Access Management Journey Map

USER ROLES

IT Staff
- Manage access
- Grant access
- Create shared drives

QualityNet Admin
- Enter Data
- Help hospitals understand reports
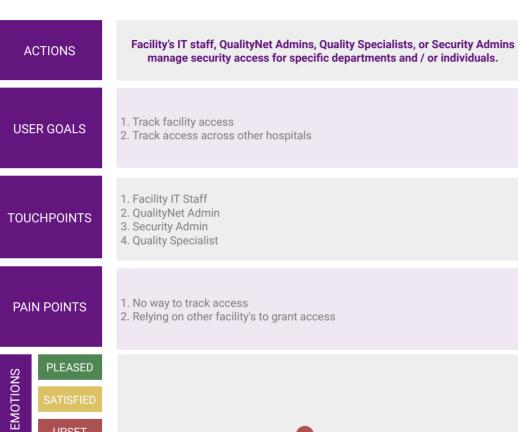- Help internal orgs strategize and democratize data

Security Admin
- Audits
- Report data
- Grant access

Quality Specialist
- Enter / report data
- Grant access
- Audits

USER JOURNEY

ACTIONS	Facility's IT staff, QualityNet Admins, Quality Specialists, or Security Admins manage security access for specific departments and / or individuals.	Facility's IT staff, QualityNet Admins, Quality Specialists, or Security Admins grant security access to specific departments and / or individuals.	Departments and / or individuals with security access inputs data into system or requests data from hospitals to input into system.
USER GOALS	1. Track facility access 2. Track access across other hospitals	1. Grant access 2. Remove access	1. Input data 2. Request data from other hospitals 3. Track data inputted from other hospitals
TOUCHPOINTS	1. Facility IT Staff 2. QualityNet Admin 3. Security Admin 4. Quality Specialist	1. Hospital System / Shared Drive 2. IT Staff 3. QualityNet Admin 4. Security Admin 5. Quality Specialist	1. Meditech (EHR) 2. OneView 3. MIDAS 4. Kronos 5. MD Staff 6. DocuSign
PAIN POINTS	1. No way to track access 2. Relying on other facility's to grant access	1. High turnover rates 2. Job changes 3. Can't control removing access	1. No way to track access across other hospitals 2. No way to track data inputted across other hospitals 3. System changes 4. Multiple systems 5. Knowledge transfers when SME no longer accessible

EMOTIONS

- PLEASED
- SATISFIED
- UPSET

THOUGHTS	*"Right now we have no way of knowing who has access. It's unknown to us."* -Sr Dr. Quality Data	*"Every time I have someone that I think I'm about to give access to, they change jobs."* -PI Manager	*"We have no way of knowing who else at their facility can login and input that data."* -Sr Dr. Quality Data

Data Submissions Journey Map

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USER ROLES

Quality Manager / Coordinator
- QualityNet Administrator
- Data submissions for 1 hospital in a system
- Receives & disseminates reports

Quality Nurse Reviewer
- Chart abstractions for community hospital
- Creates reports
- Educates/coordinates w/ staff on improvements

Meaningful Use Project Manager
- Submissions for hosp system (3 + 1 ASC)
- Documenting PI criteria
- Educating staff on Promoting Interoperability

Senior Director Quality Data
- Helps hospitals understand performance reports & establish goals
- Monitors hospital data
- Manages team of analysts

USER JOURNEY

	Decide on cases to submit	Prepare files for submission		Submit files		Check submissions	Fix submissions
ACTIONS	Decide on cases to submit	Prepare files for submission		Submit files		Check submissions	Fix submissions
USER GOALS	(Goals are transmitted from leadership) ...and/or, identify cases that will achieve best results	Ensuring submissions are accurate		Ensuring submissions are accurate and ON TIME		Confirming requirements are satisfied / "Goal is meeting 100%"	
TOUCHPOINTS	1. Patient census from EMR 2. Receive certification letters from vendor 3. Hospital / system dashboards 4. Team meetings / collaboration 5. QualityNet/CMS Manuals	**Under-resourced** 1. Abstractions in a system like MIDAS or a product like Excel or CART 2. Collaborate with IT 3. Gather data from facilities	**Resourced** 1. Multiple data repositories 2. Oversee / collaborate with vendor to ensure submissions are correct	**Under-resourced** 1. "The Checklist" (step-by-step guide from QNet that many referenced) 2. Emails from QualityNet 3. TEST submissions in HQR 4. Peer networks	**Resourced** 1. EMR & EMR-based educational resources (webinars, etc.) 2. System like MIDAS / vendor to do submissions 3. Peer networks in hospital system for troubleshooting	Run reports AND/OR Receive confirmations from vendor	1. Get emails from QualityNet 2. Troubleshoot issues w/ HSAG 3. Translate between hospitals and CMS/QNet/TJC when troubleshooting AND/OR Vendor takes care of issues
PAIN POINTS	1. Keeping up with specifications and what must be submitted 2. Getting providers to understand what to document 3. At the corporate level, knowing if the right staff is in place to complete tasks	1. Keeping track of changing regulations 2. People without technical backgrounds having to learn tech processes 3. Multiple backups / documentation sources	1. Collecting data from multiple systems 2. Getting hospital numbers to reconcile w/ HCS numbers 3. Educating providers on what to document	1. Moving between QualityNet and HARP 2. Lack of "The Checklist" / step-by-step instructions 3. Lack of qualified IT staff in smaller towns	1. Lack of access to multiple organizations 2. Lack of "The Checklist" / step-by-step instructions	1. Reports take a long time to run 2. Reports can be confusing 3. Lack of view into entire hospital system 4. Double/triple checking everything	1. Can take some time to resolve issues 2. Can make hospitals anxious to think that problems aren't resolved

EMOTIONS
- **PLEASED**
- **SATISFIED**
- **UPSET**

| THOUGHTS | "We had a great score because we only had 5 cases. So we wanted to keep that there since it looks good for us." | ""I do screen shots on every single objective... I also have [everything] on a thumb drive, we recently had a fire in our hospital and a lot of people lost stuff..." | "We outsource most of our data abstraction so we can focus on quality improvement" | "When I report my data in CART, I have to manually go in and extract all of the data, then put into CART, then put into HARP. I had no training, it was very stressful when I first started." | "Once I submit to Midas, they do the quarterly submissions to CMS for us... It makes my life easier."" | "How come it says in the corner, DACA no? I said, we did DACA, not sure why it says "DACA no"" | "The QualityNet Help Desk is usually very helpful." |

Quality Improvement Journey Map

USER ROLES

Quality Coordinator
- Develop, implement, and maintain quality improvement processes
- Maintain communication with hospital healthcare providers and staff

Meaningful Use Manager
- Monitor patient records and daily reports
- Abstract eCQM measure data for submission
- Retrieve patient records on ad hoc basis

Quality Director
- Provide oversight on hospital quality improvement goals
- Serve as liaison between the hospital quality department and corporate office/joint commissions

Hospital / Healthcare System Leadership
- Monitor hospital quality and performance data across all hospitals within hospital system
- Set quality improvement benchmarks
- Provide data analytics and technical assistance to hospitals within network

USER JOURNEY

	ACTIONS	USER GOALS	TOUCHPOINTS	PAIN POINTS
Hospital/HCS leadership prioritizes quality improvement goals based on current performance		1. Identify measures where facility(ies) are falling below specific thresholds. 2. Assist hospital(s) set individualized goals	1. CMS measure requirements 2. CMS performance reports 3. Shared system databases 4. Publicly available claims data 5. Data analytic software	1. System-level users don't always have access to EMR data at the facility-level. 2. Heavy reliance on hospitals to send CMS provided reports.
Hospital/HCS leadership socializes goals, resources, OKRs to hospital quality departments		1. Hold hospitals accountable to corporate quality improvement goals and benchmarks 2. Provide system-level benchmarks that hospitals should aim to meet	1. System-wide Sharepoint 2. Scorecards for reporting/tracking metrics and goals 3. Email 4. Board meetings	1. The measures that corporate offices prioritize don't always align with CMS measures. Hospitals must create reference guides to ensure all appropriate measures are accounted for.
Quality directors coordinate amongst staff to track relevant measures and performance		1. Continuously monitor and assess patient EMRs for quality issues 2. Review CMS performance reports	1. CMS performance reports 2. Sharepoint 3. Excel spreadsheets 4. Vendor-provided reports 5. EMR system	1. Hospitals have few analytic resources to dive deeper into quality data. 2. Users must log into multiple systems 3. Performance reports can be difficult to assess.
Quality coordinators work with Meaningful Use Managers to retrieve EMR data after flagging issues in a performance report		1. Pinpoint the EMR that resulted in the performance calculation 2. Flag performance issues as soon as they are identified in the EMRs	1. EMR systems 2. Vendor systems for abstracting patient records	1. It is not clear what data the CMS performance reports are referencing. 2. Although some patients are excluded in a calculation, hospitals must still identify these charts to pinpoint quality issues.
Quality Coordinators will report quality improvement initiatives and issues upwards to leadership for approval		1. Identify measure areas where the hospitals are improving based on previously implemented quality improvement initiatives and report to leadership.	1. Email 2. Committee meetings 3. Annual board retreats 4. 1:1 meetings with managers/directors	1. There are competing priorities from various conglomerates (e.g. joint commissions, corporate offices, hospital board, CMS) and can be difficult to capture/prioritize everything at once.
Quality Coordinators will implement process improvements or corrective actions to address quality issues		1. Identify process improvement consultants to improve individual units 2. Hold hospital staff accountable 3. Monitor any related measures with associated quality issues	1. Vendor provided system for data abstraction 2. Outside contractors/consultants	1. Small quality departments 2. Lack of evidence-based improvement initiatives creates skepticism amongst hospital staff (just saying it's CMS required is not enough)

EMOTIONS

PLEASED / SATISFIED / UPSET

THOUGHTS

"My team would really like to have the ability to pull the same reports instead of relying on the hospitals [to send them to us]."
Sr Director of Quality Data

"[Healthcare System] has metrics that they are trying to meet. We get bonuses if we are improving."
Quality Manager

"Each nurse will own a specific area. I do behavioral health... We will look for trends in our area and work with our LEAN contractor to make improvements."
Quality Nurse Reviewer

"I have to take CMS report, put them into an Excel sheet and try to sort it to try to drill down to that 1 patient."
Meaningful Use Project Manager

"We occasionally get disagreement between the people at the ground level and leadership level."
Quality Nurse Reviewer

"There's no one else available to focus on this quality improvement beside me."
HQR Reporting Manager