



Jennifer Lenoci-Edwards, RN



Jesse McCall



Srikant Iyer, MD

Effective Quality Planning

Align and prioritize projects to achieve systemwide quality goals.

As health systems continue to move forward to address their ever-present workforce issues, it's important not to lose sight of the safety and quality "never events" that teams have worked so hard to prevent. As a refresher, we recommend returning to the teachings of W. Edwards Deming to "focus on reducing variation" and strengthening quality planning efforts.

Effective quality planning engages multidisciplinary leaders in clearly defining the organization's ambitions and leverages existing data systems to identify aligned opportunities for improvement.

This article presents a useful hierarchy of variation, outlines a broad approach for health system quality planning to address variation, and shares one leader's experience (see sidebar on Page 46).

Reduce Strategic Variation With Quality Planning

Three types of variation are most common in healthcare settings and are inextricably linked: strategic,

operational and clinical. Understanding different types of variation, particularly strategic variation, is helpful context for quality planning efforts.

It's also critical for organizations to address strategic variation first; it impacts improvement at the operational and clinical levels.

- **Strategic variation** generally occurs at the board and executive levels and often results in too many priorities or priorities that are not aligned with the organization's strategic goals. Engaging multidisciplinary leaders at a "10,000-foot view" using both quantitative and qualitative data, a process called quality planning, is the primary approach to minimize strategic variation.
- **Operational variation** occurs in the systems and structures meant to support the strategic goals of the organization. Workarounds often emerge to prop up old structures and problems that should be addressed with system-level changes.
- **Clinical variation** usually gets the most attention from quality improvement teams, yet these efforts to reduce clinical

variation often lack rigor, are done hastily or do not effectively engage staff to yield sustainable change.

Elements of Effective Quality Planning

The Institute for Healthcare Improvement's Whole System Quality approach to overall quality management supports health systems with organizational prioritization, operational structures to support those priorities and sustained quality improvement at the front lines. Quality planning is the essential first step of a Whole System Quality approach—a process to identify the needs of patients, communities and the organization's workforce. Quality planning defines systemwide quality goals, sets priorities, responds to external evaluations of performance and ensures there are sufficient resources to meet the goals.

Effective quality planning engages multidisciplinary leaders in clearly defining the organization's ambitions and leverages existing data systems to identify aligned opportunities for improvement. Ineffective quality planning includes common missteps such as choosing priorities associated only with benchmarking organizations, continuing improvement projects

after the desired outcome is achieved (i.e., in control), and focusing on local changes when the data show that system-level change is needed.

Robust and successful quality planning requires the following:

- **Active participation** by executive leadership, key clinical champions, and quality and safety improvement leaders. As one CEO shared with us, the goal is to get everyone engaged so they are committed and accountable.
- **Quantitative and qualitative data** are core to quality planning efforts. Display quantitative data in statistical process control charts to enable identification and appropriate response to variation in process and outcomes data. Depending on familiarity with quality improvement and how to identify normal versus special cause variation, a quick review session may be necessary.
- **Leverage existing knowledge and work quickly** with those directly involved in the systems and processes. The quality planning leaders will ask staff, “What matters to you?” These staff members know what is broken and will generate effective ideas for improvement. Often, what isn’t working is subtle cultural or process issues that have sizeable impact.
- **Be aware of accreditation and benchmarking needs**, but do not let them be the sole drivers of the quality planning process. Too often, health systems cite top-decile performance in common benchmarking

Learning From One Health System’s Experience

Colleagues at Children’s Healthcare of Atlanta experienced lessons learned in preparing for and executing a quality planning process.

- **Defining the ambition for quality and safety.** With this work forming the foundation of Children’s mission, a multidisciplinary team revised and reinvigorated the quality planning framework with an explicit focus on patient and employee safety, flow and capacity management, clinical outcomes, patient and family experience, health and healthcare equity, and accreditation.
- **Listening to and developing solutions with the team.** Executive team presence was critical. Listening to the frank and open discussion on each topic revealed perceived and real barriers to quality, safety and improvement and provided an opportunity for the executive leaders to consider system-level opportunities to help close the gaps.
- **Gaining a broader view of problems and potential solutions.** As Children’s prepared for quality planning, it realized the importance of looking at each opportunity more holistically and created a revised template that incorporated the aim, associated measures (in statistical process control charts), and available benchmarks linked with an overlay of the improvement work underway. This template made prioritization more tractable for the quality planning team. The inability to obtain key information was eye opening and instructive.
- **Developing stronger prioritization.** Through the quality planning process, Children’s developed a more robust prioritization categorization for its work: system improvement priority, local improvement priority, quality assurance/control and topics requiring analysis to better understand baseline performance. Although seemingly simple, this categorization effectively helped reduce the number of improvement priorities and made clearer the resources required for each effort.
- **Talking about variation is not special cause anymore.** The quality planning effort reinforced the benefits of looking at data over time. Following the quality planning process, executives as well as HR, legal and quality departments are all looking at data over time for key measures. Colleagues speak about common and special cause routinely when reviewing the data.
- **Shifting to a learning and testing culture.** Children’s quality planning experience was fast, imperfect and yielded profound successes. The organization has become more comfortable with testing and learning and not trying to design and implement the perfect solution. This has led to increased engagement in improvement work.

services as their priority organizational goal. Though these benchmarks can serve as useful guides, they do not represent wholly local priorities and may be too ambitious or not ambitious enough.

- **Create a baseline inventory of existing improvement work** by gathering the high-level aims, progress and strategic alignment of currently allocated improvement resources. If too many projects are underway, quality planning is a great opportunity to winnow down the efforts not aligned with strategic priorities.
- **Apply an equity lens** by stratifying key data by race and ethnicity. Even if the process or outcome is “in control” in the aggregate, unstratified data can hide inequities that need urgent attention.
- **Generate will and energy for a limited number of improvement areas**, generally six to eight. Each opportunity for improvement should be presented in a standardized way that describes the opportunity, the potential impact and an initial theory of change. Use a multivoting process to assign a priority level to each opportunity, which will create a manageable list.

Though an effective quality planning process has specific attributes, one lesson IHI has learned from experience with supporting numerous quality planning process efforts is don't let perfect be the enemy of

good. There is great learning in every quality planning process, which helps organizations gain skill and confidence. ▲

Jennifer Lenoci-Edwards, RN, is vice president, Institute for Healthcare Improvement (jlenoci-edwards@ihi.org); Jesse McCall is senior project

director, IHI (jmccall@ihi.org); and Srikant Iyer, MD, is chief quality officer and division chief, emergency services, Children's Healthcare of Atlanta (srikant.Iyer@choa.org).

Editor's note: Learn more in the IHI white paper *Whole System Quality* at ihi.org/WholeSystemQuality.

