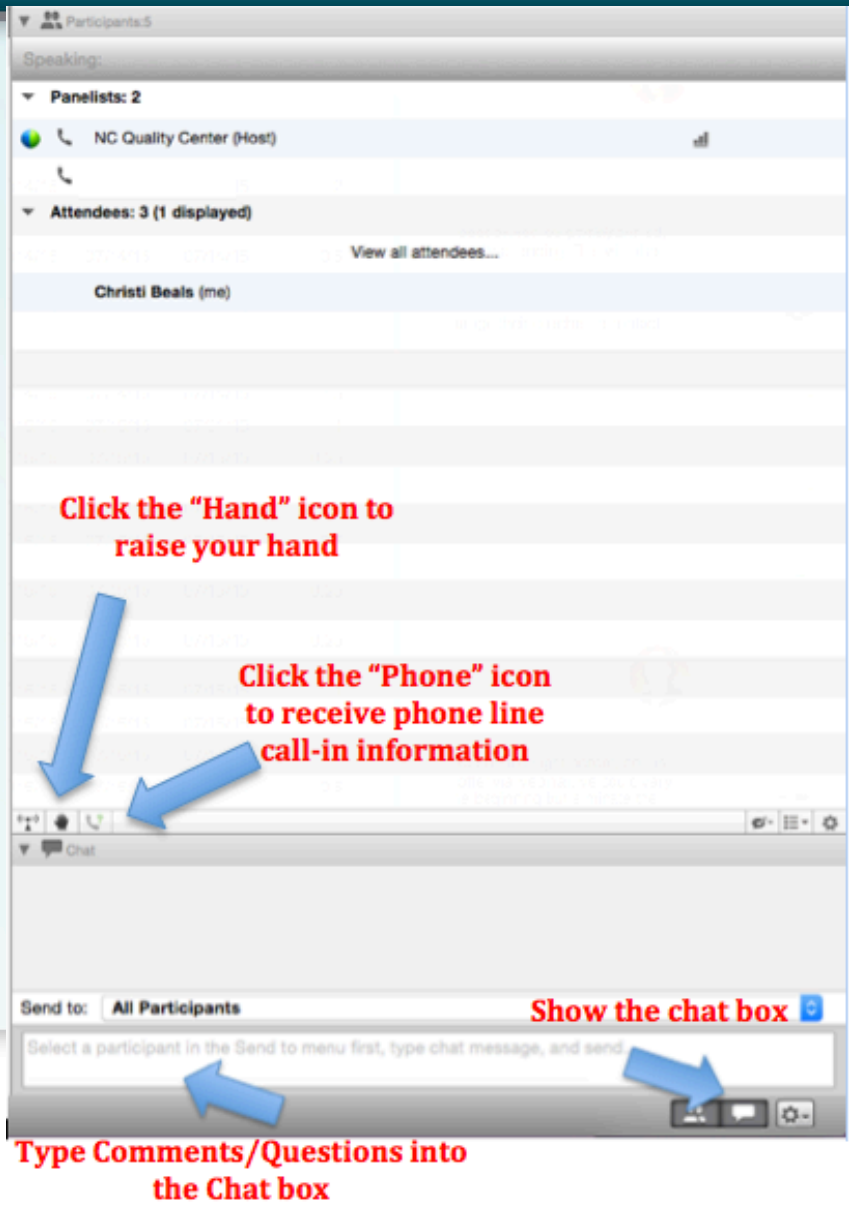
Seamless Care: Safe Patient Transitions Between Facilities Part II

April 14, 2016

NCQC North Carolina Quality Center

How to Participate in the Session

- If you have called in by phone, you can "raise your hand" by selecting the hand icon
- If you would like to call in by phone, select the "phone" icon to receive call in information
- Select the "Chat Bubble" icon to show the comments box and type your comments and questions in the chat box throughout the session



Agenda

- Transitions of Care Model Review
- QIO EDTC Project: Barriers and Interventions
- Action Planning
- Measurement and Data Reporting
- Open Forum
- Next Steps and Reminders

CAH Collaborative Activity Timeline

Activity	January	February	March	April	May	June
Content and Networking Webinars	01/14 Topic: Care Transitions Toolkit Overview and First Sections	03/03 Topic: QI - Immunization Best Practices in Gaining Immunization Compliance	03/15 Topic: QI - ED	04/14 Topic: Care Transitions	05/12 Topic: QI - Immunization	06/09 Topic: QI - ED
In-Person Learning Session	Attendance at PFE/NCACT Summit					
Individual Coaching Calls	1 PFE Coaching Call 1 Coaching Call - Care Transitions/Immunizations/ED			1 PFE Coaching Call 1 Coaching Call - Care Transitions/Immunizations/ED		
Site Visits						

Activity	July	August	September	October	November	December
Content and Networking Webinars	07/14 Topic: Care Transitions	08/11 Topic: QI - Immunization	09/08 Topic: QI - ED	10/13 Topic: Care Transitions	11/10 Topic: QI - Immunization	12/08 Topic: QI - ED
In-Person Learning Session		Save the Date! 8/19				
Individual Coaching Calls	1 PFE Coaching Call 1 Coaching Call - Care Transitions/Immunizations/ED			1 PFE Coaching Call 1 Coaching Call - Care Transitions/Immunizations/ED		
Site Visits						

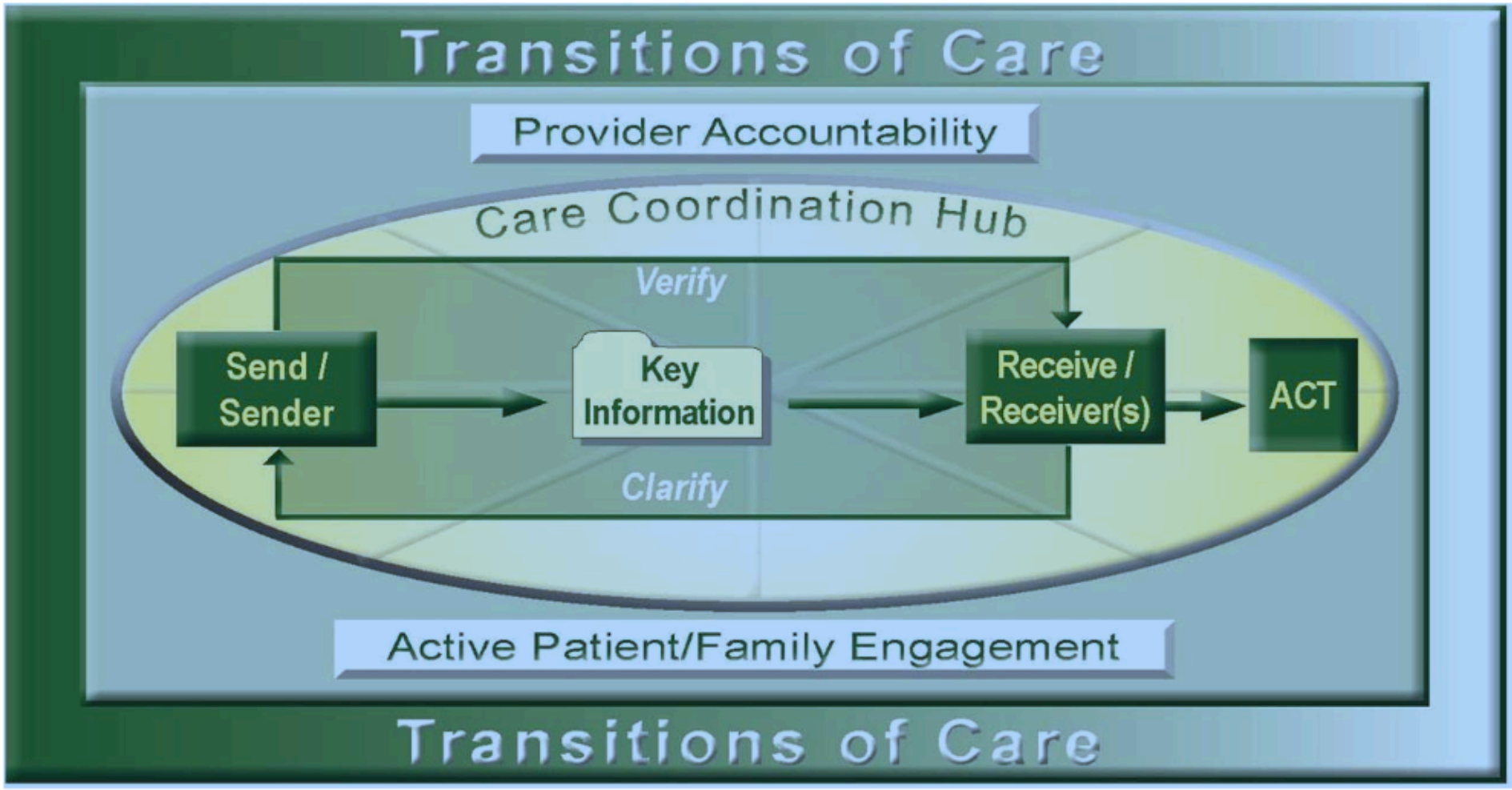
Emergency Care in Rural Hospitals

Particularly important where the distance to urban tertiary care centers makes the effective triage, stabilization, and transfer of patients with the necessary and appropriate information of life and death importance.

The Seven Elements of EDTC

- ❑ Administrative communication
- ❑ Patient information
- ❑ Vital signs
- ❑ Medication information
- ❑ Physician information
- ❑ Nurse information
- ❑ Procedures and tests

Conceptual Model of Transitions of Care



Source: Improving Transitions of Care: Hospital to Home, National Transitions of Care Coalition, October, 2009, page 25.

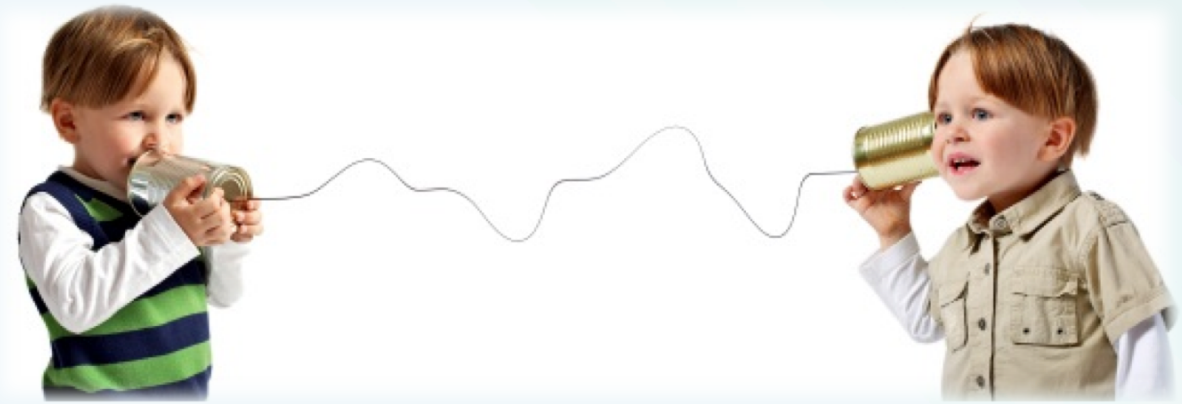
Transition of Care Interaction

Sender Accountabilities:

- Complete and timely transfer of key information
- Verification of receipt by intended recipient
- Availability to clarify or answer questions

Receiver Accountabilities:

- Timely acknowledgement of receipt of complete information
- Evaluation of information and determination of plan of care



Common Barriers Impacting Care Transitions

- Lack of an integrated care system
- Lack of standardized forms and processes
- Incompatible information systems
- Ineffective communication systems
- Failure to recognize cultural, educational, or language differences
- Compensation/performance incentives not aligned with goal of maximizing care coordination and transitions
- Care providers may not learn care coordination/team-based approaches in school
- Lack of valid measures of the quality transition

Interventions Reported by QIO's

- **Updating paper transfer forms** to ensure capture of all the required data elements and documentation that the information was communicated to the next setting of care.
- Implementing **prompts and documentation in the electronic medical record (EMR)** to ensure elements are captured and communicated to the receiving facility, either electronically or via a printed-paper form.
- Developing **checklists and processes** such as double-sign offs and concurrent review of records within the CAH to ensure adequate documentation and communication.
- Identifying and implementing a **standardized process for documentation and transfer of information** to the next setting of care.
- **Staff education** regarding the importance of transfer communication and implementation of new processes and forms.

Long-Term Sustained Improvement

- Open and improve lines of communication between ED and receiving facilities
- Establish key personnel focused on ED transfers

Developing an Action Plan

- Used to move from a vision to strategies to meeting objectives
- Will be unique to each hospital and the processes in place
- Should be complete, clear and current
- Should anticipate any new barriers or opportunities

Developing an Action Plan

Each action step or change should include:

- What changes or actions will occur
- Who will carry out the changes
- Start and end dates for making the changes
- Resources needed to carry out the changes
- Communication plans for the changes

Developing an Action Plan

Things to consider:

- Build in accountability
- Engage key stakeholders
- Design and standardize communications between sending and receiving organizations
- Consider revising standardized forms already in use
- Consolidate information when possible

Developing an Action Plan

Things to consider:

- Obtain buy-in from all users
- Provide staff training
- Prioritize items that are actionable
  - Address high priority items first
- Create opportunities for care organizations to visit each other's care settings to observe patient care processes and information flow

Measurement and Data Reporting

Using MBQIP Reports for QI

- MBQIP reports are provided to hospitals quarterly
- Data is valuable, but report format can be hard to interpret
- NCQC is providing an Excel template to enhance your ability to analyze and use MBQIP data
- The following instructions will show you how to use the template

MBQIP Excel Template

Telligen

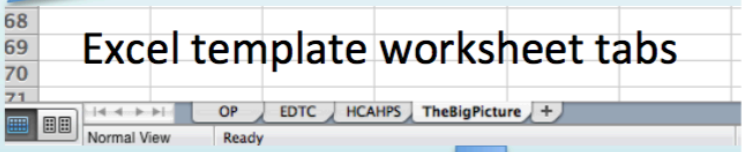
Medicare Beneficiary Quality Improvement Project (MBQIP): Improving Care Through Information
Hospital OQR Hospital Pe

Enter data in green section of Excel template

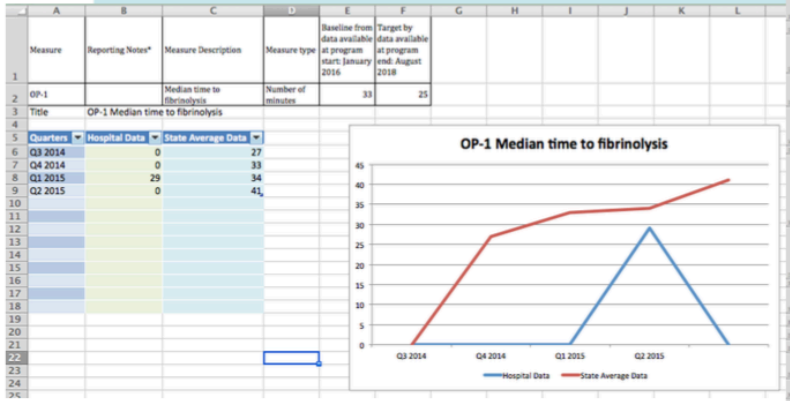
Reporting Period for Clinical Process Measures: Third Quarter 2014 through Second Quarter 2015 Discharges

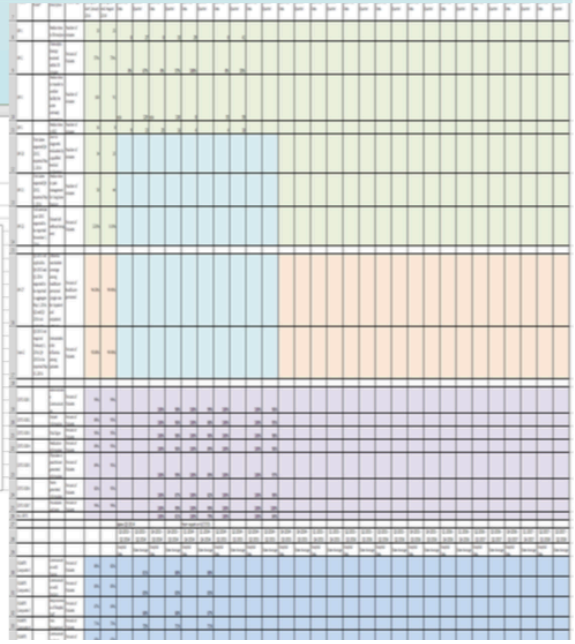
Your Hospital

MBQIP Quality Measures		Your Hospital Performance by Quarter 3Q14	4Q14	1Q15	2Q15	State Average Current Quarter	National Average Current Quarter
AMI Cardiac Care							
OP-1	Median Time to Fibrinolysis	0 patients	0 patients	29 Minutes based on 2 patients	0 patients	41 Minutes	39 Minutes
OP-2	Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival	0 patients	0 patients	100% of 2 patients	0 patients	33%	40%
OP-3b	Median Time to Transfer to Another Facility for Acute Coronary Intervention	N/A	N/A	0 patients	55 Minutes based on 1 patients	59 Minutes	65 Minutes
OP-4	Aspirin at Arrival	100% of 4 patients	100% of 1 patients	100% of 7 patients	100% of 10 patients	99%	96%
OP-5	Median Time to ECG	9 Minutes based on 4 patients	25 Minutes based on 1 patients	4 Minutes based on 7 patients	4 Minutes based on 10 patients	10 Minutes	8 Minutes
Surgical Care							
OP-6	Timing of Antibiotic Prophylaxis	0 patients	N/A	N/A	N/A	0%	94%
OP-7	Prophylactic Antibiotic Selection for Surgical Patients	100% of 1 patients	N/A	N/A	N/A	0%	97%



- Receive MBQIP reports
- Enter data into Excel template by worksheet
- View trend charts and compare to state average
- View big picture summary





Outpatient Measures – Hospital Specific

Telligen

Medicare Beneficiary Quality Improvement Project (MBQIP): Improving Care Through Information

Reporting Period for Clinical Process Measures: Third Q

Enter hospital data in the green section of Excel template

Enter state average data in the blue section of Excel template

Your Hospital

MBQIP Quality Measures		Your Hospital Performance by Quarter				State Average Current Quarter	National Average Current Quarter
		3Q14	4Q14	1Q15	2Q15		
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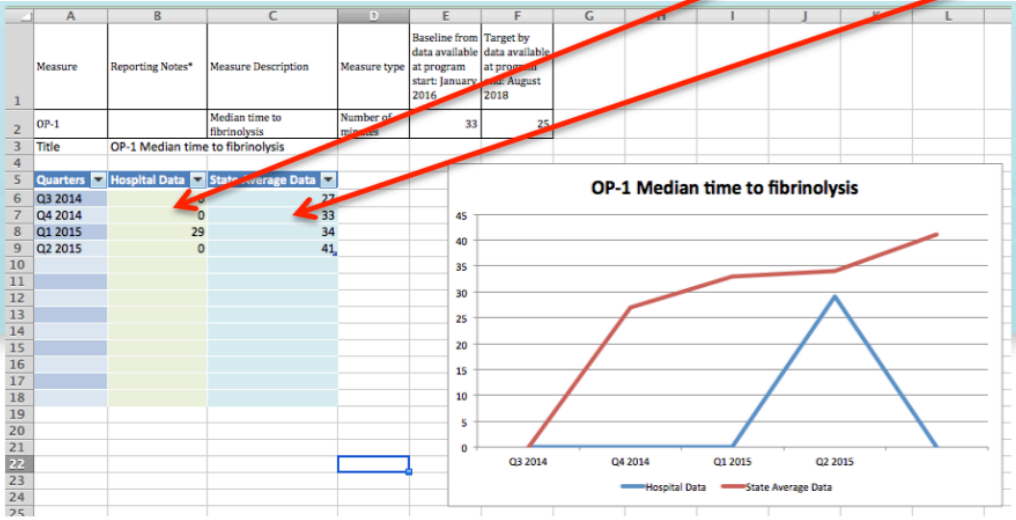

	A	B	C	D	E	F
1	Measure	Reporting Notes*	Measure Description	Measure type	Baseline from data available at program start: January 2016	Target by data available at program end: August 2018
2	OP-1		Median time to fibrinolysis	Number of minutes	33	25
3	Title	OP-1 Median time to fibrinolysis				
4						
5	Quarters	Hospital Data	State Average Data			
6	Q3 2014		27			
7	Q4 2014	0	33			
8	Q1 2015	29	34			
9	Q2 2015	0	41			

Enter data from your MBQIP report into the Excel template by measure on the corresponding tab.

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Open Forum

Reminders

- **April 15th** – Submission Deadline for Q1 / 2016 **EDTC** Measures via QDS
- **May 15th** – Submission Deadline for **IMM2** Measure to QualityNet
- **May 15th** – Submission Deadline for **OP-27** Measure via NHSN
- Coaching Calls begin this month

Thank You for Complete EDTC Data!

Hospital Name	Q4-2015	Q1-2016
Alleghany Memorial Hospital		
Angel Medical Center	X	X
Cape Fear Valley Bladen	X	
Charles A Cannon Jr. Memorial	X	X
Chatham Hospital	X	X
Dosher Memorial Hospital	X	X
FirstHealth Montgomery	X	X
Murphy Medical Center	X	X
Pender Memorial	X	X
Pioneer/Stokes Memorial	X	X
St. Luke's Hospital	X	X
Swain Memorial	X	
Washington County		

Data Completeness accurate as of: 04/13/16 at 9:00 AM

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