

## 9 Steps to a Great Quality Improvement Study

By Sabrina Rodak  
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With the introduction of [Partnership for Patients](#) and other initiatives, healthcare organizations are focusing more than ever on improving patient safety. Quality improvement studies can help guide ambulatory surgery centers' efforts to reduce adverse events. "It's not just an academic exercise, it really works," says Valerie Maxam-Moore, RN, MN, senior director of medical operations, clinical quality and compliance at Laser Spine Institute. She shares best practices for QI studies and what separates a good QI study from a great one.

### 6 best practices

**1. "Follow the recipe."** Ms. Maxam-Moore says one key to successful QI studies is adhering to guidelines set by accreditors, such as those from the Accreditation Association for Ambulatory Health Care, which provides 10 steps necessary to complete a study.

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**2. Select topics relevant to your facility.** Ms. Maxam-Moore suggests leaders not rely exclusively or repetitively on generic issues like clinic wait times, but instead choose something that makes the process of the study meaningful. "Identify areas where [improvement] would really add value to the facility," she says.

**3. Think out of the box.** "It's easy to get into a narrow focus on just patient care or clinical care issues, but there is a vast array of other topics you can look at that are valuable to an organization and that affect cost and efficiencies," Ms. Maxam-Moore says. Examples of out-of-the-box QI study topics include cost per case, instrument failure, cancellation rates, staff exposure to injuries and inventory practices. "Efficiencies in cost and processes, patient satisfaction, safety of employees and work environment all indirectly feed into quality patient care and quality outcomes," she says.

**4. Choose measurable topics.** Ms. Maxam-Moore says a common mistake is trying to accomplish too much with one study. Choosing a complex topic with many variables makes collecting data and defining the performance goal more difficult. "It's okay to dream big and try to solve big performance issues," Ms. Maxam-Moore says. "But break it down first into measurable pieces."

For example, Ms. Maxam-Moore says Laser Spine Institute wanted to reduce cancellations on the day of surgery. Because the cancellations can occur for multiple reasons, including things like missing medical histories or the patient drinking coffee before surgery, LSI separated the issue into three parts: physician-contributing factors, patient-contributing factors and process-contributing factors. By studying the different elements that caused the issue, LSI was able to more easily collect data and identify strategies for improvement.

**5. Involve staff at the unit level.** Involving staff in the entire QI study process is essential for its success, according to Ms. Maxam-Moore. Staff should help select topics, collect data, create solutions and remeasure outcomes. Including employees "tunes the staff into the fact that the

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organization does care about quality improvement and their participation," she says. It is also important for the study's leaders to tell staff the results of both the initial and remeasured data. Remeasurement is critical for QI studies to be successful because it helps determine the effect of changes implemented, Ms. Maxam-Moore says.

Not including stakeholders, such as staff, in the QI study process is a common mistake that can prevent a QI study's success, Ms. Maxam-Moore says. Without stakeholder involvement, the study has no meaning or value to the people who are being asked to participate in new practices, she says. Leaders can encourage stakeholder involvement through staff meetings, emails and small groups.

**6. Participate in benchmarking.** Sharing data through patient safety organizations, professional associations or national quality projects can help facilities benchmark their performance to similar organizations. Several national organizations, such as the Centers for Disease Control and Prevention, Association of periOperative Registered Nurses and Association for Professionals in Infection Control and Epidemiology provide performance standards and guidelines that can be used for developing benchmarking and QI studies.

In addition to comparing a facility to external organizations, internal benchmarking can produce benefits. "If you're an ASC and have more than one facility, never underestimate the power of internal benchmarking," Ms. Maxam-Moore says. She provides an example from LSI, in which internal benchmarking helped leaders reduce surgical site infections. While the overall SSI rates were well below national averages at all their facilities, a routine benchmarking comparison between two LSI facilities showed that one had a spike in SSIs. Because the overall infection rate was still well below the national average, it may not have been detected as an important trend. When leaders examined the difference, they found the cause was a misunderstanding in one step of the wound care procedure. Once they corrected this problem, remeasurement showed the facility had returned to the similar negligible rate of SSIs as the other LSI centers.

### 3 ways to turn a good study into a great one

**1. Clear goals.** "A great study has to have a clear statement of the problem and why studying it is important for the organization. That can be challenging, but it's the foundation for the whole study," Ms. Maxam-Moore says.

**2. Clean format.** Formatting the study so readers can easily follow its logic can be the difference between a good and a great QI study. The finished product should have clearly marked headers, simple formatting and good readability, for example.

**3. Visually display data.** Ms. Maxam-Moore says one way LSI has stood out in its QI studies is by showing data in charts and graphs. A visual display "more dramatically demonstrates significant differences and trends you're trying to show the reader," she says. Adding color to the displayed data in a report can also emphasize the meaningful information.

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