Go Big or Go Home

Building a Better QAPI Plan

Part 2

In my last article I describe a rudimentary yet all too common QAPI plan, consisting of static unidimensional metrics, that are non-directional and non-transformative. This type of plan emphasizes the collection and not execution of discrete intradepartmental data points without integration into the larger system. Indeed, the QAPI plan remains a "plan" with no substantive improvements gained.

Far better, is a QAPI plan that consists of metrics that are multidimensional and are focused to solve a specific problem within the system. Specific laboratory examples might include timely result reporting as it pertains to hematology-oncology patients receiving outpatient chemotherapy. A possible measureable metric would be 8:00 am lab results that ensure that the hematologist-oncologist has lab data in hand to make the appropriate chemotherapy decision for the patient. Successful attainment of this metric enhances both patient and physician satisfaction, improves patient quality of care and throughput, and laser focuses the laboratory's efforts. With this single metric, the Departments of Pathology, Hematology Oncology, and Hospital Administration become one, to ensure a transformative difference within the system.

Another example is blood culture contamination rate. Failure to meet the acceptable threshold, exposes the patient to unnecessary antibiotic administration, decreases antibiotic stewardship within the system, increases the patient length of stay and overall costs to the hospital. This single metric impacts the patient, the Microbiology Department, Infection Control Department, Pharmacy, Nursing, and Hospital Administration, including the C-suite. A successful solution to this increased rate has long lasting effects that ripple through the organization and "move the needle" in a sustained positive direction.

This improved plan, like its former iteration, has a stop light configuration with red, yellow, and green indicators. However, in the new system, the process is dynamic and continuous and not static and repetitive. Ideally, in the new system, new metrics are established with red indicators. In other words, the system recognizes situations like discordant lab draws and blood culture contamination rates as problems that need correction. The red light changes to yellow and then green as interventional steps are taken to solve the problem. Once green, for a specified time defined by the user, the metric is retired to "parking lot status" where it can be monitored in the background and not reported on a regular basis within the "active" dashboard that is reported out either intra or extra-departmentally.

Parking lot items also include metrics that are also mandated by local, state and federal agencies. All parking lot items can be re-connected to the active dashboard at any given time. For example, a possible reason includes deterioration of a given metric which is now "yellow" or "red" and does require active intervention. Additionally, parking lot items can be "retired." That is, they have a defined

interval of all green performance, and after a user defined interval, they are replaced by another metric which begins as red.

This new schema is an active, dynamic, and non-repetitive process. This mitigates the decision to "continue to monitor" individual metrics with an over reliance of data collection vs execution ie. closing the loop with an ultimate solution. Initially, this new format can be met with resistance by individual stakeholders. A preponderance of red indicators on the dashboard takes us out of our comfort zone. Ultimately, this continuous cycle of problem/solution fuels the transformative changes that we expect our QAPI plan to deliver to our specific system.