

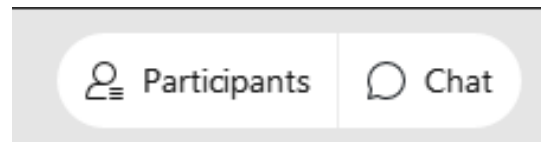


NVHA/HSAG HQIC Informational Session What You Need To Know

Nevada Hospital Association (NVHA)
Health Services Advisory Group (HSAG)
Hospital Quality Improvement Contract (HQIC) Program
December 2020

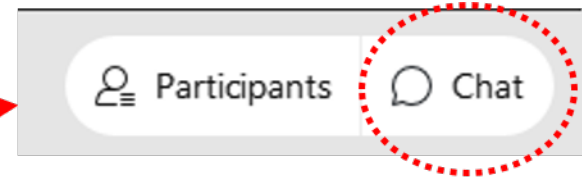
How to Find the Chat Button

- Click on the button at the bottom right corner of your WebEx window and select the chat button.



How to Submit a Question

1. To submit a question, click on the **Chat Button** located in the bottom right corner of your WebEx window.

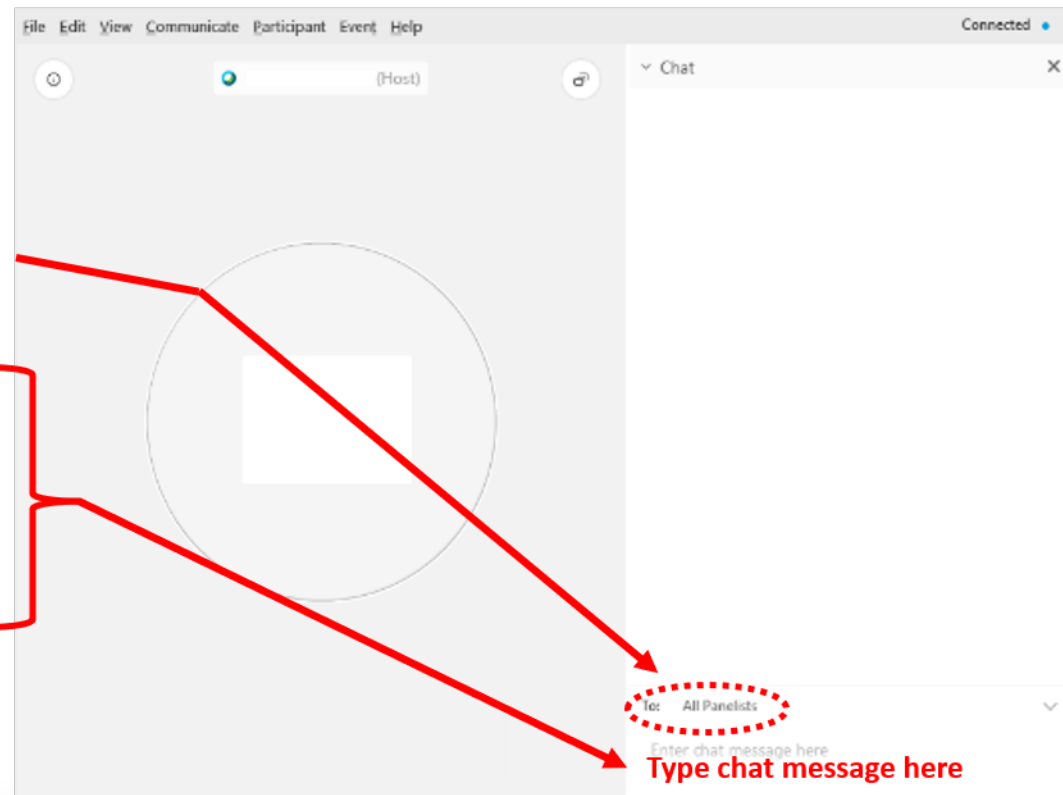


2. The **Chat** panel will open on your right.

3. Indicate that you want to send a question to **All Panelists**.

4. Type your question in the box at the bottom of the panel.

5. Press **Enter** on your keyboard to submit your question.



To connect to the audio portion of the webinar,
please have WebEx call you.

Partnering for Excellence



Nevada
Hospital
Association



Marissa Brown, MHA, BSN, RN
Workforce and Clinical Services Director
NVHA

Webinar Objectives

- Describe the Centers for Medicare & Medicaid Services (CMS) HQIC initiative, goals, and a timeline for the coming months.
- Discover how HSAG will support your acute care quality improvement work.
- Move toward next steps in participation.

A Word From Mary Ellen Dalton, CEO, HSAG



Mary Ellen Dalton, PhD, MBA, RN
President & Chief Executive Officer

On behalf of Health Services Advisory Group, I welcome you to this informational webinar for the Hospital Quality Improvement Contract.

We're very excited to present to you the details of the HQIC and have you as a partner in this program.

Meet the HSAG HQIC Core Strategy Team



Christine Martini-Bailey
MSN, RN, CSSGB
Executive Director, HSAG



Laurie Hensley-Wojcieszyn
MHA, CPHQ, LSSGB
Associate Director, HSAG



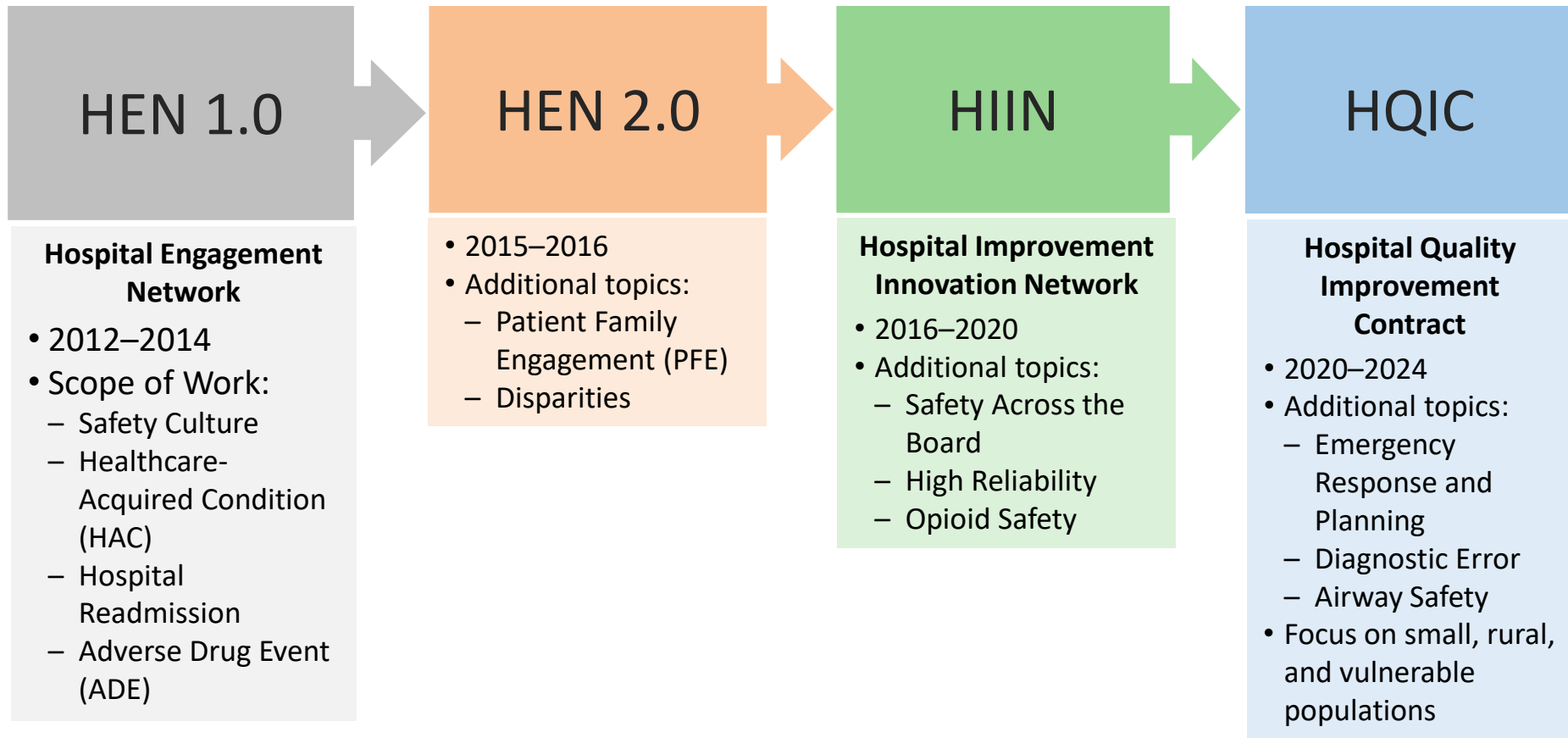
Eli Delille
MSN, RN, CIC, FAPIC
Associate Director, HSAG



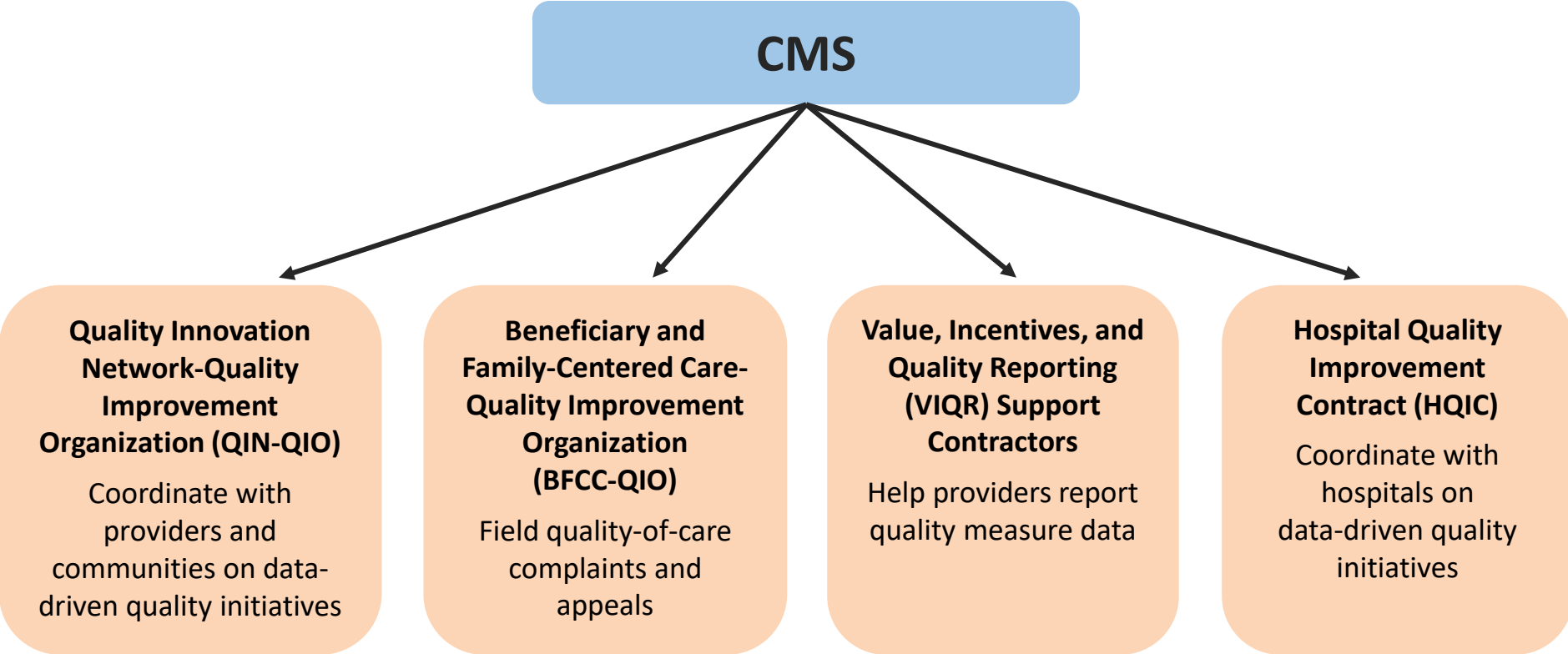
Greg Sieradzki
MS, MHA, CPHQ, LSSGB
Quality Advisor, HSAG

CMS/HHS¹ Programs

The Partnership for Patients

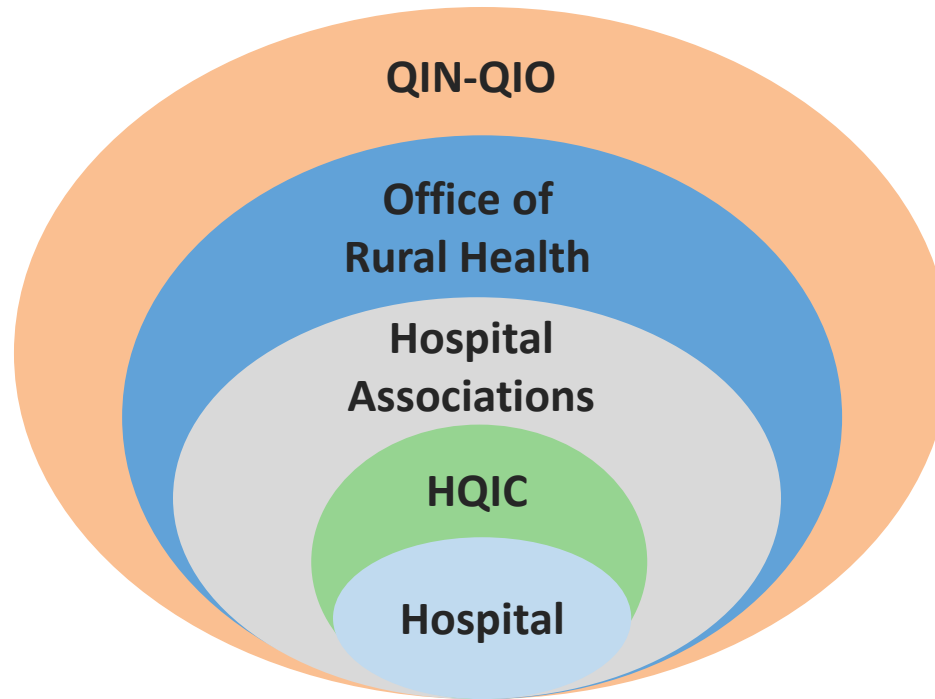


The CMS Quality Contractors

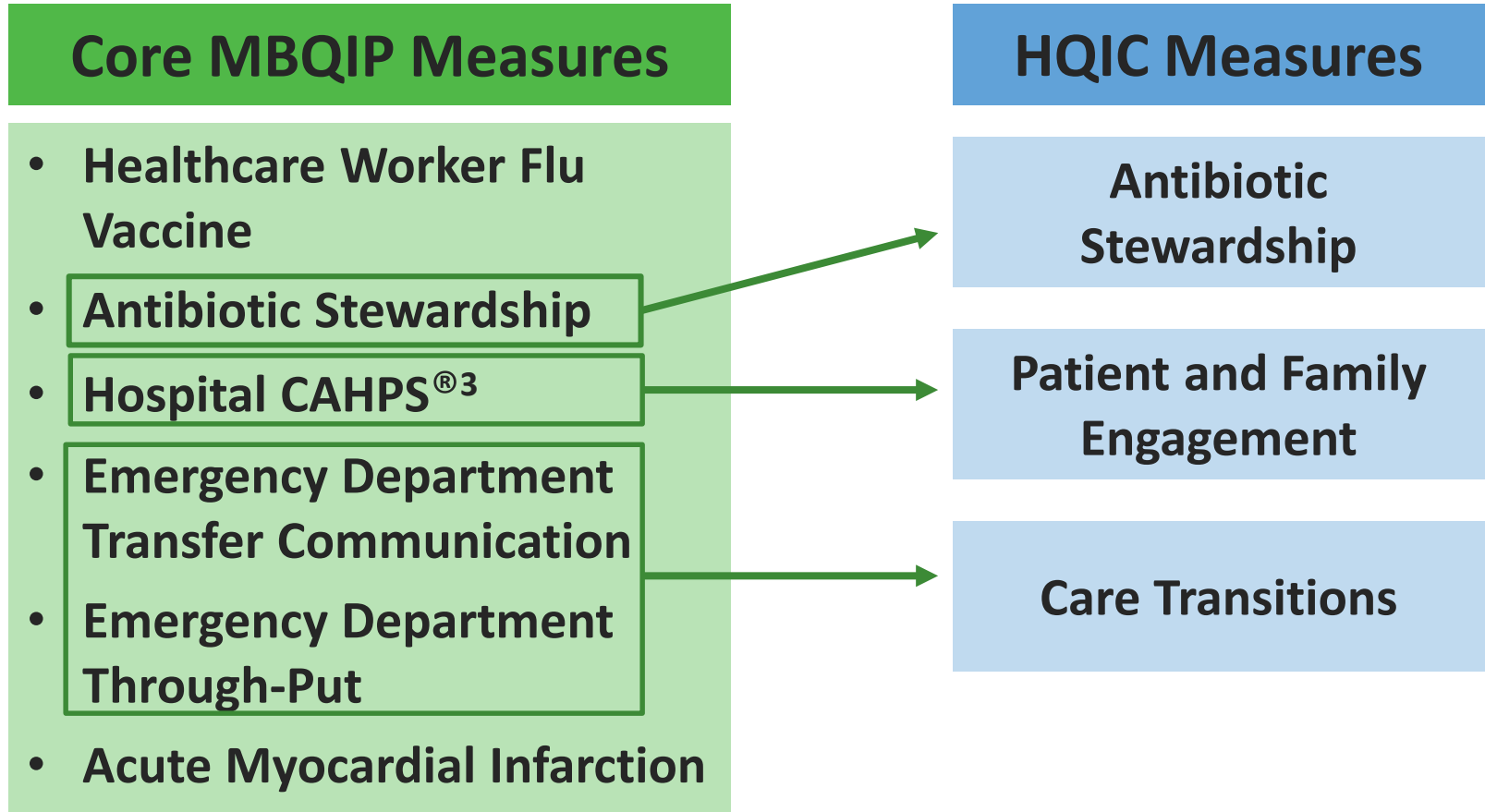


Collaborating Partners and Stakeholders

Working together to ensure seamless collaboration



Aligning With MBQIP¹ for CAHs²

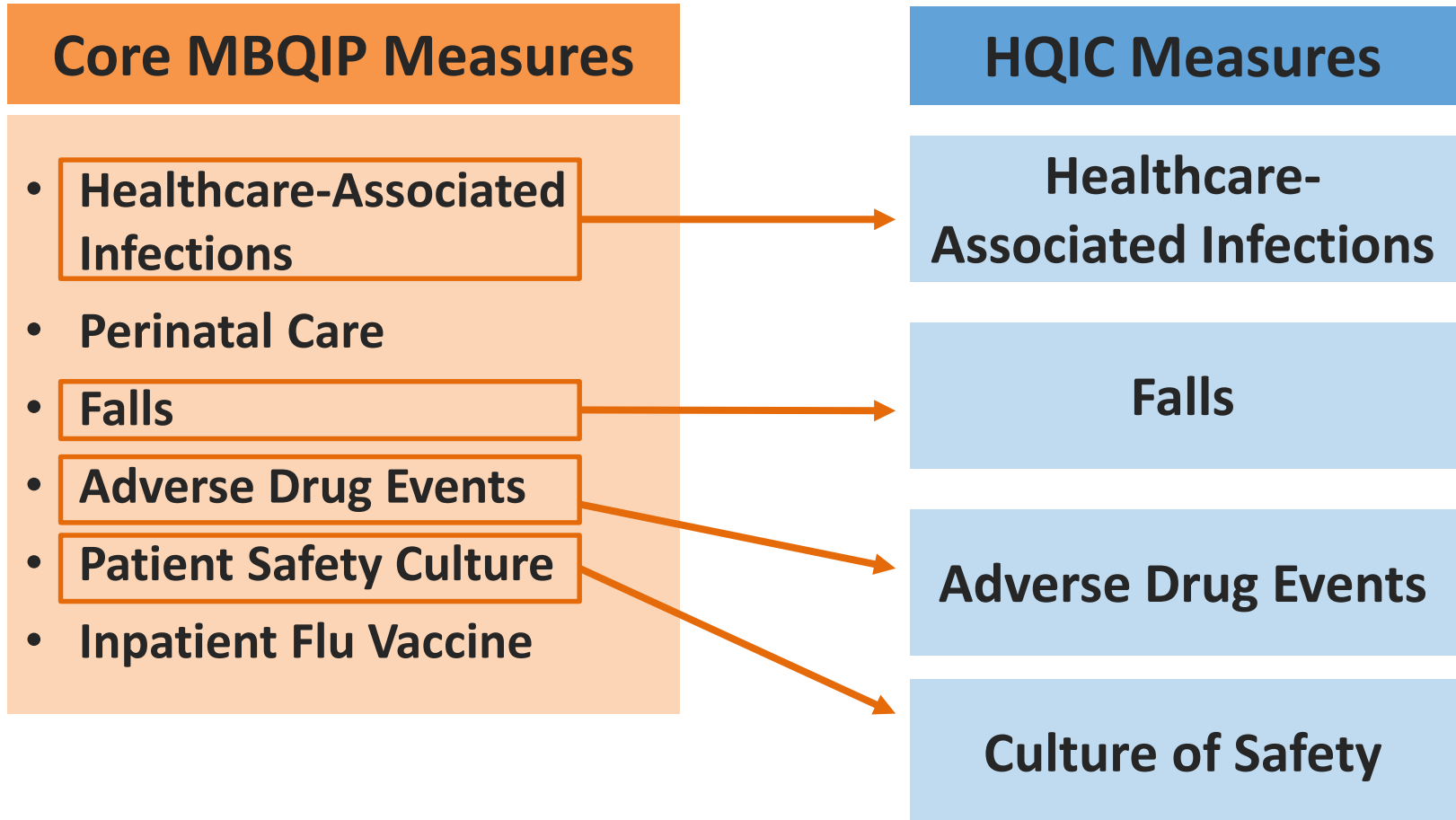


1. MBQIP=Medicare Beneficiary Quality Improvement Project

2. CAH=Critical Access Hospital

3. Hospital CAHPS=Hospital Consumer Assessment of Healthcare Providers and Systems. CAHPS[®] is a registered trademark of the Agency for Healthcare Research and Quality, a U.S. Government agency.

Aligning With MBQIP for CAHs (cont.)



Aligning with Value-Based Purchasing for Acute Care Hospitals

Safety

1. **CAUTI:** Catheter-Associated Urinary Tract Infection
2. **CDI:** *Clostridioides difficile* Infection
3. **CLABSI:** Central Line-Associated Bloodstream Infection
4. **MRSA:** Methicillin-resistant *Staphylococcus aureus* Bacteremia
5. **SSI:** Surgical Site Infection Colon Surgery and Abdominal Hysterectomy
6. **PC-90:** Patient Safety and Adverse Events Composite (new for fiscal year)

Person & Community Engagement

1. **HCAHPS Survey Dimensions**
 - Communication with Nurses
 - Communication with Doctors
 - Responsiveness of Hospital Staff
 - Communication about Medicines
 - Cleanliness and Quietness of Hospital Environment
 - Discharge Information
 - Care Transition
 - Overall Rating of Hospital

Domain Weights



Clinical Care

1. **MORT-30-AMI:** Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Acute Myocardial Infarction (AMI) Hospitalization
2. **MORT-30-CABG:** Hospital 30-Day RSMR Following Coronary Artery Bypass Graft (CABG) Surgery
3. **MORT-30-COPD:** Hospital 30-Day, All-Cause, RSMR Following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization
4. **MORT-30-HF:** Hospital 30-Day, All-Cause, RSMR Following Heart Failure (HF) Hospitalization
5. **MORT-30-PN:** Hospital 30-Day, All-Cause, RSMR Following Pneumonia (PN) Hospitalization (old cohort)
6. **THA/TKA:** Hospital-Level, Risk-Standardized Complication Rate (RSCR) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA)

Efficiency & Cost Reduction

1. **MSPB:** Medicare Spending per Beneficiary

Aligning with Value-Based Purchasing for Acute Care Hospitals

Safety

1. **CAUTI:** Catheter-Associated Urinary Tract Infection
2. **CDI:** *Clostridioides difficile* Infection
3. **CLABSI:** Central Line-Associated Bloodstream Infection
4. **MRSA:** Methicillin-resistant *Staphylococcus aureus* Bacteremia
5. **SSI:** Surgical Site Infection Colon Surgery and Abdominal Hysterectomy
6. **PC-90:** Patient Safety and Adverse Events Composite (new for fiscal year)

Person & Community Engagement

1. **HCAHPS Survey Dimensions**
 - Communication with Nurses
 - Communication with Doctors
 - Responsiveness of Hospital Staff
 - Communication about Medicines
 - Cleanliness and Quietness of Hospital Environment
 - Discharge Information
 - Care Transition
 - Overall Rating of Hospital

HQIC: Healthcare-Associated Infections (HAIs)

Clinical Care

1. **MORT-30-AMI:** Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Acute Myocardial Infarction (AMI) Hospitalization
2. **MORT-30-CABG:** Hospital 30-Day RSMR Following Coronary Artery Bypass Graft (CABG) Surgery
3. **MORT-30-COPD:** Hospital 30-Day, All-Cause, RSMR Following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization
4. **MORT-30-HF:** Hospital 30-Day, All-Cause, RSMR Following Heart Failure (HF) Hospitalization
5. **MORT-30-PN:** Hospital 30-Day, All-Cause, RSMR Following Pneumonia (PN) Hospitalization (old cohort)
6. **THA/TKA:** Hospital-Level, Risk-Standardized Complication Rate (RSCR) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA)

Efficiency & Cost Reduction

1. **MSPB:** Medicare Spending per Beneficiary

Aligning with Value-Based Purchasing for Acute Care Hospitals

Safety

1. **CAUTI:** Catheter-Associated Urinary Tract Infection
2. **CDI:** *Clostridioides difficile* Infection
3. **CLABSI:** Central Line-Associated Bloodstream Infection
4. **MRSA:** Methicillin-resistant *Staphylococcus aureus* Bacteremia
5. **SSI:** Surgical Site Infection Colon Surgery and Abdominal Hysterectomy
6. **PC-90:** Patient Safety and Adverse Events Composite (new for fiscal year)

Person & Community Engagement

1. **HCAHPS Survey Dimensions**
 - Communication with Nurses
 - Communication with Doctors
 - Responsiveness of Hospital Staff
 - Communication about Medicines
 - Cleanliness and Quietness of Hospital Environment
 - Discharge Information
 - Care Transition
 - Overall Rating of Hospital

HQIC

- **PSI 03:** Pressure Ulcer Rate
- **PSI 08:** In-Hospital Fall With Hip Fracture Rate
- **PSI 11:** Postoperative Respiratory Failure Rate
- **PSI 12:** Perioperative Pulmonary Embolism (PE) or Deep Vein Thrombosis (DVT) Rate
- **PSI 13:** Postoperative Sepsis Rate
- **PSI 14:** Postoperative Wound Dehiscence Rate

Clinical Care

1. **MORT-30-AMI:** Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Acute Myocardial Infarction (AMI) Hospitalization
2. **MORT-30-CABG:** Hospital 30-Day RSMR Following Coronary Artery Bypass Graft (CABG) Surgery
3. **MORT-30-COPD:** Hospital 30-Day, All-Cause, RSMR Following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization
4. **MORT-30-HF:** Hospital 30-Day, All-Cause, RSMR Following Heart Failure (HF) Hospitalization
5. **MORT-30-PN:** Hospital 30-Day, All-Cause, RSMR Following Pneumonia (PN) Hospitalization (old cohort)
6. **THA/TKA:** Hospital-Level, Risk-Standardized Complication Rate (RSCR) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA)

Efficiency & Cost Reduction

1. **MSPB:** Medicare Spending per Beneficiary

Aligning with Value-Based Purchasing for Acute Care Hospitals

Safety

1. **CAUTI:** Catheter-Associated Urinary Tract Infection
2. **CDI:** *Clostridioides difficile* Infection
3. **CLABSI:** Central Line-Associated Bloodstream Infection
4. **MRSA:** Methicillin-resistant *Staphylococcus aureus* Bacteremia
5. **SSI:** Surgical Site Infection Colon Surgery and Abdominal Hysterectomy
6. **PC-90:** Patient Safety and Adverse Events Composite (new for fiscal year)

Person & Community Engagement

1. **HCAHPS Survey Dimensions**
 - Communication with Nurses
 - Communication with Doctors
 - Responsiveness of Hospital Staff
 - Communication about Medicines
 - Cleanliness and Quietness of Hospital Environment
 - Discharge Information
 - Care Transition
 - Overall Rating of Hospital

HQIC: Patient and Family Engagement (PFE)

Clinical Care

1. **MORT-30-AMI:** Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Acute Myocardial Infarction (AMI) Hospitalization
2. **MORT-30-CABG:** Hospital 30-Day RSMR Following Coronary Artery Bypass Graft (CABG) Surgery
3. **MORT-30-COPD:** Hospital 30-Day, All-Cause, RSMR Following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization
4. **MORT-30-HF:** Hospital 30-Day, All-Cause, RSMR Following Heart Failure (HF) Hospitalization
5. **MORT-30-PN:** Hospital 30-Day, All-Cause, RSMR Following Pneumonia (PN) Hospitalization (old cohort)
6. **THA/TKA:** Hospital-Level, Risk-Standardized Complication Rate (RSCR) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA)

Efficiency & Cost Reduction

1. **MSPB:** Medicare Spending per Beneficiary

Aligning with Value-Based Purchasing for Acute Care Hospitals

Safety

1. **CAUTI:** Catheter-Associated Urinary Tract Infection
2. **CDI:** *Clostridioides difficile* Infection
3. **CLABSI:** Central Line-Associated Bloodstream Infection
4. **MRSA:** Methicillin-resistant *Staphylococcus aureus* Bacteremia
5. **SSI:** Surgical Site Infection Colon Surgery and Abdominal Hysterectomy
6. **PC-90:** Patient Safety and Adverse Events Composite (new for fiscal year)

Person & Community Engagement

1. **HCAHPS Survey Dimensions**
 - Communication with Nurses
 - Communication with Doctors
 - Responsiveness of Hospital Staff
 - Communication about Medicines
 - Cleanliness and Quietness of Hospital Environment
 - Discharge Information
 - Care Transition
 - Overall Rating of Hospital

HQIC: Patient Safety and Care Transitions

Clinical Care

1. **MORT-30-AMI:** Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Acute Myocardial Infarction (AMI) Hospitalization
2. **MORT-30-CABG:** Hospital 30-Day RSMR Following Coronary Artery Bypass Graft (CABG) Surgery
3. **MORT-30-COPD:** Hospital 30-Day, All-Cause, RSMR Following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization
4. **MORT-30-HF:** Hospital 30-Day, All-Cause, RSMR Following Heart Failure (HF) Hospitalization
5. **MORT-30-PN:** Hospital 30-Day, All-Cause, RSMR Following Pneumonia (PN) Hospitalization (old cohort)
6. **THA/TKA:** Hospital-Level, Risk-Standardized Complication Rate (RSCR) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA)

Efficiency & Cost Reduction

1. **MSPB:** Medicare Spending per Beneficiary

Aligning with Value-Based Purchasing for Acute Care Hospitals

Safety

1. **CAUTI:** Catheter-Associated Urinary Tract Infection
2. **CDI:** *Clostridioides difficile* Infection
3. **CLABSI:** Central Line-Associated Bloodstream Infection
4. **MRSA:** Methicillin-resistant *Staphylococcus aureus* Bacteremia
5. **SSI:** Surgical Site Infection Colon Surgery and Abdominal Hysterectomy
6. **PC-90:** Patient Safety and Adverse Events Composite (new for fiscal year)

Person & Community Engagement

1. **HCAHPS Survey Dimensions**
 - Communication with Nurses
 - Communication with Doctors
 - Responsiveness of Hospital Staff
 - Communication about Medicines
 - Cleanliness and Quietness of Hospital Environment
 - Discharge Information
 - Care Transition
 - Overall Rating of Hospital



Clinical Care

1. **MORT-30-AMI:** Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Acute Myocardial Infarction (AMI) Hospitalization
2. **MORT-30-CABG:** Hospital 30-Day RSMR Following Coronary Artery Bypass Graft (CABG) Surgery
3. **MORT-30-COPD:** Hospital 30-Day, All-Cause, RSMR Following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization
4. **MORT-30-HF:** Hospital 30-Day, All-Cause, RSMR Following Heart Failure (HF) Hospitalization
5. **MORT-30-PN:** Hospital 30-Day, All-Cause, RSMR Following Pneumonia (PN) Hospitalization (old cohort)
6. **THA/TKA:** Hospital-Level, Risk-Standardized Complication Rate (RSCR) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA)

Efficiency & Cost Reduction

1. **MSPB:** Medicare Spending per Beneficiary

HSAG HIIN—Ranked #1 Across All HIINs in the CMS Performance Goals for the Program¹



265 hospitals

including small, rural, and critical access hospitals worked with HSAG and committed to CMS quality initiatives to improve their quality and patient safety outcomes.²



25,141

Harms Avoided



2,753

Lives Saved

Top 3 Harms Avoided Since Q4 2016

Only 3 types of harms make up almost 95% of all avoided harms over the past 3 years.



11,350 avoided HAPIs



9,533 avoided CDIs



2,957 avoided sepsis events

“HSAG HIIN has provided our hospital with valuable on-site evaluation of our clinical activities, tangible recommendations for improvement, comparative data, and monthly update calls, with specific recommendations for improvement.”

—Steve Tanner, MBA, CPHQ, Director Clinical Quality, Regulatory Compliance & Risk Management, Providence Holy Cross Medical Center

How HSAG HIIN Hospitals Benefit



Interactive performance dashboard through the HSAG secure web portal



Programs designed to advance the CMS focused patient and family engagement



Support and resources to address health equity


1. Among 16 participating HIINs in Partnership for Patients (PfP) program 11/18–09/19. Ranking determined through Reporting, Achievement, and Improvement Summary for Excellence (RAISE) Scoring Rubric Methodology. RAISE measured HIIN-participating hospital improvement/achievement—within each of the HIINs—toward CMS goals of reducing 30-day readmissions and all-cause inpatient harm by 12 and 20%, respectively.
2. Out of the 265 hospitals, HSAG HIIN had 33 critical access hospitals and 232 acute care hospitals.

CMS-Funded HQIC Program






*“Provide customized quality improvement outreach to meet the **specific needs of small, rural, and critical access hospitals, and those serving vulnerable populations.**”*

- Acute care facilities
 - **At no cost for your organization**
- Kick-off September 2020

Alignment With CMS Quality Goals

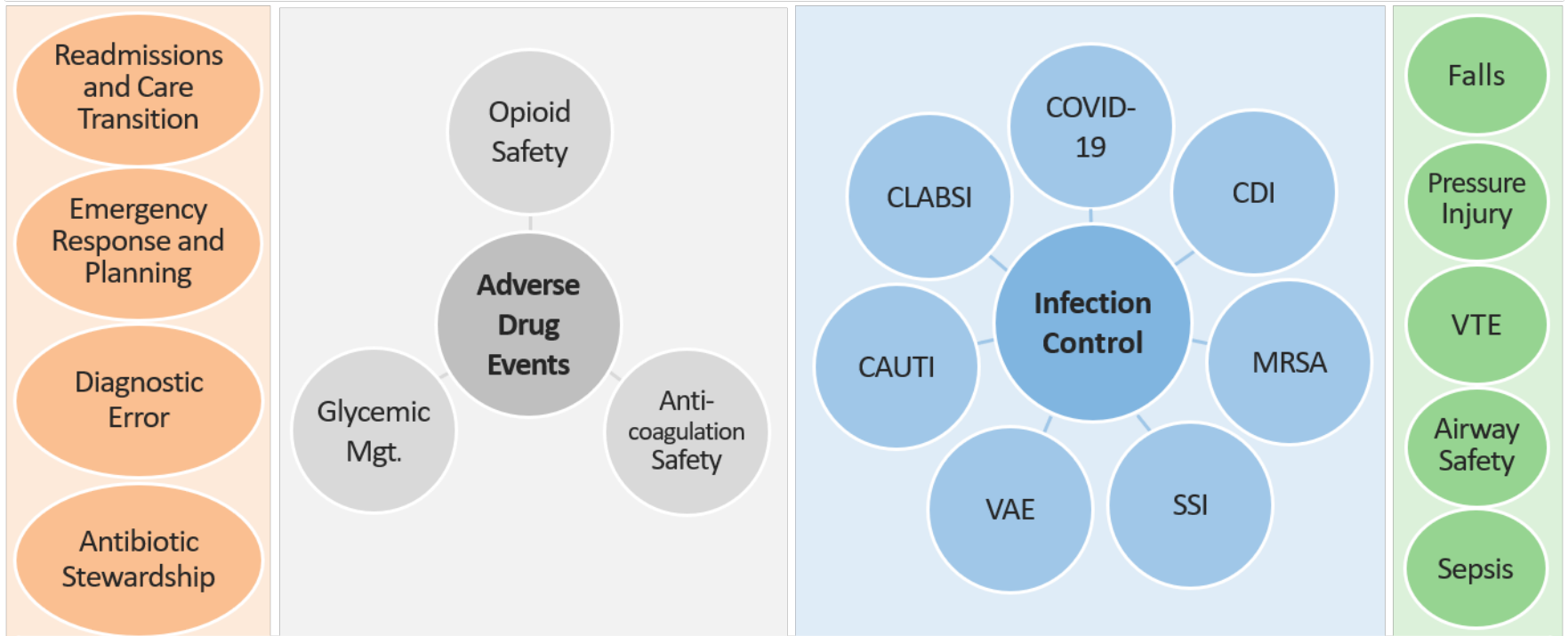
- Goal 1: Decrease opioid misuse
 - Implement opioid stewardship
 - Decrease opioid adverse events
 - Goal 2: Increase patient safety
 - Reduce all-cause harms
 - Goal 4: Increase quality of care transitions
 - Reduce readmissions
 - Focus on high utilizers
- 
- Infection prevention
 - Sepsis/sepsis shock
 - Hospital-acquired pressure injury
 - Venous thromboembolism
 - Falls
 - Airway safety
 - Diagnostic error
 - Others

Additional CMS Focus

	Patient and family engagement
	Disparities
	Culture of safety
	Comprehensive quality improvement infrastructure
	Emergency response and planning – Pandemic preparedness

HQIC—Proposed Quality and Safety Topics

Quality and Safety Culture



Patient and Family Engagement

Health Equity

HQIC Program Features—Our Pledge



Commitment to CMS/patient safety



Leadership and board engagement



Agile support/intense one-on-one support



Work in concert with other stakeholders to avoid redundancy



Multipronged strategies for CAHs and hospitals who serve vulnerable populations



We need and want your regular feedback

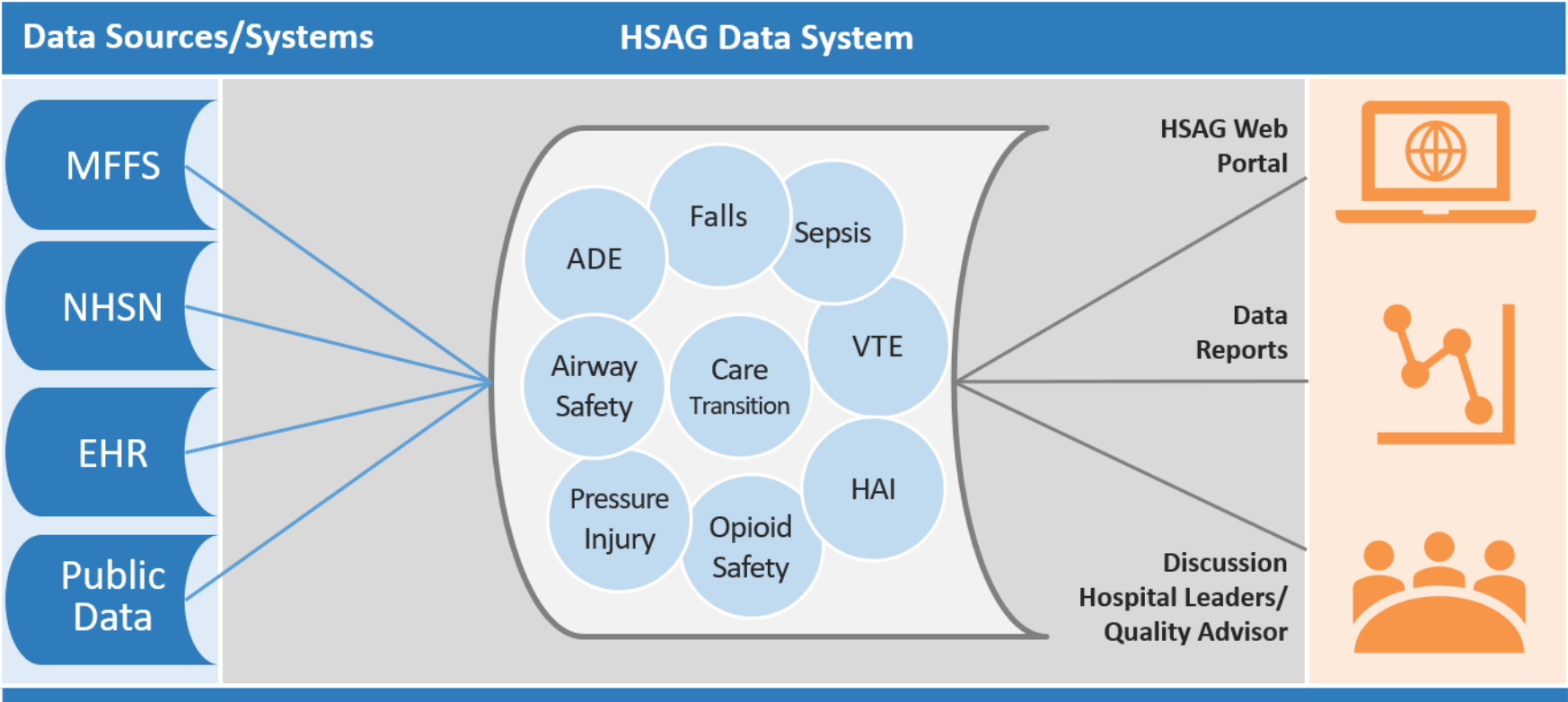
HSAG HQIC Global Support



Knowledge
sharing

- Weekly newsletters
- Highlight of the month
- Sharing your successes
- On-demand educational content
- Update on evidence-based practices
- Pandemic preparedness
- Infection prevention
- National Healthcare Safety Network (NHSN) support

HSAG HQIC Facility-Level Support: A Data-Driven Approach



Customized Readmission Reports to Focus Interventions

Pneumonia (PNE)

All-Cause and Disease-Specific Breakdown

Timeframe of Readmissions

Table 11: Discharge Distribution after Inpatient Hospitalization for PNE—Q2 2018-Q1 2019¹⁵

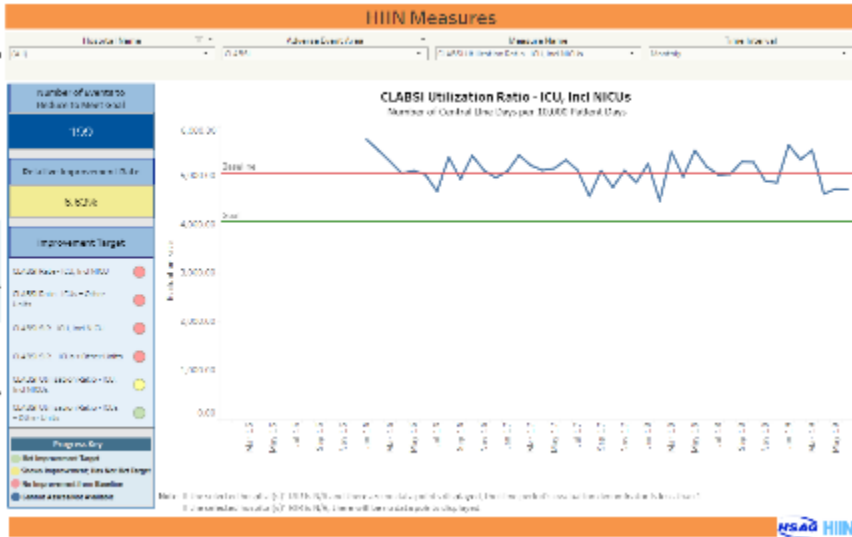
Group	Setting Discharged To	30-Day Readmit Rate	Discharges	Readmits Within 30 Days	30-Day Readmits to Same Hospital		30-Day Readmits to Different Hospital		Days to Readmission									
					N	%	N	%	0-3 Days		4-7 Days		8-14 Days		15-21 Days		22-30 Days	
									N	%	N	%	N	%	N	%	N	%
Your Hospital	Home	18.18%	187	34	24	70.59%	10	29.41%	5	14.71%	5	14.71%	13	38.24%	3	8.82%	8	23.53%
	SNF	21.43%	154	33	24	72.73%	9	27.27%	2	6.06%	8	24.24%	10	30.30%	6	18.18%	7	21.21%
	HHA	23.29%	73	17	12	70.59%	5	29.41%	2	11.76%	5	29.41%	2	11.76%	4	23.53%	4	23.53%
	Hospice	10.53%	19	2	2	100.00%	0	0.00%	0	0.00%	1	50.00%	1	50.00%	0	0.00%	0	0.00%
	Other	12.12%	33	4	0	0.00%	4	100.00%	1	25.00%	1	25.00%	0	0.00%	0	0.00%	2	50.00%
	Total	19.31%	466	90	62	68.89%	28	31.11%	10	11.11%	20	22.22%	26	28.89%	13	14.44%	21	23.33%

Setting discharged to

Includes Readmissions to Different Hospitals

Focus improvement efforts on patients discharged with PNE to home and SNFs readmitting on days 8–14

HSAG HQIC Performance Dashboard Available for Each Measure



Individual Performance Dashboards

Comparison Performance Dashboard with Multiple Benchmarks



HSAG HQIC Facility-Level Support: A Data-Driven Approach

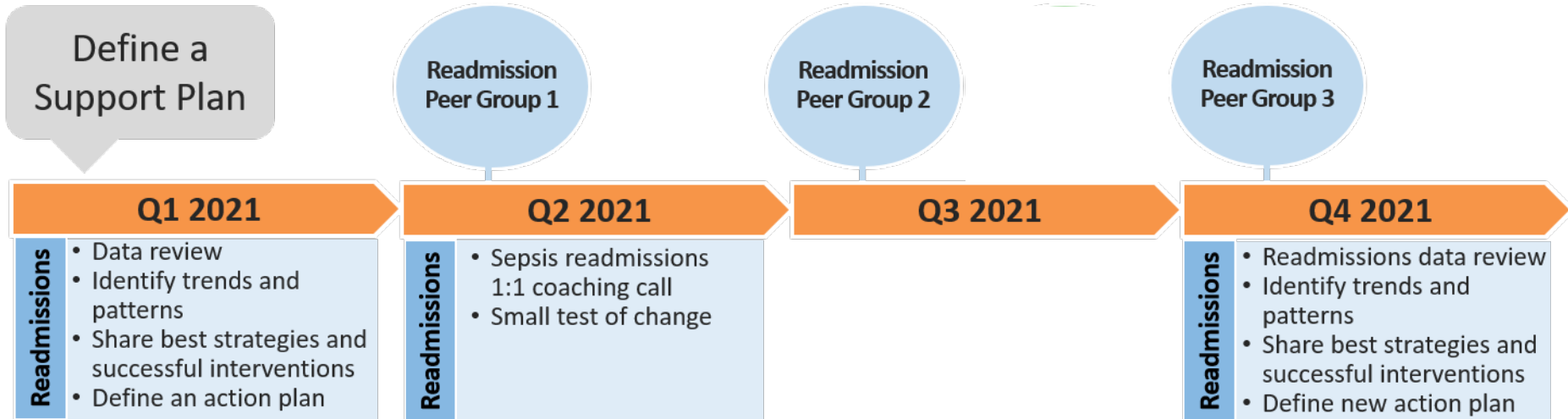


- Regular touch-base meetings with your advisor or topic leads
- One-on-one coaching
- Participation in peer groups
- Data analyses (deep-dive)

— *We're here for you*

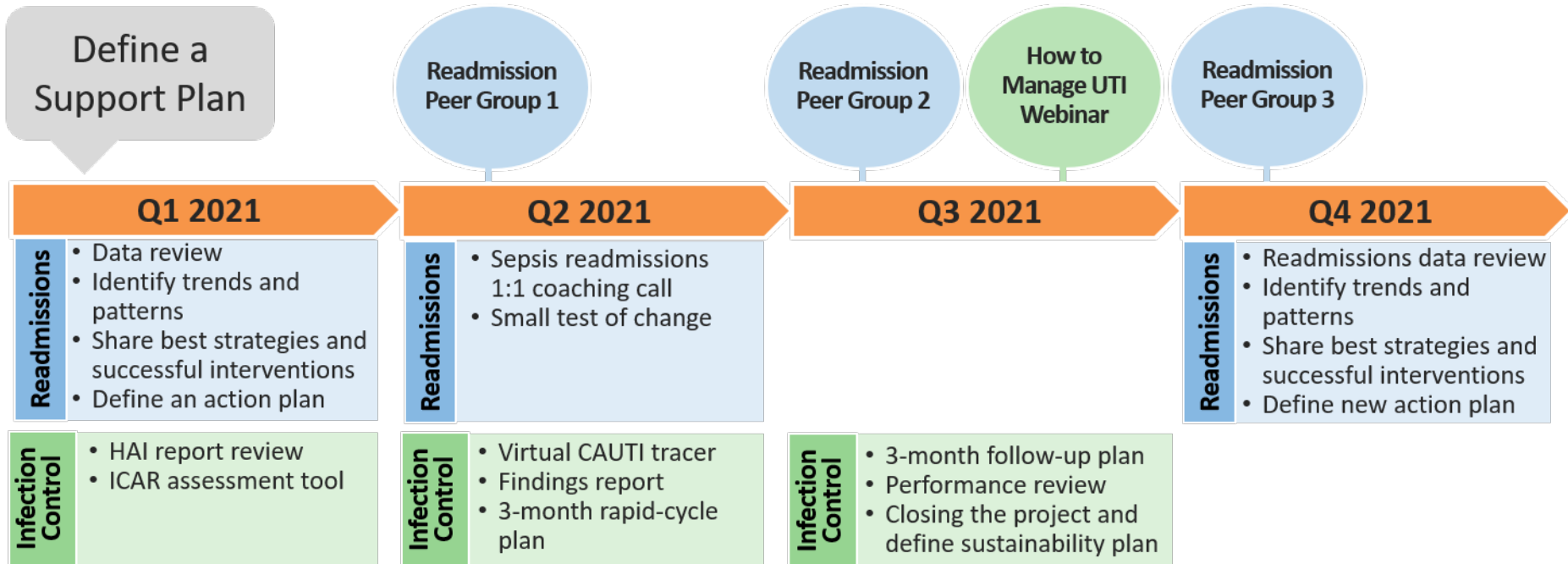
HSAG Personalized Support Plan

Hospital A—Focus on One Topic at a Time



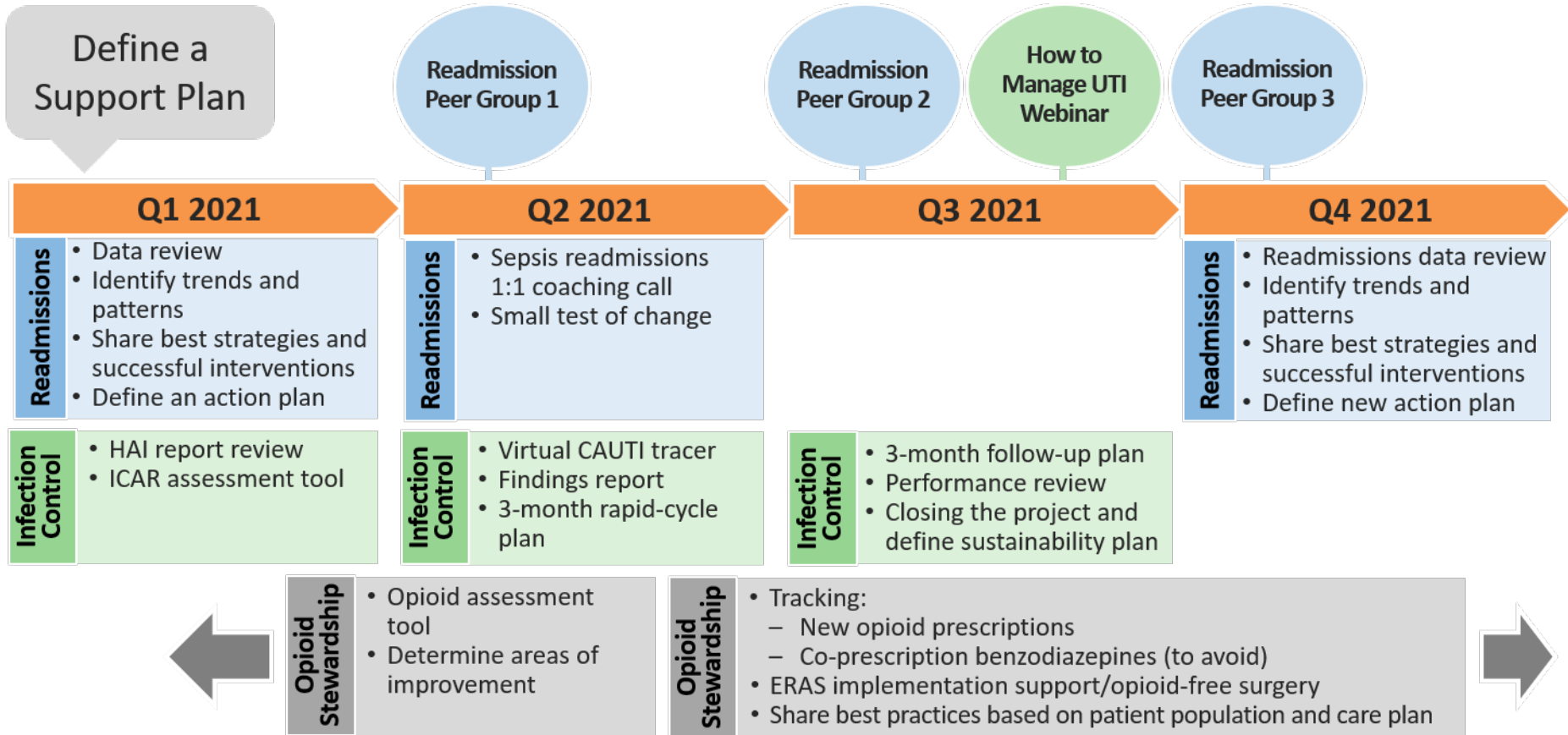
HSAG Personalized Support Plan

Hospital B—Focus on Multiple Topics at a Time



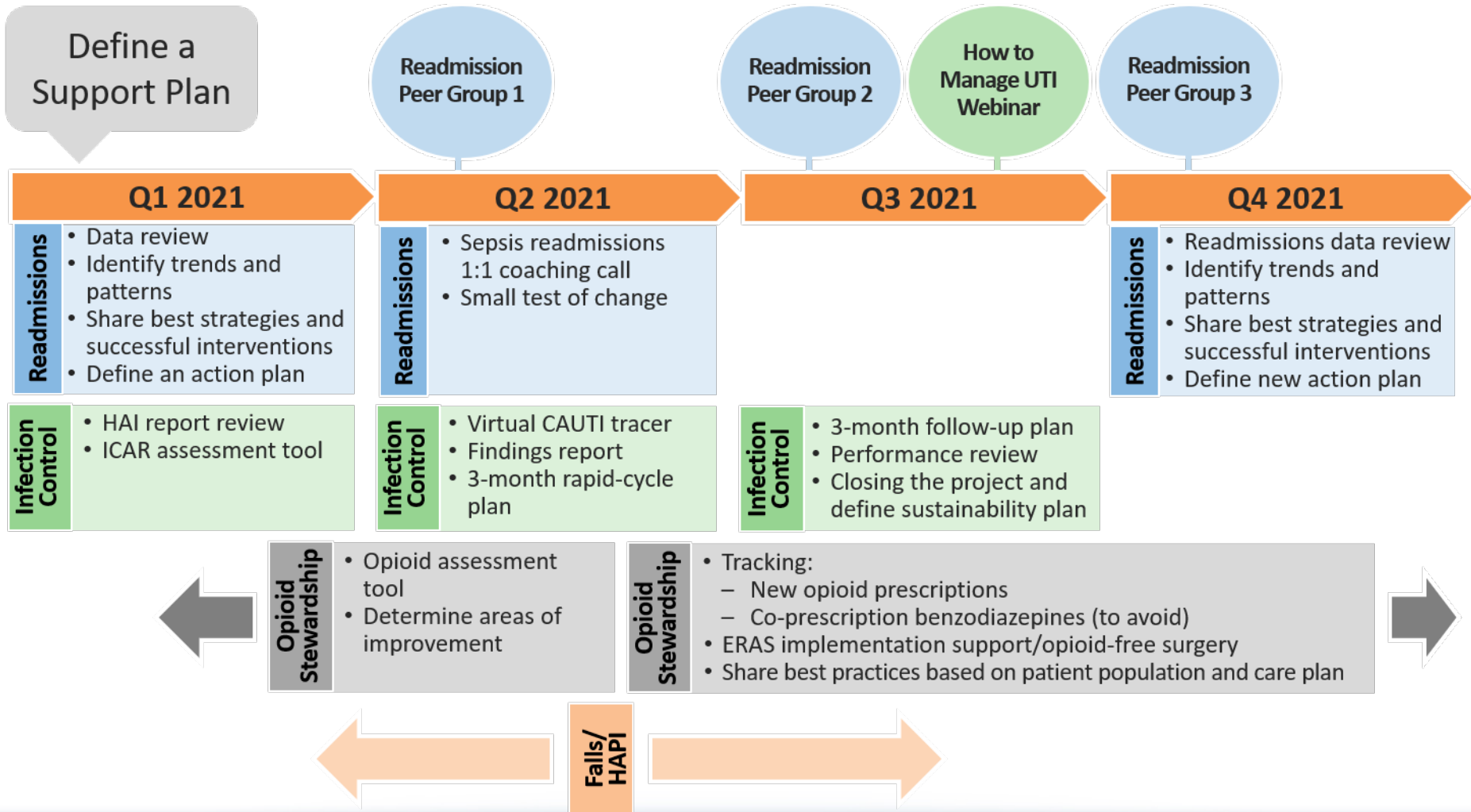
HSAG Personalized Support Plan

Hospital B—Focus on Multiple Topics at a Time (cont.)



HSAG Personalized Support Plan

Hospital B—Focus on Multiple Topics at a Time (cont.)



HSAG Personalized Support Plan

Hospital C—Integrated Approach for all Harm Areas

Define a Support Plan



Quality and Safety Culture Program(s)

- Quality and Project Management concepts and implementation
 - QAPI support
 - Strategies for implementing evidence-based practices
 - AHRQ Comprehensive Unit-based Safety Program (CUSP)
 - Lean Six Sigma Projects
- New Trends***
- Safety Across the Board
 - High-Reliability Organization
 - 4M Framework
 - Human-Centered Design (HCD)

Next Steps



Complete Participation Agreement



Access HQIC Enrollment FAQ and Office Hours sessions



Meet with advisor



Complete quality and safety assessment



Engage in planned activities



Access data reports

Participation Agreement

Contact a team member at:
hospitalquality@hsag.com

www.hsag.com/hqic

HSAG HEALTH SERVICES ADVISORY GROUP

Participation Agreement

HSAG Hospital Quality Improvement Contract (HQIC) Initiative

Please complete and return this Participation Agreement

Your hospital was selected by The Centers for Medicare & Medicaid Services (CMS) based on specific criteria in order to qualify for the HQIC Initiative. HSAG requests your hospital leadership's commitment to engage and participate in the HQIC Initiative through 2024.

CMS awarded Health Services Advisory Group (HSAG) the HQIC to support specific hospitals in meeting the following goals:

- Decrease opioid related adverse events, including deaths, by 7 percent with a focus on Medicare beneficiaries using opioids.
- Reduce all-cause harm in hospitals by 9 percent or more, including adverse drug events.
- Reduce hospital readmissions by 5 percent.

**My organization commits to participate as a partner with HSAG.
(September 2020–September 2024)**

Executive Name: _____ Title: _____
Signature: _____ Date: _____
Organization Name: _____ CMS Certification # (CCN): _____
Address: _____ County: _____ State: _____ ZIP: _____
_____ person's point of contact:

For more information...
To enroll multiple facilities, you may email or fax a company facility...

Page | 1

Q&A



Endorsements

“We learn a great deal about what other facilities are doing to improve sepsis care. Really like your format. It is a learning community. We learn from you and our peers from other areas.”

—393-bed urban hospital

“HSAG HIIN has provided our hospital with valuable on-site evaluation of our clinical activities, tangible recommendations for improvement, comparative data, and monthly update calls, with specific recommendations for improvement.”

—377-bed urban hospital

“Our chief medical officer and several providers listened to the Opioid Stewardship Townhall Meeting for CAHs. It was wonderful to have information from a subject matter expert that was relatable to our unique population and needs.”

—25-bed CAH

“The HSAG HIIN has benefited our facility by pushing us to look ahead at areas of quality that we need to improve before they become CMS requirements.”

All of the measures within the compendium are valuable in either spotlighting to us where we are doing well, or where we are falling short. We have core measures, which are of course very important, the HIIN measures take us further.

I really enjoy the team collaboration that being a part of the HIIN provides, that there are no stupid questions, and we have the opportunity to share and learn from each other in these small groups. The tools and resources are awesome as well. The HIIN helps us to just be aware of what is on the horizon for quality, as well as helps us to see how we are doing now in comparison to our peers.”

—111-bed rural hospital



Thank you!

Slides and a recording will be available by the next working day under today's date at:

www.hsag.com/hqic-events

More information, including the Participation Agreement, can be found at:

www.hsag.com/hqic

To reach a NVHA team member, email:

marissa@nvha.net

To reach an HSAG HQIC team member, email:

hospitalquality@hsag.com