PCPI Quality Improvement Program

Survey Summary: State of Member Quality Improvement Programs

The PCPI Foundation wanted to obtain a better understanding of current quality improvement programs among its member organizations; satisfaction with those programs; and unmet needs. Specifically, the survey was developed to understand the following:

- Scope of quality improvement-focused programming and services
- Focus of specific quality improvement programs currently provided
- Methods utilized to deliver quality improvement education, training & tools
- Barriers to providing quality improvement education & tools
- Current and future quality improvement programming being offered
- Success of current quality improvement offerings

The results of this research may be used to design education, and promote and support programs in quality improvement

Methodology

An email invitation with a survey link was sent by the PCPI team to 149 organizations. Data were collected from March 13 – April 23, 2015. A total of 73 organizations responded for a 49% response rate. The survey focused on the state of clinical registries and quality improvement programs. This summary focuses only on the quality improvement -related responses.

- 37% indicated they have clinical registry and quality improvement programs
- 15% indicated they only have a registry program
- 23% indicated they only had a quality improvement program
- 25% had neither

PCPI Member Organization Quality Improvement Activities

Among respondents who currently have quality improvement programs:

- 55% have been conducting QI activities for more than 10 years
- 66% of QI programs report to the board [specialty society] and 16% include in board of directors' responsibilities
- 95% conduct clinical quality improvement activities, 85% conduct process improvement activities
- Two-thirds do not offer education in QI models and methods
  - Those that do offer education, focus on "PDCA/PDSA," "continuous quality improvement (CQI)," "IHI Model for Improvement"
- 95% support the QI activities of their members through educational sessions. They also use: toolkits (85%), guidelines (72%), training programs (69%), networking (55%), and QI collaboratives (49%)
- 85% deliver QI content via webcasts, followed by website (85%), in-person meetings (82%), articles/monographs (70%), and online curriculum (61%)

Summary: State of Member QI Programs – (Cont.)

- Majority have small QI teams ranging from 0 to 6 staff members, most often having only 2 dedicated staff members (frequency, not average)
- 44% of QI programs account for less than $500,000 of annual operating budget
- 41% refer to outside organizations for QI activities (with no one clear leader)
- 64% partner with other organizations to offer QI activities; have a wide range of partners.
- 87% prefer to receive PCPI QI content via webcasts and the PCPI website (82%)
- Indicated that "members feel overwhelmed by the rapidly changing health care field" as one of their greatest barriers to implementing and sustaining their QI programs, followed by "lack of funding" and "member perceptions that QI resource needs are high."
- Noted that "limited time", "limited financial resources" and "limited staff" are their members' biggest barriers to improving the care they provide.
- 69% are extremely or somewhat likely to use an online forum/community to seek and receive feedback on QI approaches, share lessons and tools.

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PCPI® is a national, clinician-led nonprofit organization engaged with the full spectrum of health care delivery system stakeholders to improve patient health and safety through innovative approaches to measure, improve and assess performance. PCPI's Quality Improvement Program highlights leading practices to scale and spread of improvement initiatives, and provides clinicians training in quality improvement methods and tools. PCPI provides a forum for the performance improvement community to explore and develop solutions to the greatest challenges in making meaningful leaps in patient care outcomes.