



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



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 Hospital Quality Reporting (or HQR). A hospital submits them by either using an outside vendor or the CMS CART tool that is free for all hospitals to use. Some measures are manually entered into HQR. The hospital reported infection measures are submitted via the CDC NHSN tool. Rehabilitation quality measures are submitted to the Internet Quality Improvement and Enhancement System (iQIES).

Questions	Need to Find Out
Who, within your facility is the HQR 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 "Key Resources" box on page 4.</i>)	
Do you submit quality data using the CMS CART tool?	
<p>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.</p> <p>Quality Measures vendor:</p> <p>HCAHPS vendor:</p> <p>Other:</p>	
Who is submitting web-based measures into HQR?	
Who enters the required infection related data into NHSN (person, vendor or both)?	

Key Resources

QualityNet

qualitynet.org

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

- To **review available content**, explore the category boxes on the homepage.
- To **download training guides**, click on the “*Getting Started with QualityNet*” box in the lower section of the homepage. Then, click on the “*Training and Guides*” tab at the top.
- Important Note: There are **changes made 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 qnetsupport@hcqis.org or call (866) 288-8912.



Regulatory/Accreditation Compliance

Questions	Need to Find Out																		
Who is your accrediting body for the hospital? (<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>Make sure you obtain a copy.</i>)																			
Are there any outstanding corrective action plans that need to be completed?																			
Is there a process or committee to ensure ongoing readiness?																			
What is the quality leader's role in the survey?																			
<p>Are the following surveyed by the same or a different accrediting agency? When is the next survey?</p> <table border="1" data-bbox="495 1014 1334 1402"> <thead> <tr> <th></th> <th><u>Accrediting Agency</u></th> <th><u>Next Survey Date</u></th> </tr> </thead> <tbody> <tr> <td>Lab:</td> <td></td> <td></td> </tr> <tr> <td>Homecare/Hospice:</td> <td></td> <td></td> </tr> <tr> <td>Durable Medical Equipment:</td> <td></td> <td></td> </tr> <tr> <td>Physician Clinics:</td> <td></td> <td></td> </tr> <tr> <td>Rehabilitation:</td> <td></td> <td></td> </tr> </tbody> </table>		<u>Accrediting Agency</u>	<u>Next Survey Date</u>	Lab:			Homecare/Hospice:			Durable Medical Equipment:			Physician Clinics:			Rehabilitation:			
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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

Questions	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

Questions	Need to Find Out
Does the quality leader play a role in meaningful use?	

Additional Resources

- **National Association for Healthcare Quality**
www.nahq.org
 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**
www.ihl.org
 IHI offers many resources for how to improve, featuring “The Model for Improvement”, a systematic method for improving processes, leading to sustained change.
- **Quality Reporting Center**
www.qualityreportingcenter.com
 Quality Reporting Center is a really good resource to learn reporting requirements.

