2023 Commitment to Excellence

2023 Commitment to Excellence Honors Program
Guidance for Participation

This document provides detailed instructions for applying to WVHA's *2023 Commitment to Excellence Honors Program.* It is intended for use for 2023 only and will be updated annually to reflect the WVHA Quality Committee's current topic areas.

Contents

Background

The West Virginia Hospital Association (WVHA) is a not-for-profit statewide organization representing hospitals and health systems across the continuum of care. The WVHA supports its members in achieving a strong, healthy West Virginia by providing leadership in healthcare advocacy, education, information, and technical assistance, and by being a catalyst for effective change through collaboration, consensus building and a focus on desired outcomes. Members of the Association believe it is essential, in the interest of West Virginia citizens, to have a strong healthcare system that supports and improves the health status of those people served by our hospitals, as well as the economic condition of the state. West Virginia's hospitals seek to establish and maintain trust among providers, policymakers and the public through actions, sensitivity, professionalism, and community-minded commitment to service. The *Commitment to Excellence Honors Program (Honors Program)* is a way hospitals can be recognized for the outstanding work they do in pursuit of these goals.

Program Overview

The objectives of the *Honors Program* are to:

- **Reward** successful efforts to develop and promote quality improvement activities.
- **Inspire** hospitals to be leaders in improving the health of West Virginians.
- **Raise awareness** of nationally accepted standards of care that are proven to enhance patient outcomes.

The *Honors Program* will be updated annually to reflect the quality improvement topics on which the WVHA Quality Committee has recommended hospital action in the pursuit of excellence during the program year.

For each topic area hospitals will be recognized for their engagement and/or implementation of work in that area. Level 1- Engagement recognizes hospitals that are actively engaged in planning activities and are moving towards implementation. While Level 2- Implementation recognizes hospitals that have adopted practices, implemented policies, or are actively working to sustain a previously adopted policy or program. Please be aware that specific criteria for implementation and engagement may be updated each year.

2023 Honors Program Topic Areas

- Alliance for Innovation on Maternal Health (AIM)
- Antibiotic Stewardship
- Care Transitions
- Emergency Department Information Exchange (EDie)
- Hospital Emergency Management Program
- Hospital Quality Improvement Contract (HQIC)
- Influenza Vaccination

- Opioid Response Initiative
- Patient Family Engagement (PFE)
- WVHA Discharge Data Program

Timeline

The timeline for the program year is as follows:

January – Guidance for Participation/Attestation Form provided
August 31 – Deadline for hospitals to submit signed Attestation Form to WVHA
September – *Honors Program* hospitals recognized at the WVHA Annual Meeting

Scoring

Levels of Achievement

There are two levels of achievement in the *Honors Program* – Level 1: Engagement and Level 2: Implementation. Topic areas may not apply to all types of hospitals and the levels of achievement will vary by topic area and facility type.

Level 1- Engagement

A hospital can attest to Level 1 when they are engaged in planning activities and are actively working toward implementation. A specific time frame to implementation may be specified by topic area. A hospital cannot attest to Level 1 more than one program year in a row.

Level 2- Implementation

A hospital can attest to Level 2 when they have successfully implemented work in a topic area that may include:

- Policy modification,
- New program offering(s),
- Dedicated staff time,
- Staff and patient education, and/or
- Measurement/Results.

Specific requirements for implementation are described in each topic area.

The 2023 levels of achievement by topic area and facility type are as follows:

Topic Areas	Acute	LTAC	Rehab	Psych
AIM	Level 1 or N/A	N/A	N/A	N/A
Antibiotic Stewardship	Level 1 or 2	Level 1 or 2	Level 1 or 2	Level 1 or 2
Care Transitions	Level 1 or 2*	Level 1 or 2	Level 1 or 2	Level 1 or 2
EDie	Level 2	N/A	N/A	N/A
Emergency Management	Level 1 or 2	Level 1 or 2	Level 1 or 2	Level 1 or 2
HQIC	Level 1 or N/A	N/A	N/A	N/A
Influenza Vaccination	Level 1 or 2*	Level 1 or 2*	Level 1 or 2*	Level 1 or 2*
Opioid Response	Level 1 or 2	Level 1 or 2	Level 1 or 2	Level 1 or 2
PFE	Level 1 or 2	Level 1 or 2	Level 1 or 2	Level 1 or 2
WVHA Discharge Data	Level 2	Level 2	Level 2	Level 2

** Denotes there is a measurement component to that topic area.*

Criteria for Recognition

There are three types of honors awards: Bronze, Silver and Gold. Topics that are not applicable to certain hospitals (i.e., AIM for non-birthing hospitals; EDie for hospitals that do not have emergency departments; HQIC for non-eligible hospitals) will be taken into account. Hospitals will be able to indicate not applicable on the Attestation Form.

The 2023 criteria for recognition are as follows:

	Acute	LTAC	Psych	Rehab
Bronze Honors	Minimum of Level 1-Engagement in all applicable areas (or Level 2 if it is the only level)			
Silver Honors	Level 1- Engagement in all topic areas, plus Level 2 - Implementation of *at least four* additional topic areas	Level 1- Engagement in all topic areas, plus Level 2 - Implementation of *at least four* additional topic areas	Level 1- Engagement in all topic areas, plus Level 2 - Implementation of *at least four* additional topic areas	Level 1- Engagement in all topic areas, plus Level 2 - Implementation of *at least four* additional topic areas
Gold Honors	Must be Level 2-Implementation in all applicable areas (or Level 1 if it is the only level)			

Attestation

The Chief Executive Officer will attest annually to their hospital's activity in each topic area included in the *Honors Program*. Hospitals will need to provide a contact person for each topic area and attest to their level of achievement as of August 31 of that year (unless otherwise specified in the topic area description). The attestation needs to be signed by the CEO and returned to WVHA by the August 31 deadline.

Award Recognition

Hospitals receiving *Honors Program* recognition will be presented with one of the three types of honors, Bronze, Silver, or Gold, at the WVHA Annual Meeting.

Honors Program recipients will also be listed on WVHA's website after the annual meeting and will be provided a logo to add to their hospital website/press release.

For more information or questions about the *Honors Program* or any of the topic areas, contact Jacob Hall at WVHA at jhall@wvha.org or (304) 353-9734.

Alliance for Innovation on Maternal Health (AIM) Program

[Applicable to: Acute Care Birthing Hospitals]

The United States has one of the highest maternal mortality rates of any developed country and is the only high resource country where the rates are continuing to rise.[1] Additionally, severe maternal morbidity has been increasing and affected more than 50,000 women in 2014.[2] That means that for every woman that died from childbirth, 70 more suffered from severe maternal morbidity.[3] Research suggests that approximately three in five pregnancy-related deaths were preventable.[4]

The Alliance for Innovation on Maternal Health (AIM) is a federally funded, data-driven quality improvement initiative based on proven approaches to improve maternal safety and outcomes with the goal of ultimately eliminating preventable mortality and severe morbidity in the U.S.[5] AIM works through state teams to implement patient safety bundles in birthing hospitals to eliminate preventable maternal mortality and severe morbidity. West Virginia began participating in the AIM project in 2017 with the obstetric hemorrhage bundle and expanded activity to address severe hypertension and preeclampsia in 2021.

Level 1 - Engagement

[Applicable to: Acute Care Birthing Hospitals]

We are participating in the Alliance for Innovation on Maternal Health (AIM) Program in collaboration with the WV Perinatal Partnership and WVHA.

[1] NPR. 2017. US has the worst rate of maternal deaths in the developed world. Accessed 7/10/2019 at https://www.npr.org/2017/05/12/528098789/u-s-has-the-worst-rate-of-maternal-deaths-in-the-developed-world

[2] CDC. 2017. Severe maternal morbidity in the United States. Accessed 7/10/2019 at https://www.cdc.gov/reproductivehealth/maternalinfanthealth/severematernalmorbidity.html

[3] NPR. 2018. For every woman who dies in childbirth in the US, 70 more come close. Accessed 7/10/2019 at https://www.npr.org/2018/05/10/607782992/for-every-woman-who-dies-in-childbirth-in-the-u-s-70-more-come-close

[4] CDC. 2019. Vital Signs: Pregnancy-related deaths, United States, 2011-2015, and strategies for prevention, 13 states, 2013-2017. Accessed 7/10/2019 at https://www.cdc.gov/mmwr/volumes/68/wr/mm6818e1.htm?s_cid=mm6818e1_w

[5] Council on Patient Safety in Women's Health Care. 2019. What is AIM? Accessed 7/10/2019 at https://safehealthcareforeverywoman.org/aim-program/

Antibiotic Stewardship

[Applicable to: Acute, LTAC, Rehab, Psych]

Healthcare has been transformed due to the discovery and development of antibiotics. However, 20-50 percent of all antibiotics prescribed in U.S. acute care hospitals are either unnecessary or inappropriate. Antibiotics have serious side effects, including adverse drug reactions and *Clostridium difficile* infection (CDI). Unnecessary exposure to antibiotics places patients at risk for serious adverse events and no clinical benefit. Misuse has also contributed to the growing problem of antibiotic resistance, which has become one of the most serious threats to public health facing the nation today.[6] To slow the development and spread of antibiotic resistant infections, the *National Action Plan for Combating Antibiotic Resistant Bacteria* presents a roadmap to implement a national strategy to address this challenge.[7] An important aspect of this strategy is the appropriate use of antibiotics in healthcare settings through the establishment of antibiotic stewardship programs (ASPs). While the specific elements of an ASP that will be required by CMS are still under development, the *National Action Plan* calls for all hospitals to implement ASPs in compliance with the recommendations of the CDC's *Core Elements of Hospital Antibiotic Stewardship Programs*.[8] CDC's *Core Elements* include, but are not limited to, leadership commitment, accountability, drug expertise, action, tracking, reporting and education.

Level 1- Engagement

[Applicable to: Acute, LTAC, Rehab, Psych]

We are currently participating in the WVHA Antibiotic Stewardship Reporting Program AND we are actively working on our antibiotic stewardship program but are not 100% aligned with the CDC *Core Elements* for a successful hospital antibiotic stewardship program (per the NHSN Annual Hospital Survey) as of *August 31, 2023*.

Level 2- Implementation

[Applicable to: Acute, LTAC, Rehab, Psych]

We are currently participating in the WVHA Antibiotic Stewardship Reporting Program AND we have implemented a robust antibiotic stewardship program that is 100% aligned with the CDC *Core Elements* (per the NHSN Annual Hospital Survey) as of *August 31, 2023*.

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1) Centers for Disease Control and Prevention (CDC). Antibiotic Resistance Threats in the United States, 2013. Available at: http://www.cdc.gov/drugresistance/threat-report-2013/. Accessed October 12, 2015.

7) The White House. National Action Plan for Combating Antibiotic-Resistant Bacteria. Available at: https://www.whitehouse.gov/sites/default/files/docs/national_action_plan_for_combating_antibotic-resistant_bacteria.pdf. Accessed January 6, 2016.

8) Centers for Disease Control and Prevention (CDC) Core Elements of Hospital Antibiotic Stewardship Programs. Available at: http://www.cdc.gov/getsmart/healthcare/implementation/core-elements.html. Accessed October 12, 2015.

Summary of Core Elements of Hospital Antibiotic Stewardship Programs

Care Transitions

[Applicable to: Acute, LTAC, Rehab, Psych]

Hospital readmissions are common, costly, and often preventable. Not only is quality of life impacted for those that are readmitted, but hospitals can be penalized financially when patients return. It is in everyone's best interest to keep our population healthy and reduce unplanned readmissions to the acute care setting. Improving discharge processes and transitional care services are two ways hospitals can improve patient care and satisfaction, while working to reduce readmissions.

There are many national bundles, toolkits, and training programs to assist hospitals in implementing evidence-based transitional care services. Some of these include:

- ASPIRE: Designing and Delivering Whole-Person Transitional Care
- Project RED: Re-engineered Discharge
- Project BOOST: Better Outcomes by Optimizing Safe Transitions
- Transitional Care Model
- Care Transitions Program (CTP)
- Quality Insights Community Coalitions

Hospitals have shown success in improving patient satisfaction in care transitions and understanding their discharge plan, as well as reducing unplanned readmissions when implementing evidence-based care bundles.

Beginning in the 2022 *Honors Program,* Care Transitions also includes a measurement component. To be level 2, hospitals must achieve a "top box" score for the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Care Transitions composite measure equal to or greater than the prior year's national median (50th percentile) using publicly available Care Compare data.[9]

The hospital scores will be taken from the July 2023 CMS Care Compare update and will be compared to the national median from the July 2022 HCAHPS national percentiles table. The "top box" national median (50th percentile) for the Care Transitions composite was **51%** in the July 2022 HCAHPS Percentiles Table.

If the hospital's HCAHPS data is suppressed or not available in the Care Compare update risk-adjusted HCAHPS data from your vendor for the same time period as is currently publicly reported by CMS can be submitted to WVHA with the attestation. The HCAHPS measurement component will only apply to acute care hospitals.

This topic is exempt from the guideline stating that a hospital cannot attest to level one more than one program year in a row.

[9] Top box national median is from the HCAHPS Summary Analyses. Available at: https://www.hcahpsonline.org/en/summary-analyses/

Level 1 – Engagement
[Applicable to: Acute, LTAC, Rehab, Psych]

We are committed to implementing a care transitions program that aligns with a nationally recognized care transitions program(s) by *August 31, 2024* or have already implemented a care transitions program that aligns with a nationally recognized care transitions program(s) as of *August 31, 2023* (will need to specify which program(s) on the attestation form), but did not achieve a Care Transitions composite top box score of 51% or higher.[10]

Level 2 – Implementation
[Applicable to: Acute, LTAC, Rehab, Psych]

We have implemented a care transitions program that aligns with a nationally recognized care transitions program(s) as of *August 31, 2023* (will need to specify which program(s) on the attestation form) AND have achieved a 51% or higher on the "top box" score for the HCAHPS Care Transitions composite.

Please note: The measurement component is only applicable to acute care hospitals.

[10] Hospital top-box score will be obtained from the July 2023 Care Compare update.

Emergency Department Information Exchange (EDie)

[Applicable to: Acute Care Hospital with ED]

Emergency Departments (EDs) across the nation are facing dramatic increases in utilization and misuse. Much of this increased utilization stems from the inability to appropriately care for a growing population of disenfranchised, repeat, or treatment reluctant patients. This emerging trend demands that EDs adapt with better and more coordinated care strategies.

The Emergency Department Information Exchange (EDie) is an ED Care Coordination Service that enables care providers to develop and implement effective care coordination guidelines for high utilization and special needs patients.

EDie facilitates both increased communication between participating hospitals and clinics, as well as real-time delivery of crucial medical information to care providers. EDie can proactively alert care providers when high utilization and special needs patients enter the ED through a variety of methods such as fax, phone, email or integration with facility's current EMR. Once notified, care providers can use EDIE to access care guidelines and other vital information on the patient from other participating facilities to better understand the patient's health situation.

In 2015 the WVHA Quality Committee voted to promote and roll out the use of EDie statewide with the goal of 100 percent participation. The WVHA Board of Trustees approved that plan and hospital presentations were scheduled throughout 2016 with implementations beginning almost immediately.

Level 2 – Implementation

[Applicable to: Acute Care Hospital with ED]

We have implemented EDie within our hospital as of *August 31, 2023* and are transmitting Admission Discharge Transfer (ADT) information and receiving EDie notifications.

Hospital Emergency Management Program

[Applicable to: Acute, LTAC, Rehab, Psych]

WVHA has assisted with the administration and direction of the Health and Human Services (HHS) Hospital Preparedness Program (HPP) since 2003. Through program participation, a network of varied hospital positions involved with preparedness and emergency management across West Virginia Hospitals has been established.

The HPP program is aligned with HHS program objectives, along with other federal programs such as Department of Homeland Security (DHS), the Hospital Incident Command System (HICS), and FEMA. Hospitals also follow National Incident Management (NIMS) requirements and link with the CDC around infection control and emerging high-impact diseases through the Health Alert Network (HAN).

In 2016, CMS increased the scope and requirements for hospitals and healthcare providers to have a comprehensive emergency management program. The 2016 CMS Emergency Preparedness Rule set healthcare system standards and expectations that hospitals could manage emergencies internally and coordinate with local, state, and federal partners when needed.

Then in 2020 the COVID-19 Public Health Emergency created an intense focus on hospital emergency operations including managing overcapacity patient loads; vaccinating staff and patients; supply and staff shortages; and extensive data requirements. Due to a high level of federal and state agency requirements placed on the healthcare system, hospitals are interacting more with local, state, and federal government for emergency event coordination elevating the need for active participation in the WV HPP.

Therefore, it is recommended that hospitals are active participants in the WV HPP to ensure a robust network for emergency response activities.

This includes the implementation of the following emergency response activities:

> At a minimum, it is expected that hospitals complete the annual Hospital Participation Agreement and Regional Mutual Aid Memorandum of Understanding (MOU), which includes the designation of a primary and secondary Hospital Emergency Management Coordinator.

Additional activities are:

1. Participation in at least one of the two in-person Statewide Emergency Preparedness Taskforce meetings.
2. Participation in at least 2 of the regional meetings (total number vary by region but occur in all regions at least quarterly).
3. Hospital has at least one WebEOC account and participates in drills and events.
4. Hospital has at least one EMResource account and updates data daily.

5. Participation in the annual Medical Response Surge Exercise (MRSE) – this includes participation in the training session, functional exercise (including submission of data forms), and the after-action review.
6. Participation in the annual Healthcare Coalition Hazard Vulnerability Assessment.

Additionally, the designated hospital emergency management coordinator participates in the following activities.

7. Serves as a liaison between WVHA and the hospital Command Center for emergency coordination.
8. Responds to information requests from state leadership during emergency events (for example, submitting event-specific plans or policies).

For the 2023 *Honors Program*, we understand that the hospitals are in the middle of the HPP program year and will only be evaluating participation that takes place after January 1, 2023. In the 2024 *Honors Program*, we will include participation from the entire HPP program year from July 1, 2023 through June 30, 2024. Therefore in 2024, hospitals will be expected to attend both in-person statewide taskforce meetings and at least three regional meetings. Also, the guidance may be updated to include any changes to the Hospital Participation Agreement and Regional MOU, although the included activities are expected to remain the same in next year's program.

Level 1 – Engagement
[Applicable to: Acute, LTAC, Rehab, Psych]

We have returned the signed 2022-2023 Hospital Participation Agreement and Regional MOU with primary and secondary contacts identified AND are committed to implementing all emergency response activities for the 2023-2024 HPP program year.

Level 2 – Implementation
[Applicable to: Acute, LTAC, Rehab, Psych]

We have returned the signed 2022 – 2023 Hospital Participation Agreement and Regional MOU with primary and secondary contacts identified AND have implemented all emergency response activities for the 2022-2023 HPP program year that took place between January 1 and June 30, 2023.[11]

[11] The MRSE took place in October 2022; therefore, participation in that activity will not count toward the 2023 Honors Program.

Hospital Quality Improvement Contract (HQIC)

[Applicable to: CMS Eligible Hospital List]

Large-scale, nationwide quality improvement work has been underway since 2012 as part of the Partnership for Patients (PfP) initiative. This work was originally known as the Hospital Engagement Network (HEN) and then the Hospital Improvement Innovation Network (HIIN), which WVHA offered to our members in partnership with AHA's HRET through March 2020.

In September 2020, the CMS Center for Quality awarded Task Order 3 to nine Hospital Quality Improvement Contractors (HQIC) from the Network of Quality Improvement and Innovation Contractors (NQIIC). WVHA has partnered with the Healthcare Association of New York State (HANYS) as the prime contractor as part of the Eastern U.S. Quality Improvement Collaborative (EQIC) to offer this work to eligible member hospitals.

The HQIC activity will advance improvements in patient safety and quality outcomes, with an emphasis on opioid and medication management, no harm across the board, and readmission reduction. It is a four-year project and will run through 2024.

The WVHA Honors Program will recognize hospital commitment to the CMS Quality Improvement Project through participation with EQIC or any of the other eight NQIIC organizations that were awarded Task Order 3 (HQIC).

Level 1- Engagement

[Applicable to: CMS Eligible Hospital List]

We participate in the Eastern U.S. Quality Improvement Collaborative (EQIC) offered through WVHA or with one of the other HQIC contactors for Task Order 3.

Influenza Vaccination

[Applicable to: Acute, LTAC, Rehab, Psych]

The influenza (flu) virus is responsible for tens of thousands of people being hospitalized every year. Thousands die from flu-related illness. Additionally, the cost for direct medical care and lost earnings is staggering, reaching into the billions of dollars.[12] Prevention is far better than cure. A recent Center for Disease Control and Prevention (CDC) review of evidence-based, published literature indicates that healthcare workers exposed to sick people are particularly vulnerable and should be vaccinated annually to reduce the risk of becoming sick and of infecting others. A growing number of hospitals across the country have taken responsibility for reducing risk and have implemented mandatory flu vaccination policies.

This topic is exempt from the guideline stating that a hospital cannot attest to level one more than one program year in a row.

Level 1- Engagement

[Applicable to: Acute, LTAC, Rehab, Psych]

We are committed to the development and implementation of a mandatory employee flu vaccination policy *by the 2022-2023 flu season* OR we already have a policy in place but did not achieve a 95% Healthcare Personnel (HCP) vaccination percentage for the 2022-2023 flu season.

Level 2- Implementation

[Applicable to: Acute, LTAC, Rehab, Psych]

We have a mandatory employee flu vaccination policy in place AND have achieved a Healthcare Personnel (HCP) Influenza Vaccination Adherence percentage[13] of 95 percent or greater for all HCP[14] per National Healthcare Safety Network (NHSN) protocol for the 2022-2023 flu season (reporting period: October 1-March 31). The influenza vaccination adherence percentage will be obtained from data entered in NHSN after data collection ends for the flu season.

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[12] CDC Flu Prevention Infographic. Available at: http://www.cdcfoundation.org/businesspulse/flu-prevention-infographic. Accessed October 13, 2015.

[13] This measure is the IMM-3 measure reported as part of the Inpatient Quality Reporting (IQR) program and publicly reported on Hospital Compare. It is calculated as the total number of healthcare workers contributing to successful vaccination adherence divided by the total number of healthcare workers eligible to receive the Influenza vaccine per NHSN protocol. More information is available in the Inpatient Hospital Compare Preview Report Help Guide available at http://www.qualityreportingcenter.com/wp-content/uploads/2016/05/PR_Jul2016_IP-HC-Preview-Report-Help_Guide.508.pdf. More information on the Healthcare Personnel Vaccination Module in NHSN can be found here: http://www.cdc.gov/nhsn/pdfs/hps-manual/vaccination/hps-flu-vaccine-protocol.pdf.

[14] All Healthcare Personnel (HCP) is defined as the three required categories for data submission per NHSN protocol: (1) employees (staff on facility payroll); (2) licensed independent practitioners (physicians, advanced practice nurses, physician assistants, post-resident fellows also included if not on facility's payroll); and (3) Adult students/trainees and volunteers. At this time 'other contract workers' is an optional data field in NHSN and is excluded from "all" HCP.

Opioid Response Initiative

[Applicable to: Acute, LTAC, Rehab, Psych]

The opioid epidemic is one of the most serious public health issues facing our nation with West Virginia being one of the hardest hit states in the country. After showing some improvement, the COVID-19 pandemic increased isolation and reduced access to treatment resulting in a 31% increase in opioid-involved overdose deaths from 2019 to 2020.[15] In WV, after remaining stable from 2018 to 2019 and even decreasing 11% from 2017 to 2018, opioid overdose deaths increased 54.2% - the second highest increase in the nation between 2019 and 2020. Additionally, West Virginia continued to have the highest rate of drug overdose deaths in the nation in 2020 with a rate of 81.4 per 100,000 people[16] – significantly higher than the national rate of 28.3 per 100,000.[17]

The goal of the WV Hospital Opioid Response Initiative, developed by the WV Office of Drug Control Policy (ODCP) is to standardize and encourage best practices for addressing and treating opioid use disorder (OUD) in the hospital setting.

The following response activities have been identified by the WV ODCP as best practices in support of addressing and treating OUD in the hospital in seven key areas:

1. Education
2. Screening
3. Intervention
4. Naloxone
5. Peer Recovery Support
6. Safe Prescribing
7. Data Collection (Future)

In alignment with the WV ODCP Opioid Response Initiative, we have selected activities from four of the seven key areas and activities specific to the emergency department with planned expansion in future program years; therefore, we do not follow ODCP's proposed leveling system. Additionally, due to the significant investment some hospitals have made in implementing the Mosaic model, we will recognize hospital completion and ongoing maintenance of the Mosaic program as meeting the selected criteria.

For the 2023 *Honors Program*, the following items (highlighted in teal) have been identified from the WV ODCP Opioid Response Initiative as best practices that hospitals should implement to provide high quality care to individuals with Opioid Use Disorder (OUD) as well as patients at risk for overdose. In future years, we will add best practices from the other key areas (peer recovery support services, safe prescribing practices, and data collection) to the *Honors Program*. Additionally, we will expand the best practices that focus on the ED to inpatient settings, not just the ED.

[15] CDC. Drug Overdose. Death Rate Maps and Graphs. https://www.cdc.gov/drugoverdose/deaths/index.html
[16] CDC. Drug Overdose. 2020 Drug Overdose Death Rates. https://www.cdc.gov/drugoverdose/deaths/2020.html
[17] CDC. Drug Overdose. Death Rate Maps and Graphs. https://www.cdc.gov/drugoverdose/deaths/index.html

Education

1. Provides yearly education opportunities for all **emergency department (ED) physicians and staff with patient interaction** regarding substance use disorder (SUD) and treatment modalities; stigma reduction; and the disease of addiction.
2. Identifies a champion for the Opioid Response Initiative to facilitate and communicate practice enhancements surrounding SUD.
3. Identifies departmental champions to serve as educational role models regarding addiction care and stigma reduction and coordinates with the Opioid Response Initiative Champion.

Screening

4. Screens all patients entering the **hospital ED** for SUD.
5. If a patient screens positive for SUD, an SBIRT screen is initiated to assess readiness for change.
6. Approved protocols are established.

Intervention

7. Informed consent regarding treatment options is provided.
8. If a patient is agreeable to medication for opioid use disorder (MOUD):
    a. **ED physician** provides initial dose of medications for MOUD when indicated.
    b. **ED physician** provides a bridge prescription for patients wishing to follow up at MOUD program following ED visit.
9. If a patient is not agreeable to MOUD, the hospital has a written policy in place dictating referral pathways including provider and facility agreements to accept referrals to treatment of the patient's choice (i.e., detox, 28-day residential treatment, recovery residence, outpatient, etc.)

~~10. At least 30% of ED providers obtain DEA X waiver.~~

10. ED sets appointments with outpatient addiction treatment providers, assists patients with transportation, and follows up to encourage patients to arrive at appointments.
11. MOU is drafted with a local residential treatment program and recovery residence to accept referrals on discharge from the hospital.
12. Provides addiction consult service either on site or by telehealth **during peak times in the ED** with on call service during off hours.

Naloxone

13. Provides a prescription for Naloxone and education to **ED patients that are at high risk for opioid overdose** (diagnosis of OUD, recent overdose, active IV drug use, high MME prescriptions, or new opioid prescription).

    OR

    Dispenses Naloxone kits and education to **ED patients that are at high risk for opioid overdose** (diagnosis of OUD, recent overdose, active IV drug use, high MME prescriptions, or new opioid prescription).

Peer Recovery Support

14. Offers Peer Recovery Support Specialist (PRSS) services in the ED to patients who screen positive for SUD **before discharge from the ED or within 24 hours** of positive screen.

15. Facility will have a formal follow-up procedure for a PRSS to contact individuals after discharge and provide ongoing services.
16. Offers Peer Recovery Support Specialist (PRSS) services to ED patients who screen positive for SUD through the development of an MOU with a local behavioral health center (LBHC) or other outpatient setting **within 48 hours** of positive screen.
17. PRSS or Care Management schedules timely MAT follow-up appointments **within 72 hours** of discharge and determines arrival for intake appointments by having a two-way release.
18. PRSS or Care Management schedules timely MAT follow-up appointments **within 48 hours** of discharge for **100%** of patients who have been given a bridge prescription or fast tracked to an outside provider for quick intake.

Safe Prescribing

19. Facility has a program for using multi-modal and alternatives to opioids (ALTOs) for pain control in all appropriate situations.
20. Co-prescribe naloxone with all opioid prescriptions.
21. Facility has a program in place for Safe Opioid Prescribing.

Data Collection

Specifics of data collection are still being developed at this time.

Level 1 – Engagement

[Applicable to: Acute, LTAC, Rehab, Psych]

We are committed to implementing the best practices identified in the key areas of Education, Screening, Intervention, and Naloxone to improve access to and quality of substance use disorder treatment in a way that aligns with state priorities to address the opioid epidemic *by August 31, 2024.*

Level 2 – Implementation

[Applicable to: Acute, LTAC, Rehab, Psych]

We have implemented the best practices identified in the key areas of Education, Screening, Intervention, and Naloxone to improve access to and quality of substance use disorder treatment in a way that aligns with state priorities to address the opioid epidemic *as of August 31, 2023.*

Patient and Family Engagement (PFE)

[Applicable to: Acute, LTAC, Rehab, Psych]

The Centers for Medicare & Medicaid Services (CMS) strives to create a healthcare system in which people receive safer, more equitable and patient-centered care based upon meaningful person and family engagement (PFE). CMS' Strategic Plan emphasizes the critical role of PFE in meeting the three broad aims of the National Quality Strategy: Better Care, Healthier People and Communities, and Affordable Care.[18] The fundamental vision of PFE is that hospitals and healthcare providers fully engage patients and their families in their care, partnering with them in all aspects of care delivery to make improvements. This includes engagement at all levels-at the bedside point of care, organizational governance, and in collaboration with communities and policymaking.[19]

Beginning in the HIIN work, PFE continues to be a foundational aspect of HQIC – a CMS hospital quality improvement program. Some of the benefits include reductions in hospital-acquired infections and conditions; reductions in preventable readmissions; improved patient experiences and higher Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores; improved patient outcomes and reduced length of hospital stay; reductions in health and healthcare disparities; and improved efficiency.[20]

It is recommended that hospitals complete self-assessments periodically indicating the level of performance for five best practices. The goal is that hospitals respond "yes" to the following statements:

Best Practice 1: Our hospital has a physical planning checklist that is discussed with every patient who has a scheduled admission make allowance for hospitals that don't schedule admissions.

Best Practice 2: Our hospital conducts shift-change huddles OR bedside reporting with patients and family members in all feasible cases.

Best Practice 3: Our hospital has a designated individual or individuals with leadership responsibility and accountability for PFE.

Best Practice 4: Our hospital has an active patient and family advisory council (PFAC) OR at least one patient who serves on a patient safety or quality improvement committee or team.

Best Practice 5: Our hospital has one or more patients who serve on a governing and/or leadership board as a patient or family representative.

[18] CMS. CMS Quality Strategy, 2016.
[19] Center for Advancing Health. A new definition of patient engagement: What is engagement and why is it important? Washington, DC; 2010.
[20] American Institutes for Research. PfP Strategic Vision Roadmap for Person and Family Engagement (PFE): Achieving the PFE Metrics to Improve Patient Safety and Health Equity-Second Edition. Washington, DC. October 2017.#

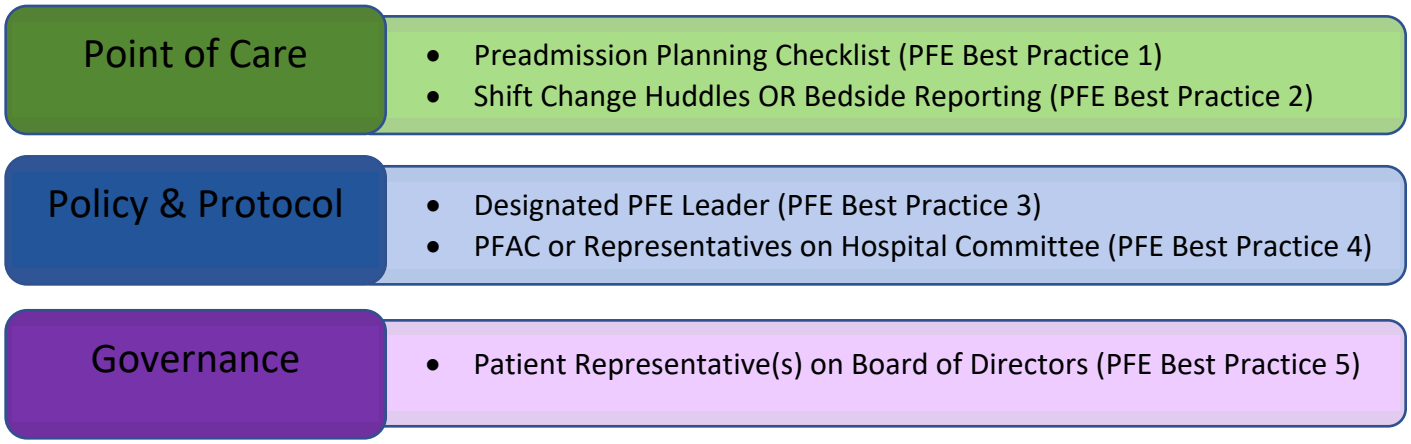
Level 1- Engagement
[Applicable to: Acute, LTAC, Rehab, Psych]

We are committed to implementing at least three (3) of the Patient and Family Engagement (PFE) best practices by *August 31, 2024*.

Level 2- Implementation
[Applicable to: Acute, LTAC, Rehab, Psych]

We have implemented at least three (3) of the Patient and Family Engagement (PFE) best practices as of *August 31, 2023*.

Patient and Family Engagement Best Practices



WVHA Discharge Data Program

[Applicable to: Acute, LTAC, Rehab, Psych]

The West Virginia Hospital Association provides leadership for West Virginia member hospitals and health systems to address issues across many domains including legislative, finance, policy, advocacy and clinical. Under the Patient Protection and Affordable Care Act, access to data is unprecedented. Members are embracing new delivery models to bridge the transformation required to move towards value-based care as volume-based reimbursement models are changing. Meaningful Use and pay for performance have emerged as critical new factors in today's healthcare environment. Now, more than ever, it is critical for WVHA members to have affordable access to the tools and analytics to leverage big data effectively. The triple aim to improve care, improve health and lower cost will be the primary determinants of success, and access to advanced analytic solutions have been shown to be critical elements of strategies to help organizations successfully move from volume to value.

For the past 30+ years, WV has had a mandatory requirement that hospitals submit discharge data to the Health Care Authority; however, the data is not all that useful for the hospitals. It is a cumbersome process to request the data, it is a limited dataset that often stripes the very information you are seeking, and it is old, which by itself diminishes the true value.

Adding discharge data capabilities to WVHA's existing data services greatly aids the Association in fulfilling its mission to collectively build better healthcare and health for the patients, people and communities in West Virginia.

Benefits of a strong and timely data program:

• **Focus on core strengths.** Having a data and analytics program will optimize the impact that existing staff expertise can have with members. For example, strong government relations staff can have more timely and robust analytics to support WVHA's policy and advocacy decision framework. The Quality Committee and staff can access performance metrics to drive quality initiative impact with members.

• M**ember value.** Members can access and interact with data easily to better understand market share, peer quality performance and community health metrics.

• **C-suite functionality.** Make available the ability to trend, analyze and model data and customize solutions to meet association and members' needs.

• **Drive adaptive health learning to improve care.** Association staff can access statewide and cohort trends in quality performance using timely data to support WVHA quality improvement initiatives. A timely data program can support WVHA's goals to advance price and quality transparency through the associations HospitalSmart web site.

• **Position the Association to provide value to constituency groups.** With strong, timely data, our reporting tools could support strategic planning, financial and quality performance needs of individual hospitals, health systems, collaboratives, and special interest groups.

With a discharge data program operated by WVHA, hospitals can get access to strategic planning and marketing reports, which can help hospital planners better understand their market position, competition and trends, see utilization patterns and trends, target interventions for high utilizers, know physicians' loyalty and performance and build an informed data-driven strategic plan. Hospitals would be able to analyze and map out trends of previously unknown market variables such as attending physician patterns and market leakage based on service and geography hotspots.

In 2017 the WVHA Quality Committee voted to explore the opportunity of a WVHA discharge data program. In May 2017, the WVHA Board of Trustees approved that plan and asked for outpatient data to be included, which hospitals began submitting on January 1, 2020.

Level 2 – Implementation
[Applicable to: Acute, LTAC, Rehab, Psych]

We are participating in the WVHA Discharge Data Program (Inpatient & Outpatient).

2023 Commitment to Excellence Honors Program
Attestation Form

Hospital Name: _____
(Print or type your hospital name)

Attestation Contact:_____
(Print or type your name)

Email: _____ **Phone**: _____

Alliance for Innovation on Maternal Health (AIM) Program

[Applicable to: Acute Care Birthing Hospitals]

Project Lead: _____

Email: _____ **Phone**: _____

☐ **Not Applicable**

We do not provide obstetrical services.

☐ **Level 1- Engagement**

[Applicable to: Acute Care Birthing Hospitals]

We are participating in the Alliance for Innovation on Maternal Health (AIM) Program in collaboration with the WV Perinatal Partnership and WVHA.

Antibiotic Stewardship

[Applicable to: Acute, LTAC, Rehab, Psych]

Project Lead: _____

Email: _____ **Phone**: _____

☐ **Level 1- Engagement**

[Applicable to: Acute, LTAC, Rehab, Psych]

We are currently participating in the WVHA Antibiotic Stewardship Reporting Program AND we are actively working on our antibiotic stewardship program but are not 100% aligned with the CDC *Core Elements* for a successful hospital antibiotic stewardship program (per the NHSN Annual Hospital Survey) as of *August 31, 2023*.

☐ **Level 2- Implementation**

[Applicable to: Acute, LTAC, Rehab, Psych]

We are currently participating in the WVHA Antibiotic Stewardship Reporting Program AND we have implemented a robust antibiotic stewardship program that is 100% aligned with the CDC *Core Elements* (per the NHSN Annual Hospital Survey) as of *August 31, 2023*.

Care Transitions

[Applicable to: Acute, LTAC, Rehab, Psych]

Project Lead: _____

Email: _____ **Phone**: _____

☐ **Level 1 – Engagement**

[Applicable to: Acute, LTAC, Rehab, Psych]

We are committed to implementing a care transitions program that aligns with a nationally recognized care transitions program(s) by *August 31, 2024* or have already implemented a care transitions program that aligns with a nationally recognized care transitions program(s) as of *August 31, 2023* (will need to specify which program(s) on the attestation form), but did not achieve a Care Transitions composite top box score of 51% or higher.[21]

☐ **Level 2 – Implementation**

[Applicable to: Acute, LTAC, Rehab, Psych]

We have implemented a care transitions program that aligns with a nationally recognized care transitions program(s) as of *August 31, 2023* (will need to specify which program(s) on the attestation form) AND have achieved a 51% or higher on the "top box" score for the HCAHPS Care Transitions composite.

Please note: The measurement component is only applicable to acute care hospitals.

We have aligned our work with the following nationally recognized care transitions program(s):

_____

_____

_____

[21] Hospital top-box score will be obtained from the July 2023 Care Compare update HCAHPS Summary Analyses.

Emergency Department Information Exchange (EDie)

[Applicable to: Acute Care Hospital with ED]

Project Lead: _____

Email: _____ **Phone**: _____

☐ **Not Applicable** We do not have an emergency department.

☐ **Level 2 – Implementation**

[Applicable to: Acute Care Hospital with ED]

We have implemented EDie within our hospital as of ***August 31, 2023*** and are transmitting Admission Discharge Transfer (ADT) information and receiving EDie notifications.

Hospital Emergency Management Program

[Applicable to: Acute, LTAC, Rehab, Psych]

Project Lead: _____

Email: _____ **Phone**: _____

☐ **Level 1- Engagement**

[Applicable to: Acute, LTAC, Rehab, Psych]

We have returned the signed 2022-2023 Hospital Participation Agreement and Regional MOU with primary and secondary contacts identified AND are committed to implementing all emergency response activities for the 2023-2024 HPP program year.

☐ **Level 2- Implementation**

[Applicable to: Acute, LTAC, Rehab, Psych]

We have returned the signed 2022 – 2023 Hospital Participation Agreement and Regional MOU with primary and secondary contacts identified AND have implemented all emergency response activities for the 2022-2023 HPP program year that took place between January 1 and June 30, 2023.[22]

[22] The MRSE took place in October 2022; therefore, participation in that activity will not count toward the 2023 Honors Program.

Hospital Quality Improvement Contract (HQIC)

[Applicable to: CMS Eligible Hospital List]

Project Lead: _____

Email: _____ **Phone**: _____

HQIC Partner: _____

☐ **Not Applicable**

[Applicable to: Rehab, Psych]

We are not eligible for participation in HQIC.

☐ **Level 1- Engagement**

[Applicable to: CMS Eligible Hospital List]

We participate in the Eastern U.S. Quality Improvement Collaborative (EQIC) offered through WVHA or with one of the other HQIC contactors for Task Order 3.

Influenza Vaccination

[Applicable to: Acute, LTAC, Rehab, Psych]

Project Lead: _____

Email: _____ **Phone**: _____

☐ **Level 1- Engagement**

[Applicable to: Acute, LTAC, Rehab, Psych]

We are committed to the development and implementation of a mandatory employee flu vaccination policy *by the 2022-2023 flu season* OR we already have a policy in place but did not achieve a 95% Healthcare Personnel (HCP) vaccination percentage for the 2022-2023 flu season.

☐ **Level 2- Implementation**

[Applicable to: Acute, LTAC, Rehab, Psych]

We have a mandatory employee flu vaccination policy in place AND have achieved a Healthcare Personnel (HCP) Influenza Vaccination Adherence percentage[23] of 95 percent or greater for all HCP[24] per National Healthcare Safety Network (NHSN) protocol for the 2022-2023 flu season (reporting period: October 1-March 31). The influenza vaccination adherence percentage will be obtained from data entered in NHSN after data collection ends for the flu season.

Please note: All Healthcare Personnel (HCP) is defined as the three required categories for data submission per NHSN protocol: (1) employees (staff on facility payroll); (2) licensed independent practitioners (physicians, advanced practice nurses, physician assistants, post-resident fellows also included if not on facility's payroll); and (3) Adult students/trainees and volunteers. At this time 'other contract workers' is an optional data field in NHSN and is excluded from "all" HCP.

[23] This measure is the IMM-3 measure reported as part of the Inpatient Quality Reporting (IQR) program and publicly reported on Hospital Compare. It is calculated as the total number of healthcare workers contributing to successful vaccination adherence divided by the total number of healthcare workers eligible to receive the Influenza vaccine per NHSN protocol. More information is available in the Inpatient Hospital Compare Preview Report Help Guide available at http://www.qualityreportingcenter.com/wp-content/uploads/2016/05/PR_Jul2016_IP-HC-Preview-Report-Help_Guide.508.pdf. More information on the Healthcare Personnel Vaccination Module in NHSN can be found here: http://www.cdc.gov/nhsn/pdfs/hps-manual/vaccination/hps-flu-vaccine-protocol.pdf.

[24] All Healthcare Personnel (HCP) is defined as the three required categories for data submission per NHSN protocol: (1) employees (staff on facility payroll); (2) licensed independent practitioners (physicians, advanced practice nurses, physician assistants, post-resident fellows also included if not on facility's payroll); and (3) Adult students/trainees and volunteers. At this time 'other contract workers' is an optional data field in NHSN and is excluded from "all" HCP.

Opioid Response Initiative

[Applicable to: Acute, LTAC, Rehab, Psych]

Project Lead: _____

Email: _____ **Phone**: _____

☐ **Level 1- Engagement**

[Applicable to: Acute, LTAC, Rehab, Psych]

We are committed to implementing the best practices identified in the key areas of Education, Screening, Intervention, and Naloxone to improve access to and quality of substance use disorder treatment in a way that aligns with state priorities to address the opioid epidemic *by August 31, 2024.*

☐ **Level 2- Implementation**

[Applicable to: Acute, LTAC, Rehab, Psych]

We have implemented the best practices identified in the key areas of Education, Screening, Intervention, and Naloxone to improve access to and quality of substance use disorder treatment in a way that aligns with state priorities to address the opioid epidemic *as of August 31, 2023.*

Patient and Family Engagement

[Applicable to: Acute, LTAC, Rehab, Psych]

Project Lead: _____

Email: _____ **Phone**: _____

☐ **Level 1- Engagement**

[Applicable to: Acute, LTAC, Rehab, Psych]

We are committed to implementing at least three (3) of the Patient and Family Engagement (PFE) best practices by *August 31, 2024*.

☐ **Level 2- Implementation**

[Applicable to: Acute, LTAC, Rehab, Psych]

We have implemented at least three (3) of the Patient and Family Engagement (PFE) best practices as of *August 31, 2023*.

WVHA Discharge Data Program

[Applicable to: Acute, LTAC, Rehab, Psych]

Project Lead: _____

Email: _____ **Phone**: _____

☐ **Level 2 – Implementation**

[Applicable to: Acute, LTAC, Rehab, Psych]

We are participating in the WVHA Discharge Data Program (Inpatient & Outpatient).

I hereby attest that our hospital has met the criteria for recognition in each topic area as indicated above for the 2023 Commitment to Excellence Honors Program.

_____ _____

Print Hospital CEO Date

_____

Hospital CEO signature

Thank you for your *Commitment to Excellence!*