Component I: Core

Module I: Performance Improvement

Topic 1: Performance Improvement

Statement of Purpose
To prepare the learner with basic knowledge of performance improvement.

Student Learning Outcomes
Upon completion of this topic, the learner will be able to:

1. Spell and define key terms.
2. Differentiate between terms used in performance improvement.
3. Identify three quality improvement regulatory agencies.
4. State the purpose of an incident report or notification form.
5. List five types of quality control measures used in the medical office.
6. Develop a performance improvement case study.

Terminology

1. Action logs
2. Cardiopulmonary resuscitation (CPR)
3. Clinical Laboratory Improvement Amendments (CLIA)
4. Compliance
5. Continuing Medical Education (CME)
6. Continuous Quality Improvement (CQI)
7. Department of Health Services
8. Feedback
9. Health Insurance Portability and Accountability Act (HIPAA)
10. Incident report
11. Narcotic log
12. Occupational Safety and Health Administration (OSHA)
13. Performance improvement
14. Preventative maintenance
15. Quality Assurance (QA)
16. Quality Control (QC)
17. Quality Improvement (QI)
18. Regulatory agency
19. The Joint Commission
20. Total Quality Management (TQM)
21. Tuberculosis Skin Test (TST)

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Content Outline/Theory Objectives	Suggested Learning Activities

Objective 1
Spell and define key terms.
  A. Review the terms listed in the terminology section.
  B. Spell the listed terms accurately.
  C. Pronounce the terms correctly.
  D. Use the terms in their proper context.
	A. Games: word searches, crossword puzzles, Family Feud, Jeopardy, bingo, spelling bee, hangman and concentration.
	  B. Administer vocabulary pre-test and post-test.
	  C. Discuss learning gaps and plan for applying vocabulary.

Objective 2
Differentiate between terms used in performance improvement.
  A. Consumer awareness has increased lawsuits in all areas of society. Guidelines are developed for all processes used and all personnel involved. These become part of an institution's quality improvement program.
  B. Quality Control (QC)
      1. A process that provides health care personnel the means to ensure that test results are accurate, doing the right thing, the right way, the first time and on time
          a. Using control samples.
          b. Using unexpired reagents.
          c. Conducting daily instrument calibration.
          d. Properly documenting the samples and test results.
          e. Performing preventive maintenance of equipment.
  C. Total Quality Management (TQM)
      1. Improving health care quality while controlling costs, training employees to prevent problems and strengthening organizational system.
      2. Continually improving performance.
  D. Continuous Quality Improvement (CQI)
      1. The concept that there is always room for improvement.
      2. The culture, strategies and methods necessary for continual improvement in meeting and exceeding customers' expectations.
      3. A management approach to improving and maintaining quality. Emphasis with internally driven and relatively continuous assessments of potential causes of quality defects. This, followed by action aimed either at avoiding decrease in quality or else correcting it an early stage.
      4. The commitment to constantly improve operations, processes and activities in order to
	A. Lecture/Discussion
	  B. Assigned Readings
	  C. Ask students to share experiences they have with quality improvement processes.
	  D. Small group exercise, ask students to identify one issue related to customer service in the workplace that needs improvement.

meet customer requirements in an efficient, consistent and cost effective manner.
E. Quality Improvement (QI)
    1. A method of continuously examining processes and making them more effective.
    2. Started in the business community as companies looked for better ways to produce better products and services for their customers.
F. Quality Assurance (QA)
    1. A set of policies and procedures that guarantees quality and accuracy of patient care test results. Establishes a comprehensive set of written policies and procedures for performing the tests and patient education related to the testing
        a. Labeling.
        b. Preservation.
        c. Transportation.
        d. Training new personnel.
        e. Maintenance of equipment.	

Objective 3
Identify three quality improvement regulatory agencies.
A. The Joint Commission (previously Joint Commission on Accreditation of Healthcare Organizations, JCAHO)
    1. Prior to mid-1990's The Joint Commission was hospital focused.
    2. In 1996 it began ambulatory care setting involvement.
    3. Voluntary participation currently.
B. Occupational Safety and Health Administration
    1. Occupational Safety and Health Administration (OSHA) compliance is mandatory.
    2. Federal agency working to assure safe working conditions and health of employees.
    3. Exposure control plan requires employees to be aware of existence of hazards and the safety precautions and rules necessary to eliminate or minimize them
        a. Biological, (Biohazards) airborne, ingestion, non-intact skin, percutaneous, permucosal.
        b. Electrical.
        c. Radiation.
        d. Chemical hazards.
C. Clinical Laboratory Improvement Amendments (CLIA) or equivalent compliance is mandatory
    1. Set minimum performance standards in the laboratory and mandated quality assurance and quality control standards.
    2. Divides laboratory tests into three levels of complexity.
	A. Lecture/Discussion
	B. Assigned Readings

3. The more complex test, the more training the personnel performing must have.	
Objective 4 **State the purpose of an incident report or notification form.** A. To identify safety and liability concerns. B. Exposure incident procedure 1. Needle sticks. 2. Mucous membrane exposure. 3. Baseline laboratory testing of employee and future testing free of charge to employee. 4. Counseling regarding exposure and risks. 5. May receive gamma globulin injection or prophylactic medications. C. Reportable incidents 1. Medication errors. 2. Falls. 3. Quality of medical care issues. 4. Workplace violence. 5. Office emergency requiring crash cart or patient transport to hospital. 6. Theft. 7. Chemical spills. 8. When in doubt, complete the form and discuss the incident.	A. Lecture/Discussion B. Assigned Readings C. Self–paced modules from organizations providing clinical experience.
a. All electrical equipment. b. Laboratory and medical equipment calibration. F. Sample medication log. G. Narcotic log. H. Biohazardous waste log. I. Annual employee requirements 1. Current license file for physician, allied health and staff. 2. Certificates such as medical assisting and phlebotomy, as well as Continuing medical education (CME) a. Training documentation such as sexual harassment, workplace violence, OSHA and HIPAA. b. Current CPR card updated every two years. c. Tuberculosis skin test or sooner if exposed to patient with active TB. d. Documentation of hepatitis B vaccination or refusal. J. Fire extinguisher checks 1. Maintain fire extinguishers by checking it monthly to be sure it is charged, the pin and tamper seal are intact and the canister itself appears to be in good repair, free of dents, rust, leaks or other	A. Lecture/Discussion B. Assigned Readings C. Have students participate in a quality control monitor experience during clinical rotation.

visible damage or issues.
2. Always be sure that the extinguisher is in an easily visible and accessible area free of hindrances.
3. Five types of fire extinguisher
    a. Class water or water-based solutions for use on wood, paper or clothing.
    b. Class B for use with flammable liquids and vapors, paint, oil, grease or gasoline that requires blocking the source of oxygen or smothering the fuel to be extinguished.
    c. Class C electrical equipment requires non-conducting agents to extinguish.
    d. Class D combustible metals require dry powder agents or sand to extinguish.
    e. Class K for use with high-temperature cooking oils, grease or fats that require agents that prevent splashing and cool the fire.
K. Quarterly fire drill documentation.
L. Blood glucose meter control log.
M. Quality assurance records for all laboratory work including procedure manuals, lot calibrations, quality control, compliance requirements and action logs.
N. Incubator temperature log.
O. Employee list for evacuation protocol (updated daily).

Objective 6
 Develop a performance improvement case study.
 A. Identify a problem.
 B. Form a task force.
 C. Establish a measurable goal, must be numeric.
 D. Investigate and consider solutions.
 E. Implement a solution.
 F. Evaluate and document
     1. Monitoring source.
     2. Frequency of monitoring.
     3. Person to perform monitoring.
 G. Evaluate task force feedback.
	A. Lecture/Discussion
	 B. Assigned Readings
	 C. Have students participate in various scenarios.
	     1. Two patients slip in water beneath drinking fountain.
	     2. Toddler presents with thigh abscess three days after receiving DPT immunization.
	     3. Cash missing from two locations in office within a month's time period.
	     4. Patient presents, stating that no one told her about an abnormal pap smear result done two years ago.
	     5. Pharmacy calls to verify prescription

	written for a patient. Pharmacist believes that prescription has been forged.