Quality Leader Summit

Welcome!

• All lines are muted, please ask your questions in Chat and send to everyone
• Please actively participate in polling questions that pop up on the lower right-hand side of your screen
• Please be aware that this event will be recorded
Alliant HQIC Moderators

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

Karen Holtz, MT (ASCP), MS, CPHQ
Education and Training Lead
Making Health Care Better Together

Hospital Quality Improvement

Welcome from all of us!
Agenda

• Welcome
• HQIC Updates
• Performance Data
• Hot Topics: Sepsis, Health Equity
• Educational Events and Networking
• Updated Resources
• Wrap Up/Adjourn
HQIC Updates: Additional areas of focus in the coming months

1. Patient Engagement – patient/family voice in learning events
2. Staff Onboarding and Retention – bundles of workforce training and resources
3. High Reliability Culture – collaboration with aviation or nuclear industry
4. Rural Emergency Hospitals (REHs)- convert to emergency services and observation care
5. Violence Prevention – environmental scan; improve security policies
6. Hospital Governance Engagement – engage with hospital boards
7. Regional Hospital Networks – network development to avoid duplication of effort
### Summary HQIC Level Performance: 30 Month

<table>
<thead>
<tr>
<th>Measure</th>
<th>30 Month RIR Performance</th>
<th>RIR Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anticoagulation and Hypoglycemia ADEs</td>
<td>43.45%</td>
<td>8.5%</td>
</tr>
<tr>
<td>OPIOID ADEs</td>
<td>90.39%</td>
<td>5.0%</td>
</tr>
<tr>
<td>OPIOID Prescribing</td>
<td>-0.22%</td>
<td>8.0%</td>
</tr>
<tr>
<td>Readmissions</td>
<td>4.95%</td>
<td>3.0%</td>
</tr>
<tr>
<td><strong>All Cause Harm</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CDC_CAUTI_ICU_P</td>
<td></td>
<td></td>
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<tr>
<td>CDIFF_Combination</td>
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<tr>
<td>CDIFF_RATE</td>
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<td>CDC_CLABSI_ICU_P</td>
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<td>MRSA_Combination</td>
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<tr>
<td>PU_STAGE3</td>
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<td></td>
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<tr>
<td>SEPSIS_MORT_2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SEPSIS_SHOCK</td>
<td></td>
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</tr>
</tbody>
</table>

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

RIR Achieved = Relative Improvement Rate compared to baseline (2019 data for all measures except CAUTI, CLABSI and MRSA which is 2020 data)

Source:
CMS claims and NHSN data as of September 2021-September 2022
Focused Measures Cohorts in Action

- Hospitals focus on 1-2 areas and implement interventions from coaching packages
- Top patient safety topics include readmissions (35%) and sepsis (32%) followed by opioid prescribing at discharge (13%)
- Health equity interventions included in all patient safety topics
- Monitoring by domains:
  - Reach
  - Adoption
  - Implementation
Meet the Speakers from Colquitt Regional Medical Center

Melinda (Lindy) Sanderson, MSN, RN, CMSRN
Assistant Director of Quality Assurance

After graduating from the University of Georgia with a Bachelor of Science in biology, Lindy decided to go back to nursing school. In the six years since she obtained her BSN, she has worked as a medical-surgical RN and graduated with a Master's in nursing leadership and development.

Ashley McDaniel, MSN, RN, CIC
Infection Preventionist

Ashley McDaniel has been a nurse for 18 years where she spent most of her bedside career working in the ICU. She earned her Master's of Science in nursing in 2018 and became certified in infection prevention and control in 2019.
Making Sepsis As Easy To Recognize As A Heart Attack

- 99-bed acute care facility located in rural southwest Georgia

Sepsis goals:
- Improve bundle compliance from baseline 35% in 2019
- Improve rate of recognition and diagnosis of Severe Sepsis and Septic Shock
- Decrease Sepsis mortality rate of 13% in 2019
Sepsis Taskforce

- Multidisciplinary group meets monthly
- Reviews each sepsis chart to look for opportunities for improvement
  - Antibiotic administration time
  - Lab work; blood cultures and lactic acid collection timing
  - Failures in reporting critical lab values
- Implements best practice processes
- Provides feedback to frontline staff
- Develops process changes including enhancements to the EMR
EMR Enhancements

- Triage assessment including Systemic Inflammatory Response Syndrome (SIRS) criteria
- Quick Sepsis-related Organ Failure Assessment (qSOFA) score calculated based on the Glasgow Coma Scale (GCS)
- Code Sepsis Protocol
- National Early Warning Score (NEWS)
**Staff Buy-In and Education**

**Staff Engagement**
- Clinical ladder
- Annual incentive bonus
- Recognition of staff weekly

**Staff Education**
- Weekly emails
- Annual skills fair
- HealthStream
- Quality rounding
- Badge buddies*
- Sepsis workflow form
- ED Code Sepsis checklist

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**Severe Sepsis Criteria**

All three must be met within 6 hours of each other:

1. Documentation of suspected source of infection
2. SIRS Criteria (2 or more):
   - Temperature >100.9°F OR <95.6°F
   - Pulse >90/min
   - Respiratory Rate >20/min
   - WBC >12,000 OR <4,000 OR >10% bands
3. Organ dysfunction (any one):
   - SBP <90 or MAP <65
   - Acute respiratory failure requiring new mechanical ventilation (ET tube, BiPAP)
   - GFR <20
   - Total Bilirubin >2 mg/dL
   - Platelet count <100,000
   - INR >1.5 or PTT >60 seconds (not on anticoagulant)
   - Lactate >2 mmol/L

**Resuscitation Bundle**

To Be Completed Within 3 Hours:

1. Measure lactate level
2. Obtain blood culture prior to administration of antibiotics
3. Administer broad spectrum antibiotics
4. Administer 30 ml/kg crystalloid fluids for hypotension or lactate greater than or equal to 4 mmol/kg

To Be Completed Within 6 Hours:

1. Re-measure lactate if initial lactate is >2
2. Apply vasopressors (for hypotension that does not respond to initial fluid resuscitation) to maintain a SBP >90 or mean arterial pressure (MAP) >65 mmHg
3. Repeat volume status and tissue perfusion assessment (by the provider)

---

*Badge Buddy*
## Severe Sepsis/Septic Shock Workflow

<table>
<thead>
<tr>
<th>Transfer Unit:</th>
<th>ER</th>
<th>2nd</th>
<th>3rd</th>
<th>4th</th>
<th>5th</th>
<th>ICU</th>
<th>OB</th>
<th>OR</th>
</tr>
</thead>
</table>

### Sepsis Criteria Met:
- Source of infection
- 2 or more SIRS
- Organ Dysfunction
- Date/Time:

### Septic Shock:
- Persistent hypotension one hour following administration of target volume crystalloid fluids (30mL/kg), SBP <90 or MAP <65 or decrease in SBP >40mmHg.

### Within 3 hours of presentation:
- Obtain Serum Lactate
  - Time Drawn
  - LA Result
- Obtain Blood cultures prior to antibiotic administration
  - Time Drawn
- Administer broad spectrum antibiotic
  - Time Given
- Name of first antibiotic or already on IV antibiotic(s) appropriate for infection
- Total Volume infused:

### Within 6 hours of presentation:
- Re-obtain Serum Lactate
- Administer initial bolus of 30mL/kg of crystalloid fluids for initial hypotension or serum lactate >4
  - PT wt. ___ kg x 30 = ___ mL
- Repeat lactate if initial level >2
- Time Drawn
- LA Result
- Place on Vasopressors if hypotension persists after fluid administration
- Time started
- Name of Vasopressor

## ED CODE SEPSIS Checklist

### Sepsis Recognition

- Symptoms of infection + 2 SIRS Criteria +
- 1 "Sepsis Game-Changer"
  - Altered Mental Status (or change from baseline)
  - SBP <90 or MAP <65
  - Immuno-compromised
  - Lactic Acid >2.0

### Within 20 minutes of ED Arrival + Concern for CODE SEPSIS
- Obtain patient weight
- Undress patient and remove bandages if present
- Insert 2 large-bore IVs
- 1-stat VBG, Lactic Acid, Chem 8 drawn and results
- 2 blood cultures from 2 different sites
- CBC, Hepatic Panel, Procalcitonin

### Within 20 minutes of CODE SEPSIS
- MD evaluates patient
- Time of MD eval:
  - Confirms suspicion of Infection/Code Sepsis & rules out Surgical Abdomen
  - CODE Sepsis cancelled, Reason:
  - Obtain order for crystalloid fluids (30mL/kg for initial hypotension or lactate >4)

### Within 60 minutes of CODE SEPSIS
- Urinalysis and Urine Culture (Straight path if needed)
- 30mL/kg NS/FF infused (as appropriate for patient with reassessment after each liter)
- Indicated Imaging (e.g., CT/angiogram)

### Within 120 minutes of CODE SEPSIS
- Antibiotics ordered & initiated (see attached guidelines)
  - Lab Antibiotics not ordered (Reason):
  - Repeat Lactic Acid if initial result >2.0
- Time of Abx order:
- Ongoing CODE SEPSIS Care
  - IF Repeat Lactic Acid >4 or SBP >90, MD to Initiate Floor Admission
  - IF Repeat Lactic Acid >4 or SBP <90, MD to consider ICU Admission and Vasopressors
  - Call Report & transfer patient

### Time of Code:
- Time of Call
- Time of Transfer
## FYTD 2023 Results: Sepsis Mortality Rate

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Sepsis Rate</td>
<td>13.0%</td>
<td>16.2%</td>
<td>14.6%</td>
<td>13.5%</td>
<td>9.7%</td>
<td>6.8%</td>
<td>13.8%</td>
<td>8.2%</td>
<td>9.5%</td>
<td>7.6%</td>
<td>13.2%</td>
</tr>
<tr>
<td>Mortality minus Palliative Care</td>
<td>2.8%</td>
<td>2.8%</td>
<td>4.1%</td>
<td>1.74%</td>
<td>1.08%</td>
<td>1.69%</td>
<td>1.72%</td>
<td>1.37%</td>
<td>0.00%</td>
<td>1.12%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Ongoing Avg (FY)</td>
<td>13.2%</td>
<td>16.3%</td>
<td>14.6%</td>
<td>14.6%</td>
<td>14.6%</td>
<td>14.6%</td>
<td>14.6%</td>
<td>14.6%</td>
<td>14.6%</td>
<td>14.6%</td>
<td>14.6%</td>
</tr>
<tr>
<td>Sepsis Deaths</td>
<td>42</td>
<td>91</td>
<td>107</td>
<td>93</td>
<td>36</td>
<td>4</td>
<td>8</td>
<td>6</td>
<td>6</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td># encounters</td>
<td>323</td>
<td>562</td>
<td>735</td>
<td>688</td>
<td>372</td>
<td>59</td>
<td>58</td>
<td>73</td>
<td>63</td>
<td>66</td>
<td>53</td>
</tr>
</tbody>
</table>

The above table provides the FYTD 2023 results for the Sepsis Mortality Rate. The data includes the Sepsis Rate, Mortality minus Palliative Care, and the ongoing average for the fiscal years 2019 to 2023. The table also includes the number of encounters and the number of sepsis deaths for each month and fiscal year.
FYTD 2023 Results: Sepsis Bundle Compliance

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Sepsis Rate</td>
<td>65.4%</td>
<td>60.7%</td>
<td>77.3%</td>
<td>82.6%</td>
<td>92.0%</td>
<td>96.0%</td>
<td>84.0%</td>
<td>90.6%</td>
<td>84.0%</td>
<td>94.7%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Goal</td>
<td>92.4%</td>
<td>92.4%</td>
<td>92.4%</td>
<td>92.4%</td>
<td>92.4%</td>
<td>92.4%</td>
<td>92.4%</td>
<td>92.4%</td>
<td>92.4%</td>
<td>92.4%</td>
<td>92.4%</td>
</tr>
<tr>
<td>3/6 hr Bundle Compliance</td>
<td>117</td>
<td>181</td>
<td>248</td>
<td>233</td>
<td>161</td>
<td>24</td>
<td>21</td>
<td>29</td>
<td>21</td>
<td>36</td>
<td>30</td>
</tr>
<tr>
<td>Sepsis/Shock Dx</td>
<td>179</td>
<td>298</td>
<td>321</td>
<td>282</td>
<td>175</td>
<td>25</td>
<td>25</td>
<td>32</td>
<td>25</td>
<td>38</td>
<td>30</td>
</tr>
</tbody>
</table>
Sustainability Plan

• Sepsis Taskforce continues to meet monthly to review sepsis charts, recommendation changes, definition updates, and new regulatory requirements
• Seeks out and provides ongoing educational opportunities to the frontline staff, leadership team, and Sepsis Coordinator
• Participation in state and national collaboratives, conferences, and virtual learning opportunities provide networking and best practice updates
• Monitoring and reporting of Sepsis data occurs monthly to the leadership team
• “We ARE going to make Sepsis as easy to recognize as a heart attack!”
Rosa joined Alliant in December 2021 to lead the company’s first health equity strategic portfolio and embed health equity in the core of Alliant’s work. Rosa has 10 years of experience in public health advisory for premier agencies, including the Centers for Disease Control and Prevention (CDC), the National Institutes of Health (NIH), and the Food and Drug Administration (FDA). She holds a Master of Public Health in Health Policy and Management from Emory University.
Hospital Leadership Engagement in Health Equity

**CMS HCHE**

Mandatory CY23

MUC 2021-106 | Domain 5A
Our hospital senior leadership, including chief executives and the entire hospital board of trustees, annually reviews our strategic plan for achieving health equity.

**TJC**

Mandatory 1/1/24

Standard LD.04.03.08
Reducing healthcare disparities for the [organization’s] [patients] is a quality and safety priority.

EP 1
The [organization] designates an individual(s) to lead activities to reduce healthcare disparities for the [organization’s] [patients].
This template aims to help organizations assess the extent to which they have incorporated health equity best practices as part of its overall operations.

There are 7 major categories for evaluation in this analysis: organizational leadership, workforce training, data collection, data validation, data stratification, health literacy/cultural competence, community partnerships.
Health Equity Action Plan

CMS HCHE  
Mandatory CY23

- **Domain 1A**
  - Our hospital strategic plan identifies priority populations who currently experience health disparities.

- **Domain 1B**
  - Our hospital strategic plan identifies healthcare equity goals and discrete action steps to achieving these goals.

- **Domain 1C**
  - Our hospital strategic plan outlines specific resources which have been dedicated to achieving our equity goals.

TJC  
Mandatory 1/1/24

- **Standard LD.04.03.08**
  - Reducing healthcare disparities for the [organization's] [patients] is a quality and safety priority.

  - **EP 4**
    - The [organization] develops a written action plan that describes how it will address at least one of the healthcare disparities identified in its [patient] population.

  - **EP 5**
    - The [organization] acts when it does not achieve or sustain the goal(s) in its action plan to reduce healthcare disparities.
CMS has released a full **attestation document** which includes a breakdown on each of the domains required to fulfill the hospital commitment to health equity. This screenshot includes details on what to include in your hospital action plan. (Source: CMS)
HOW TO: Create a Hospital Health Equity Action Plan

This fillable worksheet guides the development of a 5-step action plan to identify health disparities and priority populations, define goals, establish a health equity strategy, determine what your organization needs to implement its strategy. (Source: CMS)
### Data Collection: REaL and SDOH Patient Demographic Data

<table>
<thead>
<tr>
<th>CMS HCHE</th>
<th>Mandatory CY23</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MUC 2021-106</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Domain 2A</strong></td>
<td></td>
</tr>
<tr>
<td>Our hospital collects demographic information, including self-reported race and ethnicity and/or social determinant of health information on the majority of our patients.</td>
<td></td>
</tr>
<tr>
<td><strong>Domain 2B</strong></td>
<td></td>
</tr>
<tr>
<td>Our hospital has training for staff in culturally sensitive collection of demographic and/or social determinant of health information.</td>
<td></td>
</tr>
<tr>
<td><strong>Domain 2C</strong></td>
<td></td>
</tr>
<tr>
<td>Our hospital inputs demographic and/or social determinant of health information collected from patients into structured, interoperable data elements using a certified EHR technology.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TJC</th>
<th>Mandatory 1/1/24</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Standard RC.02.01.01</strong></td>
<td></td>
</tr>
<tr>
<td>The [medical] record contains information that reflects the [patient’s] care, treatment, and services.</td>
<td></td>
</tr>
<tr>
<td><strong>EP 28</strong></td>
<td></td>
</tr>
<tr>
<td>The medical record contains the patient’s race and ethnicity.</td>
<td></td>
</tr>
</tbody>
</table>
CMS has released a full attestation document which includes a breakdown on each of the domains required to fulfill the hospital commitment to health equity. This screenshot includes details on what to include in your REAL and SDOH collection. (Source: CMS)
HOW TO: Scripting on REaL Data Collection for Hospital Staff

REAL Data Collection Script and Definition

This document can be provided to staff during orientation or training on the collection of REAL data to ensure consistent screening and documentation are being collected across all points of registration. These are recommended script and suggested responses when screening patients.

Recommended Script for Patient’s Ethnicity, Race, and Language Screening

“I would like you to tell me your race and ethnic background. We use this information to review the treatment patients received and make sure everyone gets the highest quality of care.”

- First, do you consider yourself Hispanic or Latino? (See ethnicity definition at end of document)
  - Yes
  - No
  - Declined
  - Unknown/ Unavailable

- Which category or categories best describe your race? (See race definitions at end of document)
  - American Indian or Alaska Native
  - Asian
  - Black or African American
  - Native Hawaiian or Other Pacific Islander
  - White
  - Declined
  - Unknown
  - Other Race

- What language do you feel most comfortable speaking with your doctor or nurse (patient’s primary language)?
  - Provide a list of options. Consider the community you serve, for example if your community is mostly Asian, provide a list of Asian languages (i.e., Mandarin, Hindi, Japanese, etc.) along with your commonly spoken language such as English and Spanish.
Data Collection: 5 CMS Domains of SDOH Screening

1. Food Insecurity
   Food insecurity is defined as limited or uncertain access to adequate quality and quantity of food at the household level.

2. Housing Instability
   Housing instability encompasses multiple conditions ranging from the inability to pay rent or mortgage, frequent changes in residence including temporary stays with friends and relatives, living in crowded conditions, and actual lack of sheltered housing in which an individual does not have a personal residence.

3. Transportation Needs
   Unmet transportation needs include limitations that impede transportation to destinations required for all aspects of daily living.

4. Utility Difficulties
   Inconsistent availability of electricity, water, oil, and gas services is directly associated with housing instability and food insecurity.

5. Interpersonal Safety
   Assessment for this domain includes screening for exposure to intimate partner violence, child abuse, and elder abuse.
Data Collection: Screening Patients for SDOH

SCREENING FOR SOCIAL DRIVERS OF HEALTH MUC2021–136
Numerator: Number of beneficiaries 18 and older screened for food insecurity, housing instability, transportation needs, utility assistance, and interpersonal violence.
Denominator: Number of beneficiaries 18 and older in practice (or population).

SCREEN POSITIVE RATE FOR SOCIAL DRIVERS OF HEALTH MUC2021–134
Numerator: Number of beneficiaries 18 and older that screen positive for food insecurity, housing instability, transportation needs, utility assistance or interpersonal violence.
Denominator: Total number of beneficiaries 18 and older screened for food insecurity, housing instability, transportation needs, utility assistance or interpersonal violence.

NOTES:
- These are both structural measures and the data can come from multiple sources (administrative claims data, electronic clinical data, standardized patient assessments, or patient-reported data and surveys).
- Exclusion criteria exists for patients who opt out of screening and/or patients who are unable to complete the screening during their stay and have no legal guardian or caregiver who can do so on their behalf.
- The screen positive rate will result in 5 unique rates for each of the 5 categories of social drivers of health.
**HOW TO: CMS AHC HRSN SDOH Screening Tool**

### CMS and CMMI developed the Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool.

### It is recommended to use this form and integrate the questions into your EHR as it contains 2 questions in each of the 5 core domains that CMS will be evaluating for both structural measures (SDOH-1 and SDOH-2).

<table>
<thead>
<tr>
<th>AHC HRSN Screening Tool Core Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>If someone chooses the underlined answers, they might have an unmet health-related social need.</td>
</tr>
</tbody>
</table>

#### Living Situation

1. **What is your living situation today?**
   - I have a steady place to live
   - I have a place to live today, but I am worried about losing it in the future
   - I do not have a steady place to live (I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in an abandoned building, bus or train station, or in a park)

2. **Think about the place you live. Do you have problems with any of the following?**
   - Choose all that apply
   - Pests such as bugs, ants, or mice
   - Mold
   - Lead paint or pipes
   - Lack of heat
   - Oven or stove not working
   - Smoke detectors missing or not working
   - Water leaks
   - None of the above

#### Food

Some people have made the following statements about their food situation. Please answer whether the statements were OFTEN, SOMETIMES, or NEVER true for you and your household in the last 12 months.

3. **Within the past 12 months, you worried that your food would run out before you got money to buy more.**
   - Often true
   - Sometimes true
   - Never true
**Additional SDOH Screening Tools**

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**NOTE:** Hospitals may use any self-reported screening tool but it’s recommended not required to use as many questions as possible from the CMS AHC Health-Related Social Needs Screening Tool.
Reporting on Health Equity Data Collection

- You must report these measures once annually using the web-based data collection tool within the HQR (Hospital Quality Reporting) system online (Ex. similar to submission as the Maternal Morbidity structural measure).

- CMS has not officially released the submission deadline but in the final rule they said it would follow the same submission schedule as the other structural measures. In the case of the Maternal Morbidity structural measure, you collect the data during the calendar year and submit it by May 15 of the following year. It is likely to work like this.

- **Potential Reporting Period:**
  - **Voluntary reporting**
    - Collection period: January 1, 2023 – December 31, 2023
    - Submission deadline: May 15, 2024
  - **Mandatory reporting**
    - Collection period: January 1, 2024 – December 31, 2024
    - Submission deadline: May 15, 2025

Source: Link
## Z-Code Billing for 5 CMS SDOH Categories

### Table 1
**ICD-10-CM Code Categories**

<table>
<thead>
<tr>
<th>ICD-10-CM Code Category</th>
<th>Problems/Risk Factors Included in Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Z55 – Problems related to education and literacy</td>
<td>Illiteracy, schooling unavailable, underachievement in a school, less than a high school diploma, no general equivalence degree (GED), educational maladjustment, and discord with teachers and classmates.</td>
</tr>
<tr>
<td>Z58 – Problems related to physical environment</td>
<td>Inadequate drinking-water supply, and lack of safe drinking water.</td>
</tr>
<tr>
<td>Z59 – Problems related to housing and economic circumstances</td>
<td>Sheltered homelessness, unsheltered homelessness, residing in street, inadequate housing, housing instability, discord with neighbors, lodgers and landlord, problems related to living in residential institutions, inadequate food, lack of adequate food, food insecurity, extreme poverty, low income, and insufficient social insurance and welfare support.</td>
</tr>
</tbody>
</table>

Source: [Link](#)
Data Analysis and Stratification by Hospital Quality Measures

CMS HCIF

Mandatory CY23

MUC 2021-106
Domain 3A
Our hospital stratifies key performance indicators by demographic and/or social determinants of health variables to identify equity gaps and includes this information on hospital performance dashboards.
Domain 1B
Our hospital senior leadership, including chief executives and the entire hospital board of trustees, annually reviews key performance indicators stratified by demographic and/or social factors.

TJC

Mandatory 1/1/24

Standard LD.04.03.08
Reducing healthcare disparities for the [organization’s] [patients] is a quality and safety priority.

EP 3
The [organization] identifies healthcare disparities in its [patient] population by stratifying quality and safety data using the sociodemographic characteristics of the [organization’s] [patients].
CMS has released a full attestation document which includes a breakdown on each of the domains required to fulfill the hospital commitment to health equity. This screenshot includes details on how to stratify REaL and SDOH data by quality measure. (Source: CMS)
HOW TO: Baptist Medical Center South Case Study - Tracking SDOH in 30-Day Readmissions

BMCS participated in our Fall ‘22 HQIC readmission cohort and they were early adopters of embedding SDOH questions into their admissions/readmissions process. Over a 90-day window, they identified their top SDOH barrier for 30-day readmission patients was homelessness and they developed community partnerships to reduce that rate by 10%.
# HOW TO: Baptist Medical Center South Case Study - Interventions for Addressing Homelessness in 30-Day Readmissions

## Primary Interventions
*(in the hospital setting)*

1. Initiate Charity Care applications where available.
2. Develop follow up plan for medical care (primary and specialty).
3. Look to shelters/group homes for basic needs (housing, food, etc.).
4. Offer a short-term placement option for those able to afford low-cost extended stay motels.
5. Connect patient with housing authority, sober living options, utilize local church organizations, VA resources if appropriate, etc.

## Secondary Interventions
*(in the community setting)*

1. Review social support network and current involvement.
2. Ensure DC meds are filled before discharge (up to 90 days).
3. If no form of contact for patient is provided, locate the CCM office number to schedule weekly calls and/or as needed.
4. Conduct reminder calls before follow-up appointments.
5. Offer transportation assistance to follow-up appts if needed.
6. Enroll in Medicaid/Insurance specific CCM program for after 30-day period.
# Interventions for Patients with SDOH Needs and Health Disparities

| CMS HCHE | MUC 2021-106  
Domain 4A  
Our hospital participates in local, regional, or national quality improvement activities focused on reducing health disparities. |
|----------|---------------------------------------------------------------|
| CMS HCHE | MUC 2021-106 Domain 1D  
Our hospital strategic plan describes our approach for engaging key stakeholders, such as community-based organizations. |
| TJC      | Standard LD.04.03.08  
Reducing healthcare disparities for the [organization’s] [patients] is a quality and safety priority.  
EP 2  
The [organization] assesses the [patient’s] health-related social needs and provides information about community resources and support services. |
CMS has released a full attestation document which includes a breakdown on each of the domains required to fulfill the hospital commitment to health equity. This screenshot includes details on how to engage in quality improvement activities to reduce health disparities. (Source: CMS)
A Culture of Health Equity: Key Clinical-Community Partnerships

Example Clinical Partners
- Facilities (i.e., hospitals, nursing homes)
- Critical Service Areas (i.e., ED)
- Individual Clinicians and Critical Service Areas (i.e., ED, Case Management Team)
- Dialysis Centers
- Behavioral Health Clinics
- Social Services
- Pharmacies
- EMS

Example Community Partners
- United Way
- Area Agency On Aging
- Area Medicaid Reps
- Faith-Based Organizations
- Local Business (i.e., Barbershops, Grocery Stores)
- Local Employee Retiree Organizations
- Local Senior Centers
- Local Political Organizations
- Local Power Company
- Community Health Workers
- Local Transportation Agencies
- Housing Agencies
- Food Pantries/Shelters
- Literacy Volunteers
- Police and Fire Depts.
- Veterans Association
- Universities/Research Centers
Ways to Engage with Community Coalitions/PCHs

- Attend PCH meeting to learn what community outreach is going on in your region or state
- Engage with affinity or work groups – share best practices
- Use coaching calls to get questions answered
- Attend regional and statewide community coalition meetings
- State contacts:

<table>
<thead>
<tr>
<th>State</th>
<th>Contact Name</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>LA</td>
<td>Carla Schuler</td>
<td><a href="mailto:Carla.schuler@allianthealth.org">Carla.schuler@allianthealth.org</a></td>
</tr>
<tr>
<td>TN</td>
<td>Julie Clark</td>
<td><a href="mailto:julie.clark@allianthealth.org">julie.clark@allianthealth.org</a></td>
</tr>
<tr>
<td>GA</td>
<td>Mel Brown</td>
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<tr>
<td>NC</td>
<td>Marilee Johnson</td>
<td><a href="mailto:Marilee.johnson@allianthealth.org">Marilee.johnson@allianthealth.org</a></td>
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<td>FL</td>
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<tr>
<td>AL</td>
<td>Beth Greene</td>
<td><a href="mailto:beth.greene@allianthealth.org">beth.greene@allianthealth.org</a></td>
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</table>

Georgia Partners for Community Health

Statewide Call: Collaborate With Your Community Partners to Improve Health

Wednesday, May 3
10 - 11 a.m.

Register!

Join us to hear Alliant Health Solutions staff discuss The Community Health Worker Program, safe opioid prescribing, CDC updates, and behavioral and mental health.

Speakers:
- Carissa Jones, Community Health Worker Lead
- Jennifer Massey, PharmD
- Linda Kluge, RD, CPHQ
- Sherri Creel

We encourage you to forward this to any community partners that may benefit from joining.

About the Program: The Partnership for Community Health

GHA has partnered with Alliant Health Solutions to bring together diverse community members, partners, and providers at the local level to collaborate on data-driven improvement initiatives. The Partnership for Community Health (POH) are made possible through a contract with the Centers for Medicare & Medicaid Services (CMS), is a national movement focused on improving areas such as behavioral health, patient safety, care coordination, and public health. Participants are grouped geographically and are comprised of health care practitioners, providers, and/or members from various clinical settings, health care groups, non-clinical organizations, and local community support/service organizations as indicated by CMS. These local coalitions will gather quarterly to share their experiences in an all-teach, all-learn environment.
HOW TO: SDOH Action Plan Template for Care Team Members

This resource is a patient-level fillable template on resources and actions being taken to address a patient’s SDOH needs. (Source: AAFP)
Culturally and Linguistically Appropriate Services (CLAS) Standards

- EP 1: The hospital identifies the patient’s oral and written communication needs, including the patient’s preferred language for discussing healthcare.
- EP 2: The hospital communicates with the patient during the provision of care, treatment, and services in a manner that meets the patient’s oral and written communication needs.
HOW TO: Train Staff on CLAS Standards (Alliant CLAS Videos)

Health Literacy

Alliant QIO
4 videos 2 views Last updated on May 18, 2023

1. Health Literacy with Dr. Iris Feinberg, PhD, CHES
   Alliant QIO • 116 views • 3 months ago

2. Bite-Sized Learning: Using Teach-Back
   Alliant QIO • 26 views • 8 days ago

3. Bite-Sized Learning: CLAS 101
   Alliant QIO • 37 views • 1 month ago

4. Bite-Sized Learning: CLAS Implementation
   Alliant QIO • 38 views • 1 month ago

Source: Link
Resource Links to Download for Full CMS Guidance on Health Equity

<table>
<thead>
<tr>
<th>File Name</th>
<th>File Type</th>
<th>File Size</th>
<th>Download</th>
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<tr>
<td>Attestation Guidance for the Hospital Commitment to Health Equity Measure (12/2022)</td>
<td>PDF</td>
<td>481 KB</td>
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<td>Hospital Commitment to Health Equity Structural Measure Specifications (12/2022)</td>
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<td>Screening for Social Drivers of Health Measure and the Screen Positive Rate for Social Drivers of Health Measure (December 2022)</td>
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<tr>
<td>Frequently Asked Questions: Social Drivers of Health (SDOH) Measures</td>
<td>PDF</td>
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Source: [https://qualitynet.cms.gov/inpatient/iqr/measures#tab2](https://qualitynet.cms.gov/inpatient/iqr/measures#tab2)
Alliant Health Solutions Health Equity Coaching Package

### HEALTH EQUITY COACHING PACKAGE

Purpose: Use the evidence-based best practices and resources to create quality improvement action plans.

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<tr>
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<tbody>
<tr>
<td></td>
<td><strong>Beginning Health Equity Journey</strong></td>
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<td></td>
<td>Begin health equity journey with planning and preparation</td>
<td>Roadmap for Success: Implementing Equitable Care (HSAG HQIC, 2021)</td>
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<td>Health Equity Snapshot: A Toolkit for Outcomes</td>
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<td>The Health Equity Roadmap (AHA/IFDHE)</td>
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<td></td>
<td>Become familiar with federal and private sector definitions, standards and requirements for hospital health equity</td>
<td>CMS New SDOH Standards - Remington Report</td>
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<td>NPSG.16.01.01 Improving health care equity for the hospital’s patients is a quality and safety priority</td>
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<td>CMS Health Equity Fact Sheet</td>
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<td>CMS Health Equity Programs</td>
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<td>CMS Framework for Health Equity 2022 - 2032</td>
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<td>The Joint Commission Health Equity R3 Report</td>
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<td></td>
<td>Conduct an equity of care gap analysis</td>
<td>Health Equity Organizational Assessment (MHA)</td>
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<td>Review resources on best practices for effective hospital health equity implementation</td>
<td>A Practical Guide for Implementing Hospital Health Equity - AHS HQIC LAN</td>
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<td>AHS Health Equity Presentation to Alabama Hospital Association</td>
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<td>Change Path of Health Equity Resources (Feb 28, 2023)</td>
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<td>Building an Organizational Response to Health Disparities (CMS, 2020)*</td>
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*Contains links to other resources

Educational Events

- Learning and Action (LAN) Events
- Moving to Zoom platform
- Jun 27 Reengineering Fall and Fall Injury Programs
- Jul 25 Reenergizing Patient and Family Advisory Councils (PFACs)
- Aug through Oct Antibiotic Stewardship Series

Community of Practice (CoP) Calls
- 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
- Please direct any questions to dvacsupport@bizzellus.com

All events available on the Alliant HQIC website https://quality.allianthealth.org/topic/hospital-quality-improvement/
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
- July 26 from 2-2:30 p.m. ET
- October 25 from 2-2:30 p.m. ET
- Registration link: https://bit.ly/HQIC_IPChats

- Check out the Apr 26 slides for COVID 19 hospital data reporting updates

- COVID-19 Hospital Data Guidance Update – Office Hours Session Thursday, June 15, 2023, from 2-3 pm ET
  Register: https://cdc.zoomgov.com/webinar/register/WN_2CnKZ7bnTE-wTAeRmOpm_g
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

Updated coaching packages posted on Alliant website
Updated Resources on Alliant HQIC Website

• Coaching Packages – A total of 13 patient safety topics, readmissions, patient and family engagement (PFE) and health equity
• Added health equity interventions to all coaching packages where relevant

<table>
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<tr>
<th>Health Equity NPSG #16</th>
<th>Assess health-related social needs and provide community resource information</th>
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<tr>
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<td>Identify disparities by stratifying data using sociodemographic characteristics</td>
<td>NPSG.16.01.01 Improving health care equity for the hospital’s patients is a quality and safety priority</td>
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<tr>
<td>Health Equity Alliant Data</td>
<td>Review Alliant health disparities data by race and ethnicity.</td>
<td>Check Power BI data</td>
</tr>
<tr>
<td>Health Equity Alliant Data</td>
<td>Review Alliant health disparities data by dual eligibility.</td>
<td>Planning for June; Check Power BI data</td>
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</table>

1. ADE Anticoagulants
2. ADE Hypoglycemics
3. ADE Opioids
4. Antibiotic Stewardship
5. CAUTI
6. CLABSI
7. C diff
8. MRSA
9. Pressure Injuries
10. Readmissions
11. Sepsis
12. Patient and Family Engagement
13. Health Equity
Updated Resources on Alliant HQIC Website

• HQIC LAN Events
  – Upcoming
  – On-Demand
    • Choose a topic under On-Demand Education for slides, recordings, and change path

• Archived newsletters - News, educational events, expert insights, resources
  ✓ To receive monthly newsletter, give name, title and email address to your assigned QI Adviser

• 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. Summary Performance Data*
  4. Discussions

*Same data that quality advisor sees in Power BI
Questions?

• Type questions in Chat and send to everyone
• Email us at hospitalquality@allianthealth.org
• Call us at 678-527-3681
Wrap Up/Adjourn

• Complete the post-event poll
• Connect in spring 2024 for a Quality Leader Summit
• One-hour virtual call
• Add hot topics to post-event evaluation
• Today’s slides are posted in Chat

Thank you for your participation!
Upcoming Events

June 27, 2023, 2 - 3 p.m. ET

Enhancing Capacity - Reengineering Fall and Fall Injury Programs: Infrastructure, Capacity and Sustainability

Patricia A. Quigley, PhD, APRN, CRRN, FAAN, FAANP, FARN

Event registration and information:

July 25, 2023, 1 p.m. ET

Reenergizing Patient and Family Advisory Councils (PFACs)

Wills Memorial Hospital (GA)

Event registration forthcoming:
https://quality.allianthealth.org/nqiic/hqic/
Making Health Care Better Together

Hospital Quality Improvement

Thank you for joining us!

This material was prepared by Alliant Health Solutions (AHS), the Hospital Quality Improvement Contractor (HQIC) under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this document do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. Publication No. 1250W-AHS-QIN-QIO-TO3-HQIC-3869-06/01/23