HEALTHCARE QUALITY AND SAFETY WORKFORCE REPORT

New Imperatives for Quality and Safety Mean New Imperatives for Workforce Development

NAHQ®
National Association for Healthcare Quality

Intelligence

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Please direct questions to info@nahq.org.

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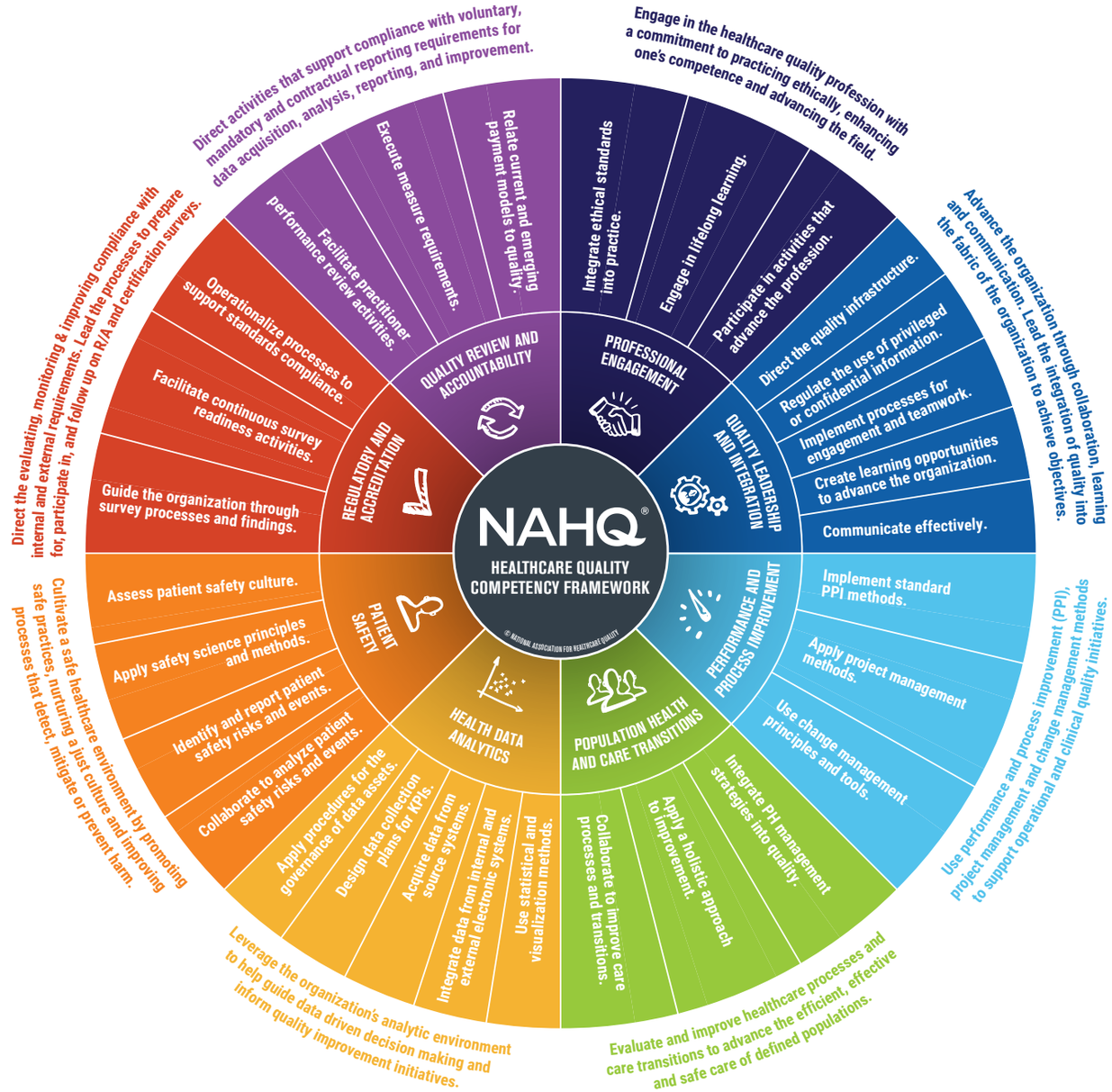

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FORWARD

The National Association for Heathcare Quality© (NAHQ) is excited to share its report of NAHQ's latest work on our mission to "...advance healthcare quality across the continuum of care."

This report reflects our research to provide an evidence-based understanding of the relative strengths and weaknesses of the quality and safety work being performed by people working in healthcare. In Appendix 1, we feature a case-based example of healthcare organizations that deploy Workforce Accelerator®. Our goal is to showcase the innovative work being done by NAHQ and to demonstrate what is possible when new ideas are activated around workforce readiness for quality and safety.

The report contemplates how changes in healthcare delivery driven by the pandemic are creating opportunities to redesign healthcare and wellness across the continuum of care. These changes force us to better understand how quality measurement, practitioner engagement, and payment models impact quality and cost. The current healthcare environment calls for us to rethink how we ensure safe, quality care, and how we use health data analytics and performance and process improvement as powerful forces to drive new solutions in healthcare. As we commit to a new agenda for quality and safety, we must make sure the best care is the most efficient care by containing costs and reducing waste.

As we crafted this report, we made hard choices about what insights and data to present, because the depth and breadth of insights available from our proprietary database are vast.

As a result, readers will likely become curious and want even more information. There is more ***NAHQ Intelligence*** currently available on our website. And NAHQ is in the process of developing a research agenda to ask and answer even more critical questions to advance a coordinated, competent healthcare quality workforce.

Questions that can't currently be answered by our database will also surface. Those questions will likely be about causation of the findings by systems, processes, and culture and about the connection of healthcare quality competencies to clinical outcomes data.

At NAHQ, we believe that we can only improve what we measure. That's why we think measuring the current state of work performed in quality and safety and bringing this net-new knowledge and well-supported recommendations to the field is a critical first step in building toward a bright future. NAHQ welcomes the opportunity to dialogue about how to build on our current work and make healthcare better.

Stephanie E. Mercado, CAE, CPHQ
Chief Executive Officer
National Association for Healthcare Quality

"At the end of the day, workforce readiness is a rate-limiting factor in achieving quality and safety. The time to act is now because quality can't wait."

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EXECUTIVE SUMMARY

The National Association for Healthcare Quality® (NAHQ) is a national leader in advancing the improvement of healthcare quality and safety. Its goal is to ***improve quality and safety through the single biggest lever available to healthcare leaders: the workforce.*** NAHQ's extensive research has identified ***eight*** domains of quality and safety which encompass the work performed by healthcare quality professionals.

As healthcare leaders today move past the pandemic phase of COVID-19, they are faced with the daunting task of getting their quality and safety programs back on track. They must improve quality and safety metrics while optimizing cost and reimbursement models to help them turn around the financial crisis that most face today.

This report and work with NAHQ clients via its new Workforce Accelerator® program (Appendix 1) shows that, with limited exception, the healthcare workforce is focused too narrowly on three domains of quality, at the expense of the others. This is particularly troubling because high performance in all eight domains is the key to leveraging healthcare goals of today and tomorrow.

Leaders aiming to get their quality programs on track should not plan to go back to the programs of the past.

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This report confirms that work at the advanced level being performed in quality and safety is focused predominantly on ***three*** quality domains: regulatory and accreditation, patient safety, and quality leadership and integration.

The analysis also shows that there is insufficient focus on the remaining ***five*** quality domains of population health and care transitions, performance and process improvement, health data analytics, professional engagement, and quality review and accountability.

Improving the quality and safety of healthcare in today's complex environment requires an action orientation as well as a broader perspective of the knowledge, skills and abilities required to make improvement happen.

Many people working in quality and safety come to the work as a second profession and/or with little formal training in quality and safety. Leaders assigning other leaders and staff to these roles have lacked a way to clearly articulate the work that needs to be done to achieve bold quality and safety goals. ***It is one thing to set quality goals, and it is another for organizations to prepare individuals and teams to achieve these goals.***

The next-level goals in healthcare require organizations and individuals to think differently about quality and how to achieve it. Mental models and organizational constructs built from historical reference points will not suffice in the future.

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A new day requires a new way to think about quality and workforce readiness. To achieve next-level goals, healthcare organization decision-makers and industry leaders should address the following:

- Expand and act upon quality in the broadest context, incorporating all eight domains of quality and safety included in NAHQ's Healthcare Quality Competency Framework. Do not isolate quality functions by department or into clinical and non-clinical silos. Understand that shortcomings in one domain of the competency framework will lead to shortcomings in others.
- Develop a proactive, clear staffing plan that articulates who is responsible for which quality and safety work at what level. Coordinate that work within and across your organization and the continuum of care.
- Create a workforce development program that supports competency and skill development of your quality staff. Engage in their continued professional development and fund it.
- Regulatory, accreditation, and rating organizations should add new structural standards for supporting the quality and safety workforce to guarantee support systems are in place to achieve and sustain quality goals. They should support efforts to make sure relevant agencies and organizations fund needed workforce development and reward healthcare organizations that commit to intentional staffing structures, training, and certifications for quality and safety.
- People working in quality should take responsibility for advancing the domain of professional engagement and build competencies in areas most relevant to achieving career and employer goals.

(See more detailed recommendations, by stakeholder, under "Recommendations and Call to Action.")

NAHQ is a national organization that solves problems offering action plans and solutions to leverage individual quality careers and workforce performance in healthcare organizations. NAHQ's national impact continues to expand through its membership of experts, competency-based education and robust research agenda.

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BACKGROUND

The Workforce

Quality professionals practice with varying titles in their roles within healthcare organizations. They also, importantly, practice at varying levels within organizational structures, which is necessary and appropriate. While these roles may have different job descriptions, they all require competence reflecting quality and safety knowledge and skills at various levels.

Most people working in quality and safety have come from other professions and work in quality and safety as a second career, or as a part of their full-time clinical role. There are limited academic pathways for education in quality and safety, and programs that do exist are highly variable. Therefore, workforce readiness for quality and safety is highly variable.

Also, unlike clinical disciplines that require licensure, and those professional designations that have continuing professional development requirements and are well supported by their employers who fund professional development, ***people working in quality are often left to manage and fund their own professional development***. In fact, approximately half of NAHQ constituents report that they pay for their professional development out of their own pockets.

While healthcare organizations often have strong systems for professional development that support the "front of the house" of healthcare, the same is not always true when it comes to supporting professional development for those working in critical roles in the "back of the house" of healthcare.

Burnout occurs when people are expected to advance organizational goals, but they are not supported by their employers to do their best work. The result is ongoing frustration with problems that never seem resolved, and recognition for a job well done, that rarely arrives. Well-intended employee wellness programs, compensation incentives, and more, do not counter-balance the burnout that occurs when there is constant frustration with work processes that are not rooted in quality and safety standards. Joy *in work* cannot be achieved without joy *while* working.

In addition, regulatory, accreditation and rating organizations have standards for clinical roles and some non-clinical roles, including infection prevention, calling for continuing professional development, certifications, and more. But the same is not true for quality professionals. Furthermore, these organizations are continually raising the bar for safety, patient-centered care, addressing social determinants of health, and more, but they place too little focus on preparing the workforce to achieve these goals.

People working in quality are the key to the lock for improving clinical outcomes, and their continued professional development should be supported by their employers. Moreover, their unique competencies should be required, supported, recognized and rewarded by regulatory, accreditation and ratings organizations.

Approx. 1/2

NAHQ constituents report that they pay for their professional development out of their own pockets.

> **"Burnout occurs when people are expected to advance organizational goals, but they are not supported by their employers to do their best work."**

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A Standard Competency Framework

Through extensive research, the Healthcare Quality Competency Framework was developed by NAHQ, identifying eight domains of quality reflecting 29 competencies. The 486 skills that comprise the competencies are proprietary and unpublished. Figures 1 and 2 (next page) provide the descriptions and definitions of these domains and competencies, the development of which is grounded in expert insights, best practices and research.

Too often, quality is narrowly viewed as regulatory and accreditation. This legacy perspective is focused largely on retrospective reviews and compliance, and it must evolve to incorporate prospective and intentional efforts to impact national quality and safety goals.

NAHQ's Healthcare Quality Competency Framework creates a more effective way to view, coordinate and execute all facets of a high-functioning quality program.

Figure 1 *Healthcare Quality Competency Framework, also known as "The Wheel"*

Example problems solved with a coordinated, competent healthcare quality workforce:

Reduce: Penalties for and occurrence of readmissions, length of stay, hospital-acquired conditions, mortality, waste, redundant processes and procedures, diagnostic error

Improve: Safety, healthcare outcomes, financial performance, workforce engagement

Address: Social determinants of health, bias, equity issues, health system sustainability, supply chain disruptions, hospital at home, telehealth

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Figure 2 *Healthcare Quality Competency Framework Domain Definitions*

Professional Engagement

Engage in the healthcare quality profession with a commitment to practicing ethically, enhancing one's competence, and advancing the field.

Quality Leadership & Integration

Advance the organization's commitment to healthcare quality through collaboration, learning opportunities and communication. Lead the integration of quality into the fabric of the organization through a coordinated infrastructure to achieve organizational objectives.

Performance & Process Improvement

Use performance and process improvement (PPI), project management and change management methods to support operational and clinical quality initiatives, improve performance and achieve organizational goals.

Health Data & Analytics

Leverage the organization's analytic environment to help guide data-driven decision-making and inform quality improvement initiatives.

Note: This figure contains the definitions of eight quality domains. Each domain encompasses a set of competency statements, which include a set of skill statements, stratified across foundational, proficient, and advanced levels. In total, there are eight domains comprised of 29 competency statements and 486 skill statements.

Population Health & Care Transitions

Evaluate and improve healthcare processes and care transitions to advance the efficient, effective and safe care of defined populations.

Regulatory & Accreditation Definition

Direct organization-wide processes for evaluating, monitoring and improving compliance with internal and external requirements. Lead the organization's processes to prepare for, participate in, and follow up on regulatory, accreditation and certification surveys and activities.

Patient Safety

Cultivate a safe healthcare environment by promoting safe practices, nurturing a just culture, and improving processes that detect, mitigate or prevent harm.

Quality Review & Accountability

Direct activities that support compliance with voluntary, mandatory and contractual reporting requirements for data acquisition, analysis, reporting, and improvement.

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The competency framework was developed by individuals working in diverse settings, including health systems, acute care, long-term care, managed care, primary care, and more.

While the type of quality work may vary across the continuum of care, the competencies articulated in the eight domains of the framework remain consistent, ensuring utility of the framework for all of healthcare and to breakdown barriers between providers and payers across the continuum of care.

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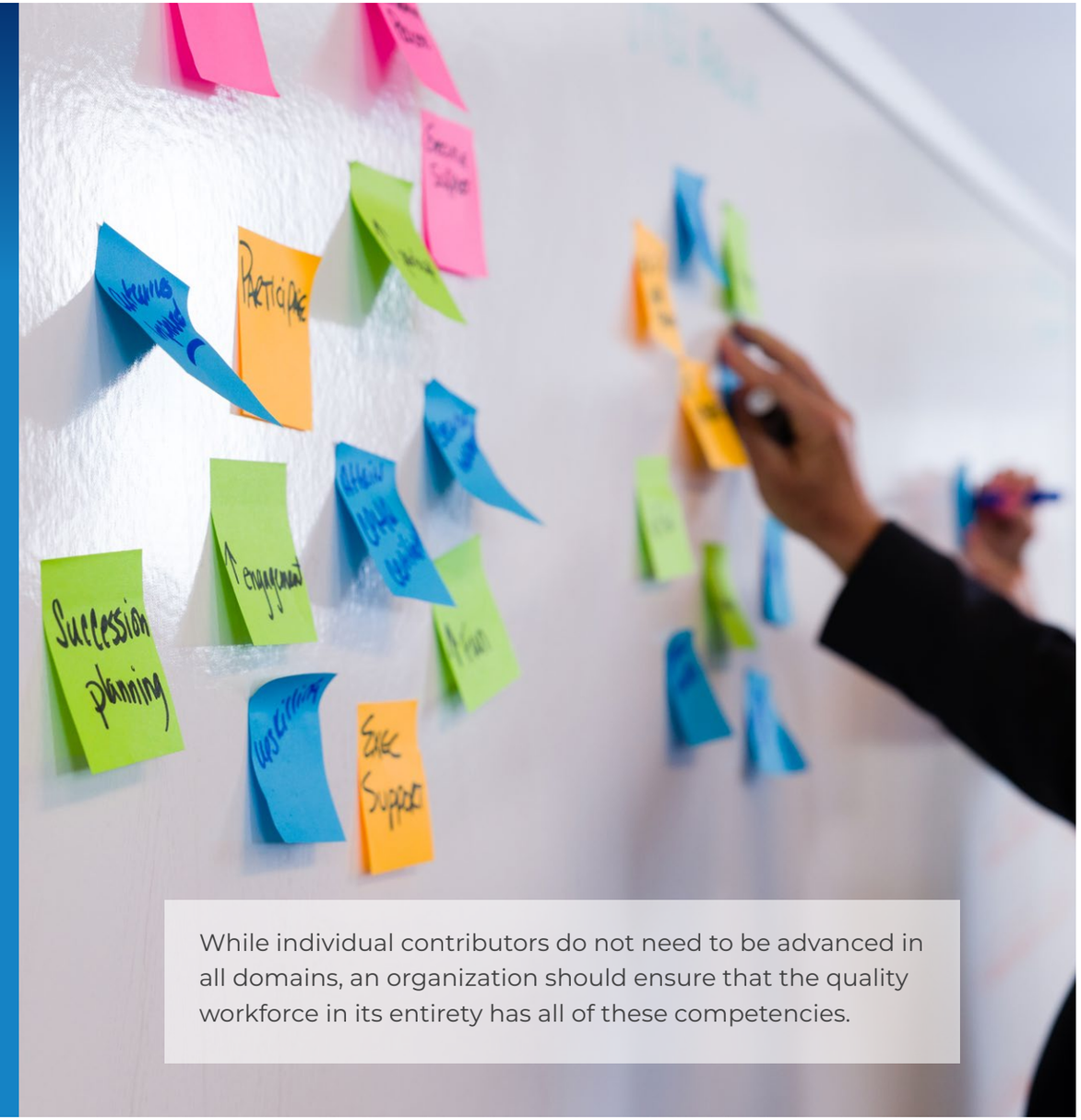
Proficiency levels from the NAHQ Professional Assessment and Healthcare Quality Competency Framework are defined as follows:

ADVANCED: These professionals have a nuanced understanding of healthcare quality concepts, deal with routine matters and issues intuitively, perform a high standard of work independently and assess the competence of others. They are flexible and highly proficient; they develop and communicate strategic vision. They adapt to constantly changing work landscapes using tacit knowledge and experience.

PROFICIENT: These professionals have a deep understanding of healthcare quality concepts and a holistic approach to problem solving. They complete work independently with deliberate planning and routinely display a high standard of work. They recognize relevance and variation and connect common attributes and aspects of key issues.

FOUNDATIONAL: These professionals have a working knowledge of healthcare quality concepts if reference and/or context is provided. They complete some tasks independently but use rules and references.

DO NOT PERFORM: These professionals state they do not currently perform any of these activities on a regular or periodic basis.



While individual contributors do not need to be advanced in all domains, an organization should ensure that the quality workforce in its entirety has all of these competencies.

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THE RESEARCH

NAHQ sought to understand the level of work being done by those working in quality and juxtapose that with healthcare priorities, asking the question: ***Is the workforce doing the work that will advance critical priorities of quality, equity, safety, healthcare value and system sustainability?***

NAHQ has also sought to understand if those holding the Certified Professional in Healthcare Quality® (CPHQ) certification are working at higher levels of the competency spectrum than those without the designation.

Respondents included healthcare quality professionals and other individuals within healthcare organizations who have responsibility for quality and safety.

This report is based on information provided by 2,523 individuals (of varying job titles and job levels who may or may not be NAHQ members and/or CPHQs) who completed NAHQ's Professional Assessment prior to July 15, 2022.

Each domain in the competency framework includes three to five research-based, validated competencies. Respondents reviewed four possible descriptions of the work they do most often for each of the competencies and selected the description that best described the level of work they are doing in each of the 29 competencies of the industry-standard NAHQ Healthcare Quality Competency Framework.

It is important to note that this is not a competency assessment, or assessment of potential. The purpose of this assessment is to understand the work that is being done in relationship to the competency framework. This gives NAHQ insights into the ***type*** and ***level*** of work that the workforce is performing most often in their roles.

The descriptions of role responsibilities selected categorized an individual as performing competency-based skills as:

- ***"advanced"*** (value = 3)
- ***"proficient"*** (value = 2)
- ***"foundational"*** (value = 1)
- ***"do not perform"*** (value = 0)

"The call for healthcare to be safe, effective, patient-centered, timely, efficient and equitable means something different today than it did when the imperatives were first articulated."

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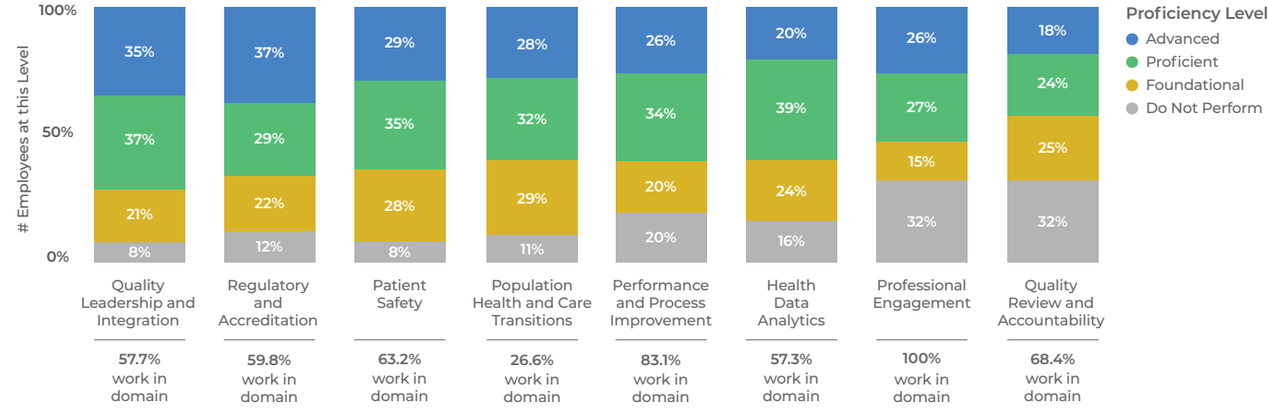
Research Results

Figure 3 *Summary Level Data of NAHQ's Professional Assessment Database*

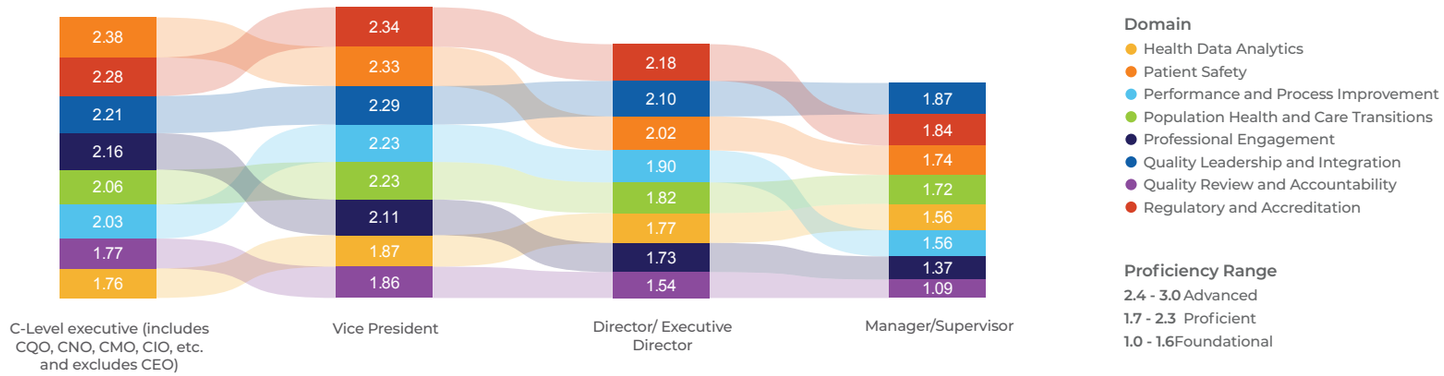
Responses by Domain and Level of Work Performed

Average Level of Work by Domain *(N=2,523 Responses)*

Percentage of Total Response by Level of Work Performed by Domain *(N=2,523 Responses)*



Average Level of Work by Domain by Job Level *(N=1,427 Responses)*



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Average Level of Work by Domain (Figure 3) confirms the level of work reported on average by respondents.

Respondents consistently report working at higher levels of the competency spectrum in the following three domains:

- quality leadership and integration
- regulatory and accreditation
- patient safety

Respondents report working less often or at lower levels of the competency spectrum in the following domains:

- population health and care transitions
- performance and process improvement
- health data analytics
- professional engagement
- quality review and accountability

Percentage of Total Responses by Level of Work by Domain (Figure 3) illustrates the percentage of respondents who indicate that their job responsibilities included that domain. It further illustrates the percentage of respondents working at foundational, proficient, or advanced levels in one or more of the competencies within that domain. Grey represents the percentage of those respondents who said they do not perform any of these work behaviors, even though they indicated their job responsibilities included that domain.

Average Level of Work by Domain by Job Level (Figure 3) illustrates by job level what domains the respondents are working in, and the average level of that work. The height of the stack is relative to the sum of the averages for each domain, by job level.

Notice, for the four job levels, the highest levels of work are all in the same three domains at the highest level mentioned above. Consequently, the lowest levels of work are similarly in the domains at the lowest level mentioned above. This points towards a focus on only three areas of quality, which is the reason NAHQ is calling for more focus across the full spectrum of the framework.

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ANALYSIS AND INSIGHTS

Key priorities for workforce development and deployment should include an intentional and broader focus on the following:

Patient Safety

While average response values for patient safety reflect the work being done at higher levels of the framework, the concern here is that only 63.2 percent of respondents state that safety is part of their responsibility. This speaks to the siloed efforts in healthcare where safety is considered a department, not a responsibility for every person working in quality, or the organization for that matter. ***Employers should support a more coordinated effort between quality and safety, creating a culture where everyone identifies safety as their responsibility.***

Health Data Analytics

Of the 57.3 percent of respondents who indicate that health data analytics is part of their responsibility, most report that they work at lower levels of the competency spectrum. ***As healthcare works to leverage accessible, coordinated, relevant and reliable datasets to provide both retrospective and prospective insights to drive improvement in healthcare, more work at higher levels of the competency spectrum is needed.***

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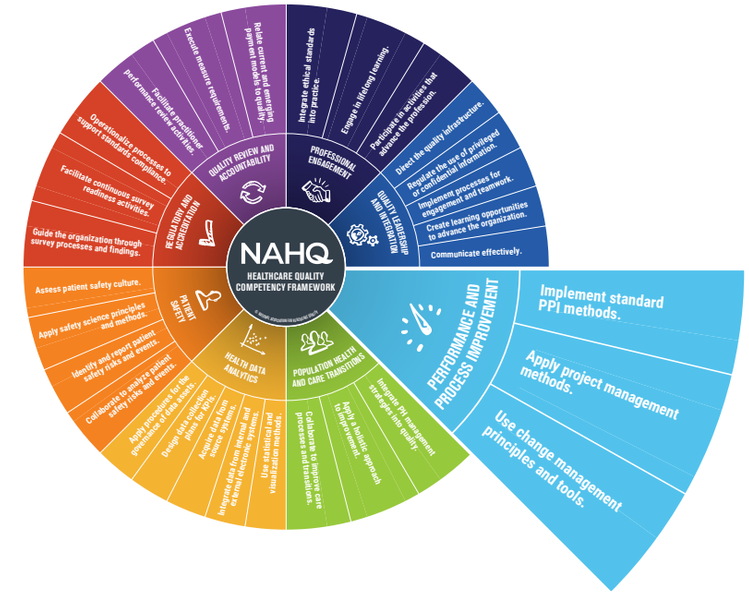
Quality Review and Accountability

Among the 68.4 percent of respondents who indicate that quality review and accountability is part of their responsibility, few report working at the proficient and advanced levels of the competency spectrum, and many do not participate in this work at all. Longtime observers and key opinion leaders in healthcare point to a stall in advancing value-based care models. NAHQ believes that this stall is due, in part, to a lack of focus on the work, skills and competencies required to develop and execute value-based care models, including measures, provider feedback loops and connection between the provision of care and payment models. ***Value in healthcare cannot be achieved without quality, as reflected in NAHQ's Healthcare Quality Competency Framework.***



Performance and Process Improvement

Of respondents, 83.1 percent indicated that performance and process improvement is included in their responsibility. ***While respondents report strong skills and work in implementing standard performance and process improvement methods, responses to the other two competency areas within this domain, change management and project management, suggest the need to advance the level of performance and presence of work in these areas.***

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Population Health and Care Transitions

Only 26.6 percent of respondents indicated responsibility for population health and care transitions, which reflects an opportunity to prioritize this work. Healthcare leaders must understand that quality has a significant role in leveraging advances in population health and care transitions. ***As health systems, primary care, and payers develop proactive healthcare and health strategies for their patients and members, building appropriate levels of proficiency across all eight domains within the competency framework is needed.***

Professional Engagement

NAHQ's expectation is that 100 percent of people working in quality should be participating in professional engagement. However, many respondents indicated that they do not participate in these areas: lifelong learning (20 percent), advancing the profession (37 percent) and integrating ethical standards into practice (39 percent). This data illustrates the need for employer engagement in supporting their quality workforce, both with an intentional focus on advancing these behaviors and in allocating professional development resources to this area. Employers should also consider how a culture of safety may or may not be contributing to integrating ethical standards into practice. ***Further, the data indicates the need for regulatory, accreditation and ratings organizations to set standards for professional engagement behaviors of quality and safety professionals.***

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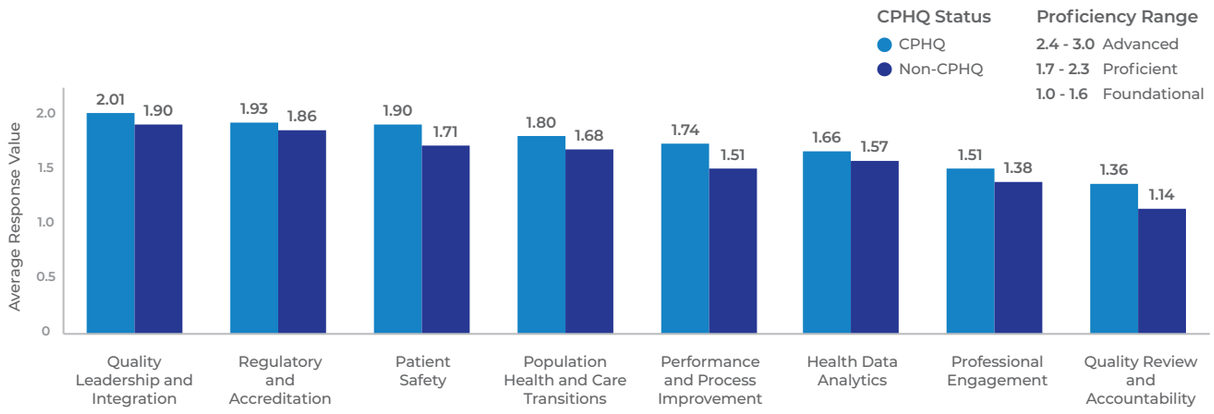
Certification Matters

In July 2021, the Journal for Healthcare Quality (JHQ) published a paper providing evidence that CPHQ-certified professionals perform at higher levels of the healthcare quality competency spectrum than their non-CPHQ colleagues across all eight domains of the competency framework. This was statistically significant for 13 of the 29 competencies including all three competency statements within the performance and process improvement domain. NAHQ's certification is increasingly preferred or required by employers.

Figure 4

CPHQ vs Non-CPHQ Average Level of Work by Domain, July 2022.

Average Response Value by Domain and Respondent CPHQ Status



Jeffrey DiLisi, MD, MBA, president and chief executive officer of Roper St. Francis Healthcare, says, "All hospitals want to see board certification for their physicians. When talking about something as important as quality and safety, do you want your quality and safety staff to be CPHQs and have that certification? As a CEO, the answer for me is, yes." Dr. DiLisi is supported by Vice President for Quality and Patient Experience Marian Savage, PhD, RN, NEA-BC, CPHQ, PMP, who works to ensure that she has a well-trained team to pursue Roper's quality and safety goals.

While the type of work may vary across the continuum of care, the competencies articulated in the eight domains of the framework remain consistent, ensuring utility of the framework for all of healthcare. In fact, quality competency and quality vocabulary standardization for the entire industry is needed to break down silos between providers and with payers.

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CONCLUSION

NAHQ's research has yielded data which, as summarized in this report, *demonstrates that the work being done in several quality domains must expand and advance to higher levels of performance.* Organizations need people working at higher ends of the competency spectrum in all domains, and organizations should support skill development. Furthermore, each competency area is inextricably connected to the others, and none can effectively and efficiently operate in a silo *— if you don't have them all working in an integrated manner, you don't have quality.*

Today's healthcare goals are ambitious, and healthcare leaders should embrace the advancement of the quality workforce. *A coordinated, competent quality workforce is an essential element of system success.* The Healthcare Quality Competency Framework and NAHQ's national dataset provide a structure for creating effective and sustainable quality and safety systems, and clearly show where the industry must focus its attention.

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SEE OUR RECOMMENDATIONS AND CALL TO ACTION

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RECOMMENDATIONS AND CALL TO ACTION

To advance quality and safety effectively and efficiently, NAHQ calls on healthcare organizations and leaders; individual contributors and healthcare quality professionals; regulatory, accreditation and rating agencies; and universities and higher education organizations to embrace the Healthcare Quality Competency Framework and respond to this call to action.

For Healthcare Organizations and Leaders:

- Expand and act upon quality in the broadest context, ensuring that your plans incorporate all eight domains of quality and safety included in NAHQ's Healthcare Quality Competency Framework. Do not isolate quality functions by department or into clinical and non-clinical silos. Understand that shortcomings in one domain of the competency framework will lead to shortcomings in others.
- Develop a proactive, clear staffing plan that articulates who is responsible for what quality and safety work in your organization, and at what level. Coordinate that work within and across your organization and the continuum of care.
- Create a workforce development program that supports competency and skill development of your quality staff. Engage in their continued professional development to achieve proficient and advanced levels of performance and fund it.
- Join the pioneering organizations that have formally adopted the Healthcare Quality Competency Framework, via the Workforce Accelerator, to increase capacity for quality (see example in Appendix 1).

"A coordinated, competent quality workforce is an essential element of system success."

For Individual Contributors and Healthcare Quality Professionals:

- Join NAHQ. Add your voice to amplify NAHQ's mission to advance the work of healthcare quality.
- Commit to professional development and lifelong learning.
- Commit to understanding and advancing professional ethics as defined by NAHQ's Code of Ethics, updated in 2018.
- Validate your knowledge and expertise by earning your CPHQ.

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For Regulatory, Accreditation, and Rating Organizations

Mandatory and voluntary regulatory, accrediting organizations and rating organizations should:

- Consider the impact on the workforce and leaders when adding more requirements. Presently, the healthcare system is unprepared to meet new quality and safety goals and is still struggling to achieve legacy quality aims.
- Prioritize structural measures of quality, including emphasizing foundational elements required for success in advancing quality and safety goals. An unsupported workforce is a rate-limiting factor to achieving rightfully ambitious goals set by these organizations.
- Update standards to reflect support for a coordinated and competent, healthcare quality workforce, such as: requirements to demonstrate intentional staffing structures; employer support of quality and safety competency development; ethics training; and reward organizations that require certifications for certain quality and safety positions.
- Budget and make resources available within relevant agencies to fund healthcare organizations' workforce development activities to advance quality and safety goals. The bar for quality and safety must be raised; but support for workforce development with competency-based training and skilling must go hand-in-hand with new mandates.

For universities and higher education organizations:

- Integrate the research and resources aligned with the Healthcare Quality Competency Framework into your curriculum to formally introduce and educate future quality professionals on the industry standard.
- Adopt NAHQ's Healthcare Quality Competency Framework as an organizing model for students pursuing quality-specific roles.
- Confirm graduate programs in quality and safety are accredited by the Commission on the Accreditation of Healthcare Management Education (CAHME).
- Ensure students are up to date on best practices for quality and safety improvement by using NAHQ competency-based training, which is based on the Healthcare Quality Competency Framework.

See Appendix 2.

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NAHQ'S PLEDGE

NAHQ strongly believes that the ***quality and safety competencies for the quality workforce have been misunderstood and neglected for too long.*** The organization is committed to unleashing human potential to improve healthcare outcomes.

NAHQ is committed to conducting and sharing more research to bring new knowledge and insights to the healthcare quality discipline and profession. NAHQ's proprietary workforce database ensures that NAHQ is leveraging workforce information to best serve the future needs of individuals and organizations. NAHQ pledges additional research to inform these and future recommendations with even more evidence. NAHQ believes that there is insufficient time and resources dedicated to training the workforce, and resources and time that are available should be invested wisely to achieve success in addressing specific needs of individuals and organizations.

NAHQ continues to invest in the CPHQ certification and will add more credentials in 2023 to advance needed skill and competency building, including the needs identified in this report.

Much focus has been placed on ***what*** needs to change in healthcare. The time is now to take action. NAHQ inspires new thinking on problem solving in healthcare by expanding the conversation about the critical competencies and skills needed to solve healthcare challenges. ***NAHQ offers a missing perspective on the workforce competencies necessary to drive action to get to how to identify, execute and sustain those changes.***

Founded in 1976, NAHQ has a mission to "prepare a coordinated, competent workforce to lead and advance healthcare quality across the continuum of healthcare," including education, certification, research and advocacy. Today, NAHQ serves as the professional home for nearly 9,000 members and proudly offers the only accredited certification in healthcare quality, the Certified Professional in Healthcare Quality® (CPHQ). Nearly 14,000 healthcare professionals hold the CPHQ around the world.

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APPENDIX 1

An Organizational Example

In addition to this research, NAHQ works directly with healthcare organizations to complete a similar analysis for their quality teams, enabling leaders to undergo a similar discovery process to define how best to support the quality workforce.

This is led by NAHQ Navigators, who assist healthcare organizations in activating NAHQ's Workforce Accelerator program. NAHQ Navigators provide healthcare and quality executives with deep and individualized insights into their workforces' daily activities. With the support of NAHQ Navigators, healthcare leaders learn how individuals approach their respective work activities relative to the NAHQ Healthcare Quality Competency Framework and how those individual contributions result in building capabilities to reach organizational goals.

This begins by cross-walking the organization's quality and safety goals to the competency framework. Next, a baseline Professional Assessment is completed by employees in the organization. Then, NAHQ Navigators triangulate organizational goals, employee assessment results and NAHQ's framework to define areas of strength and weakness.

With this information, organizations evaluate structure, resources and alignment of their quality workforce and quality program and identify opportunities for professional growth. Organizations work with NAHQ Navigators to standardize employee roles, ensuring individuals function at desired levels. Structural refinements are also common.

> **"... in the end, employee roles are clear and quality team activities are coordinated, with intention and purpose."**

Plans are designed to advance individual career development as well as enterprise goals. And, in the end, employee roles are clear and quality team activities are coordinated, with intention and purpose.

Especially important in the process is employee engagement in their own professional development. Employees gain knowledge of how their activities impact others, increasing collaboration across disciplines and resulting in better coordination of work activities and increased efficiencies. Career development and succession planning are also a focus of each plan, which offers benefit to the employees, their leaders and the organization.

To ensure the sustainability of these improvement efforts, the NAHQ Navigator, in cooperation with organization leaders, monitors the progress of plans to maintain positive gains, addresses barriers to implementation, and accommodates change in team member composition over time, which is also common. NAHQ ensures plans are actionable, achievable, and have a positive impact.

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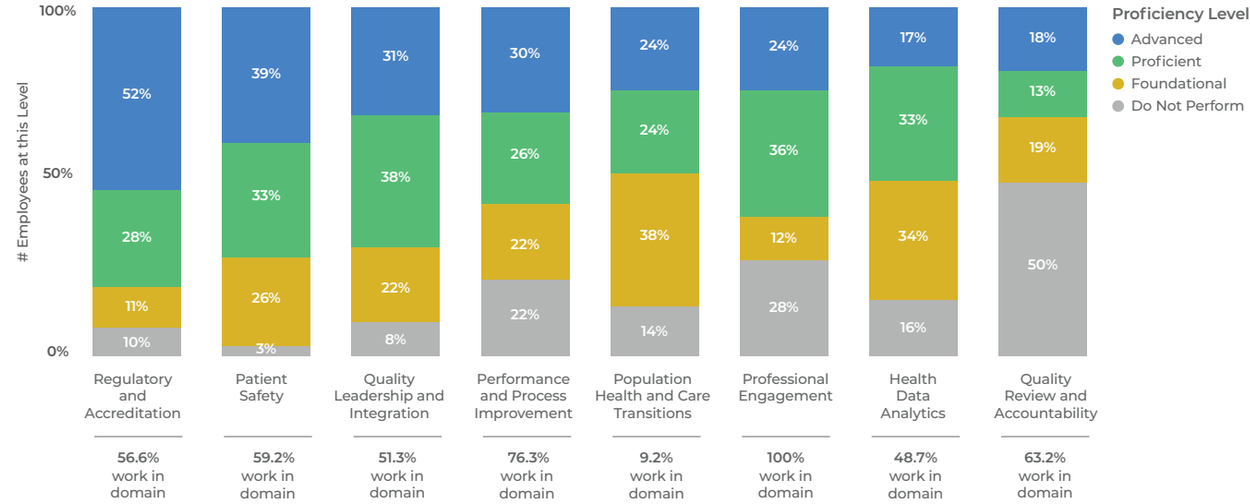
Figure 5 *Summary Level Data from a Sample NAHQ Workforce Accelerator Client*

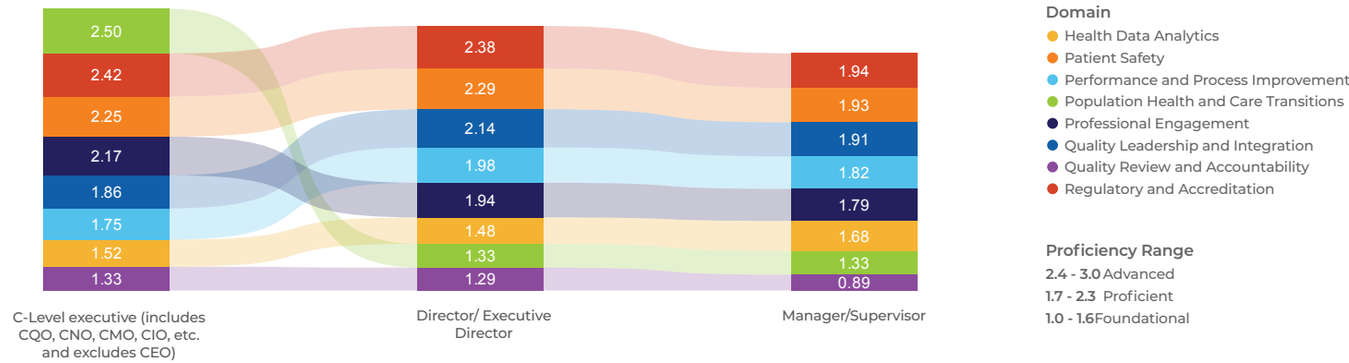
Responses by Domain and Level of Work Performed

Average Level of Work by Domain *(N=76 Responses)*

Percentage of Total Response by Level of Work Performed by Domain *(N=76 Responses)*



Average Level of Work by Domain by Job Level *(N=46 Responses)*



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Average Level of Work by Domain (Figure 5) confirms the level of work reported on average by respondents.

Respondents consistently report working at higher levels of the competency spectrum in the following three domains – which are the same three domains as overall data in this report.

- quality leadership and integration
- regulatory and accreditation
- patient safety

Respondents report working less often or at lower levels of the competency spectrum in the following domains – which are the same five domains discussed earlier in this report.

- population health and care transitions
- performance and process improvement
- health data analytics
- professional engagement
- quality review and accountability

Percentage of Total Responses by Level of Work by Domain (Figure 5) illustrates the percentage of respondents who indicate that their job responsibilities included that domain. It further illustrates the percentage of respondents working at foundational, proficient, or advanced levels in one or more of the competencies within that domain. Grey represents the percentage of those respondents that said they do not perform any of these work behaviors, even though they indicated their job responsibilities included that domain.

Average Level of Work by Domain by Job Level (Figure 5) illustrates by job level what domains the respondents are working in, and the average level of that work. The height of the stack is relative to the sum of the averages for each domain, by job level.

Notice, for the roles of executive director/director and managers, the highest levels of work are all in the same three domains mentioned by NAHQ in this report. However, in this client example, we see the C-suite headed in a slightly different direction, performing at the highest end of the competency spectrum in population health and care transitions. If they lead, the team should follow.

Figure 6 (next page) is another example of data-based insights NAHQ offers Workforce Accelerator clients.

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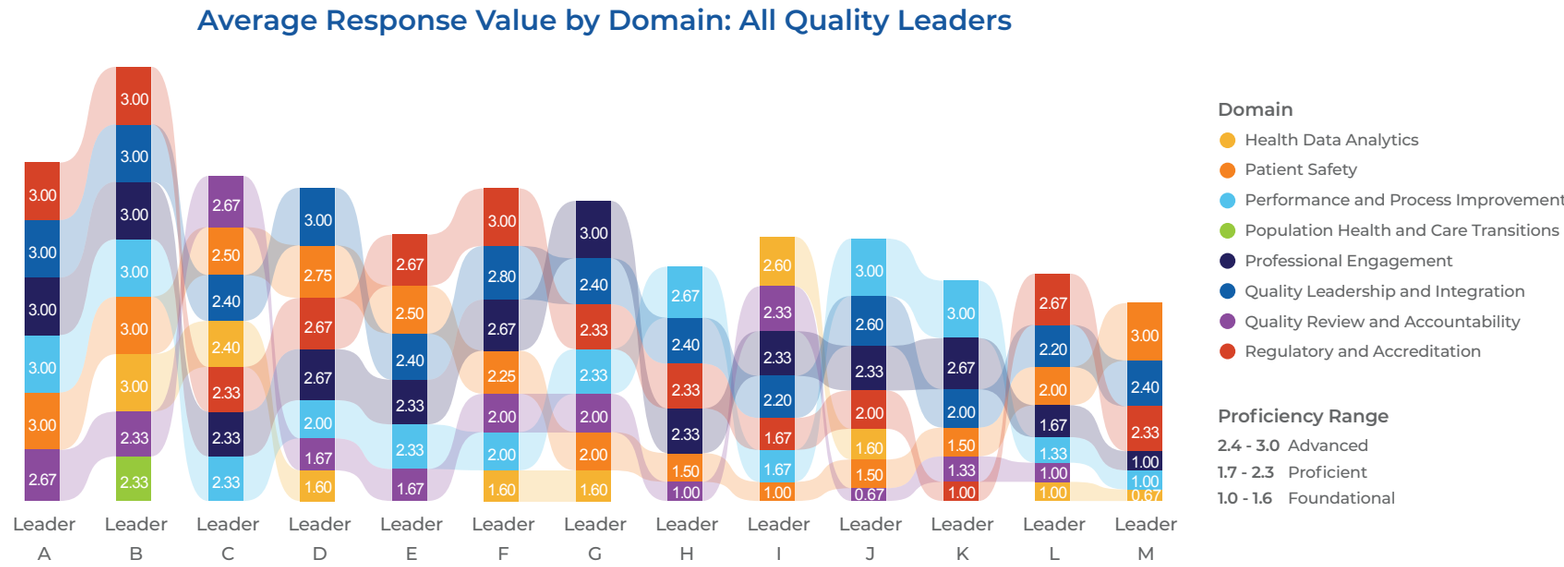
Figure 6 *Type and Level of Work by Quality Leaders: Sample NAHQ Workforce Accelerator Client*



In Figure 6 from another client, the bars represent individual people working in the same role at different locations. The height of the stack represents the cumulative level of work being done by these individuals.

The order of the colors indicates which domains they are activating at the highest and lowest levels of the competency framework. When there are many high-performing areas as seen with Leaders A and B, a forced rank is provided.

With this data, organizations participating in Workforce Accelerator can see clearly the variability in the level and type of work being performed at their organizations by people with the same job titles and job responsibilities. Sometime this is intentional, but often it is not.

After analyzing the data, NAHQ Navigators work with the organizational points of contact to make sure plans are developed to clarify roles with individuals and across teams to support both individual career ambitions and enterprise goals.

Healthcare organizations that use NAHQ's Workforce Accelerator:

- Bon Secours Mercy Health
- CHRISTUS Health
- Inspira Health Network
- Kaiser Permanente Northern California Region
- Oaklawn Hospital
- Valley Medical Center
- Veterans Health Administration

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APPENDIX 2

Role of Higher Education

NAHQ is working with higher education organizations to ensure that competencies for quality and safety, as articulated by the Healthcare Quality Competency Framework, are easily available. Working across the quality and safety ecosystem, including in higher education, can advance healthcare quality. Increasingly, higher education organizations are realizing the value of preparing their students for work with a common vocabulary, toolkits and competencies for quality.

Photo: Parker Gibbons on Unsplash

NAHQ is proud to work with universities and programs that have integrated the Healthcare Quality Competency Framework and other NAHQ educational tools into their curricula. These organizations include:

- The George Washington University, Master of Science in Nursing Leadership & Management
- Georgetown University, Executive Master's in Clinical Quality, Safety & Leadership
- Herzing University, Master of Science in Healthcare Administration
- Hesston College, Bachelor of Science in Nursing
- The University of North Texas Health Science Center at Fort Worth, Master of Healthcare Administration
- Texas Tech University, Health Organization Management Program, Doctor of Medicine/Master of Business Administration (MD/MBA) in Health Organization Management and Doctor of Pharmacy/Master of Business Administration (PharmD/MBA) in Health Organization Management
- Western Governors University, Master of Science in Nursing Leadership & Management

NAHQ is collaborating with a growing number of higher education organizations that recognize the CPHQ designation for credit or incorporate NAHQ's quality content in their master's programs. In addition, many of these programs provide tuition discounts for NAHQ members.

- The George Washington University School of Medicine & Health Sciences, Master of Science in Health Sciences in Healthcare Quality and Graduate Certificate in Healthcare Quality
- Georgetown University, Executive Master's in Clinical Quality, Safety & Leadership
- Jacksonville University, Master of Science in Healthcare Quality and Safety
- Jefferson College of Population Health, Master of Science in Healthcare Quality and Safety
- Northwestern University, Master of Science in Healthcare Quality and Patient Safety
- The University of Alabama at Birmingham, Master of Science in Healthcare Quality and Safety
- Western Governors University, Master of Health Leadership

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APPENDIX 3

Demographics

The following chart illustrates the demographics of the respondents in the NAHQ Professional Assessment database. This chart describes the respondents according to job level, highest level of education, number of years working in healthcare quality, percent of time spent in quality role and employer type. The demographics of the 2,523 respondents included in this study are substantially similar to the demographic profile of NAHQ's more than 17,000 members and CPHQs.

Figure 7 *Professional Assessment Respondent Demographics*

Professional Assessment Respondent Demographics

All Professional Assessment Respondents

JOB LEVEL	
Director/ Executive Director	28%
Manager/Supervisor	21%
Specialist/Analyst	17%
Coordinator	11%
Consultant/Advisor	9%
Clinical Staff	4%
C-Level executive (CQO, CNO, CM...)	4%
Vice President	4%
Retired/Not Employed	1%
President or CEO	1%
Total	100%

HIGHEST LEVEL OF EDUCATION	
Master's degree	58%
Bachelor's degree in college	26%
Doctoral degree	7%
Professional degree (e.g. JD, MD)	4%
Associate degree in college	4%
Some college but no degree	1%
Total	100%

All Professional Assessment Respondents

YEARS WORKING IN HEALTHCARE QUALITY	
11- 20 years	27%
6 - 10 years	24%
3 - 5 years	17%
More than 20 years	17%
Less than 3 years	15%
Total	100%

PERCENT TIME IN QUALITY ROLE	
100	67%
90	3%
80	4%
70	3%
60	2%
50	7%
40	2%
30	3%
20	3%
10	4%
0	1%
Total	100%

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Professional Assessment Respondent Demographics *cont.*

Percentage of Respondents holding the CPHQ: 67%
Percentage of Respondents who are NAHQ members: 52%

All Professional Assessment Respondents

EMPLOYER TYPE	
Acute hospital	45%
Health system/corporate office	21%
Third-party payer/insurance company/managed care organization/ACO	6%
Other	6%
Consultant (e.g. self-employed, quality consultant)	4%
Academic institution (full-time academic faculty)	3%
Government agency (excluding healthcare facilities)	3%
Physician or provider practice	3%
Ambulatory surgery center	1%
Behavioral/psychiatric health facility including addiction medicine	1%
External quality review organization (e.g. QIO, state hospital association)	1%
Extended care, long-term care or skilled nursing facility	1%
Home health or hospice services	1%
Other outpatient setting (e.g. rehabilitation, laboratory services, comm...	1%
Product vendor	1%
Retired/not employed	1%
Total	**100%**

Data Validation Statement

All values presented in figures were validated independently by an external consultant whose goal was to confirm or disconfirm calculations performed by internal team members. The independent validation process consisted of importing respondent-level data, establishing the computational process for each figure, cleaning and formatting the data for calculations, performing calculations according to the computational process and checking resulting calculations against the values represented in each figure. The independent validation process confirmed presented values for each figure.

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Understanding NAHQ's Healthcare Quality Competency Framework

The eight domains and 29 competencies that comprise the Healthcare Quality Competency Framework are published in this Workforce Report. The 486 competency-based skill statements are unpublished and available only to healthcare organizations implementing Workforce Accelerator®.

Professional Engagement

Engage in the healthcare quality profession with a commitment to practicing ethically, enhancing one's competence, and advancing the field.

1. Integrate ethical standards into healthcare quality practice.
2. Engage in lifelong learning as a healthcare quality professional.
3. Participate in activities that advance the healthcare quality profession.

Quality Leadership and Integration

Advance the organization's commitment to healthcare quality through collaboration, learning opportunities and communication. Lead the integration of quality into the fabric of the organization through a coordinated infrastructure to achieve organizational objectives.

1. Direct the quality infrastructure to achieve organizational objectives.
2. Apply procedures to regulate the use of privileged or confidential information.
3. Implement processes to promote stakeholder engagement and interprofessional teamwork.
4. Create learning opportunities to advance healthcare quality throughout the organization.
5. Communicate effectively with different audiences to achieve quality goals.

Performance and Process Improvement

Use performance and process improvement (PPI), project management and change management methods to support operational and clinical quality initiatives, improve performance and achieve organizational goals.

1. Implement standard performance and process improvement (PPI) methods.
2. Apply project management methods.
3. Use change management principles and tools.

Health Data Analytics

Leverage the organization's analytic environment to help guide data-driven decision-making and inform quality improvement initiatives.

1. Apply procedures for the governance of data assets.
2. Design data collection plans for key metrics and performance indicators.
3. Acquire data from source systems.
4. Integrate data from internal and external electronic data systems.
5. Use statistical and visualization methods.

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Population Health and Care Transitions

Evaluate and improve healthcare processes and care transitions to advance the efficient, effective and safe care of defined populations.

1. Integrate population health management strategies into quality work.
2. Apply a holistic approach to improvement.
3. Collaborate with stakeholders to improve care processes and transitions.

Patient Safety

Cultivate a safe healthcare environment by promoting safe practices, nurturing a just culture, and improving processes that detect, mitigate or prevent harm.

1. Assess the organization's patient safety culture.
2. Apply safety science principles and methods in healthcare quality work.
3. Use organizational procedures to identify and report patient safety risks and events.
4. Collaborate with stakeholders to analyze patient safety risks and events.

Regulatory and Accreditation

Direct organization-wide processes for evaluating, monitoring and improving compliance with internal and external requirements. Lead the organization's processes to prepare for, participate in, and follow up on regulatory, accreditation and certification surveys and activities.

1. Operationalize processes to support compliance with regulations and standards.
2. Facilitate continuous survey readiness activities.
3. Guide the organization through survey processes and findings.

Quality Review and Accountability

Direct activities that support compliance with voluntary, mandatory and contractual reporting requirements for data acquisition, analysis, reporting, and improvement.

1. Relate current and emerging payment models to healthcare quality work.
2. Conduct the activities to execute measure requirements.
3. Implement processes to facilitate practitioner performance review activities.

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