### **2. Tools targeted to address the most important factors for implementation**

It is well known that several key factors (e.g., leadership support, a committed implementation team, effective training and coaching) can have strong effects on the success or failure of quality improvement actions. The toolkit will contain tools that assist hospitals in working with these factors, so they may effectively address what is most important to make them successful.

##### **3. Tools that offer the greatest value for a range of hospitals**

Hospitals vary widely in their quality improvement expertise, available resources, and other capabilities that can be applied for improvement activities. To be responsive to a variety of needs, tools will be developed to support each key step of the problem identification, action plan development, implementation, and monitoring processes. Hospitals can select from available tools those that best serve their needs.

#### **4. Readily accessible contents for each tool**

It is expected that ease of use will be a key issue for hospitals as they consider using the tools offered in the QI toolkit. Therefore, the tools and related instructions will be crafted so that they are readily usable and easy to understand. Step-by-step guidance in use of a tool will be provided succinctly, and will be supported by easy-to-use materials such as forms, data collection instruments, or analytic worksheets. For some tools, it may be determined that additional in-depth information should be made available. If so, the information will be provided as supplemental resource material for those that seek it, but tools will be designed so they can be used without requiring use of those supplemental materials.

#### **5. Enable hospitals to assess effectiveness of actions**

One of the steps in quality improvement that often falls short is effective monitoring of progress in establishing improved practices and achieving effects on relevant outcomes. Lessons learned from experiences in implementing improvements can be used by the hospital itself, and also should be documented for use by others that pursue such improvement in the future. Monitoring should enable a hospital to assess performance improvement on an ongoing basis, to assess the achievement and sustainability of improvements that were intended to be made. To address this issue, tools provided should enable hospitals to perform an effective monitoring function, adjust implementation activities in response to monitoring data, and establish accountability by communicating internally on data regarding progress and effects of the quality improvement activities. These should include the AHRQ Quality Indicators, as well as other process and outcome measures to help monitor the impact of more immediate, local changes in processes within the hospital.

### **OUTLINE OF TOOLKIT CONTENTS AND CANDIDATE TOOLS**

In developing the toolkit contents, the RAND/UHC team will establish a set of enabling factors required for successful implementation overall, as well as a set of desired features for each tool identified for development or inclusion in the toolkit. Through use of these factors, we will be guided by the principles set forth above for toolkit development.

The outline below delineates several steps in a quality improvement process and the tools that are candidates for inclusion under each step. Each tool will consist of a package of instructions and guidance, as well as operational forms, worksheets or other materials that a hospital can apply to carry out the improvement step supported by the tool. As appropriate, information will be drawn from the literature on the effectiveness of tools and examples of the application of tools or methods. Candidate tools will be searched in both the published literature and on the internet, and they will be evaluated for inclusion based on the desired features for the tool.

#### **A. Getting Ready to Use the QIs in Quality Improvement**

**Tool A.1.** Fact sheets for IQIs and PSIs

**Tool A.2.** PowerPoint presentation for hospital Board and staff

- a. Information about the QIs for the Board and staff
- b. Information on the current (baseline) hospital status on the QIs
- c. Help Board and staff understand implications of the Indicators

**Tool A.3.** Readiness self-assessment tool

- a. Determine gaps in organizational structure that could affect improvement
- b. Determine gaps in organization's readiness to work with the QIs

## **B. Applying QIs to the Hospital Data**

**Tool B.1.** Guidance on how to calculate the QI rates using AHRQ SAS software

- a. Comparisons across QIs within the hospital itself and to external benchmarks
- b. Instructions for conducting the analyses
- c. Suggestions for how to use external benchmarks, including resources on AHRQ's HCUP website
- d. How to work with measurement in large vs. small hospitals and other related issues such as denominator size
- e. Instructions for defining the QIs to be monitored as either trigger events or measured as rates

**Tool B.2.** Example of rates generated for a hospital by AHRQ software

**Tool B.3.** PowerPoint presentation on data, trends, and rates

## **C. Identifying Priorities for Quality Improvement**

**Tool C.1.** Prioritization matrix with instructions for using it

- a. Consideration of both objective (factual) and subjective factors
- b. Take into consideration: raw rate of event type, comparative rate, and public visibility of measure
- c. Direct organizational focus and decisions about which QIs should be addressed
- d. Guidance for leaders in communicating within their hospital about the selection priorities

## **D. Implementation Methods**

**Tool D.1.** Implementation process overview – seven steps involved

**Tool D.2.** Team charter and goals

**Tool D.3.** Identifying best practices with examples

**Tool D.4.** Performing a gap analysis – identifying factors contributing to performance problems

**Tool D.5.** Developing the implementation plan – action steps and responsibilities

**Tool D.6.** Measurement of implementation progress

**Tool D.7.** Project evaluation and debriefing for future action

## **E. Cost Effectiveness and Return-on-Investment Analysis**

**Tool E.1.** Performing cost-effectiveness analyses

- a. Introduction to role and use of cost-effectiveness analysis
- b. Instructions for performing cost-effectiveness analysis
- c. Examples of completed cost-effectiveness analyses

- Tool E.2.** Performing return-on-investment (ROI) analyses
- a. Introduction to role and use of ROI analysis
  - b. Instructions for performing ROI analysis
  - c. Examples of completed ROI analyses

## **F. Monitoring Progress and Sustainability of Improvements**

- Tool F.1.** Selection and development of measures to monitor
- a. Summarize comparative data for each QI
  - b. Assess level of performance against AHRQ risk-adjusted expected values
  - c. Considerations for use of composite measures for IQIs and PSIs as proxy measures to represent multiple issues
  - d. Establishment and tracking of additional process and outcome measures
  - e. Methods for tracking trends for the QIs and other measures

- Tool F.2.** Guidance on process and report formats for reporting progress
- a. Report contents and formats, including graphical presentation
  - b. Data displays and graphic methods for communicating analysis results
  - c. Audiences for receiving and responding to reports
  - d. Interpretation of trends observed regarding need for actions
  - e. Feedback of identified issues into the improvement process

## **H. Existing Quality Improvement guides (how-to books)**

- Tool G.1.** Provide list of existing guides and how they can be obtained
- a. CAHPS improvement guide (on AHRQ CAHPS Web site)
  - b. Implementing Practice Guidelines in the DoD Health System (Nicholas, et. al, Farley Army guideline project)
  - c. Others in the public sector
  - d. Others available for a fee