



The logo features a central white circle with a human silhouette, surrounded by six smaller circles connected by lines. The icons in these circles are: a cross, a heart, a water drop, a pill, a clipboard, and a brain.

**SAMHSA-HRSA**  
CENTER for INTEGRATED  
HEALTH SOLUTIONS

Applying the Continuous Quality  
Improvement Process to the PBHCI Initiative

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**Primary Goal: Assist organizations to solve problems and systematically implement improvement strategies**

Topics covered

- Defining quality
- Continuous Quality Improvement (CQI) Framework

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## What is quality? Anything you do to improve...

- Safety
- Effectiveness
- Client-Centered
- Timeliness
- Efficiency
- Equity
- Appropriateness
- Coordination
- Accessibility



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## Edward Deming Process Management Theory:

***“ ... the best way to reduce costs is to improve quality”***



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## First Law of Quality Improvement

“Every system is perfectly designed to achieve exactly the results it gets”

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## Second Law of Quality Improvement

To change the **RESULTS**  
you must change the **SYSTEM!**

- Working harder won't do it!
- Getting rid of poor performers won't do it!
- Throwing more money at the existing system won't do it!



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## What's an organization to do to prepare for a changing system?

Focus on improving the **quality** of current practices!

Difficult to waste time, make mistakes or misalign efforts to prepare for a changing system when the focus is on quality!

Ask yourself: *What can we do now to improve quality?*



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## Application of Basic Continuous Quality Improvement Approaches

### FOCUS PDCA

**F**ind an improvement area

**O**rganize a team

**C**larify current practices

**U**nderstand source of variation/problem

**S**elect a strategy

**Plan Do Check Act**



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## Continuous Quality Improvement: FOCUS PDCA Method

**Find:** a process or identify a problem that needs improvement. Problems are pretty easy to identify. Just think about the chronic complaints you get or those things that simply frustrate you at work.

**Organize a team:** a team that understands or works with the process or problem. The team consists of people who know the process well and can speak to what works and what needs changing.

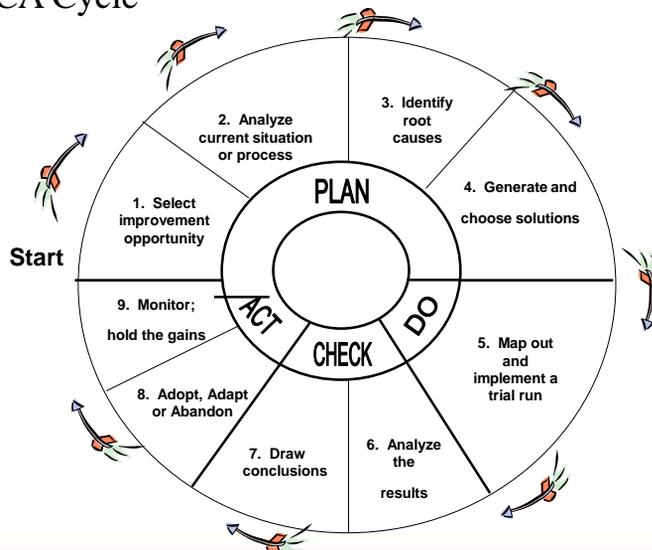
**Clarify** the knowledge. Clarifying the knowledge of the process can help to ensure there's agreement on what the real issues are.

**Understand** what impacts the variations in the quality of the process. There are variations in every process. The trick is to discover what causes the variations so you can minimize the peaks and valleys.

**Select a strategy/solution** that meets many of the criteria associated with practical success.



### PDCA Cycle



## What's a really good improvement strategy?

- Not expensive
- Can tell if the idea is working or not
- Affects many
- Can be done in a reasonable timeframe
- Is in the control of the organization
- Aligns with regulations, fiscal requirements, and law.
- Unlikely to cause other problems (unintended consequences dilemma)
- Practical in light of other organizational priorities
- Reasonable in light of staff demands on time and energy
- Tools and resources available



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## Measuring Improvement: Performance Indicators

- It's hard to change what you can't measure
- It's hard to know how you're doing without data and information
- It's hard to get others to change their behavior without data and information
- It's hard to understand the parts of the system that need to change without data and information
  - What to keep doing
  - What to stop doing
  - What to begin doing



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## Measuring Improvement

Quantitative data: type of numerical value to be used to express the indicator (percentage, rate, number of occurrences etc.).

Qualitative data: focus groups, interviews, surveys involving written feedback



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