

Appendix A

Nebraska Hospital Association

HQIC Goals and Programming

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HQIC Goals and Programming

- Hospital Quality Improvement Contractor
- Four-year program to support hospitals in QI efforts
- Began September 18, 2020
- Overarching Goal: improve the effectiveness, efficiency, economy and quality of hospital services
- HQICs shall facilitate healthcare transformation through the identification, use and spread of evidence-based practice through the systematic use of quality improvement science
- Support rural, critical access hospitals and those hospitals that serve vulnerable populations to focus on three goals for hospital QI:
 - o Improve Behavioral Health Outcomes and Decrease Opioid Misuse
 - o Increase Patient Safety
 - o Improve Quality of Care Transitions
- Support hospitals during public health emergencies and epidemics/pandemics
- Use evidence-based practice for rapid spread and uptake by hospitals



HQIC PATIENT SAFETY FOCUS AREAS: 8 AREAS OF HARM

1. Opioid Stewardship
2. Adverse Drug Events (ADE)
3. Central Line-Associated Blood Stream Infections (CLABSI)
4. Catheter-Associated Urinary Tract Infections (CAUTI)
5. Bacterial Infections (C.Diff, MRSA) & Antibiotic Stewardship
6. Sepsis and Septic Shock
7. Pressure Ulcers
8. Readmissions

HQIC PATIENT SAFETY FOCUS AREAS: ADDITIONAL TOPICS

1. Falls
2. VTE
3. SSI
4. Person and Family Engagement
5. Healthcare Disparities
6. Additional resources available for Quality Basics and Financial Acumen

THREE MAIN GOALS

1. Improve Behavioral Health Outcomes and Decrease Opioid Misuse
2. Increase Patient Safety
3. Improve Quality of Care Transitions

FACILITATE AUTHENTIC PERSON AND FAMILY ENGAGEMENT

1. Implementation of a planning checklist for patients known to have a planned admission
2. Implementation of a discharge planning checklist
3. Conducting shift change huddles and bedside reporting with patients and families
4. Designation of an accountable leader in the hospital who is responsible for person and family engagement
5. Hospitals to have an active Person & Family Engagement Committee where patients are represented and report to the Board

Goal Descriptions

IMPROVE BEHAVIORAL HEALTH OUTCOMES & DECREASE OPIOID MISUSE

Target: Engage acute care, short stay hospitals in rural and underserved areas to improve access to behavioral care and improve behavioral health outcomes. Decrease opioid related adverse events, including deaths, by 7% with a focus on Medicare beneficiaries using opioids.

1.1 Sub-Goal: Decrease opioid related adverse events by 7%, including deaths with a focus on the Medicare population:

1.1.1 Using current best practices and patient-centered approaches, decrease opioid prescribing (for prescriptions \geq 90 MME) daily across recruited, acute care hospitals by 12%.

1.1.2 Decrease opioid adverse events, including deaths, by 7% in recruited acute care hospitals.

IMPROVE PATIENT SAFETY

Target: Reduce all-cause harm in hospitals by 2024, including: reduce by 9% or more all-cause harm in recruited hospitals to include reducing Adverse Drug Events (ADEs).

2.1 Sub-Goal: Reduce all-cause harm in hospitals by 9% or more by 2024.

2.2 Sub-Goal: Reduce readmissions by 5% for the recruited population by 2024.

2.4 Sub-Goal: Reduce ADEs in hospitals by 13%.

2.5 Sub-Goal: Reduce Clostridioides Difficile (C. difficile, formerly known as Clostridium Difficile) in hospitals.

READMISSIONS: IMPROVE QUALITY OF CARE TRANSITIONS

Target: Reduce hospital readmissions by 5% in recruited hospitals. Medicare Fee for service beneficiaries experienced 1.7 million readmissions within 30 days in 2015; CMS estimates that about 1 million of these readmissions were potentially preventable at a cost to Medicare of nearly 14 billion dollars.

3.1 Sub-Goal: Reduce readmissions by 5% for the recruited population.

