Nebraska Hospital Association Hospital Quality Improvement Contractor (HQIC) Program

New User Guide

HQIC New User Guide Introduction

This document was prepared to help hospital and quality improvement leaders navigate the Hospital Quality Improvement Contractor (HQIC) program. It is meant to serve as a guide and resource for enrolled hospitals throughout the HQIC performance period. Information is subject to change based on CMS requirements and stakeholder needs.

Table of Contents

Orientation Checklist

Getting Started

DATE COMPLETED	ACTION ITEMS
	Sign Letter of Intent with NHA and Telligen

	Review Goals and Focus topics of HQIC program: See Appendix A for an in depth look at program goals.
	
	Performance Period: January 2021-September 2024.
	
	Improvement Goals:
	    • Reduce opioid-related adverse events including deaths by 7%.
	    • Reduce readmissions by 5%.
	    • Reduce all-cause harm by 9%. Focus will be on the following patient safety areas to reduce harm:
	        o Adverse Drug Events (ADE)
	        o Catheter-Associated Urinary Tract Infection (CAUTI)
	        o Central Line-Associated Blood Stream Infection (CLABSI)
	        o Falls and Immobility
	        o MRSA Bacteremia – Rate
	        o C.Diff Rate
	        o Pressure Ulcers
	        o Readmissions
	        o Post-op Sepsis Rate - Inpatient
	        o Surgical Site Infection (SSI)
	        o PE/DVT Rate

	Create / Log into Telligen Portal QIN-QIO Portal (telligenqinqio.com) Email the HQIC Telligen Team at HQICteam@telligen.com for technical support.
	Create / Log into CDS system AHA Comprehensive Data System (ahacds.org) See Appendix B for a CDS User Guide.

	Schedule an introduction call with NHA HQIC Improvement Coach:
	    • Dana Steiner – dsteiner@nebraskahospitals.org
	    • Janet Endorf-Olson – jendorfolson@nebraskahospitals.org

Data Collection and Measures Selection

ACTION ITEMS

Complete Self-Assessment within Telligen Portal:

- Self-assessment consists of topic specific modules that will assess infrastructure and services offered within your organization.
- Answers will help guide technical assistance and data collection for the HQIC program.

Data Collection Platform: Comprehensive Data System (CDS) powered by the American Hospital Association (AHA).

- This is the same system that was utilized for the previous Hospital Improvement Innovation (HIIN) project.

Email the CDS team directly at CDS@aha.org for CDS-specific technical support.

Review available measures: See Appendix C – Nebraska HQIC Specification Guide.

Claims-Based Measures: Telligen will upload data from Medicare FFS claims.

HAI Measures: Submission of HAI data can occur by entering data into NHSN or by self-reporting data. Telligen will upload NHSN data if the facility has conferred NHSN rights to Telligen.

Self-Reported Measures: NHA requests that enrolled hospitals voluntarily enter self-reported data into the CDS for four measures. See Appendix C NE HQIC Measures Guide.

NHSN Use: Confer NHSN rights to Telligen and NHA – https://www.cdc.gov/nhsn/index.html

For organizations that use the NHSN system to collect and track healthcare associated infections, Telligen and CDS will automatically pull the entered data into the system for the HQIC program once the organization has conferred rights with Telligen. The NHA team requests that each organization also confer rights with NHA to assist with troubleshooting and data pull issues.

Click links below for steps to confer rights:

- Telligen – NHSN Group Confer Rights
- NHA – NHSN Group Confer Rights

Review Specification Manuals: Specification manuals will fully define each data point collected for each measure.

- Telligen Specification Manual found on Telligen Portal Page (under Data Collection & Reporting icon): Telligen_QI_Connect_Measure_Specification_Manual_Version_2_0 (1).pdf
- See Appendix C NE HQIC Measures Guide.

Organizing for Success

DATE COMPLETED	ACTION ITEMS

	Baseline data: Baseline data will be requested for all measures. Improvement percentage(s) will be based on improvement from baseline.
	
	Claims baseline data and NHSN baseline data will be uploaded from CY 2019.
	
	Self-reported baseline data can be data from CY 2019 or CY 2020:
	    • All 24 months can be reported.
	    • Minimum: 3 months of consistent data in that 2-year timeframe.

	Monthly Data Collection for Self-Reported Measures: To be entered into the CDS system 45 days after the end of the collection period, e.g., January data will be reported by March 15.

	Organize a team: The HQIC project tracks cross-cutting measures that will touch many departments within an organization. Team composition is important for the success of the project.
	
	Potential multidisciplinary team members could include, but is not limited to:
	    • Quality Lead
	    • C-Suite Representative
	    • Nursing Leader
	    • Pharmacy Leader
	    • HIM Leader
	    • IT Leader
	    • Medical Staff Champion
	    • Finance Leader
	
	Team membership will be determined based on the project focus and may not require the involvement of everyone listed above. Additional resource individuals may be identified to supplement the project work as needs are identified.

	Create an organizational HQIC resource repository: One of the many benefits of being an HQIC participant is access to resources, tools and evidence-based practices.
	Six Meetings for Success: This program is an organized plan for improvement projects in 6-meetings. Follow the link to a training video and meeting templates: https://www.nebraskahospitals.org/quality_and_safety/process-improvement-tools/tools.html
	Monthly touch-base calls with NHA HQIC team member: Each hospital is assigned to an HQIC NHA team member. The team member will work with you directly to ensure that you have the support needed.

Process Improvement and Learning Cohorts

HQIC Program vs. Learning Cohort-specific team assembly: As mentioned above, team composition should be multidisciplinary and representative of multiple departments. Consideration may be given to organizing an HQIC Program Team and/or a Learning Cohort Team. The HQIC Program Team may be a larger inclusive team for discussing program strategy whereas the Learning Cohort Team may be a smaller more-focused team that works directly on the cohort-specific improvement initiatives. Membership of the Learning Cohort Team may change depending on the cohort-specific focus. These decisions will be specific to the organization and each project lead.

Assess organizational needs or interests in projects: Rapid cycle improvement work or learning cohorts will be voluntary. Suggestions may be made based on data reporting.

Other available education: Learning and Action Network (LAN) offerings.

Review completed cohorts – outcomes and tools: Following each learning cohort, the NHA team will work with participants to create resources and tools based on lessons learned. This will allow the learning to continue after the work is complete.

Learning Cohort Model

1. **ANNOUNCEMENT OF A NEW COHORT WILL BE SHARED VIA EMAIL WITH THE NOTED ORGANIZATIONAL HQIC LEAD.**
   a. Noted information:
      i. Cohort focus topic – potential audience
      ii. Tentative dates for key meetings – subject to change
      iii. Any pre-work required

2. **MEETING #1:**
   a. Introductions of team and definition of roles
   b. Discussion of project goals – overall to the cohort and internal to the organization
   c. Setting of aim statements
   d. Tools:
      i. Outcome-Based Agenda Format
      ii. Creating an AIM Statement Document
      iii. Stakeholder Agenda Template

3. **MEETING #2:**
   a. Speaker -- Subject Matter Expert – education regarding topic or case study
   b. Create a roadmap for improvement, discussion regarding data collection (process measures vs. outcome measures)
   c. How data will be tracked and collected
   d. PDSA
   e. Tools:
      i. Design plan for small tests of change
      ii. Communication plan template

4. **MEETING #3:**
   a. Updates on each participant's work including first month data – are interventions working – if not what should we change
   b. Tools:
      i. Small Test Design Template

5. **MEETING #4:**
   a. Updates on each participant's work including first months data – are interventions working – if not what should we change
   b. Tools:
      i. Project Check Agenda Template

6. **MEETING #5:**
   a. Optimization / organizational spread / audit checks for consistency – sustainability plan
   b. Tools:
      i. Implementation Planning Agenda Template

7. **MEETING #6:**
   a. Final meeting wrap-up and lessons learned
   b. Tools:
      i. Implementation follow up agenda template

Key Resources for Process Improvement Success

Guide to Six Meeting for Success: Improve Anything in Six Meetings or Less

Example Meeting Structure

Schedule all 6 meetings in advance – avoid rescheduling

-1- Stakeholder Meeting	-2- Action Planning Meeting	-3- Small Test Design Meeting	-4- Progress Check Meeting	-5- Implementation Planning Meeting	-6- Implementation Follow-up Meeting
October 1	October 5	October 10	October 17	October 31	November 27
	4d	5d	7d	14d	26d

56 calendar days, 40 business days

The length of time between meetings should vary to allow for task completion

Measure Type	Description	Frequency*	Duration
Outcome	"The measure(s) teams will use to understand if and when they have achieved their outcome."	Annually, Biannually, Quarterly, or Monthly	Life of the Project
Process	"Represent the data a team can collect to understand the performance of the day-to-day work of a system."	Monthly, Weekly	Life of the Project
Process Step	"Processes themselves can be complicated. They are made of many steps, small actions taken in sequence, that lead, little by little, to the production or completion of a service or product. These steps are where process step measures can be identified…"	Weekly, Daily	Duration of focus on a process or process step
PDSA	"They are crafted uniquely for the cycle at hand and can be operationally defined either qualitatively or quantitatively, depending on the learning needs of the cycle."	As described by the plan of the cycle	Life of a single PDSA cycle
Balance	"Balance measures are used by improvement teams to see if and when the improvement work is having an unintended consequence in the system."	Quarterly, Monthly	Life of the Project

* These frequencies are only suggestions and each project will have differing needs and availability of data for improvement

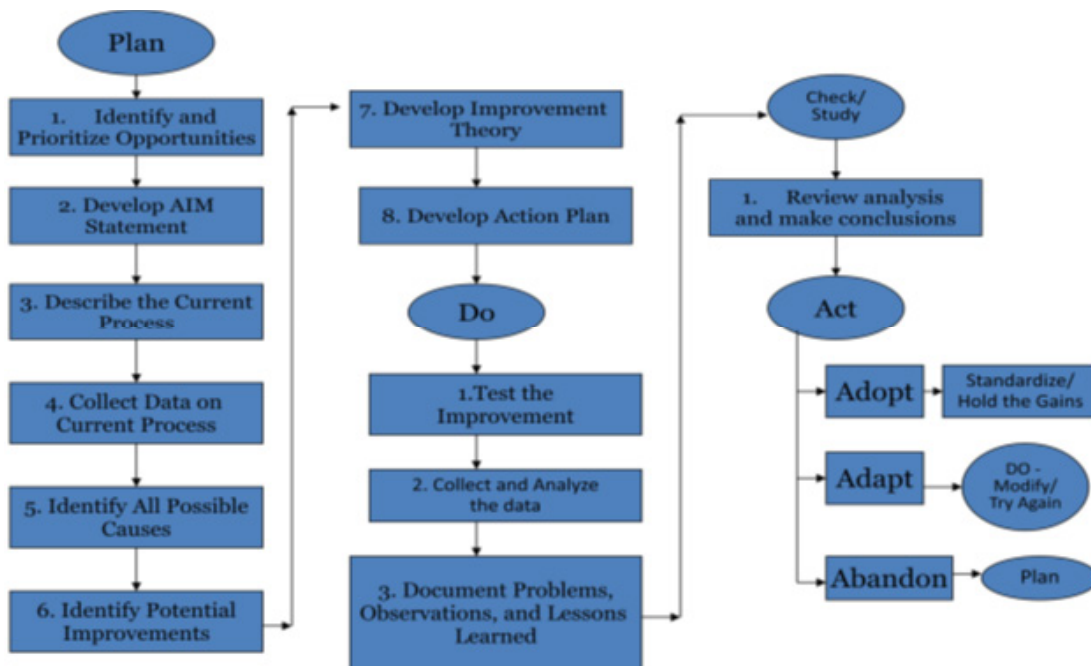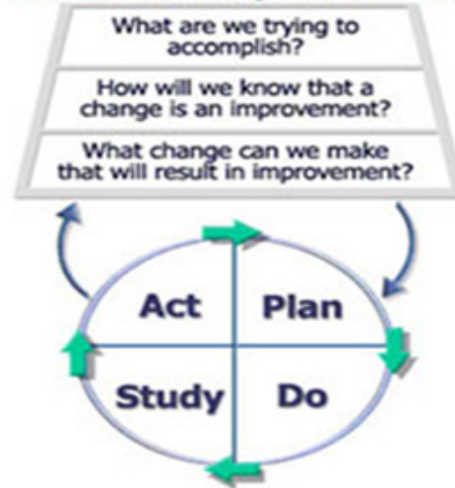PURSUING THE TRIPLE AIM IN A HIGHER EDUCATION SETTING

Bennett 2018

IHI's Collaborative Model for Achieving Breakthrough Improvement

The Breakthrough Series: IHI's Collaborative Model for Achieving Breakthrough Improvement | IHI - Institute for Healthcare Improvement

Key Points for Presenting HQIC to Executive Team and Medical Providers:

- The Hospital Quality Improvement Contractor (HQIC) initiative is a four-year program funded by the Centers for Medicare and Medicaid Services (CMS) building on the achievements of previous CMS hospital-based quality improvement initiatives and the Hospital Improvement Innovation Network (HIIN).

- Purpose: Enhance participating hospital's quality improvement program while benefiting its facility, staff and patients by increasing quality, safety and reducing healthcare expenditures.

- A four-year contract which began on September 18, 2020 and will end September 17, 2024.

    o Performance period is January 2021-September 17, 2024

- No-cost program to help measure and improve quality of care performance, access proven practices shared by high-performers and develop collaborative relationships.

- Overarching goals:

    o Improve behavioral health outcomes with a focus on decreased opioid misuse

    o Increase patient safety with a focus on reduction of harm as well as readmissions

    o Increasing the quality-of-care transitions to achieve high quality outcomes across the care continuum

- Cross-cutting focus areas for achieving the above goals include:

    o Support local communities

    o Support vulnerable populations and reduce healthcare disparities

    o Increase person and family engagement

- The Nebraska Hospital Association (NHA) is partnering with Telligen QI ConnectTM as a CMS-appointed HQIC Primary Contractor to support hospitals enrolled with the NHA HQIC Project.

- The HQIC Program includes the collection of quality improvement metrics based on the program's overall improvement goals. Improvement will be based on each individual facility's improvement from baseline data.

- Enrolled hospitals receive quality support:

    o Access to a listserv for information and sharing among enrolled participants

    o Customized technical assistance

    o Access to national speakers and disease-specific subject matter experts

    o Access to collaborative cohorts and learning collaboratives

    o Collaboration with stakeholders across the care continuum

NHA Supporting Personnel Contact Information:

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