



The influential voice of Nebraska's hospitals

# Licensure, Regulations, State Collaborations



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- NHA Rural QI Steering Committee
- AHA Story Board Presenter 2015
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# Objectives

- Identify Nebraska State statutes regulating Quality programs for Healthcare facilities
- Evaluate internal drivers for quality programs within your organization
- Identify statewide quality improvement initiatives surrounding perinatal and neonatal care

# Quality Assurance

- **Quality Assurance**
- External regulators
  - CMS Surveyor Worksheet
  - State Operations Manual for CAHs and Swing Beds
  - The Joint Commission
  - DNV Hospital Accreditation
  - National Committee for Quality Assurance (NCQA)
  - UNMC Process map of medication use
  - AHRQ Hospital Patient Safety Culture Survey
    - UNMC Adapted for rural patient safety culture survey
  - **State Operations Manuals**
    - for Acute Care Hospitals
    - for Rural Health Clinics

# Quality assurance program requirements

**44-32,127. Quality assurance program; requirements.** Each health maintenance organization shall have an ongoing, internal quality assurance program to monitor and evaluate its health care services, including primary and specialist physician services, and ancillary and preventive health care services across all institutional and noninstitutional settings. The quality assurance program shall include, but not be limited to, the following:

(1) A written statement of goals and objectives which emphasizes improved health status in evaluating the quality of care rendered to enrollees;

# Quality assurance program requirements-continued

- (2) A written quality assurance plan which describes the following:
- (a) The health maintenance organization's scope and purpose in quality assurance;
  - (b) The organizational structure responsible for quality assurance activities;
  - (c) Contractual arrangements, when appropriate, for delegation of quality assurance activities;
  - (d) Confidentiality policies and procedures;
  - (e) A system of ongoing evaluation activities;
  - (f) A system of focused evaluation activities;
  - (g) A system for credentialing providers and performing peer review activities; and
  - (h) Duties and responsibilities of the designated physician responsible for the quality assurance activities;

# Quality assurance program requirements-continued

- (3) A written statement describing the system of ongoing quality assurance activities, including, but not limited to, the following:
  - (a) Problem assessment, identification, selection, and study;
  - (b) Corrective action, monitoring, evaluation, and reassessment; and
  - (c) Interpretation and analysis of patterns of care rendered to individual patients by individual providers;

# Quality assurance program requirements-continued

- (4) A written statement describing the system of focused quality assurance activities based on representative samples of the enrolled population which identifies method of topic selection, study, data collection, analysis, interpretation, and report format; and
- (5) A written plan for taking appropriate corrective action whenever, as determined by the quality assurance program, inappropriate or substandard services have been provided or services which should have been furnished have not been provided.



# Quality assurance program; requirements-continued

- Each health maintenance organization shall record proceedings of formal quality assurance program activities and maintain documentation in a confidential manner. Quality assurance program minutes shall be available to the Department of Health and Human Services. Each health maintenance organization shall also establish a mechanism for periodic reporting of quality assurance program activities to the governing body of the health maintenance organization, the providers, and appropriate staff.
- Source: Laws 1990, LB 1136, § 36; Laws 1996, LB 1044, § 247; Laws 2007, LB296, § 186. Operative date July 1, 2007.

# Key Links to have available

- State Operations Manual for Critical Access Hospitals (Appendix W): [http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap\\_w\\_cah.pdf](http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap_w_cah.pdf)
- State Operations Manual for Hospitals (Appendix A): [http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap\\_a\\_hospitals.pdf](http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_a_hospitals.pdf)

# NPQIC

- The **Nebraska Perinatal Quality Improvement Collaborative (NPQIC)** -formed by a group of statewide stakeholders in February 2015
  - Support and collaboration has been with the Nebraska Chapter of the March of Dimes, the Nebraska Medical Association, and COPIC. State funding was appropriated through the Nebraska Department of Health and Human Services (DHHS).

# NPQIC

- **Mission Statement-**

NPQIC seeks to improve the delivery of and access to evidence-based health care for all Nebraska mothers and newborns.

- We will engage all stakeholders statewide.
- We will identify opportunities to optimize measurable perinatal outcomes and implement initiatives for a sustained improvement.
- We will reduce the impact of premature birth statewide.
- We will be good stewards of the financial resources committed to the work of the organization and will allocate our resources across the entire state of Nebraska to achieve the best possible outcomes.

# NPQIC

- **Mission Statement**

**The Nebraska Perinatal Quality Improvement Collaborative (NPQIC) was formed by a group of statewide stakeholders in February 2015 with the intent of improving the quality of care in Nebraska for mothers and babies.**

- NPQIC seeks to improve the delivery of and access to evidence-based health care for all Nebraska mothers and newborns.
- We will engage all stakeholders statewide.
- We will identify opportunities to optimize measurable perinatal outcomes and implement initiatives for a sustained improvement.
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# NPQIC- Initiatives

- **Severe Hypertension in Pregnancy**
  - Nebraska participates in the Alliance for Innovation on Maternal Health (AIM) national program to decrease maternal mortality and morbidity and is currently working on the Severe Hypertension in Pregnancy patient safety bundle.

# NPQIC- Initiatives

- **Preterm Birth**

- Currently, a statewide taskforce is examining factors associated with prematurity in Nebraska.

# NPQIC- Initiatives

- **Neonatal Sepsis Screening and Antibiotic Stewardship**
  - Implementation of universal newborn sepsis screening and antibiotic stewardship is underway this year in Nebraska hospitals which have NICUs



# NPQIC- Initiatives

- **Neonatal Encephalopathy Registry**
  - Timely identification and treatment of neonatal encephalopathy is essential for optimal outcomes. Review this [Initial Assessment and Screening for Neonatal Encephalopathy](#) algorithm from Children's Hospital & Medical Center.

# NPQIC- Initiatives

- **Breastfeeding Practices**

- A quality improvement initiative is underway to increase exclusive breastfeeding rates at Nebraska hospitals. Currently, the in-hospital state-wide exclusive breastfeeding is at 75% and breastfeeding initiation is at 90%. Many hospitals are participating in this improvement initiative.

# NPQIC- Initiatives

- **Prevention of the 1st Cesarean Delivery**
  - The rising cesarean delivery rate in the United States has been in the news. In 2014, ACOG and SMFM published a consensus document on the Safe Prevention of the Primary Cesarean Delivery. The plan is to facilitate dissemination of this information throughout the state and to support the implementation of the recommendations. Baseline data on Nebraska cesarean rates have been collected.

# NPQIC- Initiatives

- **Nebraska Safe Babies**
  - Nebraska Safe Babies is a campaign to reduce the infant mortality rate. All birthing hospitals and clinics caring for moms and infants are encouraged to become CHAMPIONS in this effort by promoting safe sleep environments for infants and educating about abusive head trauma.

# NPQIC- Initiatives

- Count the Kicks
  - Kick counts are a simple way for mothers to identify if their unborn baby is healthy. The campaign]strives to educate pregnant women and provides tools to assist them with kick counts. Kick counts are an easy way to prevent stillborn babies. Nebraska hospitals and providers may order free brochures to share the campaign with their patients

# NPQIC- Initiatives

- **Parental Perinatal Depressions Screening**
  - Perinatal depression is one of the most common obstetric complications in the United States. It is estimated that 1 in 7 women and 1 in 10 men experience symptoms of postpartum depression. Perinatal depression is a tragic and preventable cause of maternal and infant morbidity and mortality.

# Quality assurance program requirements-continued