





Health Quality Innovation Network

HQIC Office Hours

October 12, 2023

Logistics – Zoom Meeting



To ask questions, click on the **Chat** icon. At the end of the presentation, you will also be able to unmute to ask a question verbally.

You may adjust your audio by clicking the caret next to the **Mute** icon.

Resources from today's session will be shared after the call.

Health Quality Innovation Network

Today's Presenters



Rhiannon Killeen, RN, MSN, CPHQ
Consultant



Laura Ringley, BSN, RN
Senior Consultant



Recognize & Celebrate
Quality Improvement Success

Agenda

1 Recognizing Quality Improvement Through Data & Measures

2 Tracking and Sharing Quality Improvement Data

3 Celebrating Success

4 HQI Health Quality Innovator of the Year Awards

RECOGNIZE



Quantitative vs Qualitative Data

Hand Hygiene Competency Validation

Soap & Water

Alcohol Based Hand Rub (ABHR) (60% - 95% alcohol content)

| | |
|--|---|
| Type of validation: Return demonstration | <input type="checkbox"/> Orientation <input type="checkbox"/> Annual <input type="checkbox"/> Other |
|--|---|

Employee Name: _____ Job Title: _____

| Hand Hygiene with Soap & Water | Competent | |
|---|-----------|----|
| | YES | NO |
| 1. Checks that sink areas are supplied with soap and paper towels | | |
| 2. Turns on faucet and regulates water temperature | | |
| 3. Wets hands and applies enough soap to cover all surfaces of hands | | |
| 4. Vigorously rubs hands for at least 20 seconds including palms, back of hands, between fingers, and wrists | | |
| 5. Rinses thoroughly keeping fingertips pointed down | | |
| 6. Dries hands and wrists thoroughly with paper towels | | |
| 7. Discards paper towel in wastebasket | | |
| 8. Uses paper towel to turn off faucet to prevent contamination to clean hands | | |
| Hand Hygiene with ABHR | | |
| 9. Applies enough product to adequately cover all surfaces of hands | | |
| 10. Rubs hands including palms, back of hands, between fingers until all surfaces dry | | |
| General Observations | | |
| 11. Direct care providers—no artificial nails or enhancements | | |
| 12. Natural nails are clean, well groomed, and tips less than ¼ inch long | | |
| 13. Skin is intact without open wounds or rashes | | |



The Readmission Interview

Use these five questions to gather important information from patients and/or their caregivers regarding why they returned to the Emergency Department or were readmitted to the hospital. The caregiver should be present when the patient is interviewed and encouraged to participate. Get started by interviewing 10 to 25 patients to understand the patient and systems-based root causes of readmissions. Clinical or non-clinical staff can conduct the interviews.

1. **When did you notice something was wrong or that you were starting to have a problem? or What happened between the day you were discharged and the point you decided to return to the ED?**
2. **How long did this go on?**
3. **What did you do once you realized there was a problem?**
4. **Who did you involve for help?**
5. **Why did you – or someone else – decide you should go to the ED?**

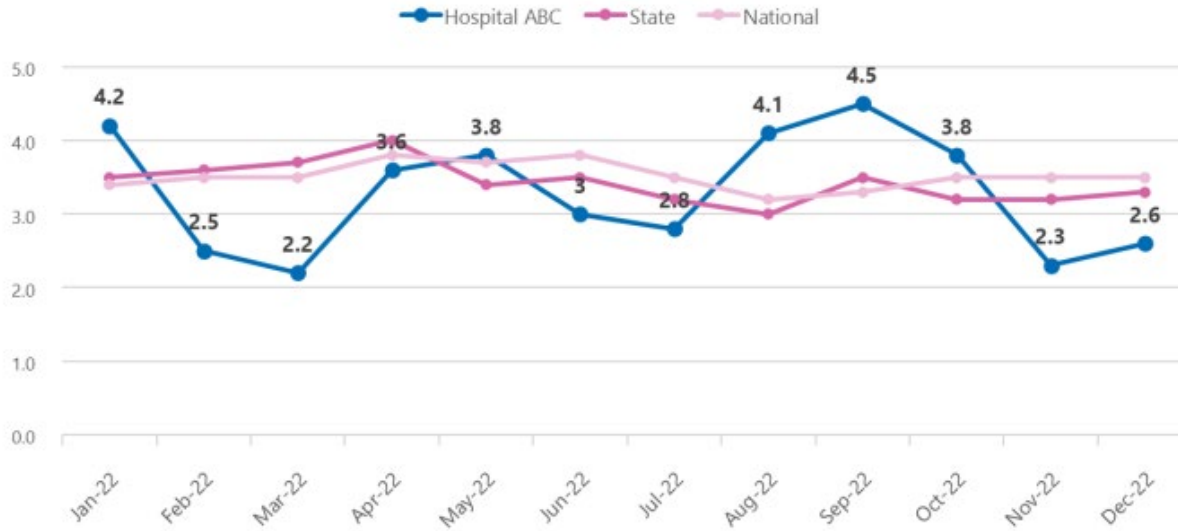
This material was prepared by Health Quality Innovation, a Hospital Quality Improvement Contractor (HQIC) under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS), in cooperation with Amy Buchheit, MD, MPH, Developer, STARR, ASPRE & MPM Methods, President, Collaborative Healthcare Strategies. Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. 1209HQ/HQIC-0280-06/1/22

Types of Measures

| Measure | Definition | Example |
|---------|--|------------------------------------|
| Outcome | An outcome measure is a measure that focuses on the health status of a patient (or change in health status) resulting from health care—desirable or adverse. | Days without CAUTI |
| Process | A process measure is a measure that focuses on steps that should be followed to provide good care. | Daily review of catheter necessity |

Identifying Areas of Opportunity

Rate of Infections per 1,000 Patient-Days



Internal reports

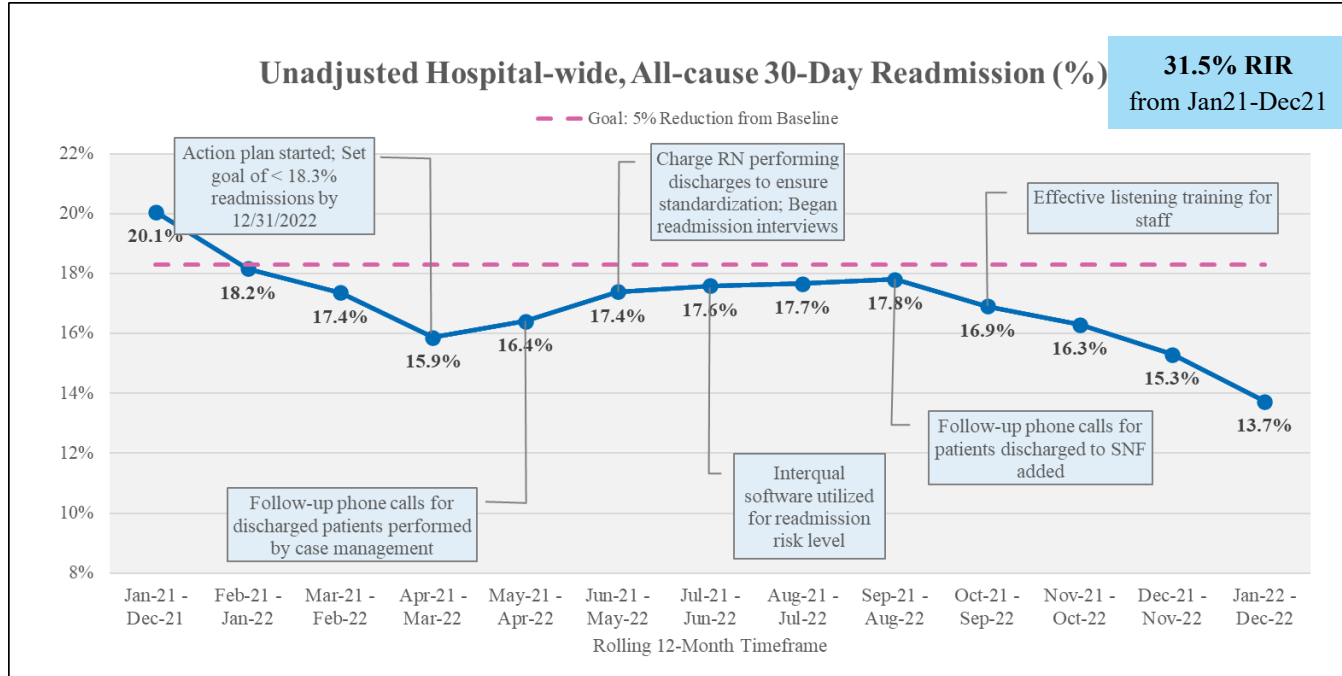
HQIC monthly and quarterly reports

Hospital Ratings or Pay-for-Performance programs

Patient or staff feedback

Comparison to national or state benchmarks

Annotated Run Chart Example



Sharing Data

Display unit level data for staff awareness

Connect unit level data with organizational goals

Share numerators and actual patient numbers versus rates.

Daily Visual Management Board example
Today's Date 14 March 2016

1 Our Surgery Center "Excellence in Safety: No Harm For Our Patients"

2 Today's Pt Name Procedure Start Time Safety Check

| Today's Pt Name | Procedure | Start Time | Safety Check |
|--------------------|-----------|------------|--------------|
| Ben Monday | B | 7:00 | ● |
| Melissa Miksaiah | A | 7:00 | ● |
| Melissa Youdas | C | 7:00 | ● |
| Darlene Galiste | A | 8:00 | ● |
| Audra Gaska | A | 8:00 | ● |
| Shirley Obagi | B | 8:00 | ● |
| Scott Hill | B | 9:00 | ● |
| Karissa Swabland | D | 9:00 | ● |
| Kathy Praver | B | 10:00 | ● |
| Wendee Praver | B | 10:00 | ● |
| Lena Barnes | A | 10:00 | ● |
| Dasha Bugar | A | 10:00 | ● |
| Alicia Castiglione | A | 11:00 | ● |
| Louise Thompson | D | 11:00 | ● |
| Vivian Trutter | A | 12:00 | ● |
| Vivian Mypus | A | 12:00 | ● |
| Mari Carrand | C | 12:00 | ● |
| Dawn Suetra | C | 12:00 | ● |
| Maryann Fagan | A | 12:00 | ● |
| Andrea Ruffe | A | 12:00 | ● |

● complete
● check item
● special

3 Number of Procedures since last harm incident **1,635**

4 Number of Procedures since last near miss **245**

5 Staff Checklist Education CUS Training Checklist Observer Training

| Staff Name | Checklist Education | CUS Training | Checklist Observer Training |
|------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Martico | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Jenny | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mye | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sarona | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Jacoda | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Moshe | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Ricardo | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Carole | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Warner | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Carlette | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Safety training chart Date Revised

6 Calendar to record days with daily huddles ● checklist observations ▲ and any training or safety meetings ■

7 Date Opportunity Action Results

| Date | Opportunity | Action | Results |
|------|-------------|--------|---------|
| | | | TBD |

4 Checklist Observation Table

| Item | 1/14/16 | 1/15/16 | 1/16/16 | 1/17/16 | 1/18/16 | 1/19/16 | 1/20/16 | 1/21/16 | 1/22/16 | 1/23/16 | 1/24/16 | 1/25/16 | 1/26/16 | 1/27/16 | 1/28/16 | 1/29/16 | 1/30/16 | 1/31/16 |
|--------------------------------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| 1. One Nurse + 1 Nurse Aide | | | | | | | | | | | | | | | | | | |
| 2. Patients engaged | | | | | | | | | | | | | | | | | | |
| 3. Not from memory? | | | | | | | | | | | | | | | | | | |
| 4. Both team member spoke | | | | | | | | | | | | | | | | | | |
| 1. Someone ensure checklist | | | | | | | | | | | | | | | | | | |
| 2. Hand/Stop for briefing | | | | | | | | | | | | | | | | | | |
| 3. They are awake | | | | | | | | | | | | | | | | | | |
| 2. Surgeon/1 asks for consent | | | | | | | | | | | | | | | | | | |
| 3. Not from memory? | | | | | | | | | | | | | | | | | | |
| 1. Someone ensure checklist | | | | | | | | | | | | | | | | | | |
| 2. Specimen label read aloud | | | | | | | | | | | | | | | | | | |
| 3. Not from memory? | | | | | | | | | | | | | | | | | | |
| 4. All attentive? | | | | | | | | | | | | | | | | | | |
| 5. Surgeon/1 in room @ cabinet | | | | | | | | | | | | | | | | | | |

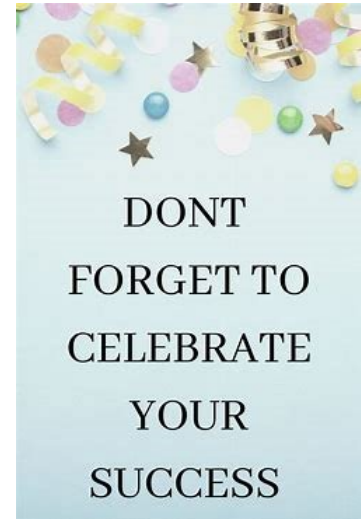
Key

- Can you connect an organization value or strategy to your visual board?
- Patient table with color code on completeness of pre-procedure documents promoting safe care
- Keep track of count of procedures since last harm incident each day update the board. Add count of procedures since last "near miss" if you have the data.
- Summarize your checklist observations—the table lists the items included in your maintenance observation forms.
- Safety skills training grid: makes it clear who on your team has had safety training and who is teed up.
- A calendar can show daily huddle performance if you are using daily huddles; also flag safety meetings, training, special events.
- A table to track opportunities to improve performance, actions and what resulted.

<https://www.ahrq.gov/hai/tools/ambulatory-surgery/sections/sustainability/management/visual-comp-kit.html>



CELEBRATE



Meaningful Recognition

According to the American Association of Critical-Care Nurses, team members should be recognized in a way that is individualized and meaningful.

Not a one-size-fits all approach, but acknowledging the way the person made a difference in a way that is meaningful to them.

Meaningful Recognition

Table 1. Priority Meaningful Recognition Strategies Based on Percent of Respondents

| Item | Not at All, % | Very Little, % | Moderate, % | Considerable, % | Great, % | Subtotal Considerable/ Great, % |
|---|---------------|----------------|-------------|-----------------|----------|---------------------------------|
| Salary increases are commensurate with level of performance | 9.1 | 2.1 | 9.8 | 17.5 | 61.5 | 79.0 |
| Consulting with you on important department decisions | 3.5 | 9.2 | 9.9 | 40.8 | 36.6 | 77.4 |
| Giving a day off with pay to attend a workshop | 7.7 | 6.3 | 14.7 | 19.6 | 51.7 | 71.3 |
| Meeting with you to provide support and assistance toward professional and career goals | 4.9 | 9.2 | 16.9 | 31.7 | 37.3 | 69.0 |
| Giving private verbal feedback | 2.1 | 7.6 | 21.5 | 49.3 | 19.4 | 68.7 |
| Recommending you as an expert speaker | 7.7 | 7.7 | 17.5 | 36.4 | 30.8 | 67.2 |
| Asking you to participate in strategic and operational planning | 6.3 | 9.9 | 16.9 | 34.5 | 32.4 | 66.9 |
| Encouraging you to develop your expertise | 4.3 | 9.2 | 20.6 | 35.5 | 30.5 | 66.0 |
| Acknowledging you for consistently taking on additional responsibilities | 4.2 | 12.0 | 18.3 | 36.6 | 28.9 | 65.5 |
| Sending a communication regarding your performance to senior leaders | 4.2 | 9.9 | 22.5 | 33.8 | 29.6 | 63.4 |
| Asking you to represent department in your work environment | 4.9 | 9.8 | 23.8 | 37.8 | 23.8 | 61.6 |
| Providing on-the-job feedback for your work performance to senior leaders | 2.1 | 12.1 | 25.5 | 37.6 | 22.7 | 60.2 |

Sweeney CD, Wiseman R. Retaining the Best: Recognizing What Meaningful Recognition Is to Nurses as a Strategy for Nurse Leaders. *J Nurs Adm.* 2023 Feb 1;53(2):81-87. doi: 10.1097/NNA.0000000000001248. PMID: 36692997.

Meaningful Recognition - Themes

Financial Rewards

- Better pay
- Bonuses
- Benefits (such as maternity/paternity leave)
- Better staffing ratios

Public/Personal Acknowledgement of Work or Efforts

- Pins or wearable insignia
- Award meetings
- Celebratory lunches with supervisors/leadership

Professional Development

- Reimbursement and PTO to attend conferences
- Opportunity for advancement (Clinical Ladder Program)
- Educational support (through both time off and financial assistance)

Individual Recognition

Badge pins

Newsletter features

Cards

In-person staff recognition

Internal awards



Team Recognition

Good catch trophy

Comfort cart

"Days since last..." (fall, CAUTI, CLABSI, etc.) party

Inter-department appreciation

Department or hospital wide celebrations



Peer Strategies

One hospital went 1 year without a CAUTI and held a "urine party"

All snacks were yellow (pineapple juice, twinkies, yellow oreos, etc)

Another hospital had a URINcredible party – serving lemonade



Be Recognized for Your Quality Improvement Efforts!

A promotional banner for the Health Quality Innovators of the Year awards. The banner features a dark blue background on the left with a pink and blue star logo. The text reads "HEALTH QUALITY INNOVATORS OF THE YEAR" and "Calling all health quality innovators! Our annual awards program is back." Below this is a pink button that says "LEARN MORE". On the right side of the banner is a photograph of a smiling female healthcare professional with curly hair, wearing a white lab coat and a stethoscope, looking towards another person whose back is to the camera.

HEALTH QUALITY INNOVATORS
OF THE YEAR

Calling all health quality innovators!
Our annual awards program is back.

[LEARN MORE](#)

1. Recognizes health care providers, partners and/or stakeholders across the U.S. that have worked with HQI on quality improvement efforts
2. Deadline for nominations is Friday, October 20
3. We will recognize one winner and two runners-up in each award category
4. Winners will be announced in January

2023 Award Categories

Collaboration

- Bringing individuals and organizations together to solve health care challenges in their community.

Health Equity

- Implementation of interventions to address disparities by race, ethnicity, socioeconomic status, geographic location, disability, and/or sexual orientation.

Population Health

- Improving the health of patients and communities through prevention, treatment, and access to care.

Rural Health

- Rural health care facilities that have improved health services for individuals in rural areas.

Workplace Resiliency

- Implementation of initiatives to reduce burnout, increase workforce wellness, improve retention and reduce turnover.

What Makes a Winning Nomination?

Clear description of the project/intervention and the challenge(s) it addresses

Results that demonstrate effectiveness of project/intervention – DATA!

Check out our 2022 award winners for submission ideas:
<https://hqi.solutions/2022awards/>

Learn more: <https://www.hqi.solutions/awards>



MEETING
Chat
DIALOG
TALK
BUSINESS
Answers
IDEAS
Communicate
SOCIAL
PROPOSAL
IDEAS
Discuss
Connection
Session
Group
INPUT
CONVERSATION
PARTNERSHIP
Forum
SHARE
OPERATING
QUESTIONS
EXPLORATION
Community
Group
Dialog
Business
TALK
Debate
Communication

Upcoming Events

November Office Hours: Barriers and Solutions for Implementing
the NHSN Antimicrobial Use and Resistance Module

November 9th
12:00 PM ET

Knocking Out Workplace Violence: Strategies for
Reducing & Preventing a Rising Trend

November 2, 1-2pm ET
November 16, 1-2pm ET
November 30, 1-2pm ET

CONNECT WITH US

Call 877.731.4746 or visit www.hqin.org



@HQINetwork

Health Quality Innovation Network