

Partnering for Quality: QIN-QIO Program Update

Alabama Hospital Association
Spring Quality Forum

May 5th, 2026

Southeast
CMS QIN-QIO



HEALTH QUALITY INNOVATORS

Agenda

- 1 About Health Quality Innovators (HQI)
- 2 The Southeast QIN-QIO Role
- 3 QIN-QIO Program Focus Areas
- 4 Our Collaborative Approach to Quality Improvement
- 5 Next Steps

About Health Quality Innovators (HQI)

- CMS quality contractor since 1986
 - The Quality Innovation Network–Quality Improvement Organization (QIN-QIO) Program, led by CMS, is one of the nation’s largest federally funded initiatives to improve health care quality for Medicare beneficiaries.
- Began work as the Southeast QIN-QIO in September 2025
- Team members located throughout the U.S. including Southeastern states
- 90% of team members bring direct experience from hospitals, nursing homes, outpatient clinical practices and other health care settings



Southeast QIN-QIO Role

Complimentary, provider-centered, individualized support from certified quality professionals.

- Learn provider needs and respond with relevant services
- Ensure alignment with organizational priorities by engaging provider leadership
- Assess performance and develop and implement action plans to achieve objectives
- Work collaboratively with providers to assist with implementation
- Advance and strengthen existing QI initiatives

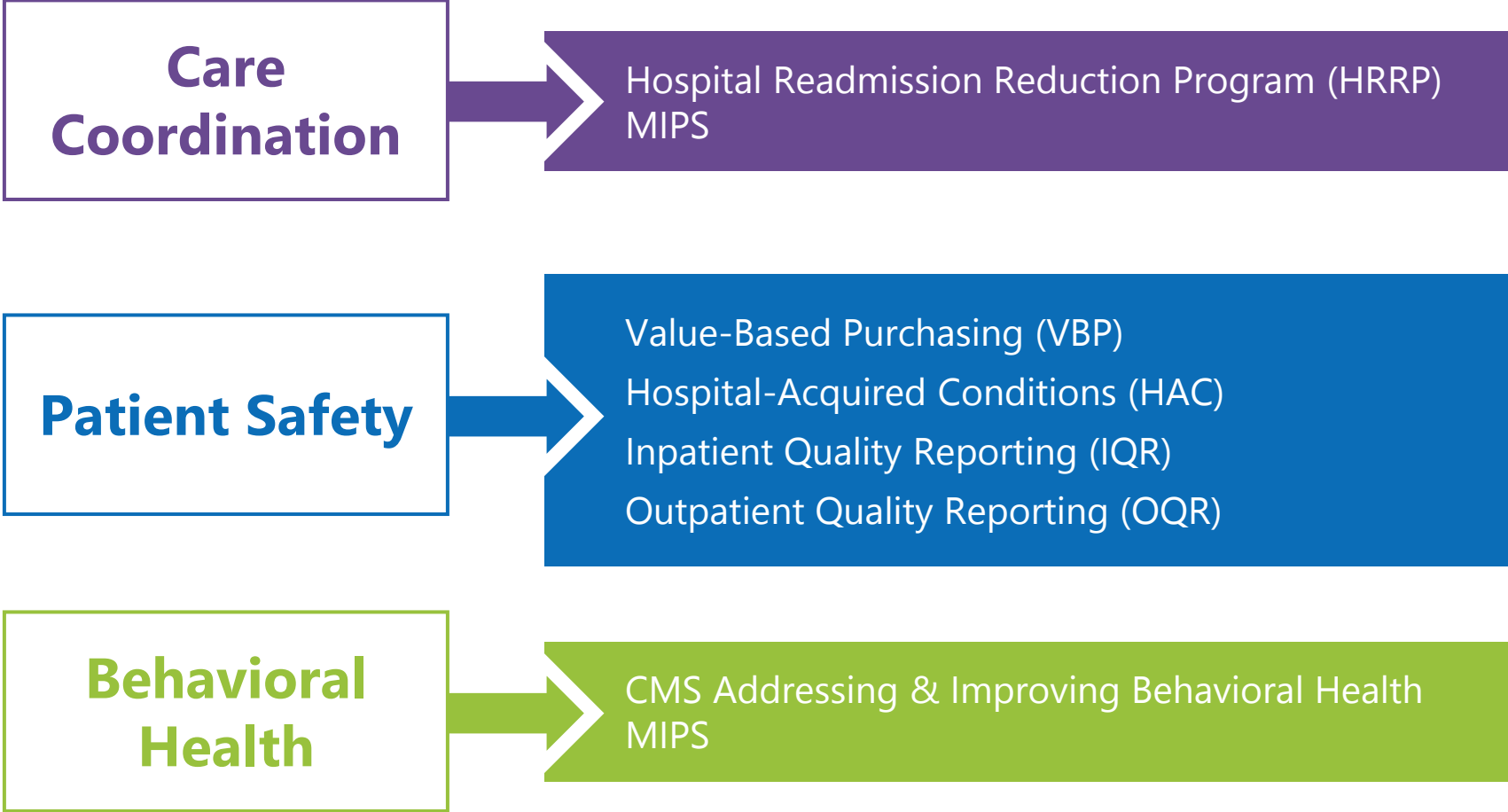
ALABAMA ELIGIBLE PROVIDERS

70 Hospitals

157 Nursing Homes



362 Outpatient Clinics

CMS Quality Reporting Alignment






Our Previous HQIC & QIN-QIO Accomplishments

Sepsis

-  **5.8%**
Emergency Department Visits Within 30 Days of Hospital Discharge
-  **12.4%**
Readmissions Within 30 Days of Hospital Discharge
-  **26%**
30-Day Sepsis Mortality



Patient Safety

-  **65%**
Catheter-Associated Blood Stream Infections (CLABSI)
-  **44%**
Stage 3 or 4 Hospital-Acquired Pressure Injuries (HAPI)
-  **20.7%**
Opioid Adverse Drug Events

Staff Safety

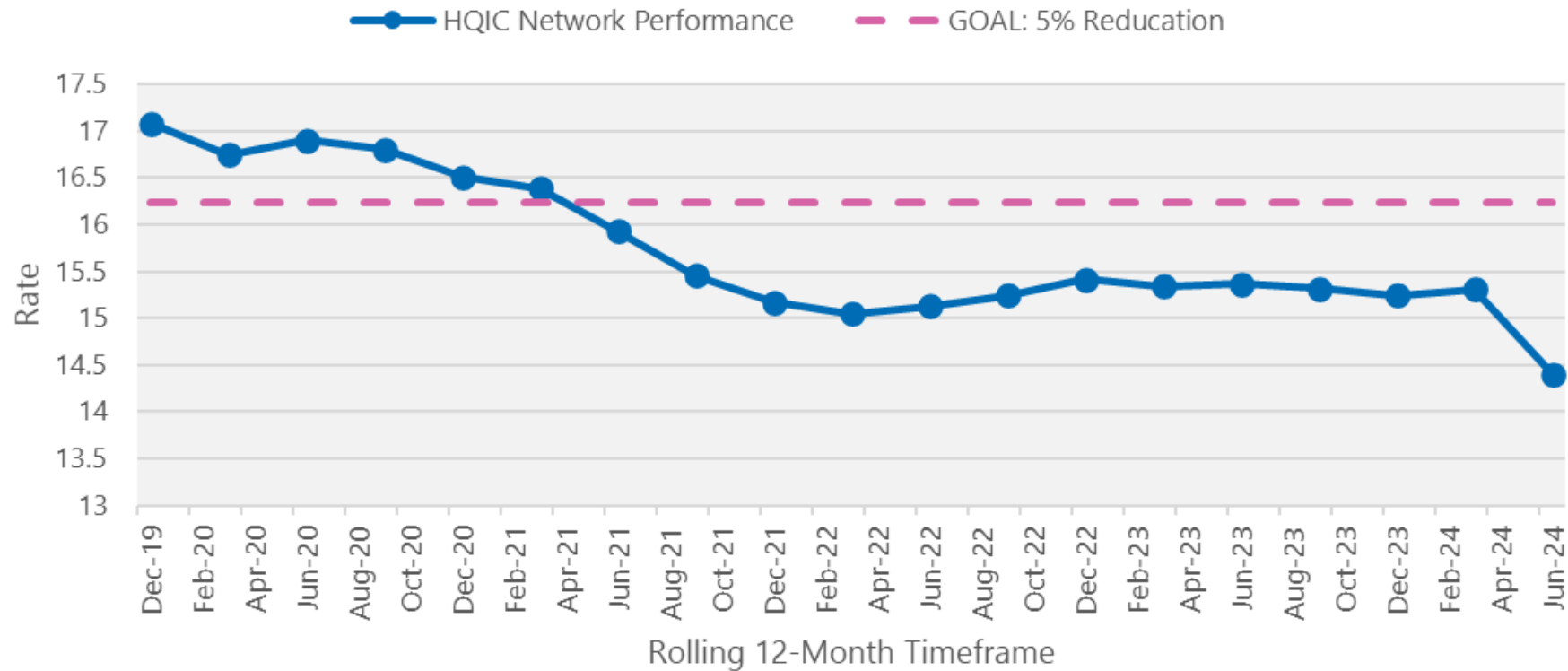
-  **70%**
Hospitals with Workplace Violence Priorities

Population Health

-  **90%**
Hospitals Conducting SDOH Screenings
-  **84%**
Hospitals Collecting Health Equity Data

Example: Readmissions

Unadjusted, Hospital-wide All-cause 30-Day Readmission Rate



15.7%
Relative Improvement
Rate (RIR)

Successful Strategies

QI Process	Toolbox
Data analysis (including patient interviews)	Benchmarking reports Readmission Interview Template
Team formation	ASPIRE+ Guide
Inventory current services & resources (hospital & community)	ASPIRE+ Guide
Understand discharge /care transition processes	Zone Tools Chronic Care Management
Goal Setting	SMART Goal Worksheet
Sustainment	Sustainment Guide

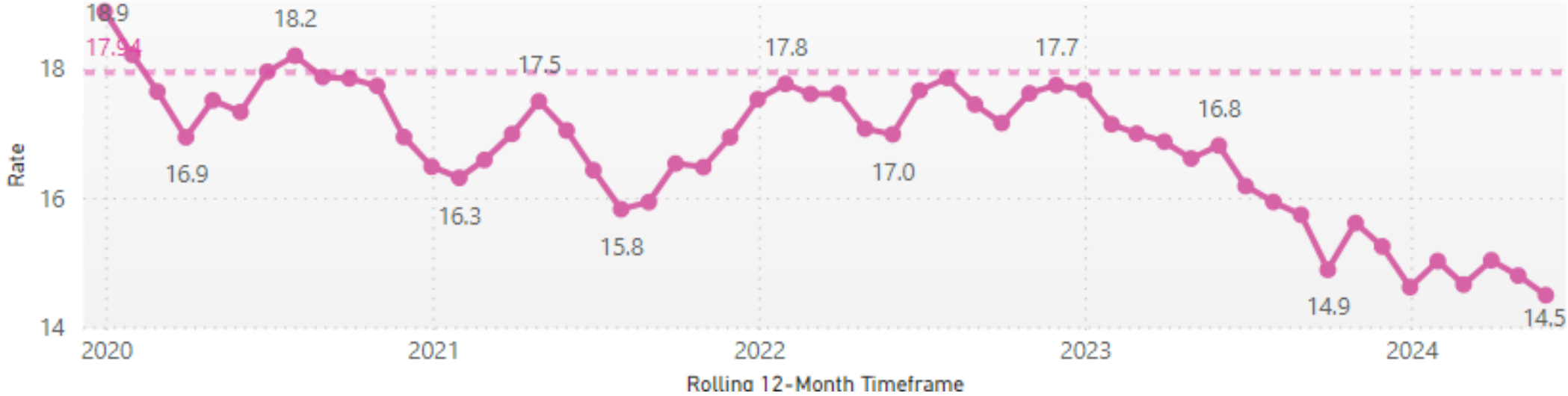
Success Story

- 116-bed acute care hospital located in the Mid-Atlantic region
- Implemented a readmission risk screening tool on admission
- Established criteria for high, medium, low risk readmission patients
- Established follow-up criteria based on level of readmission risk
- PCP and/or specialty appointments scheduled prior to discharge



Success Story: Results

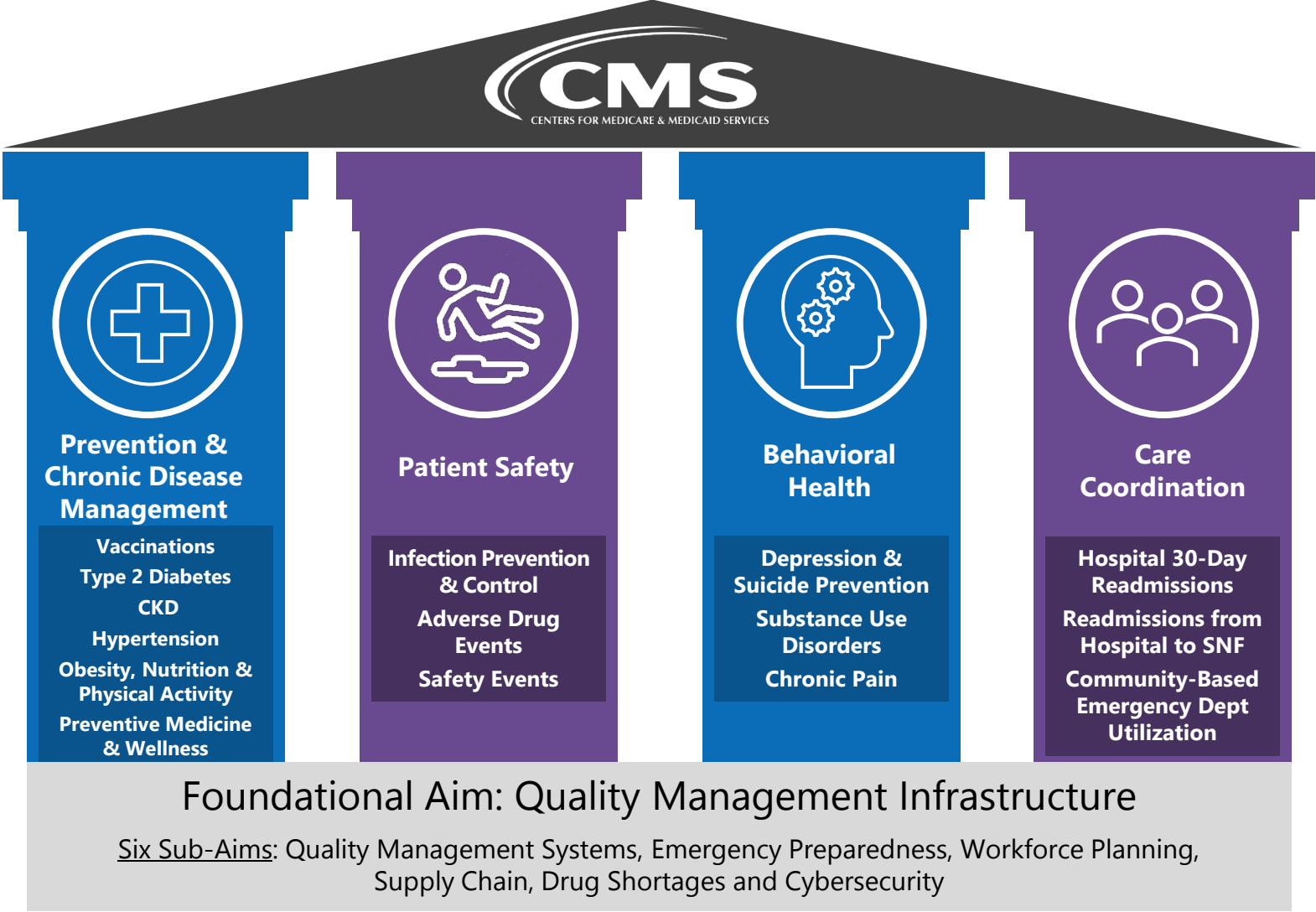
Rolling (12-Month Timeframe)



23.3%

Relative Improvement Rate (RIR)

QIN-QIO Program Improvement Aims



Clinical Aim: Patient Safety Measures



Patient Safety

**Infection
Prevention &
Control
Adverse Drug
Events
Safety Events**

- Catheter-associated Urinary Tract Infections (CAUTI)
- Catheter-associated Blood Stream Infections (CLABSI)
- *C. difficile* Infections (CDI)
- Surgical Site Infections (SSI)
- Methicillin-resistant Staphylococcus Aureus Infections (MRSA)
- Hospital-acquired Pressure Injuries (HAPI)
- Patient Safety Indicators-90 (PSI-90)
- Emergency Department Door-to-Discharge Time
- Concurrent Opioid Prescribing

Foundational Aim



Quality Management Systems

- Build systems and processes to meet quality standards and survey readiness
- Engage with senior leadership to drive a culture of safety and quality
- Support leadership in fostering a workforce committed to quality improvement

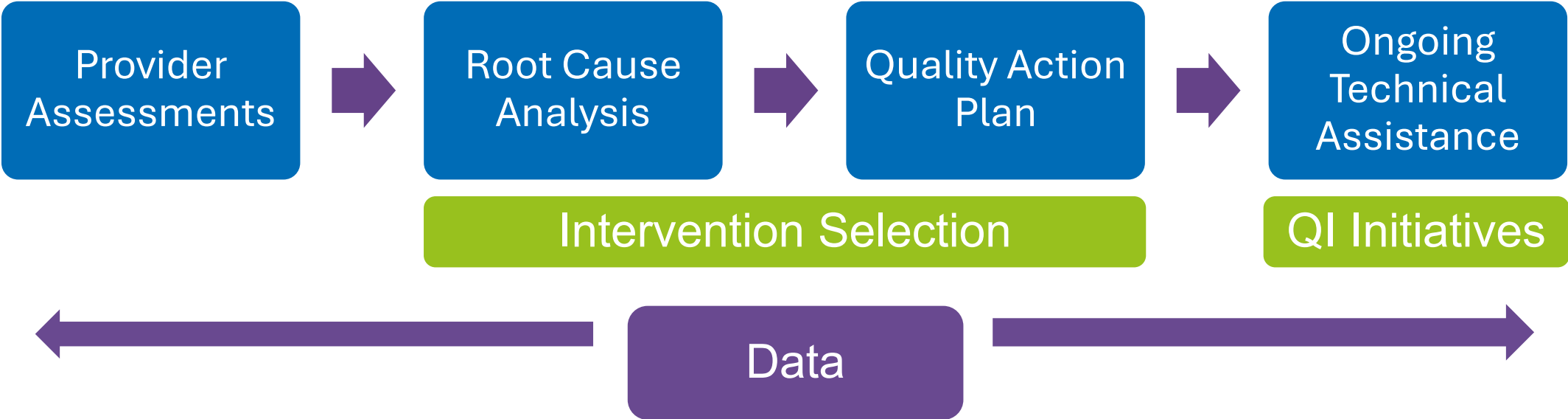


Emergency Preparedness

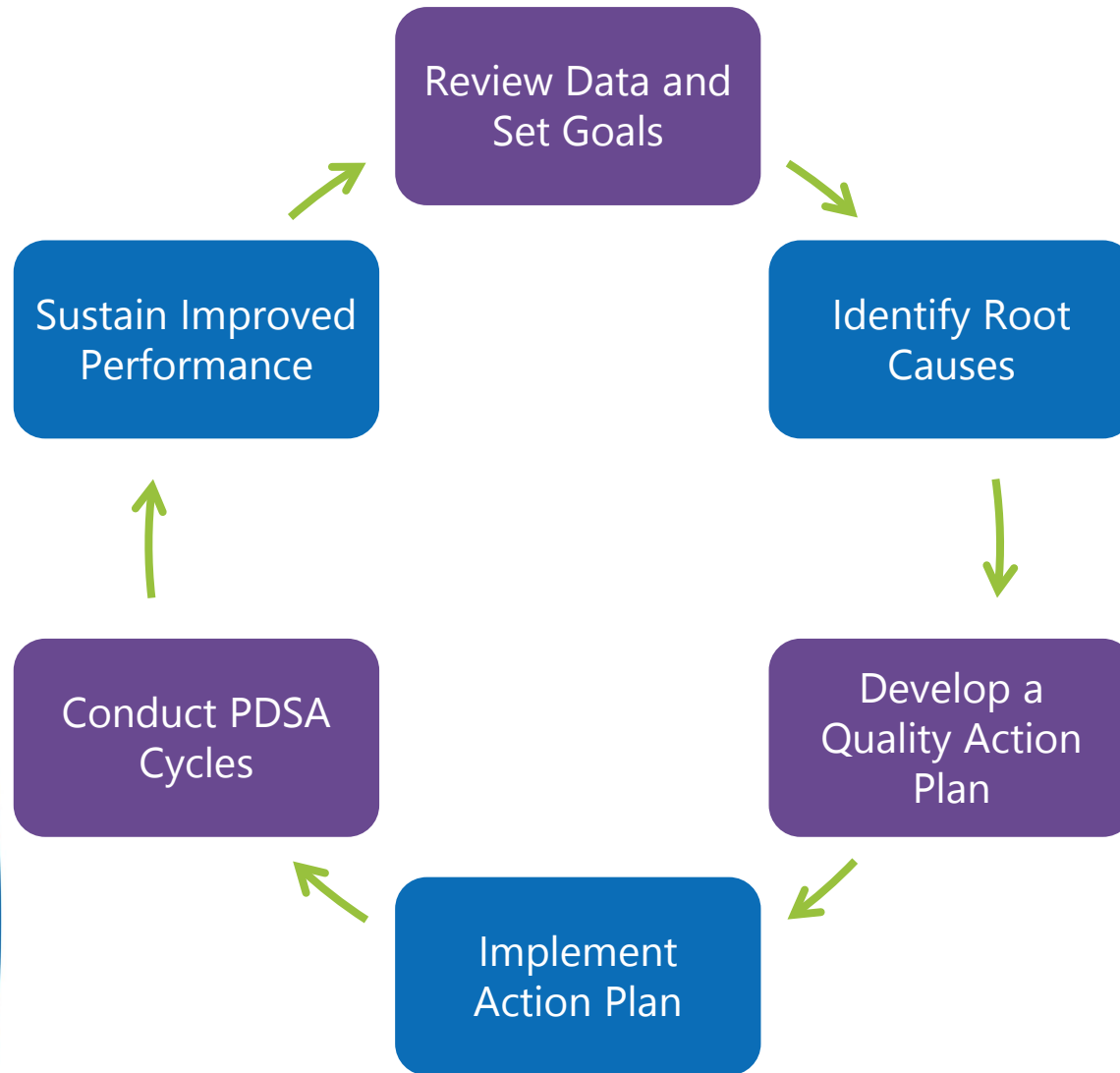
- Review comprehensive emergency plan
- Support in developing plans using an all-hazards approach
- Help improve adherence to emergency planning requirements

Technical Assistance

Following enrollment:



A Collaborative Approach to Improvement



Through the QI process, we help by:

- Recommending QI strategies
- Coaching on QI skills and implementation
- Recommending sustainment strategies
- Facilitating peer-to-peer sharing of best practices
- Providing data analysis and reports
- Suggesting tools and resources

Better Care Starts Here

The screenshot shows the website header with the Southeast CMS QIN-QIO logo and the HQI logo (Health Quality Innovators). The navigation menu includes 'Focus Areas', 'About Us', 'Events', 'Resources', and a search icon, followed by a 'Contact Us' button. The main content area features a large blue banner with the heading 'Better Care Starts Here' and a paragraph: 'At HQI, we believe that better healthcare begins with strong partnerships. We collaborate with hospitals, long-term care providers, physician practices and stakeholder organizations to drive meaningful, measurable improvements in care.' Below the banner is a green 'Learn More' button with a magnifying glass icon. At the bottom of the screenshot, the URL 'https://southeastqinqio.org' is displayed in blue text.



Next Steps

- Download the [Provider Service Agreement](#)
- Complete the form and submit to questions@hqi.solutions

Scan to start working with HQI



Provider Service Agreement

Health Quality Innovators (HQI) serves as the Southeast Centers for Medicare & Medicaid Services (CMS) Quality Innovation Network-Quality Improvement Organization (QIN-QIO). Your organization was selected by CMS to participate in the QIN-QIO program, signifying the importance of your facility in advancing the following CMS priority focus areas:

- Quality Management Infrastructure
- Care Coordination
- Prevention and Chronic Disease Management
- Patient Safety
- Behavioral Health

The table below outlines our mutual commitments:

HQI Commitment	Provider Commitment
Designate a Quality Improvement Consultant (QIC) to provide customized support tailored to your needs.	Designate a primary point of contact to coordinate with HQI's QIC.
Co-design an engagement strategy to reflect your preferred communication methods (e.g., phone, email, text, or on-site visits) and desired frequency.	Maintain regular communication with HQI based on the engagement strategy.
Conduct an assessment and root cause analysis to identify gaps in meeting QI goals aligned with CMS priorities.	Participate in QI activities that promote a culture of safety through quality management systems, leadership engagement and prioritizing safety and quality.
Co-design an action plan with QI interventions aligned with CMS priorities to address assessment gaps.	Implement QI activities co-designed and identified in the action plan.
Provide training and data collection tools to help staff use data for improvement.	Provide feedback on your experience working with HQI as the QIN-QIO.
Ensure data are protected in full compliance with CMS privacy and security standards and applicable laws.	Submit de-identified data for QI purposes, as needed.
Share CMS-approved tools and resources to help meet QI goals with minimal administrative burden.	
Reduce reporting burden by providing support on CMS data requirements, deadlines and submissions.	

By signing this agreement, you will gain access to no-cost expert guidance, technical assistance and resources tailored to support your quality improvement journey.

This agreement is for multiple facilities; see the accompanying list for individual names and contacts.

My organization agrees to voluntarily participate in the QIN-QIO Program through May 2030.

Organization Name: _____ HQI Contact: Virginia Brooks, MHA, CPHQ, FACHE
 Point of Contact: _____ Title: Chief Operating Officer & Principal
 Title: _____ Signature: *Virginia Brooks*
 Email: _____
 Phone: _____
 Signature: _____
 Date: _____

This material was prepared by Health Quality Innovators (HQI), a Quality Innovation Network-Quality Improvement Organization (QIN-QIO) under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. 1550W/HQI/QIN-QIO-1044-10/23/25



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