

**An Orientation Guide**  
**for the new Quality Improvement Professional**

**Developed by the Nebraska Rural Quality Improvement Steering Committee**  
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## **Acknowledgements:**

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## INDEX

Getting Started in Your New QI Position	Page 4
Nebraska Association for Healthcare Quality, Risk & Safety	Page 5
Sample Position Descriptions	Page 8
Resource Materials	Page 12
Nebraska Statutes Re: Quality	Page 13
National Quality Initiatives	Page 18
Nebraska Quality Initiatives	Page 23
Contacts	Page 25
Reference Materials	Page 29
To Keep You Connected	Page 30
Members of the Rural QI Steering Committee	Page 31

**Getting Started in Your New QI Position:** This document was prepared to help you get started in your position as a Quality Improvement professional. It is meant to serve as an educational (not legal) resource to identify people and resources that are available to help you be successful.

The quest for quality is nothing new to the healthcare industry. The nation's first hospital, the Pennsylvania Hospital, was established in the mid 1700s by Dr. Thomas Bond, who with the help of Benjamin Franklin, persuaded the Pennsylvania legislature to undertake the organization and development of a hospital for the community. Over the next 150 years, the Pennsylvania Hospital became a model for the development of hospitals in other communities. It even attempted to standardize its care processes by publishing rules and regulations for its physicians and staff. These regulations represent early attempts at quality and health care improvement.

The American Medical Association was established in 1840 to represent the interests of physicians across the United States. In 1876, the Association of American Medical Colleges was established. Its purpose was to standardize the curriculum of US medical schools and to develop the public's appreciation of the need for medical licensure. In the early 1900s, nurses began to organize state nursing associations to advocate for the registration of nurses. Their goal was to increase the level of competence among nurses nationwide. The hospital standardization and accreditation movement also began in the early 1900s. In 1912, Dr. Edward Martin, at the Third Clinical Congress of Surgeons of North America, made proposals that eventually led to the formation of the American College of Surgeons. The American College of Surgeons developed a minimum set of standards that US hospitals would have to meet if they wanted approval from the American College of Surgeons. In December of 1917, they formally established the Hospital Standardization Program and published a formal set of hospital standards, which they called *The Minimum Standard*. Over the next thirty years, the American College of Surgeons continued to examine and approve hospitals. Due to the growing number of hospitals being surveyed each year, the American College of Physicians, the American Medical Association, the American Hospital Association and the Canadian Medical Association joined the American College of Surgeons and formed the accrediting agency we now call the Joint Commission on Accreditation of Healthcare Organizations. The standards developed by the JCAHO covered every aspect of hospital care. Their intent was to ensure that the care provided to patients in accredited hospitals would be of the highest quality.

As an individual working in healthcare today, you will hear many terms reflecting the development of the quality improvement philosophy: quality assurance, quality improvement, quality management and performance improvement. They are all focused on one thing – providing quality health care, and doing so by the most efficient and effective means possible. The achievement of quality is an evolving quest, and one that is always seeking a better way. There are many ongoing national and Nebraska quality initiatives, which are discussed later in this guide.



## *Nebraska Association for Healthcare Quality, Risk, and Safety*

January, 2010

Dear Healthcare Quality Professional:

As a healthcare quality professional, you are on the front lines as the healthcare industry responds to the increasing demand for improved healthcare quality. Demands for quality and improved outcomes make this an exciting time to be a healthcare quality professional.

We at the Nebraska Association for Healthcare Quality, Risk & Safety (NAHQRS) share your commitment and passion for quality! Since 1988 the NAHQRS has been supporting area healthcare quality and risk management professionals with education, mentoring, networking opportunities, and much more.

I would like to extend an invitation to you to join us. Please take a moment and learn more about us by reviewing the enclosed flier and application. We look forward to meeting you. Thank you.

Sincerely,

Julie Rezac, RN, BSN, M.Ed.

President

Nebraska Association for Healthcare Quality, Risk & Safety



Nebraska Association for Healthcare  
Quality, Risk and Safety

The Nebraska Association for Healthcare Quality, Risk and Safety (NAHQRS) is a nonprofit corporation in the State of Nebraska. Its mission is to develop and empower healthcare quality, risk, and safety professionals to advocate for and improve patient care in Nebraska. The purpose of this organization is to engage in activities which enhance and enrich healthcare quality, risk, and safety and the professionals that influence these areas of the healthcare industry, including but not limited to the following:

- Conducting educational programs and activities to strengthen and develop healthcare risk management, quality improvement and patient safety as well as to promote professional development and ethics;
- Providing a forum for the interchange of ideas involving healthcare risk management, quality improvement and patient safety;
- Developing professional relationships among members to facilitate free exchange of information and solution of mutual healthcare risk management, quality improvement and patient safety topics;
- Providing a forum for healthcare risk management, quality improvement and patient safety issues and explaining the impact of these issues to other appropriate parties; and
- Supporting research and publication by the membership.

NAHQRS is the Nebraska affiliate chapter of the American Society for Healthcare Risk Management (ASHRM) and the National Association for Healthcare Quality (NAHQ). NAHQRS promotes and supports professional certification in risk management (Certified Professional in Healthcare Risk Management) and quality (Certified Professional in Healthcare Quality). As your state organization, NAHQRS provides a chance for local networking, presents local educational programs, offers membership rosters, and distributes newsletters. For more information contact Julie Rezac, NAHQRS President at 402-443-1423 or [jrezac@saundersmedicalcenter.com](mailto:jrezac@saundersmedicalcenter.com) or Cathy Broz, Membership Secretary at 308-423-2204 or [dchqi@bwtelcom.net](mailto:dchqi@bwtelcom.net).

Nebraska Association for Healthcare Quality, Risk, and Safety  
**(NAHQRS)**

**MEMBERSHIP APPLICATION**

Select Type of Membership: Please complete this form and send your 2010 dues to:

Cathy Broz, RN  
NAHQRS Membership Secretary  
Dundy County  
P.O. Box 626  
Benkelman, NE 69021

( ) Individual - \$50 dues before 2-05-10 \$55 dues after 2-05-10

( ) Facility \$125 dues before 2-5-10/\$135 dues after 2-5-10. For Facility Memberships, please complete a membership application for each of your two voting members. (May bring additional employees to meetings.)

Checks need to be made out to: NAHQRS. An updated membership directory will be published in Spring of 2010.

**Welcome to NAHQRS!**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone (Optional): \_\_\_\_\_

Fax: \_\_\_\_\_

Member of NAHQ: Yes ( ) No ( )

Member of ASHRM: Yes ( ) No ( )

CPHQ Certified: Yes ( ) No ( )

CPHRM Certified: Yes ( ) No ( )

Other Professional Organizations / National Certifications:

\_\_\_\_\_

**A successful organization depends on its member to provide their time and talents toward the goals of the organization. Please check all of the following which are of interest to you:**

Host a Meeting	Serve as an officer
Present/facilitate at a meeting or workshop	Write an article for the Newsletter
Serve on a Committee (If yes, select committee below.)	Serve as a Mentor

(Please select any committee below you are willing to serve on as a member.)

\_\_\_\_\_ Nominating Team \_\_\_\_\_ Membership Team \_\_\_\_\_ Bylaws Team

\_\_\_\_\_ Education Team \_\_\_\_\_ Legislative Team \_\_\_\_\_ Communication Team

**A Sample Position Description:** Your position description should outline your responsibilities as they relate to the facility's quality improvement (QI) activities. See the National Association for Healthcare Quality (NAHQ) web site [www.nahq.org](http://www.nahq.org) for the NAHQ Code of Ethics and Standards of Practice for Healthcare Quality Professionals. Your QI responsibilities may be your complete job description, or the QI responsibilities may be just one aspect of your job.

*Sample Position Descriptions:*

Title: Director/Manager of Quality Improvement, or  
Quality Improvement Coordinator, or  
Quality Improvement Specialist

Reports to: CEO, or  
Chief Nursing Officer or  
\_\_\_\_\_

General: Identifies, collects and maintains timely and accurate information about the facility's quality improvement activities. Provides education regarding quality improvement techniques to facility staff. Disseminates information according to facility policy, state and federal regulations.

Responsibilities:

Administers the facility's quality improvement plan;  
Collects, verifies and maintains QI data collected;  
Assures the confidentiality of the QI information collected;  
Facilitates QI meetings, prepares agendas and materials for meetings;  
Communicates findings of QI activities to the CEO, Board and other facility personnel as appropriate;  
Educates hospital staff on QI methodology and activities.

Qualifications: Health care background preferred; related experience in quality improvement activities; certification as a Certified Professional in Healthcare Quality (CPHQ) preferred with continuing education requirements up to date.





**JOB TITLE:** Director of Quality Programs  
**DEPARTMENT:** Quality Assurance  
**REPORTS TO:** Chief Executive Office  
**PREPARED BY:**  
**PREPARED DATE:**  
**APPROVED BY:**  
**APPROVED DATE:**

**SUMMARY:** Plans, organizes, directs, and evaluates resource and quality management services related to Quality Assurance Programs including Process Improvement, Risk Management and Infection Control by performing the following duties.

**ESSENTIAL DUTIES AND RESPONSIBILITIES:** Listed below; other duties may be assigned.

1. Actively demonstrate support for the Customer Service Standards of Practice by using CPR (Communication, Professionalism, and Rights & Compliance) in your daily interaction with patients and residents, supervisors, subordinates, co-workers, and the general public.
2. Serves as the Privacy Officer for the system and assumes the responsibility for developing, maintaining and carrying out pertinent policies and procedures.
3. Serves as a HIPAA resource and contact person for MHCS.
4. Responsible for ensuring continued compliance with Critical Access Hospital conditions for participation.
5. Acts as resource for department heads in area of process improvement as it relates to departmental quality improvement efforts. Provides education for MHCS staff in proper method of process improvement.
6. Works closely and collaboratively with the Director of Patient Care and the Director of Health Information Management Systems in quality assurance and risk management issues.
7. Leads customer service program by evaluating, trending, and communicating customer service information gathered through various tools and approaches.
8. Manages and implements employee annual mandatory education to assure compliance with federal and state requirements.
9. Manages, evaluates, trends, and communicates data on occurrence reports, adverse drug events, and workers' compensation claims.
10. Works with Health Information Management Systems in reviewing, trending, and communicating various outcomes data (COMS, Project in a Box, etc.).
11. Uses resources offered through various networks and alliances. Works with the Critical Access Network Hospital to assure compliance with Critical Access QA regulations.

12. Acts as resource for the infection control coordinator for meeting Critical Access and Nursing Home infection control requirements are met.
13. Works closely with MHCS Administration to monitor and process various risk management reviews and investigations. Investigates all concerns, trends, or risk factors that present risks to patients and residents or MHCS.
14. Maintain professional relationships with MHCS liability insurance carrier and legal council when investigating and processing any risk claims. Acts as contact person for insurance carrier in regards to claims. Identifies quality improvement opportunities through risk services.
15. Occasionally conducts chart reviews for various functions related to risk management, billing/charge audits, and other quality programs tasks.
16. Assists finance department with billing audits. Reviews samples of bills through a monthly billing audit, comparing charges on bills to documentation of charts.
17. Working with the Director of Patient Care, conduct daily charge sheet review, noting opportunities for process improvement.
18. Assure annual and new employee health screens are performed. Maintain employee health records for hospital and medical center staff.
19. Responsible for facilitating annual TB skin testing for all MHCS employees.
20. Working with human resources and infection control, coordinate employee health efforts as needed.
21. Serve on MHCS safety committee and maintain statistics on work-related injuries and illnesses.
22. Facilitate the medical staff peer review committee activities related to process improvement.

**SUPERVISORY RESPONSIBILITIES:** Directly supervises one employee in the Quality Programs Department. Carries out supervisory responsibilities in accordance with the organization's policies and applicable laws. Responsibilities include interviewing, hiring, and training employees; planning, assigning, and directing work; appraising performance; rewarding and disciplining employees; addressing complaints and resolving problems.

**QUALIFICATIONS:** To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

1. Education and/or Experience: Graduate or accredited school of professional nursing. Bachelor of Science degree in nursing is preferred. Four years related experience and/or training.
2. Language Skills: Ability to read, analyze, and interpret common scientific and technical journals, financial reports, and legal documents. Ability to respond to common inquiries or complaints from customers, regulatory agencies, or members of the business community. Ability to write speeches and articles for publication that conform to prescribed style and format. Ability to effectively present information to top management, public groups, and/or boards of directors.

3. **Mathematical Skills:** Ability to apply advanced mathematical concepts such as exponents, logarithms, quadratic equations, and permutations. Ability to apply mathematical operations to such tasks as frequency distribution, determination of test reliability and validity, analysis of variance, correlation techniques, sampling theory, and factor analysis.
4. **Reasoning Ability:** Ability to define problems, collect data, establish facts, and draw valid conclusions. Ability to interpret an extensive variety of technical instructions in mathematical or diagram form and deal with several abstract and concrete variables.

**CERTIFICATES, LICENSES, REGISTRATIONS:** Current Nebraska Nursing License.

**PHYSICAL DEMANDS:** The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this Job, the employee is regularly required to use hands to finger, handle, or feel; reach with hands and arms and talk or hear. The employee is frequently required to stand; walk and sit. The employee is occasionally required to climb or balance. The employee must regularly lift and /or move up to 10 pounds, frequently lift and/or move up to 25 pounds and occasionally lift and/or move up to 50 pounds. Specific vision abilities required by this job include close vision, distance vision, color vision, peripheral vision, depth perception and ability to adjust focus.

**WORK ENVIRONMENT:** The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this Job, the employee is occasionally exposed to moving mechanical parts; fumes or airborne particles and toxic or caustic chemicals. The noise level in the work environment is usually moderate.

**ACCESS TO PROTECTED HEALTH INFORMATION:** In accordance with MHCS' HIPAA Compliance Policies and Procedures, my role classification and access to PHI has been explained to me and I have signed the Acceptance of Basic Workforce Responsibilities form.

Office Role Classification:           DHP           Data Access Category:           F          

**EMPLOYEE ACCEPTANCE:** I have read and received a copy of this job description. I am qualified to perform the above essential functions of the job.

\_\_\_\_\_  
Employee Signature & Date

## **Resource Materials:**

To help you perform your QI functions, you should have access to the following documents, as appropriate to your facility.

**Most recent Joint Commission or state survey results.** This document will identify areas in which to focus QI efforts. The survey results may identify specific areas that must be improved or identify areas that could be strengthened in an effort to assure high quality care. This document can probably be found in your CEO's office.

**Conditions of Participation/JC/CAH regulations as applicable.** These documents will provide you with the regulations and standards your facility must achieve in order to receive certification/accreditation.

<http://www.jointcommission.org>

Conditions of Participation for Critical Access Hospitals:

[http://www.cms.hhs.gov/GuidanceforLawsAndRegulations/04\\_CAHs.asp#TopOfPage](http://www.cms.hhs.gov/GuidanceforLawsAndRegulations/04_CAHs.asp#TopOfPage)

Conditions of Participation for Hospitals:

[http://www.cms.hhs.gov/GuidanceforLawsAndRegulations/08\\_Hospitals.asp#TopOfPage](http://www.cms.hhs.gov/GuidanceforLawsAndRegulations/08_Hospitals.asp#TopOfPage)

**Medical staff bylaws, rules and regulations.** Your facility's medical staff bylaws, rules and regulations will contain information regarding quality improvement activities routinely conducted by your facility. Obtain a copy of this information to familiarize yourself with the extent of these activities and how your responsibilities may interface with these activities. This document will also help you identify others in your facility with responsibility for QI activities.

**List of others in the facility who work on QI and a description of those activities.** You are probably not the only person who has responsibility for QI activities. Identify the other individuals in your facility that also work on QI activities; learn what they do and how you can help them. The goal is to make QI the responsibility of everyone in your facility.

**Facility QI Plan/Model QI Plan.** You should obtain a copy of your facility's specific Quality Improvement Plan. If you do not have a plan, or your plan needs updating, a model QI plan is available for your use on the Nebraska Hospital Association's web site, [www.nhanet.org](http://www.nhanet.org). Select the 'quality improvement' button to access the plan and other resources. The model plan was developed by the Rural QI Steering Committee.

**Nebraska Statutes that affect QI activities:** Nebraska's statutes may be accessed at <http://nebraskalegislature.gov/laws/laws.php>. Nebraska has two statutes that relate to quality improvement activities. The first is referred to as the 'Reduction in Morbidity and Mortality' statute. It is reprinted below:

**71-3401****Information, statements, and data; furnish without liability.**

Any person, hospital, sanitarium, nursing home, rest home, or other organization may provide information, interviews, reports, statements, memoranda, or other data relating to the condition and treatment of any person to the Department of Health and Human Services Regulation and Licensure, the Nebraska Medical Association or any of its allied medical societies, the Nebraska Association of Hospitals and Health Systems, any inhospital staff committee, or any joint venture of such entities to be used in the course of any study for the purpose of reducing morbidity or mortality, and no liability of any kind or character for damages or other relief shall arise or be enforced against any person or organization by reason of having provided such information or material, by reason of having released or published the findings and conclusions of such groups to advance medical research and medical education, or by reason of having released or published generally a summary of such studies.

**Source:**

Laws 1961, c. 347, § 1, p. 1105; Laws 1992, LB 860, § 4;  
Laws 1994, LB 1223, § 44; Laws 1996, LB 1044, § 646.

**71-3402****Publication of material; purpose; identity of person confidential.**

The Department of Health and Human Services Regulation and Licensure, the Nebraska Medical Association or any of its allied medical societies, the Nebraska Association of Hospitals and Health Systems, any inhospital staff committee, or any joint venture of such entities shall use or publish the material specified in section 71-3401 only for the purpose of advancing medical research or medical education in the interest of reducing morbidity or mortality, except that a summary of such studies may be released by any such group for general publication. In all events the identity of any person whose condition or treatment has been studied shall be confidential and shall not be revealed under any circumstances.

**Source:**

Laws 1961, c. 347, § 2, p. 1106; Laws 1992, LB 860, § 5;  
Laws 1994, LB 1223, § 45; Laws 1996, LB 1044, § 647.

**71-3403****Information, interviews, reports, statements, data; privileged communications; not received in evidence.**

All information, interviews, reports, statements, memoranda, or other data furnished by reason of sections 71-3401 to 71-3403 and any findings or conclusions resulting from such studies are declared to be privileged communications which may not be used or offered or received in evidence in any legal proceeding of any kind or character, and any attempt to use or offer any such information, interviews, reports, statements, memoranda or other data, findings or conclusions or any part thereof, unless waived by the interested parties, shall constitute prejudicial error resulting in a mistrial in any such proceeding.

**Source:**

Laws 1961, c. 347, § 3, p. 1106.

The second statute is referred to as the Peer Review Statute.

#### **71-2046**

##### **Medical staff committee; utilization review committee; duties.**

Each hospital licensed in the State of Nebraska shall cause a medical staff committee and a utilization review committee to be formed and operated for the purpose of reviewing, from time to time, the medical and hospital care provided in such hospital and the use of such hospital facilities and for assisting individual physicians and surgeons practicing in such hospital and the administrators and nurses employed in the operation of such hospital in maintaining and providing a high standard of medical and hospital care and promoting the most efficient use of such hospital facilities.

##### **Source:**

Laws 1971, LB 148, § 1.

##### **Annotations:**

This section provides that Nebraska hospitals will create one of each of the committees set forth in the statute to perform their functions on a hospital-wide basis. State ex rel. AMISUB, Inc. v. Buckley, 260 Neb. 596, 618 N.W.2d 684 (2000).

#### **71-2047**

##### **Medical staff committee; utilization review committee; reports to; privilege to refuse; exception.**

Any physician, surgeon, hospital administrator, nurse, technologist, and any other person engaged in work in or about a licensed hospital and having any information or knowledge relating to the medical and hospital care provided in such hospital or the efficient use of such hospital facilities shall be obligated, when requested by a hospital medical staff committee or a utilization review committee, to provide such committee with all of the facts or information possessed by such individual with reference to such care or use. Any person making a report or providing information to a hospital medical staff committee or a utilization review committee of a hospital upon request of such committee has a privilege to refuse to disclose and to prevent any other person from disclosing the report or information so provided, except as provided in section 71-2048.

##### **Source:**

Laws 1971, LB 148, § 3.

##### **Annotations:**

The party claiming the privileges under this section and section 71-2048 has the burden of proving that the documents claimed as privileged are protected documents under one of those statutes. State ex rel. AMISUB, Inc. v. Buckley, 260 Neb. 596, 618 N.W.2d 684 (2000).

This section together with section 71-2048 provides that all communications to medical staff or utilization review committees are privileged. *Shilling v. Moore*, 249 Neb. 704, 545 N.W.2d 442 (1996)

## **71-2048**

### **Communications; privileged; waiver.**

The proceedings, minutes, records, and reports of any medical staff committee or utilization review committee as defined in section 71-2046, together with all communications originating in such committees are privileged communications which may not be disclosed or obtained by legal discovery proceedings unless (1) the privilege is waived by the patient and (2) a court of record, after a hearing and for good cause arising from extraordinary circumstances being shown, orders the disclosure of such proceedings, minutes, records, reports, or communications. Nothing in sections 71-2046 to 71-2048 shall be construed as providing any privilege to hospital medical records kept with respect to any patient in the ordinary course of business of operating a hospital nor to any facts or information contained in such records nor shall sections 71-2046 to 71-2048 preclude or affect discovery of or production of evidence relating to hospitalization or treatment of any patient in the ordinary course of hospitalization of such patient.

### **Source:**

Laws 1971, LB 148, § 4.

### **Annotations:**

The language of this section does not protect antecedent reports relating to the care of a specific patient which memorialize bare facts and which were written by or collected from percipient witnesses notwithstanding the fact that such documents may have been forwarded to a hospital-wide committee, nor does this section protect an assembly of such facts outside the committees identified in section 71-2046. Based upon the plain language of this section and reading this section sensibly in conjunction with section 71-2046, which requires the creation of hospital-wide committees, and noting prior case law precedent, it is clear that the proceedings, minutes, records, and reports which are privileged communications under this section are those communications which are part of the deliberations or communications of a hospital-wide medical staff committee or a hospital-wide utilization review committee or such communications which originate in such committees, as those committees are defined under section 71-2046, and when those hospital-wide committees are conducting the business authorized under section 71-2046 et seq. *State ex rel. AMISUB, Inc. v. Buckley*, 260 Neb. 596, 618 N.W.2d 684 (2000).

The party claiming the privileges under section 71-2047 and this section has the burden of proving that the documents claimed as privileged are protected documents under one of those statutes. *State ex rel. AMISUB, Inc. v. Buckley*, 260 Neb. 596, 618 N.W.2d 684 (2000).

This section adopted in 1971 held applicable to pending untried cases and to grant privilege to proceedings of hospital medical staff in absence of showing of extraordinary circumstances. *Oviatt v. Archbishop Bergan Mercy Hospital*, 191 Neb. 224, 214 N.W.2d 490 (1974).



In 2005, the Nebraska Legislature passed the Patient Safety Improvement Act, which was signed into law by the Governor. The purpose of the statute is to create a learning environment in which facilities and providers can safely report information about patient safety events. This statute calls for the formation of a patient safety coalition, specifies a list of patient safety events which are to be reported along with a summary of the facility/providers root cause analysis. The patient safety coalition is responsible for providing educational material to Nebraska providers and facilities, based on the information reported to it. (The Patient Safety Improvement Act, Neb.Rev.Stat. Section 71-8701 to 71-8721)

## **National Quality Initiatives:**

### **The Joint Commission (JC)**

[www.jointcommission.org](http://www.jointcommission.org)

Performance measurement in healthcare represents what is done and how well it is done. Performance measurement is used internally by health care facilities to support performance improvement, and externally, to demonstrate accountability to the public and other interested stakeholders. Performance measurement benefits the health care facility by providing statistically valid, data driven mechanisms that provide performance information. This allows the health care facility to understand how well their facility is doing over time and have access to objective data to support claims of quality.

One of The JC's performance measurement initiatives is called ORYX. In 1987, The JC first announced the *Agenda for Change*, which outlined a series of major steps designed to modernize the accreditation process. A key component of the *Agenda for Change* was the integration of performance measurement data into the accreditation process through the implementation of the ORYX initiative. The use of standardized core performance measures into the ORYX initiative permits comparison of the actual results of care across hospitals. Core measure sets have been adopted for patients with acute myocardial infarction, heart failure, community acquired pneumonia, and pregnancy and related conditions

### **Centers for Medicare and Medicaid Services (CMS)**

<http://www.cms.gov>

CMS has separate quality initiatives for home health, hospitals, critical access hospitals and nursing facilities. A brief description of the **hospital initiatives** follows.

**Hospital Quality Initiative:** The Hospital Quality Initiative is a set of quality indicators regarding treatment provided to patients with acute MI, heart failure, community acquired pneumonia, and surgical site infection prevention. These indicators are the same indicators used by The JC for their ORYX reporting and by CMS for the data abstraction provided to the QIOs. The purpose of the Hospital Quality Initiative is to provide data about quality for use by consumers and to provide hospitals with comparable information to use for their internal quality improvement efforts. Hospitals that are paid on the prospective payment system method are required to participate in Hospital Compare or risk reduction in payment; critical access hospitals are encouraged, but not required by federal law or regulation, to participate in Hospital Compare. In Nebraska, almost all critical access hospitals participate in Hospital Compare.

### **Reporting Hospital Quality Data for Annual Payment Update:**

Section 5001(a) of the Deficit Reduction Act of 2005 (DRA), Public Law 109–171, further amended section 1886(b)(3)(B) of the Act to revise the mechanism used to update the standardized payment amount for hospital inpatient operating costs, in particular, by adding new section 1886(b)(3)(B)(viii) to the Act. Specifically, sections 1886(b)(3)(B)(viii)(I) and (II) of the Act provide that the payment update for FY 2007 and each subsequent fiscal year be reduced by 2.0 percentage points for any subsection (d) hospital that does not submit quality data in a form and

manner, and at a time, specified by the Secretary. The measures required to be reported may be revised yearly. Refer to the Federal Register for yearly updates and changes to the inpatient prospective payment system. For FY 2010, the reportable measures are:

Topic	RHQDAPU program quality measures for the FY 2010 payment determination
Acute Myocardial Infarction (AMI)	<ul style="list-style-type: none"> <li><input type="checkbox"/> AMI-1 Aspirin at arrival.</li> <li><input type="checkbox"/> AMI-2 Aspirin prescribed at discharge.</li> <li><input type="checkbox"/> AMI-3 Angiotensin Converting Enzyme Inhibitor (ACE-I) or Angiotensin II Receptor Blocker (ARB) for left ventricular systolic dysfunction.</li> <li><input type="checkbox"/> AMI-4 Adult smoking cessation advice/counseling.</li> <li><input type="checkbox"/> AMI-5 Beta blocker prescribed at discharge.</li> <li><input type="checkbox"/> AMI-6 Beta blocker at arrival.</li> <li><input type="checkbox"/> AMI-7a Fibrinolytic (thrombolytic) agent received within 30 minutes of hospital arrival.</li> <li><input type="checkbox"/> AMI-8a Timing of Receipt of Primary Percutaneous Coronary Intervention (PCI).</li> </ul>
Heart Failure (HF)	<ul style="list-style-type: none"> <li><input type="checkbox"/> HF-1 Discharge instructions.</li> <li><input type="checkbox"/> HF-2 Left ventricular function assessment.</li> <li><input type="checkbox"/> HF-3 Angiotensin Converting Enzyme Inhibitor (ACE-I) or Angiotensin II Receptor Blocker (ARB) for left ventricular systolic dysfunction.</li> <li><input type="checkbox"/> HF-4 Adult smoking cessation advice/counseling.</li> </ul>
Pneumonia (PN)	<ul style="list-style-type: none"> <li><input type="checkbox"/> PN-2 Pneumococcal vaccination status.</li> <li><input type="checkbox"/> PN-3b Blood culture performed before first antibiotic received in hospital.</li> <li><input type="checkbox"/> PN-4 Adult smoking cessation advice/counseling.</li> <li><input type="checkbox"/> PN-5c Timing of receipt of initial antibiotic following hospital arrival.</li> <li><input type="checkbox"/> PN-6 Appropriate initial antibiotic selection.</li> <li><input type="checkbox"/> PN-7 Influenza vaccination status.</li> </ul>
Surgical Care Improvement Project (SCIP)	<ul style="list-style-type: none"> <li><input type="checkbox"/> SCIP-1 Prophylactic antibiotic received within 1 hour prior to surgical incision.</li> <li><input type="checkbox"/> SCIP-3 Prophylactic antibiotics discontinued within 24 hours after surgery end time.</li> <li><input type="checkbox"/> SCIP-VTE-1: Venous thromboembolism (VTE) prophylaxis ordered for surgery patients.</li> <li><input type="checkbox"/> SCIP-VTE-2: VTE prophylaxis within 24 hours pre/post surgery.</li> <li><input type="checkbox"/> SCIP-Infection-2: Prophylactic antibiotic selection for surgical patients.</li> <li><input type="checkbox"/> SCIP-Infection-4: Cardiac Surgery Patients with Controlled 6AM Postoperative Serum Glucose.</li> <li><input type="checkbox"/> SCIP-Infection-6: Surgery Patients with Appropriate Hair Removal.</li> <li><input type="checkbox"/> SCIP-Cardiovascular-2: Surgery Patients on a Beta Blocker Prior to Arrival Who Received a Beta Blocker During the Perioperative Period.</li> </ul>
Mortality Measures (Medicare Patients)	<ul style="list-style-type: none"> <li><input type="checkbox"/> MORT-30-AMI: Acute Myocardial Infarction 30-day mortality—Medicare patients.</li> <li><input type="checkbox"/> MORT-30-HF: Heart Failure 30-day mortality—Medicare patients.</li> <li><input type="checkbox"/> MORT-30-PN: Pneumonia 30-day mortality—Medicare patients.</li> </ul>
Patients' Experience of Care	<ul style="list-style-type: none"> <li><input type="checkbox"/> HCAHPS patient survey.</li> </ul>
Readmission Measure (Medicare Patients)	<ul style="list-style-type: none"> <li><input type="checkbox"/> READ-30-HF: Heart Failure 30-Day Risk Standardized Readmission Measure (Medicare patients).</li> <li><input type="checkbox"/> READ-30-AMI: Acute Myocardial Infarction 30-Day Risk Standardized Readmission Measure (Medicare patients).</li> <li><input type="checkbox"/> READ-30-PN: Pneumonia 30-Day Risk Standardized Readmission Measure (Medicare patients).</li> </ul>
AHRQ Patient Safety Indicators (PSIs), Inpatient Quality Indicators (IQIs) and Composite Measures	<ul style="list-style-type: none"> <li><input type="checkbox"/> PSI 04: Death among surgical patients with treatable serious complications.</li> <li><input type="checkbox"/> PSI 06: Iatrogenic pneumothorax, adult.</li> <li><input type="checkbox"/> PSI 14: Postoperative wound dehiscence.</li> <li><input type="checkbox"/> PSI 15: Accidental puncture or laceration.</li> <li><input type="checkbox"/> IQI 11: Abdominal aortic aneurysm (AAA) mortality rate (with or without volume).</li> <li><input type="checkbox"/> IQI 19: Hip fracture mortality rate.</li> <li><input type="checkbox"/> Mortality for selected surgical procedures (composite).</li> <li><input type="checkbox"/> Complication/patient safety for selected indicators (composite).</li> <li><input type="checkbox"/> Mortality for selected medical conditions (composite).</li> </ul>
Nursing Sensitive	<ul style="list-style-type: none"> <li><input type="checkbox"/> Failure to Rescue (Medicare claims only).</li> </ul>
Cardiac Surgery	<ul style="list-style-type: none"> <li><input type="checkbox"/> Participation in a Systematic Database for Cardiac Surgery.</li> </ul>

**Reporting Critical Access Hospital Quality Data for Annual FLEX grant funds:**

The Nebraska Office of Rural health provides funds to all of the critical access hospital networks from the Medicare Rural Hospital Flexibility grant program. The amount of funding is based on the number of CAHs in the network and must be used to fund activities and programs that improve the quality and performance of the CAHs in the network. In order to receive these funds, each network must submit a work plan and demonstrate that all of the CAHs in the network are submitting data for at least one measure into the CMS Hospital Compare Project. If one or more hospitals decide not to submit the data, the network will lose that amount of funding.

**Premier Hospital Quality Incentive Demonstration:** The Premier Hospital Quality Incentive Demonstration is a partnership between Premier and CMS. CMS is pursuing a vision to improve quality of care through direct incentives to reward the delivery of superior care. CMS will award bonus payments to hospitals for high quality care in several clinical areas and by posting the information on the CMS web site. Information has been posted to the CMS web site, detailing the quality scores of approximately 260 hospitals nationwide that are participating in this project. Web site:

[http://www.cms.hhs.gov/HospitalQualityInits/35\\_HospitalPremier.asp#TopOfPage](http://www.cms.hhs.gov/HospitalQualityInits/35_HospitalPremier.asp#TopOfPage)

**HCAHPS:** CMS has developed a survey and data collection protocol that is used by hospitals and other health care entities to conduct patient satisfaction surveys. The survey contains a standard set of questions that hospitals ask of their patients. The survey can be completed by paper or by phone. The information is posted to the CMS web site. Again, the purpose is to provide consumers with information with which to make health care decisions and to provide hospitals with comparable information to use for their internal quality improvement efforts.

Regarding CMS **nursing facility** quality initiatives:

**Nursing Home Compare:** CMS offers a Nursing Home Compare tool that provides detailed information about the past performance of every Medicare- and Medicaid-certified nursing home in the country.

Nursing Home Compare includes data about nursing homes that are Medicare or Medicaid certified. These nursing homes provide skilled nursing care; however, there are many other types of facilities that provide various levels of healthcare and assistance with daily living activities. For information about any facility not found in the Nursing Home Compare database, please contact the Nebraska Department of Health and Human Services, at 1-402-471-2133.

Nursing Home Compare contains demographic information about the nursing home; data on quality measures such as percent of residents with pressure (bed) sores, and percent of residents with physical restraints; results of surveys conducted by the Nebraska Department of Health & Human Services; and information about staffing.

**Nursing Home Quality Initiative:** One of the goals of the CMS Nursing Home Quality Initiative is to publicly report on the quality of care given at every Medicare- and Medicaid-certified nursing home. The measures for long-term care that are being monitored are loss of ability in performing

daily tasks, pressure sores, pain, physical restraints and infections. The measures for short-term residents are delirium, pain and walking as well or better than upon admission.

The nursing home quality measures come from a nursing home's minimum data set, which is information collected by all nursing homes on their residents' physical and clinical conditions and abilities, as well as their preferences and life care wishes. CMS uses a process called risk adjustment before publishing this data. Risk adjustment takes into account the differences in nursing homes. For example, facilities vary in the level of overall health and functional impairment displayed by individual residents and also in admission and discharge practices.

Regarding CMS **home health** quality initiatives:

The Centers for Medicare and Medicaid Services (CMS) has established a national Home Health Outcomes-Based Quality Improvement (OBQI) System. The goal of the OBQI System is to use OASIS-derived outcome information to improve patient care processes and specific clinical outcomes. OASIS data is data that is routinely collected on a home health patient and reported to CMS. Eleven quality measures are tracked as a part of the home health quality initiative. These include improvement in ability to ambulate, bathe, and manage home medicines. For a complete list of the indicators, and more information, go to [www.medicare.gov](http://www.medicare.gov). CMS also publishes data about home health services. These quality measures are an additional resource to help consumers compare the quality of care provided by home health agencies. The quality measures are also intended to motivate home health agencies to improve care and to inform discussions about quality between consumers and clinicians. To view the Home Health Compare data, go to [www.medicare.gov](http://www.medicare.gov).

**Agency for Healthcare Research and Quality (AHRQ)**

<http://www.ahrq.gov>

AHRQ, a part of the U.S. Department of Health and Human Services, is the lead agency charged with supporting research designed to improve the quality of healthcare, reduce its cost, improve patient safety, decrease medical errors, and broaden access to essential services. AHRQ sponsors and conducts research that provides evidence-based information on healthcare outcomes; quality; and cost, use, and access. The information helps healthcare decision makers—patients and clinicians, health system leaders, and policymakers—make more informed decisions and improve the quality of healthcare services. The AHRQ web site contains valuable information about evidence-based practices and clinical practice guidelines. Nebraska participates in AHRQ's HCUP project.

**VHA:**

<http://vha.com>

VHA is a member-owned and member-driven health care cooperative. The VHA helps their members become the local provider of choice by developing products and services that improve their clinical and operational performance. The VHA offers a variety of opportunities for classroom, peer and online learning.

**Association for Professionals in Infection Control and Epidemiology (APIC)**

<http://apic.org>

The Association for Practitioners in Infection Control was organized in 1972 for the Infection Control Professional (ICP) and changed its name in 1993 to the Association for Professionals in

Infection Control and Epidemiology, Inc. (APIC). APIC currently represents more than 11,000 ICPs in the U.S. and overseas.

Quality of care and improving quality of care, along with reducing costs, has become a focal point in the national health care agenda. Continuous quality improvement (CQI) refers to improving quality through continuous evaluation of performance and identifying opportunities to improve the product or outcome. Because the collection of data is an essential element of the CQI evaluation process, surveillance of healthcare associated infections can make an important contribution to CQI in the health care facility. As a result, healthcare associated infection rates have received attention as a basis for measuring quality of care. Tracking infection rates is necessary to compare the hospital's infection experience with that of other hospitals (and to itself) over time. When risk-adjusted infection rates are compared, significant variations in the rates may suggest the need for further investigation to identify possible infection control problems.

**Institute for Healthcare Improvement (IHI)**

**<http://www.ihl.org>**

The Institute for Healthcare Improvement (IHI) is an independent not-for-profit organization helping to lead the improvement of health care throughout the world. Founded in 1991 and based in Cambridge, Massachusetts, IHI works to accelerate improvement by building the will for change, cultivating promising concepts for improving patient care, and helping health care systems put those ideas into action. Nebraska hospitals have participated in a variety of IHI programs such as the 100,000 Lives Campaign, the Saving 5 Million Lives from Harm Campaign, and the World Health Organizations Surgical Safety Checklist. The IHI's Improvement Map is an online tool which lets you select a measure for improvement and provides you with links to important information about that measure and tips on how to revise your policies and practices to achieve higher quality care in that particular measure. Go to [www.ihl.org](http://www.ihl.org) to learn more about the resources available.

## **Nebraska Quality Initiatives:**

**CIMRO of Nebraska:** As the Medicare Quality Improvement Organization for the State of Nebraska, CIMRO has initiated many quality initiatives. CIMRO has quality initiatives for hospitals, nursing homes and home health agencies, physician offices, and the rural and underserved populations. See page 25 for more information about quality improvement organizations (QIO).

CIMRO of Nebraska partners with acute care **hospitals and critical access hospitals** to improve quality of care by promoting professionally accepted best-care practices. The majority of QIO hospital activity in the 9SOW falls under the National Patient Safety Initiative, or NPSI. As part of the NPSI, CIMRO of Nebraska works with hospitals to focus on conditions common among Nebraska's aging population, including:

- Improving surgical and [heart failure](#) care
- Improving [drug safety](#)
- Improving rates of healthcare-associated [Methicillin-Resistant Staphylococcus Aureus \(MRSA\)](#) infections
- Reducing hospital [pressure ulcer](#) rates

To read more about these quality initiatives, go to [www.cimronebraska.org](http://www.cimronebraska.org)

As part of the National Patient Safety Initiative (NPSI), CIMRO of Nebraska is working with a select number of Nebraska **nursing homes** to improve the quality of life and care for Nebraska's nursing home residents by focusing on the following:

- Reducing the use of [physical restraints](#)
- Reducing the rate of high-risk [pressure ulcers](#) in collaboration with local hospitals
- Providing technical assistance to improve care delivery systems and the use of care process guidelines for nursing homes in need
- Participating as a Local Area Networks of Excellence (LANE) partner to promote and educate on the [Advancing Excellence in America's Nursing Homes](#) Campaign

For more information about the Nursing Home Quality Initiative go to [www.cimronebraska.org](http://www.cimronebraska.org).

CIMRO of Nebraska partners with a select number of **physician offices** in Nebraska to provide resources and technical assistance to improve preventive health services and care management processes. Care management includes data collection and review to improve quality of care through prevention, early detection, and treatment and decreased complications. Using DOQ-IT University and other resources, physician practices will also work to utilize existing Electronic Health Records (EHR) capabilities to improve screening rates for the following:

- [Breast Cancer](#)
- [Colorectal Cancer](#)
- [Influenza immunizations](#)

- [Pneumonia immunizations](#)

**University of Nebraska Medical Center - Nebraska Center for Rural Health Research,**

**Medication Error Project:** The Medication Error Reporting Project is a collaboration between the Nebraska Center for Rural Health Research, The Nebraska Medical Center, and participating Nebraska hospitals that have 50 or fewer beds. The purpose of this collaboration is to provide a system of data collection, systems analysis, feedback and workshop opportunities regarding medication errors in small rural hospitals. The Medication Error Reporting Project provides opportunities to receive periodic summaries about your facility-specific medication errors, compare your reports to that of peers and the national MedMARX database, and to participate in peer learning networks and workshops. For more information, go to [www.unmc.edu/rural/mederrors](http://www.unmc.edu/rural/mederrors).

**Rural Quality Improvement Steering Committee:** This working committee was formed to provide the framework for developing a model QI plan that is comprehensive, integrated and holistic in its approach to quality management. The Rural Quality Improvement Steering Committee makes recommendations regarding forms, reports, and education that are needed to implement the model QI plan and process in hospitals across Nebraska. Committee members include representatives of Critical Access Hospitals, network hospitals, CIMRO of Nebraska, the Nebraska Hospital Association, the Nebraska Health and Human Services System Office of Rural Health and the Credentialing Division, and the Nebraska Center for Rural Health Research. To view the model QI plan, dashboard reports, and other useful tools, go to [www.nhanet.org](http://www.nhanet.org) and select the 'quality/patient safety' button.

**Quest for Excellence Award:** The Quest for Excellence Award recognizes outstanding efforts to improve hospital quality and patient care for Nebraskans. The goal of the award is to encourage improvement in quality performance practices, facilitate communication and sharing of best practices among Nebraska's hospitals, serve as a working tool for developing organizational performance improvement with a focus on building innovative quality improvement programs, and to provide opportunities for learning methods, strategies, and systems to help achieve excellence in health care. Winners of the Quest for Excellence Award and their projects can be viewed at the NHA web site at [http://www.nhanet.org/quality\\_patient/quest.htm](http://www.nhanet.org/quality_patient/quest.htm)

**Nebraska Coalition for Patient Safety:** The Nebraska Coalition for Patient Safety (NCPS) is both a state designated and federally designated patient safety organization. Membership in the Coalition is open to all health care providers in Nebraska. The Coalition shares information about patient safety work product submitted to it with members of the Coalition. The Coalition focuses on education – helping health care providers learn from others so that they may reduce the risk of patient safety events occurring in their facilities. Additionally, for 2010 – 2011, the NCPS will focus their educational activities on TeamSTEPPS, Root Cause Analysis and Just Culture. For more information go to [www.nepatientsafety.org](http://www.nepatientsafety.org) or contact Amy Thimm at 402-742-8180.



## **CONTACTS:**

**Medicare Quality Improvement Organization (QIO):** CMS contracts with an organization in each state to perform services for Medicare beneficiaries. These organizations are called Quality Improvement Organizations (QIOs). The QIOs work with consumers, physicians, hospitals, and other caregivers to refine care delivery systems to make sure patients get the right care at the right time, particularly among underserved populations. The program also safeguards the integrity of the Medicare trust fund by ensuring payment is made only for medically necessary services, and investigates beneficiary complaints about quality of care.

The work plan that directs the activities of the QIO is defined by the 'Statement of Work' (SOW). The responsibilities of the QIO are to (1) Improve quality of care for beneficiaries by ensuring that beneficiary care meets professionally recognized standards of health care; (2) Protect the integrity of the Medicare Trust Fund by ensuring that Medicare only pays for services and items that are reasonable and medically necessary and that are provided in the most appropriate (e.g., economical) setting; and (3) Protect beneficiaries by expeditiously addressing individual cases such as beneficiary complaints, provider-issued notices of noncoverage (HINNs), EMTALA violations (dumping), and other statutory responsibilities. More information about the QIOs can be obtained at the CMS web site <http://www.cms.hhs.gov>

CIMRO of Nebraska (CIMRO-NE) is the Medicare Quality Improvement Organization (QIO) for the state of Nebraska. The goal of CIMRO-NE is to improve the delivery of quality healthcare by collaborating with medical professionals, Medicare beneficiaries and community organizations. [www.cimronebraska.org](http://www.cimronebraska.org)

### **Key contacts:**

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### **The Joint Commission (JC):**

The Joint Commission (JC) is an independent, not-for-profit organization, established over 50 years ago. The Joint Commission is governed by a board that includes physicians, nurses, and consumers and sets the standards by which health care quality is measured in America and around the world. The JC evaluates the quality and safety of care for more than 16,000 health care organizations. The purpose of the review is to evaluate the organization's performance in areas that affect your care. Accreditation may then be awarded based on how well the organizations met JCAHO standards. [www.jointcommission.org](http://www.jointcommission.org)

**National Association for Healthcare Quality (NAHQ):** The National Association for Healthcare Quality is the nation's leading organization for healthcare quality professionals. Founded in 1976,

NAHQ currently comprises more than 6,000 individual members and 100 institutional members. Its goal is to promote the continuous improvement of quality in healthcare by providing educational and development opportunities for professionals at all management levels and within all healthcare settings. [www.nahq.org](http://www.nahq.org)

**Nebraska Association for Healthcare Quality, Risk & Safety (NAHQRS):** The NAHQRS is an affiliate of the National Association for Healthcare Quality and the The American Society for Healthcare Risk Management. The Nebraska Association for Healthcare Quality, Risk & Safety is the state's recognized organization for healthcare quality professionals and risk managers. Formerly called the Nebraska Association of Healthcare Quality, it merged with the Heartland Risk Management Society in 2007 and the NAHQRS was formed. Its goal is to promote the continuous improvement in healthcare by providing educational and development opportunities for professionals within Nebraska's healthcare settings. NAHQRS also sponsors a mentoring program, matching individuals new to quality improvement with experienced individuals. The mentoring may include an occasional phone call or more in depth sharing of ideas, policies and procedures. Refer to [www.nahqrs.org](http://www.nahqrs.org) for a list of current board members and key contacts.

**American Hospital Association (AHA):** The American Hospital Association is the national organization that represents and serves all types of hospitals, health care networks, and their patients and communities. Close to 5,000 hospitals, health care systems, networks, other providers of care and 37,000 individual members come together to form the AHA. Visit their web site at [www.aha.org](http://www.aha.org).

**Nebraska Hospital Association (NHA):** The Nebraska Hospital Association has been representing and supporting the needs of Nebraska's rural and urban hospitals since 1927. Today, NHA supports and encourages its members in developing various health care delivery systems geared toward improving the health and well-being of Nebraska's communities. Hospitals are the stewards of good health. Through partnerships with representatives in the health care industry, legislators, government and citizens, NHA is able to assist in the development of strong, healthy communities. Visit their web site at [www.nhanet.org](http://www.nhanet.org)

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**Nebraska Health Care Association (NHCA):** The Nebraska Health Care Association is a non-profit trade association representing long-term health care facilities in Nebraska. Its affiliate, the Nebraska Assisted Living Association (NALA), represents assisted living facilities. The activities of the Licensed Practical Nurses Association of Nebraska (LPNAN) are managed by NHCA staff. The Nebraska Health Care Foundation is a non-profit charitable organization serving the needs of

Nebraska's nursing home residents by providing scholarship and educational opportunities for long-term care personnel. Visit their web site at [www.nehca.org](http://www.nehca.org)

**State of Nebraska, Department of Health and Human Services, Public Health Division:** The Department of HHS licenses health related professionals such as nurses, doctors, and psychologists, as well as facilities and services. Included with the health related professions are occupations such as cosmetologists, asbestos workers, massage therapists, physical therapists, etc. The agency is also responsible for regulations for the Health and Human Services System. The Credentialing Division licenses health related professions and occupations as well as health care facilities and services, and child care programs. Visit their web site at [www.dhhs.ne.gov](http://www.dhhs.ne.gov)

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**Nebraska Association Medical Staff Services (NeAMSS):** The Nebraska Association Medical Staff Services is a professional association that provides an opportunity to improve professional knowledge in the field of medical health care provider activities. It is comprised of members who are experienced in the field of health care provider credentialing, appointment, reappointment, privileging, development of bylaws, policies and procedures for medical staffs and other health care provider organizations. For more information, go to <http://www.namss.org/StateAssociations/StateWebsites/Nebraska/tabid/216/Default.aspx>

**American Society for Healthcare Risk Management (ASHRM):** The American Society for Healthcare Risk Management is a personal membership group of the American Hospital Association with more than 4,300 members representing health care, insurance, law and other related professions. ASHRM promotes effective and innovative risk management strategies and professional leadership through education, recognition, advocacy, publications, networking and interactions with leading health care organizations and government agencies. ASHRM initiatives focus on developing and implementing safe and effective patient care practices, the preservation of financial resources and the maintenance of safe working environments. The Nebraska chapter merged with the Nebraska Association for Healthcare Quality and is now known as the Nebraska Association of Healthcare Quality, Risk & Safety

**Reference Materials:** The following is a list of resources that have been recommended by your peers as good resources.

“Process Improvement – A Resource for Healthcare”, by Lee Elliott and Donald Sluti.

“Quality and Performance Improvement in Healthcare – A Tool for Programmed Learning”, by Patricia Shaw, Chris Elliott, Polly Isaacson, and Elizabeth Murphy. Available at [www.ahima.org](http://www.ahima.org)

“Statistical Quality Control Using Excel”, by Steven M. Zimmerman and Marjorie L. Icenogle. Available at ASQ Quality Press, Milwaukee, Wisconsin. 1999

“Measuring Quality Improvement in Healthcare. A Guide to Statistical Process Control Applications”, by Raymond G. Carey, Ph.D. and Robert C. Lloyd, Ph.D. Available at ASQ. 2001. Milwaukee, Wisconsin

“How to Use Control Charts for HealthCare”, by D. Lynn Kelley. Available at ASQ Quality Press, Milwaukee, Wisconsin. 1999

“Managing Quality – A guide to System-Wide Performance Management in Health Care”, by Jacqueline M. Katz and Eleanor Green 2<sup>nd</sup> Edition.

“Improving Quality and Performance – Concepts, Programs, and Techniques” by Patricia Schroeder (fairly old)

“The Healthcare Quality Handbook: A Professional Resource and Study Guide (18<sup>th</sup> Edition)”, Janet A. Brown, RN CPHQ FNAHQ, JB Quality Solutions, Inc. (2003-2004)  
Available at [www.nahg.org](http://www.nahg.org)

“The Healthcare Quality Handbook & Healthcare Quality Overview and Certification CD Set”, available at [www.nahq.org](http://www.nahq.org)

“A Dash Through the Data”, by Sandra K. Murray, CT Concepts (1999). Available at [www.nahq.org](http://www.nahq.org)

### **To help keep you connected . . .**

Join the Nebraska Association for Healthcare Quality, Risk & Safety (NAHQRS). You will meet others who work in the same position as you do. It's a good opportunity to network with your peers. Visit [www.NAHQRS.org](http://www.NAHQRS.org) for more information about the Association. The NAHQRS has a mentoring program where they will match you with a QI professional who has volunteered to mentor new professionals. Contact Monica Seeland at [mseeland@nhanet.org](mailto:mseeland@nhanet.org) for details

Obtain your CPHQ certification (Certified Professional in Healthcare Quality). Designation as a CPHQ lets everyone know you are committed to learning and applying your new knowledge to help your facility deliver high quality patient care

Become a member of the National Association for Healthcare Quality. Network with peers from around the nation. Several educational opportunities are available through the NAHQ. Visit their web site at [www.nahq.org](http://www.nahq.org)

Participate on committees like the Rural Quality Improvement Steering Committee; it's a good way to learn from your peers and, to share your knowledge with others.

Members of the Rural QI Steering Committee 12/2009

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Gail Brondum  
Pender Community Hospital  
Pender, Nebraska

Stacy Cerio  
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