

# **Quality Director Handbook**

# Table of Contents

1. Overview
2. Background of Healthcare Quality
3. Establishing the Quality Program
  - a. Sample Strategic Plan
  - b. Sample Quality Program Policy
  - c. Regulatory Compliance
  - d. Organizational Chart to Advance Quality
    - i. Responsibilities of the BOT
      1. Board Orientation
      2. Sample Board Report/Presentation
    - ii. Responsibility of Leaders to Advance Quality
      1. How to Become a Certified Trustee
      2. Working with Leadership to Advance Quality and Safety
        - a. Leadership Rounding
4. Hospital Regulations
5. Typical Quality Director Direct Reports
  - a. Infection Prevention
    1. Regulatory and Best Practice Guidance
      - a. CDC
      2. HICPAC
      3. National Healthcare Safety Network (NHSN)
      4. First-time Users
    - b. Employee Health
      1. American Association of Occupational Health Nursing
  - c. Patient Safety Manager
    1. What is a Patient Safety Manager?
      - a. Job Description/Duties
      - b. Creating a Culture of Safety
      - c. Join the HRET-HINN
    - ii. Engaging Nurses in Quality

iii. Performance Improvement

Medicare Beneficiary Quality Improvement Program (MBQIP)

Current Measures

a. Antimicrobial Stewardship

## Overview

The purpose of this handbook is to guide quality directors in their role in implementing, tracking and reporting the quality results of the organization. It is imperative the reader understand that although it is not the responsibility of the quality director to set the quality agenda of the organization, it is their responsibility to track, interpret, and report quality findings to other leaders of the organization. It should go without saying that quality should always begin with the patient or consumer of healthcare at the center of all processes in care delivery. Throughout this guidebook there are links to sites the reader can visit to learn about ways to implement quality programs, report quality findings or gain knowledge in rules and regulations affecting healthcare quality.

## Background of Healthcare Quality

Although the roots of healthcare quality can be traced to the efforts of Florence Nightingale whose efforts during the Crimean War saved many soldiers from an untimely death, the modern-day movement toward quality has many of its roots in the work of the Institute of Medicine (IOM), now known as the National Academy of Medicine. Much of our current work in quality can be traced back to efforts of the IOM during the 1980s. During these years, under the leadership of Donald Berwick, the IOM provided health care leaders with many insights, but perhaps none more important than its seminal work, *Crossing the Quality Chasm*, a must read for all healthcare leaders.

### Resources:

The Institute of Healthcare Improvement

Available online at [www.ihl.org](http://www.ihl.org) (Retrieved May 2018)

Donald Berwick Discusses the Dimensions of Quality

<https://www.youtube.com/watch?v=5vOxunpnlsQ#action=share>

(retrieved June 2018)

## Establishing a Quality Program

Quality is something felt and seen by the consumer. The consumer should feel safe and the outcomes of care they experience are reflective of best practices. It is the responsibility of the provider to keep a sacred bond to plan and provide the safest and highest quality of care possible. Quality care is essentially a contract between the providers and consumers of healthcare.

As a best practice, many organizations incorporate their safety plan within their quality plan. Safety components should evaluate the risks inherent to each population served and service offered. You and your leadership should review your plan or work together to establish a plan to help your organization fully envelope the components listed below.

- Population Served
- Scope of Services
  - Surgical Services
  - Maternal Services
  - Long-term Care
  - Rural Health Clinic

- Laboratory and/or Imaging
- Infection Prevention
- Regulatory Requirements (local, state and federal)
- Patient Complaints
- Risk/Compliance
- Environmental Services
- Employee Health
- Evidence of Leadership and Board Responsibility

## Sample Strategic Plan

Resource: The links below guide you to two healthcare systems who have done an excellent job enveloping quality and safety into their strategic plans

Sunnybrook Hospital

Available online at:

<https://sunnybrook.ca/content/?page=wel-ssm> (retrieved May 2018)

Intermountain Healthcare

Available online at:

<https://intermountainhealthcare.org/-/media/files/facilities/uvrmc/quality-plan.pdf?la=en>  
(retrieved May 2018)

## Regulatory Requirements

Hospitals operating in the state of Texas must comply with the rules set forth by the state. Below is a link to the Department of State Health Services site containing the rules. Embedded in the rules are specific guidelines outlining the scope of the quality and performance improvement department. The links below describe the following:

- Core Measure requirements
- Meaningful Use requirements
- Required reporting and regulatory

Resource: [General Hospital Licensing and State Regulations CAH Conditions of Participation](#) (retrieved June 2018)

<https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/2018IPPSFinalRuleOverview.pdf> (retrieved August 2018)

[Medicare Learning Guide and Resources](#) (retrieved August 2018)

[https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/Stage2\\_MeaningfulUseSpecSheet\\_TableContents\\_EligibleHospitals\\_CAHS.pdf](https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/Stage2_MeaningfulUseSpecSheet_TableContents_EligibleHospitals_CAHS.pdf) (Retrieved August 2018)

Below is an example of items available in the Medicare Learning Guide (please note the table below is furnished as picture and therefore links are not active; to access simply click on the Medicare Learning Guide and Resources listed above.

For More Information About...	Resource
CAHs	<a href="#">Medicare Claims Processing Manual (Publication 100-04)</a>
CAH and Swing Bed Billing	<a href="#">Medicare Billing Information for Rural Providers and Suppliers</a>
Survey and Certification Critical Access Hospital Requirements	<a href="#">Appendix W of the State Operations Manual</a> <a href="#">CMS.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions.html</a>
Swing Bed Requirements for CAHs	<a href="#">CMS.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/SwingBed.html</a> <a href="#">Swing Bed Services</a>
Compilation of Medicare Social Security Laws	<a href="#">SSA.gov/OP_Home/ssact/title18/1800.htm</a>
CFRs	<a href="#">GPO.gov/fdsys/browse/collectionCfr.action</a>
All Available Medicare Learning Network® Products	<a href="#">MLN Catalog</a>
Medicare Information for Patients	<a href="#">Medicare.gov</a>

### The Organizational Chart

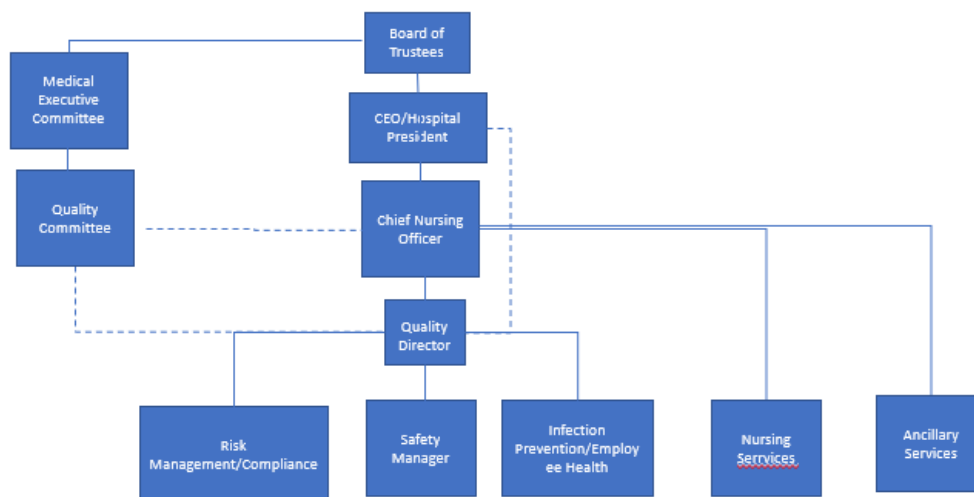
This section will provide some sample organizational structures for quality. Even though you may not have staff with these titles, you probably have personnel serving many of these functions.

When evaluating these sample structures, it is important to remember that quality is not a department, but a function of each of the providers and employees of the organization.

There are several regulatory components of quality functions. Regulation requires that monitoring of quality is the utmost responsibility of the board of trustees.

# ABC CAH

## Sample Organizational Chart



### The Role of the Board of Trustees

The role of the hospital's board of trustees is of utmost importance. The board is the voice of the consumer and serves as the conduit between the hospital and the patients they serve. The report to the board is typically a function of the Quality Director under the oversight of the Quality Committee. For the hospital to care for and bill for services to recipients of Medicare funds, the hospital must comply with the CMS Rules or Conditions of Participations (COP). The COPs outline the responsibility of the board as cited below.

Resource: The full account of the Medicare's Conditions of Participation can be found at [www.cms.gov](http://www.cms.gov). (retrieved June 2018)

#### §482.12 Condition of participation: Governing body.

There must be an effective governing body that is legally responsible for the conduct of the hospital. If a hospital does not have an organized governing body, the persons legally responsible for the conduct of the hospital must carry out the functions specified in this part that pertain to the governing body. The governing body (or the persons legally responsible for the conduct of the hospital and carrying out the functions specified in this part that pertain to the governing body) must include a member, or members, of the hospital's medical staff.

\* \* \* \* \*



## Engaging the Board in Quality

Educating your Board

Getting your Trustees Certified

Resource: Available online at [www.tht.org](http://www.tht.org) (Retrieved June 2018)

### Presenting Quality Findings to a Board

The board should provide final approval on the quality program and routinely receive updates on status on the metrics. The board report should include data supporting changes in policy and practice to support safe and effective patient care delivery.

#### **Sample Board Agenda**

1. *Call to Order*
2. *Report of Metrics*
  - a. *Emergency Department Throughput*
  - b. *Patient Experience (HCAHPS)*
  - c. *Outpatient Measures*
  - d. *Pharmacy Services*
    - i. *Antibiotic Stewardship*
  - e. *Patient Safety*
    - i. *Falls Prevention*
    - ii. *Medication Errors*
      1. *Prescribing errors*
      2. *Delivery errors*
    - iii. *Surgical Errors*
  - f. *Infection Prevention*
    - i. *Surgical Infection*
    - ii. *Central Line Blood Stream Infections*
  - g. *Employee Injuries*

## **Working with Leaders to Advance Quality**

It is the responsibility of the leadership to set the tenets of the hospital's culture. The hospital who puts heavy weight on ethics, patient and employee safety, along with financial and quality transparency will have a healthy culture.

Resource: Available online at

<http://www.ihl.org/Topics/GovernanceLeadership/Pages/default.aspx> (Retrieved June 2018)

Leaders should be role models in leading efforts toward a healthy culture. Taking the time to understand rules and regulations governing quality is important, but leading efforts in quality is essential. Leading these efforts can be best recognized in sound judgment and fair decision-making.



Resource: Leadership Rounding Available online at

<http://www.ihl.org/resources/Pages/Tools/PatientSafetyLeadershipWalkRounds.aspx> (Retrieved June 2018)

## **Acute Care Hospital Regulatory Requirements**

### Texas Hospital Requirements

Resource: State Operations Manual

Available online at <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/CAHs.html> (Retrieved July 2018)

Resource: Health and Safety Code

Available online at <https://www.dshs.texas.gov/facilities/hospitals/laws-rules.asp> (Retrieved July 2018)

Texas Administrative Code

Available online at:

[https://texreg.sos.state.tx.us/public/readtac\\$ext.TacPage?sl=T&app=9&p\\_dir=F&p\\_rloc=173026&p\\_tloc=74396&p\\_ploc=59419&pg=6&p\\_tac=&ti=25&pt=1&ch=133&rl=41](https://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=T&app=9&p_dir=F&p_rloc=173026&p_tloc=74396&p_ploc=59419&pg=6&p_tac=&ti=25&pt=1&ch=133&rl=41) (Retrieved August 2018)

Texas Administrative Code for Pharmacy Rules

Available online:

[https://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac\\_view=4&ti=22&pt=15&ch=291](https://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=4&ti=22&pt=15&ch=291) (Retrieved August 2018)

### Participating in the Medicare Program

Resource: Conditions of Participations in the Medicare program. Available online at:

<https://www.cms.gov/Regulations-and-Guidance/Legislation/CFCsAndCoPs/Hospitals.html> (Retrieved July 2018)

Medicare/Medicaid Waiver Programs

Available online: <https://hhs.texas.gov/laws-regulations/policies-rules/waivers/medicaid-1115-waiver/waiver-overview/regional-healthcare-partnerships-roles-responsibilities-overview> (Retrieved August 2018)

### Standards for Equipment

Hospitals that perform procedures and have equipment to clean will find resources for safety standards at the Advancing Safety in Healthcare Technology site.

Resource:

Available online at:

<http://www.aami.org/productspublications/ProductDetail.aspx?ItemNumber=138> (Retrieved August 2018)

## Pharmacy Compounding

### Understanding USP-797

Resource: Available online at: <http://www.usp.org/compounding> (Retrieved August 2018)

## Becoming Accredited

In addition to meeting the requirements for Texas Hospitals and the Medicare Conditions of Participation (for those accepting Medicare and Medicaid) many hospitals may choose to meet voluntary reporting guidelines available through the following accreditation bodies. This level of accreditation can offer opportunities for hospitals to achieve advanced achievements in quality and safety and advertised these higher levels of achievements to consumers of health care in their communities.

Resources:

The Joint Commission. Available online at

[https://www.jointcommission.org/accreditation/critical\\_access\\_hospitals\\_seeking\\_accr\\_editation.aspx](https://www.jointcommission.org/accreditation/critical_access_hospitals_seeking_accr_editation.aspx) (Retrieved July 2018)

Det Norse Veritas (DNV)

What's the Difference Between TJC and DNV?

Available online at: <http://www.actionforbetterhealthcare.com/tjc-vs-dnv/> (Retrieved August 2018)

DNV Requirements:

Available online at: <https://www.dnvglhealthcare.com/> (Retrieved August 2018)

Standards for Critical Access Hospitals

Available online at: <https://www.dnvglhealthcare.com/healthcare-advisory-notice-no-2018-hc05-niahoR-national-integrated-accreditation-for-healthcare-organizations-critical-access-hospital-accreditation-requirements-interpretive-guidelines-and-surveyor-guidance-revision-18> (Retrieved August 2018)

## **Role and Responsibility of the Quality Director**

The chief role of the quality director or manager is to coordinate efforts in monitoring and reporting quality initiatives under the direction of the hospital and physician leaders. The specific functions may vary, but typically align with the duties outlined below.

1. Oversees the quality, safety and infection prevention department staff and budget
2. Apprises leaders on quality and safety regulations
3. Provides oversight in the collection of data needed to support the quality agenda
4. Provides oversight in the performance of Root Cause Analyses
5. Provides oversight in developing and analyzing findings of a Failure Modes Effect Analysis
6. Presents data to the Quality committee
7. Provides oversight and preparation for regulatory surveys

8. Teaches and secures resources in training staff and leaders in principles of quality improvement and patient safety
9. Serves as a resource to technical or electronic formats to support data documentation and collection needed to guide safe and effective practices

### Typical Quality Director Direct Reports

#### A. Infection Prevention

Regulatory and Best Practice Guidelines

Resource:

Association for Professionals in Infection Control and Epidemiology

Available online at: <https://apic.org/>

Practice Resources and Competency Framework

Available online at

[:https://apic.org/ProfessionalPractice/Infection\\_preventionist\\_IP\\_competency\\_model](https://apic.org/ProfessionalPractice/Infection_preventionist_IP_competency_model)

(Retrieved July 2018)

Centers for Disease Control

Available online at: <https://www.cdc.gov/infectioncontrol/guidelines/index.html> (Retrieved online July 2018)

CDC Observation Tools

Available online at: <https://www.cdc.gov/hai/prevent/infection-control-assessment-tools.html>

(Retrieved August 2018)

Standard Precautions

Available online at: <https://www.cdc.gov/infectioncontrol/basics/standard-precautions.html>

(Retrieved August 2018)

HICPAC

Available online at:

<https://www.cdc.gov/hicpac/recommendations/core-practices.html>

(Retrieved July 2018)

National Healthcare Safety Network (NHSN)

Available online at:

<https://www.cdc.gov/nhsn/index.html> (Retrieved June 2018)

How to Enroll in NHSN

Available online at:

<https://www.cdc.gov/nhsn/enrollment/index.html> (Retrieved online July 2018)

How to Input Data in NHSN

Available online at:

<https://www.cdc.gov/nhsn/training/newtonhnsn.html> (Retrieved online August 2018)

Emergency Preparedness and Disease Outbreak Response

Available online at:

<https://apic.org/Professional-Practice/Emergency-Preparedness> (Retrieved July 2018)

Emergency Preparedness-Survey Readiness

Available online at:

[https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/SandC\\_EPChecklist\\_SA.pdf](https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/SandC_EPChecklist_SA.pdf) (Retrieved online July 2018)

Environment of Care Checklist for Certification

Available online at:

<https://www.jcrinc.com/environment-of-care-documentation-checklist/>  
(Retrieved August 2018)

Food Handlers Certification Courses

Available online at:

<https://www.dshs.texas.gov/food-handlers/training/online.aspx>  
(Retrieved August 2018)

## B. Employee Health

Resources: American Association of Occupational Health Nursing

Available online at: <http://aaohn.org/page/profession-of-occupational-and-environmental-health-nursing> (Retrieved July 2018)

## C. Patient Safety Manager

Resource: Institute of Healthcare Improvement

Available online at:

<http://www.ihl.org/resources/Pages/Changes/DesignateaPatientSafetyOfficer.aspx>  
(Retrieved July 2018)

Joint Commission National Patient Safety Goals

Available online at:

[https://www.jointcommission.org/assets/1/6/2018\\_HAP\\_NPSG\\_goals\\_final.pdf](https://www.jointcommission.org/assets/1/6/2018_HAP_NPSG_goals_final.pdf)  
(Retrieved July 2018)

Creating a Culture of Safety

Error Reporting

It is important that all errors and even near misses be reported into a secure and confidential database. This data may be kept secured as hard-copy but is better if the data can be stored in such a way to be able to run reports for trends in event similarity. Similarity can include time of day, day of week, type of event and event per provider. Each event such be reviewed, and determination made in further investigation is warranted. Investigation findings can result in a review of the provider's care, e.g. physician or nursing peer review. While this type of review is critical and required and could even result in reporting the individual to their licensing board for further review it is also important to maintain a just or fair culture within the organization. A just culture is one where events are reviewed without jumping to blame of an individual. Literature supports that most errors occur because of a problem or fault in the system of care as opposed to the individual. For more information on Just Culture or reporting of events see the resources below. (Edwards, 2018)

Resources:

Just Culture:

Patient Safety Network

Available online at:

<https://psnet.ahrq.gov/perspectives/perspective/50/making-just-culture-a-reality-one-organizations-approach> (Retrieved August 2018)

Center for Patient Safety

Available online at: <http://www.centerforpatientsafety.org/just-culture/> (Retrieved August 2018)

Preventable Adverse Events (PAE)

Preventable Adverse Events are events in healthcare that are not supposed to happen. Severe injury from falls or surgery on the wrong body part. As of January 2015, Texas requires that all PAEs be reported to the Department of State Health Services.

PAE Reporting

Available online at: <https://www.dshs.texas.gov/IDCU/health/preventable-adverse-events/pae.aspx> (Retrieved August 2018)

Health Education and Education Trust

Available online at: <http://www.hret-hiin.org/> (Retrieved July, 2018)

Agency for Healthcare Research and Quality

Resource: <https://www.ahrq.gov/patient-safety/index.html>

Becoming a High Reliability Organization

Resource: National Rural Health Resource Center

<https://www.ruralcenter.org/events/help-webinars/chasing-zero-%E2%80%93-the-journey-to-high-reliability>

Joint Commission Information on Becoming a Highly Reliable Healthcare Organization

Available online at: [https://www.centerfortransforminghealthcare.org/hro\\_portal\\_main.aspx](https://www.centerfortransforminghealthcare.org/hro_portal_main.aspx)

(Retrieved August 2018)

D. Promoting Performance Improvement

Resource: <https://www.tha.org/THA-Foundation/Clinical-Initiatives-and-Quality/Initiatives/CAH-QI/CAHQI-Toolkits>

## Flex Program: The Medicare Beneficiary Quality Improvement Plan (MBQIP)

### General

The Medicare Beneficiary Quality Improvement Project (MBQIP) is a program through the Federal Office of Rural Health Policy (FORHP) that is focused on Critical Access Hospital (CAH) quality improvement initiatives. In Texas, the MBQIP program is funded through the State Office of Rural Health. Currently, 73 of the 79 Texas CAHs are participating in MBQIP. Participants must sign a Memorandum of Understanding with SORH signifying their commitment to report on MBQIP quality improvement measures.

Texas Hospital Association Foundation (THAF), has been contracted by the State Office of Rural Health (SORH) to assist Texas CAHs with reporting MBQIP measures and instituting quality improvement initiatives. The program is referred to as the Critical Access Hospital Quality Improvement (CAHQI) Project. THAF partners with the Rural and Community Health Institute (ARCHI), Texas A&M Health Science Center to assist with data collection, data interpretation and best practice implementation.

### Getting Started in the MBQIP Program

Resource:

National Rural Health Resource Center. Available online at <https://www.ruralcenter.org/tasc/mbqip> (Retrieved June 2018)

### Sign the MBQIP Pledge

A signed MBQIP pledge indicates your facility's agreement to participate in the MBQIP program. The pledge gives permission to HRSA (Health Resources and Services Administration) to access data you have submitted for MBQIP measures. To request a copy of the MBQIP pledge, please contact

### Submit Data for MBQIP Measures

Data must be submitted for the following measures for your facility to be compliant with MBQIP reporting. The required measures, as well as the responsible agencies, are listed below:

<b>Report to QNET via CART or Vendor</b>
<b>OP-1:</b> Median time to fibrinolysis
<b>OP-2:</b> Fibrinolytic therapy received w/in 30 minutes of ED arrival
<b>OP-3:</b> Median time to transfer to another facility for acute coronary intervention
<b>OP-4:</b> Aspirin at arrival
<b>OP-5:</b> Median time to ECG
<b>OP-18:</b> Median time from ED arrival to ED departure for discharged ED patients
<b>OP-20:</b> Door to diagnostic evaluation by a qualified medical professional
<b>OP-21:</b> Median time to pain management for long bone fracture
<b>IMM-2:</b> Immunization for influenza
<b>Report to QNET via Vendor</b>
<b>HCAHPS:</b> Hospital Consumer Assessment of Healthcare Providers and Systems
<b>Report to QNET via Online Reporting Tool</b>
<b>OP-22:</b> Patient left without being seen
<b>Report to NHSN via Online Reporting Tool</b>
<b>OP-27:</b> Influenza vaccination coverage among healthcare personnel
<b>Report to RCHI via Online Database</b>
<b>EDTC:</b> Emergency Department Transfer Communication

***Note:** MBQIP data is compiled into quarterly reports. SORH sends these reports to RCHI, and RCHI forwards the reports to participating facilities*

### CMS Abstraction and Reporting Tool

#### Getting Started

Training resources are available on the following the Quality Net website. To get started with Quality Net and CART see the resources below.

Resources:

Quality Net

Available online at:

<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetBasic&cid=1140190183112> (Retrieved August 2018)

CART

Available online at:

<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1138900303215> (Retrieved online August 2018)

Current MBQUIP Measure for 2018-2019



<b>Patient Safety/Inpatient</b>	<b>Patient Engagement</b>	<b>Care Transitions</b>	<b>Outpatient</b>
<p><b>OP-27:</b> Influenza Vaccination Coverage Among Healthcare Personnel (HCP) (<i>Facilities report a single rate for inpatient and outpatient settings</i>)</p> <p><b>IMM-2:</b> Influenza Immunization for inpatients</p> <p><b>Antibiotic Stewardship:</b> Measured via Center for Disease Control National Healthcare Safety Network (CDC NHSN) Annual Facility Survey</p> <p><b>Inpatient ED Measures:</b></p> <ul style="list-style-type: none"> <li>• <b>ED-1:</b> Median Time from ED Arrival to ED Departure for <i>Admitted</i> ED Patients</li> <li>• <b>ED-2:</b> Admit Decision Time to ED Departure Time for <i>Admitted</i> Patients</li> </ul>	<p><b>Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)</b></p> <p><i>The HCAHPS survey contains 21 patient perspectives on care and patient rating items that encompass nine key topics:</i></p> <ul style="list-style-type: none"> <li>• Communication with Doctors</li> <li>• Communication with Nurses</li> <li>• Responsiveness of Hospital Staff</li> <li>• Pain Management</li> <li>• Communication about Medicines</li> <li>• Discharge Information</li> <li>• Cleanliness of the Hospital Environment</li> <li>• Quietness of the Hospital Environment</li> <li>• Transition of Care</li> </ul> <p><i>The survey also includes four screener questions and seven demographic items. The survey is 32 questions in length.</i></p>	<p><b>Emergency Department Transfer Communication (EDTC)</b></p> <p><i>7 sub-measures; 27 data elements; 1 composite</i></p> <ul style="list-style-type: none"> <li>• <b>EDTC-1:</b> Administrative Communication (2 data elements)</li> <li>• <b>EDTC-2:</b> Patient Information (6 data elements)</li> <li>• <b>EDTC-3:</b> Vital Signs (6 data elements)</li> <li>• <b>EDTC-4:</b> Medication Information (3 data elements)</li> <li>• <b>EDTC-5:</b> Physician or Practitioner Generated Information (2 data elements)</li> <li>• <b>EDTC-6:</b> Nurse Generated Information (6 data elements)</li> <li>• <b>EDTC-7:</b> Procedures and Tests (2 data elements)</li> <li>• <b>All-EDTC:</b> Composite of All 27 data elements</li> </ul>	<p><b>Chest Pain/AMI:</b></p> <ul style="list-style-type: none"> <li>• <b>OP-1:</b> Median Time to Fibrinolysis*</li> <li>• <b>OP-2:</b> Fibrinolytic Therapy Received within 30 minutes</li> <li>• <b>OP-3:</b> Median Time to Transfer to another Facility for Acute Coronary Intervention</li> <li>• <b>OP-4:</b> Aspirin at Arrival*</li> <li>• <b>OP-5:</b> Median Time to ECG</li> </ul> <p><b>ED Throughput</b></p> <ul style="list-style-type: none"> <li>• <b>OP-18:</b> Median Time from ED Arrival to ED Departure for <i>Discharged</i> ED Patients</li> <li>• <b>OP-20:</b> Door to Diagnostic Evaluation by a Qualified Medical Professional*</li> <li>• <b>OP-22:</b> Patient Left Without Being Seen</li> </ul> <p><b>Pain Management</b></p> <p><b>OP-21:</b> Median Time to Pain Management for Long Bone Fracture*</p>

	<b>Patient Safety/Inpatient</b>	<b>Patient Engagement</b>	<b>Care Transitions</b>	<b>Outpatient</b>
<b>Addition al MBQIP Measures</b>	<p><b>Healthcare Acquired Infections (HAI)</b></p> <ul style="list-style-type: none"> <li>• <b>CLABSI:</b> Central Line- Associated Bloodstream Infection</li> <li>• <b>CAUTI:</b> Catheter-Associated Urinary Tract Infection</li> <li>• <b>CDI:</b> <i>Clostridium difficile</i> (C. Diff) Infection</li> <li>• <b>MRSA:</b> Methicillin-resistant <i>Staphylococcus aureus</i></li> <li>• <b>SSIs:</b> Surgical Site Infections Colon or Hysterectomy</li> </ul> <p><b>Perinatal Care</b></p> <ul style="list-style-type: none"> <li>• <b>PC-01:</b> Elective Delivery</li> </ul> <p><b>Pneumonia</b> Proportion of patients hospitalized with Pneumonia – potentially avoidable complications</p> <p><b>Falls</b> Potential measurement around:</p> <ul style="list-style-type: none"> <li>• Falls with Injury</li> <li>• Patient Fall Rate</li> <li>• Screening for Future Fall Risk</li> </ul> <p><b>Adverse Drug Events (ADE)</b> Potential measurement around:</p> <ul style="list-style-type: none"> <li>• Opioids</li> <li>• Glycemic Control</li> <li>• Anticoagulant Therapy</li> </ul>		<p><b>Discharge Planning</b> <i>Potential measurement TBD with FORHP</i></p> <p><b>Medication Reconciliation</b> <i>Potential measurement TBD with FORHP</i></p> <p><b>Reducing Readmissions</b> <i>(Readmission measures are automatically calculated for hospitals using Medicare Administrative Claims Data)</i></p> <p><b>Swing Bed Care</b> <i>Potential measurement TBD with FORHP</i></p>	<p><b>Stroke</b></p> <ul style="list-style-type: none"> <li>• <b>OP-23:</b> ED – Head CT or MRI Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke Patients who Received Head CT or MRI Scan Interpretation Within 45 Minutes of ED Arrival</li> </ul> <p><b>Surgery/Surgical Care</b></p> <ul style="list-style-type: none"> <li>• <b>OP-25:</b> Safe Surgery Checklist Use*</li> </ul>

MBQIP Best Practices

Resource: Available online at <https://www.tha.org/THA-Foundation/Clinical-Initiatives-and-Quality/Initiatives/CAH-QI/CAHQI-Toolkits>

Antibiotic Stewardship Program

Core Elements

Resources:

Centers for Disease Control and Prevention. Available online at <https://www.cdc.gov/antibiotic-use/healthcare/implementation/core-elements.html> (Retrieved July 2018)

Infectious Disease Society of America. Available online at [http://www.idsociety.org/Guidelines/Patient\\_Care/IDSA\\_Practice\\_Guidelines/Antimicrobial\\_Agent\\_Use/Implementing\\_an\\_Antibiotic\\_Stewardship\\_Program/](http://www.idsociety.org/Guidelines/Patient_Care/IDSA_Practice_Guidelines/Antimicrobial_Agent_Use/Implementing_an_Antibiotic_Stewardship_Program/) (Retrieved July 2018)

National Quality Forum Available online at [http://www.qualityforum.org/Publications/2016/05/National\\_Quality\\_Partners\\_Playbook\\_Antibiotic\\_Stewardship\\_in\\_Acute\\_Care.aspx](http://www.qualityforum.org/Publications/2016/05/National_Quality_Partners_Playbook_Antibiotic_Stewardship_in_Acute_Care.aspx) (Retrieved July 2018)

#### Hospital Acquired Infections (HAI)

Catheter Associated Urinary Tract Infections (CAUTI)  
Central Line Blood Stream Infection (CLABSI)  
*Clostridium Difficile* C-diff Infection(CDI)  
Methicillin Resistant Staphylococcus Aureus (MRSA)  
Surgical Site Infections (SSI)

Resources: Patient Safety Network  
<https://psnet.ahrq.gov/primers/primer/7/health-care-associated-infections>

#### Hospital Acquired Conditions (HAC)

CMS excludes Critical Access Hospitals from report HACs. For more information on HACs see the resource provided below.

Resource:  
[Quality Net Guide to HACs](#) (Retrieved August 2018)

#### Disaster Preparedness

Resource: Planners4Health Team developed the Rural Disaster Planning and Recovery Tool Kit.

Available online at:  
[https://cdn.ymaws.com/www.texaspha.org/resource/resmgr/files/Tool\\_Kit\\_Emergency\\_Preparedn.pdf](https://cdn.ymaws.com/www.texaspha.org/resource/resmgr/files/Tool_Kit_Emergency_Preparedn.pdf) (Retrieved July 2018)

## Additional References

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Antimicrobial stewardship and infection prevention—leveraging the synergy: A position paper update *American Journal of Infection Control*, 45(4) pp, 364 – 368. Available online at [https://www.ajicjournal.org/article/S0196-6553\(18\)30001-4/fulltext](https://www.ajicjournal.org/article/S0196-6553(18)30001-4/fulltext) (Retrieved August 2018)

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### **National Rural Health Resource Center**

<https://www.ruralcenter.org/tasc/mbqip>

### **State office of Rural Health (SORH)**

<http://www.texasagriculture.gov/GrantsServices/RuralEconomicDevelopment/StateOfficeofRuralHealth.aspx>

### **Rural and Community Health Institute (RCHI)**

<http://rchitexas.org/>

### **Quality Net (QNET)**

<https://www.qualitynet.org/>

### **National Healthcare Safety Network (NHSN)**

<http://www.cdc.gov/nhsn/>