QA, QI, PI: Quo Vadis (Where Are You Going)?

Part I

The success of any quality plan, first and foremost, is based on the understanding of what the specific components are. These include the terms quality assurance (QA), quality improvement (QI), and performance improvement (PI). These acronyms are often misinterpreted and applied inappropriately when formulating and executing a health system quality plan. Quality assurance (QA) measures compliance against certain necessary standards. Quality improvement (QI) is a continuous improvement process. QA is required and normally focuses on individuals, while QI is a proactive approach to improve processes and systems.[1] Like QI, performance improvement (PI) is still another term that takes a system view much like QI.[2] In healthcare, the terms QI and PI have often been used interchangeably. To alleviate further confusion and to streamline improvement processes, CMS has recently adopted the unified concept of quality assurance and performance improvement (QAPI). This term encompasses both the individual's and system's contribution to the overall concept of improvement.

In order to develop a successful quality plan, one has to comprehend the essential components:

- Minimally, there first has to be an innate drive to improve the target healthcare system that extends beyond regulatory requirements.
- Secondly, there needs to be properly formatted metrics that are measurable both quantitatively and qualitatively and have targets or endpoints.
- Finally, these metrics are formatted to a quality dashboard with colors or symbols indicating their status.

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[1] http://www.hrsa.aquilentprojects.com
[2] https://www.popline.org/node/179041

This is the most rudimentary schema for the initial creation, but there are many more specific characteristics that transform a quality plan that is mundane, vanilla, and non-directional into one that is dynamic and transformative for the organization.

A quality plan has to be continuous, that is, it exists parallel to the life cycle of the organization. However, few are *renewable*. All quality plans have metrics that are decidedly unidimensional which rarely cross departments and/or service lines. This is contrary to *multidimensional metrics* that have cross platform origins and have the potential to de-silo any given department. The quality dashboard of most quality programs is *static* rather than *dynamic*. These same unidimensional metrics tend to stay embedded in that framework and are reported month after month whether there is quality improvement or not.

The phrase "continue to monitor" is an all too familiar chant that reinforces the deadly habits of gathering and analyzing data, but not acting on it. Fundamentally, this lack of execution dooms a true quality plan. Most quality plans emphasize the positives (successes) rather than the negatives (opportunities). In the short term, we congratulate ourselves on a job well done, but in the long term have done little to truly solve the problems that are the impediments to true quality transformation.

In my next article, I will propose a better QAPI system that is dynamic and self-renewable with multidimensional metrics that will transform quality in your organization. In my experience, any substantive changes to a quality plan can make people uncomfortable and take them out of their comfort zone. When that uneasiness inevitably presents itself, that is a positive sign that true progress is being made.