STEP 1: IDENTIFY THE OPPORTUNITY

SOUTH DAKOTA
CARDIOVASCULAR
COLLABORATIVE

THE QI APPROACH:

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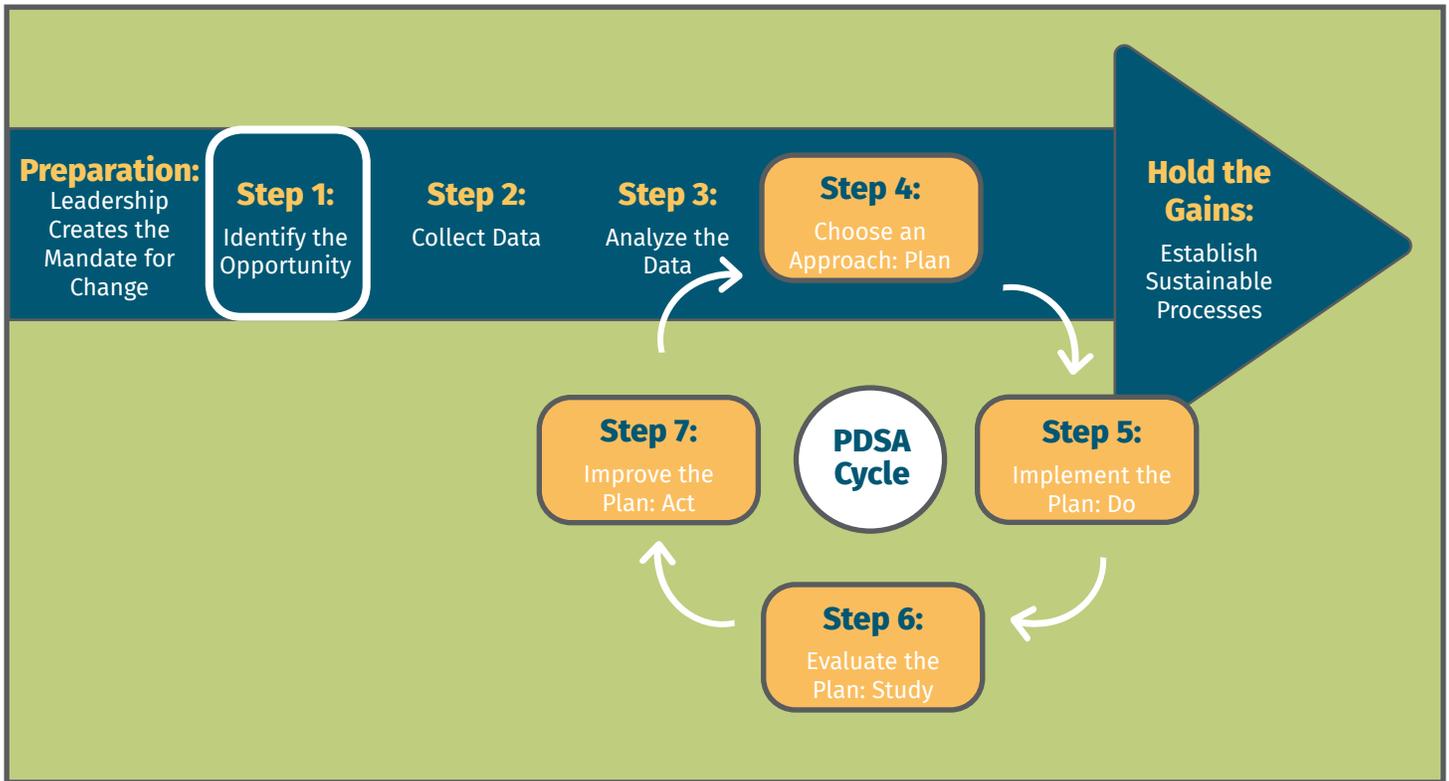
About this Step

Purpose

Identifying the opportunity will allow the team to gain a clear and common understanding of the destination. This is the first step of a seven-step quality improvement model for improving cardiovascular care.

> **"As with the start of any journey, you need to know where you want to go."**

This step can be frustrating to those who like to dive right in and start fixing things, but the work in this step is critical. Without it there is no common foundation or baseline. Everyone could end up going in different directions with cross-purposes in mind. They will gain no sense of accomplishment without an endpoint or specific goal in mind.

Objectives

- Describe the current process of cardiovascular care in your organization
- Define the charge of the QI Team
- Introduce team members and establish roles and responsibilities
- Seek consensus on the opportunity statement

Preparation for Team Work

Much of the work described in this and subsequent steps will be accomplished in team meetings.

Clarify roles and responsibilities

- The QI Leadership Team (Project Sponsor, Clinical Leader, and Team Leader) needs to establish how they will work together, including roles and responsibilities, frequency of meetings, communication methods, etc.
- The QI Leadership Team should meet to clarify roles and responsibilities in directing team activities and in communicating with the leadership.
- The Project Sponsor, as part of the QI Leadership Team, should help develop a clear understanding of the QI Team's charge by outlining their purpose with: a goal statement; the need for improvement; and the improvement objectives or specific aim.
- See **Appendix A** for tips on team and meeting management, communication and decision-making techniques.

Determine the current state compared to benchmarks

- National benchmarks relevant to cardiovascular disease will provide guidance as to what is considered a best practice and can be used to help you determine an appropriate goal compared to where you currently are.
- This may require some initial data collection to determine the current state of cardiovascular care in your organization.
- See **Appendix B** for more on SMART goals and setting Aim of the improvement effort.

Prioritize the opportunities

- There may be multiple "opportunities," in which case the QI Team will need to prioritize them and make a decision about where to begin.
- Taking them all on at once may be too much and undermine your success. You can always come back to the others once you have completed your top priority.
- This should be part of the initial work of the group and the decision may require a shift in who is at the table.

Structure the meeting process

- Decide on Step 1 meeting date, create the first meeting's agenda, and contact all team members.
- Instruct team members to bring their calendars to schedule future meetings.
- Effectiveness of the team depends upon the level of trust in each other and in the QI process. Trust is facilitated by having a structured meeting process, making all decisions by consensus, and having clarity of purpose and individual responsibility.
- At the first team meeting, make introductions, outline each person's role on the team, and describe why each member was asked to participate.
- The rest of Step 1 should serve to clarify the team's purpose and goals.

Set the agenda

- Send the agenda out to all invited members of the QI Team with information regarding location of meeting and/or log-in information for virtual meetings.
- See **Appendix C** for a sample meeting agenda.

Overview of Suggested Activities

1. Introduce team members and roles, review agenda, and set ground rules
2. Describe the Aim statement and reach consensus
3. Create a flowchart of the current process
4. Discuss next steps

Suggested First Meeting Activity Details

1. Introduce team members and roles, review agenda, and set ground rules

- Assign a recorder/scribe and a timekeeper for the meeting. Team members may choose to rotate these tasks from one meeting to the next.

- Review the agenda and describe the purpose and objectives of Step 1.

- Make introductions and outline team member roles. It is important that everyone knows who is in the room and why they have been invited to participate.

- Describe the team's reason for existence and what they are expected to accomplish.

- Set meeting ground rules and determine how you will make decisions as a group. This is an important task at the beginning so that everyone understands the expectations. See **Appendix A** and the Resources section for more information.

2. Describe the Aim statement and seek consensus

- This is a critical step and it is important to take the time to clearly define your Aim statement.

- In developing your Aim statement you should consider these three questions:

  o **What are we trying to accomplish?**

  o **How will we know that a change is an improvement?**

  o **What change can we make that will result in improvement?**

- It will be important that the Aim is measurable with a defined time frame. It is also important to identify how it will be measured and how you will know when you have achieved it. Consider using the SMART goal format when developing an aim statement. See **Appendix B** for more information.

> **TIP:** The Institute of Healthcare Improvement (IHI) uses a model developed by the Associates for Process Improvement (API):
>
> *http://www.apiweb.org.*
>
> While IHI and API both emphasize the importance of this step, they agree that it is not critical to get it perfect right away, or even to go in the order they are listed here.

- Your final Aim statement should be based on data, so the Aim statement may change as you learn more about the process. It will be important to continually check in with the team and with the Project Sponsor to obtain consensus on any changes that are made. **Use the data as part of your justification for the change.**

3. Create a flowchart of the current process

- An important part of your initial data collection is to understand how the current process is at the beginning so that you can start to identify areas that need improvement. To do this your team will need to create a high level flowchart describing the current process regarding your selected area of improvement.

- Review flow-charting instructions as needed. Someone will need to facilitate this process. It does not have to be the Team Leader or the Team Facilitator. Be sure you have identified someone who is comfortable with this process and can get the team through the task efficiently and effectively.

- Your initial Aim statement will help you hone in on the process you will be flowcharting. Keep in mind, you may uncover some things that will lead you to rethink your Aim. Be careful to not get frustrated. This is all part of the process and helps you ensure you are not focused on the wrong things.

- If flowcharting is a new skill for your team, provide some basic instruction and be sure to walk them through the process with clear direction. You can send this information to your team prior to the meeting so they will come more prepared for the task.

- See **Appendix D** and the Resources section for more information on how to create a flowchart.

4. Discuss next steps

- Seek Sponsor approval if any revisions have been made to the Aim statement and/or your overall mission.
- Review the meeting record and task assignments/accountabilities. Be sure accountabilities are documented in the record along with timelines.
- Assign all team members to check the accuracy of the flowchart by consulting with other clinic/organizational staff who are part of the process. Don't forget about people such as receptionists, schedulers, lab technicians, and others who may not be a part of your team. You may find that for some processes it might be quite valuable to have people in these roles on your team.
- Evaluate the meeting and make changes to improve meeting process as needed.
- Set a tentative agenda and date/time/location for the next meeting.

RESOURCES

Quality Measures

From the American Academy of Family Physicians

https://www.aafp.org/practice-management/improvement/measures.html

This page defines quality measures, gives examples of common measures, discusses how to decide what to measure, what constitutes a quality measure, and benchmarking.

Writing Smart Objectives

From the Centers for Disease Control and Prevention

https://www.cdc.gov/healthyyouth/evaluation/pdf/brief3b.pdf

This Evaluation Brief describes how to write SMART objectives and provides a SMART objectives checklist and sample objectives.

The Essential Guide to Writing SMART Goals

From Smartsheet

https://www.smartsheet.com/blog/essential-guide-writing-smart-goals

This article describes what a SMART goal is, provides advice on how to craft them, and offers a template to help guide the process of writing SMART goals.

Quality Improvement Tools for Decision Making

From the Public Health Foundation

http://www.phf.org/programs/QItools/Pages/Quality_Improvement_Decision_Making_Tools.aspx

This webpage provides several decision-making models and tools.

What is a Process Flowchart?

From the American Society for Quality

http://asq.org/learn-about-quality/process-analysis-tools/overview/flowchart.html

This site explains what a flowchart is, when to use it, and how to create one. It also provides example flowcharts and a flowchart template.

Flow Charting

From the American College of Cardiology

https://cvquality.acc.org/docs/default-source/qi-toolkit/14e_flow-charting_12-10-13new.pdf?sfvrsn=e5468fbf_2

This document provides an overview of how to create a flowchart.

Flowchart

From the Agency for Healthcare Research and Quality (AHRQ)

https://healthit.ahrq.gov/health-it-tools-and-resources/evaluation-resources/workflow-assessment-health-it-toolkit/all-workflow-tools/flowchart

This document provides an overview of how to use a flowchart as well as several examples of flowcharts for many general healthcare system processes such a "common office visit" or "post-lab visit" and others.

2018 ACC/AHA Clinical Performance and Quality Measures for Cardiac Rehabilitation

A Report of the American College of Cardiology/American Heart Association Task Force on Performance Measures

https://www.ahajournals.org/doi/10.1161/HCQ.0000000000000037

This report developed by the ACC/AHA provides practitioners and institutions that deliver cardiovascular services with tools to measure the quality of care provided and identify opportunities for improvement.