

Alliant HQIC Quality Leader Summit



Donna Cohen, RN, BSN, CCM

Karen Holtz, MT (ASCP), MS, CPHQ

January 17, 2023

 **ALLIANT**
HEALTH SOLUTIONS

HQIC
Hospital Quality Improvement Contractors
CENTERS FOR MEDICARE & MEDICAID SERVICES
QUALITY IMPROVEMENT & INNOVATION GROUP

Agenda

- Welcome
- HQIC Overview and Goals
- Performance Measures
- Hot Topic: Patient and Family Engagement
- Educational Events and Resources
- Value and Impact of HQIC
- Q&A/Wrap Up

Alliant HQIC Moderators



Donna Cohen, RN, BSN, CCM
Director, Quality Projects



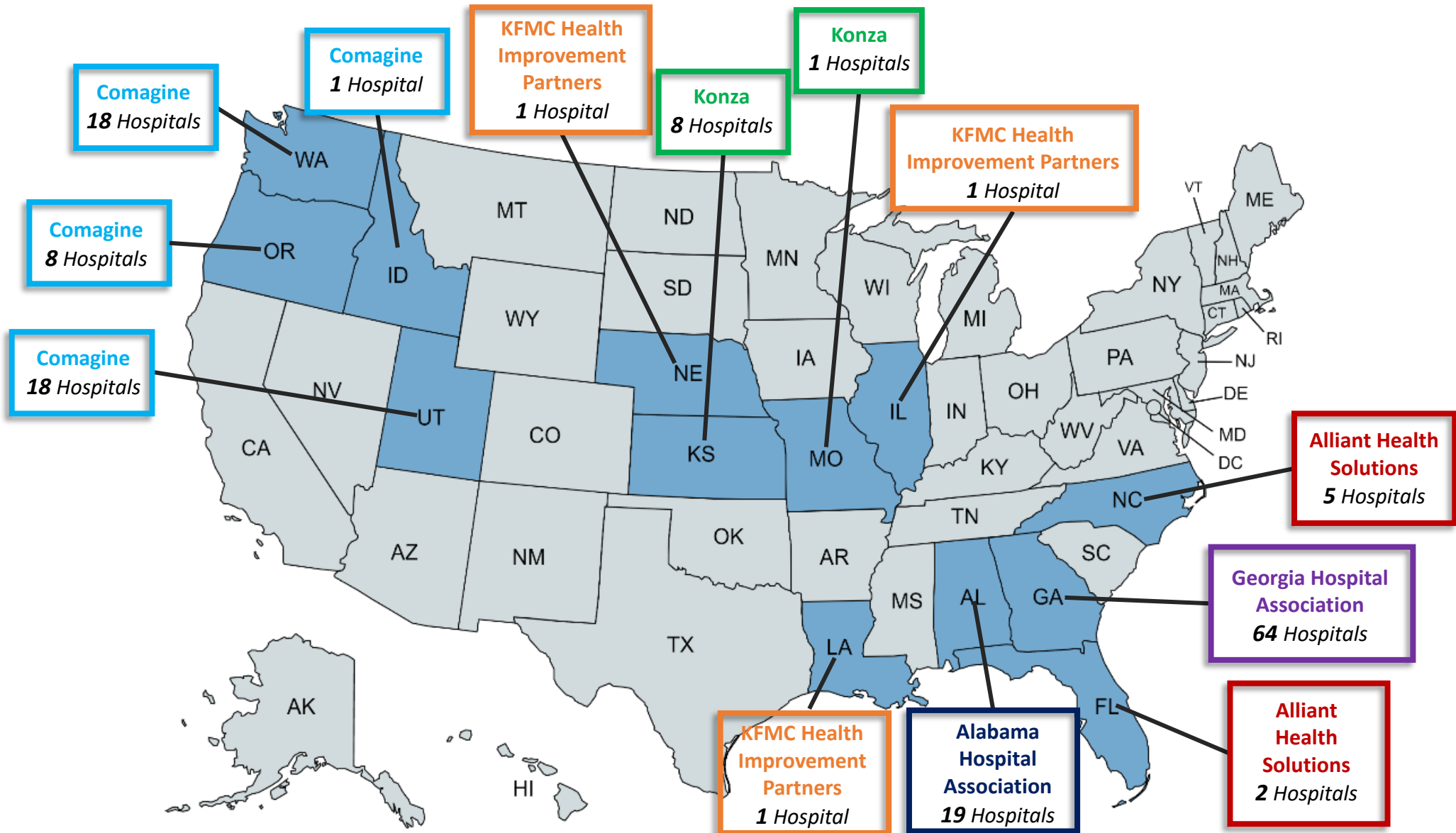
Karen Holtz, MT (ASCP), MS, CPHQ
Education and Training Lead

HQIC Overview

- Four-year program active until October 2024
- Supports small, rural and critical access hospitals and facilities that care for vulnerable and underserved patients
- Enrolled hospitals = 147
 - 13 states
 - 41% rural hospitals
 - 48% critical access hospitals (CAHs)

Enrolled Hospitals by State and Partner

as of January 1, 2023



Areas of Focus

Patient Safety

- Opioid Stewardship
- Adverse Drug Events (opioids, anti-coag, glycemic)
- CLABSI
- CAUTI
- C. diff/MRSA
- Sepsis
- Pressure Injuries
- Readmissions

Other

- COVID-19 and/or public health emergencies
- Health disparities and health equity
- ★ • Patient and family engagement (PFE)
- Leadership engagement

HQIC Evaluation Metrics and Goals By 2024*

Behavioral Health Decreased Opioid Misuse

- Decrease opioid-related ADEs by 7%, including deaths
- Decrease opioid prescribing (>90MME) by 12%

Patient Safety Reduction of Harm

- Reduce ADEs by 13%
- Reduce all-cause harm by 9%
- Reduce *Clostridioides difficile* rates

Care Transitions Focus on High Utilizers

- Reduce readmissions by 5%

*For the nine Hospital Quality Improvement Contractors (HQICs)

Changes in Baseline Data and Codes

- CAUTI, CLABSI and MRSA
 - Now aligns with NHSN reporting quarters
 - Baseline is Oct. 1, 2020, to Sept. 30, 2021
- Sepsis and Septic Shock and Pressure Injuries
 - Back to the original baseline of Jan. 1, 2019, to Dec. 31, 2019
- ADEs, C. diff, Readmissions
 - Baseline remains the same as Jan. 1, 2019, to Dec. 31, 2019
 - Updated codes for ADEs; trended graphs begin October 2021

Summary HQIC Level Performance

Summary HQIC Level Performance Based on Running RIR for Performance Period								
Measures calculated as Ratio			Measures calculated as Percentage			Measures calculated as Standardized infection ratios		
Measure	RIR Goal Month 30	RIR Achieved	Measure	RIR Goal Month 30	RIR Achieved	Measure	RIR Goal Month 30	RIR Achieved
ADE_OPIOID_RATE	5.00%	90.84%	CDIFF_RATE	6.00%	11.99%	CDC_CAUTI_ICU_I	6.00%	14.15%
PU_STAGE3	6.00%	-10.21%	MRSA_RATE	6.00%	3.40%	CDC_CAUTI_ICU_P	6.00%	17.57%
SEPSIS_MORT_2	6.00%	-17.09%	OPIOID_DOSE_DC	8.00%	-0.71%	CDC_CLABSI_ICU_I	6.00%	18.76%
SEPSIS_SHOCK	6.00%	-34.24%	READM_30D_HW	3.00%	4.99%	CDC_CLABSI_ICU_P	6.00%	5.52%
ADE_ANTICOAG	8.50%	-5.14%				CDIFF_SIR	6.00%	12.61%
ADE_HYPOGLYCEMIA	8.50%	96.86%				MRSA_SIR	6.00%	-3.27%

RIR Goal Month 30 = Relative Improvement Rate Goal for March 2023

RIR Achieved = Relative Improvement Rate compared to baseline

Source: CMS claims as of September 2022 and NHSN as of December 2022

Patient and Family Engagement (PFE) Five CMS Hospital Metrics

Point of Care

1. Implementation of a Checklist for Planned Admissions
2. Implementation of a Discharge Planning Checklist
3. Conducting shift change huddles and bedside reporting with patients and families

Policy and Protocol

4. Designation of an accountable leader responsible for PFE

Governance

5. Active Patient and Family Advisory Committee (PFAC) or other committees where patients are represented and report to the board of directors

PFE #4 Accountable Leader

Intent

- Named hospital employee (or employees) responsible for PFE efforts at the hospital either in a full-time position or as a percentage of time within their current position
- Appropriate hospital staff and clinicians can identify the person named as responsible for PFE at the hospital

Ideas

- Person with knowledge and skills in Quality, HCAHPS surveys, leading teams
- Integrate the person/position into an existing department that supports patient safety, patient experience, and/or quality improvement initiatives to leverage existing resources
- Report directly to hospital leadership to elevate the critical role of PFE in the hospital

PFE #5 PFAC

Intent

- Patient and Family Advisors (PFAs) from the community have been formally named as members of a PFAC or another hospital committee
- Meetings of the PFAC or another committee with the patient and family representatives scheduled and conducted
- PFAs serve on the Board, or their perspective is incorporated by a representative when making governance decisions

Ideas

- Board member (from the community) officially serves as the voice of the patient
- Consider hospital volunteers (gift shop)
- Ask internal staff for patients who are willing to share their story
- Move meetings to the bedside
- Integrate with health equity to reduce health disparities in your patient population

Habersham Medical Center (GA)

- HMC is a 53-bed acute care facility in Demorest, Georgia
- Hometown of Ty Cobb, American Major League Baseball center fielder
- Hometown of Kimberly Schlapman of music group Little Big Town



Habersham Medical Center (GA)

Priscilla Adams, RN, is the quality manager at HMC. She has worked in Quality for 10 years and was previously the case management manager.



Rachel Lewallen, RN, is the quality coordinator at HMC. She has worked in Quality for four years and was previously the acute care services manager.

Journey to Restart Patient and Family Advisory Committee

- We are all in it together and personally committed to patient-centered care
- Received grant funding to participate in the H2PI course led by patient safety advocate Armando Nahum
- Started course modules in July 2022

Journey to Restart Patient and Family Advisory Committee

Past Lessons Learned

- Previous PFAC consisted of family members of the PFAC Coordinator
- We have tried emailing all patients with no luck

Current Practices

- Participating in community events throughout the year. The next one is scheduled for February 9, 2023
- Hand out brochures to patients while in the hospital and at community events
- Talk one-on-one with patients and community members

Improvements Based on Patient Suggestions

- Too many signs around the entrances
 - We removed a few of the signs
- Front entrance locked at 5 p.m. and all weekend
 - Front doors are now open on weekends
 - Locking all doors at 9 p.m., except for the ED entrance

Next Steps

- Continue to recruit at community events
- Targeting Labor and Delivery patients and families
- Approached our chaplain and volunteers for help with getting patients interested in joining the PFAC
- Continue to collaborate with the compliance officer regarding complaints, compliments and suggestions

Hanover Hospital (KS)



Brittni Oehmke, MBA,
MLS (ASCP), CM
Administrator



- 25-bed Critical Access Hospital
- Located in Hanover, Kansas
- Population: 700



Patient and Family Engagement Committee



PFE Committee active since June 2021

PFE TEAM MEMBERS

- Social Worker (team lead)
- Administrator
- Directors of Nursing
- Floor staff member
- Patient representative
- Hospital Board member



Identifying 10 Metrics to Build Our Program

1. Planning checklist
2. Discharge checklist
3. Shift change huddles/Rounding
4. Finding our team leader
5. To get us active!
6. Develop structure and operations
7. Recruitment and onboarding
8. PFE evaluation OF PROGRESS
9. PFE education and tools
10. Seek and learn from patient and family perspectives

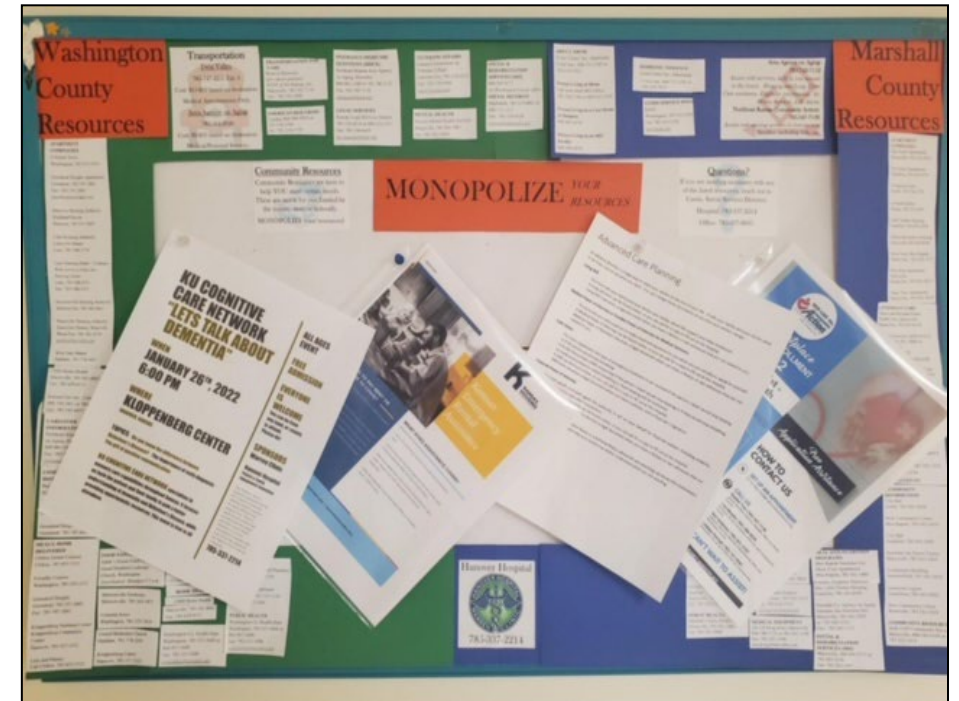


Successful Interventions



Monopolize Your Resources

- Placed board in the clinic for PUBLIC view. It contains resources for both Washington and Marshall counties.
- Created a clinical referral sheet to connect patients with social services and available resources.
- Knowledge gained from these resources provides better access to community assets.



- Updated board to include readily available infographics
- Easier to distinguish resources
- Contains flyers and pamphlets instead of basic contact numbers
- Remains in clinic lobby in central sight



Patient and Family Engagement on Parade

“NO-FIN” Compares to our “JAW-SOME” CARE!



Our patients “MAKO” our day!



Resources and More



Of course, there were also beach balls and candy

- Shark bite kits
- Poison control information
 - Magnets
 - Coloring books
 - Pamphlets
 - Magnifier



More Wins for PFE

- Cognitive care network with open public education event, and it was a huge success!
- Family-centered rounding
- Discharge planning tools
- Admissions checklist
- Community Education with Days of 49
- Monopolize YOUR resources BOARD
- Resource binder for staff mitigation of resources
- Updates to the ISB Welcome packet
- Mental Health First Aid course
- Hand Hygiene education in each patient room



Lessons Learned from CEO Perspective

- Being in a small facility, everyone wears many different hats
- Creating a culture change to include social workers, as the nursing staff was used to doing tasks by themselves
- Gained more provider involvement



PFE Outlook for 2023

- Continue to grow the program
- Looking for a new social worker
- Diabetic community education
- Hosting community health fair



Intersection of PFE and Health Equity

- Patients from diverse cultural and ethnic backgrounds benefit from improving equity in quality and safety
- Equity in PFE helps ensure that hospitals:
 - Consider the needs, perspectives and values of all patients and families, including those from disparate populations in the community
 - Address potential barriers, including implicit biases, language differences, communication barriers and limited health literacy
 - Implement actions that reflect what matters most to all patients at each level of hospital care (point of contact, policy and procedure, governance and public and community policy)

Health Equity Regulatory Requirements as of Jan. 1, 2023

CMS

- Calendar Year (CY) 2023 reporting period
 - Hospital Commitment to Health Equity
- Voluntary CY 23 Reporting; Mandatory in CY 24 Reporting
 - Screening for Social Drivers of Health (SDOH)
 - Screen positive rate for SDOH (no benchmarking)

The Joint Commission

- Designating a leader(s) to direct activities
- Assessing patients' health-related social needs and providing information about community resources and support services
- Identifying disparities in the patient population by stratifying quality and safety data using socio-demographic characteristics
- Developing a written action plan that describes how the organization will address
- Taking action when goals are not achieved

Getting Started: Helpful Resources

- PFE Coaching Package
https://quality.allianthealth.org/media_library/coaching-package-patient-family-engagement/
- PFE Resources <https://quality.allianthealth.org/topic/patient-family-engagement-hqic/>
- Community Health Needs Assessment (St. Mary's Good Samaritan June 2022 https://quality.allianthealth.org/wp-content/uploads/2022/04/HQIC-Quality-Leader-Summit_061422_FINAL_508_V4.pdf

All resources are located on the Alliant HQIC website:

<https://quality.allianthealth.org/topic/hospital-quality-improvement/>

Getting Started: Helpful Resources

- Working with Patients and Families as Advisors Implementation Handbook (AHRQ):
https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/systems/hospital/engagingfamilies/strategy1/Strat1_Implement_Hndbook_508_v2.pdf
- Patient and Family Advisor Orientation Manual (AHRQ):
https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/systems/hospital/engagingfamilies/strategy1/Strat1_Tool_9_AdvisorTrain_508.pdf
- Partnering with Patients and Families: A Mini Toolkit (Institute for Patient-and Family-Centered Care (IPFCC)):
<https://www.ipfcc.org/resources/Patient-Safety-Toolkit-04.pdf>
- H2PI: <https://www.h2pi.org/>

Educational Events

Learning and Action Networks (LANs)

- Jan. 17 Patient Safety Culture and Harm Reduction
 - Breakout sessions led by different HQICs
- Feb. 28 Health Equity Framework and Action Planning
 - Featuring health equity SME at Alliant HQIC

Community of Practice (CoP)

- Monthly webinars hosted by Centers for Medicare & Medicaid Services (CMS) to share successes, strategies and best practices across the learning community
- Calls held on the second Thursday of every month from 1-2 p.m. ET

All events available on the Alliant HQIC website

<https://quality.allianthealth.org/topic/hospital-quality-improvement/>

Infection Prevention

Office Hours-IP Chats

- IP Chats are quarterly networking events to build knowledge, share experience and provide support for hospital infection preventionists
- Hosted by Amy Ward, MS, BSN, RN, CIC, FAPIC
- Fourth Wednesday of the month
- Jan. 25 from 2-2:30 p.m. ET
- <https://allianthealthgroup.webex.com/allianthealthgroup/onstage/g.php?MTID=e721955f752b226f72876a36e6f4efa27>

NHSN Bite-Sized Learning Videos

- Series of bite-sized learnings for most frequently asked questions regarding CDC's NHSN database
- Topics include annual surveys, monthly reporting plans, adding new users or changing the facility administrator, facility mapping, data entry and analysis
- Watch the videos
 - https://quality.allianthealth.org/media_library/infection-prevention-hospital-quality-improvement-contractor/

Subject Matter Experts (SMEs) Provide 1:1 Coaching



Jennifer Massey, PharmD
Pharmacy and ADE
Technical Adviser



Amy Ward, RN, BS, MS, CIC
Infection Prevention Specialist



Rosa Abraha, MPH
Health Equity Lead



Melody Brown, MSM
Care Transitions/Readmissions

Coaching Packages posted on Alliant website

Update coaching packages by May 2023

Resources on Alliant HQIC Website

- Coaching Packages – A total of 13 patient safety topics, readmissions, patient and family engagement (PFE) and health equity
- HQIC LAN Events
 - Upcoming
 - On-Demand
 - Choose a topic under On-Demand Education for slides and recordings
- ➡ • Change Paths include key takeaways and resources
- Archived newsletters - News, educational events, expert insights, resources
- Success stories from enrolled hospitals

Hospital Portal

- [Link to Portal Instructions and Portal Website](#)
- Ensure you log in with the same email address that you shared with your HQIC quality advisor
- Contact the HQIC quality advisor to share your email address to gain access
- Available Information
 1. Assessment Data
 2. Measurement Data*
 3. Discussions
- Same data that quality advisor sees in Power BI

Evaluation Measures (Blue Navigation Icons)

- ## Monthly Monitoring Measures (Green Navigation Icons)

- Parameters**

Provider Id
REGIONAL WEST MEDICAL CENTER

Report
HOIC Measure Performance Trends

Apply

Report

Performance Trend For Measures calculated as a Ratio

REGIONAL WEST MEDICAL CENTER

Measure
ADE_ANTICOAG

Navigation Options for Trend

 - Trend for Measures Reported as Percentage
 - Trend for Measures Reported as SIR
 - Trend for Monitoring Measures (Percentage)
 - Trend for Monitoring Measures (Ratio)
 - Trend COVID Vaccination and Naran_DC

Anticoagulant ADEs per 1,000 Medicare Discharges

Rate - Target Yr 1 - Baseline

Month	Numerator	Denominator	Rate	Target Yr 2
2019_12	173	2111	81.95	74.986
2020_09	9	148	60.81	74.986
2020_10	18	202	89.11	74.986
2020_11	18	165	109.09	74.986
2020_12	10	141	70.92	74.986
2021_01	13	173	75.14	74.986
2021_02	16	164	97.56	74.986
2021_03	22	165	133.33	74.986

Intervention Performance compared to 6 months ago
Improving

Baseline Month: Baseline: Current: 6 month performance
07/01/2021 92.39 76.923 Improving

RIR Performance

RIR Goal Yr 1 - RIR Achieved

Relative Improvement Over Baseline

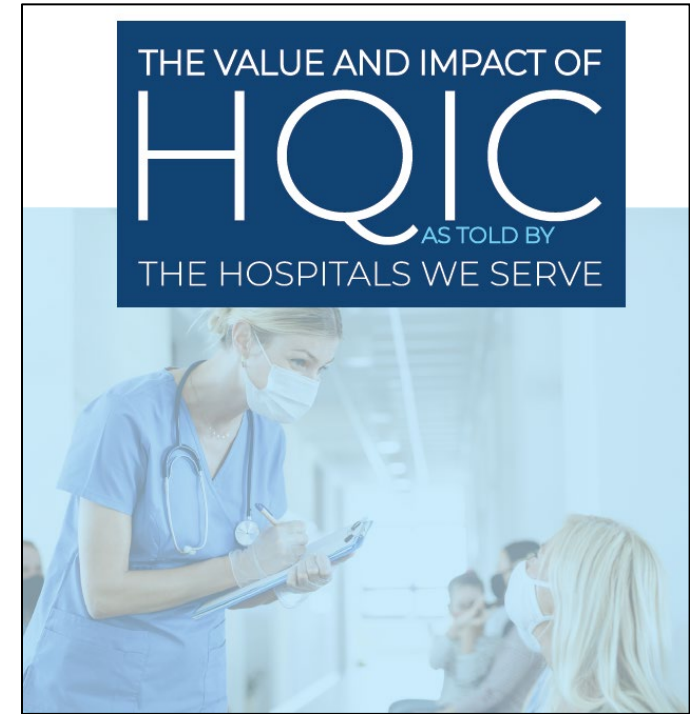
CCN	Hospital Name	BaselineRate	Target for Yr 2	Running Numerator	Running Denominator	Running Ratio	Difference from Target	RIR Goal	RIR Achieved
280061	REGIONAL WEST MEDICAL CENTER	81.952	74.986	268	2877	93.15	-18.17	8.50%	-13.67%

Events Avoided to date (based on baseline rate)
-32

Relative Improvement from Baseline Group
Worsen

The Value and Impact of HQIC As Told by the Hospitals We Serve

- Interviewed 14 hospitals to identify the most value as well as opportunities to improve the program
- Six high-performing hospitals and eight lower-performing hospitals
- Six rural IPPS, five CAHs and three Urban Targeted
- Conducted in November 2022



Value and Impact - Positive Feedback

- “HQIC has given us a new perspective on the work we are doing”
- “Our Quality Advisor has been an amazing resource for coming up with new ways of approaching each subject”
- “I’ve used several of the Coaching Packages. I like them because of the best practices and interventions we haven’t thought of”
- “Networking helps us determine what we can do better and become better caregivers”
- “I’ve only been in Quality for a year and a half, so all the tools and resources are helpful to me”
- “HQIC pushed us to create a Patient & Family Advisory Committee”
- “We appreciate Alliant HQIC’s work with health equity”

Opportunities and Action Plan in 2023

Opportunity	Action Plan
More streamlined website	Functional improvements to the site includes user-friendly design, diverse imagery, robust search function and additional language options. Anticipate new website in Spring 2023.
Provide patient-level data	The CMS contract agreement prevents us from sharing patient-level data.
Data lag	Data lag in Claims data is approximately four months; however, NHSN data has less data lag.
Receive health disparities data more frequently	Beginning in 2023, health disparities data will be updated every six months. Includes race and age; will include dual eligibility in Spring 2023.

Questions?

- Type questions in chat
- Email us at HospitalQuality@allianthealth.org
- Call us at 678-527-3681



Wrap Up/Adjourn

- Complete the post-event poll
- Connect every six months for a Quality Leader Summit
- One-hour virtual call
- Next Call:
 - Tuesday, June 13, 2023, from 1-2 p.m. ET
 - Hot Topics: Add ideas for content in the chat

Thank you for your participation!

CMS Fact Sheet

Alliant HQIC Fact Sheet

Hospital Quality Improvement Contractors (HQICs) | Your Quality Improvement Leaders for Acute Care

The Centers for Medicare & Medicaid Services (CMS) Quality Improvement Organization (QIO) Program is one of the largest federal programs dedicated to improving the quality of health care at the community level. **Hospital Quality Improvement Contractors (HQICs)** are strategic partners of the QIO Program that support this mission within hospital settings. Their initiatives are designed to improve health care quality, access, value and equity for people with Medicare.

Health care quality is the overarching goal. The QIO Program and HQICs connect and convene the right people to help solve the nation's most pressing health care challenges, one community at a time.

What are HQICs?

Data-driven. It's the data that help hospitals measure progress toward quality improvement (QI) gains. Hundreds of thousands of patients and families benefit from CMS-supported QI projects that make today's hospital stays safer and improve the quality of hospital care.

Dynamic and collaborative. HQICs partner with small, rural and critical access hospitals and facilities that care for vulnerable and underserved patients. Their quality improvement consulting and expertise – offered at no cost to the hospitals – help hospital leaders and clinical teams develop local QI projects designed to:

- Reduce opioid misuse and adverse drug events.
- Increase patient safety with a focus on preventing hospital-acquired infections.
- Refine care coordination processes to reduce unplanned admissions.

HQICs also share their QI resources to assist hospitals with pandemic responses and emergency preparedness.

Hospitals in 49 States and 5 Territories

9 Quality Improvement Partners

4 Years

Local.

- Provide no-cost quality improvement consulting to help leadership teams understand and implement Medicare and other federal health care guidelines.
- Engage with hospital leaders and stakeholders to help tailor national QI priorities to local conditions.
- Support health equity through patient and family engagement.
- Coordinate goal setting, communication, QI resources and crisis response by facilitating partnerships with community, state and local organizations.

Measurable.

- Help gather, analyze and interpret health care data to inform decisions that impact patients, families, partners and communities.
- Visualize data to help hospitals track progress toward local and national quality goals.
- Demonstrate how hospital processes can evolve in response to real-time data.

Sustainable.

- Create and spread learning opportunities for today's evidence-based best practices.
- Develop peer and community networks for learning, collaboration and sharing.
- Teach and coach QI processes and techniques for lasting change.

To Learn More

The four-year HQIC program will remain active through October 2024. Please visit [QIOProgram.org](https://www.QIOProgram.org) to learn more about HQIC partners and QI initiatives.

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

HQIC
Hospital Quality Improvement Contractors
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QUALITY IMPROVEMENT & INNOVATION GROUP

1250W/Bizwell/DWA-436-04/21/20

ALLIANT
HEALTH SOLUTIONS

ALLIANT QUALITY

MAKING HEALTH CARE BETTER

Alliant Quality - A Network of Quality Improvement and Innovation Contractor (NQIIC) with Demonstrated Success in Recruiting, Engaging and Improving Provider Performance

As the quality improvement services group of Alliant Health Solutions, Alliant Quality is a successful CMS contractor with a national footprint serving public and private customers in 12 states. Alliant Quality successfully manages work and effectively meets clients' quality improvement needs by:

- Operating as a clinically led and data-driven enterprise
- Being an experienced CMS contractor
- Demonstrating value across multiple clinical settings
- Providing customer service orientations
- Having prior positive work with Hospital Improvement and Innovation Networks (HIINs) and hospitals

Alliant Quality Experience

Alliant Quality has demonstrated long-term success providing hospitals with technical assistance for quality reporting and measure improvement. Our partnerships with Hospital Quality Improvement Contractors (HQICs) and hospitals have provided essential value-added experience such as:

- Establishing long-term relationships with providers that impact HQIC measures, such as community partners/long-term care facilities for readmissions
- Proven return on investment relative to time, resources and budget
- Improvement rates relative to the specific aims
- Implemented processes that impact short- and long-term efficiency goals

MEDICATION SAFETY

- Decrease opioid prescribing
- Decrease opioid adverse events

PATIENT SAFETY

- Reduce all cause harm
- Reduce adverse drug events
- Reduce avoidable readmissions
- Reduce incidence of C. Diff

CARE TRANSITIONS

- Reduce hospital admissions
- Reduce hospital readmissions
- Reduce emergency department visits

With decades of experience and access to hundreds of clinical specialists, Alliant Quality's company size allows us to provide personalized customer service and adapt to customer needs—all while putting patients first. We work collaboratively and combine strong data analytics with our clinical specialists to give context to the data while eliminating silos typically found on health care data teams. Alliant Quality helps make health care better by providing services that make health care safer and more effective.

For more information on how Alliant Quality can assist your team, please contact hospitalquality@alliantquality.org.
[WWW.ALLIANTQUALITY.ORG](https://www.alliantquality.org)

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Georgia Hospital Association
KFMC Health Improvement Partners
Konza

Hospital Quality Improvement



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Thank you for joining us!
How did we do today?

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