



Critical Quality Functions: A Guide for Hospital Leaders During Quality Leadership Turnover



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Purpose

To guide the CEO and other hospital leadership in assuring the maintenance of required quality and reporting functions in the event of turnover in the quality management position.



What roles are the Quality staff responsible for?

- Quality Improvement/Infection reporting
- Regulatory/Accreditation compliance
- Credentialing/Appointments/Reappointments
- Meaningful Use

Quality Improvement & Infection Reporting

All non-critical access acute care hospitals, rehabilitation hospitals, long term acute care, and psychiatric hospitals are required to report quality measure data to CMS to receive full reimbursement for care. Some of the measures are used in the payment incentive programs that determine how much reimbursement a hospital will receive.

Some of the required measures are reported by the hospital on a quarterly basis. Others are determined by CMS using your hospital claims data.

The hospital reported quality measures are submitted to a data warehouse, called Quality Net Exchange (or QNet). A hospital submits them by either using an outside vendor or the CMS CART tool that is free for all hospitals to use. The hospital reported infection measures are submitted via the CDC NHSN tool.

Question	Answer	Need to find out
Who, within your facility is the QNet Administrator? You should always have a back-up.		
Who is collecting your quality data internally? These are usually called quality measure abstractors? <i>(Note: There is training available on QualityNet. See below, "Key Resources.")</i>		
Do you submit quality data using the CMS CART tool?		
If you do not use CART, who are your Quality Measure vendors? You may have more than one. There might be different vendors for the core quality measures, for HCAHPS, or for a specific disease such as stroke. Contact your vendors to establish a relationship and understand their process.	<u>Quality measures vendor:</u> <u>HCAHPS vendor:</u> <u>Other:</u>	

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Who enters the required infection related data into NHSN?		
Question	Answer	Need to find out
<p>Is your hospital up to date on data submission requirements? The data submission schedules can be found in the links below: (this is <u>NOT</u> flexible)</p> <p>Inpatient Reporting Resources page: http://bit.ly/1IUP5qN Outpatient Reporting Resource page: http://bit.ly/2d5BAEz Inpatient psychiatric facility quality reporting program: http://bit.ly/2dubmIf</p>	<p><u>Quality data last reported:</u></p> <p><u>Infection data last reported:</u></p>	
<p>Who is responsible for reporting quality data and reports to committees within the hospitals?</p> <p>Does this responsibility also include agenda setting, meeting facilitation, minutes and/or participation as a committee member?</p> <ol style="list-style-type: none"> 1. Hospital Quality Committee 2. Board Quality Committee 3. Medical Staff Quality Committee 4. Medical Executive Committee/Medical Staff Committee 5. Credentials Committee 6. Peer Review Committee 7. Accreditation Committee 8. Infection Control Committee 9. Risk Management Committee 10. Patient Safety Committee 11. Utilization Review Committee 12. Management Meeting 13. Customer Service Committee <p>Other Committees?</p>	<ol style="list-style-type: none"> 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 	
<p>Does the quality person have responsibility for active QI projects or teams?</p> <p>If yes: what is the status of those projects or teams?</p>		

Key Resource

QualityNet:

qualitynet.org

This is the official site that contains information and training related to reporting the quality indicators in all settings.

1. Review the content in the **“Getting Started with QualityNet”** in the upper left hand corner of the QualityNet training page.
2. Click on the QualityNet **Training** link under the training section in the lower right hand corner. Review the training opportunities and complete those activities you are not familiar with under:
 - “For All Users”*
 - “For users with special (authorized) roles”* (For the QualityNet administrator)
 - “For hospitals, health care system, hospital data vendors”*
3. For **Questions and Answers** about the measures in the Inpatient, Outpatient, Inpatient Psychiatric, or PPS exempt Cancer Hospitals, see the right column on the QualityNet Home Page.
- 4.) There are **changes to the measure specifications** every 6 months, January and July. You must always review the changes and adjust your abstraction accordingly. Remember to look for diagnosis and procedure code changes. You can review the specifications manuals on the QualityNet website. Search: specifications manual.

QualityNet Help Desk:

Email qnetssupport@hcqis.org
or call (866) 288-8912.

Ask questions about the technical aspects of using the QualityNet portal to submit data.



Regulatory/Accreditation Compliance

Question	Answer	Need to find out
Who are your accrediting bodies? <i>(The Joint Commission, DNV, state, specialty certifications, ect.)</i>		
When was the last survey?		
When is the next anticipated survey?		
What were the results of the last survey? <i>(get a copy)</i>		
Are there any outstanding corrective action plans that need to be completed?		
Is there a process/committee to ensure ongoing readiness?		
What is the quality leader's role in the survey?		
Is the Lab surveyed by the same or a different accrediting agency? When is the next survey?		

Helpful Tips

- Review the standards and regulations of the agencies that survey your hospital.
- All hospitals must be familiar with:
 - a. **CMS Conditions of Participation:**
<http://go.cms.gov/2eph1n5>
 - b. **Oklahoma licensure guidelines - Chapter 667:**
<http://bit.ly/2dZsVjM>



Credentialing/Appointments/Reappointments

Question	Answer	Need to find out
Who maintains the credentialing and quality files on providers?		
Who has authority to perform National Practitioner Data Bank, sanction and criminal background checks?		
Where are provider reappointment timelines kept?		
Are there providers who have applied and are waiting for privileges?		
Who verifies licenses, insurance, DEA/controlled substances and other licenses?		

Meaningful use

Question	Answer	Need to find out
Does the quality leader play a role in meaningful use?		

Additional Resources

- **National Association for Health Care Quality:**
<http://bit.ly/2daFozJ>
 NAHQ offers education on the essentials of quality management, including the linking of science with practice and the translation of data into practical information. It is the most recognized organization for certification in health care quality.
 Search: Q Essentials.
- **Institute for Healthcare Improvement**
<http://bit.ly/25X3doC>
 IHI offers many resources for how to improve, featuring “The Model for Improvement”, a systematic method for improving processes, leading to sustained change.

