

**HM734 – Quality and Safety in Health Care  
Winter 2019 Course Outline  
Master of Health Management Program**

**COURSE OBJECTIVE / PROFILE**

Quality is a preoccupation of most health services managers but is not referenced once in the Canada Health Act. While provinces like Ontario have recently legislated some quality regulations such as the Excellent Care For All Act, managers struggle to implement quality systems and improve outcomes. This course will examine the basic principles, methods and tools required to provide consistent quality for providers and consumers alike; show how these principles and methods have been put into effect in a variety of health organization settings; and illustrate the relationship between QM principles and other theories and models studied in management courses.

**COURSE DESCRIPTION**

Improving quality and enhancing patient safety has become a preoccupation within most healthcare systems around the world. Despite this, there continues to be high levels of healthcare errors and inadequate understanding of the fundamentals of quality management and patient safety. This course is designed to expose healthcare managers to the major principles, theories and approaches to quality management by analyzing practical real-life examples.

This course will be taught using informational slides, literature, on-line discussions, 2 assignments and 1 final paper. Weekly information and discussions will be used to drive critical thinking. The 2 assignments will be used to have students think through legislative frameworks and leading practices. The final paper will be used to illustrate that quality management is different than quality assurance and that to improve overall care of a disease or treatment one needs to look at many different facets / factors relating to the delivery of care.

**LEARNING OUTCOMES / OBJECTIVES**

Upon completion of this course students will be able to:

- Understand the emerging literature and data related to quality and patient safety
- Understand the legislative frameworks that govern health service quality
- Describe and apply quality management systems and improvement tools deployed in health services including emerging patient relations and case review techniques
- Demonstrate an understanding of the importance of governance in setting a culture of quality in health care

## MODES OF STUDY

This course is delivered primarily in an online format using Avenue to Learn (A2L or Avenue) as the principal delivery system. Topics are explored through a review of documents, course assignments, case studies and online discussions. Students are expected to be adult learners who will independently read course content posted on the A2L course website, analyze information, and share their new knowledge and understanding with their classmates so that they learn from each other as well as from the instructor. Students will use course content posted on A2L, readings and texts as resources for learning. Instead of face-to-face small group discussions, students will interact online with other students and the course instructor. Typically, discussions will occur asynchronously (not in real time) as this enables students from different time zones to participate more easily and to organize their learning activities around work, family and personal demands. Live chat rooms and video links may be used when needed by students. The instructor and students will also maintain contact as necessary by email and/or FaceTime.

## TECHNICAL REQUIREMENTS

Students require access to a computer that meets the MHM program technical requirements and access to the Internet on a regular basis. Learners should also be comfortable using a keyboard and have an active McMaster email account and web browser. The course will be delivered primarily through the A2L system at McMaster.

## EVALUATION

Learning in this course comes from readings, lectures, in-class and online discussion and participation, preparation of assignments, reflection and analysis. All work will be evaluated on an individual basis except where group work is expected. In these cases, group members will share the same grade unless all group members agree to an adjustment.

### ***Components and Weights***

Online Discussion Questions	Participation (students are expected to share ideas and experiences related to the topics presented during onsite and online discussions). Specific expectations for online discussion questions are noted below. See the A2L course site for details on the timing of postings (5% for each of 7 discussion questions).	20%
Assignment #1	Mini-Paper: Patient Safety & Never Events	20%
Assignment #2	Briefing Note: Disclosure	20%
Assignment #3	Patient Quality & Value Issue Paper	40%

**Percentage Letter:**

<b>90-100</b>	<b>A+</b>	<b>77-79</b>	<b>B+</b>
<b>85-89</b>	<b>A</b>	<b>73-76</b>	<b>B</b>
<b>80-84</b>	<b>A-</b>	<b>70-72</b>	<b>B-</b>
		<b>0-69</b>	<b>F</b>

**COURSE CONTENT**

Course content is divided into the following four learning modules.

**Module 1: Health Quality Management – Theory & Frameworks**

- Quality Management Theory
- Patient Safety Literature
- Excellent Care For All Act
- Quality of Care Improvement Protection Act

**Module 2: Planning, Measurement & Improvement Tool**

- Quality Improvement Planning
- Quality Improvement Tools
- Measurement

**Module 3: Incident Analysis, Patient Case Reviews**

- Patient Case Reviews
- Canadian Incident Analysis Framework
- Disclosure

**Module 4: Engagement: Board, Physicians, and Patients**

- Role of the Board
- Engaging Physicians and Staff
- Patients as Customers

A more detailed week-by-week description of topics, activities, and required readings will be posted online (under the content section of the A2L course site) prior to the first week of the course. Students should become familiar with the A2L site, obtain any required/suggested textbooks, and complete the first week's required readings as early as possible.

## ***Participation & Online Discussion Questions***

Students are expected to share ideas and experiences related to the topics presented during onsite and online discussions. Students are expected to post at least one main response to the weekly question(s) and to participate in the overall discussion by commenting on other students' responses (at least 2 times per week; i.e. a total of at least 3 posts per week). Postings should be reflective, concise and respectful. Make sure you are adding value and not simply repeating what others have already said (refer to the Online Discussion Grading Scale posted in the content section of the Avenue site).

The course instructor(s) and teaching assistant(s) will limit their participation so as not to overly influence the direction of the discussion. To further facilitate discussion, students in each course section may be further divided into groups. If groups are formed, information about which group students have been assigned to will be posted on the A2L site.

There is also a general discussion area on the A2L site where students may interact with each other (instructors and teaching assistants will not be monitoring this area routinely so if you have an important question please phone or email directly).

In the class materials section of the portal, a guideline will be provided to advise on how weekly discussion posts are graded.

## ***Assignment #1 – Patient Safety Mini Paper (Due February 10<sup>th</sup>)***

More than 17 years has passed since the release of the Institute of Medicine's (IOM) landmark paper on patient safety in America which reported over 100,000 patients lose their lives in American hospitals. 12 years have passed since the Baker Report in Canada reported 7.5% of hospital patients experience an adverse event. Yet, we continue to struggle to eliminate harm in health care as reported by CIHI in its 2016 release of data on Hospital Harm.

Completed individually, the student will prepare a 5-6 page paper that will select one of the 15 never events identified in the Canadian Patient Safety Institute and Health Quality Ontario 2015 report and provide summarize the following:

- An overview of the patient safety challenge we continue to face (referencing current key reports)
- Background on the selected Never Event and its prevalence in Canada
- Reasons why the event continues to occur; and,
- Recommendations on how the event can be prevented

The paper should have an additional page citing references and sources. The note should conform to the following:

- submitted online (A2L Dropbox) in Microsoft Word format;
- 1 inch margins and 11 point font;
- 1.5 spaced;
- APA Reference Format.

## **Assignment #2 – Disclosure Briefing Note (Due March 10<sup>th</sup>)**

Many academics, patient focused institutes and associations have worked diligently over the past decade to build up a culture of openness and transparency that is grounded in disclosure. The Canadian Patient Safety Institute (CPSI) among many has issued leading practices related to disclosure and the process organizations should follow to inform patients and families of errors and resulting actions / recommendations.

Following completion of assignment 1, students will be issued a fictional case statement involving an adverse event at an organization in which their recently appointed CEO is new to healthcare. Students will then prepare a briefing note to the CEO on why open disclosure is the right thing to do, advise on the process that the organization should follow, and recommend next steps in the case.

Completed individually, the 5-6 page briefing note will include:

- The briefing note's purpose
- Background on patient case
- Background on literature and disclosure practices
- Recommendations to CEO in this case.

The note should have an additional page citing references and sources. The note should conform to the following:

- submitted online (A2L Dropbox) in Microsoft Word format;
- 1 inch margins and 11 point font;
- 1.15 spaced;
- APA References can be listed on page a separate page (eg: page 7) – they do not need to be intext.

## **Assignment #3 – Patient Quality & Value Issues Paper (Due April 14<sup>th</sup>)**

Michael E. Porter, Harvard professor, has recently released a new book speaking to value in health care. In both his book and public addresses, he promotes a 6 step process to improving quality and value. Using a disease state, disorder or treatment of their choice (eg: Hip Surgery; COPD, CHF etc.), students will write a paper outlining the Porter Model and applying it to the disease state, disorder or treatment to demonstrate the model's use. The paper will pull together all facets of the models described above including planning; measurement; engaging patients and technology.

Completed in groups of 3-4 students (self-selected), the 20-25 page paper will include:

- Summary of the Porter Model
- Information on the selected disease state, disorder or treatment
- Description of how the disease state, disorder or treatment is conducted now
- An analysis of how quality and value would be improved using the Porter Model
- Recommendations for implementation and evaluation

The final analysis paper must conform to the following:

- submitted online (A2L Dropbox) in Microsoft Word format;
- 1 inch margins and 12 point font;
- double-spaced;
- only include appendices that are relevant to your analysis (there are no bonus marks for volume); and
- references must be in APA format (see below).

Student groups may wish to look at international or domestic models (as an example, domestic models may include looking at recent Quality Based Procedures in Ontario).

## REFERENCING

All assignments submitted should use formal APA (American Psychological Association) referencing format, 6<sup>th</sup> edition. Links to summary APA style guides can be found on the main HM700 Avenue site. Referencing within online posts may be less formal (students need to provide sufficient information so that the material referenced may be easily found).

## PENALTY FOR LATE SUBMISSION

Deadlines for assignments are set. All work must be submitted to the A2L Dropbox on the due date and time as stated in the Course Outline. Do not submit work by email. Late assignments will be penalized 10% for every 24 hours, or part thereof, they are submitted past their due date and time. If you anticipate being unable to complete an assignment on the due date, please contact the instructor prior to the due date. Requests for extensions will not be considered within 48 hours of the deadline except under extenuating circumstances.

## ACADEMIC DISHONESTY

It is the student's responsibility to understand what constitutes academic dishonesty. Please refer to the University Senate Academic Integrity Policy. This policy describes the responsibilities, procedures, and guidelines for students and faculty should a case of academic dishonesty arise. Academic dishonesty is defined as to knowingly act or fail to act in a way that results, or could result, in unearned academic credit or advantage. Please refer to the policy for a list of examples. The policy also provides faculty with procedures to follow in cases of academic dishonesty as well as general guidelines for penalties. All work that students submit must be their own work (original) and include proper citations when work is copied or paraphrased. A web-based service (Turnitin) to reveal plagiarism will be used. Students will be expected to submit their work electronically to the

A2L Dropbox. Students who do not wish to have their work assessed through Turnitin must advise their instructor in writing in advance of the due date/time. These students must still submit their work to the A2L Dropbox along with all rough drafts as an appendix. No penalty will be assigned to a student who does not wish to have their work assessed through Turnitin. However, all submitted work is subject to normal verification that standards of academic integrity have been upheld (e.g., online search, etc.).

For further information related to the academic integrity policy or the use of Turnitin, please refer to the Office of Academic Integrity at:

<http://www.mcmaster.ca/academicintegrity>

## **COPYRIGHT**

McMaster University has signed a license with the Canadian Copyright Licensing Agency (Access Copyright), which allows professors, students, and staff to make copies allowed under *fair dealing*. Fair dealing with a work does not require the permission of the copyright owner or the payment of royalties as long as the purpose for the material is private study, and that the total amount copied equals **NO MORE THAN 10 per cent** of a work or an entire chapter, which is less than 20 per cent of a work. In other words, it is illegal to: i) copy an entire book, or ii) repeatedly copy smaller sections of a publication that cumulatively cover over 10 per cent of the total work's content. Please refer to the following copyright guide for further information:

<http://www.copyright.mcmaster.ca>

## **STUDENTS WITH DISABILITIES**

Students with disabilities are required to inform Student Accessibility Services (SAS) of accommodation needs for examinations on or before the last date for withdrawal from a course without failure (please refer to official university sessional dates). Students must forward a copy of such accommodation to the instructor immediately upon receipt. If a student with a disability chooses NOT to take advantage of an accommodation and chooses to sit for a regular exam, a petition for relief may not be filed after the examination is complete. The SAS website is:

<http://sas.mcmaster.ca/>

## **POTENTIAL MODIFICATIONS TO THE COURSE**

The instructor and university reserve the right to modify elements of the course during the term. The university may change the dates and deadlines for any or all courses in extreme circumstances.

If either type of modification becomes necessary, reasonable notice and communication with the students will be given with explanation and the opportunity to comment on changes. It is the responsibility of the student to check their McMaster email and course websites frequently during the term.



**HM734 – Quality Management  
Course Schedule (Winter 2019)**

WEEK	DATE	CONTENT
<b>MODULE 1</b>		<b>Health Quality Management – Theory &amp; Frameworks</b>
1	Jan 7 – 13	<p>Topic: <b>Quality Management Theory and Legislation</b></p> <p>Required reading:</p> <ul style="list-style-type: none"> <li>• Weekly Slides</li> <li>• Excellent Care For All Act Slides</li> <li>• Bohmer: Fixing Health Care</li> </ul> <p>Participate in online discussion question # 1 – week 1</p>
2	Jan. 14 – 20	<p>Topic: <b>Patient Safety and High Reliability Organizations</b></p> <p>Required reading:</p> <ul style="list-style-type: none"> <li>• Weekly Slides</li> <li>• Baker: Adverse Event Paper, 2004</li> <li>• Baker: Adverse Events Reflection, 2014</li> <li>• CPSI: HQO Never Event Report</li> <li>• Chassin and Loeb: High Reliability Health Care</li> </ul> <p>Suggested reading:</p> <ul style="list-style-type: none"> <li>• OHA QCIPA Tool Kit</li> </ul> <p>Participate in online discussion question # 2 – week 2</p>
3	Jan 21 – 27	<p>Topic: <b>The Porter Value in Health Care Model</b></p> <p>Required reading:</p> <ul style="list-style-type: none"> <li>• Weekly Slides</li> <li>• Porter: The Strategy That Will Fix Health Care ***</li> <li>• Porter: What is Value in Health Care</li> </ul> <p>Required Video:</p> <ul style="list-style-type: none"> <li>• YouTube Video: <a href="http://youtu.be/KXecsdRQ-YI">http://youtu.be/KXecsdRQ-YI</a></li> </ul> <p>No online discussion question this week BUT Prof will take questions and summarize results as this week's lecture impacts your final paper. Results summarized on January 27<sup>th</sup>. If there is one article that will define your final paper – it is the strategy article. It explains all 6 steps in his model clearly.</p>

MODULE 2		Incident Analysis, Patient Case Reviews, and Disclosure
4	Jan 28 – Feb 3	<p><b>Topic: Patient Case Reviews and Canadian Incident Analysis</b></p> <p>Required reading:</p> <ul style="list-style-type: none"> <li>• Weekly Slides</li> <li>• Gerstein: Interdisciplinary Quality Conferences</li> <li>• Canadian Incident Analysis Framework</li> </ul> <p>Suggested reading:</p> <p>Participate in online discussion question # 3 – week 4</p>
5	Feb 4 – 10	<p><b>Topic: Disclosure</b></p> <p>Required reading:</p> <ul style="list-style-type: none"> <li>• Weekly Slides</li> <li>• Gallagher: Disclosing Harmful Medical Errors to Patients</li> <li>• CPSI Disclosure Framework</li> </ul> <p>Suggested reading:</p> <ul style="list-style-type: none"> <li>• Apology Act</li> </ul> <p><i>No online discussion question this week but content important to Assignment 2.</i></p> <p><b>ASSIGNMENT 1 – DUE SUNDAY FEBRUARY 10<sup>th</sup> at 11:59 p.m.</b></p>
Module 3		Planning, Measurement and Improvement Tools
6	Feb 11 – 17	<p><b>Topic: Planning Quality</b></p> <p>Required reading:</p> <ul style="list-style-type: none"> <li>• Weekly Slides</li> <li>• Langley: Micropolitics of Improvement</li> <li>• Mankins: Stop Making Plans</li> </ul> <p>Suggested reading:</p> <ul style="list-style-type: none"> <li>• Breene: Chief Strategy Officer</li> </ul> <p>Participate in online discussion question # 4 – week 6</p>

<b>WEEK 7</b> <b>FEB 18 – 24</b>		<b>READING WEEK – NO CLASS</b>
8	Feb 25 – March 3	<p>Topic: <b>Measurement and Evaluation</b></p> <p>Required reading:</p> <ul style="list-style-type: none"> <li>• Weekly Slides</li> <li>• Cassel: NEJM Article – Getting More Performance from Performance Measurement</li> </ul> <p>Suggested reading:</p> <ul style="list-style-type: none"> <li>• Liberman: Challenges of Performance Measurement</li> </ul> <p>Participate in online discussion question # 5 – Week 8</p>
9	Mar 4 – 10	<p>Topic: <b>Quality Improvement Tools</b></p> <p>Required reading:</p> <ul style="list-style-type: none"> <li>• Weekly Slides</li> <li>• BMJ Editorial: Lean Challenges</li> <li>• Manos: Lean in Healthcare</li> </ul> <p>No online discussion question this week.</p> <p><b>ASSIGNMENT 2 – DUE SUNDAY MARCH 10<sup>th</sup> at 11:59 p.m.</b></p>
<b>MODULE 4</b>		<b>Engagement: Board, Physicians and Patients</b>
10	Mar 11 – 17	<p>Topic: <b>Governing Quality &amp; Patient Safety - The Role of the Board</b></p> <p>Required reading:</p> <ul style="list-style-type: none"> <li>• Weekly Slides</li> <li>• Baker: Designing Effective Governance for Quality &amp; Safety</li> <li>• Bismark: Australian Governance Study</li> </ul> <p>Suggested reading:</p> <ul style="list-style-type: none"> <li>• Heenan: From Boardroom to Bedside</li> <li>• Jiang: Board Oversight of Quality</li> </ul> <p>Participate in online discussion question # 6 – week 10.</p>

11	Mar 18 – 24	<p>Topic: <b>Engaging Physicians and Staff</b></p> <p>Required reading:</p> <ul style="list-style-type: none"> <li>• Weekly Slides</li> <li>• Lee: Turning Doctors into Leaders</li> <li>• Heenan: Perhaps I am the Lucky One</li> </ul> <p>No online discussion question this week (or readings)</p>
12	Mar 25 – 31	<p>Topic: <b>Patient Experience &amp; Customer Service</b></p> <p>Required reading:</p> <ul style="list-style-type: none"> <li>• Weekly Slides</li> <li>• K. Torpie, Beryl Institute: Customer Service vs. Patient Care</li> <li>• US News Article: Why Nice Doctors are Better Doctors</li> <li>• Kelley: Influence of Patient-Clinician Relationship on Healthcare Outcomes</li> </ul> <p>Participate in online discussion question # 7 – week 12.</p>
13	Apr 1 – 7	<p>No online discussion question this week (or readings)</p> <p><b>FINAL PAPER Due: Sunday, April 14 at 11:59 p.m.: (Assignment #3)</b></p>