



QI Residency Program

Improving Outcomes. Ensuring Quality.







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, Prairie Health Ventures, CAPTURE Falls, 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,

Margaret Brockman, Chair
NHA Rural QI Steering Committee

Program Objectives

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

- Define quality and performance improvement
- Explain how quality fits into the bigger picture of rural hospitals.
- Prepare to lead your hospital through a successful regulatory inspection armed with current information on surveys and accreditation.
- Outline approaches to complete mandatory external data reporting requirements.
- Describe best practices related to determining and driving quality and performance improvement in your hospital.
- Differentiate quality health care data to ensure sound decision-making and data use for strategic planning.
- Analyze quality health care data to drive decision-making and strategic planning.
- Adapt patient safety tools in your hospital.
- Employ risk management techniques in your hospital.
- Employ patient and family engagement and emergency management tools and techniques.
- Describe the role of quality and performance improvement specific to medical staff functions.
- 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 Dana Steiner at dsteiner@nebraskahospitals.org.

2023 Rural QI Steering Committee

The purpose of the Rural Quality Improvement Steering Committee is to provide the framework to develop a comprehensive, integrated and holistic QI plan. It is tasked with making recommendations in regards to forms, reports and education necessary to implement the model QI plan.

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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

Residency Capstone

All Quality Residents will be required to complete a quality-specific capstone and present their work at graduation. The quality project should be specific to their own hospital and/or department needs. This capstone project will allow quality residents to implement learning from the program. Students are encouraged to use program speakers, mentors and class peers as advisors in their capstone.

See requirements below:

- Select quality project specific to your hospital
- Obtain CEO approval for project
- Design your project framework utilizing the Institute for Healthcare Improvement (IHI) model for improvement <http://www.ihl.org/resources/Pages/HowtoImprove/default.aspx>.
- Provide an oral presentation on the final day of residency. Residents may be asked to share learnings at the NHA Quality Conference.

Mentorship

The Rural QI Steering Committee has partnered with the Nebraska Association of Healthcare Quality Risk and Safety (NAHQRS) to provide all residents with a mentor. Your mentor is an experienced Nebraska quality professional who works in the healthcare quality field. As the mentee, you are expected to schedule bi-monthly calls with your mentor to touch base, seek clarifications and developed statewide quality resources. Your mentor has agreed to be a point of contact throughout the residency program and for the year following. All speakers have also agreed to be subject matter expert resources for our residents.

Orientation & How Quality Fits in the Bigger Picture

Speakers: Sarah Thornburg, Jayne Van Asperen

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 hospitals quality activities align with mission and strategic goals
- Evaluate and discuss potential integration of external best practices

Pework / Homework: Bring to class:

- Quality Plan
- Strategic Plan/ Initiatives

Agenda:

8:30 a.m. - 9:00 a.m.	Welcome and Program Overview / Download Center / Communication Plan
9:00 a.m. - 10:30 a.m.	Fundamental Principles of Quality <ul style="list-style-type: none">• What is Quality? Defining Quality in Your Organization Improvement Processes <ul style="list-style-type: none">• Quality Assurance (QA)• Quality Improvement (QI)• Performance Improvement (PI)
10:30 a.m. - 10:45 a.m.	Break
10:45 a.m. - 11:15 a.m.	Responsibility for Quality <ul style="list-style-type: none">• Who are the stakeholders and their role?
11:15 a.m. - 12:00 p.m.	Return on Investment for Quality
12:00 p.m. - 12:30 p.m.	Lunch
12:30 p.m. - 1:00 p.m.	The Quality Plan <ul style="list-style-type: none">• Why do we need a Quality Plan?• Review sections of a plan• Frequency for review of Quality Plan
1:00 p.m. - 1:30 p.m.	Where to Begin: Establishing Priorities for Quality and Performance Improvement <ul style="list-style-type: none">• Regulatory Compliance – the QA of the Quality Continuum• Strategic Plan/ Vision/ Mission – what are your initiatives?• Common areas to evaluate related to quality Goal Setting and Action Planning <ul style="list-style-type: none">• Alignment with strategic plan and initiatives• Meaningful goals and metrics
1:30 p.m. - 2:15 p.m.	Action Plans that Create Desired Movement: What, where, when, how, and by whom Methodology for Improvement <ul style="list-style-type: none">• LEAN, PDSA, PACE, SIX SIGMA• Small tests of change• Team involvement• Leadership support and involvement

Measurement/ Metrics

- Measure the important things
- Donabedian model
- How to obtain measures
- Benchmarks
- Timeliness
- “measure-vention”

Evaluating and Reporting Improvement Efforts

- What are your organizations 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

- Committees and Councils
- Quality Sub- committee with board member
- Transparency
- Celebrate Successes

2:15 p.m. - 2:30 p.m.

Break

2:30 p.m. - 3:30 p.m.

Activity: Alignment Worksheet

- Evaluate own organization’s strategic initiatives with quality goals/actions. Do they align?

Activity: Evaluation of Quality Plan

- Does your organization’s quality plan provide an outline for the formal process of quality improvement in your organization? If not, what areas need improvement?

3:30 p.m. - 4:00 p.m.

Capstone Project Expectations

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

Networking Event

Surveys and Accreditation

Speakers: Jayne Van Asperen, Nikki Clement

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

Prework / Homework: Bring to class:

- Results of last survey
- Paper copy of SOM Appendix W or A (COP's) or Electronic Device to pull up the SOM Appendix W or A (COP's)

Agenda:

9:00 a.m. - 9:30 a.m.

Q&A – Day One Questions

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

Overview of Accreditation/ Survey

10:30 a.m. - 11:15 a.m.

Review of Regulations

- COP's Appendix A – PPS hospitals, Appendix W – CAH's
- Chapter 9 Title 175 – Nebraska Law governing hospitals
- Life Safety Codes
- Corporate Compliance, HIPAA, EMTALA
- Survey Protocol – Key items in COP's

11:15 a.m. - 11:30 a.m.

Break

11:30 a.m. - 12:15 p.m.

Conditions of Participation (COP) Review

- Review of the regulation's organization will be evaluated against to establish their level of performance in relation to regulatory requirements

12:15 p.m. - 12:45 p.m.

Lunch

12:45 p.m. - 1:15 p.m.

Survey Readiness

- Continuous Survey Readiness (CSR)
- The day the surveyors arrive - What to do

1:15 p.m. - 1:45 p.m.

Key Items and Tips

- Who to involve at your facility

1:45 p.m. - 2:15 p.m.

Small Group Work

- Develop Checklist for initial setup of survey

2:15 p.m. - 2:30 p.m.

Break

2:30 p.m. - 3:00 p.m.

Immediate Jeopardy (IJ)

- Definition
- What to do if IJ is identified

3:00 p.m. - 3:30 p.m.

Plans of Correction

- How to write a plan of correction action plan

Vital Areas of Quality Focus

- High risk areas
- Annual Policy Review
- Top CAH deficiencies in Nebraska

3:30 p.m. - 3:45 p.m.

Wrap-Up Feedback

External Data Reporting

Speakers: Nancy Jo Hansen, Margaret Brockman, Sarah Brinkman (Zoom), Robyn Carlson (Zoom), Ardis Reed (Zoom), Terry Stafford (Zoom), Dana Steiner, Amber Lubben

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 HQIC project
- Identify gaps in your fall risk reduction program as compared to evidence-based best practices
- Explain inpatient fall events at the system level
- Define QIO-QIN and Beneficiary and Family Centered (BFCC) – QIO

Pework / Homework: Bring to class:

- Bring your hospital's total, unassisted and injurious fall rates for the previous calendar year

Agenda:

8:30 a.m. - 8:45 a.m.

Welcome – Updates, Program Overview

8:45 a.m. - 9:15 a.m.

FLEX

- National Resources

Networks

- Additional network requirements

9:15 a.m. - 11:15 a.m.

Stratis: Medicare Beneficiary Quality Improvement Program (MBQIP)

- HCAHPS
- CART
- QualityNet
- NHSN

Overall Data Collection

11:15 a.m. - 11:30 a.m.

Break

11:30 a.m. - 12:15 p.m.

TMF Health Quality Institute QIN-QIO work

- Program Overview and Goals

12:15 p.m. - 12:45 p.m.

Lunch

12:45 p.m. - 2:45 p.m.

Operational System Improvements

- Purpose, people, process
- Link to principles of excellence
- PDSA/DMAIC/A3

2:45 p.m. - 3:15 p.m.

Hospital Quality Improvement Contract (HQIC)

- Program Overview and Goals
- Measure Review and Data Collection
- Learning Collaboratives

3:15 p.m. – 3:30 p.m.

Break

3:30 p.m. - 4:00 p.m.

Additional Reporting

- Licensure Laws, regulations, statutes
- Nebraska Perinatal Quality improvement Collaborative (NPQIC)
- Safe Sleep Campaign
- Breastfeeding

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

Wrap-Up Feedback

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

Networking Event

Quality Improvement

Speakers: Vikki Kennel, Dana Steiner, Amber Kavan

Objectives:

- Recognize how purpose, people and processes interact as a system to support performance excellence
- List the five steps of the DMAIC process improvement methodology
- 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:

8:30 a.m. - 9:00 a.m.

Hospital Tour - Optional

9:00 a.m. - 9:15 a.m.

Welcome – Questions from Day 1

9:15 a.m. - 9:45 a.m.

UNMC CAPTURE Falls

- Rethinking your approach to reporting and addressing falls
- Learning at the system level through fall event reviews

9:45 a.m. - 10:00 a.m.

Break

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

High-Performing Quality Improvement Teams

- Building your QI team
- Leading Effective Teams

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

Leading Change Management

- Change Management Strategies

12:30 pm. - 1:00 p.m.

Lunch

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

Brainstorming / Discussion of QI project ideas

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

Review pieces of a successful QI project / Capstone project

2:00 p.m. - 3:30 p.m.

Project Management at work: Create a Capstone Plan

- Create a Capstone Plan
- Understand the problem
- Ideas for AIM Statement
- Initiatives and Outcomes

3:30 p.m. - 3:45 p.m.

Wrap-Up Feedback

Healthcare Data in Practice

Speakers: Anne Skinner, Bill Redinger, Marty Fattig

Objectives:

- Identify measures for quality improvement (structure, process and outcomes)
- Identify data sources for comparison (ex. Benchmarking)
- Summarize the best practices for collection and validating data
- Use Microsoft Excel to manage, analyze, and display data
- Use tools to display data or evaluate a process (Pareto chart, run chart)

Prework / Homework: Bring to class:

- Complete “Mastering Microsoft Excel Basics”
- Download and complete “Take a Tour” and “Formula Tutorial” located at <https://tinyurl.com/excel-resources>.
- Contact Bill Redinger at bill.redinger@giregional.org with questions prior to the session
- Collect and submit examples of Scorecards, Dashboards, and Board Reports from your facility to askinner@nebraskahospitals.org two weeks prior to class date
- Laptop required for this module

Agenda:

8:30 a.m. - 8:45 a.m.	Welcome – Updates, Program Overview
8:45 a.m. - 9:45 a.m.	Why is Data Collection, Analysis and Reporting so Important?
9:45 a.m. - 10:00 a.m.	Break
10:00 a.m. - 10:45 a.m.	Structure, Process and Outcomes Quality Measures
10:45 a.m. - 11:45 a.m.	Learning from and Solving Problems with Data
11:45 a.m. - 12:15 p.m.	Lunch
12:15 p.m. - 2:15 p.m.	Data Collection
2:15 p.m. - 3:00 p.m.	Data Organization and Analysis (Microsoft Excel)
3:00 p.m. - 3:15 p.m.	Break
3:15 p.m. - 4:30 p.m.	Data Visualization
4:30 p.m. - 5:00 p.m.	Wrap-Up Feedback
5:00 p.m. - 6:00 p.m.	Networking Event

Healthcare Data in Practice

Speakers: Anne Skinner, Bill Redinger, Marty Fattig

Objectives:

- Interpret data to support decision making
- Use data visualization tools and techniques to facilitate communication
- Identify important components of scorecards, dashboards and board reports
- Laptop required for this module

Agenda:

8:30 a.m. - 9:00 a.m.	Hospital Tour - Optional
9:00 a.m. - 9:15 a.m.	Welcome and Questions from Day 1
9:15 a.m. - 10:15 a.m.	Review and Evaluate Scorecards, Dashboards and Board Reports
10:15 a.m. - 10:30 a.m.	Break
10:30 a.m. - 12:00 p.m.	Scorecards, Dashboards and Board Reports - Case Study
12:00 p.m. - 12:30 p.m.	Lunch
12:30 p.m. - 2:00 p.m.	Putting It All Together – Group Work
2:00 p.m. - 2:15 p.m.	Break
2:15 p.m. - 3:15 p.m.	Putting It All Together - Presentations
3:15 p.m. - 3:30 p.m.	Wrap-Up Feedback

Patient Family Engagement & Emergency Management

Speakers: Maxcey Smith, Dana Steiner, Anne Timmerman, Amber Kavan, Chandra Anderson

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
- Identify implementation strategies for integration of the 4 M's Age-Friendly Health System
- Explain the HCAHPS survey and how the survey is administered
- Describe how the Patient Satisfaction survey is scored
- Differentiate HCAHPS mean score versus the top box score in organizational reporting
- Demonstrate how to use your HCAHPS scores for organizational improvement
- Describe core elements of emergency management plan
- Describe risks and assessment of water management

Pre-work:

- Bring latest HCAHPS report
- Familiarize self with facility emergency and water management plans

Agenda:

8:30 a.m. - 8:45 a.m.	Welcome – Updates, Program Overview
8:45 a.m. - 10:15 a.m.	Emergency Management
10:15 a.m. - 10:30 a.m.	Break
10:30 a.m. - 12:15 p.m.	Water Management
12:15 p.m. - 12:45 p.m.	Lunch
12:45 p.m. - 1:45 p.m.	Age-Friendly Program
1:45 p.m. - 2:45 p.m.	Creating Value for the Customer <ul style="list-style-type: none">• Value Definition• Identifying Value Drivers
	Voice of the Customer <ul style="list-style-type: none">• Patient & Family Engagement (PFE) definition• Tools and Strategies to successfully engage patients and families
	From Concept to Reality
2:45 p.m. - 3:00 p.m.	Break
3:00 p.m. - 3:45 p.m.	HCAHPS & Patient Satisfaction <ul style="list-style-type: none">• The world of HCAHPS• Working with Patient Satisfaction reports• Feedback and Service Recovery
	Care Compare Website
3:45 p.m. - 4:45 p.m.	High-Performing Quality Leaders: Partnership with Nursing
4:45 p.m. - 5:00 p.m.	Wrap-Up Feedback
5:00 p.m. - 6:00 p.m.	Networking Event

Patient Safety & Risk Management

Speakers: Gail Brondum, Carla Snyder, Laura Peet-Erkes, Dana Steiner

Objectives:

Patient Safety

- Describe the impact of “To Err is Human” on the modern patient safety movement, including federal and state regulations and the PSO program
- Describe the role of organizational culture and safety culture in quality and patient safety improvement
- Describe the role of leadership in building a culture of safety
- Define safety culture in terms of levels, categories, and key components
- Explain how and why to conduct a safety culture assessment
- Identify four types of interventions that support safety culture
- Discuss how knowledge of human factors leads us to use systems thinking and high reliability principles
- Describe the hierarchy of the strength of interventions
- Discuss pre-work assignment and provide contextual support for patient safety for residency participants
- Identify strategies and resources to improve patient safety and quality in healthcare organizations

Risk Management

- Discuss event reporting processes and structures
- Discuss reporting culture
- Define patient safety work product and structures that provide protection
- Define complaints verses grievances and understand the regulatory requirements for the grievance process
- Define claim types and discuss strategies to handle claims
- Discuss how to conduct annual risk assessment and identify risk assessment tools
- Discuss record retention recommendations

Pre-work:

- Review your hospital’s mission, vision 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. Bring the results with you.
- Bring a blank event reporting form.
- Visit the following websites: [Patient Safety Organizations Program | Agency for Healthcare Research and Quality \(ahrq.gov\)](#) and [Nebraska Coalition for Patient Safety : Home \(nepatientsafety.org\)](#)

Agenda:

8:30 a.m. - 9:00 a.m.	Hospital Tour - Optional
9:00 a.m. - 9:15 a.m.	Program Overview
9:15 a.m. - 10:00 a.m.	Describe the Patient Safety Movement <ul style="list-style-type: none">• Federal and state regulations• PSO Program Discuss and Define Organization and Safety Culture <ul style="list-style-type: none">• Leadership’s role• Key components of safety culture
10:00 a.m. - 10:30 a.m.	How and Why to Conduct a Safety Culture Assessment <ul style="list-style-type: none">• Four types of interventions that support safety culture
10:30 a.m. - 10:45 a.m.	Break
10:45 a.m. - 11:30 a.m.	Human Factors Systems-Thinking High-Reliability Hierarchy of the Strengths of Interventions

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

Review Pre-work Assignments

- Identify strategies and resources to improve patient safety and quality in healthcare organizations

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

Lunch

12:30 p.m. - 2:00 p.m.

Confidentiality

Reporting Culture & Event Reporting

2:00 p.m. - 2:15 p.m.

Break

2:15 p.m. - 3:00 p.m.

Managing Complaints & Handling Claims

- Annual risk assessment
- Maintenance of records

3:00 p.m. - 3:30 p.m.

Barriers to Success – Navigating the Evolving Healthcare Landscape and While Keeping Quality a Priority

3:30 p.m. - 3:45 p.m.

Wrap-Up Feedback

Medical Staff Functions

Speakers: Sara Watson, Tamara Stepanek, Shari Michl, Becca Hedstrom

Objectives:

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

Pre-work:

- Bring peer review policies/bylaws

Agenda:

8:30 a.m. - 8:45 a.m.

Welcome – Updates, Program Overview

8:45 a.m. - 9:00 a.m.

Credentialing & Privileges

9:00 a.m. - 10:00 a.m.

Peer Review

- Quality Committee
- Utilization Review
- MD Scorecards
- Practitioner Quality Committee
- Internal vs External Peer Review

10:00 a.m. - 11:00 a.m.

Peer Review Continued

Chart Review Criteria for Sending Out Charts

11:00 a.m. - 11:15 a.m.

Break

11:15 a.m. - 12:00 p.m.

Health Information Exchange (HIE)

Prescription Drug Monitoring Program

Promoting Interoperability

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

Lunch

12:30 p.m. - 1:15 p.m.

Data in Practice Assessment/Outcomes

- Monitoring through committees/utilizing data
- Internal peer review
- Credentialing
- ABS
- Tissue Review
- Medical Record Review
- Cancer Registries
- Physician scorecards

1:15 p.m. - 1:45 p.m.

Tips for Working with your Provider Data Presentation

- Quality Meeting

1:45 p.m. - 2:00 p.m.

Break

2:00 p.m. - 3:15 p.m.

Utilization Review

- Two-Midnight Rule
- Observation vs Inpatient
- Code 44
- Working with Providers

3:15 p.m. - 3:45 p.m.

How to Stay Positive as a Quality Leader and Why It is Important

3:45 p.m. - 4:00 p.m.

Wrap-Up Feedback

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

Networking Event

Infection Prevention & More Quality

Speakers: Jessica Trutna, Tamara Stepanek, Erin Starr, Denise Sabatka, Anne Hansen

Objectives:

Infection Prevention

- Describe quality improvement opportunities and how to prioritize competing infection prevention priorities
- Formulate action plans or projects for infection prevention
- Identify process champions
- Recommend teams, 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
- Implement key techniques to adopt workplace joy

More Quality

- Translate population health promotion and continuum of care activities (e.g., transitions of care, episode of care, outcomes, healthcare 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:

8:30 a.m. - 8:45 a.m.	Program Overview and Questions from Day One
8:45 a.m. - 9:15 a.m.	Infection Prevention Regulations & Background <ul style="list-style-type: none">• AHRQ toolkit• Engagement at all levels
9:15 a.m. - 9:45 a.m.	Measurement & Important Outcomes A Day In the Life of Infection Prevention Resources Available <ul style="list-style-type: none">• APIC, ICAP, SHEA, NHSN
9:45 a.m. - 10:00 a.m.	Break
10:00 a.m. - 11:00 a.m.	Infection Control Assessment and Promotion Program (ICAP) DHHS Infection Prevention Antimicrobial Stewardship Assessment and Promotion Program (ASAP)
11:00 a.m. - 11:15 a.m.	Merit-Based Incentive Payment System (MIPS) & Medicare and CHIP Reauthorization Act (MACRA)
11:15 a.m. - 11:45 a.m.	Patient-Centered Medical Home (PCMH) ECQM
11:45 a.m. - 12:15 p.m.	Accountable Care Organizations (ACO)
12:15 p.m. - 1:00 p.m.	Lunch
1:00 p.m. - 3:00 p.m.	Capstone Presentations <ul style="list-style-type: none">• Each resident will present on a quality project/initiative that was developed, implemented and evaluated using the IHI Model for Improvement
3:00 p.m. - 3:15 p.m.	Break
3:15 p.m. - 4:30 p.m.	Capstone Presentations Continued
4:30 p.m. - 5:00 p.m.	Graduation

Continuing Education Hours



JOINTLY ACCREDITED PROVIDER™
INTERPROFESSIONAL CONTINUING EDUCATION

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 63.25 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 a maximum of 63.25 CPHQ continuing education credits for this event.

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 **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:

Margaret Woepfel, RN, MSN, CPHQ, FACHE..... Nothing to Disclose
Vice President, Workforce, Quality, & Data
Nebraska Hospital Association

Dana Steiner, MBA, BSN, CPHQ..... Nothing to Disclose
Quality & Performance Improvement Director
Nebraska Hospital Association

Dee Morgillo, MEd., MT(ASCP, CPHQ)..... Nothing to Disclose
Vice President, Accreditation & Compliance
AXIS Medical Education

Continuing Education Hours

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:

Sarah Thornburg	Nothing to Disclose	Marty Fattig	Nothing to Disclose
Jayne Van Asperen	Nothing to Disclose	Maxcey Smith	Nothing to Disclose
Nikki Clement.....	Nothing to Disclose	Anne Timmerman	Nothing to Disclose
Nancy Jo Hansen.....	Nothing to Disclose	Chandra Anderson	Nothing to Disclose
Margaret Brockman.....	Nothing to Disclose	Gail Brondum.....	Nothing to Disclose
Sarah Brinkman	Nothing to Disclose	Carla Snyder	Nothing to Disclose
Robyn Carlson	Nothing to Disclose	Laura Peet-Erkes.....	Nothing to Disclose
Ardis Reed.....	National Center for Farmworker Health	Erin Starr	Nothing to Disclose
Terry Stafford	Nothing to Disclose	Sara Watson.....	Nothing to Disclose
Dana Steiner.....	Nothing to Disclose	Shari Michl	Nothing to Disclose
Amber Lubben.....	Nothing to Disclose	Becca Hedstrom	Nothing to Disclose
Vikki Kennel.....	Nothing to Disclose	Jessica Trutna.....	Nothing to Disclose
Amber Kavan.....	Nothing to Disclose	Tamara Stepanek	Nothing to Disclose
Anne Skinner.....	Nothing to Disclose	Denise Sabatka	Nothing to Disclose
Bill Redinger.....	Nothing to Disclose	Anne Hansen.....	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.

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, 2023.](#) 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.

Session	Dates	Location
1	March 1-2	Lincoln
2	May 3-4	Norfolk
3	July 12-13	Grand Island
4	September 6-7	North Platte
5	November 1-2	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

Business 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 dsteiner@nebraskahospitals.org.

Step One: Your Information (please print)

Name, Title, & Credentials

Hospital/Organization

Address, City, State, Zip

Email

Phone

Step Two: Payment Information

Enrollment Fee for non-Nebraska CAH/RHC staff is \$1,500

Enrollment Fee for Nebraska CAH/RHC staff is \$900*

**This reduced fee is made possible thanks to partial scholarships provided by the Nebraska Department of Health and Human Services Office of Rural Health FLEX grant.*

Invoices will be sent upon acceptance to program.

Step Three: Register

E-mail enrollment form and personal statement to Tiffani Cullin at tcullin@nebraskahospitals.org

Registration Deadline is **January 15th, 2023**. Space is limited, so please register early to secure your seat.

Questions? Contact Dana Steiner at dsteiner@nebraskahospitals.org.



Please Complete a narrative personal statement including:

- Description of current position
- Length of time in position
- Personal statement (healthcare career goals)

CEO Signature _____

Residency Capstone

Quality Residents will be required to complete a quality specific capstone and present their work at the final residency meeting. The quality project should be specific to their hospital and/or department needs. This capstone project will allow quality residents to implement learning from the program. Students are encouraged to use program speakers, mentors and class peers as advisors in their capstone.

Capstone Requirements

- Select quality project specific to your hospitals or organization.
- Gain C-Suite support for your project
- Utilize the IHI Model for Improvement framework <http://www.ihl.org/resources/Pages/HowtoImprove/default.aspx>
- Give an oral presentation on final residency day. Residents will be asked to share projects at the NHA Quality Conference if available.

Project Components

- Create PowerPoint Presentation - Optional template LINK HERE
 - Topics to Cover:
 - Team
 - AIM Statement
 - Measures
 - PDSA
 - Data
 - ROI
 - Spreading Change
 - AIM Statement
 - Measures
- Create a poster for display at the NHA Quality Conference – Optional template LINK HERE
- Complete a PowerPoint and poster prior to the final residency class
- Class time will be dedicated to capstone work throughout the program