NHA | NEBRASKA HOSPITALS

Nebraska Quality Residency Program Agenda's

Module A - Orientation & How Quality Fits in the Bigger Picture
March 2, 2023
NHA Boardroom

Objectives:

- Define quality and performance Improvement
- Apply the definitions of quality assurance and quality improvement in context of their own hospital-based work environment
- Incorporate Donabedian's quality framework to a quality improvement initiative currently in process at their workplace
- Inform fellow learners about the quality structure at your hospital
- Discuss how hospitals quality activities align with mission and strategic goals
- Evaluate and discuss potential integration of external best practices

Prework / Homework: Bring to class:

- Quality Plan
- Strategic Plan/ Initiatives

8:30-9:00	Welcome and Program Overview / Download Center / Communication Plan	NHA Quality Team
9:00 – 10:30	Fundamental Principles of Quality • What is quality? Defining Quality in Your Organization Improvement Processes • Quality Assurance (QA) • Quality Improvement (QI) • Performance Improvement (PI)	Sarah Thornburg
10:30-10:45	Break	
10:45-11:15	Responsibility for Quality • Who are the Stakeholders and Their Role?	Sarah Thornburg
11:15-12:00	Return on Investment for Quality	Melissa Lederer, Nebraska Medicine Heart & Vascular Quality/Accreditation Manager
12:00-12:30	Lunch	Provided
12:30-1:00	The Quality Plan • Why do we need a Quality Plan?	Jayne Van Asperen

	• Review sections of a plan • Frequency for Review of Quality Plan	
1:00-1:30	Where to Begin: Establishing Priorities for Quality and Performance Improvement. • Regulatory compliance – the QA of the quality continuum • Strategic Plan/ Vision/ Mission – what are your initiatives? • Common areas to evaluate related to quality Goal Setting and Action Planning • Alignment with strategic plan and initiatives • Meaningful goals and metrics • Action plans that create desired movement: What, where, when, how, and by whom	Jayne Van Asperen
1:30-2:15	Methodology for Improvement • LEAN, PDSA, PACE, SIX SIGMA etc.… • Small tests of change • Team involvement • Leadership support and involvement Measurement/ Metrics • Measure the important things • Donabedian model • How to obtain measures • Benchmarks • Timeliness • "measure-vention" Evaluating and Reporting Improvement Efforts • What are your organizations reporting platforms? Monthly meeting, employee forums, department postings, public postings, Medical staff meeting etc.… • Decide what information goes to whom to make the most impact Quality Communication • Committees and councils • Quality sub- committee with board member • Transparency • Celebrate Successes	Jayne Van Asperen
2:15-2:30	Break	
2:30-3:30	Activity – Alignment Worksheet • Evaluate own organization's strategic initiatives with quality goals/actions. Do they align? Activity – Evaluation of Quality Plan • Does your organization's quality plan provide an outline for the formal process of quality improvement in your organization? If not, what areas need improvement?	Jayne Van Asperen
3:30-4:00	Capstone Project Expectations	All
4:00-5:00	Networking Event Brewsky's Food & Spirits North, 2662 Cornhusker Hwy Lincoln, NE 68521	All

Module B - Surveys and Accreditation
March 3, 2023
NHA Boardroom

Objectives:
- Outline standard processes to implement to assist the organization in maintaining awareness of statutory and regulatory requirements (e.g., CMS, HIPAA, OSHA, PPACA)
- Identify appropriate accreditation, certification, and recognition options (e.g., DNV GL, ISO, NCQA, TJC, Baldrige, Magnet)
- Describe best practices to lead or assist with survey or accreditation readiness
- Lay out plan how to facilitate communication with accrediting and regulatory bodies

Prework / Homework: Bring to class
- Results of last survey
- Paper copy of SOM Appendix W or A (COP's) or Electronic Device to pull up the SOM Appendix W or A (COP's)

9:00-9:30	Q&A – Day One Questions	All
9:30 – 10:30	Overview of Accreditation/ Survey	Jayne Van Asperen
10:30 – 11:15	Review of Regulations • COP's Appendix A – hospitals, Appendix W – CAH's • Chapter 9 Title 175 – Nebraska Law governing hospitals • Life Safety Codes • Other…. Corporate Compliance, HIPAA, EMTALA… • Survey Protocol – Key items in COP's	Jayne Van Asperen
11:15-11:30	Break	
11:30-12:15	Conditions of Participation (COP) Review • Review of the regulation's organization will be evaluated against to establish their level of performance in relation to regulatory requirements	Jayne Van Asperen
12:15-12:45	Lunch	
12:45 -1:15	Survey Readiness • Continuous Survey Readiness (CSR) • The day the surveyors arrive. What to do?	Nikki Clement
1:15-1:45	Key Items and Tips • Who to involve at your facility	Nikki Clement
1:45 – 2:15	Small Group Work • Develop checklist for initial setup of survey	Nikki Clement
2:15-2:30	Break	
2:30-3:00	Immediate Jeopardy (IJ) • Definition • What to do if an IJ is identified Plans of Correction • How to write a corrective action plan	Nikki Clement
3:00-3:30	Vital Areas of Quality Focus • High risk areas • Annual policy review • Top CAH deficiencies in Nebraska	Nikki Clement
3:30-3:45	Wrap-Up Feedback	Nikki Clement

Module C - External Data Reporting
May 4, 2023
Faith Regional Health Services
Norfolk Nebraska

Objectives:

- Describe standard processes to implement to assist the organization in maintaining awareness of statutory and regulatory requirements (ex: MBQIP, HCAHPS, QIO, HQIC, Registries)
- Summarize the purpose and goals of the HQIC project
- Identify gaps in your fall risk reduction program as compared to evidence-based best practices
- Explain inpatient fall events at the system level
- Define QIO-QIN and Beneficiary and Family Centered (BFCC) – QIO

Pre-work:

- Bring your hospital's total, unassisted and injurious fall rates for the previous calendar year

8:30-8:45	Welcome – Updates, Program Overview	NHA Quality Team

8:45-9:15	FLEX
	   • National Resources
	Networks
	   • Additional CAH network requirements
		Nancy Jo Hansen
		Margaret Brockman

9:15-11:15	Stratis: Medicare Beneficiary Quality Improvement Program (MBQIP)
	   • HCAHPS
	   • CART
	   • QualityNet
	   • NHSN
	Overall Data Collection
		Sarah Brinkman
		Robyn Carlson
		(Zoom)

11:15-11:30	Break	
11:30-12:15	•	

	Hospital Quality Improvement Contract (HQIC)
	   • Program overview and goals
	   • Measure review and data collection
	   • Learning collaboratives
		Dana Steiner

12:15-12:45	Lunch	

12:45-2:45	Operational System Improvements
	   • Purpose, people, process
	   • Link to principles of excellence
	   • PDSA/DMAIC/A3
		Terry Stafford
		(ZOOM)

2:45-3:15	Leapfrog	Amber Lubben
3:15 – 3:30	Break	

3:30-4:00	Star-Rating Overview
	Additional Reporting
	   • Licensure laws, regulations, statutes
	   • Nebraska Perinatal Quality Improvement Collaborative (NPQIC)
	   • Safe Sleep Campaign
	   • Breastfeeding
		Amber Lubben

4:00-4:30	Wrap-Up Feedback	NHA Quality Team
4:30-5:30	Networking Event	All

Module D - Quality Improvement
May 5, 2023
Faith Regional Health Services
Norfolk Nebraska

Objectives:

- Recognize how purpose, people and processes interact as a system to support performance excellence
- List the five steps of the DMAIC process improvement methodology
- Describe the role of scientific method routines to improve performance
- Create SMART goals and aims to drive high priority quality initiatives
- Distinguish target conditions from challenges
- Compose a high performing quality improvement team
- Discuss strategies to lead effective teams
- Prepare your approach for leading change in your organization
- Explain processes to manage a quality improvement project

8:30-9:00	Hospital Tour - Optional	Hospital Rep
9:00-9:15	Welcome – Questions from Day 1	NHA Quality Team
9:15-9:45	UNMC CAPTURE Falls • Rethinking your approach to reporting and addressing falls • Learning at the System Level Through Fall Event Reviews	Vikki Kennel
9:45-10:00	Break	
10:00-12:00	High-Performing Quality Improvement Teams • Building your QI team • Leading Effective Teams	Vicki Kennel
12:00 – 12:30	Leading Change Management • Change Management Strategies	Vicki Kennel
12:30 -1:00	Lunch	
1:00-1:30	Goal Setting Brainstorming / Discussion of QI project ideas	Dana Steiner
1:30 – 2:00	Review pieces of a Successful QI project / Capstone Project	Dana Steiner
2:00 -3:30	Project Management at Work: • Create a Capstone Plan • Understand the Problem • Ideas for AIM Statement • Initiatives and Outcomes	Dana Steiner & Amber Kavan
3:30-3:45	Wrap-Up Feedback	NHA Quality Team

Module E – Healthcare: Data In Practice
July 13, 2023
Mary Lanning Health Care
Hastings, Nebraska
Laptop Required for this Module

Objectives:
- Identify measures for quality improvement (structure, process and outcomes)
- Identify data sources for comparison (ex. Benchmarking)
- Summarize the best practices for collection and validating data
- Use Microsoft Excel to manage, analyze, and display data
- Use tools to display data or evaluate a process (Pareto chart, run chart)

Pre-work:
- Complete "Mastering Microsoft Excel Basics"
- Download and complete "Take a Tour" and "Formula Tutorial" located at
  https://tinyurl.com/excel-resources.
  - Contact Bill Redinger at bill.redinger@giregional.org with questions prior to the session
- Collect and submit examples of Scorecards, Dashboards, and Board Reports from your facility to
  askinner@nebraskahospitals.org two weeks prior to class date.

8:30-8:45	Welcome – Updates, Program Overview	NHA Quality Team
8:45 – 9:45	Why is Data Collection, Analysis and Reporting so Important?	Anne Skinner Bill Redinger Marty Fattig
9:45 –10:00	Break	
10:00-10:45	Structure, Process and Outcomes Quality Measures	Anne Skinner Bill Redinger Marty Fattig
10:45:11:45	Learning from and Solving Problems with Data	Anne Skinner Bill Redinger Marty Fattig
11:45-12:45	Lunch	
12:45 -2:15	Data Collection	Anne Skinner Bill Redinger Marty Fattig
2:15 – 3:00	Data Organization and Analysis (Microsoft Excel)	Anne Skinner Bill Redinger Marty Fattig
3:00 -3:15	Break	
3:15 -4:30	Data Visualization	Anne Skinner Bill Redinger Marty Fattig
4:30-5:00	Wrap-Up Feedback	NHA HQIC Team
5:00-6:00	Networking Event	All

Module F – Healthcare: Data In Practice
July 14, 2022
Mary Lanning Health Care
Hastings, Nebraska
Laptop Required for this Module

Objectives:
- Interpret data to support decision making
- Use data visualization tools and techniques to facilitate communication
- Identity important components of scorecards, dashboards and board reports

8:30-9:00	Hospital Tour -- Optional	Hospital Rep
9:00-9:15	Welcome and Questions from Day 1	NHA Quality Team
9:15-10:15	Review and Evaluate Scorecards, Dashboards and Board Reports	Anne Skinner Bill Redinger Marty Fattig
10:15-10:30	Break	
10:30-12:00	Scorecards, Dashboards and Board Reports - Case Study	Anne Skinner Bill Redinger Marty Fattig
12:00-12:30	Lunch	
12:30-2:00	Putting It All Together – Group Work	Anne Skinner Bill Redinger Marty Fattig
2:00-2:15	Break	
2:15-3:15	Putting It All Together - Presentations	Anne Skinner Bill Redinger Marty Fattig
3:15- -3:30	Wrap-Up Feedback	

Module G - Patient Family Engagement & Emergency Management
September 7, 2023
Great Plains Health
North Platte, Nebraska

Objectives:

- State key principles of the principle of excellence: creating value for the customer
- Identify strategies for engaging patient and care partners into all levels of a system
- Identify implementation strategies for integration of the 4 M's Age-Friendly Health System
- Explain the HCAHPS survey and how the survey is administered
- Describe how the Patient Satisfaction survey is scored
- Differentiate HCAHPS mean score verses the top box score in organizational reporting
- Demonstrate how to use your HCAHPS scores for organizational improvement
- Describe core elements of emergency management plan
- Describe risks and assessment of water management

Pre-work:
- Bring latest HCAHPS report
- Familiarize self with facility emergency and water management plans

8:30-8:45	Welcome – Updates, Program Overview	NHA HQIC Team
8:45-10:15	Emergency Management	Maxcey Smith
10:15-10:30	Break	
10:30-12:15	Water Management	Maxcey Smith
12:15-12:45	Lunch	
12:45-1:115	Age-Friendly Program	Matt Lentz

1:15-2:15	Creating Value for the Customer
	  • Value Definition
	  • Identifying Value Drivers
	Voice of the Customer
	  • Patient & Family Engagement (PFE) definition
	  • Tools and Strategies to successfully engage patients and families
	From Concept to reality
		Anne Timmerman
		Amber Kavan

2:15-2:45	TMF Health Quality Institute QIN-QIO work Program overview and goals	Ardis Reed (Zoom)
2:45-3:00	Break	

3:00-3:45	HCAHPS & Patient Satisfaction
	  • The world of HCAHPS
	  • Working with patient satisfaction reports
	  • Feedback and service recovery
	Care Compare Website
		Anne Timmerman

3:45-4:30	High-Performing Quality Leaders: Partnership with Nursing	Chandra Anderson
4:30-4:45	Wrap-Up Feedback	NHA Rep
5:00-6:00	Networking Event	All

Module H & I - Patient Safety & Risk Management
September 8, 2023
Great Plains Health
North Platte, Nebraska

Objectives: Patient Safety

- Describe the impact of "To Err is Human" on the modern patient safety movement, including federal and state regulations and the PSO program
- Describe the role of organizational culture and safety culture in quality and patient safety improvement
- Describe the role of leadership in building a culture of safety
- Define safety culture in terms of levels, categories, and key components
- Explain how and why to conduct a safety culture assessment
- Identify four types of interventions that support safety culture
- Discuss how knowledge of human factors leads us to use systems thinking and high reliability principles
- Describe the hierarchy of the strength of interventions
- Discuss pre-work assignment and provide contextual support for patient safety for residency participants
- Identify strategies and resources to improve patient safety and quality in healthcare organizations

Objectives: Risk Management

- Discuss event reporting processes and structures
- Discuss reporting culture
- Define patient safety work product and structures that provide protection
- Define complaints verses grievances and understand the regulatory requirements for the grievance process
- Define claim types and discuss strategies to handle claims
- Discuss how to conduct annual risk assessment and identify risk assessment tools
- Discuss record retention recommendations

Pre-work

- Review your hospital's mission, vision and strategic plan. Bring them with you. Where does patient safety fit in?
- What patient safety metrics do you track and what is reported to the board?
- Find out if your organization has conducted a Hospital Survey on Patient Safety Culture. Bring the results with you.
- Bring a blank event reporting form.
- Visit the following websites: Patient Safety Organizations Program | Agency for Healthcare Research and Quality (ahrq.gov) and Nebraska Coalition for Patient Safety : Home (nepatientsafety.org)

8:30-9:00	Hospital Tour – Optional	Hospital Rep
9:00-9:15	Program Overview	NHA Quality Team
9:15-10:00	Describe the Patient Safety Movement • Federal and state regulations • PSO program Discuss and Define Organizational and Safety Culture • Leadership's role • Key components of safety culture	Emily Barr
10:00-10:30	How and Why to Conduct a Safety Culture Assessment • Four types of interventions that support safety culture	Emily Barr Carla Snyder
10:30-10:45	Break	
10:45-11:30	Human factors Systems-Thinking High-Reliability Hierarchy of the Strength of Interventions	Emily Barr Carla Snyder
11:30-12:00	Review Pre-work Assignments • Identify strategies and resources to improve patient safety and quality in healthcare organizations	Emily Barr Carla Snyder
12:00-12:30	Lunch	
12:30-2:00	Confidentiality Reporting Culture & Event Reporting	Sarah Paulson
2:00 – 2:15	Break	
2:15 -3:00	Managing Complaints & Handling Claims Annual Risk Assessment Maintenance of Records	Sarah Paulson
3:00-3:15	Wrap-Up Feedback	HQIC Team

Module J - Medical Staff Functions
November 2, 2023
NHA Boardroom

Objectives:
- Distinguish how your position participates in the process for evaluating compliance with internal and external requirements
- Recognize organizational commitment to quality
- Discuss stakeholders to promote quality and safety
- Manage consultative support to the governing body and clinical staff regarding their roles and responsibilities (e.g., credentialing, privileging, quality oversight, risk management)
- Development of the quality structure (e.g., councils and committees)
- Evaluate developing data management systems (e.g., data bases, registries)

Prework:
- Bring peer review policies/bylaws

Time	Topic	Presenter
8:30-8:45	Welcome, Updates and Program Overview	NHA Quality Team
8:45-9:00	Credentialing & Privileges	Sara Watson
9:00-10:00	Peer Review • Quality Committee • Utilization Review • MD Scorecards • Practitioner Quality Committee • Internal vs External Peer Review	Sara Watson
10:00-11:00	Peer Review continued Chart Review Criteria for Sending Out Charts	Sara Watson
11:00-11:15	Break	
11:15-12:00	Health Information Exchange (HIE) Prescription Drug Monitoring Program Promoting Interoperability	Tamara Stepanek
12:00-12:30	Lunch	
12:30-1:10	Data in Practice Assessment/Outcomes • Monitoring through committees/utilizing data • Internal peer review • Credentialing • ABS • Tissue Review • Medical Record Review • Cancer Registries • Physician scorecards	Shari Michl & Becca Hedstrom
1:10 - 1:35	Tips for Working with your Provider Data Presentation • Quality Meeting	Shari Michl & Becca Hedstrom
1:35-1:50	Break	
1:50-2:50	Utilization Review: Working with Providers • Two-Midnight Rule • Observation vs Inpatient • Code 44	Shari Michl & Becca Hedstrom
2:50-3:15	How to Stay Positive as a Quality Leader and Why It is Important	Shari Michl
3:15-3:45	Barriers to Success – Navigating the Evolving Healthcare Landscape and While Keeping Quality a Priority	Erin Starr
3:45 - 4:00	Wrap-Up Feedback	NHA Quality Team
4:00-5:00	Networking Event	All

Module K & L- Infection Prevention & More Quality
November 3, 2023
NHA Lincoln

Objectives: Infection Prevention

- Describe quality improvement opportunities and how to prioritize competing infection prevention priorities
- Formulate action plans or projects for infection prevention
- Identify process champions
- Recommend teams, roles, responsibilities, and scope of practice
- Operate a range of quality tools and techniques (e.g., fishbone diagram, FMEA, process map)
- Demonstrate monitoring of project timelines and deliverables
- Evaluate team effectiveness (e.g., dynamics, outcomes)
- Evaluate the success of performance improvement projects
- Implement key techniques to adopt workplace joy

Objectives: More Quality

- Translate population health promotion and continuum of care activities (e.g., transitions of care, episode of care, outcomes, healthcare utilization)
- Defend resource needs to leadership to improve quality (e.g., equipment, technology)
- Distinguish quality initiatives impacting reimbursement (e.g., pay for performance, value-based contracts)

8:30-9:00	Infection Prevention Regulations & Background • AHRQ toolkit Engagement at all levels	Jessica Trutna
9:00-9:20	Measurement & Important Outcomes A Day In the Life of Infection Prevention Resources Available • APIC, ICAP, SHEA, NHSN	Jessica Trutna
9:20-10:10	Infection Control Assessment and Promotion Program (ICAP) DHHS Infection Prevention Antimicrobial Stewardship Assessment and Promotion Program (ASAP)	Lacey Pavlosky and Rebecca Martinez
10:10-10:35	Merit-Based Incentive Payment System (MIPS) & Medicare and CHIP Rea (MACRA) -- eCQM	Autumn Waldman
10:35-11:00	Patient-Centered Medical Home (PCMH)	Denise Sabatka
11:00-11:50	Accountable Care Organizations (ACO)	Bryan Health Connect
11:50-12:20	Lunch	
12:20-3:00	Capstone Presentations Each resident will present on a quality project/initiative that was developed, implemented and evaluated using the IHI Model for Improvement	All
3:00-3:15	• Break	
3:15-4:30	Capstone Presentations Continued Each resident will present on a quality project/initiative that was developed, implemented and evaluated using the IHI Model for Improvement	All
4:30-5:00	• Graduation	All