

# Making The Move From QA To QI

*Quality assurance and quality improvement may seem interchangeable, but they actually denote opposing approaches.*

**A**LL NURSING FACILITIES ARE required by statute to have quality assurance (QA) councils that meet periodically to ensure that minimum quality standards are being met. These councils are charged with looking back over data from a specific period of time—say, the past month—to evaluate the quality of care that patients are receiving.

But too often the first thing a nursing facility does to implement a quality improvement (QI) program is to redesignate its QA council by calling it the QI team. QA and QI, however, are not one and the same, and these terms cannot be used interchangeably. And there are strong reasons for understanding the difference: Namely, QI is by far a superior approach to achieving quality performance.

## Roots Of The QA Process

QA arrived in nursing facilities with the Omnibus Budget Reconciliation Act (OBRA) in 1987. OBRA introduced a series of regulations intended to standardize care in nursing facilities and protect patients' privacy and confidentiality.

One of OBRA's regulations resulted in the creation of QA councils; under OBRA, surveyors were charged with ensuring that a group of senior leaders—including the administrator, the director of nursing, and the medical director, among others—met consistently to retrospectively examine

data and ensure a minimum standard of care.

The main purpose of the QA council is to pass the survey process, whether by implementing a plan of correction or catching errors before the state surveyors do. In essence, nursing facilities with QA councils are “teaching to the test”—auditing the care provided in order to pass the survey.

One purpose of the periodic (monthly) audits of all medical records

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is to determine which nurses completed a specific task.

For example, if the focus is on skin audits, the QA council may identify which nurses failed to complete the Braden scale risk assessment on admission. Since the goal is to meet regulations, nurses who fail to complete the task are alerted and required to complete the assessment. In some extreme cases, facilities withhold the nurse's paycheck until the audit is corrected.



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In a sense, the process calls for identifying the “bad apple,” or blaming the nurse for not completing the assigned work. Once the nurse completes the task, however, the audit is corrected. The QA council meets on a monthly basis to discuss the audits and determine which have been completed and corrected.

The single most important aspect of QA is the fact that it is reactive; the QA council examines retrospective data and responds to problems after the fact.

While examining failures and striving to meet survey requirements is important, the QA process focuses on the lowest level of acceptable care.

In today's nursing facilities, being reactive instead of proactive is simply not acceptable; the profession needs to examine its care processes and ensure high-quality care on a daily basis. It must actively pursue higher quality,

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not strive to meet minimum requirements. The most effective way to do this is to move from QA to QI.

### The Meaning Of QI

W. Edwards Deming, the founding father of the foundational QI principles in use today, theorized that most product defects and quality failures result from management failures rather than worker failures. According to

broken systems get in their way. Staffs working within broken systems frequently report frustration and high levels of stress. In the most extreme cases, these situations can result in low patient and family satisfaction; poor clinical outcomes, as captured by the publicly reported quality measures; and high staff turnover.

According to the American Health Care Association, current nursing

the face of staff turnover, are vital for providing high-quality care.

### Everyone Participates

Under the QI model, in contrast to the QA approach, the entire organization is involved in the process, not just senior leadership. As a result, rather than being a top-down process, the QI team includes frontline caregivers and other interested staff who provide valuable insight and buy into the process. Additionally, if one person leaves, the team continues to function.

In a facility practicing QI, audits occur more frequently than they do in facilities practicing QA (weekly rather than monthly, for example) and target a subset, or sample, of approximately 10 medical records. The audit of records is intended to detect breakdowns within the facility's systems.

Using the same example as applied to the QA model, a nursing facility focusing on skin audits might calculate the percentage of Braden scale risk assessments not completed within eight hours of admission.

Then, when examining the audit results, the QI team would view omissions as system breakdowns instead of blaming individuals for errors. The team asks, "What process is breaking down that does not allow nurses to complete the Braden assessment within eight hours of admission?" The goal is to prevent problems and improve outcomes by detecting system breakdowns early, identifying the root causes of problems, and then making the necessary corrections.

Because QI is a proactive process, the auditing cycle continues indefinitely; QI never stops. Thus, the results of audits are seen as tools, not report cards of staff performance. After problems are identified, small changes are made and tested using rapid-cycle improvements. Once a change is implemented, a new audit is completed and the results of the change are measured to determine whether or not the change was effective. If the system

## COMPARING QUALITY ASSURANCE AND QUALITY IMPROVEMENT

	Quality Assurance	Quality Improvement
<b>Origins</b>	The Omnibus Reconciliation Act of 1987 (OBRA)	W. Edwards Deming's "The New Economics"
<b>Focus</b>	Catch the "bad apple" or detect serious problems after they occur	Improve processes of care and care systems
<b>Outlook</b>	Reactive: Retrospectively correct failures	Proactive: Identify processes or systems for improvement, then make and measure changes
<b>Required</b>	By state and federal law	To become "great"
<b>Who's involved</b>	Senior leadership	Interdisciplinary team
<b>Frequency</b>	Periodic look-back	Continuous activity
<b>Begins with...</b>	Responding to a crisis	Proactively selecting a process or system to measure and improve after collecting some data
<b>Goal</b>	To meet minimal standards and pass survey	To exceed expectations and produce excellent outcomes

Source: Quality Partners of Rhode Island

Deming, "A manager of people needs to understand that all people are different. This is not ranking people. He needs to understand that the performance of anyone is governed largely by the system that he or she works in, [which is] the responsibility of management."

### Impact Of Poor Systems On Staff Retention

Deming advised that before an enterprise looks to change its staff, it should first look at its systems.

He believed that most staff want to do a good job and have fulfillment; however,

facility turnover rates average 50 percent for registered nurses and 70 percent for certified nurse assistants nationwide.

The first step toward improving quality, then, is examining current practices and determining where the system is broken. Rather than blaming the personal shortcomings of staff for failures, a facility must instead identify the root cause of a problem. Finding the root cause, while more difficult and time consuming in the short term, is likely to yield greater results in the long run. And systems that operate smoothly and are sustainable, even if in

problem persists, a new solution is tested and the cycle begins again. (*For more information about rapid-cycle improvement, see Gifford et al., Provider, November 2004.*)

## Contrasting QA And QI

The above examples about skin audits clearly show the differences between QA and QI. The latter is a nonstop, everyday business strategy that focuses on continuously collecting data, seeking opportunities to improve, and implementing changes in order to

## ■ Incorporating QI into daily business practices remains an ongoing challenge.

improve quality outcomes and quality of life.

As a result of these different purposes and perspectives, how facilities audit their medical records and what they do with the information differs greatly between the QA and QI models (*see table, page 70*).

Generally, the long term care profession and health care leaders at large have come to recognize QI as a strategic asset and a competitive advantage. In today's health care market, proactively seeking to continually improve and perfect care processes is a key to providing quality care. ■

### For More Information

■ For additional QI resources, visit [www.Medqic.org](http://www.Medqic.org) or contact the state quality improvement organization (QIO).

■ To obtain contact information for the QIO in a particular state, visit [www.ahqa.org](http://www.ahqa.org).

■ Also, see Deming W.E., "The New Economics for Industry, Government, and Education," Cambridge, Mass.: The MIT Press. 2000.