





Health Quality Innovation Network

# HQIC Summer Spread and Sustainment Series

July 11, 2024

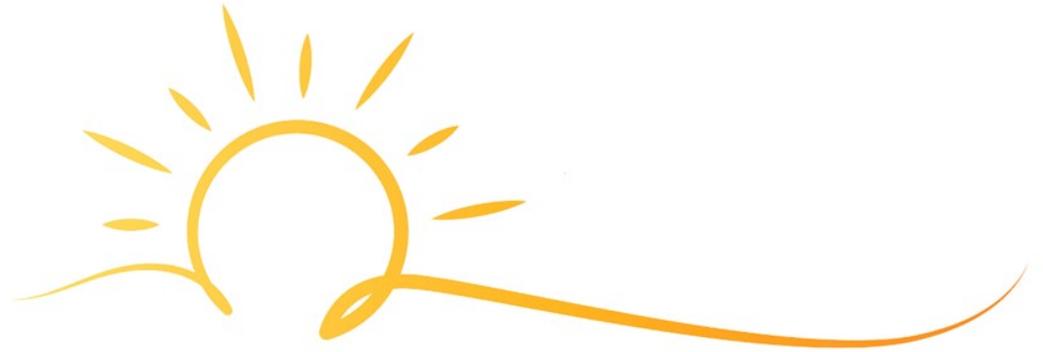
# Logistics – Zoom Meeting



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.



# **HQIC Summer Spread & Sustainment Series**

## Sepsis

# Health Quality Innovation Network

## Today's Faculty



**Kendra Cooper, MSN-HCQ, RN, CPHQ, SSGB**  
Consulting Manager, HQI

# Disclosure of Relevant Financial Relationships

The faculty: Marcus Selvidge, BSN, RN, CCRN-K, CIC, Amy Magruder, BSN, RN, and Kendra Cooper, MSN-HCQ, RN, CPHQ, SSGB, reported no relevant financial relationships or relationships with ineligible companies of any amount during the past 24 months.

The directors, planners, managers, peer reviewers, and relevant staff for this activity reported no financial relationships they have with any ineligible company of any amount during the past 24 months.

# Series Learning Objectives

- 1 Examine new options for reducing health care associated infections, sepsis, and readmissions
- 2 Develop strategies to improve outcomes for health care associated infections, sepsis, and readmissions
- 3 Outline operationalizing new interventions to improve outcomes for health care associated infections, sepsis, and readmissions
- 4 Apply new strategies to strengthen your improvement efforts
- 5 Identify approaches to integrate health equity and engage patients and their families with the support of leadership

# National Priorities



Behavioral  
Health &  
Opioids



Patient  
Safety



Care  
Transitions



Public Health  
Emergencies



Health  
Equity

High Reliability, Leadership, Patient & Family Engagement

# Increase Patient Safety

- Reduce all-cause harm
- Reduce readmissions
- Reduce ADEs due to opioids, anticoagulants and diabetic agents
- Reduce *C. Difficile*, MRSA and other drug resistant organisms
- Improve antibiotic stewardship
- **Sepsis and septic shock**
- Pressure ulcers
- Surgical site infections
- Venous thromboembolism
- Ventilator-associated events
- Injury from falls and immobility
- Airway safety
- CLABSI and CAUTI in all hospital settings



# CDC Hospital Sepsis Program Core Elements



Form Approved  
OMB No. 0920-0666  
Exp. Date: 12/31/2026  
[www.cdc.gov/nhsn](http://www.cdc.gov/nhsn)

## Patient Safety Component—Annual Hospital Survey

Instructions for this form are available at: [http://www.cdc.gov/nhsn/forms/instr/57\\_103-TOI.pdf](http://www.cdc.gov/nhsn/forms/instr/57_103-TOI.pdf)

\*required for saving

Tracking #:

Facility ID:

\*Survey Year:

### Sepsis Management and Practices

\*59. Our facility has a program or committee charged with monitoring and reviewing improving sepsis care and/or outcomes.

Yes  No

59a. If Yes: The responsibilities of this committee include the following: (Check all that apply; check at least one)

- Developing and updating hospital sepsis guidelines
- Developing and updating hospital sepsis order sets
- Monitor and review compliance with Centers for Medicare & Medicaid SEP-1 measure
- Monitor and review effectiveness of early sepsis identification strategies
- Monitoring and reviewing management of patients with sepsis
- Monitor and review outcomes among patients with sepsis
- Monitor and review antimicrobial use in sepsis in conjunction with antimicrobial stewardship or infectious disease staff
- Providing education to hospital staff on sepsis
- Setting annual goals for sepsis management and/or outcomes
- None of the above



### Hospital Sepsis Program Core Elements



#### Hospital Leadership Commitment

Dedicating the necessary human, financial, and information technology resources.



#### Accountability

Appointing a leader or co-leaders responsible for program goals and outcomes.



#### Multi-Professional Expertise

Engaging key partners throughout the hospital and healthcare system.



#### Action

Implementing structures and processes to improve the identification of, management of, and recovery from sepsis.



#### Tracking

Measuring sepsis epidemiology, management, and outcomes to assess the impact of sepsis initiatives and progress toward program goals.



#### Reporting

Providing information on sepsis management and outcomes to relevant partners.



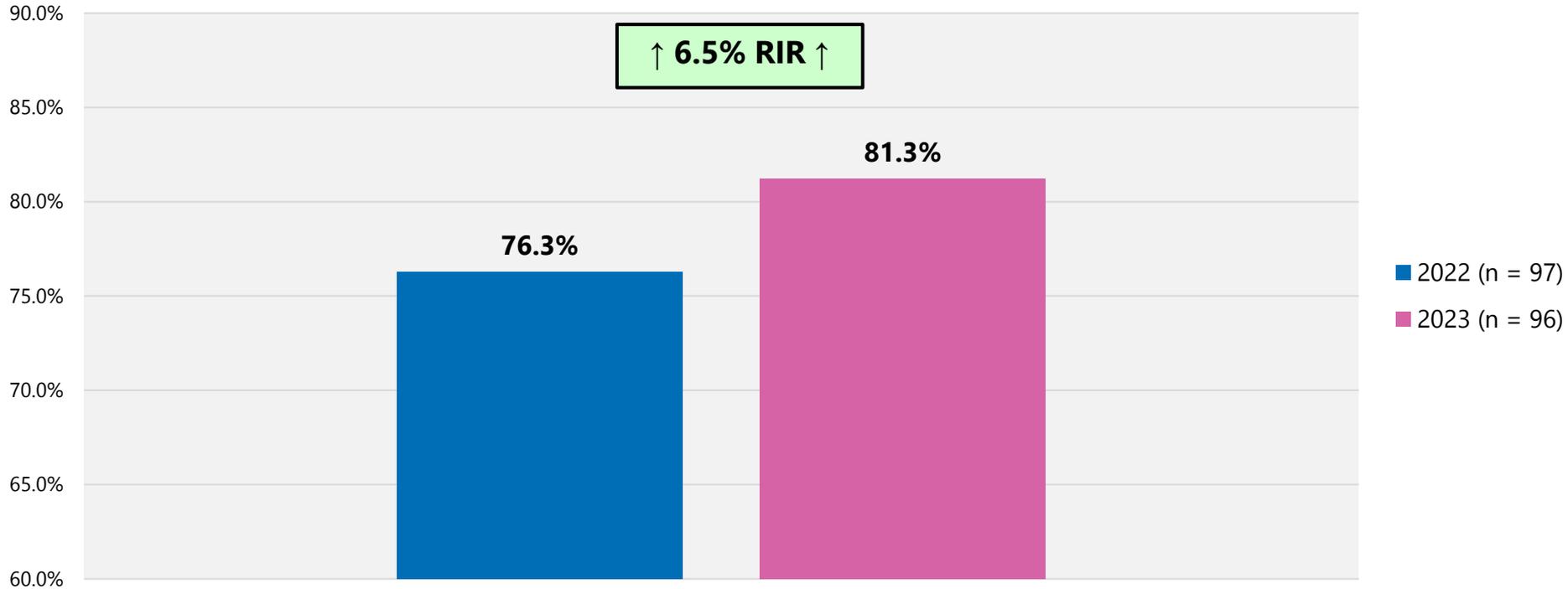
#### Education

Providing sepsis education to healthcare professionals, patients, and family/caregivers.



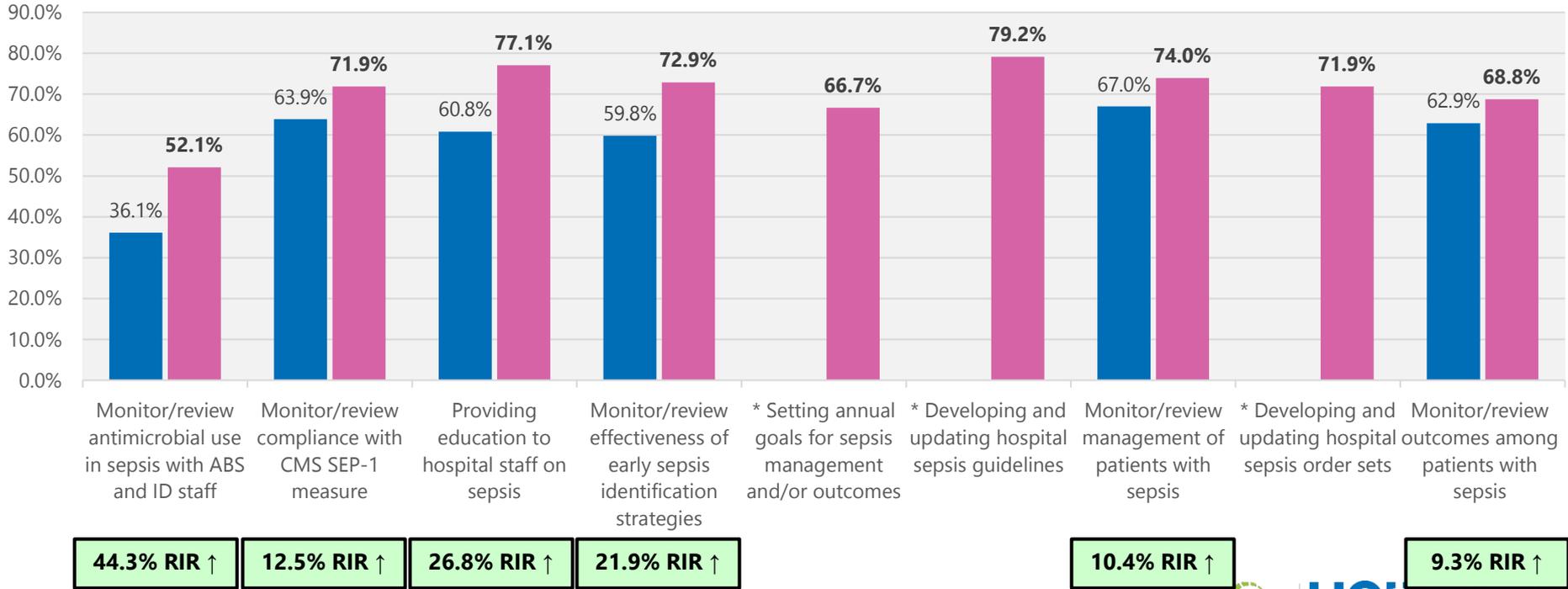
<https://www.cdc.gov/sepsis/core-elements.html>

## % of HQIC hospitals that have a **program or committee** charged with **monitoring and reviewing** improving sepsis care and/or outcomes



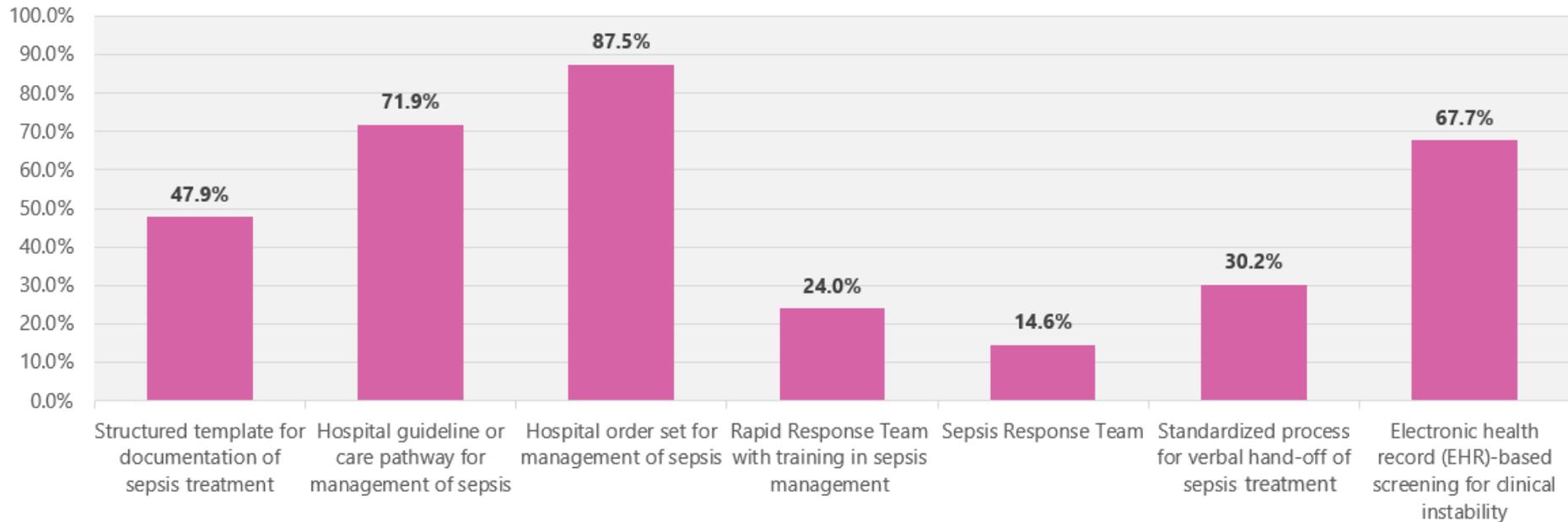
## % of HQIC hospitals whose sepsis committee includes the following responsibilities

■ 2022 (n = 97)   ■ 2023 (n = 96)



## % of HQIC hospitals using the following approaches to **promote evidence-based management of patients with sepsis**

■ 2023 (n = 96)



# Sepsis Success: HQI HQIC Network



**29.5%** RIR



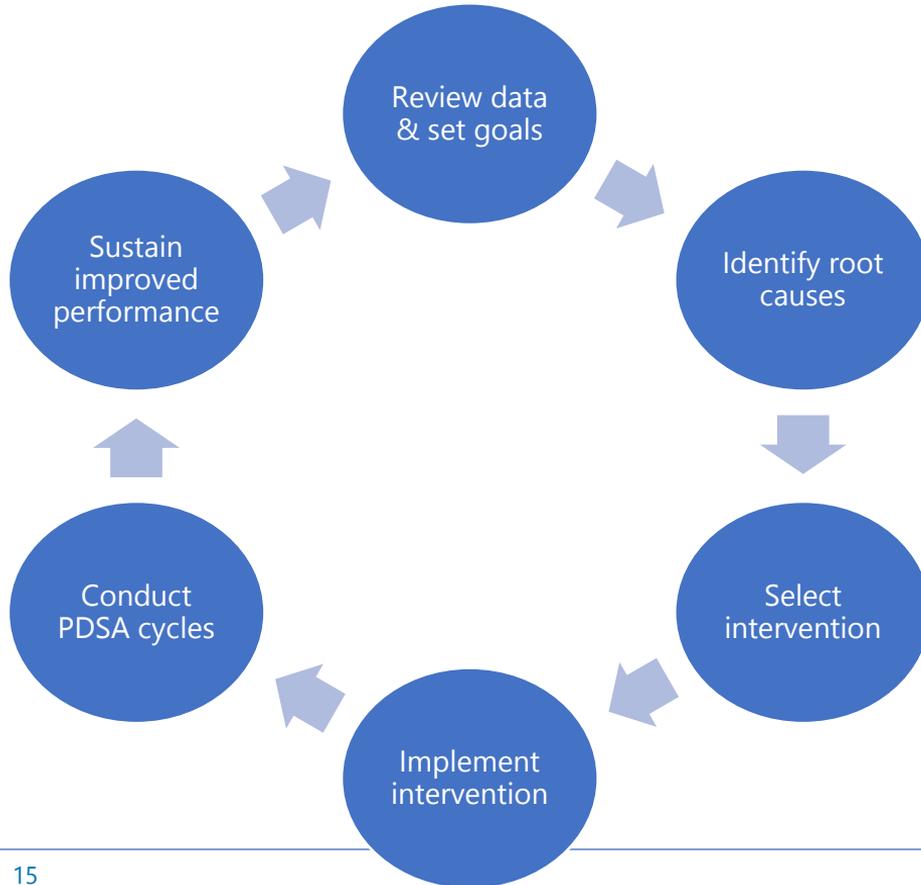
*relative improvement rate*

**852** lives saved



Bauer, M., Gerlach, H., Vogelmann, T. et al. Mortality in sepsis and septic shock in Europe, North America and Australia between 2009 and 2019— results from a systematic review and meta-analysis. Crit Care 24, 239 (2020). <https://doi.org/10.1186/s13054-020-02950-2>

# A Collaborative Approach to Improvement



## We helped by:

- Recommending QI strategies
- Building your QI skills
- Coaching on implementation
- Recommending sustainment strategies
- Facilitating peer-to-peer learning
- Delivering educational content
- Making connections
- Providing data analyses
- Suggesting tools and resources

# Today's Presenters

**UPMC | WESTERN MARYLAND**

**Amy Magruder, BSN, RN**  
Improvement Specialist  
UPMC Western Maryland



**Marcus Selvidge, BSN, RN, CCRN-K, CIC**  
Chief Quality Officer  
Poplar Bluff Regional Medical Center

# Reducing Sepsis Mortality

## UPMC Western Maryland

### Background

**Location:** Cumberland, MD

**Hospital Type:** Acute care hospital that provides many specialty services, including inpatient Behavioral Health, Oncology, Obstetrics, Inpatient Rehabilitation, Emergency/Trauma, Surgery, and Outpatient services.

**Bed size:** 200 beds (28 ICU/Cardiac ICU)

**Contact info:** Amy Magruder  
[magruder@upmc.edu](mailto:magruder@upmc.edu)  
240-964-1073



# Reducing Sepsis Mortality

## UPMC Western Maryland

### Idea

**Description:** Our facility observed a sepsis mortality rate that was above the state base expected. A process improvement initiative began in 2020 with the goal of decreasing our sepsis mortality rate to <20% by the end of 2021.

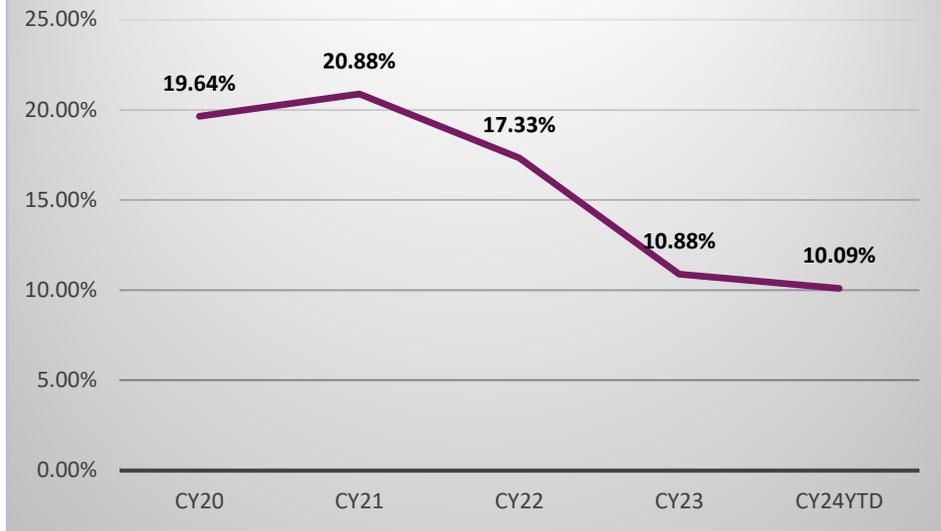
Interventions that have been implemented include; SIRS screening in Triage, ED nurse sepsis standing order, sepsis dashboard, data alignment with UPMC, Sepsis Committee reorganization, core measure fallout follow-up process, order set alignment, documentation templates, and the ED vertical care model. Current initiatives include a readmission risk score and follow-up care pathways, discharge readiness checklist, and identifying an accurate inpatient list.

**Resource(s) required:** Information Technology, Quality Department, Nursing, Executive Leadership, ED Providers, and Hospital Medicine

**Key Implementation Tip:** Make sure the entire team is on the same page and they understand the expectations for each process change and why it is important.

### Results

#### Sepsis Mortality Rate



# Septic Shock Mortality Reduction Project

## Poplar Bluff Regional Medical Center

### Background

**Location: Poplar Bluff, Missouri**

**Hospital Type: Acute Care Hospital**

**Bed size: 410 Licensed Beds**

**Contact info:**

**Marcus Selvidge, BSN, RN, CCRN-K, CIC**

**Chief Quality Officer**

**[marcus.selvidge@pbrmc.com](mailto:marcus.selvidge@pbrmc.com)**



# BACKGROUND

Emergency Department – Poplar Bluff Regional Medical Center – Poplar Bluff, MO

## Problem Statement

**From January 2023 - December 2023, 19.6 percent of patients with septic shock received antibiotics within 60 minutes of arrival at the emergency department of Poplar Bluff Regional Medical Center (PBRMC)**

- Timely antibiotic administration is crucial because delays increase mortality rates among patients arriving with septic shock
- We're addressing this issue because reducing mortality rates in patients with septic shock is a critical healthcare priority, and timely antibiotic administration is a key factor in achieving our goal

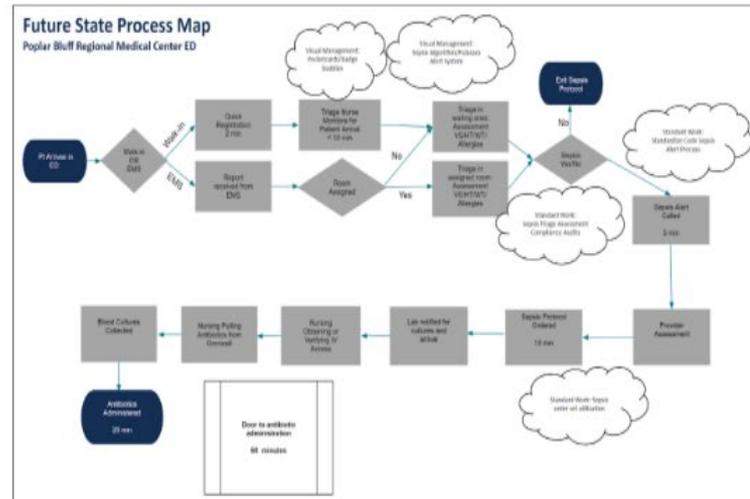
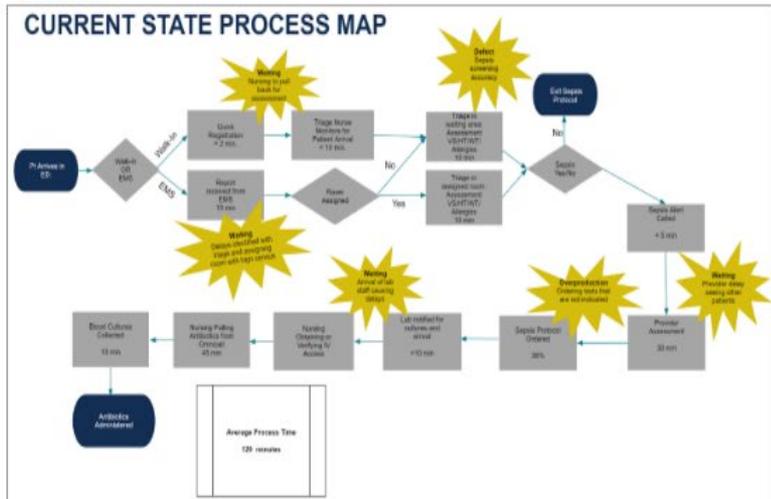
## Project SMART Goal

(Specific – Measurable – Achievable – Relevant – Time Bound )

**By July 2024, increase the percentage of patients with septic shock receiving antibiotics within 60 minutes of arrival at the Emergency Department of Poplar Bluff Regional Medical Center from 19.6% to 50%. Further, aim to achieve a rate of 70% by December 2024.**

# PROCESS MAPS

Poplar Bluff Regional Medical Center evaluated our current process by conducting waste walks for patients arriving at the Emergency Department with a diagnosis of sepsis. Our goal was to implement a standard work process around Sepsis alerts.



- Primary nurses are not screening and activating the Code Sepsis alert at PBRMC.
- Physician adoption of the code sepsis process.
- Charge nurses are not prioritizing Code Sepsis.

Barriers and Critical Success Factors (CSFs)	Strategies to Address Barriers & CSFs	Specific Tactics	Measure	Target
Primary nurses are not screening and activating the Code Sepsis alert.	Standard Work: Ensure Nurses are Knowledgeable with the Sepsis Triage Assessment in Cerner	Sepsis screen triage compliance	% of correct Sepsis Triage Screens / total # of Sepsis cases	90%
	Visual Management: Improve sepsis screening accuracy during triage	Distribute sepsis criteria pocketcards and badge buddies to ED staff	% distributed to ED staff	100%
		Post sepsis screening algorithm and Pulsara alert notification process in key locations	% distributed in selected key locations	100%
Physician adoption of the code sepsis process.	Standard Work: Order set Utilization	Monitor provider order set compliance with feedback on outliers	% utilization of sepsis order set	75%
Charge nurses are not prioritizing code sepsis.	Standard Work: Standardize Code Sepsis Alert Process	Sepsis alerts placed into Pulsara	Number of sepsis alerts activated using Pulsara / Total number of sepsis cases	50%



# Visual Aids

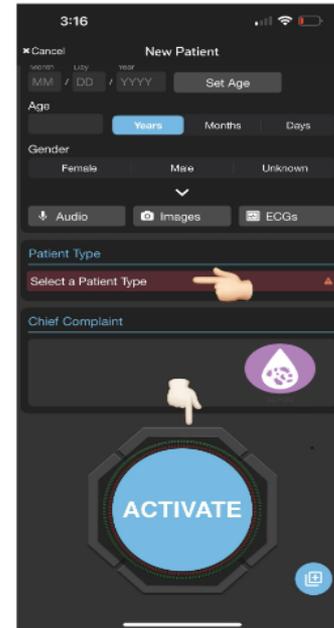
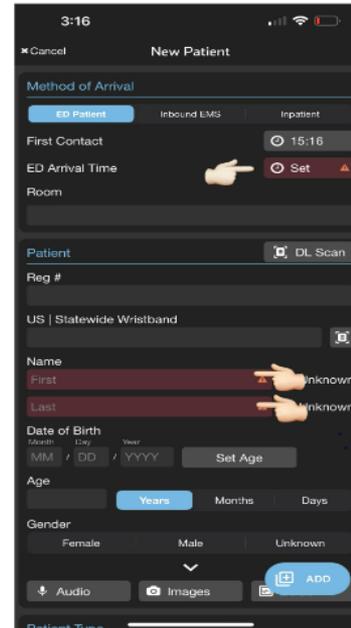
# Pulsara Activation System

SEPSIS POCKETCARD	
If 18 or older evaluate for SIRS criteria and at least two (2) of the following signs or symptoms are marked	
Hypotension Systolic BP < 90	Hypotension MAP < 65
Tachypnea > 20	O2 sat < 90% on room air or on O2 if chronic oxygen use
Acutely Altered Mental Status	Temperature > 100.4F (36.8C)
Tachycardia > 90	Temperature < 96.8F (36C)
+	
Suspected Infection Factors – Only needs to meet one (1)	
Recent Surgical/Invasive Procedure	Infiltrate of Chest Xray
Immunocompromised	Recent or Current Antibiotic Therapy
Skin Wound	Potential Infection
Invasive Device	Other if not listed
If 2 SIRS + Suspected Infection Present – Activate Sepsis Pulsara Alert Immediately	

2 SIRS Criteria Met + Suspected Source of Infection

ACTIVATE PULSARA SEPSIS ALERT IMMEDIATELY

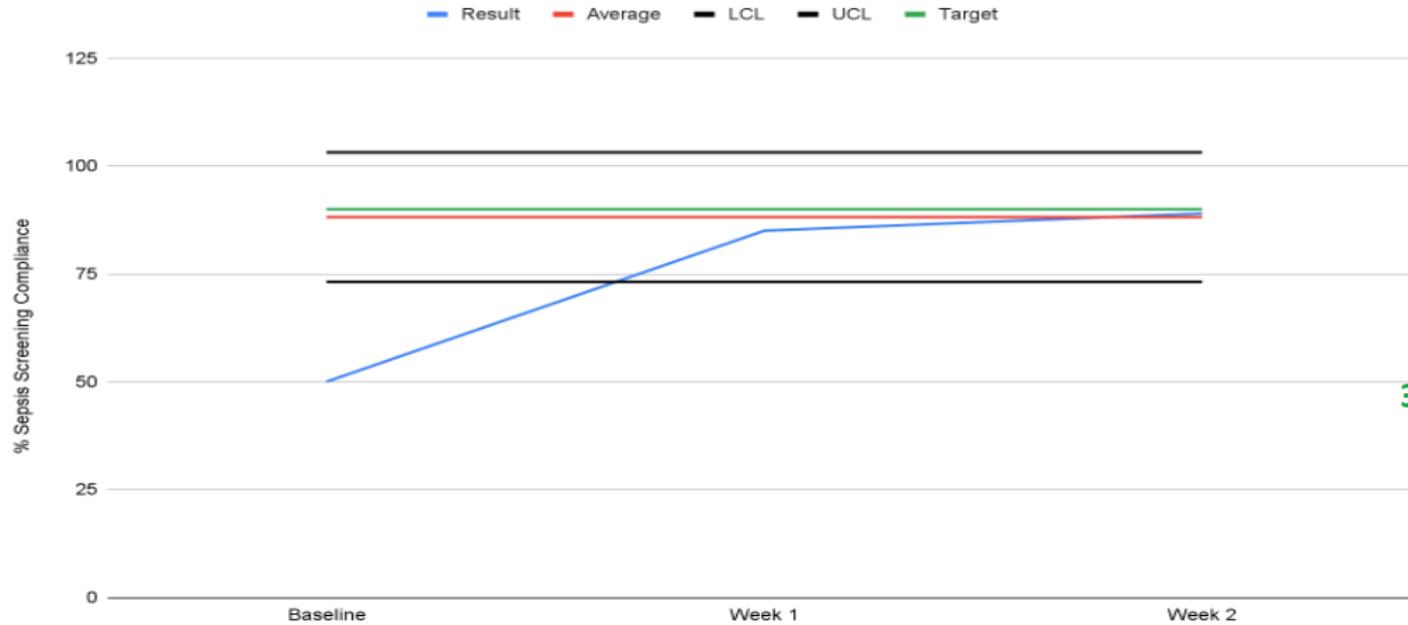
Goal: Door to Antibiotic < 60 minutes



# SUCCESSFULLY IMPLEMENTED TACTICS

## Sepsis triage screening accuracy compliance

### Sepsis Screening Triage Compliance

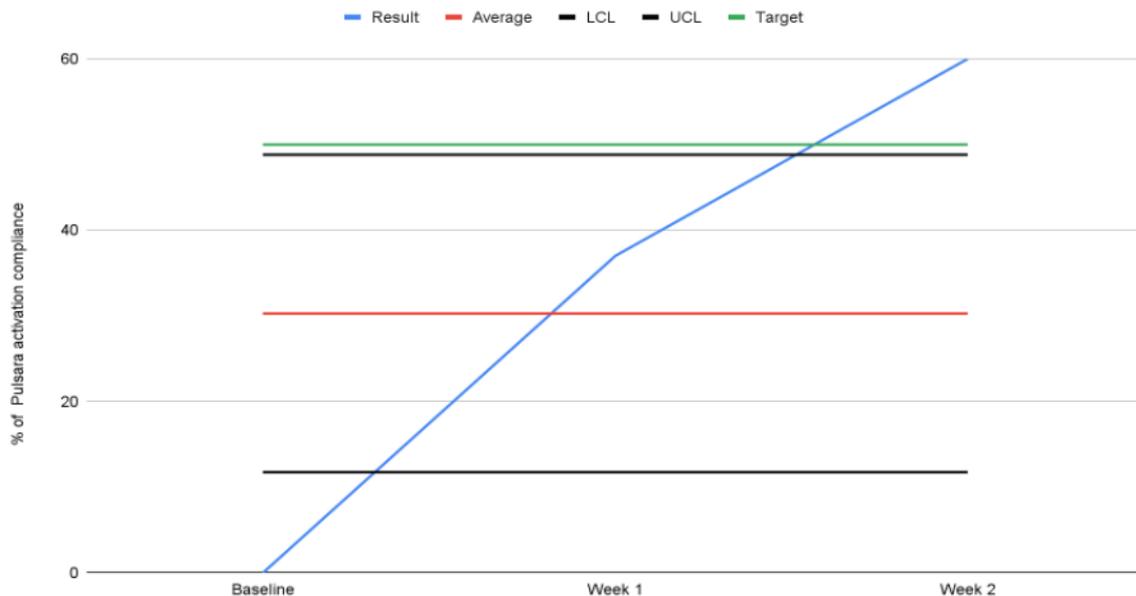


  
**39% Change**

## SUCCESSFULLY IMPLEMENTED TACTICS

Pulsara enables immediate activation of sepsis alerts for the entire team.

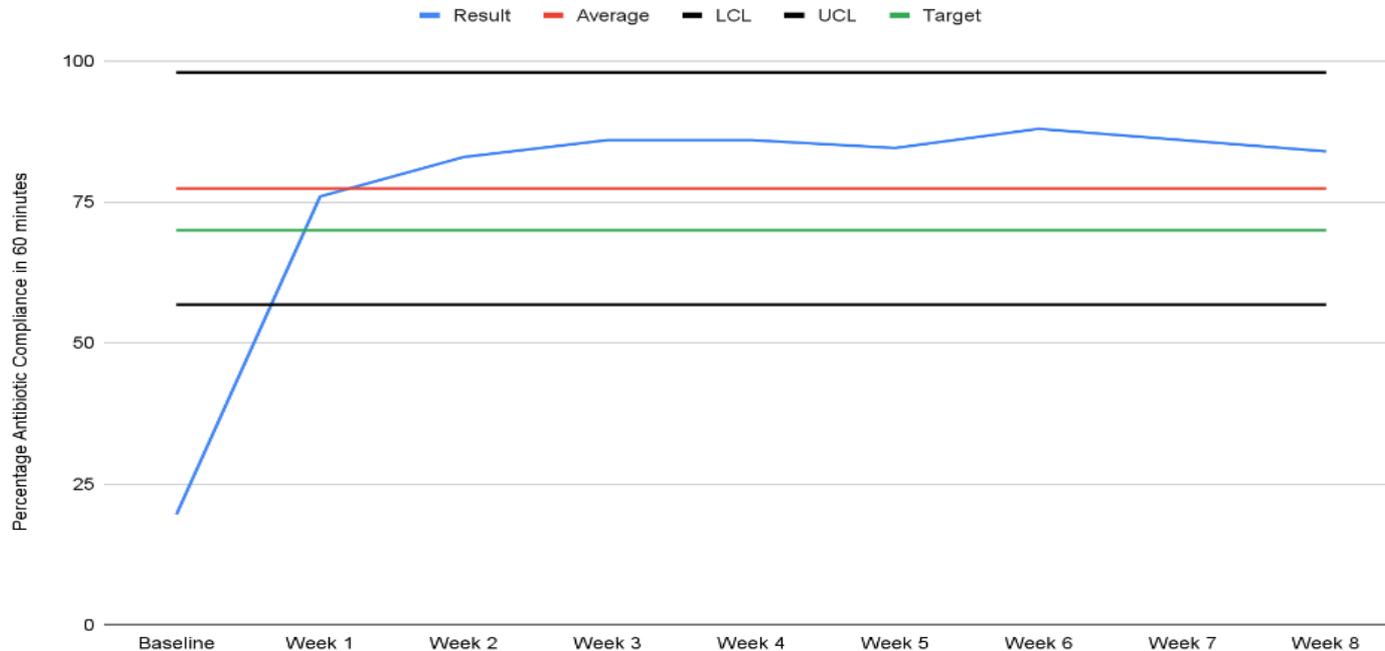
Utilization of Pulsara to Activate Sepsis Alerts



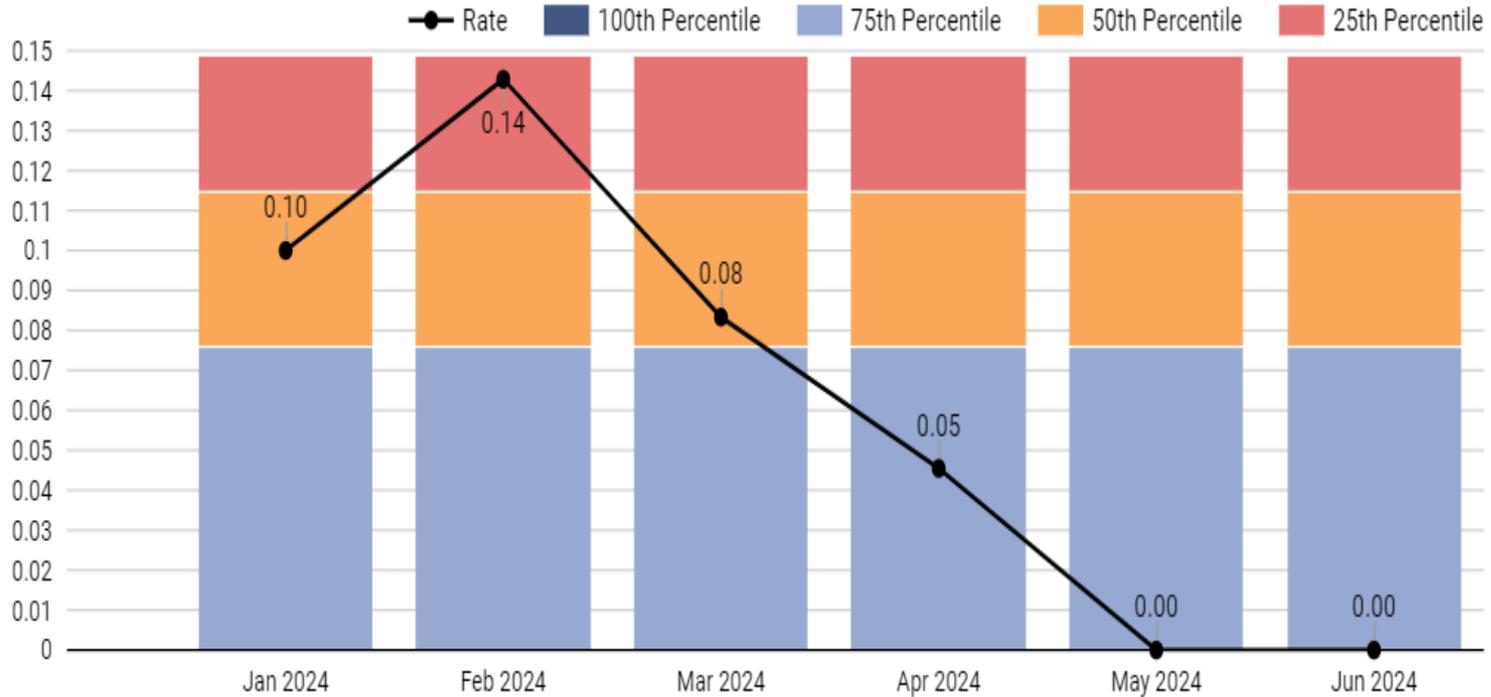
60 % Change

# SMART Goal

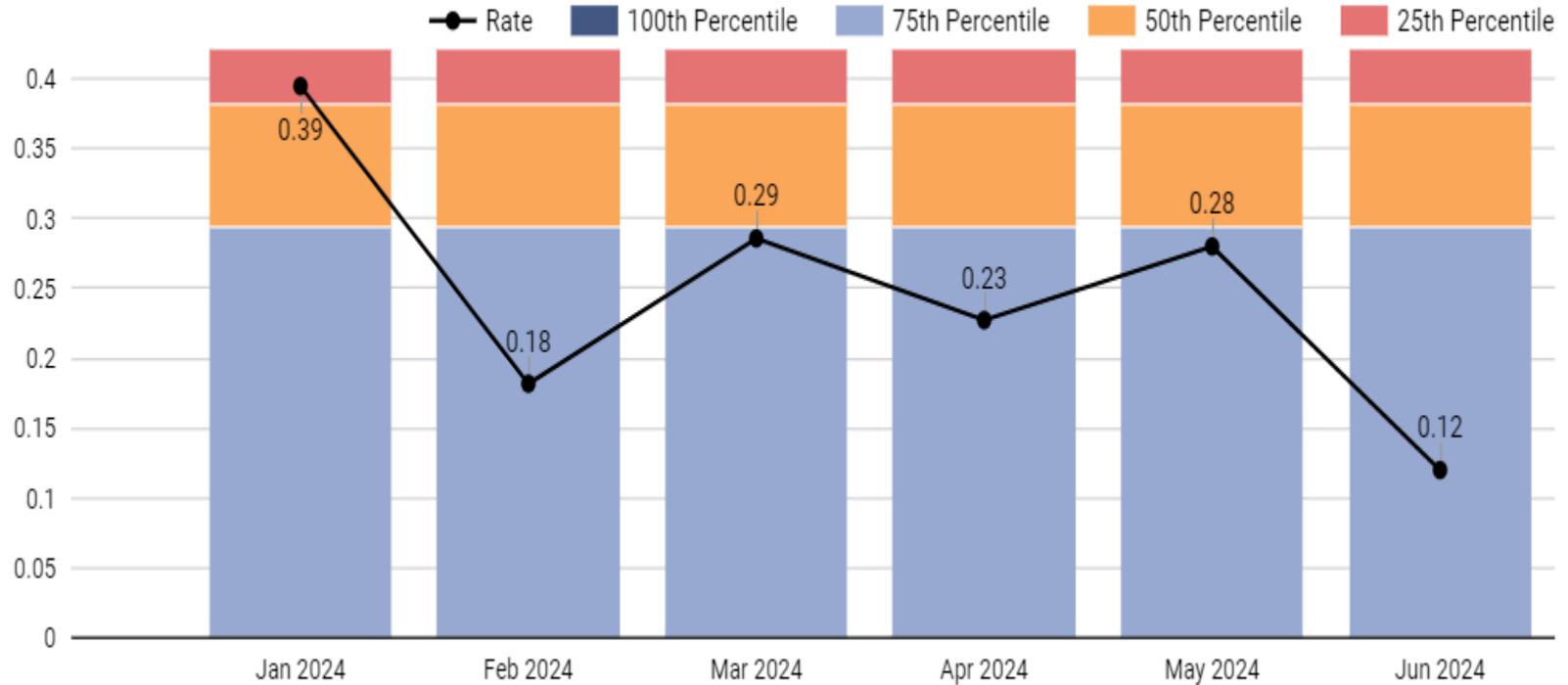
## Septic shock antibiotic administration within 60 minutes



## Severe Sepsis Performance by Percentile



## Septic Shock Performance by Percentile



# Reflection and Planning for Sustained Success

## Ah-Ha Moments

- Nurses were not accurately entering assessment findings during triage, leading to inaccurate sepsis assessments
- The Emergency Department lacked a standardized sepsis alert process
- We discovered that the nurses were experiencing difficulties logging into Cerner using the single sign on feature
- Only the lab staff were responsible for drawing blood cultures due to historically high contamination rates by ED personnel, resulting in delays in antibiotic administration

Key Tactic Needing Ongoing Focus	High Level Sustainment Activities
Sepsis screening triage compliance	Auditing of sepsis charts and weekly review
Provider sepsis order set utilization compliance	Auditing of sepsis charts and weekly review
Monitoring of Pulsara alert utilization for code sepsis	Auditing of Pulsara reports and weekly review

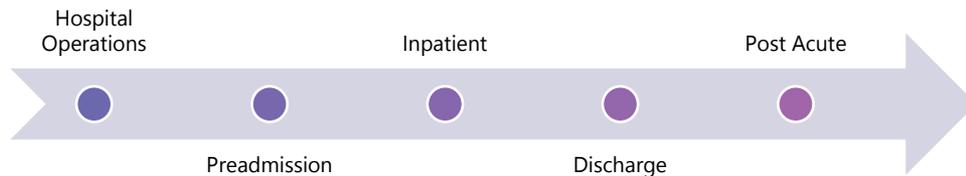
# Patient and Family Engagement (PFE) Strategies

## PFE in Hospital Operation

- Hospital has a designated PFE lead or department
- There is an active PFE committee or other committees where patients are represented and report to the board.

## PFE at the Point of Care

- Admission Checklist process is in place for planned admissions
- Shift Change huddles and bedside reporting engages the family and caregivers
- Discharge Planning Checklist process in place



# Patient and Family Engagement (PFE) Resources

**SEPSIS Fact Sheet: Sepsis is a Medical Emergency**

**AWARENESS!**

**THE SIGNS OF SEPSIS\***

- Shivering
- Extreme pain
- Pale skin
- Sleepiness
- "I feel like I might die"
- Shortness of breath

**WHAT IS SEPSIS?**

Germs cause an infection that can enter your bloodstream and, if not stopped, can lead to sepsis. Sepsis is the body's extreme response to an infection, causing your organs to shut down by one and can be deadly.

**Those at highest risk for sepsis are:**

- Children less than one year old
- Elderly greater than 60 years old
- Those with chronic conditions or weak immune systems
- Those with wounds or surgical incisions

**WAYS TO PREVENT SEPSIS**

- Wash your hands often and keep cuts and wounds clean to prevent infection
- Stay up to date on all vaccinations
- Know the signs of sepsis
- ACT FAST** if you have an infection or wound that is not getting better or is getting worse

**TIME MATTERS**  
It's a race against the clock!

Get medical care immediately and ask your health care provider "Could my infection be leading to sepsis?"

**LIFE AFTER SEPSIS**

More patients are surviving sepsis but many suffer from new problems:

- Memory loss
- Anxiety or depression
- Weakness and difficulty with routine tasks
- Difficulty sleeping
- Recurrent infection
- Medical setbacks from chronic conditions of the heart, lung or kidney

**HOW CAN I HELP MYSELF RECOVER?**

- Set small goals for yourself—like bathing
- Rest to rebuild your strength
- Eat a balanced diet
- Exercise as you feel up to it—like walking
- Surveillance helps
- Watch for signs of new or repeat infection
- Take your temperature twice a day

**SEPSIS IS A MEDICAL EMERGENCY**

Sepsis Fact Sheets modified with permission from The Hospital and Healthsystem Association of Pennsylvania. This material was prepared by Health Quality Innovators (HQI), a Quality Innovation Network- Quality Improvement Organization (QIN-QIO) under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this document 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. 12/20/16/HQIN-QIO-0317/04/17/22

**SEPSIS Fact Sheet: Discharging a Sepsis Patient**

Acute care hospital → Home or post-acute care facility

**DISCHARGE CHECKLIST**

- Admission date and diagnosis
- LOS and discharge diagnosis
- Days in ICU, if applicable
- Dates & types of surgery
- Line in place at discharge & location
- Foley in place at discharge & why
- Wounds – dressing type
- Antibiotic & discontinue date
- Special instructions

**Provide Sepsis Fact Sheets:**

- Patient and Family Education
- Sepsis Stoptlight Tool
- Refer to Transfer Communication tool for staff

**Discharge summary provided**

- Medications and dosages updated
- Lab work needed

**Follow-up Appointments Scheduled:**

- Referral for home care agency
- Outpatient rehabilitation
- Support group meeting information
- Durable medical equipment order

**Patient Knows Action Plan for Help:**

- Who to call: \_\_\_\_\_
- Where to go: \_\_\_\_\_

**SEPSIS SURVIVORS ARE AT RISK**

- Cognitive impairment
- Forgetfulness/concentration
- Anxiety and depression
- Health deterioration
- Chronic disease management
- Immunosuppression
- Readmission within 30 days, often with another infection
- Decreased quality of life
- Early mortality

**SIGNS OF SEPSIS\***

- Shivering
- Extreme pain
- Pale skin
- Sleepiness
- "I feel like I might die"
- Shortness of breath

**SEPSIS IS A MEDICAL EMERGENCY**

Sepsis Fact Sheets modified with permission from The Hospital and Healthsystem Association of Pennsylvania. This material was prepared by Health Quality Innovators (HQI), a Quality Innovation Network- Quality Improvement Organization (QIN-QIO) under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this document 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. 12/20/16/HQIN-QIO-0317/04/17/22

**Sepsis Stoptlight Tool**

Common infections can lead to sepsis, which can be deadly. If you may have sepsis, act NOW!

	<b>Green Zone</b> No signs of infection.	<b>Yellow Zone</b> Take action today. Call your doctor or nurse.	<b>Red Zone</b> Take action now! Call or see your doctor now!
<b>Do I have a fever?</b>	I have not had a fever in the past 24 hours and I am not taking medicine for a fever	I have a fever between 100° F and 101.4° F	I have a fever of 101.5° F or greater
<b>Do I feel cold?</b>	I don't feel cold	<ul style="list-style-type: none"> <li>I feel cold and can't get warm</li> <li>I'm shivering</li> </ul>	<ul style="list-style-type: none"> <li>My temperature is below 96.8° F</li> <li>My teeth are chattering</li> <li>My skin or nails are pale</li> </ul>
<b>How is my energy?</b>	My energy level is as usual	I'm too tired to do most of my usual activities	I'm too weak to get out of bed
<b>How is my thinking?</b>	My thinking is clear	My thinking feels slow or not right	My caregivers tell me I'm not making sense
<b>Are there changes in how I feel after a hospitalization, procedure, infection or change in wound or I.V. site?</b>	<ul style="list-style-type: none"> <li>I feel well</li> <li>I had pneumonia, a urinary tract infection (UTI) or another infection</li> <li>I had a wound or I.V. site and it sleeps</li> </ul>	<ul style="list-style-type: none"> <li>I don't feel well</li> <li>I have a bad cough</li> <li>My wound or I.V. site looks different</li> <li>I haven't urinated (peed) for 5 or more hours and/or my urine (pee) burns, is cloudy, dark or smelly</li> </ul>	<ul style="list-style-type: none"> <li>I feel very sick</li> <li>My wound or I.V. site is painful, red, smells or has pus</li> <li>I haven't urinated (peed) for 6 or more hours and/or my urine (pee) is very dark</li> </ul>
<b>Do I need to call 911 or go to the Emergency Room?</b>	<ul style="list-style-type: none"> <li>I don't need to call 911 or my doctor.</li> <li>My heartbeat is as usual</li> <li>My breathing is normal (for me)</li> <li>I have not had a fever in the past 24 hours</li> </ul>	<ul style="list-style-type: none"> <li>I don't need to call 911 but I will call my doctor if:</li> <li>My heartbeat is faster than usual</li> <li>My breathing is more difficult and faster than usual</li> <li>My home blood pressure is 20 points (top number) lower than usual</li> </ul>	<p><b>I will call 911 if:</b></p> <ul style="list-style-type: none"> <li>My heartbeat is very fast</li> <li>My breathing is very fast</li> <li>My home blood pressure is 40 points (top number) lower than usual</li> <li>I have a fever of 103.5° F or greater</li> <li>My skin or nails are blue</li> </ul>

# Sustainability

## Sustainability Decision Guide

### Directions:

This is a resource to help leaders or teams determine if the interventions and changes they are making are sustainable. This guide will help identify why interventions may not be sustainable, and therefore need to be reconsidered. Use this guide at any point during a Performance Improvement Project (PIP), ideally when strategies have been found that appear to be successful and consideration is being given to adopting them broadly within the organization. The more questions that can be answered as "yes," the higher the likelihood of sustainability.

### Systems

- Has the change been defined in terms of how it fits with the overall organizational mission, vision and strategic plan?
- Are there policies and procedures written in support of the change?
- Are those who need to carry out the new actions up to date with the information they need to be successful?
- Have the organization's systems been revised to encourage the new action? How are staff members reminded to carry out the new actions? Are you monitoring that the new actions are being carried out and is staff being supported in their ability to carry out the new actions?
- Are there system barriers that prevent the new action from occurring? Are there certain identifiable parts of the system that pose a roadblock to doing things in the new way?
- Are there incentives or rewards for people who do not adopt the new action that need to be addressed or removed?
- Has the change been integrated into new employee orientation and training?

### People

- Has strong leadership support for the change been established? Has the leadership communicated a clear and convincing message about the change and its purpose? Are multiple levels of leadership engaged (e.g., board of directors, administrator, and department managers)? Is the leadership vocal and visible in its support? How will the leadership continue to promote the change and encourage staff to stick with it over time?

## Sustainability Decision Guide

### People (continued)

- Have roles and responsibilities for carrying out new actions been clearly defined and assigned?
- Are the people responsible for carrying out the change equipped to manage it? Do staff members have the appropriate skills and knowledge to successfully undertake any new actions required? Have training needs been addressed? Is additional or differently trained staff required?
- Are there champions for the change who are actively modeling the desired actions? Are there informal or natural leaders among the staff who could be encouraged to act as role models? Are there members of your staff exhibiting clear resistance to the change that should be addressed?

### Environment

- Is the organization ready to take on this change? What issues in the workplace culture should be addressed before the change can be expected to become permanent? Is the reason given for the change in line with the values and attitudes of the staff?
- Has adequate funding (if applicable) been budgeted to support the change?
- Have resources (equipment, materials, staff time, information) been made available? What additional resources would help to encourage the new actions to take place?
- Are there things that can be done to the physical environment that make it unavoidable to do things in the new way (e.g., automation of processes; removal of certain objects necessary to do things the previous way)?

### Measurement

- Has ongoing periodic measurement and review been scheduled to ensure the new action has been adopted and is performed consistently?
- Are indicators/measures chosen that tie directly to the new action? Can the indicator/measure distinguish the performance of different work groups (e.g., by unit, department, shift)? Are some work units carrying out the change more successfully than others?



A word cloud on a dark blue background with the word "Discussion" in the largest white font at the center. Other words in various sizes and colors (white, orange, light blue) include: "DIALOG" (orange), "CONVERSATION" (white), "QUESTIONS" (light blue), "Communication" (light blue), "MEETING" (white), "Chat" (orange), "TALK" (white), "BUSINESS" (white), "Answers" (orange), "IDEAS" (white), "Communicate" (white), "SOCIAL" (orange), "PROPOSAL" (white), "IDEAS" (white), "Discuss" (orange), "INPUT" (white), "CONNECTION" (light blue), "Session" (white), "Group" (white), "PARTNERSHIP" (white), "Forum" (orange), "SHARE" (white), "OPERATING" (white), "EXPLORATION" (white), "Community" (orange), "Group" (white), "Dialog" (white), "Business" (orange), "TALK" (white), and "Debate" (orange).

# Resources

## Office Hours:

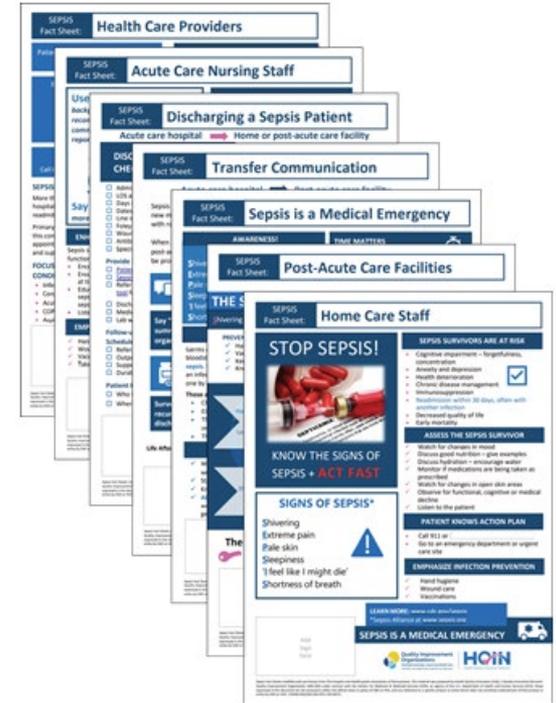
- Sepsis & Antimicrobial Stewardship: [Slides & Recording](#)
- Introduction to the CDC Core Elements of Hospital Sepsis Programs [Slides & Recording](#)

## Best Practice Resources:

- [Sepsis Fact Sheets | HQIN](#)
- [Simple Strategies For Addressing Sepsis | HQIN](#)
- [HQIN Best Practices Pocket Cards | Sepsis Program Core Elements](#)
- [CDC Hospital Sepsis Program Core Elements](#)
- [Sustainability Decision Guide](#)

## Patient & Family Engagement

- [Simple Strategies for Establishing a Patient and Family Advisory Council \(PFAC\)](#)
- [Sepsis is a Medical Emergency Sepsis Fact Sheet \(hqin.org\)](#)
- [CMS Get Ahead of Sepsis Material for Patients](#)
- [Sepsis Alliance: Patients & Family](#)





## HQIC Summer Spread & Sustainment Series

### **Final Session:**

### **Readmissions**

Thursday, August 8

(all sessions will be held from 12pm to 1pm ET)

# CONNECT WITH US

Call 877.731.4746 or visit [www.hqin.org](http://www.hqin.org)



**@HQINetwork**

**Health Quality Innovation Network**