



QI Residency Program

Improving Outcomes. Ensuring Quality.



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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 health care quality initiatives throughout the state of Nebraska. The Rural QI Steering Committee represents engaged hospital quality leaders, the Nebraska Office of Rural Health, 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 and quality leader residency program. This program is intended to serve as an introductory course for novice quality leaders or those interested in working in hospital quality or as a reinforcement of knowledge for those with health care quality experience. The objective of this program is to provide a collaborative learning environment focused on mentoring and networking for health care 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.

2024 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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About

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

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.

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 (February to October) for 9 months, and as needed touch base time with a mentor to follow-up on assignments.

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 Health Care Improvement (IHI) model for improvement <http://www.ihc.org/resources/Pages/HowtoImprove/default.aspx>.
- Residents will be asked to provide an oral presentation on the final day of residency. Residents may also be asked to share their learnings at the NHA Quality Conference.

Mentorship

The Rural QI Steering Committee has partnered with the Nebraska Association of Health Care Quality Risk and Safety (NAHQRS) to provide all residents with a mentor. Your mentor is an experienced Nebraska quality professional who works in the health care quality field. As the mentee, you are encouraged to connect with your mentor within the first month of residency and thereafter as needed. This person can serve to seek clarification, address questions, and offer quality resources. Your mentor has agreed to be a point of contact throughout the residency program. All speakers have also agreed to be subject matter expert resources for our residents.

Orientation & How Quality Fits in the Bigger Picture

Speakers: Chandra Anderson, Dana Steiner, Amber Kavan, Matt Lentz

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. – 10:15 a.m.

Fundamental Principles of Quality

- What is Quality?

Defining Quality in Your Organization

Improvement Processes

- Quality Assurance (QA)
- Quality Improvement (QI)
- Performance Improvement (PI)

The Quality Plan

- Why do we need a Quality Plan?
- Review sections of a plan
- Frequency for review of Quality Plan

Evaluation of Quality Plan

10:15 a.m. – 10:30 a.m.

Break

10:30 a.m. – 12:00 p.m.

Responsibility for Quality

- Who are the stakeholders and their role?

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

High-Performing Quality Leaders: Partnership with Nursing

Quality Communication

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

12:00 p.m. – 12:45 p.m.

Lunch

12:45 p.m. – 2:15 p.m.

Goal Setting and Action Planning

Methodology for Improvement

- LEAN, PDSA, PACE, SIX SIGMA
- Small tests of change
- Team involvement
- Leadership support and involvement

12:45 p.m. – 2:15 p.m. (cont)

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

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?

Capstone Project Expectations

4:00 p.m. – 5:00 p.m.

Networking Event

Surveys and Accreditation

Speakers: Jayne Van Asperen, Denise Sabatka, B.J. Morehouse, Dana Steiner, Amber Kavan, Matt Lentz

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

Pework / 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. – 10:45 a.m.

Overview of Accreditation/ Survey

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

10:45 a.m. – 11:15 a.m.

Top CMS CAH / RHC Survey Findings

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. – 3:30 p.m.

Immediate Jeopardy (IJ)

- Definition
- What to do if IJ is identified

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 and National Quality Rankings

Speakers: Nancy Jo Hansen, Chelsey Hartwell, Kristin Bailey, Alisa Crown, Barb Petersen, Amber Lubben, Dana Steiner, Amber Kavan, Matt Lentz, Via ZOOM: Terry Stafford

Objectives:

- Describe standard processes to implement to assist the organization in maintaining awareness of statutory and regulatory requirements (ex: MBQIP, HCAHPS, QIO, HQIC, Registries).
- Summarize the purpose and goals of the NHA Quality projects.
- Understand system operations improvement science.
- Describe nationally recognized quality awards and programs.

Pework / Homework: Bring to class:

- None

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 CAH network requirements

9:15 a.m. – 10:00 a.m.

Clinical Documentation Improvement

10:00 a.m. – 11:00 a.m.

RHC Regulations

Behavioral Health in the Clinic

CCM / TCM

Remote Patient Monitoring

11:00 a.m. – 11:15 a.m.

Break

11:15 a.m. – 11:45 a.m.

Nebraska QIO

- Program Overview and Goals

11:45 a.m. – 12:45 p.m.

Lunch

12:45 p.m. – 1:45 p.m.

Operational System Improvements

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

1:45 p.m. – 2:35 p.m.

Baldrige Journey

Safety Huddle

2:35 p.m. – 3:00 p.m.

Leap Frog

3:00 p.m. – 3:15 p.m.

Break

3:15 p.m. – 3:45 p.m.

Star Rating Overview

Additional Reporting

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

3:45 p.m. – 4:00 p.m.

Wrap-Up Feedback

4:00 p.m. – 5:00 p.m.

Networking Event

Nebraska Quality Reporting and Workforce Initiatives

Speakers: Dana Steiner, Amber Kavan, Matt Lentz VIA Zoom: Stacey Ocander

Objectives:

- Understand the strategy of goal setting.
- Describe project selection, planning, and implementation.
- Explain how to best evaluate the success of a project.
- Understand return on investment in the health care setting.

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. – 10:15 a.m.	Solving the Workforce Crisis in Nebraska
10:15 a.m. – 10:30 a.m.	Break
	Hospital Quality Improvement Contract (HQIC) <ul style="list-style-type: none">• Program Overview and Goals• Measure Review and Data Collection• Learning Collaboratives
	NHA Quest for Excellence
	Medicaid Provider Assessment
	Goal Setting Brainstorming
12:00 p.m. – 12:30 p.m.	Lunch
12:30 p.m. – 1:30 p.m.	Return on Investment <ul style="list-style-type: none">• Building your Case Activity
1:30 p.m. – 3:30 p.m.	Review pieces of a successful QI project / Capstone project
	Project Management at work: Create a Capstone Plan <ul style="list-style-type: none">• 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

Health Care Data in Practice

Speakers: Sachi Verma, Marty Fattig, Ann Loges, Dana Steiner, Matt Lentz, Amber Kavan

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”
 - Bring examples of Scorecards, Dashboards, and Board Reports from your facility.

Agenda:

8:30 a.m. – 8:45 a.m.	Welcome – Updates, Program Overview
8:45 a.m. – 9:45 a.m.	Why is Data Important to Health Care Quality and the Mission of your Organization? Engaging the Board of Directors in Quality and Data
9:45 a.m. – 10:00 a.m.	Break
10:00 a.m. – 11:30 a.m.	Telligen: Medicare Beneficiary Quality Improvement Program (MBQIP) <ul style="list-style-type: none">• HCAHPS• CART• QualityNet• NHSN
	Overall Data Collection
11:30 a.m. – 12:00 p.m.	Data Dimensions Demo
12:00 p.m. – 12:30 p.m.	Lunch
12:30 p.m. – 1:30 p.m.	Transitions of Care in Nebraska Health Equity
1:30 p.m. – 2:15 p.m.	Excel Basics Entering Data, Excel Formulas, Creating Graphs
2:15 p.m. – 2:30 p.m.	Break
2:30 p.m. – 3:45 p.m.	Data Collection Processes – Goal, Purpose, Answer Data Reliability Data Visualization – Tell a Story
3:45 p.m. – 4:00 p.m.	Wrap-Up Feedback
5:00 p.m. – 6:00 p.m.	Networking Event

Health Care Data in Practice

Speakers: Dana Steiner, Matt Lentz, Amber Kavan

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
- Identify implementation strategies for integration of the 4M's Age-Friendly Health System
- 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
	Use of a Pivot Table
10:15 a.m. – 10:30 a.m.	Break
10:30 a.m. – 12:00 p.m.	Tracking Performance, Benchmarks, Reports
	Connecting Data to Strategic Plan
	Creating Action Around Data
12:00 p.m. – 12:30 p.m.	Lunch
12:30 p.m. – 2:00 p.m.	ROI Calculator
2:00 p.m. – 2:15 p.m.	Break
2:15 p.m. – 2:45 p.m.	Age-Friendly
2:45 p.m. – 3:30 p.m.	Putting It All Together – Presentations
3:30 p.m. – 3:45 p.m.	Wrap-Up Feedback

Patient Family Engagement & Emergency Management

Speakers: Emily Barr, Carla Snyder, Maxcey Smith, Anne Timmerman Matt Lentz, Amber Kavan, Dana Steiner

Objectives:

- 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 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 to 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.
- Identify strategies and resources to improve health care patient safety and quality.
- Describe core elements of emergency management plan.
- Describe risks and assessment of water management.
- 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 Patient Satisfaction survey is scored.
- Differentiating HCAHPS mean score versus the top box score in organizational reporting.
- Demonstrate how to use your HCAHPS scores for organizational improvement.

Pre-work:

- Review your hospital’s mission, vision and strategic plan. Bring them with you.
- 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.
- 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 \(nepatientsafety.org\)](#)
- 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. – 10:00 a.m.

Describe the Patient Safety Movement

- Federal and State Regulations
- PSO Program

Discuss and Define Organizational and Safety Culture

- Leadership roles
- Key components of safety culture
- How and Why to Conduct a Safety Culture Assessment
- Four Types of Interventions that Support Safety Culture

10:00 a.m. – 10:15 a.m.

Break

10:30 a.m. – 12:00 p.m.

Human Factors

Systems-Thinking

High-Reliability

Hierarchy of the Strength of Interventions

Review Pre-Work Assignments

Identify Strategies and Resources to Improve Patient Safety and Quality in Health Care Organizations

Patient Family Engagement & Emergency Management: Continued

12:00 p.m. – 12:30 p.m.

Lunch

12:30 p.m. – 1:45 p.m.

Emergency Management

Water Management

1:45 p.m. – 2:00 p.m.

Break

2:00 p.m. – 3:30 p.m.

Creating Value for the Customer

- Value Definition
- Identifying Value Drivers

Voice of the Customer

- Patient & Family Engagement (PFE) definition
- Tools and Strategies to successfully engage patients and families

From Concept to Reality

HCAHPS & Patient Satisfaction

- The world of HCAHPS
- Working with Patient Satisfaction reports
- Feedback and Service Recovery

3:30 p.m. – 4:00 p.m.

Wrap-Up Feedback

4:00 p.m. – 5:00 p.m.

Networking Event

Quality Improvement & Risk Management

Speakers: Vicki Kennel, Sarah Paulson, Erin Starr, Dana Steiner, Amber Kavan, Matt Lentz

Objectives:

- Discuss event reporting processes and structures.
- Discuss reporting culture.
- Define patient safety work product and structures that provide protection.
- Define complaints versus 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 Health Care 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. – 9:45 a.m.

UNMC CAPTURE Falls and CATCH Rural Falls Programs

- 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. – 12:30 p.m.

High-Performing Quality Improvement Teams

- Building your QI Team

Leading Effective Teams

Leading Change Management

Change Management Strategies

12:30 p.m. – 1:00 p.m.

Lunch

1:00 p.m. – 2:30 p.m.

Confidentiality

Reporting Culture & Event Reporting

Managing Complaints & Handling Claims

- Annual risk assessment
- Maintenance of records

2:30 p.m. – 3:15 p.m.

Break

3:15 p.m. – 3:30 p.m.

Wrap-Up Feedback

Medical Staff Functions

Speakers: Sara Watson, Tamara Stepanek, Shari Michl, Becca Headstrom, Dana Steiner, Amber Kavan, Matt Lentz

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

Peer Review

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

11:00 a.m. – 11:15 a.m.

Chart Review Criteria for Sending Out Charts

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. – 1:35 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

1:35 p.m. – 1:50 p.m.

Tips for Working with your Provider Data Presentation

- Quality Meeting

Break

1:50 p.m. – 3:20 p.m.

Utilization Review: Working with Providers

- Two-Midnight Rule
- Observation vs Inpatient
- Code 44

3:20 p.m. – 4:00 p.m.

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

Wrap-Up Feedback

4:00 p.m. – 5:00 p.m.

Networking Event

Infection Prevention & More Quality

Speakers: Jessica Trutna, Lacey Pavlosky, Rebecca Martinez, Autumn Waldman, Heidi Lauenstein, Dana Steiner, Amber Kavan, Matt Lentz

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 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
- 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 (equipment, technology)
- Distinguish quality initiatives impacting reimbursement (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. – 9:30 a.m.	Infection Prevention Regulations & Background <ul style="list-style-type: none">• AHRQ toolkit• Engagement at all levels
.	Measurement & Important Outcomes
.	A Day In the Life of Infection Prevention
.	Resources Available <ul style="list-style-type: none">• APIC, ICAP, SHEA, NHSN
9:30 a.m. – 10:15 a.m.	Infection Control Assessment and Promotion Program (ICAP)
.	DHHS Infection Prevention
.	Antimicrobial Stewardship Assessment and Promotion Program (ASAP)
10:15 a.m. – 10:30 a.m.	Break
11:00 a.m. – 11:15 a.m.	Merit-Based Incentive Payment System (MIPS) & Promoting Interoperability eCQM
.	Patient-Centered Medical Home (PCMH)
11:15 a.m. – 12:00 p.m.	Accountable Care Organizations (ACO)
12:00 p.m. – 12:30 p.m.	Lunch
12:30 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• Capstones should be 5-7 minutes in duration
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 59.5 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 Health Care Quality for a maximum of (hours TBD) 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.

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 or 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, November 15, 2024](#). 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.

Disclosure of Conflicts of Interest

AXIS Medical Education requires faculty, instructors, authors, planners, directors, managers, peer reviewers, and other individuals who are in a position to control the content of this activity to disclose all personal financial relationships they may have in the past 24 months with ineligible companies. An ineligible entity is any organization whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. All relevant financial relationships are identified and mitigated prior to initiation of the planning phase for an activity.

AXIS has mitigated and disclosed to learners all relevant financial relationships disclosed by staff, planners, faculty/ authors, peer reviewers, or others in control of content for this activity. Disclosure of a relationship is not intended to suggest or condone bias in any presentation but is made to provide participants with information that might be of potential importance to their evaluation of a presentation or activity. Disclosure information for faculty, authors, course directors, planners, peer reviewers, and/or relevant staff is provided with this activity.

Continuing Education Hours

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 Woeppel, 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 Senior Director
 Nebraska Hospital Association

Amber Kavan, BSN, RN, 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

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:

Chandra Anderson	Nothing to Disclose	Sarah Paulson	Nothing to Disclose
Kristin Bailey	Nothing to Disclose	Lacey Pavlosky.....	Nothing to Disclose
Emily Barr	Nothing to Disclose	Barb Petersen	Nothing to Disclose
Alisa Crown	Nothing to Disclose	Denise Sabatka	Nothing to Disclose
Chelsey Hartwell	Nothing to Disclose	Maxcey Smith	Nothing to Disclose
Becca Hedstrom	Nothing to Disclose	Carla Snyder	Nothing to Disclose
Nancy Jo Hansen.....	Nothing to Disclose	Terry Stafford	Nothing to Disclose
Amber Kavan	Nothing to Disclose	Erin Starr.....	Nothing to Disclose
Vicki Kennel	Nothing to Disclose	Dana Steiner.....	Nothing to Disclose
Heidi Lauenstein	Nothing to Disclose	Tamara Stepanek	Nothing to Disclose
Matt Lentz	Nothing to Disclose	Anne Timmerman	Nothing to Disclose
Ann Loges	Nothing to Disclose	Jessica Trutna.....	Nothing to Disclose
Amber Lubben	Nothing to Disclose	Jayne VanAsperen	Nothing to Disclose
Rebecca Martinez.....	Nothing to Disclose	Sachi Verma.....	Nothing to Disclose
Shari Michl	Nothing to Disclose	Autumn Waldman	Nothing to Disclose
BJ Morehouse	Nothing to Disclose	Sara Watson.....	Nothing to Disclose
Stacey Ocander	Nothing to Disclose		

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.

At-A-Glance Agenda

Session	Dates	Location
1	February 22–23, 2024 Day 1: 8:30 AM – 4:00 PM Day 2: 9:00 AM – 3:45 PM	NHA Boardroom Lincoln, NE
2	April 25–26, 2024 Day 1: 8:30 AM – 4:00 PM Day 2: 8:30 AM Optional Hospital Tour Class: 9:00 AM – 3:45 PM	Great Plains Health North Platte, NE
3	June 27–28, 2024 Day 1: 8:30 AM – 4:00 PM Day 2: 8:30 AM Optional Hospital Tour Class: 9:00 AM – 3:45 PM	Grand Island Regional Medical Center Grand Island, NE
4	August 29–30, 2024 Day 1: 8:30 AM – 4:00 PM Day 2: 8:30 AM Optional Hospital Tour Class: 9:00 AM – 3:45 PM	Franciscan Healthcare West Point, NE
5	October 3–4, 2024 Day 1: 8:30 AM – 4:00 PM Day 2: 8:30 AM – 5:00 PM	NHA Boardroom Lincoln, NE

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 15, 2024**. 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 (health care 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