

Hospital Quality Improvement Contractor (HQIC)

Interventions & Resources

Note: Below is a compilation of valued resources, suggested interventions, and measures aligned with the 2020-2024 HQIC program national priorities. Use this document as a reference tool for brainstorming evidence-based interventions for implementation or sustainment of key safety, infection prevention and quality initiatives.

National Priority	Interventions & Actions	Resources	Monitor Progress
Quality Improvement	<ul style="list-style-type: none"> Identify Executive Sponsor and key stakeholders Establish consistent discipline to use quality improvement approach and related tools Understand root causes of events Prioritize interventions Track and date implemented interventions Use sustainability guide to cross-check current actions and ensure ongoing success 	<ul style="list-style-type: none"> Priority Matrix HQIN Five Whys Worksheet HQIN SMART Goal-Setting Worksheet HQIN Performance Improvement Project Charter HQIN PDSA Worksheet HQIN Action Plan Template HQIN Sustainability Decision Guide HQIN Listservs & e-Newsletters HQIN 	<ul style="list-style-type: none"> QI initiative dashboard <ul style="list-style-type: none"> Evaluate progress against reputable state/national benchmarks Include leading, process, outcome and balancing measures Review compliance with process measure at Improvement Huddles Regular updates to board and senior leaders Spread success improvements organization-wide <ul style="list-style-type: none"> # of units/depts. Implemented/total #

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Person & Family Engagement	<ul style="list-style-type: none"> • Designate a PFE leader • Recruit PFAC members • Implement a checklist for patients with planned admissions and elective surgeries • Implement a discharge planning checklist • Enact policies, procedures and actions taken to support patient and family participation in governance or operational decision-making in the hospital • Conduct shift change huddles & bedside reporting with patients & families • Improve health literacy through review of patient education materials for reading level and make available in top languages used in your community • Improve admission and discharge processes with person and family centered approach. Incorporate expectations into appropriate policy and procedure. • Provide patients with educational materials or literature to aid in decision making regarding various health conditions 	<ul style="list-style-type: none"> • Designated PFE Leader CAPS • Simple Strategies for Establishing a Patient and Family Advisory Council HQIN • Discharge Planning Checklist CMS • Huddle Quick Start Guide HQIN • Nurse Bedside Shift Report AHRQ • Guide to Patient and Family Engagement in Hospital Quality and Safety AHRQ 	<ul style="list-style-type: none"> • % compliance with planned admission checklist • % compliance with discharge planning checklist • % compliance with conducting shift change huddles • % compliance with conducting bedside report with patient and families • Regular updates to the Board by the PFAC

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Behavioral Health/ Opioids	<ul style="list-style-type: none"> Establish opioid stewardship program (OSP) including appropriate pain assessment, alternatives to opioids for pain management Assess current OSP for best practice gaps and opportunities for improvement Utilize Electronic Clinical Decision Support Tools for opioid prescribing Analyze prescribing patterns Set opioid prescribing guidelines, including use of Prescription Drug Monitoring Program (PDMP) Monitor for adverse drug events related to opioid use 	<ul style="list-style-type: none"> Stem the Tide: Addressing the Opioid Epidemic & Taking Action AHA Self-Check Tool: Opioid Prescribing HQIN Electronic Clinical Decision Support Tools: Opioid Prescribing CDC Opioid Resources for Clinicians HQIN 2024 Opioid eCQM and HQIC Crosswalk HQIN Simple Strategies for Opioid Adverse Drug Events: Keeping a Pulse Check on Your Facility's Events HQIN 	<ul style="list-style-type: none"> High MME opioid prescribing rate Opioid Adverse Drug Event (ADE) rate CMS eCQM CMS819v3 – Hospital Harm – Opioid-Related Adverse Events CMS eCQM CMS506v7 – Safe Use of Opioids – Concurrent Prescribing
Patient Safety	Healthcare Associated Infections (HAI): <ul style="list-style-type: none"> Utilize NHSN protocols and reporting guidelines Follow evidenced-based guidelines and protocols for prevention of HAIs including device associated infections Conduct daily review of indwelling device necessity Develop and implement indwelling device insertion, care 	Healthcare Associated Infections (HAI): <ul style="list-style-type: none"> Patient Safety Component (PSC) CDC AHRQ's Healthcare-Associated Infections Program AHRQ Compendium of Strategies to Prevent Healthcare-Associated Infections in Acute Care Hospitals SHEA Infection Prevention and Control The Joint Commission 	Healthcare Associated Infections (HAI): <ul style="list-style-type: none"> CAUTI Standardized Infection Ratio (SIR) and Standardized Utilization Ratio (SUR) CLABSI SIR & SUR Ventilator Associated Event (VAE) SIR VAC, IVAC, PVAP SIR C. diff. SIR MRSA Bloodstream Infections SIR

	<p>and maintenance checklist</p> <ul style="list-style-type: none"> • Develop nurse driven protocols for indwelling device discontinuation • Implement MDRO and C. diff. reduction strategies: decrease inappropriate antimicrobial prescribing, environmental cleaning, diagnostic stewardship, test protocols, etc. • Investigate SSI's for root causes and implement strategies to address identified gaps • Advance Antibiotic Stewardship Program (ASP) Core Elements • Advance handwashing campaign (e.g., 4E's Engage, Educate, Execute, Evaluate) <p>Sepsis</p> <ul style="list-style-type: none"> • Develop sepsis staff, patient and family education • Evaluate current sepsis program vs. CDC Sepsis Core Elements observe & optimize discharge processes for sepsis patients • Develop improvement projects related to sepsis readmissions <p>Adverse Drug Events (ADEs):</p> <ul style="list-style-type: none"> • Develop process for identification of ADE's beyond event reporting 	<ul style="list-style-type: none"> • Surgical Site Infection Investigation Tool AHRQ • Core Elements of Antibiotic Stewardship CDC • The Foundation of a Hand Hygiene Program CDC • Urine Culture Diagnostic Stewardship HQIN • Survey Readiness Toolkit HQIN • Best Practices Pocket Cards HQIN • HQIN Tracking Tools HQIN • Infection Prevention Program Guide for Healthcare Settings HQIN • Action Plan Templates HQIN <p>Sepsis</p> <ul style="list-style-type: none"> • Sepsis Fact Sheets HQIN • Simple Strategies for Addressing Sepsis HQIN • Hospital Sepsis Program Core Elements CDC • Sepsis Resources HQIN <p>Adverse Drug Events (ADEs):</p> <ul style="list-style-type: none"> • Hospital Anticoagulant Adverse Drug Events (ADEs) Self- 	<ul style="list-style-type: none"> • Abdominal Hysterectomy SSI SIR • Colorectal SSI SIR • TKR / THR SSI SIR <p>Sepsis</p> <ul style="list-style-type: none"> • Sepsis and Septic Shock 30-Day Mortality • AHRQ PSI-13: Postoperative Sepsis Rate • Sepsis Bundle Compliance • Bundle and core element fallout trends <p>Adverse Drug Events (ADEs):</p> <ul style="list-style-type: none"> • Anticoagulant ADE rate • Hypoglycemic ADE rate
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	<p>system (e.g., use of ICD-10 codes, pharmacy surveillance software)</p> <ul style="list-style-type: none"> • Conduct assessment for gaps in best practices • Establish interdisciplinary collaboration to identify, analyze, correct processes leading to ADEs <p>Fall and Pressure Injury Prevention:</p> <ul style="list-style-type: none"> • Utilize a best practice program gap analysis tool to understand opportunities for process improvements • Implement post-fall huddles • Evaluate compliance & reliability of fall injury risk assessments per protocol (e.g., at admission, transfer, change in patient clinical status) • Enhance environmental safety to reduce severity of injury (e.g., floor mats, raised toilet seat, bed alarm) • Implement a pressure injury prevention bundle such as SKIN (Surface selection, Keep turning, Incontinence management, Nutrition) 	<p>Assessment (Basic) HQIN</p> <ul style="list-style-type: none"> • Hospital Hypoglycemia Adverse Drug Events (ADEs) Self-Assessment (Basic) HQIN • Patients, Families & Caregivers: Medications HQIN • Anticoagulation Forum acforum.org <p>Fall and Pressure Injury Prevention:</p> <ul style="list-style-type: none"> • VHA National Center for Patient Safety Falls Toolkit va.gov • Preventing Falls in Hospitals AHRQ • Post-fall Management HQIN • Falls Prevention HQIN • Organizational Commitment to Pressure Injury Prevention and Treatment Self-Assessment HQIN • Preventing Pressure Ulcers in Hospitals AHRQ • Pressure Injury Prevention Points NPIAP 	<ul style="list-style-type: none"> • ADE volume captured via safety event self-reporting • % Complete and accurate medication reconciliation • AHRQ PSI-12: Perioperative PE or DVT Rate <p>Fall and Pressure Injury Prevention:</p> <ul style="list-style-type: none"> • Fall rates by type of fall (accidental, anticipated, physiological, unanticipated physiological) • AHRQ PSI-03: Pressure Injury Rate • % compliance with fall risk assessment per policy/protocol expectation • % compliance with Present on Admission (POA) skin assessments • Pressure injury rate by stage (I-IV, unstageable) • Pressure injury bundle compliance
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Readmission/ Care Transitions	<ul style="list-style-type: none"> Identify top diagnoses leading to readmissions Identify root causes of readmissions (e.g., SDOH factors, clinical complication) Conduct patient/family interview for perspective of cause leading to readmission Implement a Chronic Care Management program including in-hospital planning and follow-up with chronically ill, high-risk older adults Use disease specific zone tools for discharge education Collaborate with SNF to improve care transition between settings 	<ul style="list-style-type: none"> AHRQ ASPIRE- Guide AHRQ ASPIRE- Toolbox The Readmission Interview HQIN Ideas That Work - Chronic Care Management HQIN Ideas That Work - Community Health Workers HQIN Zones to Manage Heart Failure HQIN Ideas That Work - Teach-Back HQIN Go to the Hospital or Stay Here? HQIN 	<ul style="list-style-type: none"> 30-Day readmission rate Reduction in top diagnosis/diagnoses leading to 30-Day readmissions % Super-Utilizer readmissions rate Readmission rate by discharge disposition # of Days until readmission-for SDOH focus, evaluate for decrease in volume of readmission that occur > 7 days from index admission % Avoidable admissions
Health Equity	<ul style="list-style-type: none"> Incorporate equity into the organizational strategic plan Create an equity committee or team; identify equity champions Collect Race, Ethnicity, and Language (REAL) data Screen for the Social Drivers of Health (SDOH) Stratify data by different demographic groups to determine where disparities 	<ul style="list-style-type: none"> Quick Start Guide: Social Determinants of Health Screening HQIN Quick Start Guide: Hospital Commitment to Health Equity Measure HQIN Health Equity Now! Workgroup Sessions 1-6 HQIN Health Equity Learning Module Series HQIN Health Equity Action Plan HQIN 	<ul style="list-style-type: none"> CMS Screening for Social Drivers Measures CMS Hospital Commitment to Health Equity Measure 30-Day Readmission Rates stratified by demographic group Sepsis and septic shock 30-Day mortality stratified by demographic group

	<ul style="list-style-type: none"> persist Design, implement and measure intervention programs that address specific disparities 	<ul style="list-style-type: none"> Guide for Reducing Disparities in Readmissions CMS 	
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Leadership and Governance	<ul style="list-style-type: none"> Establish quality and safety as core values Ensure governing body is educated about quality and safety measures and receives regular reports Develop plan for regular survey of safety culture, including sharing of results and action planning for improvement Implement high reliability organization best practices (e.g. daily huddles) 	<ul style="list-style-type: none"> Quick Start Guide: Patient-Safety Structural Measure HQIN High Reliability Leadership Learning Module Series HQIN National Action Plan to Advance Patient Safety IHI TeamSTEPPS 3.0 AHRQ SOPS Hospital Survey AHRQ 	<ul style="list-style-type: none"> CMS Hospital Inpatient Quality Reporting (IQR) Patient Safety Structural Measure (PSSM) Survey of Safety Culture results
COVID-19/PHE	<ul style="list-style-type: none"> Update Emergency Preparedness Plan Ensure supply chain management Develop strategy for surge capacity and employee wellness Participate in local emergency management drills/discussions for coordination Develop proper infection control protocols Ensure awareness of vaccine 	<ul style="list-style-type: none"> Hospital (and Transplant Program) Requirements HHS Hospital Incident Command System EMSA Emergency Preparedness Resources HHS Disaster Available Supplies in Hospitals (DASH) Tool COVID-19 CDC (up to date information & resources covering vaccines, testing, treatment, etc.) 	<ul style="list-style-type: none"> Written Emergency Preparedness Plan that fits the community characteristics and prepares for surges & supply chain demands. Hospital Incident Command System drills COVID-19 Metrics <ul style="list-style-type: none"> Analyze absolute change in trends from prior week Early Indicator Trends:

	<p>updates</p> <ul style="list-style-type: none"> • Collaborate across the care continuum for vaccine promotion 	<ul style="list-style-type: none"> • COVID-19 Data Tracker CDC 	<ul style="list-style-type: none"> - % Test Positivity - % Emergency Department Visits • Severity Indicators: <ul style="list-style-type: none"> - Trend in Hospitalization Rate - Trend in % COVID-19 Deaths
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General Resources

- [HQIN Resource Center | HQIN](#)
- [2024 HQIC Office Hours and Summer Spread and Sustainment Series - Slides and Recordings | HQIN](#)
- [2023 HQIC Office Hours Slides and Recordings | HQIN](#)
- Affinity Group Summaries
 - [Sepsis Affinity Group Summary | HQIN](#)
 - [Health Equity Now! Summary | HQIN](#)

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