

## QUALITY IMPROVEMENT RESOURCES AND GLOSSARY

### Continuous Quality Improvement in Neuromuscular and Electrodiagnostic Practice: An educational review of the AANEM Quality Improvement Committee

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**Agency for Healthcare Research and Quality (AHRQ)**—In 2002, CMS partnered with AHRQ, which now represents the health services research arm of the United States Department of Health and Human Services (HHS), complementing the biomedical research mission of its sister agency, the National Institutes of Health. The AHRQ mission is to improve the quality, safety, efficiency, and effectiveness of health care for all Americans. As 1 of 12 agencies within the HHS, AHRQ supports research that helps people make more informed decisions and improves the quality of health care services. CAHPS and H-CAHPS are two of many initiatives supported by AHRQ. Further information is available at: <http://www.ahrq.gov/>.

**American Medical Association Physician Consortium for Performance Improvement® (AMA-PCPI®)**—a national, physician-led program dedicated to enhancing quality and patient safety, whose mission is to align patient-centered care, performance measurement, and quality improvement. The AMA-PCPI® develops evidence-based performance measures that are clinically meaningful, meet the current and future needs of the PCPI® membership, and are used in national accountability and quality improvement programs. Further information is available at: <http://www.ama-assn.org/ama/pub/physician-resources/physician-consortium-performance-improvement.page>.

**Centers for Medicare & Medicaid Services (CMS)**, formerly the Health Care Financing Administration (HCFA)—a branch of the HHS that administers Medicare, Medicaid, and the Children's Health Insurance Program and provides information for health professionals, regional governments, and consumers. On their consumer website,<sup>33</sup> CMS defines "Better Care" as a "roadmap to better health and lower costs for patients, providers, and taxpayers" by "working together to improve care coordination, tie payments to quality, keep patients safe, and hold insurance companies accountable."

**Change management**—the process of "assisting individuals and organizations in passing from an old way of doing things to a new way of doing things."<sup>34</sup>

**Clinical quality measures (CQMs)**—tools defined by the meaningful use (MU) program, intended for measuring and tracking the quality of health care services provided by eligible professionals, eligible hospitals, and critical access hospitals. The measures are defined by the National Quality Forum (NQF) (with input from other entities, such as the AMA-PCPI® and National Committee for Quality Assurance (NCQA)) and overlap with many of the defined Physician Quality Reporting System (PQRS) measures. Further information is available at: <http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/ClinicalQualityMeasures.html>.

A listing of the 2014 CQMs for eligible professionals: [http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/EP\\_MeasuresTable\\_Posting\\_CQMs.pdf](http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/EP_MeasuresTable_Posting_CQMs.pdf).

**Consumer Assessment of Healthcare Providers and Systems (CAHPS)**—a multiyear initiative of the AHRQ launched in 1995 to support and promote the assessment of consumers' experiences with health care.

**Continuous quality improvement (CQI)**—the principle that opportunity for improvement exists in every process on every occasion. Within an organization, it requires a commitment to constantly improve operations, processes, and activities to meet patient needs in an efficient, consistent, and cost-effective manner. The CQI model emphasizes the view of health care as a process and focuses on the system rather than the individual when considering improvement opportunities.<sup>35</sup> Common CQI methodologies used in health care include Plan-Do-Check-Act (PDCA), Six Sigma, and Lean strategies.

**Health care quality**—According to the AHRQ<sup>36</sup>: doing the right thing, at the right time, in the right way, for the right person to achieve the best possible results.

According to the NCQA<sup>37</sup>: getting the right care in the right amount at the right time.

According to the the Institute of Medicine (10) and World Health Organization<sup>11</sup>: (a health system) seeking to make improvements in six areas or dimensions of quality:

*Effective*, delivering health care that is adherent to an evidence base and results in improved health outcomes for individuals and communities, based on need;

*Efficient*, delivering health care in a manner which maximizes resource use and avoids waste;

*Accessible*, delivering health care that is timely, geographically reasonable, and provided in a setting where skills and resources are appropriate to medical need;

*Acceptable/patient-centered*, delivering health care which takes into account the preferences and aspirations of individual service users and the cultures of their communities;

*Equitable*, delivering health care which does not vary in quality because of personal characteristics such as gender, race, ethnicity, geographical location, or socioeconomic status;

*Safe*, delivering health care which minimizes risks and harm to service users.”

**Hospital Consumer Assessment of Healthcare Providers and Systems (H-CAHPS)** (pronounced “H-caps,” also known as the CAHPS® Hospital Survey)—a 27-item survey instrument and data collection methodology for measuring patients’ perceptions of their hospital experience. The six composites summarize how well nurses and doctors communicate with patients, how responsive hospital staff are to patients’ needs, how well hospital staff help patients manage pain, how well the staff communicates with patients about medicines, and whether key information is provided at discharge. Two individual items address the cleanliness and quietness of patients’ rooms, while two global items report patients’ overall rating of the hospital and whether they would recommend the hospital to family and friends. Further information is available at: <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/HospitalHCAHPS.html>.

**Lean**—an approach to continuous improvement that identifies and eliminates waste that fails to add customer value, including waiting, defects, unneeded processing, inventory, excessive motion, transportation, overproduction, and underutilized employees.<sup>28,29</sup>

**Meaningful use (MU)**—a set of standards defined by the CMS Electronic Health Record (EHR) Incentive Program

that governs the use of EHRs and allows eligible providers and hospitals to earn incentive payments by meeting specific criteria, including many defined quality metrics (see Clinical Quality Measures).<sup>16-18</sup>

**National Association for Healthcare Quality (NAHQ)**—a professional association founded in 1976 dedicated to the advancement of health care quality and patient safety and the individual professionals working in the field. Largely focused on nursing, NAHQ provides education and leadership development opportunities. NAHQ offers a certification examination in health care quality, the Certified Professional in Healthcare Quality. Further information is available at: <http://www.nahq.org/>.

**National Committee for Quality Assurance (NCQA)**—a private, not-for-profit organization founded in 1990 and dedicated to improving health care quality. NCQA offers accreditation, certification, and recognition programs to health plans, health maintenance organizations, preferred provider organizations, physician networks, medical groups, and individual physicians. Specifically, NCQA accredits Accountable Care Organizations and recognizes Patient-Centered Medical Homes. Further information is available at: <http://www.ncqa.org>.

**National Quality Forum (NQF)**—a nonprofit, private-sector, standard-setting organization whose efforts center on the evaluation and endorsement of standardized performance measurement to improve the quality of American health care. NQF represents the consensus of many health care providers, consumer groups, professional associations, purchasers, federal agencies, and research and quality organizations. Further information is available at: [www.qualityforum.org](http://www.qualityforum.org).

**National Quality Measures Clearinghouse (NQMC)**—an initiative of the AHRQ, an arm of Health Human Services (HHS). It is a database and website for information on specific evidence-based health care quality measures and measure sets. NQMC is sponsored by AHRQ to promote widespread access to quality measures by the health care community and other interested individuals. Further information is available at: <http://www.qualitymeasures.ahrq.gov/>.

**Pay for performance (P4P)**—a strategy to improve health care delivery that relies on the use of market or purchaser power; “financial incentives that reward providers for the achievement of a range of payer objectives, including delivery efficiencies, submission of data and measures to payer, and improved quality and patient safety.”<sup>38</sup> Further resources are available at: <http://www.ahrq.gov/qual/pay4per.htm#1>.

**Plan-Do-Check-Act (PDCA)**—also known as the Deming Cycle, PDCA is a four-step system of quality improvement for business management, based on the scientific method, which is implemented in repeated cycles for continuous improvement.

**Physician Quality Reporting System (PQRS)**, formerly Physician Quality Reporting Initiative (PQRI)—a reporting program employed by CMS that uses a combination of incentive payments and payment adjustments to promote reporting of quality metrics by eligible professionals. From 2007 to 2012, the program provided a financial incentive for satisfactorily reporting data on quality measures for covered outpatient services furnished to Medicare beneficiaries. Beginning in 2015, the program penalizes eligible professionals who do not satisfactorily report data on quality measures for covered professional services in 2013. Further information is available at: <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/index.html>.

**Process improvement**—identifying, analyzing, and improving existing processes, activities, tasks, and workflows within a health care organization to meet new goals and objectives, such as increasing quality, decreasing cost, improving patient and employee satisfaction, and eliminating waste.

**Process mapping**—identifying the current state, future state, and ideal state processes in a step-by-step flowchart, which represents a key step of process improvement.

**Quality assurance (QA)**—a system for evaluating the delivery of services or the quality of products.

**Quality control**—a system for verifying and maintaining a desired level of quality. Isolated quality control and QA methods are not adequate to enhance outcomes in health care. Checking for errors and recommending changes without recognizing the impact of these changes on other parts of the organization may improve one process but harm others. Consequently, high reliability organizations are now combining quality assurance with proactive CQI.<sup>35</sup>

**Quality improvement (QI)**—the efforts pursued to enhance patient care.

**Six Sigma**—a methodology used to improve business processes by utilizing statistical analysis to achieve cost savings, while increasing customer satisfaction. Six Sigma trainees attain green belts and advance to black belts, master black belts, and ultimately champion status. Further information is available at: <http://www.6sigma.us>.<sup>30,31</sup>

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