



System Transformation Building Upon Quality Improvement Framework

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Agenda

- Receiver Update
- Health Care Quality 101
- Measurement & Evaluation
- System Thinking
- Cultural Change
- Patient Centered Care

Major California Court Cases re: Prison Healthcare

Coleman v. Wilson 1992

Mental health care

Shumate v. Wilson 1996

Female inmates

Clark v. Wilson 1997

Inmates with developmental disabilities

Armstrong v. Davis 2000

Inmates with disabilities at parole hearings

Plata v. Davis 2001

Medical care

Perez v. Tilton 2005

Dental care



Plata v. Schwarzenegger

- Federal class action lawsuit filed in 2000
- Court found violation of 8th Amendment: cruel & unusual punishment
- State did not comply with orders to fix
- In 2006, Honorable Thelton E. Henderson appointed a Receiver
- Receiver now runs prison medical care, directs remedial efforts



Receiver Update

The New York Times

**DON'T WORRY
CALIFORNIA STATE PRISONS IN CRISIS!
... THE RIGHT**

STUNNED
TORONTO, ATHENS,
LONDON, PARIS, ROME
MOSCOW, WASHINGTON

CHICAGO

SEATTLE

TRENDS

NO PROBLEM!

SAN FRANCISCO

GENEVA SHOCKED

HOUSTON

A line graph with a grid background. The title is "TRENDS". The graph shows a line that starts at a low point, rises to a peak, dips slightly, and then rises again to a higher peak than the first one. The x-axis has several tick marks but no labels. The y-axis has several tick marks but no labels.



Quote from the Receiver:

- It is without dispute that the medical services provided by CDCR are broken beyond repair, thus necessitating the need for a Receivership.
- These are systemic problems that grew to crisis levels through neglect, denial, avoidance, lack of accountability & the absence of political will for reform.
- This behavior leads to a circle of blame – where governor blames legislature, legislature blames department, department blames leadership & nothing gets fixed.





“Trained Incapacity”

- Paralysis induced by myopic reliance on state bureaucracy, rules & regulations that loses sight of the ultimate goal – or result – of action or inaction.
- A major cultural obstacle.
- Involves CDCR & other state agencies & departments that interact with CDCR.



Inmates are not the only Prisoners in CDCR



Receiver's Accomplishments To Date...

- Increasing salary for physicians, nurses & other medical staff to competitive levels.
- Expediting the clinical hiring process.
 - 800 LVNs, 300 RNS hired to date.
- Initiating a project to build up to 5,000 medical & 5,000 mental health beds statewide.
- Converting the Medical Technical Assistant position to Licensed Vocational Nurse.
- Launching a turnaround of the pharmacy system.

Receiver's Accomplishments To Date...

- Fixing medical services contracting & piloting an automated contracting system.
- Beginning repairs on the broken discipline system that endangers patients, wastes taxpayers' money & hurts staff morale.
- Building health care clinical & support spaces at local prisons.
- Coordination efforts between other class action lawsuits.



Plan of Action Goals

- **Goal A:** Establish meaningful & effective **financial & administrative infrastructure** & processes that are precursors to clinical transformation.
- **Goal B:** Redesign, pilot, & implement an effective prison **health care continuum of services** utilizing **evidence-based, standardized processes** & including screening, medical management, care coordination, case management, patient movement, parole, discharge planning, ancillary services, & other clinical support.



Plan of Action Goals

- **Goal C:** Design, pilot, & implement a CDCR **quality & patient safety infrastructure** including measurement & evaluation components to guide system improvement, accountability, & effectiveness.
- **Goal D:** Design, pilot, & implement an **integrated health information system(s)** including network infrastructure, electronic health records, patient scheduling & tracking, disease registry, medical management including utilization management, decision support, performance measurement, & reporting to support safe, effective, timely, & cost-efficient, patient-centered care based on a thorough understanding of redesigned work & pilot results.



Plan of Action Goals

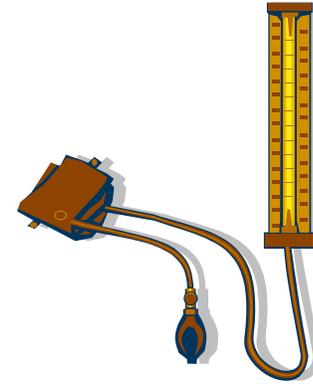
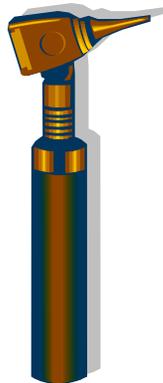
- **Goal E:** Develop, pilot, & implement institution-specific, **on-site custody capacity to ensure safe & timely patient access to health care services.**
- **Goal F:** Create new **clinical & administrative space** to provide a safe environment for staff & patients based on the new clinical process redesign & on projections of future bed capacity needs.
- **Goal G:** Develop a **transition plan** including timelines, knowledge management, & oversight monitoring to ensure successful transition of the new prison health care system from the Receiver back to the State, with continuing mandates which guarantee that medical services meet constitutional standards for access & quality.

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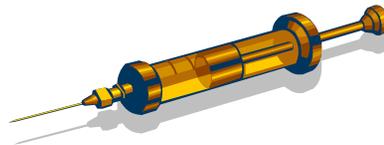


Plan of Action

<http://www.cprinc.org/materials.htm>

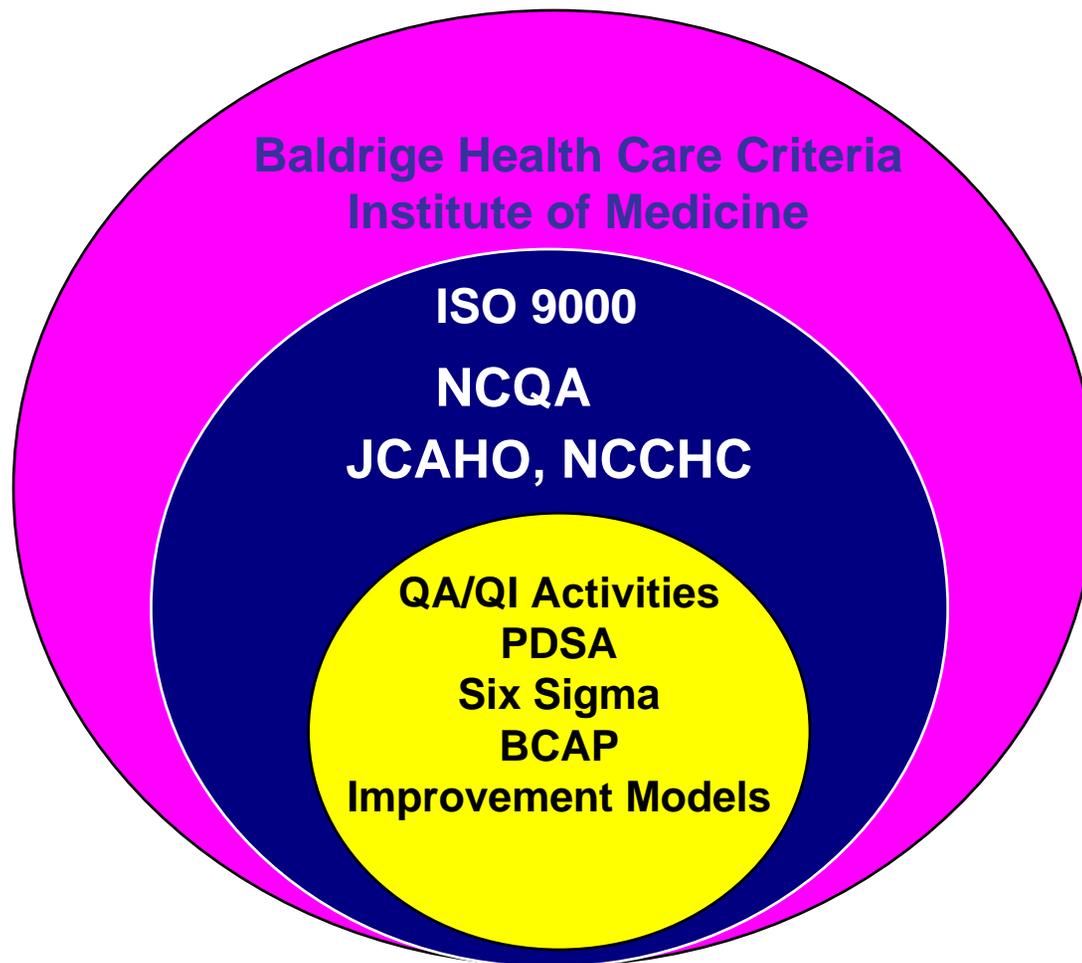


Health Care Quality 101





Domain of Quality Concepts





Definition of QM/QI

- Quality management is the integrative process that links knowledge, structure & processes together throughout a Managed Care Organization (MCO) to assess & improve quality.
- Quality improvement processes are those activities that the MCO undertake to improve the quality of clinical care & service provided to members.

National Commission of Quality Assurance



Quality of Care

“Quality of care is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge”

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Drivers for Quality

- Policy makers & regulators
- Employer groups & purchasers
- Consumers
- Advocacy group*
- Legal system*

* Correctional Health Care



Industry Approaches to Ensure Quality

- Contract requirements
- Regulatory requirements
- Accreditation
- Pay for performance
- Public reporting
- Court orders*



Quality to Performance Excellence...

Evolution from monitoring to continuous improvement...

- Quality of Services & Products
- Satisfaction of Customers & Stakeholders
- Productivity, Effectiveness & Efficiency
- Profitability & Value
- Balanced Performance
- Focus on Outcomes & Results



Baldrige Health Care Criteria for Performance Excellence Goals:

- The Baldrige performance excellence criteria are a framework that any organization can use to improve overall performance.
- Designed to help organizations use an integrated approach to organizational performance management that results in:
 - Improve health care quality by delivery of ever-improving value to patient & other consumers
 - Improve overall organizational effectiveness & capacity
 - Improve organizational & personal learning



Baldrige Health Care Criteria

- Leadership (120 pts)
- Strategic Planning (85 pts)
- Focus on Patients, Other Customers & Markets (85 pts)
- Measurement, Analysis, & Knowledge Management (90 pts)
- Staff Focus (85 pts)
- Process Management (85 pts)
- Organizational Performance Results (450 pts)

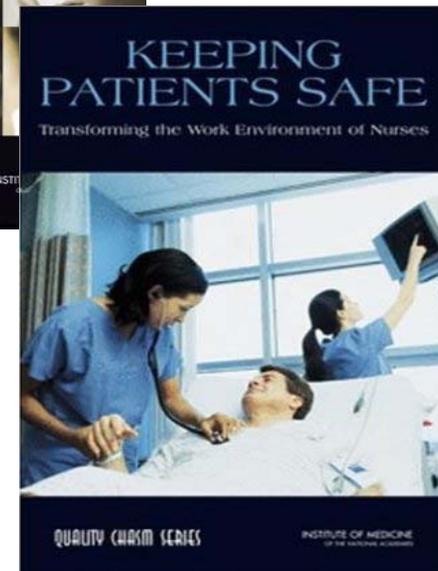
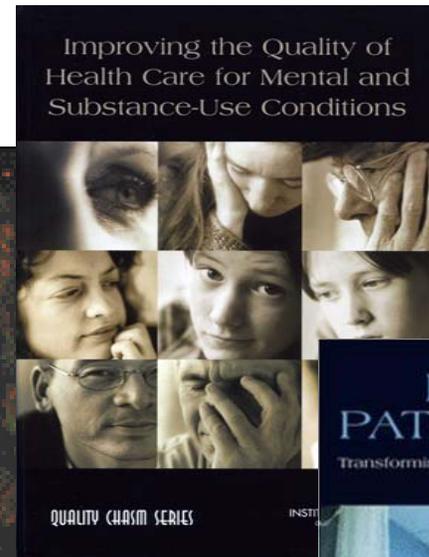
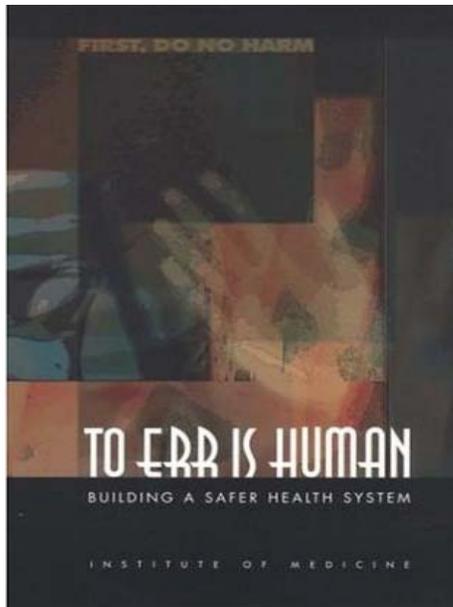
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Baldrige National Quality Program

<http://www.quality.nist.gov>

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IOM's Six Aim for the 21st Century Health Care System

- **Safe** – avoiding injuries to patients from the care that is intended to help them.
- **Effective** – providing services based on scientific knowledge to all who could benefit & refraining from providing services to those not likely to benefit.
- **Patient Centered** – providing care that is respectful of & responsive to individual patient preferences, needs, & values & ensuring that patient values guides all clinical decisions.



IOM's Six Aim for the 21st Century Health Care System

- **Timely** – reducing waits & sometimes harmful delays for both those who receive & those who give care.
- **Efficient** – avoid waste, including waste of equipment, supplies, ideas, & energy.
- **Equitable** – providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, & socio-economic status.

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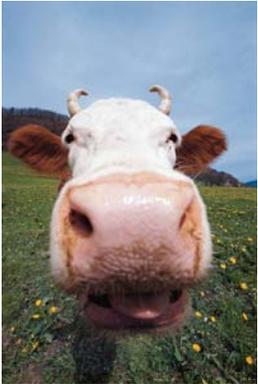
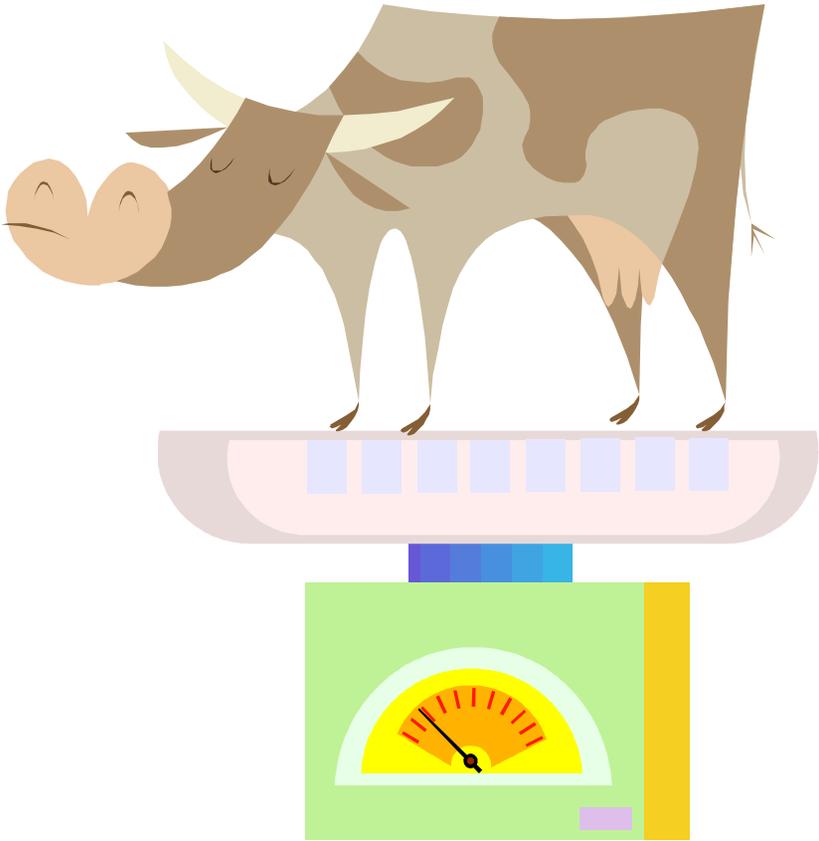


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<http://www.iom.edu>



“You can’t fatten a cow by weighing it.”





Quality Measurement

- Structural
- Process
- Outcomes



Structural Measures

- Availability of facilities, staff, equipment, & expertise required to deliver care appropriately.
- Examples:
 - Board certification of physicians
 - Staffing ratios
 - Infection control procedures



Process Measures

- How care is actually provided.
- Measurement against clinical practice guidelines.
- Examples:
 - Percentage of patients with AMI who receive beta blocker drugs.
 - Rate of patients with asthma with a documented asthma severity level.



Outcome Measures

- Short or long-term results of health care
- Focus on survival rates & quality of life
- Examples:
 - Mortality rate
 - Percentage of members on dialysis who need assistance with activities of daily living



Comprehensive Measurement Sets

- Health Care Effectiveness Data & Information Set (HEDIS[®])
- Consumer Assessment of Healthcare Providers & System (CAHPS[®])
- DHS External Accountability Set
- Managed Risk Medical Insurance Board Quality Measurement Set
- Accreditation Measurement



Implication for Receiver's POA:

- Build POA upon evidence-based quality framework
- Align POA with constitutional level of care
- Minimize variations in clinical & administrative practices
- Align leadership & resources to achieve institutions performance results

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“We are not here to re-arrange deck chairs.” Receiver.



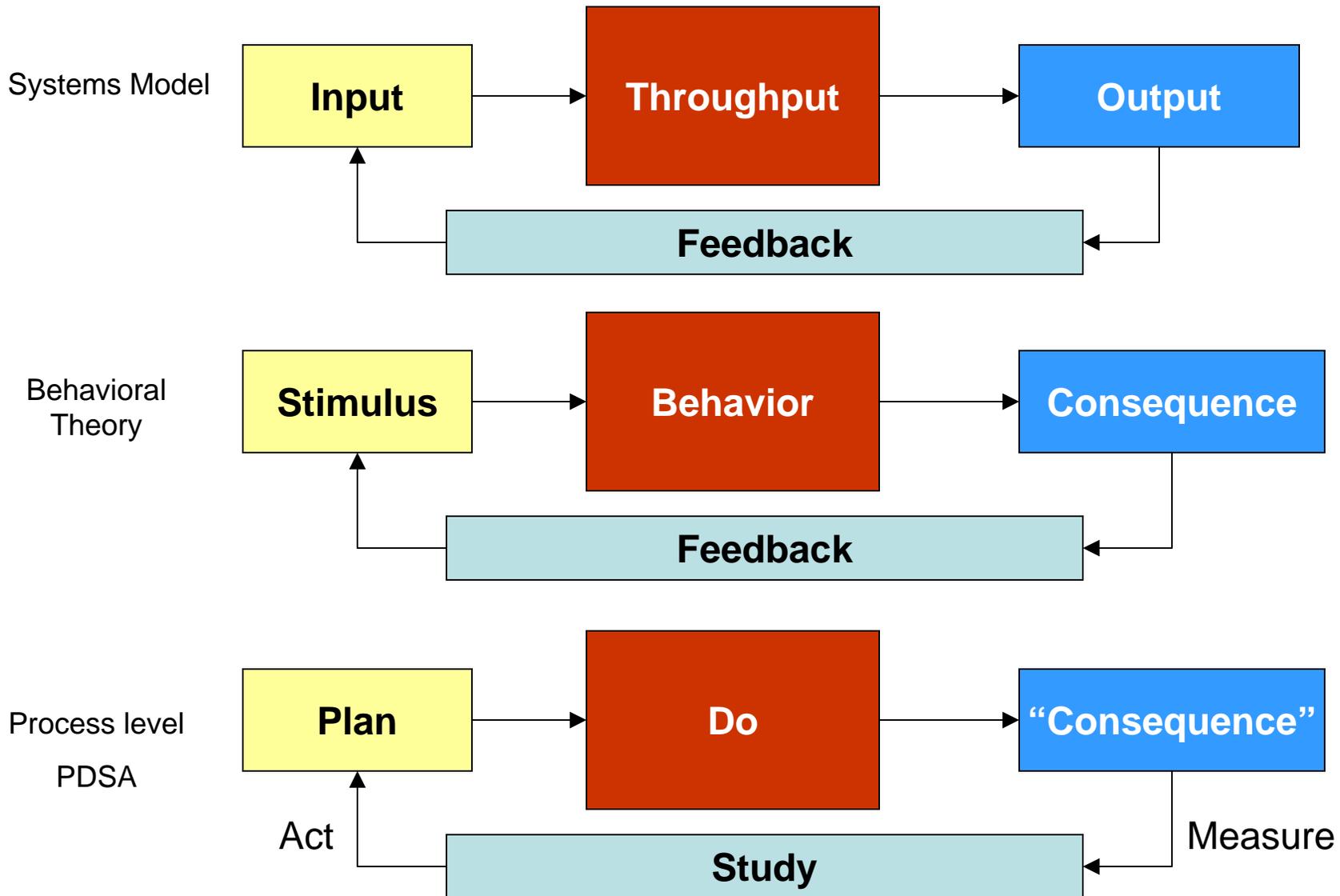


Definition of System

"A system is an interdependent group of items, people, or processes with a common purpose"

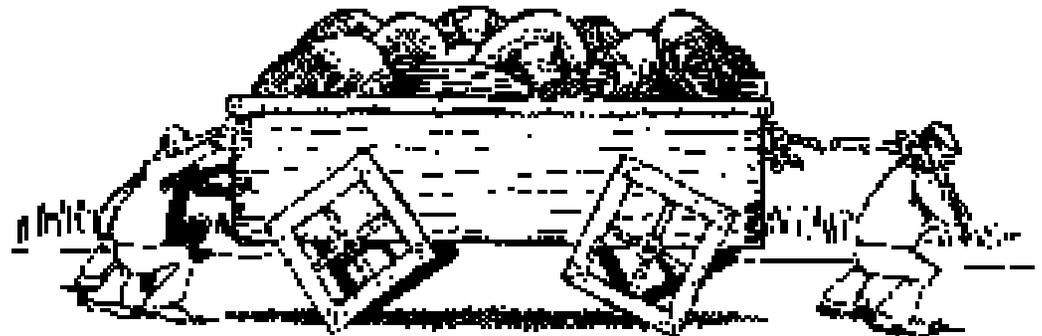
"A complex of methods or rules governing behavior."

Systems Thinking





Some processes are easy to fix....

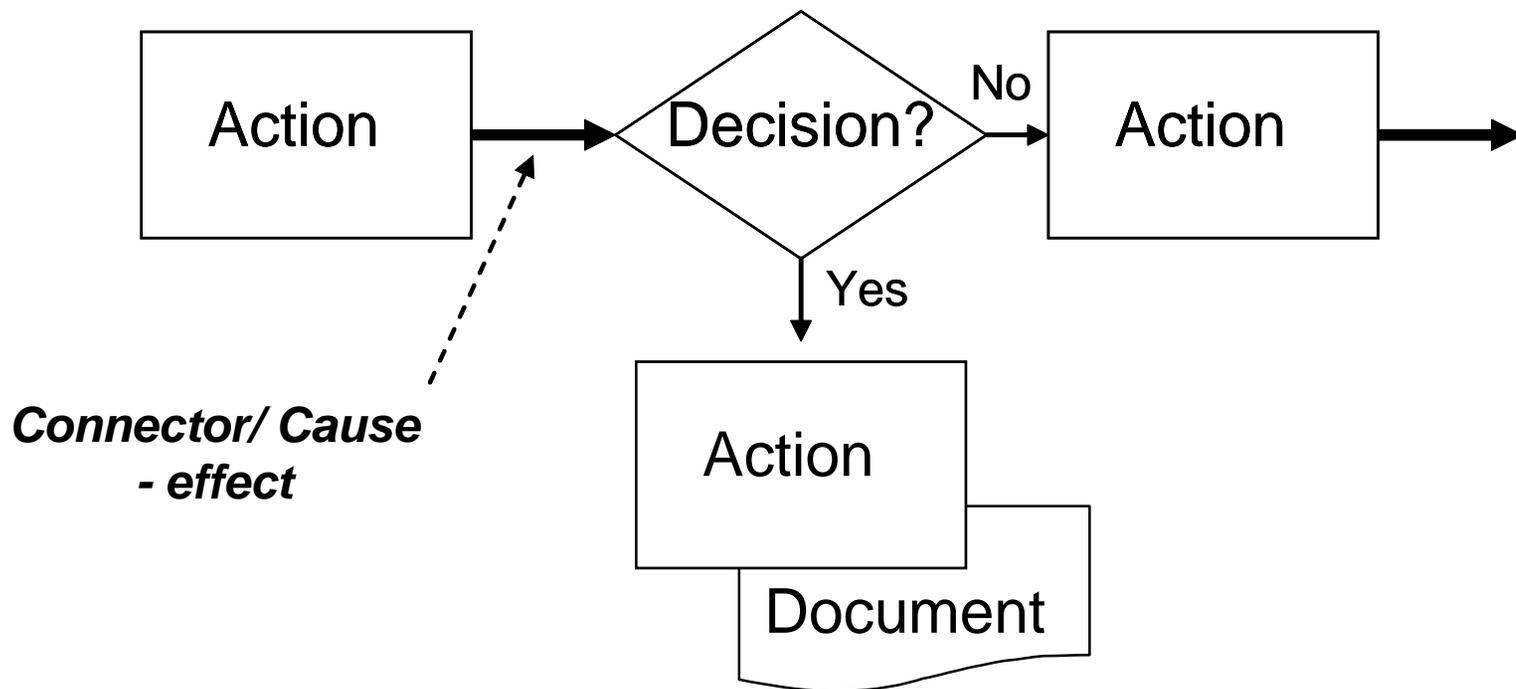


Others take more time..... Process mapping can help

Process Mapping

A flowchart (process map) is a graphical representation of a process, depicting inputs, outputs & units of activity. It represents the entire process at a high or detailed (depending on your use) level of observation, allowing analysis & optimization of workflow.

Basic Process Mapping Symbols





Implication for the POA:

- Start with small test of change - pilots
- Understand the current state through process mapping
- Apply PDSA to improvement current process
- Measure effectiveness of change



How to Apply the Spread Framework to Transformation?





Health Care System Transformation through Diffusion

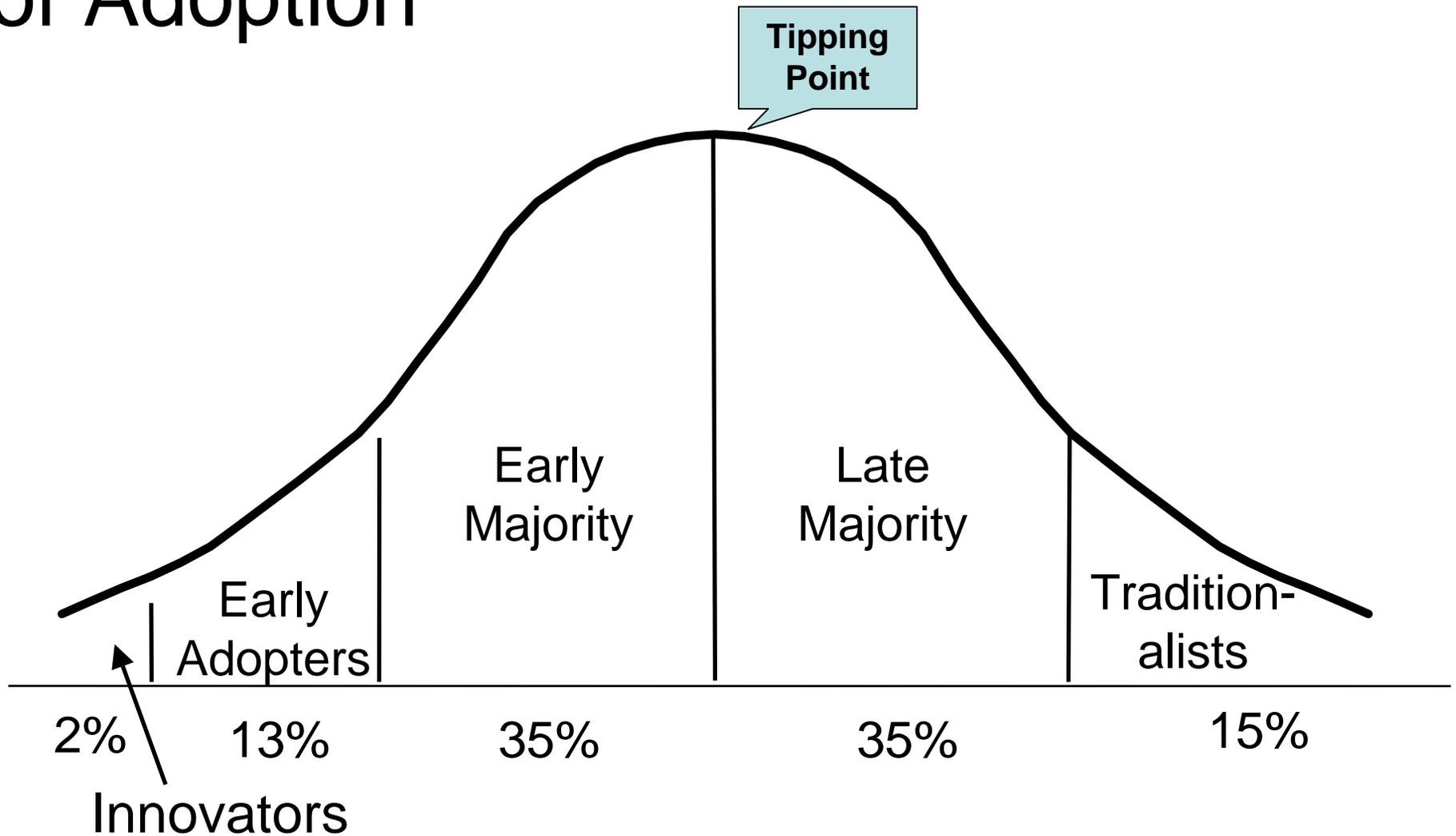
Diffusion: the process by which an innovation is communicated through certain channels over time, among the members of a social system.

Diffusion includes both spontaneous & planned spread.

Innovation: an idea, practice, or object that is perceived as new by an individual or other unit of adoption.

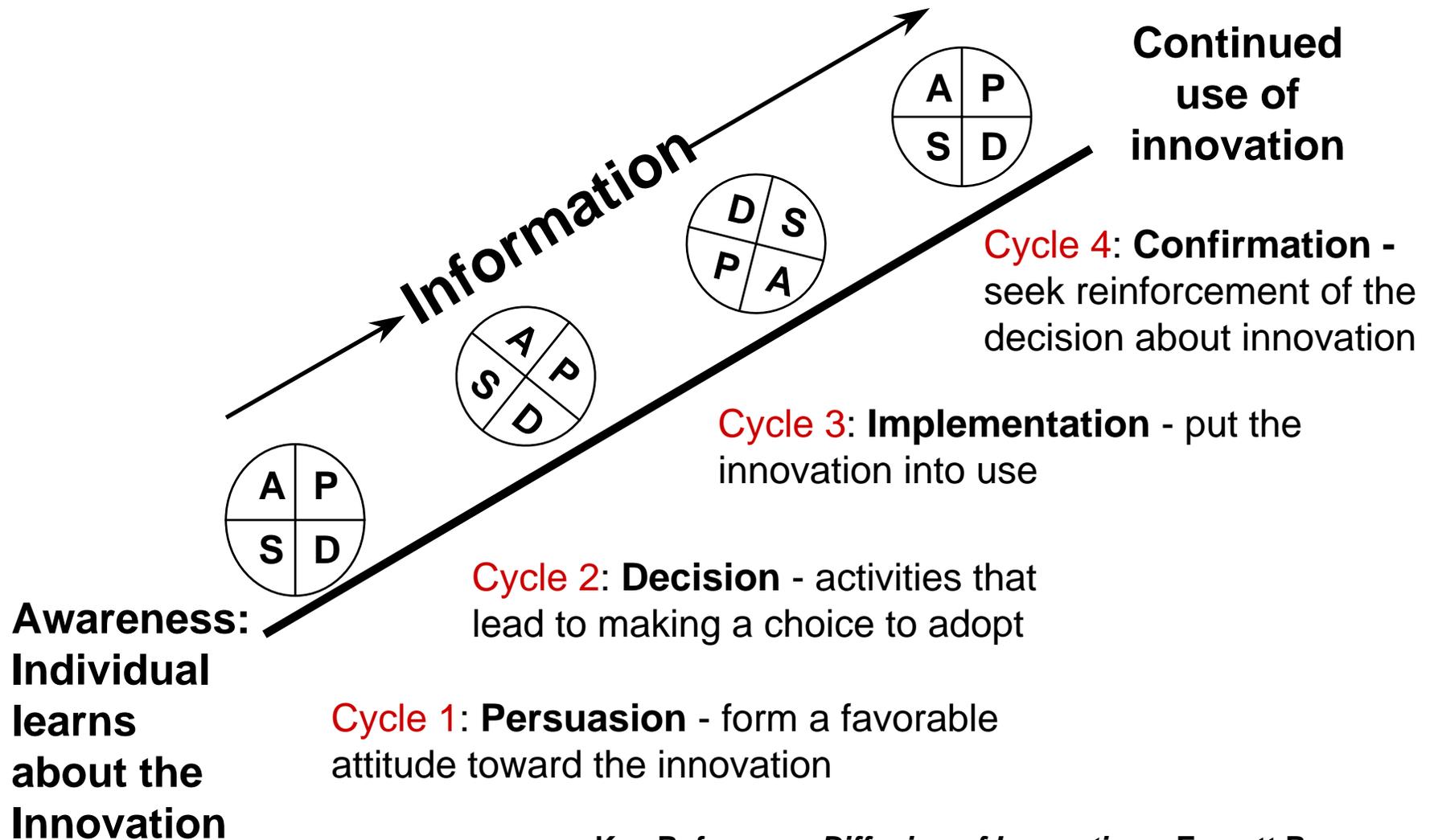
Key Reference: *Diffusion of Innovations*, Everett Rogers
(1962, 1971, 1983, 1995, 2004)

Adopter Categorization: Speed of Adoption



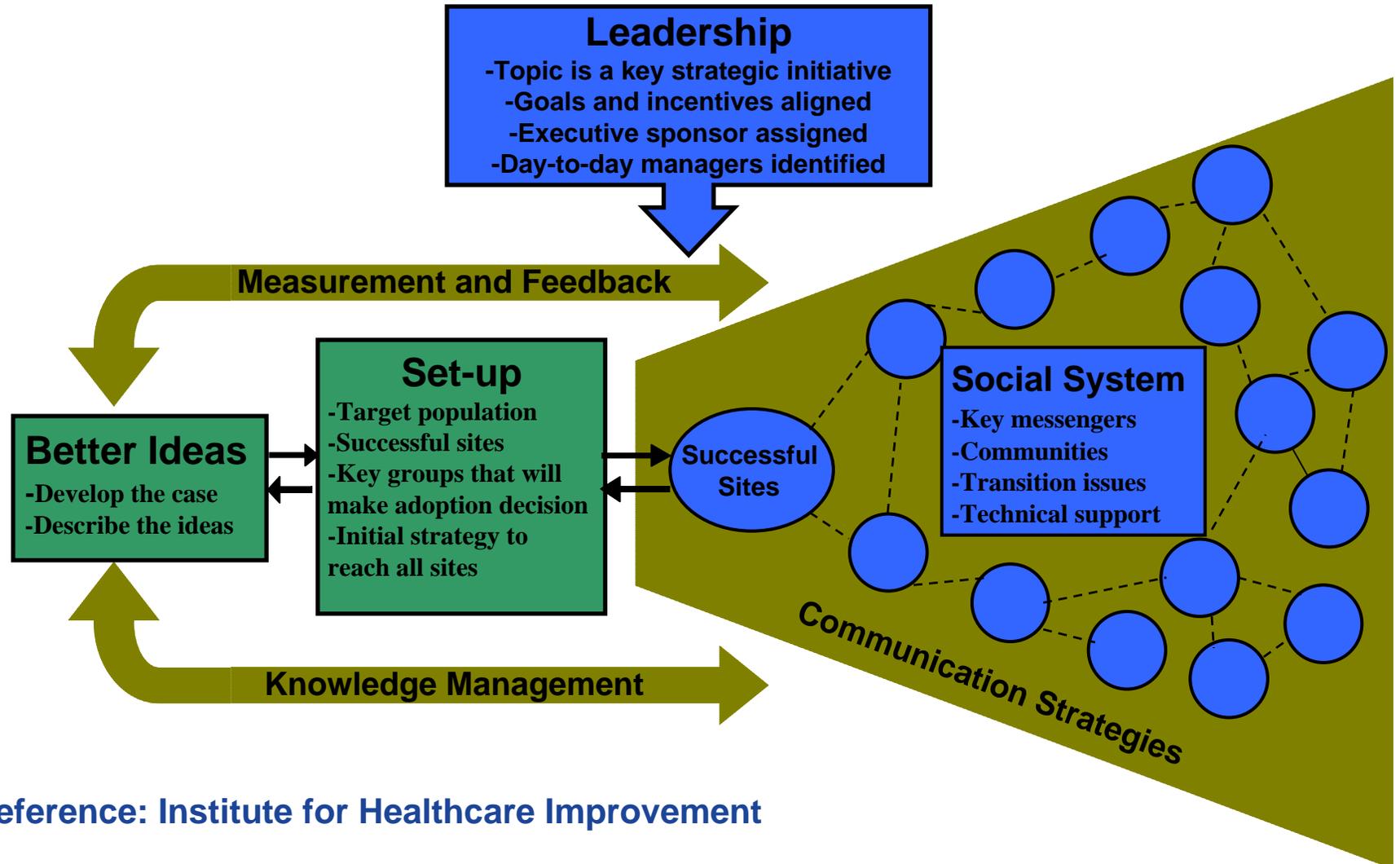
Reference: *Diffusion of Innovations*, Everett Rogers, 1995

Spread Fundamentals: The Innovation-Decision Process



Key Reference: *Diffusion of Innovations*, Everett Rogers
(1962, 1971, 1983, 1995, 2004)

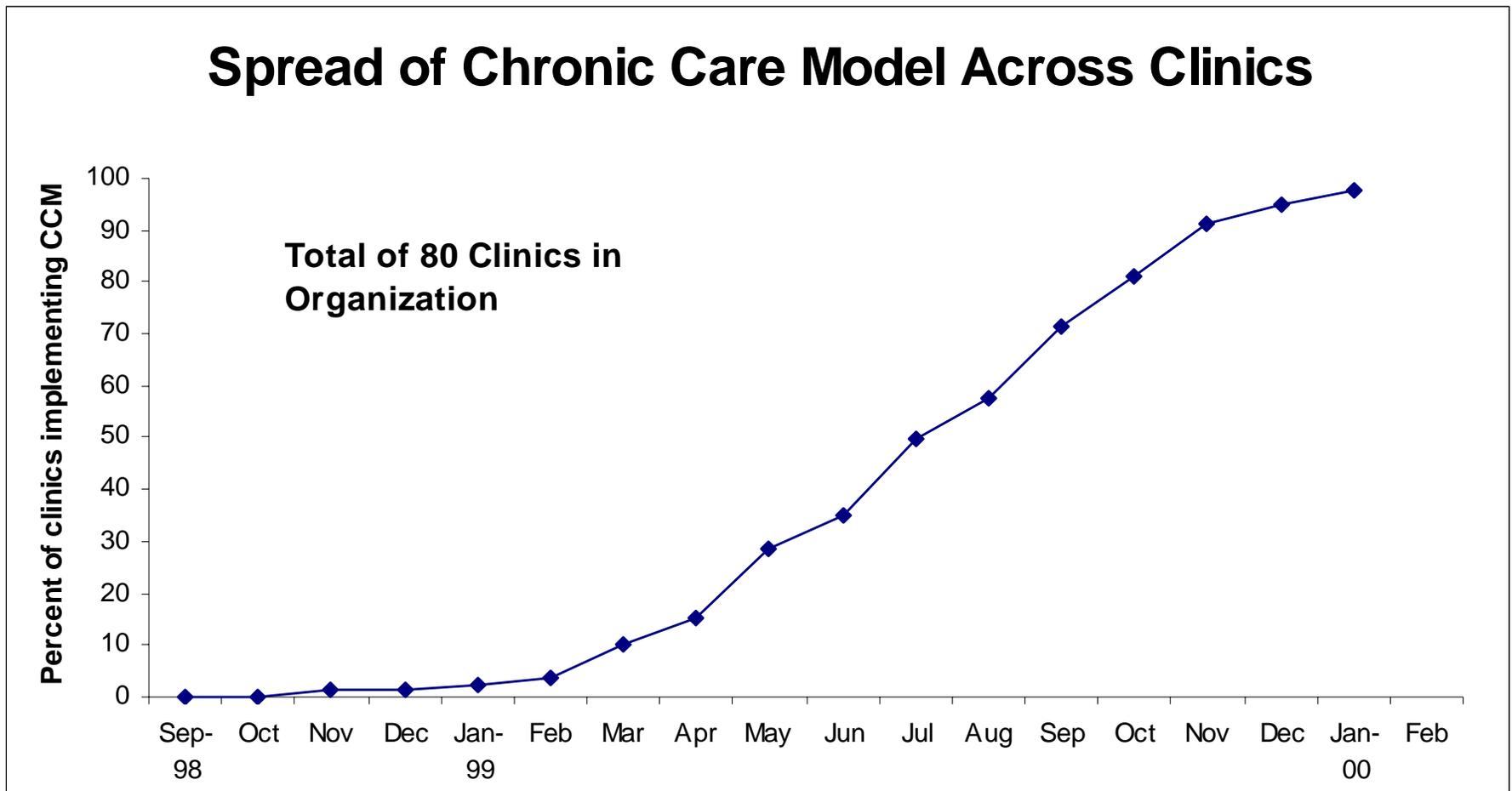
A Framework for Spread



Reference: Institute for Healthcare Improvement



The "Diffusion Curve" at the Practice Sites



Graph adopted from NICHQ Presentation April 22, 2005



Implication for the POA:

- Build leadership capacity to lead change-recruiting nursing executives.
- Build successful sites by selecting pilot sites based stability of leadership, management team, staffing, & infrastructure.
- Identify champions for every region.
- Provide intensive technical support to sustain improvement & spread at the local level.



Spread Framework: References

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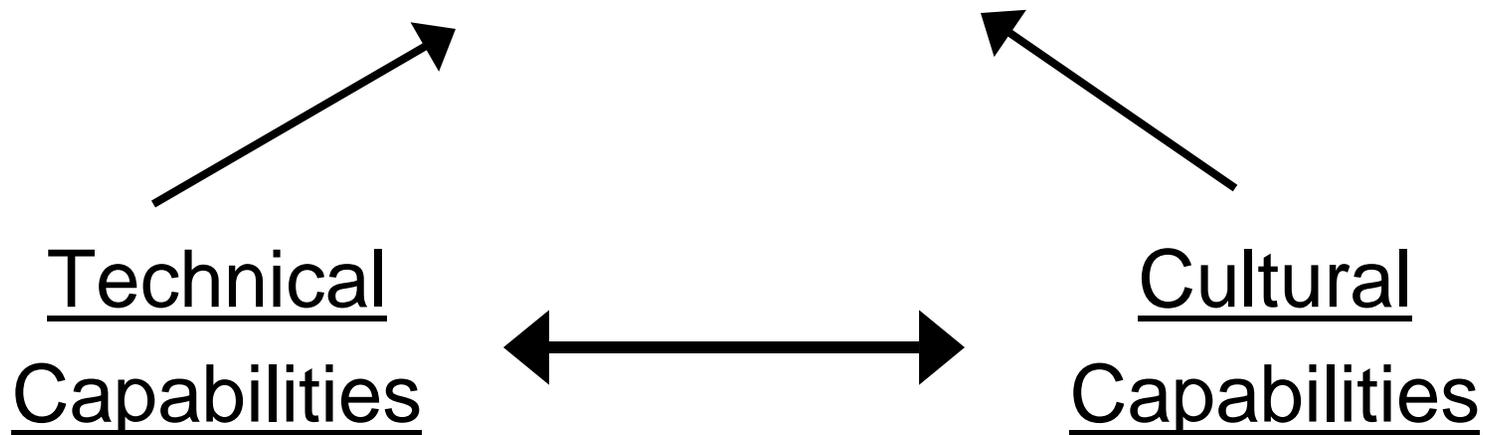
Cultural Change

“Culture eats strategy
for lunch –
over & over again”

- Marc Bard



Improvement

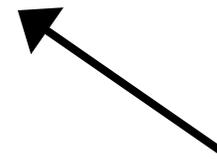
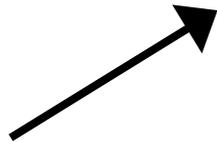


Plan: $I = TC \times CC$

- George Eckes



Improvement



Technical Capabilities

- *Process Design, Management & Improvement*
- *Flow, Reliability*
- *Planned Care*
- *Toyota Lean, Six Sigma*
- *Information Tech.*

Cultural Capabilities

- *Simple Rules*
- *Transparency*
- *Teams*
- *Human Resources*

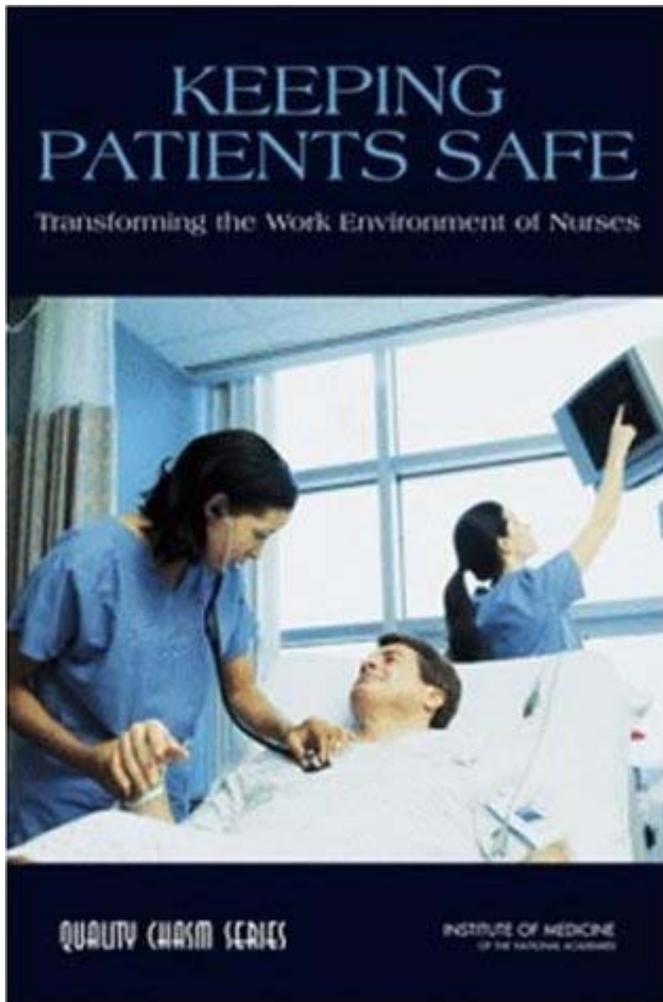


Simple Exercise to Start Changing Culture

- Identify the behaviors related to the old culture – write it down
- Defining the behaviors related to the NEW culture – write it down
- Discuss in interdisciplinary meeting

Summary

The Institute of Medicine, 2004



Piecemeal approaches will not be successful

- Transformational leadership
- Evidence-based management
- Culture of safety
- High-reliability organizations
- Error reporting
- Incident decision tree
- Employee empowerment, incentives & rewards
- Communication & training

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Patient Centered = True North





Questions?

