Orientation Guide for the New Quality Improvement Professional

Compass HQIC Network

Updated October 2021

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Welcome

Welcome and congratulations on taking the first step of your journey toward improving patient safety and quality through collaboration with the Compass Hospital Quality Improvement Contractor (HQIC)! This orientation guide is designed to improve the process of familiarizing you with Compass HQIC, measures, resources and much more.

You have received this guide from your Clinical Improvement Consultant. They will serve as your primary contact for Compass HQIC and will set up a time to orient you to the Compass HQIC and go through this guide with you.

What Is the Hospital Quality Improvement Contractor (HQIC)?

The Iowa Healthcare Collaborative and partner organizations, South Dakota Association of Healthcare Organizations (SDAHO), Kansas Healthcare Collaborative (KHC) and Mississippi Hospital Association (MHA), collectively known as the Compass Network, are one of the Center for Medicare and Medicaid Services (CMS) Hospital Quality Improvement Contractor (HQIC) awardees. The CMS program is a national hospital quality improvement initiative, which began in September 2020 and continues through September 2024. HQICs support acute care hospitals, particularly those like yours with a focus on serving rural and underserved populations.

The Compass network works to engage hospitals, providers and broader caregiver communities to quickly implement well-tested and measured best practices. Compass is committed to fostering a culture of safety and reducing harm to patients as part of a continuum of care. Goals in this HQIC scope of work include:

+ Decrease opioid prescribing in hospitals by 12%
+ Decrease opioid-related adverse events by 7%
+ Reduce all-cause patient harm by 9%
+ Reduce ADEs (not including opioids) by 13%
+ Reduce readmissions by 5%

Compass HQIC Guiding Themes

Patient Centered - Compass will conduct network activities in a manner that is respectful of, and responsive to, patient preferences, needs and values.

High Reliability and Culture of Safety - Compass will provide practical and effective tools to promote high reliability practices that produce consistent excellence in quality and safety across the healthcare continuum.

Strategic Partnerships and Collaboration - Compass will seek and lead partnerships that draw on various strengths to enable aligned and efficient synergies that maximize the value to hospitals.

Partnering Beyond the Quality Team - Compass will engage hospital leadership, physicians, patients and families, and multidisciplinary team members to maximize benefit to both the hospital and the patients they serve.

Click on the link for further information regarding the purpose and history of Compass HQIC (Link).

Focus Areas

Your hospital leadership has executed a Compass Hospital Commitment Charter to reduce all-cause harm through improving patient safety, increasing the quality-of-care transitions, and improving behavioral health outcomes, with a focus on decreased opioid misuse. HQIC focus areas include:

+ Adverse drug events (opioid safety, anticoagulation safety, and glycemic management),
+ Antibiotic stewardship,
+ *Clostridiodes difficile* (CDI),
+ Catheter-associated urinary tract infections (CAUTI),
+ Central line-associated blood stream infections (CLABSI),
+ Falls with injury
+ Pressure injuries,
+ Readmissions and care transitions
+ Sepsis and septic shock,
+ Surgical site infections (SSI)
+ Venous thromboembolism (VTE)

Other areas of focus include:

+ Behavioral health / opioids
+ Community collaboration/integration
+ Emergency preparedness and pandemic response

In addition, cross-cutting patient safety improvement strategies are health equity, patient and family engagement and telehealth.

Toolkit + Measures

The Compass HQIC Network provides tools to support you in your efforts to improve patient safety. The Compass HQIC Toolkit (PDF) serves as a measure reference guide by providing measure specifications and essential resources to aid hospitals. This guide may be updated from time-to-time; updates will be announced in the Compass newsletters.

 As you move through this orientation guide, you will often be directed back to the HQIC Metrics + Measurement Toolkit. We highly encourage the use of the Toolkit for measure clarifications, resources, tools and much more.

The Compass Measure Sets are organized by focus area and provide an overview of each measure to include the measure name, the numerator and denominator descriptions and the data source for each measure. Additionally, the Measure Set provides a measure requirement key to identify which measures are required or optional. This is a great resource to print and have available as a quick reference for you, your infection preventionist, and others who assist with the collection and reporting of monthly data.

+ Compass Measure Set for IA, SD, MN, MS and AL (PDF)
+ Compass Measure Set for KS (PDF)

A Compass Metric & Measurement Frequently Asked Questions (FAQs)(PDF) document has been created to provide further clarity to specific questions related to the HQIC measures. We utilize this document as a working document by adding additional clarity as needed. Also, reach out to your consultant for any questions you may have about Compass measures.

HQIC Data
Data Sources
+ Self-Reported
  - For Kansas hospitals: Quality Health Indicators (QHi) (Link)
  - For IA, SD, MN, MS, AL hospitals: Compass Data Portal (Link)
+ National Safety Healthcare Network (NHSN)
+ Administrative Claims Data

By now, your hospital should have already conferred NHSN rights to the Iowa Healthcare Collaborative group for your healthcare-associated infection data (e.g., CAUTI, CLABSI, CDI, SSI, MRSA, antibiotic stewardship). Compass HQIC has put together a list of instructions (PDF) to assist you in conferring your facility rights from NSHN to IHC. We encourage you to confirm with your consultant that NHSN rights are conferred, and that monthly data are submitted timely to NHSN.

Monthly Data Entry and Due Dates
Timely data entry is essential for any improvement collaborative and is required for the HQIC program. A Compass Reporting Deadlines (link) document was created to use for reference. This document reflects the reporting due dates as 45 days following the monitoring month.

Exclusions
If your facility does not provide a service or perform fewer than 10 denominator events annually (e.g., central line insertion, certain inpatient surgical procedures), you may exclude that specific measure from your Compass HQIC data entry requirements. Discuss any current or potential exclusions with your clinical consultant.

Reporting Tips
+ Enter numeric data only, do not use decimals or characters
+ Discharges are reported in the month of the discharge date
+ Only put in 0/0 for data entry if there were truly no denominator events.
  - Example 1: We had 0 patients with a diagnosis of severe sepsis or septic shock this month. Data could be entered as 0/0.
  - Example 2: Due to COVID, we missed conducting any hand hygiene observations this month.
  - Do not enter 0/0 as a placeholder for data you plan to enter later. If data are missing or not available, leave the field blank. Until data can be entered.
  - If you do not have TRUE data for a particular month, do not enter a numerator or denominator, leave this section blank and document the status of your work in the notes section of the data portal under that specific measure.

+ Readmission's data will show up in the month of the INDEX discharge
    o Example: Patient is discharged in March and readmitted in April; the readmission will count against the March discharge.
+ Hospital-acquired infection data (HAI) should be reported to NHSN. If you have included NHSN data in your monthly reporting plan, it will be transferred automatically once per month.

Compass Quality Improvement Work Plan (QIWP)

Your facility has developed a Compass Quality Improvement Work Plan (QIWP), which identifies your hospital's top patient safety priorities, a goal, and targeted interventions. The plan is updated at least annually but we encourage hospitals to use their QIWP as a living document and update it with your clinical consultant when you meet and as work progresses. Your hospital work plan may also serve to aid your quality assurance performance improvement (QAPI) program.

Health Equity Organizational Assessment

The health equity organizational assessment (HEOA) will be conducted quarterly through the HQIC program. The intent is to review and update your facility's implementation status with each of the seven HEOA metrics. This assessment data will drive awareness and allow for intentional use of your data to drive change that results in equitable outcomes for all patients.

Patient and Family Engagement

The HQIC program includes five patient and family engagement (PFE) metrics that are reviewed and updated quarterly throughout the HQIC program.

Data Reports

Quality Health Indicators (QHi) Data Portal for Kansas Hospitals

KHC will create and distribute monthly data analytic reports, as well as other supportive reports that will help your facility assess improvement in your hospital's HQIC patient safety program. Each comparative report will provide an opportunity for you and your team to evaluate your progress; including areas of success and opportunities to improve. In addition, customized on-demand reports can be run in QHi. Contact your QIA for any questions related to your data.

Compass Data Portal for IA, SD, MN, MS, and AL Hospitals

The Compass HQIC Dashboard provides a "spotlight" view of current hospital progress toward the Compass HQIC program goals. Compass HQIC Data Portal User Manual (PDF) provides further details on all reports available in the Compass Data Portal, including hospital-specific reports and run charts. At the end of your Dashboard, you will receive value estimates for specific measures. This helps you determine what evidence-based research shows a facility could potentially avoid or incur per event or lack of event. Value estimates by each measure can be found in the Compass HQIC Value Estimates (PDF) document.

Medicare Beneficiary Quality Improvement Project (MBQIP) and Emergency Department Transfer Communication (EDTC) Measures

The MBQIP for Critical Access Hospitals (CAHs) is not part of the Compass HQIC program, however, many HQIC hospitals participate in both programs. The purpose of reporting for MBQIP measures, such as the EDTC is to meet HRSA/Flex requirements for MBQIP. The mechanism for reporting varies by state as indicated below. Please direct all questions on MBQIP measures to your HQIC clinical consultant or Flex Program Coordinator.

Iowa
+ EDTC Reporting: IHC Compass Data Portal
+ Contact:
    o Your IHC clinical improvement consultant
    o Flex Program Coordinator, Wanda Hilton at wanda.hilton@idph.iowa.gov (e-mail) at the Iowa Department of Public Health

South Dakota
+ EDTC Reporting: Compass Data Portal
+ Contact:
    o Your SDAHO clinical improvement consultant
    o Flex Program Coordinator, Michelle Hoffman at Michelle.Hoffman@state.sd.us (email) at the South Dakota Office of Rural Health.

Mississippi
+ EDTC Reporting: Emailed to the Flex Program Coordinator
+ Contact:
    o Your MHA clinical improvement consultant
    o Flex Program Coordinator, Alushus Cooper at alushus.cooper1@msdh.ms.gov (email) at the Mississippi Department of Health Office of Rural Health.

Kansas
+ EDTC Reporting: Quality Health Indicators (QHi) Portal
+ Contact:
    o Jennifer Findley, Executive Director, Healthworks, jfindley@kha-net.org (e-mail) or
    o Susan Runyan, Healthworks Consultant, srunyan@kha-net.org (e-mail)

Clinical Improvement Consultant Support

Your facility has a designated Clinical Improvement Consultant. The improvement consultant is an important resource for you and your quality improvement team. It is recommended your team include quality professionals, infection prevention, pharmacy, social work/case management, inpatient managers, nursing executive(s), hospital leadership and anyone else in your facility whose role and/or responsibility aligns with Compass HQIC measures and works to improve quality.

Your Clinical Improvement Consultant is available for:

+ On-site visits/Technical assistance
+ Virtual meetings
+ Phone calls
+ Specific education
+ Resources/Tools
+ Assistance with Quality Improvement initiatives

Communications

Compass and its state partners strive to provide excellent communication in support of your success in the HQIC program, including updated best practices, evidence-based tools and resources, hospital sharing, educational opportunities and much more. Below are the various Compass platforms used to provide you with current information. If you are having difficulty receiving Compass communications, please reference this underlined troubleshooting guide (PDF).

Emails

You will receive occasional emails from your Clinical Improvement Consultant with specific information, updates, data reports, and action items.

Newsletters

Compass Navigator

The Compass Navigator is our monthly newsletter that comes out the first business day of each month. You will find a hospital spotlight article (hospital sharing), announcements, education and events, articles of interest and other pertinent information. This newsletter may include state-specific information.

Cliff Notes

The Cliff Notes is the HQIC mid-month update e-newsletter and is emailed to the same distribution list as the Compass Navigator. Our goal is to provide you with any updates that may include education, events, and pertinent announcements.

Subscribing to Compass HQIC Newsletters

To subscribe yourself or others to the Compass Navigator or Compass Cliff Notes newsletters, utilize your state's newsletter subscription link below.

+ Subscribe to Iowa Compass HQIC Newsletters (Link)
+ Subscribe to Kansas Compass HQIC Newsletters (Link)
+ Subscribe to Minnesota and South Dakota Compass HQIC Newsletters (Link)
+ Subscribe to Alabama and Mississippi HQIC Compass Newsletters (Link)

A copy of each newsletter will also be available in the Compass Newsletters resource folder on iCompass (Link).

iCompass Forum

This is a web-based platform for all Compass participants to share information as a virtual community. iCompass partners will provide resources for each patient safety focus area, as well as facilitate the sharing of ideas, questions and needs. We encourage you to utilize this tool by asking questions and sharing experiences and resources with your network peers. All interested

staff at your facility are encouraged to participate. A free log-in is required. iCompass: https://www.ihconline.org/icompass (Link).

Web Page
The following are webpages to access additional resources:

+ IHC/Compass: https://www.ihconline.org/initiatives/hospital/hqic (Link)
+ SDAHO: https://sdaho.org/ (Link)
+ MHA: https://mhanet.org/ (Link)
+ KHC: https://www.khconline.org/ (Link)

HQIC Education
Hospital staff that participate in the Compass HQIC can access multiple educational events at no cost. We work to create curriculum based on hospital needs. Compass encourages hospitals to suggest education topics of interest.

iCompass Academy
iCompass Academy offers an online suite of eLearning webinars, courses and virtual events that can be accessed anywhere at a time that fits with any schedule. Using best practices and timely, relevant and trusted content, the iCompass Academy offers on-demand education that seeks to raise the standard of care, align and equip providers for continuous improvement and engage the community for sustainable healthcare transformation. You can join now at https://education.ihconline.org/ (Link).

Webinars
Compass HQIC staff will share upcoming educational opportunities with you personally and/or in any of the above-mentioned Compass communications.

Resources + Quality Improvement Tools
We strongly encourage you to utilize the Compass Metrics + Measurement Toolkit (PDF) if looking for quick resources on a specific measure. This is updated annually with best practice articles, tools, etc. You can also reach out to your Clinical Improvement Consultant, and look through iCompass, for other resources that are available.

Leaving in Action
We are excited to work with you and your organization on improving patient safety and quality!

The purpose of this orientation guide is to improve the process of familiarizing hospital quality staff with the basics of Compass HQIC. After reviewing the orientation guide with you, your clinical consultant will discuss individualized next steps. More comprehensive instruction on hospital specific reports and dashboards can be provided on further visits. The Clinical Improvement Consultant is available to review questions and concerns and support you and your hospital in reaching your goals to improve the quality of care for your patients and keep them safe.