

# Monthly Quality Update

Thursday, May 30, 2024 | 12:00-12:30 pm CT



# Workforce Updates Change Canadan

## **Stacey Ocander**

Senior Director, Workforce and Education Initiatives

New website!

www.center4nursing.ne.gov









#### **NHA Updates**





with interactive learning opportunities!

#### Quality Residency

- 14 participants 3<sup>rd</sup> Session June 27-28 at Grand Island Regional Medical Center
- Process Precept
  - Next session June 26<sup>th</sup> in **Grand Island**
- Rural Health Conference
  - June 3-4, 2024 Kearney, NE
- New Nurse Residency
  - June 13-14, 2024 North Platte, NE
- Vulnerable Populations **Conference** 
  - September 19-20 Lincoln, NE



#### PROCESS PRECEPT:

#### **Need to Know Skills Update**

Wednesday, June 26, 2024 8 am - 4 pm | 6.0 contact hours



**Grand Island Regional Medical Center** 

3533 Prairieview St. Grand Island, NE 68801 Medical Office Building Room 2213



FREE



#### Join your colleagues for case-based scenarios:

- Preceptor Roles
- Interprofessional Identity
- Teaching & Coaching Tools
- Action-Oriented Feedback
- Communication Strategies
- And more!

#### Intended for ALL nurses precepting!

Amber Kavan, BSN, RN, CPHQ and Dana Steiner, BSN, MBA, CPHQ

8:00 a.m.

8:30 a.m. Session 1: Harnessing 'Our Why' and 'How' as Preceptors Session 2: Creating Safety and Providing Support 10:25 a.am.

12:00 p.m. Lunch (Provided)

1:00 p.m. Session 3: Using Teaching Prowess to Lead and Influence

3:15 p.m. Session 4: Bringing It All Together: Using New Strategies in Practice

4:00 p.m. **Closing Remarks** 

Human Services (HHS) under 5T1QHP47311-02-00, Nurse Education Practice Quality and Retention: Clinical Faculty and Precepto Academy, award totaling \$3,995,519 with 0 percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government, Fo



In support of improving patient care, University of Nebraska Medical Center 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 healthcare t

yours. Nurses should only claim credit for the actual time spent participating in the activit

QUESTIONS? MCIRN@unmc.edu



#### **NHA Updates**

- LB 1087: Medicaid Provider Assessment
  - Slated to begin July 1, 2024
  - Quarterly progress reports will be submitted to the NHA
  - Annual performance reports will be submitted to CMS

#### SCREENING FOR SOCIAL DETERMINANTS OF HEALTH (SDOH)

**Numerator**: # of adult patients >=18 y/o admitted inpatient to the hospital that receive an SDOH screening that includes each of the 5 health-related social needs (food insecurity, housing instability, transportation needs, utility difficulties, interpersonal safety) during each hospital stay.

**Denominator**: Total # of inpatient admissions.

\*Only fully complete screenings will be considered applicable.

GOALS					
Year 1:	18-month lookback (July 1, 2024 - December 31, 2025	35%			
Year 2:	12-month CY lookback (January 1, 2026 - December 31, 2026)	55%			
Year 3:	12-month CY lookback (January 1, 2027 - December 31, 2027)	80%			

#### MATERNAL POST-PARTUM DEPRESSION SCREENING

**Numerator**: # of delivering mothers that are admitted for delivery that receive a depression screen after delivery and before discharge.

**Denominator**: Total # of delivering mothers.

\*If you are not a delivering hospital, you are excluded from this measure.

GOALS					
Year 1:	18-month lookback (July 1, 2024 - December 31, 2025	71%			
Year 2:	12-month CY lookback (January 1, 2026 - December 31, 2026)				
Year 3:	Year 3: 12-month CY lookback (January 1, 2027 - December 31, 2027)				

## **Performance Quality Metrics**

#### CATHETER ASSOCIATED URINARY TRACT INFECTIONS (CAUTI)

Numerator: # of CAUTI infections.

**Denominator**: Total # of catheter days.

\*If hospitals continue to perform highly and meet the national benchmark, measure will be assessed for sunsetting.

\*\*NOTE: Assessing data analysis process from DHHS regarding those low volume facilities that do not generate a SIR to assure that SIR should be the standard of measurement to best reflect CAUTI infections in the state.

GOALS					
Year 1:	18-month lookback (July 1, 2024 - December 31, 2025	0.7 SIR			
Year 2:	Year 2: 12-month CY lookback (January 1, 2026 - December 31, 2026)				
Year 3:	12-month CY lookback (January 1, 2027 - December 31, 2027)	0.7 SIR			

#### RATE OF ED USE FOR PRIMARY DX OF BEHAVIORAL HEALTH

**Numerator**: Patients of all ages that are seen in an Emergency Department for a primary diagnosis of behavioral health based on the ICD-10 codes noted.

**Denominator**: Total # of all Emergency Department visits

#### **GOAL**

Track BH ED use over time and analyze data to understand needs.

#### AGE-FRIENDLY HEALTH SYSTEMS

This will not be a rate - simply an aggregate number of NHA members that are engaged in AF.

Currently there are 26 organizations - many with multiple sites that are engaged in AF. NHA continues its work across the state to spread the framework including work towards creating AF communities.

# **Supplemental Quality Metrics**

GOAL				
2025	39 organizations			
2026	49 organizations			
2027	61 organizations			



## **NHA Updates**

#### **Quest for Excellence**

#### 3 Awards Available

- CAH
- Non-CAH
- RHC
- \$1,000 award
- An engraved plaque presented at NHA Convention Awards Banquet
- Public recognition
- Due August 1, 2024

## Request for Applications

2024

# Quest for Excellence Awards

Nebraska's Health Care Providers: Leaders in Quality

#### **CMS Updates**



Annual Wellness Visit: Social Determinants of Health Risk Assessment Learn about providing the social determinants of health risk assessment (PDF) during an annual wellness visit:

 CMS established HCPCS code G0136, Administration of a standardized, evidencebased SDOH risk assessment tool, 5-15 minutes, not more often than every 6 months

#### Quality in Motion: Acting on the CMS National Quality Strategy

CMS wants to improve the quality and safety of your health care. Learn how
we're making progress through our new action plan, <u>Quality in Motion</u>: <u>Acting</u>
on the CMS National <u>Quality Strategy</u> (<u>PDF</u>).

#### **CMS Updates**



## Minimum Staffing Standards for Long-Term Care Facilities and Medicaid Institutional Payment Transparency Reporting Final Rule

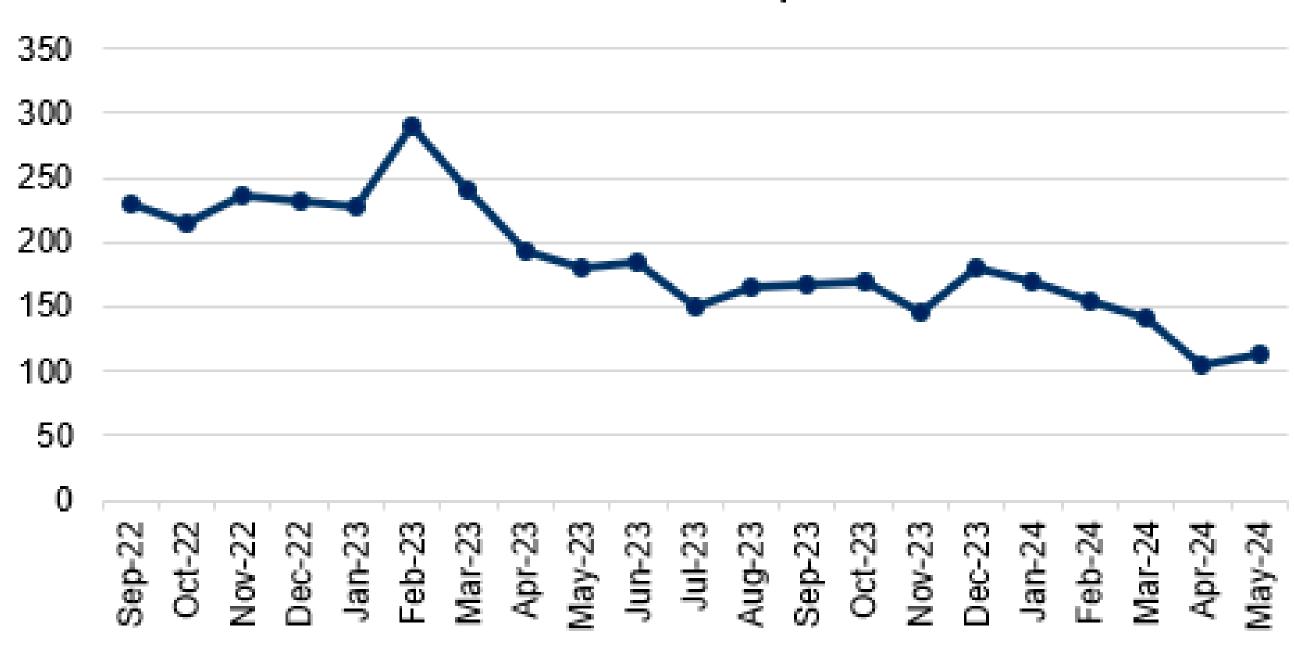
- April 22, 2024, CMS passed: <u>Minimum Staffing Standards for Long-Term Care</u> (LTC) Facilities and <u>Medicaid Institutional Payment Transparency</u> <u>Reporting final rule.</u>
- Also finalizing enhanced facility assessment requirements and a requirement to have a registered nurse onsite 24/7.

More Information:

Full fact sheet
Press release



## Patients Awaiting Discharge > 7 Days in Nebraska Hospital





## **HQIC Coming to a Close in 2024**

Opioid Stewardship Goal: 12% Reduction	Opioid Adverse Drug Events Goal: 7% Reduction	All-Cause Harm Goal: 9% Reduction	Adverse Drug Events Goal: 13% Reduction	Readmissions  Goal: 5% Reduction	
18-Month:	18-Month:	18-Month:	18-Month:	18-Month:	
19.6%	11.67%	61.28%	14.7%	2.95%	
Reduction	Reduction	Increase	Increase	Reduction	
30-Month:	30-Month:	30-Month:	30-Month:	30-Month:	
27.12%	4.14%	25.94%	14.31%	4.81%	
Reduction	Reduction	Increase	Increase	Reduction	
42-Month:	42-Month:	42-Month:	42-Month:	42-Month:	
36.91%	14.77%	13.55%	37.22%	5.54%	
Reduction	Reduction	Reduction	Increase	Reduction	



#### **State Performance Breakdown**

	АННА	IHA	MPQH	NHA	ОНА	TD
All-Cause Harm	27.6%	-7.47%	-58.07%	6.60%	19.62%	14.04%
Anticoag/Hypoglycemia ADE	-144.62%	-49.28%	-158.73%	-28.78%	-8.92%	54.12%
Opioid ADE	24.98%	-6.63%	19.15%	20.52%	22.39%	-25.86%
Opioid Prescribing	36.79%	52.52%	32.21%	36.16%	54.38%	27.44%
Readmissions	-3.66%	2.55%	9.87%	6.60%	8.24%	5.04%



#### 13<sup>th</sup> SOW

- Release of the RFP delayed until July 2024.
- There will be an overlap between the 12SOW and 13SOW, so if a state does not get the same QIN-QIO, CMS wants a soft hand-off. The overlap is tentatively from June 2024 (Start of 13 SOW) to November 2024 (end of 12 SOW).
- 13 SOW- there will not be a division of different QIN-QIO's working on similar contracts. (HQIC and PCH-for example). CMS recognized that having two different QIN-QIO's working on two large arms of work was too confusing.



## **Data Entry**

- Enter self-reported data into CDS 45 days after end of reporting period
  - March 2024 data was due May 15<sup>th</sup>
- Data should be current through March 2024.
- PFE and HEOA Surveys due June 30, 2024.

HEOA 1-7: Tell_SR_HEOA1 Process (Recommended)	•	10/1/2022 - 9/30/2024 (Quarterly)	Most recent data: 01/01/2022	Most recent data: 01/01/2024	Enter Data
PFE 1-5: Tell_SR_PFE1 Process (Recommended)	•	7/1/2022 - 9/18/2024 (Quarterly)	Most recent data: 01/01/2022	Most recent data: 01/01/2024	Enter Data



## **Upcoming Telligen Events**

Quality Collective: Sharing Stories from the Field - PFE

June 12, 2024 | 12:00 pm CT

HQIC Community of Practice: Infection Prevention and Sepsis Recognition in Home Care June 13, 2024 | 12:00 pm CT

Peer-to-Peer Sepsis Quality Improvement in Action June 14, 2024 | 1:00 pm CT

HQIC Reliability and Resilience Learning Action Series June 21, 2024 | 11:30 am CT

Commitment to Transparency: Redesign of Daily Safety Huddles using HRO Principles June 25, 2024 | 12:00 pm CT

Register on the Telligen Portal



## Join NAHQRS!

Mission: To develop and empower health care quality, risk and safety professionals to advocate for and improve patient care in Nebraska

#### 2024 Meetings:

June 7<sup>th</sup> | Tri Valley Health System August 2<sup>nd</sup> | Fillmore County Hospital October 4<sup>th</sup> | NHA Offices December 6<sup>th</sup> | Nemaha County Hospital

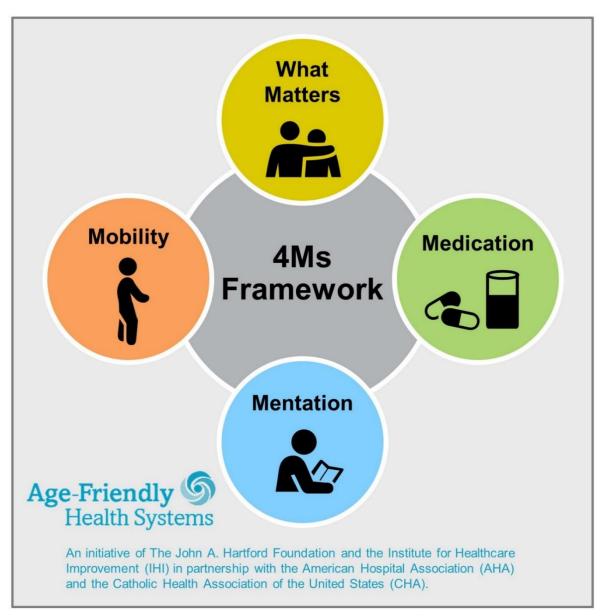


Join today for only \$55/yr



## **Age-Friendly Update**

- Age-Friendly Advisory Council
  - Community Spread- 3 Pilot sites started in January 2024
    - Working with community partners such as nursing homes, clinics, assisted livings, senior centers, churches, banks, etc.
    - Starting process on standardization of non-health care related Age-Friendly partners.
- Age-Friendly Progress:
  - 46 Level 2's
  - 1 Submissions for Level 2
  - 17 Currently Level 1's
  - 4 Submitting for Level 1
- Nebraska State Calls
  - Next quarterly educational call will be from Circle Talk by Telligen



For related work, this graphic may be used in its entirety without requesting permission Graphic files and guidance at ihi.org/AgeFriendly



#### **Dimensions' REAL Data Submission**

The NHA has began reviewing REAL Data submission for compliance. The following facilities had 100% compliance for 3 Q 2023:

- Genoa Community Hospital
- Ogallala Community Hospital
- Webster County Hospital
- Annie Jeffrey Health Center
- Osmond General Hospital
- Pawnee County Memorial Hospital

100% compliance not only includes submission of each patient visit, but also includes factors such as:

- Submitting identification of Race, Ethnicity, Age, and Language for all patients.
- Zero patients submitted with an "unknown" or "not reported" parameter.

This information is found on the last tab of the CDS quarterly scorecards put out by NHA. Scorecards will begin coming out starting at the end of next week

4<sup>th</sup> Quarter Report will be coming out in the next few weeks





Stay on this Zoom!

## Our Great Team



Dana Steiner, BSN, MBA, CPHQ
Senior Director, Quality and
Performance Improvement







dsteiner@nebraskahospitals.org



Quality and Performance Improvement Director







akavan@nebraskahospitals.org





Matt Lentz, MSN, RN Quality Consultant







mlentz@nebraskahospitals.org





# THANK YOU