

# The Role of the Quality Coordinator

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Quality is not a program or a project; it isn't the responsibility of one individual or even those assigned to the Quality Department. The Quality Director is basically the coach, facilitator, and mentor. His or her job is to instill principles of quality at all levels, helping everyone in the organization — every employee, executive, service user, caregiver, and consultant— feel driven to achieve excellence.

Your organization will only make meaningful and sustainable quality improvements when people at every level of the organization feel a shared desire to make processes and outcomes better every day, in a bold and continuous manner. As Deming reminded us, "Quality is everyone's responsibility."

**Robert Lloyd** | Tuesday, August 9, 2016

<http://www.ihl.org/communities/blogs/quality-is-everyones-responsibility>

## Objectives

- Common Roles of Hospital Quality Coordinators
- Foundational Quality Concepts
- Resource Bank: <https://mtpin.org/education-meetings/education/qicrole/>

**Disclaimer:**

*Roles and responsibilities vary from facility to facility. This presentation provides common roles of QICs and resources to support those roles.*



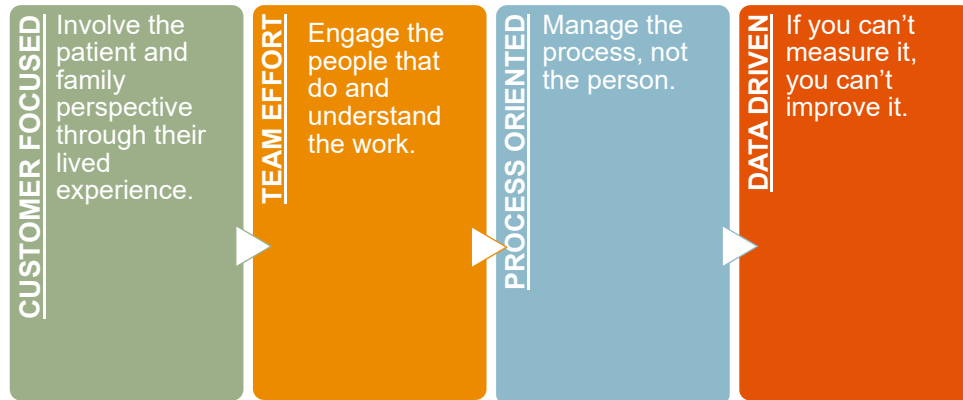
*Each CAH should have a copy of the Janet A. Brown Healthcare Quality Handbook.*

*It is a detailed reference, resource and guide for Quality Coordinators.*

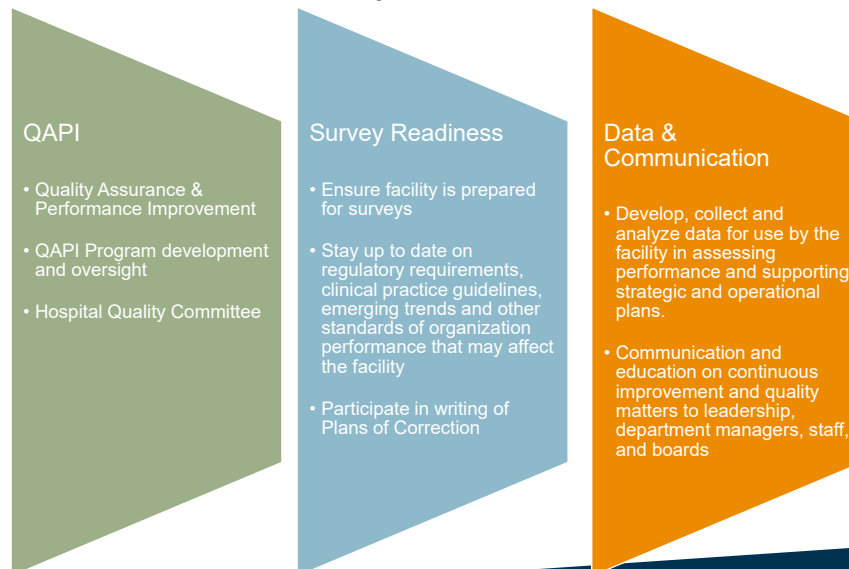
## What is Quality?

- **Strategic** approach to organization management.
- It has the capacity to permeate the organization with a **culture of continuous learning, cooperation, collaboration, celebration and substantive improvement.**
- **Supports** fulfillment of the organization's mission by **linking** strategic goals to operational plans and continuous **cycles** of improvement.
- Scope **covers all aspects** of the organization's services, departments, functions, people, planning.
- Must be **adopted** and **supported** by the organization's **leadership** to be successful.
- **All members** of the organization, from the Board to front line, are held **responsible** for continuously improving performance.

## Foundational Quality Concepts



## Common Roles of the Quality Coordinator



# QAPI



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## QAPI: Quality Assurance & Performance Improvement

QAPI is the foundation of a hospital's QI program and is a provision of the CAH Conditions of Participation.

QAPI represents a systematic, comprehensive, on-going, and data-driven approach to maintaining and improving patient safety.

**C-0336 § 485.641**      **Implementation date: March 31, 2021**

The CAH must develop, implement, and maintain an effective, ongoing, CAH-wide, data-driven quality assessment and performance improvement (QAPI) program. The CAH must maintain and demonstrate evidence of the effectiveness of its QAPI program.

[QAPI COMPANION GUIDE \(HSAG\) ↗](#)

[QAPI SELF ASSESSMENT ↗](#)

[QAPI GAP TOOL →](#)

[GUIDE TO DEVELOP PURPOSE, GUIDING PRINCIPLES, AND SCOPE FOR QAPI ↗](#)

[QAPI GOAL SETTING WORKSHEET ↗](#)

[GUIDE FOR DEVELOPING A QAPI PLAN ↗](#)

[QAPI POLICY TEMPLATE →](#)

[QAPI PROGRAM APPENDIX TEMPLATE →](#)

*When writing your QAPI plan, you can place individual goals and metrics in an appendix for easy updating.*

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## How Quality Supports Hospital Staff

- Relevant **measures** of performance are **developed** and **defined** for each important goal/project
- Responsibility for regularly **reporting** performance is clearly assigned
- **Facilitate connections** with other departments, services and staff to improve performance
- Discuss progress and performance data with **leaders & department staff** regularly
- Increase **staff competence** in the use of improvement methods and tools
- Identify and remove improvement **barriers**
- Commit to **continuous improvement**
- **Celebrate successes!**

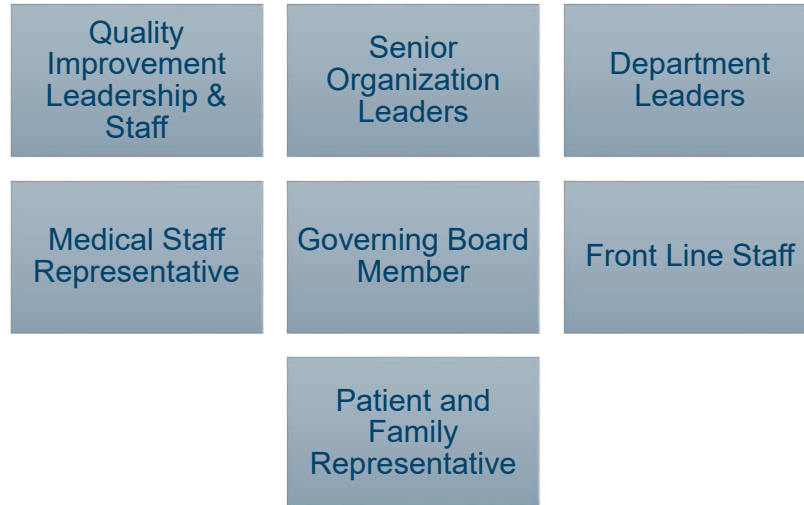


## Quality Committee/Team Roles

- **Educate** staff about **improvement**
- **Evaluate** the **organization's** approach to quality management
- Support the organization's **strategic plan**
- Obtain **education** about performance measurement and improvement
- Gain **competence** in
  - the use of improvement **tools**
  - process and systems **analysis**
  - **data** collection and assessment
- Work with senior leaders to identify and deploy **relevant goals** for each department



## Quality Committee & Team Members



## Importance of Teams

The QIC's role is not to **do** all the improvement work, but to manage and support projects and teams that include those involved in the process.

This is important because:

- Process and systems are typically complex or more complex than initially believed
- No one person knows all parts of an issue
- Process and systems typically involve more than one discipline or work area
- Solutions will require creativity and multiple points of view
- Staff commitment and buy in are essential to make any change.

# Regulations and Survey



## Regulations & Survey Readiness

Your role may include functioning as the survey coordinator in your facility. Preparedness is the best way to ease anxiety about a survey.

### To Do Now

1. Familiarize yourself with all the surveys you should anticipate in your facility
2. Clarify your responsibilities related to each one and form readiness teams for those in which you are responsible for.
3. Find the results of the last survey for all surveys you are responsible for and note the date and findings.
4. Address any conditions out of compliance or immediate jeopardy citations.
5. Start a survey prep calendar – Estimate when you can expect to see surveyors for each survey. The interval State Licensure and Medicare certification for facilities that do not have a condition out of compliance is approximately every three 3 years.



## Regulations & Survey Readiness

### Preparation Tips

1. Use the quality committee for oversight but develop a Survey Preparation Team.
2. Complete a survey self –assessment. Discuss and document what the facility is doing to meet requirements and where documentation to “prove” is located.
3. Review results of last survey and make plans to correct all deficiencies and standards not met. Include who is responsible for each correction and assign completion date.
4. Sign up for email updates from CMS:  
<https://public.govdelivery.com/accounts/USCMS/subscriber/new>

### Resource Bank:

- CAH, Swing Bed, and RHC Required Policies
- CAH, Swing Bed, and RHC Survey Self-Assessments
- Montana Records Retention and Disposition Schedule



## Quality Improvement



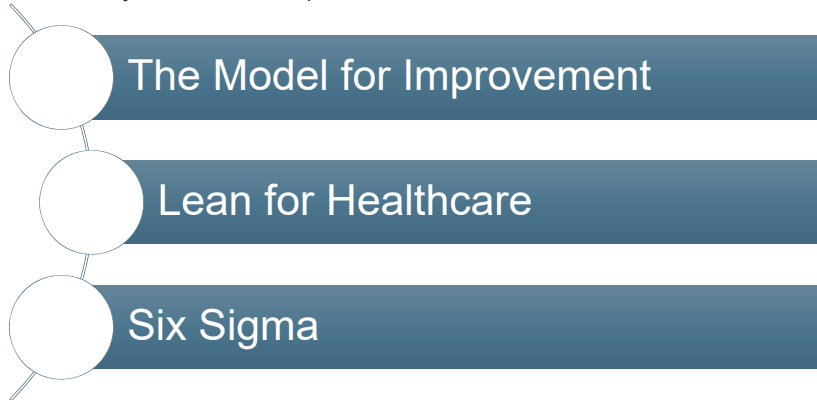


# Quality Improvement Methodologies

There are a variety of improvement models. Research what is out there and use what works for you, the project, and the team members. Note: These cycles are often repeated!

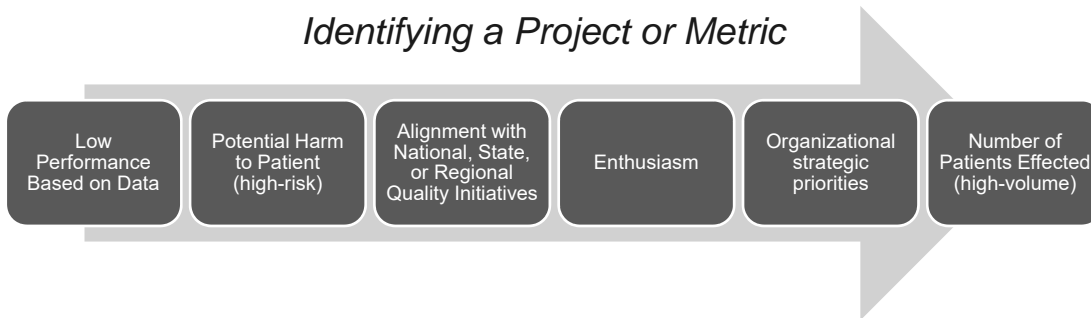
**Resource Bank:**

- The Model for Improvement
- PDSA Information & Worksheet
- What is Lean Healthcare?
- Using Six Sigma to Improve Clinical Outcomes



# Quality Improvement Best Practices

## Identifying a Project or Metric



Project Idea	Difficulty (Easy or Hard)	Payoff (Low or High)	PICK Quadrant	Project Owner	Notes/Comments
Hypertension – diagnosis and treatment improvement	Easy	High	Implement	Dr. Jane Polinski	Aligns with organizational priorities
Hand hygiene monitoring	Easy	Low	Possible	TBD	Time intensive, unsure of need
Develop Patient Advisory Council	Hard	High	Challenge	TBD	We know this is important, but it will also be highly time intensive; need to ensure resources are dedicated before launching.
Conduct 24-hour follow-up calls with all patients presenting with cold symptoms	Hard	Low	Kill	NA	

**Resource Bank:**

- PICK Prioritization Matrix
- Cynosure Discovery Tools

## Quality Improvement Best Practices

### *Use a Project Charter*

Some projects are easy fixes, some involve more organization.

A Project Charter is a valuable tool to keep team members on the same page and working toward the same goal.

**It provides direction and sense of purpose.**

**Resource Bank:**

- Project Charter
- Work Plan
- Team Roles & Responsibilities
- Improvement Project Planning Worksheet



Problem statement with dates, details and desired impact.	
Background	
Goals	
Scope & Stakeholders	
Timeline	
Team Roles & Responsibilities	
Resources available and needed	
Barriers to address	

## Quality Improvement Best Practices

### *Find the 'real' problem*

#### Root Cause Analysis

- Retroactively analyze events.
- Prevent future harm by eliminating errors.

#### 5 Why's

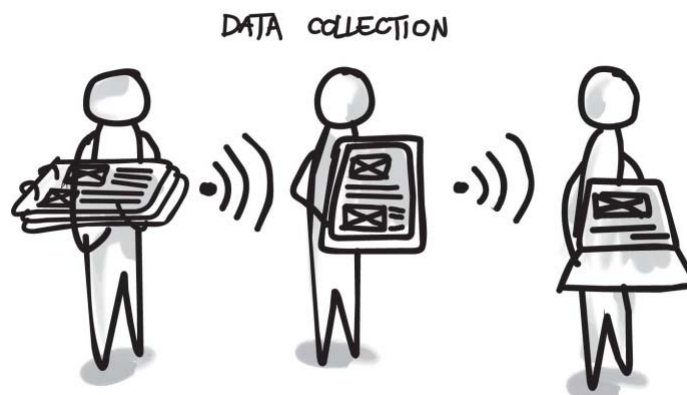
- Asking multiple "Why" questions to find the root cause.
- Works well with simple problems.



**Resource Bank:**

- Root Cause Analysis
- 5 Whys Worksheet

# Data Collection



## Data Inventory & Plan

Data collection is very time consuming!

Make certain the data you are gathering answers the questions you are asking about your processes. Excessive data collection and incorrect data leads to a waste of time and resources. Identify the data that individuals need so that the information can be accessed without duplication of efforts. This will also help identify data moving across various systems.

### QI Data Collection Plan

Data to be collected	Type of Data	Purpose of collection	Source	Frequency	Who	Stratification Factors	Operational Definition



**Resource Bank:**

- [Data Collection Plan](#)
- [Measure Collection & Monitoring](#)
- [Quality Contacts List](#)

Brown, J., & Mellott, S. (2018). The janet a. brown healthcare quality handbook: A professional resource and study guide. In *The Janet A. Brown healthcare quality handbook: A professional resource and study guide* (p. 261). Sierra Madre, CA: JB Quality Solutions.

## Possible Data Reporting: (not exhaustive!)

- External regulators of the facility (i.e. CMS, State, FDA)
- Voluntary Accreditation Organizations (i.e. JCAHO)
- Liability Carriers
- Facility Strategic Plan Implementation
- Medicare Beneficiary Quality Improvement Project (MBQIP) – MT Flex Program
- PIN Benchmarking (optional – MT Flex Program)
- Healthcare Quality Improvement Contract (HQIC)
- Electronic Clinical Quality Measures (eCQMs)
- National Patient Safety Goals and Agenda
- High risk processes and systems at your organization
- High volume processes and systems at your organization
- Problem prone processes and systems at your organization
- Current focus of active improvement in the organization

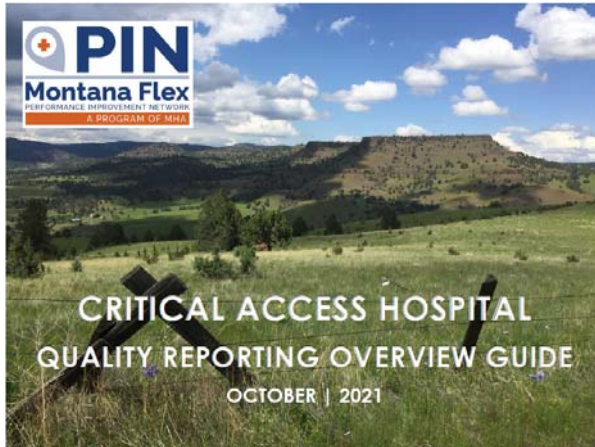


## The Role of Data

- Provide an objective basis for sound decision-making
- Leverage improvement by increasing team knowledge and understanding
- Help maintain focus of the team and organization to opportunities for improvement
- Encourage a positive organization culture of shared knowledge, unity, continuous learning, free exchange of ideas, ownership of outcomes, celebration of successes and improved morale



# Quality Data Guide



<https://mtpin.org/wp-content/uploads/2021/12/2021-Montana-CAH-Quality-Reporting-Overview-Guide-Final.pdf>

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# Quality Program Staff



Do you have questions from this presentation? We would love to hear from you!

Email our team or attend our monthly [Office Hours](#) call.

[Resource Bank](#)

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## Job Duties

### Daily

- Review patient safety events
- Review CMS and program requirements as needed
- Pull data reports as needed or requested

### Weekly

- Lead process improvement activities with various multidisciplinary groups
- Audit charts for various reasons such as potential peer review or mortality reports
- PI/MIPS audits
- Meet with and assist staff, leaders, and teams regarding QI projects and the QI program
- Review data reports
- Communicate with staff and leaders regarding patient safety events and efforts



## Job Duties

### Monthly

- Quality reports to leadership, board, and medical staff
- Lead Quality Committee or QAPI Program meetings
- Attend Patient Safety & Safety Committee meetings and other meetings as appropriate to support quality initiatives
- Data submission that is due monthly (i.e. HQIC)
- Review of readmissions, sending reports to providers
- Monitoring patient satisfaction survey results and responses



## Job Duties

### Quarterly

- Compile QAPI dashboard quarterly updates
- Lead survey readiness meeting
- Present at safety, patient care and safety, and UR meetings
- Quarterly data submissions (i.e. MBQIP, PIN Benchmarking)

### Yearly

- Update Quality Improvement Plan and QAPI department specific goals
- Support planning of annual quality & safety plan and evaluations
- Policy Review (every 2)

