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The Impact of Quality Management in Healthcare

Focusing on quality improvement initiatives helps ensure treatment outcomes, efficiency, patient safety, and timely care. That's what makes quality management paramount for healthcare organizations looking to provide top-notch behavioral health services.

Fortunately, working with a strategic behavioral health partner can enable your organization to improve your outcomes and help your patients get the most out of your services.

By monitoring, evaluating, and creating initiatives to improve on selected metrics, your organization will be well-positioned to meet your key behavioral health goals.

Defining quality improvement in healthcare

> The degree to which health care services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.
>
> The Institute of Medicine

Whether you're a community organization or an expansive health system, you understand the importance of getting the most out of your behavioral health services and how quality services can impact patient outcomes and your bottom line.

Increased Satisfaction

Reduced Cost

Improved Outcomes

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But what do quality operations look like?

According to The Institute of Medicine,[1] there are six aims a healthcare system should consider when it comes to defining quality.

6 Aims of the Healthcare System by The Institute of Medicine

1. Safe
Avoid injuries to the patient resulting from care intended to help them

2. Effective
Provide services based on scientific knowledge to all who could benefit and refrain from providing services not likely to benefit the patient

3. Patient centered
Provide care that is respectful of and responsive to individual patient preferences, needs, and values ensuring that patient values guide clinical decisions

4. Timely
Reduce wait time and harmful delays for those who receive care and those who give care

5. Efficient
Avoid waste of equipment, supplies, ideas, and energy

6. Equitable
Provide care that does not vary in quality based on personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status

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Behavioral health quality initiatives

> "Your organization will only make meaningful and sustainable quality improvements when people at every level feel a shared desire to make processes and outcomes better every day, in bold and even imperceptible ways.
>
> Robert Lloyd, Executive Director of Performance Improvement at the Institute for Healthcare Improvement[2]

When working with a behavioral health partner, it's important to understand the data behind how services perform and how you can execute that data to improve operations.

Engaging in quality improvement enables you to effect positive change both operationally and clinically. In behavioral health, objective measurement of treatment effectiveness can be challenging.

However, determining specific performance measures and goals and then gathering data on those measures provides meaningful, actionable information.

This information is critical toward identifying opportunities to improve and track the effectiveness over time of any initiatives or changes you implement.

Key quality measures

your organization can track to help ensure your behavioral health program is operating as smoothly as possible:

Key quality measures	Why they're important
Wait time	Monitoring this metric helps avoid waste (time, resources, or equipment), and provides promptness of services (reducing wait times, eliminating discharge delays, etc.)
No shows	Monitoring and improving no show rates supports consistency, which may improve patient outcomes and access to care, while also optimizing provider time
Performing validated screening	Using validated screening tools, such as PHQ-9, GAD-7, or C-SSRS, provides measurable data to help monitor the impact of healthcare services or interventions on the health status of patients.
Safety events; suicide	It's critical to monitor safety events, such as treatment errors or suicide, so your team can prevent and reduce errors and protect patients
Timely response to patients	Tracking and optimizing response times ensures services are respectful and responsive to patients' needs, while providing the same high level of care to everyone
Patient Reported Outcomes (PROMs)	Tracking patient reported outcomes provides measurable data on patients' perception of treatment effectiveness, which complements patient satisfaction and can inform quality improvement activities
Patient satisfaction	Implementing surveys or measures to understand patient satisfaction delivers key insights into perceptions of the care patients receive

Quality management in action

At Iris, this approach to quality management is something we provide to all the organizations we partner with. As partners, we collaborate and exchange data, aggregate and report information, and help their team improve upon identified quality improvement metrics. From our experience, here are the components we believe make a strong, collaborative quality management solution.

The three pillars of a successful quality management solution:

Ongoing monitoring

Meeting quality measures means keeping track of key metrics through ongoing monitoring. By leveraging a partner who effectively monitors quality measures, you're better positioned to meet performance standards and stay on top of accreditation, certification, and regulatory requirements.

Regular communication

To help stay on top of key metrics, regular touch bases to analyze quality metrics and compare how your performance tracks against target goals are essential. In addition to frequent touch points, at Iris, we also deliver easily understandable visualizations, identify trends, and look for opportunities for improvement.

Customized reports

Access to customized reports can help your team know how your organization is tracking. At Iris, we interpret data in an easy-to-understand way that helps provide guidance and recommendations for the best next steps for your organization to meet quality improvement initiatives. We help monitor, evaluate, and improve on selected quality measures like patient outcomes, patient satisfaction, efficiency, and resource utilization.

The benefits of a quality management solution

- Adds additional resources to support your organization's quality initiatives

- Supports positive patient outcomes and satisfaction

- May improve patient access to care

- Promotes efficiency and resource utilization

- Helps meet accreditation, certification, and regulatory requirements

- Can help improve ratings on publicly reported measures

- Can help your organization meet performance standards for required quality reporting programs

Where Iris Telehealth fits in

At Iris, we're proud to help organizations all over the country meet their population's needs with quality virtual care services and quality management initiatives that help them improve patient and organizational outcomes.

As a Joint Commission accredited medical group, we have the expertise to help organizations, like CCBHCs, monitor and address gaps to meet required standards and quality measures. We've also helped partners track no-show rates and helped compare provider performance to uncover best practices that were then replicated and implemented across care teams.

Additionally, by tracking quality data and providing guidance, we've helped partners reduce length of stay in their MedSurg units by 0.5 days, increased ED discharge rates from 55% to 62%, and reduced their length of stay in the ED from 12 to 9 hours.

If you'd like to learn more about how we can help your organization meet your key behavioral health goals, contact us today.

Sources

1. Six domains of Health Care Quality. Agency for Healthcare Research and Quality . (2015, February). https://www.ahrq.gov/talkingquality/measures/six-domains.html

2. Improvement tip: "quality" is not a department: IHI. Institute for Healthcare Improvement. https://www.ihi.org/resources/Pages/ImprovementStories/ImprovementTipQualityIsNotaDepartment.aspx