HLQAT
The Hospital Leadership Quality Assessment Tool

Frequently Asked Questions

1. What is the HLQAT?

The HLQAT Survey was developed by the University of Iowa Department of Health Management and Policy and its research team along with input from Westat. The tool is designed to provide hospitals with an assessment of how Board members, C-Suite members and Clinical Managers rate the hospital on those structures, processes and leadership activities that have been demonstrated to be associated with high performance in clinical quality.

The HLQAT consists of two distinct surveys for individuals working in hospital leadership positions. The Senior Leadership Survey contains slightly more questions than the Clinical Management Survey based on what was learned during the survey development process. Each survey contains about 100 questions and the survey should take 15 – 20 minutes to complete.

The HLQAT is organized in 12 categories (Domains) of leadership capacity and committed that are correlated with high clinical performance.

HLQAT Domains Include:

- Knowledge Seeking Organization
- Established Quality Goals and Priorities
- Effective Communication Processes
- Collaboration Across Functions and Levels
- Clearly Defined QI Leadership Roles
- Just/Non-Punitive Culture
- Public Reporting of Quality Metrics
- Clinical Management Tools, Techniques and Processes
- Adequate Resource Allocation to Quality Improvement
- Quality Improvement Education for Clinical Leaders
- Monitoring and Evaluation of QI Progress
- Employees Rewards/Recognition for Achieved Goals

2. Who should take the HLQAT?

Any hospital interested in improving quality.

3. Who completes the survey at the hospital?

The survey should be taken by Board Members, C-Suite Members and Clinical Managers. The HLQAT is comprised two surveys and once members select their role at the hospital they are taken to the appropriate survey. It is recommended that you survey at least three members from each group (Board, C-Suite and Clinical Manager) with a total of at least 20 members from your hospital

Senior Leadership Survey

Board Members

- C-Suite
  - CEO (Chief Executive Officer), President, or highest ranking executive administrator in the hospital
  - CMO (Chief Medical Officer)/President or VP of Medical Services/ or top physician executive
  - CNO (Chief Nursing Officer)/VP of Nursing/or top nursing executive
  - COO (Chief Operating Officer)
  - CFO (Chief Financial Officer)
  - Chief of Medical Staff or similar role (elected official)
  - Vice Presidents/Assistant Vice Presidents
  - Other Administrative or Executive level leaders or Senior Executive Team members ("C-Suite" members)
  - Quality Improvement/Patient Safety Personnel (Senior level or management level only)

Clinical Management Survey

Physician Leaders:

- Who oversee clinical departments
- Are in other formal leadership roles in the hospital

Directors/Managers of clinical areas (non-physicians):

- Nursing units
- Lab
- Emergency Department
- Radiology
- Other

4. How many people do you recommend take the HLQAT Survey at my hospital?

It is recommended that you survey at least three members from each group and a total of at least 20 members from your hospital.

5. Is the Senior Leader Survey the same as the Clinical Manager Survey?

No. Although they are mostly alike, there is some variation between the two surveys. Based on missing data and the distribution of responses from the pilot test during the validation of the HLQAT, the two surveys (Senior Manager and Clinical Manager) differ in the following ways:

Domain

Collaboration Across Functions and Levels   – Senior Manager Survey ONLY

Quality Improvement Education For All Staff   – Senior Manager Survey ONLY

Monitoring and Evaluation of QI Progress   – Different Scale between Surveys

6. What types of reports are available once we complete the HLQAT?

Usage Reports: Total number of surveys taken

Hospital Reports: A summary of hospital survey results: Total, Board, C-Suite and Clinical Manager

Internal Comparison Reports: A comparison of hospital results: Board vs. C-Suite vs. Clinical Manager

External Comparison Reports: The External Comparative reports compare each hospital to an external group of "High Performing" hospitals within the HLQAT database. The HLQAT team used a

composite created from the CMS Core Measures to rank the hospitals and the high performers represent the top 20% of hospitals that participated in the HLQAT research.

7. How was the HLQAT validated?

In the spring of 2008 the HLQAT was subjected to cognitive testing by a team of academics from The University of Iowa College of Public Health, Brandeis University, and the Leonard Davis Institute at the University of Pennsylvania, with assistance from Westat. Working collaboratively, researchers from these institutions conducted a series of pilot studies to determine the instrument's psychometric properties, item response variability, factor structure of the a priori leadership dimensions, and reliability of the dimensions themselves.

A pilot survey was administered to 58 hospitals across the U.S. and yielded a sample of 939 respondents and analyzed by the research team. The research team identified an association between hospital leadership attributes and performance by comparing high and low performers (upper and lower quartiles) using a composite clinical quality measure that included AMI, heart failure, pneumonia, surgical infections, and risk-adjusted mortality.

The analyses showed that four domains were significantly associated with hospital quality scores: knowledge-seeking organization; clearly defined QI leadership roles; collaborative, supportive culture; and interdisciplinary process improvement tools and techniques. Based on the psychometric analyses, HLQAT was revised into two versions, the first for C-suites and governing boards and the second for clinical managers.

8. How do hospitals register to take the survey and receive their reports?

To register your hospital, simply click on the "Register Hospital" tab at the top of the page. Once registered, the hospital will receive a Communications Packet along with a Hospital Code which is necessary to take the survey.   These codes will be used by participating hospital staff to login and complete the survey. The hospital survey administrator will also use a code to gain access to the reports.

9. Will other entities like state hospital associations and QIOs be able to view my hospital's HLQAT report?

No.

10. How does the HLQAT survey compare to the AHRQ patient safety culture survey?

The AHRQ survey complements and enhances the HLQAT. While the HLQAT assesses Board Members, C-Suites and Clinical Managers, the AHRQ survey deeper into the organization and surveys the frontline staff.

11. Is there an option to get more analysis beyond the standard reports on HLQAT.org?

Yes. Please contact us at info@hlqat.org if you would like to request Custom Report Analysis or discuss our range of Consulting Engagements.