



Telligen QI Connect™

Partnering to improve health outcomes through relationships and data

Resource and Action Guide

This Resource and Action Guide is intended as a resource to assist with quality improvement initiatives. It walks through each step of an improvement project beginning with problem identification and ending with the plan-do-study-act (PDSA) cycle. Each section provides resources to help generate ideas for improvement strategies, example change strategies, and metrics to monitor progress. We offer resources to help determine what issue to focus on for improvement and provide strategies and tools. This guide is not exhaustive; rather it should be used along with a thorough assessment of current activities in your organization, an understanding of your organization's operations and culture, and technical assistance available for targeted quality improvement.

Putting Evidence-Based Guidelines into Action

The following sources will offer ideas for selecting an appropriate intervention or change strategy for the identified problem.

Opportunities for Action: Through our monthly Community Connect Collaboratives we provide you with tools and evidence-based resources to support your quality improvement efforts in reducing readmissions and increase health equity. Our team has identified specific actions you can take that will advance learning into action. There is something for everyone, some actions will take only a few minutes while others could support an entire quality improvement project.

Readmissions and Transitions of Care

National Transitions of Care Coalition (NTOCC)

Action Opportunity

- **Easy:** Review the [Safe and Effective COVID-19 Transitions of Care: Interprofessional Strategies Across the Spectrum of Illness and Healthcare Settings](#) activity description and details determine if you would like to complete this.
- **Intermediate:** Identify your care transitions and care coordination partners and invite them to complete this same activity.
- **Advanced:** Schedule a meeting with your care transitions and care coordination partners that complete this activity and identify a community action you can take based on what you learned.

AHRQ - Designing and Delivering Whole-Person Transitional Care

(Most provider or community organization types can find an applicable tool here)

Action Opportunity

- **Hospital-specific:** Use Tool 1, Data Analysis to understand your *all-payer, all-condition* readmissions.
- **Easy:** Watch this 27-minute webinar from a national care transitions and readmissions expert, Dr. Amy Boutwell, [Designing & Delivering Whole-Person Transitional Care](#).
- **Intermediate:** Download and use [Tool 4: Community Inventory](#) to identify gaps and consider providers or agencies you may want partner with to ensure a whole-person plan.



Telligen QI Connect™

Partnering to improve health outcomes through relationships and data

- **Advanced:** Work with your community to create or update [Community Resource Guide, Tool 11](#).

INTERACT® (Interventions to Reduce Acute Care Transfers) – for skilled nursing, assisted living, or home health.

Action Opportunity

- **Easy:** Sign in/login to INTERACT® website, navigate to the appropriate provider type and review the tools available.
- **Intermediate:** Speak with your clinical or quality improvement director to determine if INTERACT® is being used in your organization.
 - If so, investigate if there are any other tools that might help improve low performing measures (ex. Medicare Compare).
 - If not, choose one tool and use it to evaluate your current transitions of care/patient transfer process. Is there an opportunity to update your process?
- **Advanced:** Use INTERACT® tool(s) for your next quality improvement project around one of your lower performing measures.

Reducing Adverse Drug Events (ADEs) in Communities

MATCH Toolkit for Medication Reconciliation – Medications at Transitions and Clinical Handoffs

Action Opportunity

- **Easy:** [Assembling a medication reconciliation team](#) is an important first step, use this guide to form your action team.
- **Intermediate:** Use these tools for [Designing/Redesigning a Medication Reconciliation Process](#).
- **Advanced:** The [MATCH Work Plan](#) supports the implementation and documents outcomes related to the project.

Chronic Care Management (CCM)

Action Opportunity

- **Easy:** Research who your local Medicare Administrative Contractor (MAC) is [here](#). (The MACs process Medicare CCM claims.)
- **Intermediate:** Visit your MAC website to find local coverage and guidance for CCM services by searching the website for “Chronic Care Management.”
- **Advanced:** If you are not billing CCM services, speak with your leadership to determine if this would be an opportunity for your organization to consider.

Pain Management and Opioid Misuse

Action Opportunity

- **Easy:** Utilization of Prescription Drug Monitoring Program (PDMP) – Reducing Opioid Misuse
 - [PDMP: What Healthcare Providers Need to Know](#)
 - [Prescription Drug Monitoring Program Training and Technical Assistance Center](#)
 - [Colorado PDMP](#) [Illinois PDMP](#) [Iowa PDMP](#) [Oklahoma PDMP](#)



Telligen QI Connect™

Partnering to improve health outcomes through relationships and data

- **Intermediate:** Increase opioid and pain management patient, family, and caregiver education
 - [Helpful Material for Patients](#)
 - [Patient Education: General Drug Facts & Information about Addiction](#)
 - [Patient, Family & Caregiver Opioid, and Other Drug Education](#)
- **Advanced:** Development or Enhancement of a Pain Management Program
 - Implementation of [evidence-based practice](#) for opioid prescribing and pain management alternatives
 - Complete “Easy” and “Intermediate” Action Plans
 - Become a [MAT Waivered Provider](#) (if applicable)
 - Commit to becoming a [Telligen QI Connect™ Mastermind](#) – get involved to make the change
- [Measurement of Effectiveness](#) – track and monitor opioid prescribing, overdose, and deaths data
- Share your successes with your [Telligen QI Connect™](#) partners – the Telligen team wants to hear from you.

July Community Connect Collaborative Featured Resources

Social determinants of health (SDOH) are structural and contextual factors that can be identified by the health care system and addressed in partnership with community resources. Health-related social needs (HRSN) are individual-level, adverse social conditions that can negatively impact a person’s health or health care.

Action Opportunity

- **SDOH screening and assessment tools:**
 - Office of Minority Health – [CLAS Toolkit](#) (culturally and linguistically appropriate services)
 - [PRAPARE Toolkit & Assessment Tool](#) (Protocol for Responding to and Assessing Patients’ Assets, Risks, and Experiences)
 - [HealthBegins](#) – Upstream Risks Screening Tool & Guide
 - RHIhub – [Social Determinants of Health in Rural Communities Toolkit](#) (Rural Health Information Hub)
- **HRSN screening tool:**
 - Centers for Medicaid & Medicare (CMS) – [A Guide to Using the Accountable Health Communities Health-Related Social Needs Screening Tool: Promising Practices and Key Insights](#).

Organizational/Coalition Charter

- [Community coalition charter template](#)

Coalition Assessment: https://www.surveymonkey.com/r/Hlthcr_Coalitions_2021

Dr. Anju Mehta’s COVID-19 Update: *Vaccines, Variants, Hesitation and Masks*, June 23, 2021 presentation slides and recording here: <https://www.telligenqinpio.com/telligen-qi-connect-events-archive/>



QIN-QIO
Quality Innovation Network -
Quality Improvement Organizations
CENTERS FOR MEDICAID & MEDICAID SERVICES
QUALITY IMPROVEMENT & INNOVATION GROUP

This material was prepared by Telligen, the Medicare Quality Innovation Network Quality Improvement Organization, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. This material is for informational purposes only and does not constitute medical advice; it is not intended to be a substitute for professional medical advice, diagnosis or treatment. 12SOW-OK-QIN-07/22/21-4169



Telligen QI Connect™

Partnering to improve health outcomes through relationships and data

Model for Improvement

The Model for Improvement is a simple, yet powerful tool for accelerating improvement. This model is not meant to replace change models that organizations may already be using, but rather to accelerate improvement.

- Step 1: Problem Identification/Gap Analysis
- Step 2: Root Cause Analysis
- Step 3: Select and Implement Change Strategies

Quality Improvement Resource Tools

- RCA Pathway
- When to Use RCA
- RCA Tool Selection Guide
- Fishbone diagram
- Five Whys Worksheet and Example
- Institute for Healthcare Improvement (IHI) Driver Diagram Tutorial
- Telligen Driver Diagram
- Plan Do Study Act (PDSA) Worksheet

Plan-Do-Study-Act (PDSA) Cycle

Conducting a Plan-Do-Study-Act (PDSA) to test the intervention or change strategy on a small scale and determining whether it improves the identified gap or problem may be helpful as part of piloting the change before implementing it widely in the organization.

Use the Telligen PDSA worksheet to walk through a PDSA cycle:

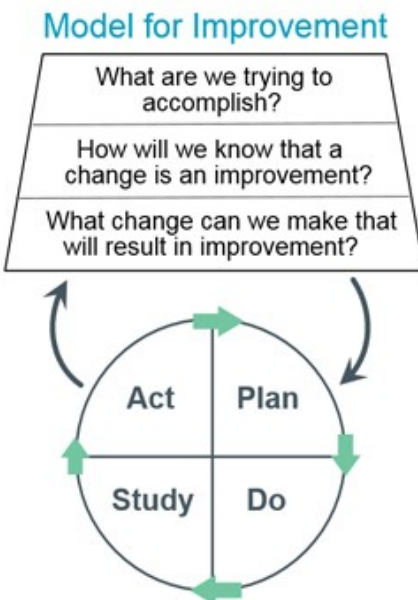
<https://www.telligenqinqio.com/wp-content/uploads/2020/05/QII-PDSA-Template-2.pdf>

Visit the [Institute for Healthcare Improvement \(IHI\) Model for Improvement](#) for additional guidance, tools, and resources related to PDSAs.



Telligen QI Connect™

Partnering to improve health outcomes through relationships and data



What are we trying to accomplish?
How will we know that a change is an improvement?
What change can we make that will result in an improvement?

Telligen QI Connect™ Opportunities and Events (Colorado, Iowa, Illinois, and Oklahoma)

- [Telligen QI Connect™ Mastermind Team interest form](#)
- [Telligen Community Ambassador flyer](#)
- [Telligen Portal](#)
- [Telligen QI Connect™ Events calendar](#)

Oklahoma Partner Resources

- [Quitters: A Series on Quitting Vaping & Giving Up Nicotine*](#)
 - This 6-episode series from [Truth Initiative](#) dives deep into the journeys of people making the decision to quit vaping and the courage it takes to do so.
 - [View the full video playlist here](#)
- [“Understanding Obesity “New Resource from STOP Obesity Alliance*](#)
 - Misconceptions abound on obesity and can cause real harm to those living with the disease.
 - Take action to address misinformation by accessing the [Understanding Obesity framework](#)
- [A Primer for Multi-Sector Health Partnerships in Rural Areas and Small Cities*](#)
 - Designed for practitioners, this new tool is a guide to cross-sector collaborations to support partnerships in rural areas and small cities.
 - [Section One](#)
 - [Section Two](#)
- TSET Better Health [Podcast*](#)



Telligen QI Connect™

Partnering to improve health outcomes through relationships and data

- Go-to source for everything related to tobacco, health, fitness and community.
- [Latest Episode: #14 Resilience in Action: Fighting Food Insecurity in Rural Oklahoma](#)
- **CMS Hospital Infection Control, Antibiotic Stewardship** webinar, from the Oklahoma Hospital Association
 - Date: July 27, 2021 Time: 9:00-11:00am
 - Brochure and registration form [here](#). Contact OHA [here](#)
- **Telebehavioral Health Webinar Multiple Parts Series**
 - Webinar: *Supporting Patients in Substance Use Disorder Treatment and Recovery through Social Services and Telehealth Peer Coaching in Rural South Dakota*
 - Date: Wednesday, July 21, 2021, Time: 11:00 am – 12:00 pm MT
 - Registration is available:
https://us02web.zoom.us/webinar/register/WN_7qDjBBbrSt6CvxlwUq90Jg
 - For more resources and tools about telehealth, visit: <https://www.hrsa.gov/rural-health/telehealth/index.html>
- **The 31st Anniversary of the Americans with Disabilities Act (ADA)** – The ADA prohibits discrimination based on disability in employment, state and local government, public accommodations, commercial facilities, transportation, and telecommunications. Use the resources below from the CMS Office of Minority Health (CMS OMH) to learn more and share with your community:
 - [CMS OMH Improving Access to Care for People with Disabilities](#)
 - [Getting the Care You Need: A Guide for People with Disabilities](#)
 - [Video: Navigating Health Care with a Disability: Our Stories, a Focus on the Provider](#)
- **Telligen Community Initiative Announces 2021 Iowa & Oklahoma Grant Recipients**
 - The Telligen Community Initiative (TCI) Board selected the recipients of 2021 grants in Iowa and Oklahoma. TCI received a total of 187 grant requests in the areas of health equity/social determinants of health, healthcare workforce development and health innovation. TCI awarded 15 projects totaling \$676,430 in funding (\$284,111 Iowa and \$392,319 Oklahoma). Congratulations to all OK awardees To learn more, please visit: <https://weare.telligen.com/#/news/telligen-community-initiative-announces-2021-iowa-&-oklahoma-grant-recipients>

* Information from our partners at [OK In the Know](#)

Oklahoma Community Points of Contact

Belinda Rogers, Community contact - (405) 627-9559

Courtney Ryan, Nursing Home contact - (303) 612-3111



QIN-QIO
Quality Innovation Network -
Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES
QUALITY IMPROVEMENT & INNOVATION GROUP

This material was prepared by Telligen, the Medicare Quality Innovation Network Quality Improvement Organization, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. This material is for informational purposes only and does not constitute medical advice; it is not intended to be a substitute for professional medical advice, diagnosis or treatment. 12SOW-OK-QIN-07/22/21-4169