Quality Improvement Journey Map





Heer Roles

Quality Coordinators

- Develop implement and maintain quality improvement processes
- Maintain communication with hospital healthcare providers and staff

Quality Directors

- Provide oversight on hospital quality improvement goals
- Serve as liaison between the hospital quality department and corporate office/join commissions

Hospital / Healthcare System Leadership

- Monitor hospital quality and performance data across all hospitals within hospital system.
- Set quality improvement henchmarks
- · Provide data analytics and technical assistance to hospitals within network

Meaningful Use Managers

- Monitor natient records and daily reports
- Abstract eCOM measure data for submission.
- · Retrieve natient records on ad hoc basis

CUSTOMER IOURNEY

ACTIONS

Hospital/HCS leadership prioritizes quality improvement goals based on current performance

1. Identify measures where facility(ies) are falling below specific thresholds. USER GOALS

- 2. Assist hospital(s) set individualized
- goals
- 1. CMS measure requirements
- 2. CMS performance reports
- 3. Shared system databases
- 5. Data analytic software
- 4. Publicly available claims data
- 1. System-level users don't always have access to FMR data at the facility-level.
- 2. Heavy reliance on hospitals to send CMS provided reports.

Hospital/HCS leadership socializes goals resources OKRs to hospital quality departments

- 1. Hold hospitals accountable to corporate quality improvement goals and henchmarks
- 2. Provide system-level benchmarks that hospitals should aim to meet
- 1. System-wide Sharepoint
- 2. Scorecards for reporting/tracking

- metrics and goals
- 4 Roard meetings
- 1. The measures that corporate offices prioritize don't always align with CMS measures. Hospitals must create reference guides to ensure all, appro-

priate measures are accounted for

Quality directors coordinate amongst staff to track relevant measures and performance

- 1. Continuously monitor and assess nationt FMRs for quality issues
- 2. Review CMS performance reports
- 1. CMS performance reports
- 2. Sharepoint
- 3. Excel spreadsheets
- 4. Vendor-provided reports
- 5 FMR system
- 1. Hospitals have few analytic resources to
- dive deeper into quality data. 2. Users must log into multiple systems
- 3. Performance reports can be difficult to
- 200000

Quality coordinators work with Meaningful Use Managers to retrieve FMR data after flagging issues in a nerformance report

- 1. Pinnoint the FMR that resulted in the performance calculation
- 2. Flag performance issues as soon as they are identified in the EMRs
- 1. EMR systems
- 2. Vendor systems for abstracting patient
- 1. It is not clear what data the CMS
- performance reports are referencing. 2. Although some patients are excluded in a calculation, hospitals must still identify these charts to pinnoint quality issues

Quality Coordinators will report quality improvement initiatives and issues upwards to leadership for annroval

1. Identify measure areas where the hospitals are improving based on previously implemented quality improvement initiatives and report to leadershin

4. 1:1 meetings with managers/directors

1. There are competing priorities from

board, CMS) and can be difficult to

capture/prioritize everything at once

commissions cornorate offices hospital

various conglomerates (e.g. join

1. Email

2. Committee meetings

3. Annual board retreats

- 3. Monitor any related measures with associated quality issues
- 2 Hold hospital staff accountable

Quality Coordinators will implement

process improvements or corrective

actions to address quality issues

consultants to improve individual units

1. Identify process improvement

- 1. Vendor provided system for data abstraction
- 2. Outside contractors/consultants
- 1. Small quality departments
- 2. Lack of evidence-based improvement initiatives creates skepticism amongst hospital staff (just saving it's CMS required is not enough

PAIN POINTS

TOUCHPOINTS





THOUGHTS

"My team would really like to have the ability to pull the same reports instead of relying on the hospitals Ito send them to usl." Sr Director of Quality Data

"[Healthcare System] has metrics that they are trying to meet. We get bonuses if we are improvina." Quality Manager

"Each nurse will own a specific area. I do behavioral health... We will look for trends in our area and work with our LEAN contractor to make improvements." **Ouality Nurse Reviewer**

"I have to take CMS report, put them into an Excel sheet and try to sort it to try to drill down to that 1 patient." Meaningful Use Project Manager

"We occasionally get disagreement between the people at the ground level and leadership **Ouality Nurse Reviewer**

"There's no one else available to focus on this quality improvement beside me." HQR Reporting Manager