# National Learning Consortium

HealthIT.gov

Advancing America's Health Care

## Health IT-enabled Quality Improvement [eCQI] Worksheet (Inpatient, Enhanced Version)

*INTRODUCTION:*

*Description:*

This tool can help users document and analyze current approaches to specific quality improvement targets and plan enhancements. It is part of the ONC eCQI Resources [1] that provide guidance on planning and implementing improved care processes [2]. There is also a tutorial on using this worksheet among those eCQI Resources [3].

You should select quality improvement targets based on evidence, including quality measures results that show current performance gaps, and on practice guidelines recognized by relevant professional societies or expert advisory panels such as the USPSTF. Your REC, QIN-QIO, or other QI partners can help you prioritize improvement targets relevant to your practice. Your REC or health IT vendor can help with implementing tools to support process changes identified by this worksheet.

*Version:*
Version 2.0; May 22, 2015

*Table of Contents:*

**Sample Completed Worksheet:** Society of Hospital Medicine recommendations on VTE prophylaxis QI [4]

**Acknowledgements**
Worksheet Provided By:

Jerome A. Osheroff, MD, TMIT Consulting, LLC

*This tool has been refined based on experience using the eCQI worksheets in quality improvement (QI) projects. It builds on QI tools sponsored by the Office of the National Coordinator for Health IT (ONC)[1]. Those ONC tools were based on work of the CDS/PI Collaborative [5] (supported by the California Healthcare Foundation [6]), which builds, in turn, on the HIMSS CDS Guidebook Series [7]. The information in this document is not intended to serve as legal advice nor should it substitute for legal counsel. Users are encouraged to seek additional detailed technical guidance to supplement the information contained within.*

**References**

1. eCQI Resources
2. Planning and implementing improved care processes
3. Enhanced eCQI worksheet tutorial
4. SHM recommendations on VTE prophylaxis QI
5. CDS Collaborative for Performance Improvement
6. California Healthcare Foundation
7. HIMSS CDS Guidebook Series

## Using the Detailed Inpatient eCQI Worksheet

**Overview**
To access the worksheet, click the tab at the bottom of this window that says "Inpatient Worksheet" (PDF version - see page 3)

Note: Roll cursor over the worksheet headings to see guidance on what the headings mean. (In the PDF version of this worksheet see comments, last page.)
**Tip**: Imagine that you are a patient not meeting the target when you are populating the worksheet; i.e., consider what is and isn't happening that's causing the suboptimal result.

**Step 1: Target**
*  Enter the clinical measure to be improved and current performance on this measure (rows 4-5). PDF version: instructional, not a form

**Step 2:  Optimal State Activities (see Columns D-F)**
*  Consider and document in each row activities that should occur to ensure optimal care relative to the target. Consider evidence-based guidelines, and other best practice resources to guide these entries.

**Step 3: Current State Information Flow (see Columns H-M)**
*  Relative to the activity in the Optimal State, document current information flows at each support opportunity
*  Document in Column M key factors underpinning the Current State information flow that might influence enhancements
*  Merge the cells to combine dimensions such as 'what, where, how' if desired

**Step 4: Potential Enhancements (see Columns O-P)**
*  Document in Column O how information flow could be improved to increase performance
*  Note in Column P considerations for implementing the potential enhancement

Use this completed worksheet with the QI team to help prioritize and implement high-yield enhancements to current workflows and information flows; consider beginning with those that will yield the greatest benefits with the least effort and resources. (see ONC eCQI Process Improvement page for further details)

# Detailed Inpatient eCQI Worksheet

## What Are We Trying To Improve?  How Are We Doing Today?

| Target* = | |
|---|---|
| Current Performance on | |

## eCQI Approach Details

| Decision Support Opportunity [1] | | | Optimal State [a] (sample activities to optimize performance) | | | Current State [b] (Your current CDS/QI configuration) | | | | | | | Potential Enhancements [c] | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Care Activities [2] | Examples of Care Activities [3] | Notes [4] | CDS 5 Rights[5] | | | | | Notes [11] | | Proposed Enhancements [12] (locally or by EHR vendor) | Notes [13] |
| | | | | | | Who? [6] (people) | What? [7] (information) | Where? [8] (channels) | How? [9] (Formats) | When? [10] (Workflow) | | | | |
| Patient-specific Activities [14] | | Not Admission-related [15] | | | | | | | | | | | | |
| Patient-specific Activities [14] | | Pre-hospitalization [16] | | | | | | | | | | | | |
| Patient-specific Activities [14] | | Emergency Department [17] | | | | | | | | | | | | |
| Patient-specific Activities [14] | During Hospitalization [18] | Registration/ Intake [19] | | | | | | | | | | | | |
| Patient-specific Activities [14] | During Hospitalization [18] | History/ Assessment [20] | | | | | | | | | | | | |
| Patient-specific Activities [14] | During Hospitalization [18] | Documentation [21] | | | | | | | | | | | | |

| Decision Support Opportunity [1] | | | Optimal State [a] (sample activities to optimize performance) | | | Current State [b] (Your current CDS/QI configuration) | | | | | | | Potential Enhancements [c] | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Care Activities [2] | Examples of Care Activities [3] | Notes [4] | CDS 5 Rights[5] | | | | | | Notes [11] | Proposed Enhancements [12] (locally or by EHR vendor) | Notes [13] |
| | | | | | | Who? [6] (people) | What? [7] (information) | Where? [8] (channels) | How? [9] (Formats) | When? [10] (Workflow) | | | | |
| Patient-specific Activities [14] | During Hospitalization [18] | Care planning/ Patient Education/ Shared Decisions[22] | | | | | | | | | | | |
| Patient-specific Activities [14] | During Hospitalization [18] | Ordering[23] | | | | | | | | | | | |
| Patient-specific Activities [14] | During Hospitalization [18] | Care Plan Execution (e.g.Testing, Med Dispensing/ Admin) [24] | | | | | | | | | | | |
| Patient-specific Activities [14] | During Hospitalization [18] | Results/ Monitoring/ New Events [25] | | | | | | | | | | | |
| Patient-specific Activities [14] | During Hospitalization [18] | Discharge/ Transfer [26] | | | | | | | | | | | |
| Patient-specific Activities [14] | Post-discharge [27] | | | | | | | | | | | | |
| Population-oriented Activities [28] | Outside Patient-specific Encounters [29] | | | | | | | | | | | | |
| Foundational Work [30] | Broadly Supporting Care Activities | | | | | | | | | | | | |

**Comments/Notes**

\* List the specific care process/outcome measure on which your improvement effort is focused.  Consider including both the narrative measure description and the targeted improvement goal.  For Meaningful Use Stage 2 measures, consider listing the CMS eMeasure number and/or the NQF measure number, as well as the measure domain.

\*\*Document information available about your current performance on the target measure.

a Use this section to describe activities that should occur to optimize results related to the target for both patients and the practice.  Edit the content below to reflect

b Use this section to describe how information relevant to the improvement target currently is flowing through the practice

c Use this section to describe  information flow enhancements that could help to achieve targeted improvements

1  Phases in the care of individual patients - and a organization's full patient panel - where information flow can be enhanced to improve clinical decisions, actions

2 Types of tasks that support high performance on the improvement target

3 More specific task examples than the broader activities listed in previous column

4 Use this column to record additional information about achieving the desired state, such as where the activity typically occurs

5  Use these columns to document the 5 key information flow dimensions (see roll-over text for each box below for more details).  Merge cells in each row as needed to clarify/simplify the description, but make sure each of the 5 dimensions is considered.

6 Who is receiving/providing the information?  For example:
 Doctors
 Nurses
 Pharmacists
 Other care team members/staff
 Patients! (and their caregivers)

7 What information is being exchanged/processed?

8 How is the information getting to/from the targeted individual? For example, via:
 EHR modules (ordering, documentation, results review)
 Registries
 Clinician/Patient portals
 Mobile devices (patient and clinician)
 Smart home devices (BP/blood sugar monitors, etc.)
 Paper (e.g., patient handout)

9 In what format is the information flowing?  For example:
 Documentation Templates
 Order sets
 Reference information
 Patient Lists/Provider Scorecards
 Flow sheets and Graphs
 Dashboards
 Alerts and reminders

10 When exactly in the workflow is the information flowing?

11 Use this column to document key factors related to how you achieved this information flow; focus particularly on factors that might influence your selection of potential enhancements

12 Specific opportunities to improve upon 'Current State' information flow, and related care decisions, actions and outcomes.  After considering these for each step,

13 Considerations for implementing the proposed enhancements

14 These rows address interactions between the hospital and individual patients

15 Not related to a patient's particular hospitalization, or the period just before or after a hospital stay

16 Before patient enters hospital facility  - includes interactions with Emergency Medical System

17 When patient is physically in Emergency Department. If the QI target is focused in the emergency department, then this row can be further subdivided as "During Hospitalization" below.

18 Events during individual patient hospital stay.  Hospitalization components are listed in the next column

19 Interactions between patient and registration staff that initiate the hospitalization

20 Clinician data gathering from and about patient, and formulating assessments and diagnoses based on this information

21 Documenting information related to other activities during the hospitalization (separated out here to help identify and enhance documentation-related approaches)

22 Reviewing assessment with patient/family and jointly forming care plans, including educating patient/family about diagnosis and treatment.

23 Provider orders for tests, medications, procedures, etc.

24 Carrying out the treatment plan including: pharmacy medication verification and dispensing and nursing administration; respiratory and other therapy administration and procedures;

25 Monitoring patient health status and for response to therapies and new events; follow-up on inpatient test results; etc.

26 Discharging patient to home or transfer to another inpatient unit or facility

27 After patient is discharged from hospital.  When reducing readmissions is a target focus, the right half of this cell can be broken down into subcomponents such as up to 30 days following

28 How the hospital/system monitors and enhances health status across all patients

29 These rows address hospital activities directed broadly across patient populations outside of individual hospitalizations

30 How the practice ensures it has the capabilities and infrastructure to be successful with the patient-focused and population management activities