

## INSTRUCTIONS FOR USING THIS TOOL

### DELETE THIS SLIDE BEFORE PRESENTATION

- *Use this PowerPoint presentation as a template for your presentation to hospital staff.*
- *Replace the charts with charts that you create with your data (use the Excel workbook in Tool B.3a) and replace the **red text** with information relevant to your hospital.*
- *Modify as needed to suit your hospital – you may wish to delete some slides or sections of slides, and/or add material relevant to your hospital.*
- *Modify as needed to suit the audience – you may need to tailor for presentations to physicians, nurses, coding staff, or other groups.*
- *As you modify the presentation, consider explicitly addressing any sensitive issues that you know are likely to be on the minds of your front-line staff (e.g., time demands of a new intervention).*

**Introduction to**  
**[Our Hospital's]**  
**Quality Improvement Initiative on**  
**[Topic(s) selected]**

## What are the AHRQ Quality Indicators (QIs)?

- The AHRQ QIs are a set of indicators for adverse events that patients may experience as a result of an inpatient admission:
  - Patient Safety Indicators (PSIs), Inpatient Quality Indicators (IQIs), Pediatric Quality Indicators (PDIs)
- AHRQ QIs represent events likely to be preventable through changes at the system or provider level.
- AHRQ QIs are measured using our hospital's administrative data.
- Composite measures are also available.

<http://www.qualityindicators.ahrq.gov>

### Notes

For more information about the AHRQ QIs, see fact sheets from Tools A.1a (IQIs), A.1b (PSIs), and A.1c (PDIs).

For ready-made slides with more details about each of these types of indicators, you can use slides 15 through 20 in Tool A.2 (Board/Senior Leadership presentation).

## Why were the AHRQ QIs developed?

- Because quality and safety are so important, the AHRQ QIs were developed to help hospitals:
  - **Screen for potential quality and safety problems** using easily accessible data.
  - **Compare themselves with other hospitals** using national standardized measures to assess quality of hospital care.

*General Questions About the AHRQ QIs.* AHRQ Quality Indicators. July 2004. Agency for Healthcare Research and Quality, Rockville, MD. [www.qualityindicators.ahrq.gov/FAQs\\_Support/default.aspx](http://www.qualityindicators.ahrq.gov/FAQs_Support/default.aspx).

## Why try to improve our performance?

- Because we are committed to **reducing harm** to our patients:
  - Discomfort
  - Complications
  - Mortality
- Because it **aligns with our mission** to [insert relevant portion of hospital mission statement here].

### Notes

Consider adding other reasons to improve your scores as applicable (e.g., to comply with external mandates; to improve reimbursement for care provided).

## Why your voice is important

- You know our hospital and our patients best!
- Your involvement is critical to help us ensure that:
  - We design an intervention that we can effectively implement **together**.
  - We provide appropriate training and support for you to implement the intervention.
  - We take into account the demands on your time and minimize disruption to your workflow.

## **Our focus**

- We have chosen to focus a quality improvement initiative on:

[Insert name of quality indicator(s) selected]

## Why this matters

- [Insert name of quality indicator(s) selected] is important to our patients and to all of us because improvement on this indicator may reduce:
  - [modify/add/delete as needed for your indicator]
  - Patient suffering
  - Days spent in the hospital
  - Unnecessary medications
  - Unnecessary surgery
  - Risk of death
  - [Add specific outcomes for your selected indicator]

### Notes

Here is a more specific example, with specific information tailored to the example indicator:

The indicator that we have chosen, Pressure Ulcers (PSI 03), is important to our patients because improvement on this indicator may reduce:

- Sepsis, cellulitis, and bone and joint infections.
- The need for unnecessary debridement and antibiotics.
- Days spent in the hospital.
- Death.



## **[Example of a patient from your hospital]**

- *Personalized patient stories often bring home the importance of improving performance on a measure.*
- *Consider inserting here the deidentified story of a patient who suffered the adverse event captured by your indicator.*
- *Include the impact on the patient, family, and staff and how it could have been prevented.*

## How we selected this topic

- We chose to address [this topic] based on:
  - Comparison between our hospital and peer hospitals
  - Our performance over time
  - Volume and cost of events
  - Ability to change
- The next several slides give more detail on these reasons.

### Notes

Adjust as needed according to the factors you examined in the prioritization worksheet.

## Our hospital's performance on [Chosen QI]

- Our hospital's data show a [Chosen QI] rate of [#] during [time period].
  - This means that about [#] patients in our hospital had [Chosen QI] in the last year
- Our hospital performed [better/same/worse] than the national average in [insert year(s)].
- The approximate cost to our hospital for each [chosen QI] is [cost].

### Notes

Take the rate from the prioritization worksheet tool, C.1.

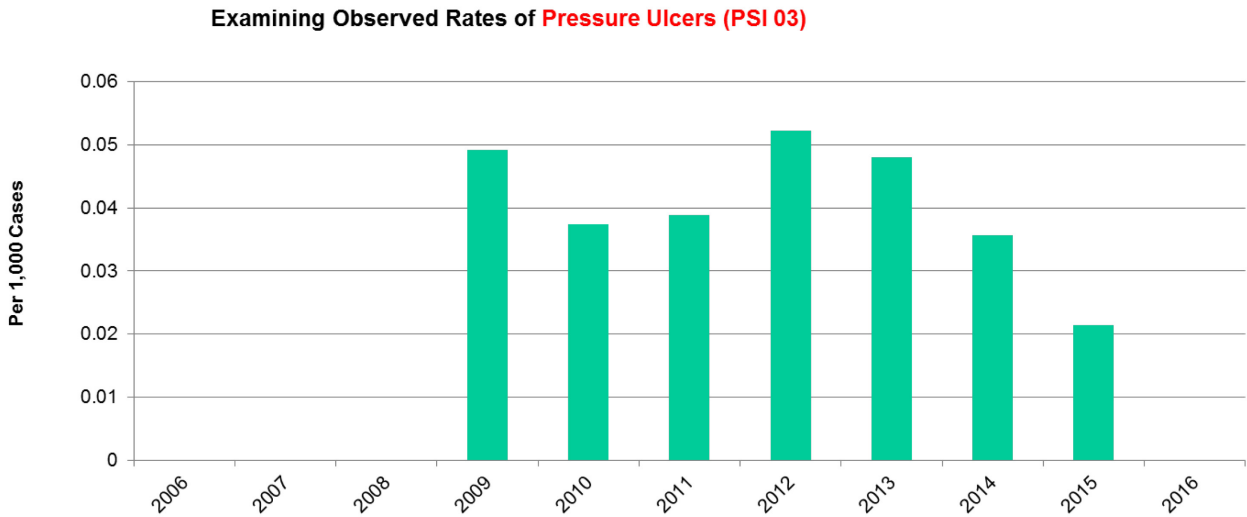
You may also want to report the number of patients with the adverse event to make it more tangible to your staff.

Instead of “national average,” you can replace with an average from hospitals comparable to yours (e.g., freestanding children’s hospitals), or a benchmark if there is one set for your indicator rate.

## **DELETE THIS SLIDE BEFORE PRESENTATION**

- *In this example, we will examine the rates of Pressure Ulcers (PSI 03) for this particular hospital performed over time.*
- *Replace the chart and fill in the slide based on the indicator you've selected and your hospital's data.*
- *Based on the information that you would like to present, you may choose not to use this slide.*

# Our Hospital's Performance Has Been [Stable/Worsening/Improving] Over Time



## Notes

This chart comes from the Excel worksheet, Tool B.3a (trend-observed tab).

Change the title according to your own results.

## Ability to change

- We believe we can work together to change our current rates of [Chosen QI] because:

[modify/add/delete as needed]

- We are all committed to the safety of our patients.
- We have support from our senior leadership.
- We have staff with the skills to make the change.
- We are willing to work toward change.
- The demand on staff time will be reasonable.

### Notes

See the barriers section of the prioritization worksheet tool (C.1) for more ideas.

## Next steps

- Now that we have identified **[Chosen QI]** as an area for improvement, we will:
  - Examine **best practices** related to **[Chosen QI]**.
  - Talk with staff to determine whether **documentation and coding** related to **[Chosen QI]** need to be improved.
  - Make a **plan for improvement together** with a variety of staff who work in different roles (e.g., physicians, nurses).
  - Identify **potential barriers** and how to overcome them.

## Stay Tuned...

- We plan to review best practices for [chosen QI] by [date].
- We will review documentation and coding by [date].
- We plan to consult with [nurses, physicians, hospital administrators] about potential strategies for improvement and barriers around [date].
- We anticipate that we'll begin implementing a plan around [date].



## Any Questions or Ideas?

We want to hear from you! If you have suggestions or thoughts as we develop our plan to improve [Chosen QI] please contact [staff member] at [contact info].