Definition of Health Care Quality

“the degree to which health care services for individuals and populations increase the likelihood of desired health outcomes and are consistent with professional knowledge” (IOM, 2001, p. 44).

The six dimensions of quality are:

- **Safety**: Avoiding injuries to patients from the care that is intended to help them.
- **Effectiveness**: Providing services based on scientific knowledge to all who could benefit and refraining from services to those not likely to benefit.
- **Patient-centered**: Providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.
- **Timeliness**: Reducing waits and sometimes harmful delays for both those who receive and those who give care.
- **Efficiency**: Avoiding waste of equipment, supplies, ideas, and energy.
- **Equity**: Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.

Meaningful Measures
Meaningful Measures Framework

Meaningful Measure Areas Achieve:
- High quality healthcare
- Meaningful outcomes for patients

Criteria meaningful for patients and actionable for providers

Draws on measure work by:
- Health Care Payment Learning and Action Network
- National Quality Forum – High Impact Outcomes
- National Academies of Medicine – IOM Vital Signs Core Metrics

Includes perspectives from experts and external stakeholders:
- Core Quality Measures Collaborative
- Agency for Healthcare Research and Quality

Quality Measures

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Meaningful Measures

- Reduce Burden
- Eliminate Disparities
- Improve Access for Rural Communities
- Track to Measurable Outcomes and Impact
- Achieve Cost Savings
- Safeguard Public Health
- Improve CMS Customer Experience
- Support State Flexibility and Local Leadership
- Support Innovative Approaches
- Empower Patients and Doctors

Source: CMS
Meaningful Measures Goals

Empower patients and doctors to make decisions about their health care

Support innovative approaches to improve quality, accessibility, and affordability

Meaningful Measures: Guided by Four Strategic Goals

Usher in a new era of state flexibility and local leadership

Improve the CMS customer experience
Meaningful Measures Objectives

- Address high-impact measure areas that safeguard public health
- Are patient-centered and meaningful to patients, clinicians and providers
- Are outcome-based where possible
- Fulfill requirements in programs’ statutes
- Minimize level of burden for providers
- Identify significant opportunity for improvement
- Address measure needs for population based payment through alternative payment models
- Align across programs and/or with other payers

Source: AHIMA/CMS
The Most Critical Measures Areas

**Promote Effective Communication & Coordination of Care**
- Medication Management
- Admissions and Readmissions to Hospitals
- Transfer of Health Information and Interoperability

**Promote Effective Prevention & Treatment of Chronic Disease**
- Meaningful Measure Areas
  - Preventive Care
  - Management of Chronic Conditions
  - Prevention, Treatment, and Management of Mental Health
  - Prevention and Treatment of Opioid and Substance Use Disorders
  - Risk Adjusted Mortality

**Work With Communities to Promote Best Practices of Healthy Living**
- Meaningful Measure Areas
  - Equity of Care
  - Community Engagement

**Make Care Affordable**
- Meaningful Measure Areas
  - Appropriate Use of Healthcare
  - Patient-focused Episode of Care
  - Risk Adjusted Total Cost of Care

**Strengthen Person & Family Engagement as Partners in their Care**
- Meaningful Measure Areas
  - Care is Personalized and Aligned with Patient’s Goals
  - End of Life Care according to Preferences
  - Patient’s Experience of Care
  - Patient Reported Functional Outcomes

**Make Care Safer by Reducing Harm Caused in the Delivery of Care**
- Meaningful Measure Areas
  - Healthcare-Associated Infections
  - Preventable Healthcare Harm

Source: AHIMA/CMS
Aim: Promote Effective Prevention and Treatment of Chronic Disease

Preventive Care

Management of Chronic Conditions

Prevention, Treatment, and Management of Mental Health

Prevention and Treatment of Opioid and Substance Use Disorders

Risk Adjusted Mortality

Programs Using Illustrative Measures
- Quality Payment Program (QPP)
- Home Health Quality Reporting Program (HH QRP)
- Medicaid and CHIP (Medicaid & CHIP)
- Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program
- Hospital Value-Based Purchasing (HVBP) Program

Meaningful Measure Areas

Measures
- Influenza Immunization Received for Current Flu Season
  - HH QRP
- Timeliness of Prenatal Care (PPC)
  - Medicaid & CHIP
- Well-Child Visits in the First 15 Months of Life (6 or More Visits)
  - Medicaid & CHIP
- Osteoporosis Management in Women Who Had a Fracture
  - QPP
- Hemoglobin A1c Test for Pediatric Patients (eCQM)
  - Medicaid & CHIP
- Follow-up after Hospitalization for Mental Illness
  - IPFQR
- Alcohol Use Screening
  - IPFQR
- Use of Opioids at High Dosage
  - Medicaid & CHIP
- Hospital 30-Day, All Cause, Risk-Standardized Mortality Rate (RSMR) Following Heart Failure (HF) Hospitalization
  - HVBP

Source: CMS
Star Ratings Development Steps

Step 1: Select Measures
Apply measure selection criteria each quarter

Step 2: Group Measures
Similar to HVBP and existing Hospital Compare display

Step 3: Calculate Group Score
Use 7 latent variable models

Step 4: Generate Summary Score
Policy-based weighted average of available hospital group scores

Step 5: Assign Star Ratings
Categorize hospitals using k-means Cluster Analysis

Hospital Compare Measures

Measure 1
Measure 2
Measure 74
Measure 75

Outcomes: Mortality
Outcomes: Safety
Outcomes: Readmission
Patient Experience
Process: Effectiveness
Process: Timeliness
Efficiency: Imaging

Mortality Group Score
Safety Group Score
Readmission Group Score
Patient Experience Group Score
Effectiveness Group Score
Timeliness Group Score
Imaging Group Score

Hospital Summary Score

HVBP=Hospital Value-Based Purchasing
Source: CMS
Measure Group Score Results and Weights for the Overall Hospital Quality Star Rating
JOHN H STROGER JR HOSPITAL

<table>
<thead>
<tr>
<th>Measure Group</th>
<th>Number of Potential Measures within Each Group [a]</th>
<th>Number of Measures for Your Hospital [b]</th>
<th>Your Hospital's Measure Group Weight [c]</th>
<th>Standard Measure Group Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mortality</td>
<td>7</td>
<td>6</td>
<td>22.0%</td>
<td>22.0%</td>
</tr>
<tr>
<td>Readmission</td>
<td>9</td>
<td>7</td>
<td>22.0%</td>
<td>22.0%</td>
</tr>
<tr>
<td>Safety of Care</td>
<td>8</td>
<td>7</td>
<td>22.0%</td>
<td>22.0%</td>
</tr>
<tr>
<td>Patient Experience</td>
<td>10</td>
<td>10</td>
<td>22.0%</td>
<td>22.0%</td>
</tr>
<tr>
<td>Efficient Use of Medical Imaging</td>
<td>5</td>
<td>4</td>
<td>4.0%</td>
<td>4.0%</td>
</tr>
<tr>
<td>Timeliness of Care</td>
<td>7</td>
<td>5</td>
<td>4.0%</td>
<td>4.0%</td>
</tr>
<tr>
<td>Effectiveness of Care</td>
<td>11</td>
<td>8</td>
<td>4.0%</td>
<td>4.0%</td>
</tr>
</tbody>
</table>
# Mortality

<table>
<thead>
<tr>
<th>Measure ID</th>
<th>Measure Name</th>
<th>Stroger Result on Hospital</th>
<th>National Mean</th>
<th>Comparison to National Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>MORT-30-AMI</td>
<td>Myocardial Infarction</td>
<td>11.9%</td>
<td>13.2%</td>
<td>Better</td>
</tr>
<tr>
<td>MORT-30-COPD</td>
<td>Chronic Lung Disease</td>
<td>7.7%</td>
<td>8.4%</td>
<td>Better</td>
</tr>
<tr>
<td>MORT-30-HF</td>
<td>Heart Failure</td>
<td>10.8%</td>
<td>11.8%</td>
<td>Better</td>
</tr>
<tr>
<td>MORT-30-PN</td>
<td>Pneumonia</td>
<td>13.4%</td>
<td>15.9%</td>
<td>Better</td>
</tr>
<tr>
<td>MORT-30-STK</td>
<td>Stroke</td>
<td>12.8%</td>
<td>14.3%</td>
<td>Better</td>
</tr>
<tr>
<td>PSI-4-SURG-COMP</td>
<td>Death Rate Among Surgical Inpatients with Serious Treatable Complications</td>
<td>197.00</td>
<td>161.78</td>
<td>Worse</td>
</tr>
<tr>
<td>MORT-30-CABG</td>
<td>Coronary Artery Bypass Graft (CABG) 30-Day Mortality Rate</td>
<td>N/A</td>
<td>3.2%</td>
<td>--</td>
</tr>
</tbody>
</table>
## Safety of Care

<table>
<thead>
<tr>
<th>Measure ID</th>
<th>Measure Name</th>
<th>Stroger Result on Hospital</th>
<th>National Mean</th>
<th>Comparison to National Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>HAI-1</td>
<td>Central Line Associated Blood Stream Infection</td>
<td>0.84</td>
<td>0.783</td>
<td>Worse</td>
</tr>
<tr>
<td>HAI-2</td>
<td>Catheter Associated Urinary Tract Infection</td>
<td>0.538</td>
<td>0.857</td>
<td>Better</td>
</tr>
<tr>
<td>HAI-3</td>
<td>Surgical Site Infection from Colon Surgery (SSI-colon)</td>
<td>0.204</td>
<td>0.856</td>
<td>Better</td>
</tr>
<tr>
<td>HAI-4</td>
<td>Surgical Site Infection from Abdominal Hysterectomy (SSI-abdominal hysterectomy)</td>
<td>1.643</td>
<td>0.896</td>
<td>Worse</td>
</tr>
<tr>
<td>HAI-5</td>
<td>MRSA Bacteremia</td>
<td>0.841</td>
<td>0.886</td>
<td>Better</td>
</tr>
<tr>
<td>HAI-6</td>
<td>Clostridium difficile (C.difficile)</td>
<td>0.745</td>
<td>0.772</td>
<td>Better</td>
</tr>
<tr>
<td>COMP-HIP-KNEE</td>
<td>Hospital-Level Risk-Standardized Complication Rate (RSCR) Following Elective Primary Total Hip Arthroplasty (THA) and Total Knee Arthroplasty (TKA)¹</td>
<td>N/A</td>
<td>2.6</td>
<td>---------------------------</td>
</tr>
<tr>
<td>PSI-90</td>
<td>Patient Safety and Adverse Events Composite</td>
<td>1.32</td>
<td>0.99</td>
<td>Worse</td>
</tr>
</tbody>
</table>

¹ For more detailed information, refer to the source documentation.
# Readmissions

<table>
<thead>
<tr>
<th>Measure ID</th>
<th>Measure Name</th>
<th>Stroger Result on Hospital Compare</th>
<th>National Mean</th>
<th>Comparison To National Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>EDAC*-30-AMI</td>
<td>Myocardial Infarction</td>
<td>31.3</td>
<td>7.1</td>
<td>Worse</td>
</tr>
<tr>
<td>READM-30-COPD</td>
<td>Chronic Lung Disease</td>
<td>20.4%</td>
<td>19.6%</td>
<td>Worse</td>
</tr>
<tr>
<td>EDAC-30-HF</td>
<td>Heart Failure</td>
<td>3.3</td>
<td>4.5</td>
<td>Better</td>
</tr>
<tr>
<td>EDAC-30-PN</td>
<td>Pneumonia</td>
<td>39.9</td>
<td>4.7</td>
<td>Worse</td>
</tr>
<tr>
<td>READM-30-STK</td>
<td>Stroke</td>
<td>11.7%</td>
<td>11.9%</td>
<td>Same</td>
</tr>
<tr>
<td>READM-30-HOSP</td>
<td>Hospital-wide, all cause</td>
<td>16.9%</td>
<td>15.3%</td>
<td>Worse</td>
</tr>
<tr>
<td>OP-32</td>
<td>Facility Seven-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy</td>
<td>15.5%</td>
<td>14.8%</td>
<td>Worse</td>
</tr>
</tbody>
</table>

*Excess days in acute care*
## Patient Experience

<table>
<thead>
<tr>
<th>Measure ID</th>
<th>Measure Name</th>
<th>Stroger Measure Result on Hospital</th>
<th>National Mean of Scores</th>
<th>Comparison To National Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>H-CLEAN-HOSP</td>
<td>Cleanliness of Hospital</td>
<td>76</td>
<td>88</td>
<td>Worse</td>
</tr>
<tr>
<td>H-COMP1</td>
<td>Nurse Communication</td>
<td>85</td>
<td>91</td>
<td>Worse</td>
</tr>
<tr>
<td>H-COMP-2</td>
<td>Physician Communication</td>
<td>91</td>
<td>91</td>
<td>Same</td>
</tr>
<tr>
<td>H-COMP-3</td>
<td>Responsiveness of Hospital Staff</td>
<td>75</td>
<td>86</td>
<td>Worse</td>
</tr>
<tr>
<td>H-COMP-5</td>
<td>Communication about Medicines</td>
<td>71</td>
<td>79</td>
<td>Worse</td>
</tr>
<tr>
<td>H-COMP-6</td>
<td>Discharge Information</td>
<td>80</td>
<td>87</td>
<td>Worse</td>
</tr>
<tr>
<td>H-HSP-RATING</td>
<td>Overall Hospital Rating</td>
<td>86</td>
<td>88</td>
<td>Worse</td>
</tr>
<tr>
<td>H-QUIET-HOSP</td>
<td>Quietness Of Hospital Environment</td>
<td>77</td>
<td>82</td>
<td>Worse</td>
</tr>
<tr>
<td>H-COMP-7</td>
<td>Care Transitions</td>
<td>79</td>
<td>82</td>
<td>Worse</td>
</tr>
<tr>
<td>H-RECMND</td>
<td>Willingness To Recommend Hospital</td>
<td>86</td>
<td>88</td>
<td>Worse</td>
</tr>
</tbody>
</table>
### Efficient Use of Medical Imaging

<table>
<thead>
<tr>
<th>Measure ID</th>
<th>Measure Name</th>
<th>Stroger Measure Result on Hospital Compare (%)</th>
<th>National Mean (%)</th>
<th>Comparison to National Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>OP-8</td>
<td>MRI Lumbar Spine for Low Back Pain</td>
<td>53.8</td>
<td>40.4</td>
<td>Worse</td>
</tr>
<tr>
<td>OP-10</td>
<td>Abdomen CT – Use of Contrast(^1)</td>
<td>8.6</td>
<td>7.8</td>
<td>Worse</td>
</tr>
<tr>
<td>OP-11</td>
<td>Thorax CT – Use of Contrast(^1)</td>
<td>0.1</td>
<td>2.2</td>
<td>Better</td>
</tr>
<tr>
<td>OP-13</td>
<td>Pre-operative Cardiac Imaging(^2)</td>
<td>2.0</td>
<td>4.4</td>
<td>Better</td>
</tr>
<tr>
<td>OP-14</td>
<td>Simultaneous Use of Brain Computed Tomography (CT) and Sinus CT(^3)</td>
<td>N/A</td>
<td>0.9</td>
<td>------</td>
</tr>
</tbody>
</table>

1– Indicator is use of contrast and non-contrast imaging during the same study
2– Imaging which is not indicated in low risk patients
3- Performance category not assigned due to not meeting the minimum measure threshold
# Timeliness of Care

<table>
<thead>
<tr>
<th>Measure ID</th>
<th>Measure Name</th>
<th>Stroger Measure Result on Hospital</th>
<th>National Mean (min)</th>
<th>Comparison to National Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>ED-1b</td>
<td>Median Time from ED Arrival to ED Departure for Admitted ED Patients</td>
<td>453</td>
<td>273</td>
<td>Worse</td>
</tr>
<tr>
<td>ED-2b</td>
<td>Admit Decision Time to ED Departure Time for Admitted Patients</td>
<td>160</td>
<td>101</td>
<td>Worse</td>
</tr>
<tr>
<td>OP-1</td>
<td>Median Time to Fibrinolysis</td>
<td>TFH</td>
<td>TFH</td>
<td></td>
</tr>
<tr>
<td>OP-2</td>
<td>Fibrinolytic Therapy Received Within 30 Minutes of Emergency Department Arrival</td>
<td>TFH</td>
<td>TFH</td>
<td></td>
</tr>
<tr>
<td>OP-3b</td>
<td>Median Time to Transfer to Another Facility for Acute Coronary Intervention</td>
<td>N/A</td>
<td>62</td>
<td>----</td>
</tr>
<tr>
<td>OP-5</td>
<td>Median Time to ECG</td>
<td>N/A</td>
<td>8</td>
<td>----</td>
</tr>
<tr>
<td>OP-18b/ED-3</td>
<td>Median Time from ED Arrival to ED Departure for Discharged ED Patients</td>
<td>241</td>
<td>142</td>
<td>Worse</td>
</tr>
<tr>
<td>OP-20</td>
<td>Door to Diagnostic Evaluation by a Qualified Medical Professional</td>
<td>53</td>
<td>22</td>
<td>Worse</td>
</tr>
<tr>
<td>OP-21</td>
<td>ED-Median Time to Pain Management for Long Bone Fracture</td>
<td>32</td>
<td>50</td>
<td>Better</td>
</tr>
</tbody>
</table>

1: Too Few Hospitals to Count
## Effectiveness of Care

<table>
<thead>
<tr>
<th>Measure ID</th>
<th>Measure Name</th>
<th>Stroger Measure Result on Hospital Compare</th>
<th>National Mean</th>
<th>Comparison to National Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>OP-4</td>
<td>Aspirin on Arrival</td>
<td>N/A</td>
<td>95%</td>
<td>----</td>
</tr>
<tr>
<td>IMM-3/OPE27</td>
<td>Healthcare Personnel Influenza Vaccination</td>
<td>94%</td>
<td>87%</td>
<td>Better</td>
</tr>
<tr>
<td>OP-22</td>
<td>ED-Patient Left Without Being Seen</td>
<td>5%</td>
<td>2%</td>
<td>Worse</td>
</tr>
<tr>
<td>OP-23</td>
<td>ED-Head CT or MRI Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke who Received Head CT or MRI Scan Interpretation Within 45 Minutes of Arrival</td>
<td>N/A</td>
<td>74%</td>
<td>----</td>
</tr>
<tr>
<td>OP-29</td>
<td>Endoscopy/Polyp Surveillance: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients</td>
<td>84%</td>
<td>87%</td>
<td>Worse</td>
</tr>
<tr>
<td>OP-30</td>
<td>Endoscopy/Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use</td>
<td>100%</td>
<td>91%</td>
<td>Better</td>
</tr>
<tr>
<td>OP-33</td>
<td>External Beam Radiotherapy for Bone Metastases</td>
<td>N/A</td>
<td>86%</td>
<td>----</td>
</tr>
<tr>
<td>PC-01</td>
<td>Elective Delivery Prior to 39 Completed Weeks Gestation: Percentage of Babies Electively Delivered Prior to 39 Completed Weeks Gestation</td>
<td>0%</td>
<td>2%</td>
<td>Better</td>
</tr>
<tr>
<td>SEP-1</td>
<td>Severe Sepsis and Septic Shock</td>
<td>68%</td>
<td>51%</td>
<td>Worse</td>
</tr>
<tr>
<td>VTE-6</td>
<td>Hospital Acquired Potentially-Preventable Venous Thromboembolism</td>
<td>2%</td>
<td>3%</td>
<td>Better</td>
</tr>
</tbody>
</table>
## Measure Group Scores Summary

<table>
<thead>
<tr>
<th>Measure Group</th>
<th>Number of Measures within Each Group</th>
<th>Number of Measures for Stroger Group</th>
<th>Stroger Measure Group Score</th>
<th>National Group Score</th>
<th>Comparison to National Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mortality</td>
<td>7</td>
<td>6</td>
<td>0.53</td>
<td>0.0005</td>
<td>Same</td>
</tr>
<tr>
<td>Readmission</td>
<td>9</td>
<td>7</td>
<td>-2.10</td>
<td>-0.06</td>
<td>Worse</td>
</tr>
<tr>
<td>Safety of Care</td>
<td>8</td>
<td>7</td>
<td>-2.05</td>
<td>-0.04</td>
<td>Worse</td>
</tr>
<tr>
<td>Patient Experience</td>
<td>10</td>
<td>10</td>
<td>-1.53</td>
<td>-0.001</td>
<td>Worse</td>
</tr>
<tr>
<td>Efficient Use of Medical Imaging</td>
<td>5</td>
<td>4</td>
<td>-0.12</td>
<td>0.005</td>
<td>Same</td>
</tr>
<tr>
<td>Timeliness of Care</td>
<td>7</td>
<td>5</td>
<td>-1.85</td>
<td>-0.02</td>
<td>Worse</td>
</tr>
<tr>
<td>Effectiveness of Care</td>
<td>11</td>
<td>6</td>
<td>-1.17</td>
<td>0.03</td>
<td>Worse</td>
</tr>
</tbody>
</table>
Outpatient Measurements

HEDIS Measures Domain

- Measure Collected using ECDS
- Health Plan Descriptive Information
- Effectiveness of Care
- Access / Availability of Care
- Experience of Care
- Utilization and Risk Adjusted Utilization
- Relative Resource Use
Safety and Quality Balanced Scorecard

Population Health
• Efficiency
• Access
• HEDIS
• Medical Home Network Connect

Continual Readiness
• TJC
• IDPH
• CMS

Patient Experience
• Willingness to recommend
• Communication
• Cleanliness
• Equity

Safety and Performance Improvement
• Mortality
• Readmissions
• Venous Thromboembolism
• Falls
• Pressure Ulcers
• Hospital Acquired Infections
• Diabetes mellitus type 2
QUALITY ACTION PLAN

Debra Carey, MS, FACHE
Deputy CEO, Operations

January 18, 2019
Quality Action Plan

Steering Committee

- Care Processes
- Mortality
- Patient Experience
- Readmissions
- Documentation and Coding

Priority Measures Focus Workgroups

Activities/Principles/High Reliability Across All Settings Inpatient, Ambulatory, Corrections
QUALITY STEERING COMMITTEE
Provides oversight for organizational success and drives accountability

<table>
<thead>
<tr>
<th>Recommended MEMBERS:</th>
<th>COOs(5), CQO, CMO, CNO, CFO, CLINICAL CHAIRS (3-4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRIORITIZE SPECIFIC MEASURES IN EACH DOMAIN FOR FOCUS WORKGROUP</td>
<td></td>
</tr>
<tr>
<td>IDENTIFY MD/RN/ADMIN LEAD FOR FOCUS WORKGROUP</td>
<td></td>
</tr>
<tr>
<td>APPROVES CHARTER FOR EACH FOCUS WORKGROUP</td>
<td></td>
</tr>
<tr>
<td>DESIGNATES THE REPORTING TOOL TO BE USED BY WORKGROUPS</td>
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Quality Measure Focused Finding Workgroup
Led by MD, RN, Administrator

Facilitated by MD, RN, Administrator

- Participants will be selected OR Existing
  - Committee(s) may be used
  - Engage functional areas as required

Charter Defines Scope of Work

- Corrective Actions Identified
- Metrics / Measures Identified
- Timeline Developed
- Completes Reporting Tool
Quality Measure Focused Finding Workgroup

Led by MD, RN, Administrator

WORKGROUP APPROACH

- Use PDSA Methodology
- Balanced Scorecards w/ Reliable Data
- Uniform Process Across System

WORKGROUP TASKS

- Review / Change Policies
- Change Process / Practices
- Train Staff
- Track Progress for Measures of Success
Proposed Structure

- Quality Steering Committee
  - QPS
  - EMS
  - HQUIPS
  - Patient Experience
  - Readmissions
  - Mortality
  - Care Processes
  - Documentation and Coding
NEXT STEPS
STEERING COMMITTEE

TEAMS NAMED BY JANUARY 29, 2019

FIRST MEETINGS WEEK OF FEBRUARY 4, 2019

ASSESS NEED FOR PROJECT MANAGEMENT SUPPORT

ASSESS DATA NEEDS AND DATA SOURCES
Questions