



QI Residency Program

Improving Outcomes. Ensuring Quality.



NHA Nebraska
Hospital
Association

This educational activity is jointly
provided by AXIS Medical Education
and the Nebraska Hospital Association





Introduction

Dear health care leaders,

The Quality Improvement Residency Program was developed as a result of the vision and support of the Rural Quality Improvement Steering Committee.

The Rural Quality Improvement Steering Committee is a group of thought leaders who work together to provide the framework for developing, supporting and promoting top quality initiatives throughout the state of Nebraska. The Rural QI Steering Committee represents engaged hospital quality leaders, the Nebraska Office of Rural Health, Great Plains QIN, Nebraska Coalition of Patient Safety, Nebraska Association of Quality, Risk and Safety (NAHQRS) and the Nebraska Hospital Association.

In 2018, the Nebraska Rural QI Steering Committee determined the need for a rural quality improvement residency program. This program is intended to serve as an introductory course for novice quality leaders or those interested in working in hospital quality. The objective of this program is to provide a collaborative learning environment focused on mentoring and networking for hospital quality personnel to develop empowered statewide leaders.

The NHA thanks the members of the Rural QI Steering Committee, program speakers and content contributors for their valuable input.

Sincerely,

A handwritten signature in black ink that reads 'Margaret Brockman'.

Margaret Brockman, Chair
NHA Rural QI Steering Committee

Program Objectives

At the end of this program, participants will be able to:

- Articulate the definition of quality and performance improvement and explain how quality fits into the bigger picture of rural hospitals.
- Adapt your learning on surveys and accreditation to prepare and lead your hospital through a successful regulatory inspection.
- Articulate and complete mandatory external data reporting requirements.
- Describe best practices related to determining and driving quality and performance improvement in your hospital.
- Recognize and differentiate good health care data.
- Analyze, abstract and evaluate health care data.
- List, compare and adapt patient safety tools in your hospital.
- Employ and exercise risk management techniques in your hospital.
- Select and employ patient and family engagement and emergency management tools and techniques.
- Describe the role of quality and performance improvement specific to medical staff functions.
- Distinguish and adapt quality infection prevention plans in your hospital.
- Articulate population health promotion and continuum of care activities needed in your hospital to adapt to the changing health care reimbursement structure.

Questions? Contact Margaret Woepfel at mwoepfel@nebraskahospitals.org

Rural QI Steering Committee Members

Margaret Brockman, MSN, RN, Chair
Administrator, Office of Rural Health
Division of Public Health, Lincoln

Nancy Jo Hansen
FLEX and SHIP Program Manager
Nebraska Department of Health & Human Services, Lincoln

Marty Fattig, MHA, ACHE
Chief Executive Officer
Nemaha County Hospital, Auburn

Denise Sabatka, RN, BSN
Director of Quality
Saunders Medical Center, Wahoo

Ted Fraser, MS
Vice President
Great Plains QIN, Lincoln

Jackie Trojan, RN, BSN, CPHQ
Quality Improvement Advisor
Great Plains QIN, Lincoln

Anne Skinner, RHIA, MS
Data Analyst/Assistant Professor
University of Nebraska Medical Center, Omaha

Kermit Moore, RN, BSN
Chief Operating Officer
Nemaha County Hospital, Auburn

Jayne VanAsperen, RN, BSN
Rural Division Quality Officer
Bryan Health, Lincoln

Erin Starr, RN, BSN
Chief Quality Officer
Jefferson Community Health & Life, Fairbury

Bill Redinger, BSQ, LSSGB, CQE, CPHQ
Risk Manager/Lean Six Sigma Coordinator
Kearney Regional Medical Center, Kearney

Anne Hansen, CPHQ, MSN, RN-BC
Director, Quality & Population Health
Prairie Health Ventures, Lincoln

Anne Timmerman, MT (ASCP), CPHQ
Quality Assurance & Performance Improvement Coordinator
St. Francis Memorial Hospital, West Point

Katherine Jones, PhD, PT
President, Board of Directors
Nebraska Coalition for Patient Safety, Omaha

Nikki Clement, RN, MSN
Network Development Coordinator, Rural Health Services
CHI Health Good Samaritan, Kearney

Amber Lubben, BSN
Chief Quality Officer
Gothenburg Health, Gothenburg

Shari Michl, RN, CPHQ
Director of Quality
Fillmore County Hospital, Geneva

Christina Pollard, BA
Chief Quality Officer
Valley County Health System, Ord

Donnette Hoyle, RN
Network Coordinator
CHI Health Rural Services, Lincoln

Gail Brondum, LPN, BS
Executive Director
Nebraska Coalition for Patient Safety, Omaha

NHA Staff

Margaret Woeppel, RN, MSN, CPHQ
Vice President, Quality Initiatives
Nebraska Hospital Association, Lincoln

Renee Towne
HIIN Program Director
Nebraska Hospital Association, Lincoln



Quality Improvement Residency Program Overview

The NHA Quality Improvement (QI) Residency Program's objective is to provide a collaborative learning environment focused on mentoring and networking for hospital quality personnel to develop empowered statewide leaders.

This program consists of five, two-day training modules every other month (March to November) for 9 months, and a one-hour touch base with a mentor to follow-up on assignments during opposite months.

Intended audience includes those new to the responsibility or interest in:

- Quality and Performance Improvement
- Accreditation and Survey Compliance
- Medical Staff Quality Initiatives
- Data Reporting
- Risk Management
- Infection Control
- Patient Safety
- Board Governance

MODULE A Day 1

Orientation & How Quality Fits Into the Bigger Picture March 14, 2019 | Nebraska Hospital Association | Lincoln

Leads: Nikki Clement, Jayne VanAsperen, Donnette Hoyle

Speakers: Nikki Clement, Jayne VanAsperen, Donnette Hoyle

Objectives:

- Define quality and performance improvement.
- Apply the definitions of quality assurance and quality improvement in context of their own hospital-based work environment.
- Incorporate Donabedian's quality framework to a quality improvement initiative currently in process at their workplace.
- Inform fellow learners about the quality structure at your hospital.
- Discuss how hospital quality activities align with mission and strategic goals.
- Evaluate and discuss potential integration of external best practices.

Pre-work/Homework:

- Bring your Quality Plan
- Bring your Strategic Plan/Initiatives

Agenda:

8:00 a.m. - 8:30 a.m.	Program Overview
8:30 a.m. - 10:30 a.m.	Fundamental Principles of Quality - What is quality?
	Defining Quality in Your Organization - Current structure
	Improvement Processes - Quality Assurance (QA), Quality Improvement (QI), Performance Improvement (PI)
10:30 a.m. - 10:45 a.m.	Break
10:45 a.m. - 12:00 p.m.	Responsibility for Quality - Who are the stakeholders and their roles?
12:00 p.m. - 12:30 p.m.	Lunch
12:30 p.m. - 1:15 p.m.	The Quality Plan - Why do we need a Quality Plan? - Review sections of a plan - Frequency for review of Quality Plan
1:15 p.m. - 2:15 p.m.	Where to Begin: Establishing Priorities for Quality and Performance Improvement - Regulatory Compliance – The QA of the quality continuum - Strategic Plan/Vision/Mission – What are your initiatives? - Common areas to evaluate related to quality

2:15 p.m. - 2:30 p.m.	Goal Setting and Action Planning <ul style="list-style-type: none"> - Alignment with strategic plan and initiatives - Meaningful goals and metrics - Action plans that create desired movement: What, where, when, how and by whom
2:30 p.m. - 3:30 p.m.	Break
	Methodology for Improvement <ul style="list-style-type: none"> - LEAN, PDSA, PACE, Six Sigma, etc. - Small tests of change - Team involvement - Leadership support and involvement
	Measurement/Metrics <ul style="list-style-type: none"> - Measure the important things - Donabedian Model - How to obtain measures - Benchmarks - Timeliness - “Measure-vention”
	Evaluating and Reporting Improvement Efforts <ul style="list-style-type: none"> - What are your organization’s reporting platforms? Monthly meeting, employee forums, department postings, public postings, medical staff meeting, etc. - Decide what information goes to whom to make the most impact
	Quality Communication <ul style="list-style-type: none"> - Committees and councils - Quality subcommittee with board member - Transparency - Celebrate successes
3:30 p.m. - 4:30 p.m.	Activity: Alignment Worksheet <ul style="list-style-type: none"> - Evaluate own organizations strategic initiatives with quality goals/actions. Do they align?
	Activity: Evaluation of Quality Plan <ul style="list-style-type: none"> - Does your organizations quality plan provide an outline for the formal process of quality improvement in your organization? If not, what areas need improvement?
4:30 p.m. - 5:00 p.m.	Wrap Up & Feedback

MODULE B

Day 2

SURVEYS & ACCREDITATION

March 15, 2019 | Nebraska Hospital Association | Lincoln

Leads: Nikki Clement, Jayne VanAsperen, Donnette Hoyle

Speakers: Nikki Clement, Jayne VanAsperen, Donnette Hoyle

Objectives:

- Outline standard processes to implement to assist the organization in maintaining awareness of statutory and regulatory requirements (e.g. CMS, HIPAA, OSHA, PPACA).
- Identify appropriate accreditation, certification and recognition options (e.g., DNV GL, ISO, NCQA, TJC, Baldrige, Magnet).
- Describe best practices to lead or assist with survey or accreditation readiness.
- Lay out plan how to facilitate communication with accrediting and regulatory bodies.

Pre-work/Homework:

- Bring your results of last survey
- Bring paper copy or SOM Appendix W or A (COPs) or Electronic Device to pull up the SOM Appendix W or A (COPs)

Agenda:

8:00 a.m. - 8:30 a.m.

Program Overview

8:30 a.m. - 10:00 a.m.

Overview of Accreditation/Survey

10:00 a.m. - 10:30 a.m.	Review of Regulations <ul style="list-style-type: none"> - COPs – SOM Appendix A – Hospitals, SOM Appendix W – CAHs - Chapter 9 Title 175 – Nebraska law governing hospitals - Life Safety Codes - Other – Corporate compliance, HIPAA, EMTALA - Survey protocol – Key items in COP
10:30 a.m. - 10:45 a.m.	Break
10:45 a.m. - 12:00 p.m.	Conditions of Participation (COP) Review <ul style="list-style-type: none"> - Review of the regulations organization will be evaluated against to establish their level of performance in relation to regulatory requirements.
12:00 p.m. - 1:00 p.m.	Lunch
1:00 p.m. - 2:00 p.m.	Survey Readiness <ul style="list-style-type: none"> - Continuous Survey Readiness (CSR) - The day the surveyors arrive: What to do
2:00 p.m. - 2:15 p.m.	Break
2:15 p.m. - 2:45 p.m.	Key Items & Tips <ul style="list-style-type: none"> - Who to involve at your facility
2:45 p.m. - 3:30 p.m.	Small Group Work <ul style="list-style-type: none"> - Develop checklist for initial set up of survey
3:30 p.m. - 4:00 p.m.	Immediate Jeopardy (IJ) <ul style="list-style-type: none"> - Definition - What to do if IJ is identified
	Plans of Correction <ul style="list-style-type: none"> - How to write a plan of correction action plan
4:00 p.m. - 4:30 p.m.	Vital Areas of Quality Focus <ul style="list-style-type: none"> - High-risk areas - Annual policy review - Top CAH deficiencies in Nebraska
4:30 p.m. - 5:00 p.m.	Wrap Up & Feedback

MODULE C

Day 1

EXTERNAL DATA REPORTING

May 15, 2019 | Gothenburg Health | Gothenburg

Leads: Margaret Brockman, Nancy Jo Hansen, Amber Lubben

Speakers: Margaret Brockman, Nancy Jo Hansen, Amber Lubben, Renee Towne, Jackie Trojan, Vicki Kennel, Anne Skinner

Objectives:

- Describe standard processes to implement to assist the organization in maintaining awareness of statutory and regulatory requirements (ex: MBQIP, HCAHPS, QIO, HIIN, registries).
- Summarize the purpose and goals of the Hospital Innovation Improvement Network (HIIN) project.
- Identify gaps in your fall risk reduction program as compared to evidence-based best practices.
- Reorganize your facility's fall risk reduction efforts into a 'team of teams' approach to better manage the complexity of falls.
- Construct an inter-professional fall risk reduction team to manage and coordinate your facility's fall risk reduction program.
- Adapt post-fall huddles to learn from patient falls and prevent repeat falls.
- Explain inpatient fall events at the system level.

Agenda:

8:00 a.m. - 8:30 a.m.	Program Overview
8:30 a.m. - 11:15 a.m.	FLEX <ul style="list-style-type: none"> - National Resources

8:30 a.m. - 11:15 a.m.	MBQIP <ul style="list-style-type: none"> - HCAHPS - CART - NHSN - Immunizations Networks <ul style="list-style-type: none"> - Additional network requirements Overall data collection
11:15 a.m. - 11:30 a.m.	Break
11:30 a.m. - 12:00 p.m.	Great Plains QIN & Hospital Compare
12:00 p.m. - 1:00 p.m.	Lunch
1:00 p.m. - 2:00 p.m.	HIIN <ul style="list-style-type: none"> - HEN to HIIN/historical information - 20/12 goals - Data - Submission/improvement - Resources
2:00 p.m. - 3:00 p.m.	CAPTURE Falls <ul style="list-style-type: none"> - “Teams of Teams” to manage falls - Rethinking your approach to reporting and addressing falls - Learning at the bedside through post-fall huddle - Learning at the system level through fall event reviews
3:00 p.m. - 3:15 p.m.	Break
3:15 p.m. - 4:30 p.m.	Additional Reporting <ul style="list-style-type: none"> - Licensure laws, regulations, statutes - Nebraska perinatal quality improvement - Safe Sleep Campaign - Breastfeeding
4:30 p.m. - 5:00 p.m.	Wrap Up & Feedback

MODULE D

Day 2

QUALITY IMPROVEMENT

May 16, 2019 | Gothenburg Health | Gothenburg

Leads: Renee Towne, Anne Skinner, Vicki Kennel

Speakers: Renee Towne, Anne Skinner, Vicki Kennel, Kermit Moore

Objectives:

- Recognize how purpose, people and processes interact as a system to support performance excellence.
- Identify the methodologies used to address proactive, reactive and management system improvements.
- Describe the role of scientific method routines to improve performance.
- Create SMART goals and aims to drive high priority quality initiatives.
- Distinguish target conditions from challenges.
- Compose a high performing quality improvement team.
- Discuss strategies to lead effective teams.
- Prepare your approach for leading change in your organization.
- Explain processes to manage a quality improvement project.

Agenda:

8:00 a.m. - 8:30 a.m.	Program Overview
8:30 a.m. - 10:30 a.m.	Operational Systems <ul style="list-style-type: none"> - Purpose, people, process - Link to principles of excellence

8:30 a.m. - 10:30 a.m.	Improvement Methodologies - Proactive, reactive, management Scientific Method - PDSA/DMAIC/A3
10:30 a.m. - 10:45 a.m.	Break
10:45 a.m. - 12:00 p.m.	Goal Setting - SMART goals, AIM statements - Target conditions vs challenges - Stretch goals
12:00 p.m. - 1:00 p.m.	Lunch
1:00 p.m. - 2:00 p.m.	High-Performing Quality Improvement Teams - Building your QI team - Leading effective teams
2:00 p.m. - 3:00 p.m.	Leading Change Management - Change management strategies
3:00 p.m. - 3:15 p.m.	Break
3:15 p.m. - 3:45 p.m.	Project Management - IHI QI Project Management Tool
3:45 p.m. - 4:30 p.m.	Implementation & Spread - Documenting performance and improvement results
4:30 p.m. - 5:00 p.m.	Wrap Up & Feedback

MODULE E

Day 1

Health care DATA 101

July 11, 2019 | CHI Health St. Francis | Grand Island

Leads: Bill Redinger, Anne Skinner

Speakers: Bill Redinger, Anne Skinner

****Laptop required for this Module**

Pre-work/Homework:

- Microsoft Excel Skills Assessment

Objectives:

- Differentiate data, information, knowledge and wisdom.
- Describe how to design data collection plans.
- Use data to recognize adverse conditions.
- Use data to predict outcomes.
- Use data visualization tools and techniques to improve processes and report findings.
- Use Microsoft Excel to manage, analyze and display data.

Agenda:

8:00 a.m. - 8:30 a.m.	Program Overview
8:30 a.m. - 10:00 a.m.	The Power of Data - Data, information, knowledge, wisdom - Data collection plans and designs - Sampling data - Data analysis
10:00 a.m. - 10:15 a.m.	Break
10:15 a.m. - 12:00 p.m.	The Role of Data in Performance Improvement - Statistical techniques - Benchmarking - Decision making - Charts and graphs - Storyboards

12:00 p.m. - 1:00 p.m.	Lunch
1:00 p.m. - 3:00 p.m.	Microsoft Excel Workshop - Guided tutorials including tips and tricks
3:00 p.m. - 3:15 p.m.	Break
3:15 p.m. - 4:30 p.m.	Case Study: Putting It All Together - Translate data into information to tell a story
4:30 p.m. - 5:00 p.m.	Wrap Up & Feedback

MODULE F Day 2

Health care DATA IN PRACTICE July 12, 2019 | CHI Health St. Francis | Grand Island

Leads: Bill Redinger, Anne Skinner

Speakers: Bill Redinger, Anne Skinner

***Laptop required for this Module*

Objectives:

- Differentiate between structure, process, and outcome measures.
- Use systems thinking to communicate quality improvement initiatives.
- Use benchmarking to prioritize quality improvement projects.
- Use adverse event data for organizational learning.
- Use survey data to evaluate patient safety culture.

Agenda:

8:00 a.m. - 8:30 a.m.	Program Overview
8:30 a.m. - 10:00 a.m.	Structure, Process and Outcome Measures - Case Study: Systems Thinking
10:00 a.m. - 10:15 a.m.	Break
10:15 a.m. - 11:00 a.m.	Sources of Data - Electronic medical records - Event reports - Surveys - Internet
11:00 a.m. - 12:00 p.m.	Quality Measures and the Role of Benchmarking - Case Study: Prioritizing quality improvement projects
12:00 p.m. - 1:00 p.m.	Lunch
1:00 p.m. - 2:30 p.m.	Adverse Event and Organizational Thinking - Case Study: Organizational learning from adverse event data
2:30 p.m. - 3:30 p.m.	Surveys and Organizational Learning - Case Study: Culture survey analysis and presentation of results
3:30 p.m. - 3:45 p.m.	Break
3:45 p.m. - 4:30 p.m.	Case Study: Putting It All Together - Case Study: Executive report
4:30 p.m. - 5:00 p.m.	Wrap Up & Feedback

Leads: Katherine Jones, Gail Brondum, Christina Pollard

Speakers: Gail Brondum, Christina Pollard, Laura Peet Erkes

Module G - Patient Safety Objectives:

- Adopt a working definition of “culture of safety” to support your organization’s patient safety and quality improvement program and integrate safety concepts throughout the organization.
 - Explain the role of organizational culture in patient safety and quality improvement
 - Define safety culture in terms of categories, levels, and key components
 - Relate safety culture to safety principles
- Develop a plan to assess your organization’s culture of safety and explain why health care organizations should assess safety culture every 18-24 months.
- Review Kirkpatrick’s Taxonomy of Training Criteria as a framework for developing interventions to improve the four key components of a culture of safety.
- Identify the four types of interventions that support a culture of safety.
- Describe the hierarchy of the strength on interventions and discuss human factors, high reliability and systems thinking.
- Explain how you participate in risk management assessment activities in your own hospital (e.g. identification and analysis).
- Formulate a plan to progress participation in safety and risk management activities related to:
 - Incident report review (e.g. near miss and actual events)
 - Sentinel/unexpected event review (e.g. never events)
 - Root Cause Analysis
- Outline the Patient Safety and Quality Improvement Act and Patient Safety Organization Program.

Module H - Risk Management Objectives:

- Describe how your position participates in the process for evaluating compliance with internal and external requirements for:
 - Clinical practice guidelines and pathways (e.g. medication use, infection prevention)
 - Service quality
 - Documentation
 - Practitioner performance evaluation (e.g. peer review, credentialing, privileging)
 - Gaps in patient experience outcomes (e.g. surveys, focus groups, teams, grievance, complaints)
 - Identification of reportable events for accreditation and regulatory bodies

Pre-work/Homework:

- Review your hospital’s Vision, Mission, Values, Objectives and Strategic Plan. Bring them with you. Where does patient safety fit in?
- What patient safety metrics do you track and what is reported to the board?
- Find out if your organization has conducted a Hospital Survey on Patient Safety Culture (SOPS). If so, when? What were the results? Bring them with you.
- Bring a blank event report or, if electronic, be prepared to discuss how your reporting system works. Are you aware of any root cause analyses that have been done in your organization?
- Visit the following websites about the PSO program: <https://www.pso.ahrq.gov/> <https://www.nepatientsafety.org/>

Homework with Mentor:

- How does the mentor’s organization tie patient safety culture to organizational culture and make it a priority?
- What patient safety metrics does the mentor’s organization track? How are they reported to the board of directors? What education is the board given about patient safety?
- How does the mentor’s organization use the SOPS results? What interventions are they implementing to improve their culture of safety?
- How does the mentor encourage reporting? How are near misses reported? When is an RCA done at the mentor’s organization and how do they conduct it? Suggestions and lessons learned?
- How does the mentor work with the Nebraska Coalition for Patient Safety? How are the PSO protections used? What is included in their Patient Safety Evaluation System and what policies are in place? How does the mentor use the information and training that NCPS provides?

Agenda:

8:00 a.m. - 8:30 a.m.

8:30 a.m. - 9:30 a.m.

9:30 a.m. - 10:15 a.m.

10:15 a.m. - 10:30 a.m.

10:30 a.m. - 11:30 a.m.

11:30 a.m. - 12:00 p.m.

12:00 p.m. - 1:00 p.m.

1:00 p.m. - 3:00 p.m.

3:00 p.m. - 3:15 p.m.

3:15 p.m. - 4:30 p.m.

4:30 p.m. - 5:00 p.m.

Program Overview

MODULE G:

Define Culture of Safety and Develop Plan to Assess Culture of Safety (SOPS)

Kirkpatrick's Taxonomy of Training Criteria: Four Key Components of a Culture of Safety

Break

Hierarchy of Interventions, Human Factors, Reliability & Systems Thinking

Patient Safety & Quality Improvement Act, PSO Program

Lunch

MODULE H:

Confidentiality, Reporting Culture & Event Reporting

Break

Managing Complaints & Handling Claims

Annual Risk Assessment

Maintenance of Records

Wrap Up & Feedback

MODULE I Day 2

PATIENT FAMILY ENGAGEMENT & EMERGENCY MANAGEMENT September 13, 2019 | Faith Regional Health Services | Norfolk

Leads: Anne Timmerman, Renee Towne

Speakers: Anne Timmerman, Renee Towne, Tesha Broadfoot

Objectives:

- State key principles of the Principle of Excellence: Creating value for the customer
- Identify strategies for engaging patient and care partners into all levels of a system
- Explain the HCAHPS survey and how the survey is administered
- Describe how the HCAHPS survey is scored.
- Differentiate HCAHPS mean score vs the top box score in organizational reporting
- Demonstrate how to run own HCAHPS reports to guide improvement projects and measure effectiveness of those projects

Pre-work/Homework:

- Bring latest HCAHPS report

Agenda:

8:00 a.m. - 8:30 a.m.

8:30 a.m. - 10:00 a.m.

10:00 a.m. - 10:15 a.m.

10:15 a.m. - 12:00 p.m.

12:00 p.m. - 1:00 p.m.

1:00 p.m. - 2:30 p.m.

2:30 p.m. - 2:45 p.m.

2:45 p.m. - 4:30 p.m.

4:30 p.m. - 5:00 p.m.

Program Overview

Creating Value for the Customer

- Value Definition
- Identifying Value Drivers

Voice of the Customer

- Patient & Family Engagement (PFE)
- System Integration of PFE/Gap Analysis
- Voice of the Customer

Break

HCAHPS

- The world of HCAHPS
- Working with HCAHPS reports

Lunch

Emergency Management

Break

Water Management

Wrap Up & Feedback

Leads: Donnette Hoyle, Shari Michl

Speakers: Donnette Hoyle, Maureen Cavanaugh

Objectives:

- Distinguish how your position participates in the process for evaluating compliance with internal and external requirements.
- Recognize the importance of organizational commitment to quality.
- Discuss strategies to engage stakeholders to promote quality and safety.
- Manage consultative support to the governing body/clinical staff regarding their roles and responsibilities (e.g. credentialing, privileging, quality oversight, risk management).
- Develop a quality structure (e.g. councils and committees).
- Evaluate data management systems (e.g. databases, registries).

Pre-work/Homework:

- Bring peer review policies/bylaws

Agenda:

8:00 a.m. - 8:30 a.m.	Program Overview
8:30 a.m. - 10:30 a.m.	Credentialing & Privileges
10:30 a.m. - 10:45 a.m.	Break
10:45 a.m. - 12:00 p.m.	Peer Review & Bylaws <ul style="list-style-type: none">- FPPE/OPPE- Supervision requirements for APCs- Bylaws<ul style="list-style-type: none">▪ Quality role
12:00 p.m. - 1:00 p.m.	Lunch
1:00 p.m. - 2:00 p.m.	Data in Practice Assessment/Outcomes <ul style="list-style-type: none">- Monitoring through committees/utilizing data<ul style="list-style-type: none">▪ Internal peer review▪ Credentialing▪ ABS▪ Tissue Review▪ Medical Record Review▪ Cancer Registries▪ Physician scorecards
2:00 p.m. - 2:30 p.m.	Tips for Working with Your Provider Data Presentation <ul style="list-style-type: none">- e.g. quality meeting
2:30 p.m. - 3:00 p.m.	Break
3:00 p.m. - 3:30 p.m.	Utilization Review <ul style="list-style-type: none">- Two-Midnight Rule- Observation vs inpatient- Code 44- Working with providers
3:30 p.m. - 4:30 p.m.	Chart Review Criteria for Sending Out Charts
4:30 p.m. - 5:00 p.m.	Wrap Up & Feedback

Leads: Anne Hansen, Erin Starr, Denise Sabatka

Speakers: Tera Heitbrink, Anne Hansen, Erin Starr, Denise Sabatka

Module K- Infection Prevention Objectives:

- Describe quality improvement opportunities and how to prioritize competing infection prevention priorities.
- Formulate action plans or projects for infection prevention.
- Identify process champions.
- Recommend team member roles, responsibilities and scope of practice.
- Operate a range of quality tools and techniques (e.g., fishbone diagram, FMEA, process map).
- Demonstrate monitoring of project timelines and deliverables.
- Evaluate team effectiveness (e.g., dynamics, outcomes).
- Evaluate the success of performance improvement projects.
- Analyze performance and process improvement results.

Module L - And More Quality Objectives:

- Translate population health promotion and continuum of care activities (e.g. transitions of care, episode of care, outcomes, health care utilization).
- Defend resource needs to leadership to improve quality (e.g. equipment, technology).
- Distinguish quality initiatives impacting reimbursement (e.g. pay for performance, value-based contracts).

Agenda:

8:00 a.m. - 8:30 a.m.	Program Overview
8:30 a.m. - 9:00 a.m.	Regulations & Background <ul style="list-style-type: none">- AHRQ toolkit- Engagement at all levels
9:00 a.m. - 9:30 a.m.	Measurement & Important Outcomes
9:30 a.m. - 10:00 a.m.	A Day in the Life of Infection Prevention <ul style="list-style-type: none">- Roles and responsibilities
10:00 a.m. - 10:15 a.m.	Break
10:15 a.m. - 12:00 p.m.	Resources Available <ul style="list-style-type: none">- APIC, ICAP, SHEA, NHSN
12:00 p.m. - 1:00 p.m.	Lunch
1:00 p.m. - 1:30 p.m.	Promoting Interoperability <ul style="list-style-type: none">- MIPS/MACRA/MU
1:30 p.m. - 1:45 p.m.	Health Information Exchange (HIE) <ul style="list-style-type: none">- Nebraska Health Information Initiative (Nehii)- Prescription Drug Monitoring
1:45 p.m. - 2:15 p.m.	Accountable Care Organizations (ACO/PHO)
2:15 p.m. - 3:00 p.m.	Patient-Centered Medical Home (PCMH)
3:00 p.m. - 3:15 p.m.	Break
3:15 p.m. - 4:30 p.m.	Celebration & Lessons From the Field
4:30 p.m. - 5:00 p.m.	Wrap Up & Feedback

Continuing Education Hours

Accreditation Statement



In support of improving patient care, this activity has been planned and implemented by AXIS Medical Education and the Nebraska Hospital Association. AXIS Medical Education is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the health care team.

Credit Designation for Nursing

AXIS Medical Education designates this continuing nursing education activity for a **maximum of 75.5 contact hours**. Partial credit will not be awarded. Attendance at all sessions is required.

Learners are advised that accredited status does not imply endorsement by the provider or ANCC of any commercial products displayed in conjunction with an activity.

Quality Professionals

This program has been approved by the National Association for Healthcare Quality for **75.5 CPHQ continuing education credits**.

AXIS Contact Information

For information about the accreditation of this program please contact AXIS at info@axismeded.org.

Disclosure of Conflicts of Interest

AXIS Medical Education requires instructors, planners, managers and other individuals and their spouse/life partner who are in a position to control the content of this activity to disclose any real or apparent conflict of interest they may have as related to the content of this activity. All identified conflicts of interest are thoroughly vetted by AXIS for fair balance, scientific objectivity of studies mentioned in the materials or used as the basis for content, and appropriateness of patient care recommendations.

The **faculty** reported the following financial relationships or relationships they or their spouse/life partner have with commercial interests related to the content of this continuing education activity:

Name of Presenter	Reported Financial Relationship
Tesha Broadfoot	Nothing to disclose
Margaret Brockman, MSN, RN	Nothing to disclose
Gail Brondum, LPN, BS	Nothing to disclose
Maureen Cavanaugh	Nothing to disclose
Nikki Clement, RN, MSN	Nothing to disclose
Laura Peet Erkes	Nothing to disclose
Anne Hansen	Nothing to disclose
Nancy Jo Hansen	Nothing to disclose
Tera Heitbrink	Nothing to disclose
Donnette Hoyle, RN	Nothing to disclose
Vicki Kennel	Contracted research: Ocuvera, LLC
Amber Lubben, BSN	Nothing to disclose
Kermit Moore, RN, BSN	Nothing to disclose
Christina Pollard, BA	Nothing to disclose
Bill Redinger, BSQ, LSSGB, CQE, CPHQ	Nothing to disclose
Denise Sabatka, RN, BSN	Nothing to disclose
Anne Skinner, RHIA, MS	Nothing to disclose
Erin Starr, RN, BSN	Nothing to disclose
Anne Timmerman, MT (ASCP), CPHQ	Nothing to disclose
Renee Towne, MOT	Nothing to disclose
Jackie Trojan, RN, BSN, CPHQ	Nothing to disclose
Jayne VanAsperen	Nothing to disclose

The **planners and managers** reported the following financial relationships or relationships they or their spouse/life partner have with commercial interests related to the content of this continuing education activity:

Name of Planner	Reported Financial Relationship
Margaret Brockman, MSN, RN	Nothing to disclose
Gail Brondum, LPN, BS	Nothing to disclose
Nikki Clement, RN, MSN	Nothing to disclose
Nancy Jo Hansen	Nothing to disclose
Donnette Hoyle, RN	Nothing to disclose
Katherine Jones, PhD, PT	Research grant/Contracted research: Ocuvera, LLC
Vicki Kennel	Contracted research: Ocuvera, LLC
Amber Lubben, BSN	Nothing to disclose
Shari Michl, RN, CPHQ	Nothing to disclose
Dee Morgillo, MEd., MT(ASCP), CHCP	Nothing to disclose
Christina Pollard, BA	Nothing to disclose
Bill Redinger, BSQ, LSSGB, CQE, CPHQ	Nothing to disclose
Denise Sabatka, RN, BSN	Nothing to disclose
Anne Skinner, RHIA, MS	Nothing to disclose
Erin Starr, RN, BSN	Nothing to disclose
Anne Timmerman, MT (ASCP), CPHQ	Nothing to disclose
Renee Towne, MOT	Nothing to disclose
Jayne VanAsperen, RN, BSN	Nothing to disclose
Margaret Woeppel, MSN, RN, CPHQ	Nothing to disclose

Disclaimer

Participants have an implied responsibility to use the newly acquired information to enhance patient outcomes and their own professional development. The information presented in this activity is not meant to serve as a guideline for patient management. Any procedures, medications, or other courses of diagnosis or treatment discussed in this activity should not be used by clinicians without evaluation of patient conditions and possible contraindications on dangers in use, review of any applicable manufacturer's product information, and comparison with recommendations of other authorities.

Americans with Disabilities Act

In compliance with the Americans with Disabilities Act, we will make every reasonable effort to accommodate your request. For any special requests, please contact Heather Bullock at 402-742-8148 or hbullock@nebraskahospitals.org before the meeting dates.

Requirements for credit:

- Attend/participate in the educational activity and review all course materials.
- **Complete the CE Declaration form online by 11:59 pm ET December 20, 2019.** Instructions will be provided. If you do not enter the online portal by the above date, you will not be able to retrieve your statement of participation.
- Upon successful completion of the online form, your statement of completion will be presented to you to print.

General Information

Lodging

A block of rooms will be reserved under the name of the Nebraska Hospital Association for the nights relative to each session and listed below. You will be notified of the lodging information and the deadline date for reservations.

March 13 & 14, 2019 (LINCOLN)

May 14 & 15, 2019 (GOTHENBURG)

July 10 & 11, 2019 (GRAND ISLAND)

September 11 & 12, 2019 (NORFOLK)

November 6 & 7, 2019 (LINCOLN)

Absence

Attendance at the NHA QI Residency Program sessions is essential for participants to successfully complete the program and receive a certificate of completion. Participants who miss more than one session will consequently be dismissed from the program. *Continuing Education is available only to participants who are present for all modules.*

Dress

Casual dress for the sessions is acceptable.

Handling Concerns

The QI Residency Program is intended to be a safe, educational and productive professional development experience for all participants. Any concerns should be brought to the attention of the faculty or the Nebraska Hospital Association staff promptly. These individuals will do their best to quickly resolve a participant's concerns.

Special Needs

In accordance with the Americans with Disabilities Act, the Nebraska Hospital Association seeks to make the QI Residency Program accessible to all. If you have a disability that may require special accommodations or have any dietary restrictions, please e-mail your needs to mwoeppel@nebraskahospitals.org.

ENROLLMENT FORM

NHA QI Residency Program

STEP ONE: Your Information (please print)

Name, Title & Credentials

Hospital/Organization

Address, City, State, ZIP

Email

Phone

STEP TWO: Payment Information

☐ QI Residency Program enrollment fee = **\$1,500 per person**

****Partial scholarships based on need are available.** Please contact margaret.brockman@nebraska.gov for an application.

☐ Pay by Check (Please make check payable to NHA Foundation)

☐ Pay by Credit Card: ☐ Visa ☐ MasterCard ☐ Discover

Name on Card: _____

Credit Card #: _____

Expiration Date: _____

Signature: _____

STEP THREE: Register

MAIL enrollment form, personal statement and payment to Nebraska Hospital Association, P.O. Box 82653, Lincoln, NE 68501-2653

FAX enrollment form and personal statement to (402) 742-8191. This line is available 24/7.

Registration deadline is February 15, 2019. Space is limited, so please register early to secure your seat.

Questions? Contact Margaret Woeppel, NHA Vice President, Quality Initiatives at mwoeppel@nebraskahospitals.org.



PERSONAL STATEMENT

Please complete a narrative personal statement including:

1. Description of current position
2. Length of time in position
3. Personal statement (health care career goals)

CEO Signature _____