

The Road Map to Success Implementation Checklist



STEPS	ACHIEVING THE MILESTONES	RESOURCES TO SUPPORT YOU	DATE COMPLETED	BARRIERS TO COMPLETION	NOTES
	MILESTONE 1: JOIN & LEARN				
1-1	Identify an agency champion & back up	Questions to ask: 1) Who is timely and organized with reporting? 2) Who is a leader in your organization? Who is interested in improving patient quality of care?			
1-2	Register to join the HHQI Cardiovascular Learning and Action Network (LAN) & attend the webinar every third Thursday in March, June, September and December in 2016	http://www.homehealthquality.org/Cardiovascular-Health/CardioLAN/Webinars.aspx			
1-3	View <i>Introduction to the Home Health Collaborative-Improving Cardiovascular Health</i> webinar (2/18/15)	http://www.healthcarefornewengland.org/events			
1-4	View <i>Welcome to the Home Health Collaborative</i> webinar (3/11/15)	http://www.healthcarefornewengland.org/events			
1-5	Take the Million Hearts Pledge of Support	http://millionhearts.hhs.gov/index.html			
	MILESTONE 2: ACCESS				
2-1	Complete data access registration and successfully login to access data	https://secure.homehealthquality.org/Resources.aspx . Watch <i>Data Access Tutorial</i>			
2-2	View <i>Getting Started in the HHCDR</i> webinar (7/1/2015)	http://www.healthcarefornewengland.org/events			

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2-3	View <i>HHCDR Overview</i> webinar (11/3/2014)	http://www.homehealthquality.org/Cardiovascular-Health/Data-Registry.aspx			
2-4	Download and review Best Practice Intervention Plans (BPIPs). Print out a copy for easy reference.	http://www.homehealthquality.org/Cardiovascular-Health/Best-Practices.aspx			
2-5	View <i>Cardiovascular Quality Improvement Program Integration</i> webinar (9/2015)	http://www.homehealthquality.org/Cardiovascular-Health/CardioLAN/Webinars			
2-6 (QAPI)	PLANNING/IMPLEMENTING THE PI PLAN TO ACHIEVE YOUR TARGET MEASURE				
QAPI-1	Establish baseline PI data for the agency so that the champion can select the areas for improvement	http://www.homehealthquality.org/HHQI-University/QAPI_Canvas_Form.aspx and https://secure.homehealthquality.org/Resources.aspx (look for Acute Care Hospitalization Report Webinar)			
QAPI-2	Review the HHQI webinar series "Pave the Way" on how to develop and use a model for improvement.	http://www.homehealthquality.org/Webinars/Pave-Your-Path-Webinars.aspx			
QAPI-3	Select a target outcome for improvement				
QAPI-4	Select a measure from the HHCDR list of measures that correlates with the target outcome selected				
2-7	Pick your quality measures				
2-7a	<i>Diabetes - Cholesterol Screening</i>	http://www.homehealthquality.org/data-resources/measure2.pdf			
2-7b	<i>Ischemic Vascular Disease (IVD) - use of ASA</i>	http://www.homehealthquality.org/data-resources/measure204.pdf			

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2-7c	<i>Cholesterol Management</i>	http://homehealthquality.org/Data-Resources/Measure241.aspx			
2-7d	<i>Tobacco use - Screening and Cessation Intervention</i>	http://www.homehealthquality.org/data-resources/measure226.pdf			
2-7e	<i>Controlling High Blood Pressure</i>	http://homehealthquality.org/Data-Resources/Measure236a.aspx			
	MILESTONE 3: COLLECT DATA & DOWNLOAD				
3-1	Identify where chart abstraction item will be found in patient records	https://secure.homehealthquality.org/Resources.aspx			
3-2	Develop internal process for collecting and entering data into the HHCDR. Options include the following:				
3-3	Select one person and an alternate to be responsible for abstracting and entering all required data.				
3-4	Include the HHCDR Chart Abstraction Tool as part of the discharge process for clinicians and submit to data entry staff to enter data when episode populates in HHCDR (approximately 6 weeks after discharge)				
3-5	Incorporate chart abstraction and HHCDR data entry into monthly chart review process				

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3-6	Watch <i>Data Access Tutorial (2/18/15)</i>	https://secure.homehealthquality.org/Resources.aspx			
3-7	Close out one month of data submission and download one HHCDR report				
MILESTONE 4: COLLECT DATA & VALIDATE					
4-1	Access HHCDR on the 15th of every month	https://secure.homehealthquality.org/Resources.aspx 'HHCDR Dates to Remember'			
4-2	Abstract at least 12 discharged patients, with a minimum of 15 days per episode of care, per measure				
4-3	Close out the month by the 14th of the following month				
4-4	Access and evaluate HHCDR report on the 23rd of every month				
4-5	<i>Next Steps in Progressive Cardiovascular Care - What to do once you have the HHCDR report</i> (two-part webinar: 6/18/15 & 7/23/15)	http://www.homehealthquality.org/Health/CardioLAN/Webinars			
MILESTONE 5: SHOW IMPROVEMENT					
5-1	Patient Education - Use BPIPs	http://www.homehealthquality.org/Cardiovascular-Health/Best-Practices.aspx			
5-2	Staff trainings to include clinical education, podcasts, sample bulletin board	www.HHQIUniversity.org http://www.homehealthquality.org/Education/Best-Practices.aspx			

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5-3	Get all of your staff and administrators to view the quarterly HHQI LAN webinars on the third Thursday of the month 2-3 PM	http://www.homehealthquality.org/Cardiovascular-Health/CardioLAN/Webinars			
	3/17/2016 webinar TBD				
	6/16/2016 webinar TBD				
	9/15/2016 webinar TBD				
	12/15/2016 webinar TBD				
5-5	Patient Education to include English and other languages	http://www.homehealthquality.org/Education/Best-Practices.aspx			
5-6	Community Health Education - use Million Hearts Campaign	http://millionhearts.hhs.gov/resources/toolkits.html			
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