



# CAH Quality Improvement and Care Transitions Collaborative

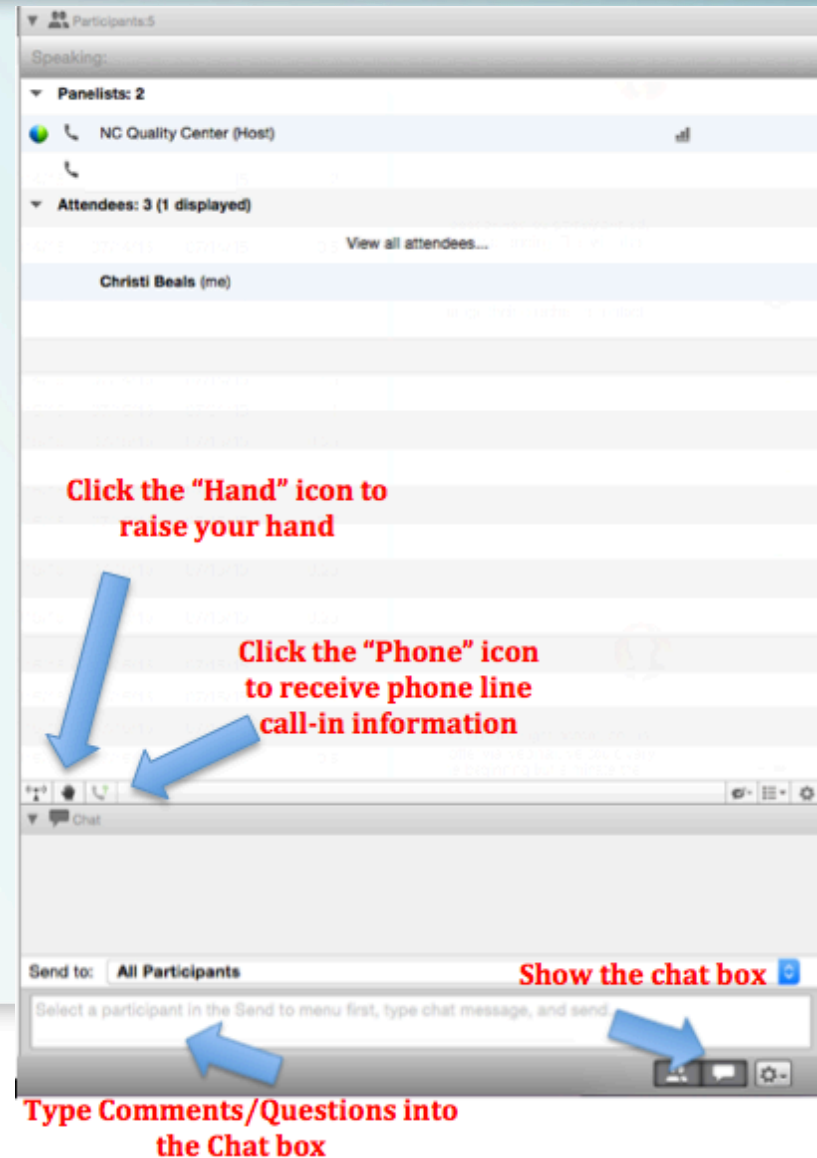
Orientation Webinar  
December 15, 2015



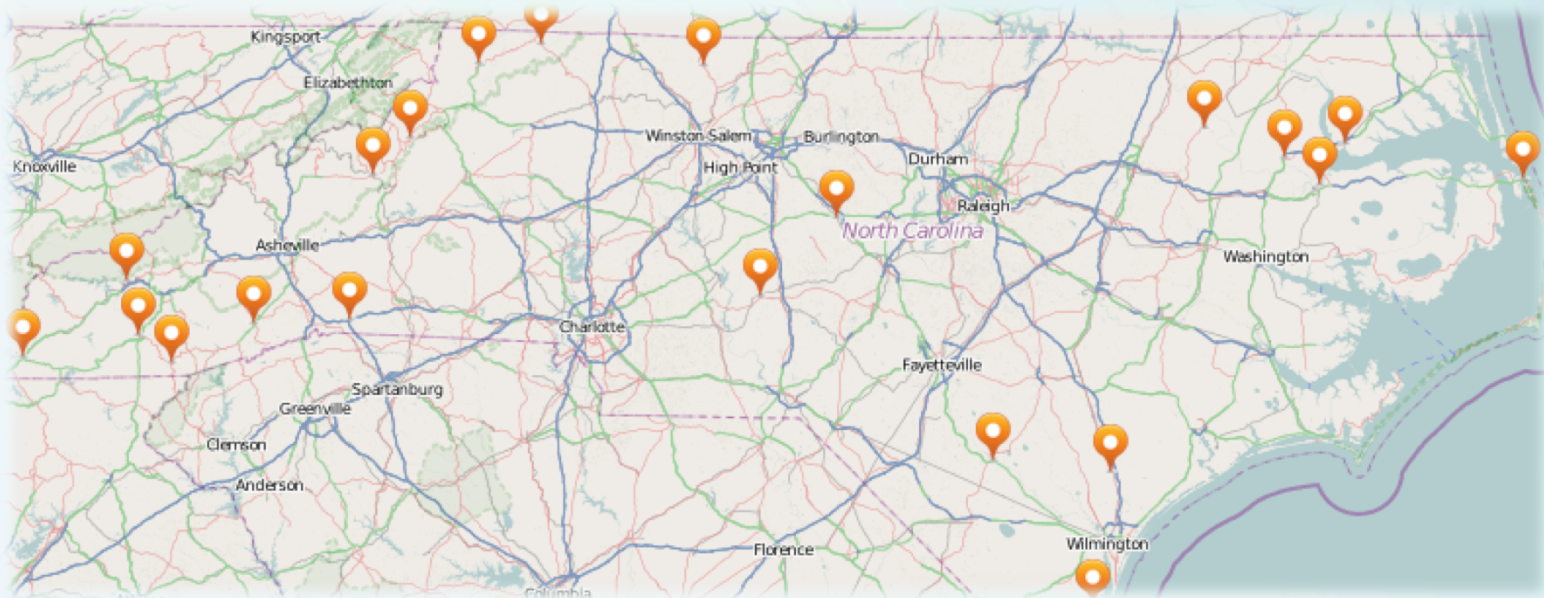
North Carolina  
Quality Center

# 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 to type your comments and questions in the chat box throughout the session.



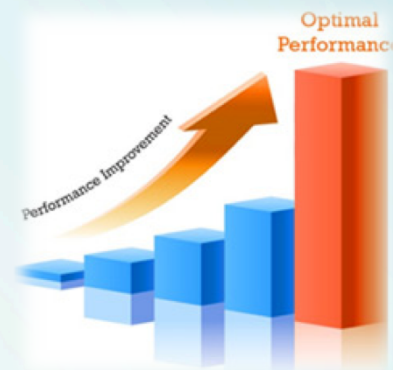
# Welcome to the CAH Quality Improvement and Care Transitions Collaborative!



# Overall Project Goals

Improve CAH performance in the following areas:

- Inpatient Core Measures as defined by MBQIP
- Outpatient Core Measures as defined by MBQIP
- Patient Satisfaction/HCAHPS Scores
- Select Care Transition Measures as defined by MBQIP
  - Emergency Department Transfer Communication
  - Discharge Planning
  - Medication Reconciliation



# Change Can Be Hard.....





# Benefits of Participation

- Opportunity to collaborate and network with other hospitals
- Assistance in analysis of MBQIP measures
- Expert coaching
- Opportunity to enhance your current quality improvement activities
- Opportunity to spread and sustain the LEAN work you may have done

# Collaborative Learning Network – Year 1

## Enroll Hospitals Convene ED Improvement Teams

Outpatient Core Measures	Care Transitions	Immunization	HCAHPS & Patient Family Engagement
<ul style="list-style-type: none"> <li>• Conduct Assessment</li> <li>• Training/Education <ul style="list-style-type: none"> <li>○ QI Basics</li> <li>○ Establishing an Improvement Team (including patient/family advisors)</li> <li>○ Developing an Action Plan</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Conduct Assessment</li> <li>• Capture Current ED Transfer Processes Communications</li> <li>• Evaluate Processes for Improvement Opportunities <ul style="list-style-type: none"> <li>○ Prioritize Opportunities</li> <li>○ Develop Action Plans</li> <li>○ Include Patient/Family Advisors on Improvement Teams</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Review Hospital Policies and Practices</li> <li>• Conduct Gap Analysis</li> <li>• Identify Areas for Improvement</li> <li>• Training/Education <ul style="list-style-type: none"> <li>○ Best Practices</li> <li>○ Policy and Practice Development (involve patient/family advisors)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Review and interpret HCAHPS Scores</li> <li>• Inventory Current PFE Practices</li> <li>• Training/Education <ul style="list-style-type: none"> <li>○ Connection Between HCAHPS Scores and PFE</li> </ul> </li> </ul>

# Collaborative Learning Network – Year 2

Outpatient Core Measures	Care Transitions	Immunization	HCAHPS & Patient Family Engagement
<ul style="list-style-type: none"> <li>Review Processes for Managing AMI Pts.</li> <li>Evaluate Processes for Improvement Opportunities</li> <li>Prioritize &amp; Develop Action Plans                             <ul style="list-style-type: none"> <li>Improve OP-1, OP-2, OP-3 and OP-5 Measures</li> <li>Share Performance on Measures</li> </ul> </li> <li>Training/Education                             <ul style="list-style-type: none"> <li>Best Practices</li> <li>Identifying Areas for Improvement, Developing Action Plans, and Implementing Improvements</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Implement Action Plans</li> <li>Track Submission and Performance of Measures</li> <li>Share Improvements within the Learning Network</li> <li>Training/Education                             <ul style="list-style-type: none"> <li>Intermediate Quality Improvement Strategies</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Monitor Adherence to Policies and Best Practices</li> <li>Training/Education                             <ul style="list-style-type: none"> <li>Effective Communication on Immunization Topics</li> <li>Introduction to “Learning from Defects” Analysis Tool                                     <ul style="list-style-type: none"> <li>Understand What Happened When Policy Was Not Followed</li> <li>Identify Improvement Opportunities</li> </ul> </li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Offer Individual Coaching on Engaging Patients and Families to Improve Immunization Rates, HCAHPS and Required Outpatient Core Measures                             <ul style="list-style-type: none"> <li>Directed toward C-Suite Executives and Accountable Line Staff</li> </ul> </li> <li>Review Best Practices for Improving HCAHPS Scores                             <ul style="list-style-type: none"> <li>Identify and Implement Two Best Practices</li> </ul> </li> </ul>



# Collaborative Learning Network – Year 3

Outpatient Core Measures	Care Transitions	Immunization	HCAHPS & Patient Family Engagement
<ul style="list-style-type: none"> <li>• Monitor Measures</li> <li>• Spread Involvement from Management of AMI Patients to All Patients</li> <li>• Shift Focus to Pain Management and Prevention of Patients Leaving Without Being Seen                             <ul style="list-style-type: none"> <li>○ OP-20, OP-21, OP-22</li> </ul> </li> <li>• Share Performance on Measures with Collaborative</li> <li>• Continue Emphasis on Inclusion of Patient/Family Advisors on the Improvement Team</li> </ul>	<ul style="list-style-type: none"> <li>• Sustain Improvements                             <ul style="list-style-type: none"> <li>○ Standardize processes and tools for long-term continuous improvement</li> </ul> </li> <li>• Complete Second Round of Process Maps for ED Transfer Communication                             <ul style="list-style-type: none"> <li>○ Analyze for Additional Improvement Opportunities</li> </ul> </li> <li>• Conduct Assessment of Discharge Planning and Medication Reconciliation</li> <li>• Share Best Practices</li> </ul>	<ul style="list-style-type: none"> <li>• Monitor Adherence to Hospital Policies</li> <li>• Monitor Adherence to Following Best Practices</li> <li>• Encourage and Support Analysis of Cases That Do Not Follow Policy</li> </ul>	<ul style="list-style-type: none"> <li>• Sustain Best Practices Implemented in Yr. 2</li> <li>• Implement an Additional Best Practice</li> <li>• Plan for Long-Term Sustainability</li> </ul>

# Resources and Support

- Monthly webinars
- Quarterly coaching calls
- Hospital networking and sharing
- Data analysis and review
- Shared tools and strategies

# Collaborative Activity Timeline

Activity	January	February	March	April	May	June
Content and Networking Webinars	01/14 Topic: Care Transitions Toolkit Overview and First Sections	02/11 Topic: QI - Immunization Best Practices in Gaining Immunization Compliance	03/10 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						
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						

# Collaborative Year One: Focus

# Outpatient Core Measures

- Convene ED Improvement Team (same team for EDTC)
- Assess status of collecting and submitting measures, including baseline performance
- Receive training in Quality Improvement basics
  - Establishing an Improvement Team (including patient/family advisors)
  - Developing an Action Plan



# Collaborative Year One: Focus

## Care Transitions

- Convene ED Improvement Team (same team for Outpatient Core Measures)
- Assess status of collecting and submitting measures, including baseline performance
- Create current state process maps of ED Transfer Communication processes
- Prioritize opportunities and develop Action Plans



# Collaborative Year One: Focus

## In-Patient Immunization Measures

- Review current policy and practice on immunization
- Identify areas for improvement from gap analysis
- Receive education on best practices





# Collaborative Year One: Focus

## Patient & Family Engagement

- Review HCAHPS scores
- Address what HCAHPS scores reveal about facility
- Inventory current PFE practices
- Receive education and coaching on specific PFE best practices and design implementation plan to increase HCAHPS, improve work culture and create authentic partnerships



# Pre-work Checklist

- ☒ Register and attend 12/15/15 Orientation Webinar
- ☐ Recruit ED Improvement Team and submit team roster
- ☐ Review Collaborative Charter

# Project Team Roles

## Project Team

- *Team Leader*
- *Organizational Sponsor (CEO)*
- *Executive Sponsor (VP, Director...)*
- *Data Contact*
- *ED Physician Champion*
- *ED Nursing Champion*
- *Quality Manager*
- *ED Unit Leader*
- *Patient or Family Member*

### Project Team

Each hospital should form a team with enough members to fully engage in collaborative activities and to maximize success in achieving collaborative aims. The ideal team is multidisciplinary and composed of people from various departments (such as nursing, quality, clinical educators, and clinical providers) to ensure understanding and to promote buy-in for the changes made. Improvement teams should be heterogeneous in make-up, but homogeneous in mindset. The value of bringing diverse personnel together is that all members of the care team are given a stake in the outcome and work to achieve the same goals.

### Team Roles

From the team, select individuals to serve in these key leadership roles to guide team activities.

#### **Team Leader**

The team leader will organize their team, communicate the collaborative goals to the team, lead their team through the collaborative milestones, and actively promote and facilitate good teamwork. ***This person is the liaison between the hospital and the collaborative leadership team, receiving all external communication and promptly disseminating information to the rest of the team.***

Each team will need to decide who will best function in this role based on their organizational structure. The Team Leader could be a Clinical Nurse Specialist, Director, QI Professional, or the Unit Leader (described below).

#### **Organizational Sponsor (e.g. CEO)**

The person chosen for this role should:

- Assign an executive sponsor to the project
- Set clear goals and expectations for the executive sponsor, unit leadership, and staff
- Review monthly data submission reports. If data submission requirements are not being met, follow-up with team to understand barriers to submission
- Provide all necessary resources for the team to be successful
- Promote transparent communication
- Hold executive sponsor accountable for the overall success of project
- Celebrate wins and provide encouragements

# Data Submission

## Medicare Beneficiary Quality Improvement Project (MBQIP) Data Submission Deadlines

Measure ID	Measure Name	Reported To	Submission Deadline by Encounter Period				
			Q3 / 2015 Jul 1 - Sep 30	Q4 / 2015 Oct 1- Dec 31	Q1 / 2016 Jan 1 - Mar 31	Q2 / 2016 Apr 1 - Jun 30	Q3 / 2016 Jul 1 - Sep 30
OP-1	Median time to fibrinolysis	QualityNet via Outpatient CART/Vendor	February 1, 2016	May 1, 2016	August 1, 2016	November 1, 2016	February 1, 2017
OP-2	Fibrinolytic therapy received within 30 minutes	QualityNet via Outpatient CART/Vendor	February 1, 2016	May 1, 2016	August 1, 2016	November 1, 2016	February 1, 2017
OP-3	Median time to transfer to another facility for acute coronary intervention	QualityNet via Outpatient CART/Vendor	February 1, 2016	May 1, 2016	August 1, 2016	November 1, 2016	February 1, 2017
OP-5	Median time to ECG	QualityNet via Outpatient CART/Vendor	February 1, 2016	May 1, 2016	August 1, 2016	November 1, 2016	February 1, 2017
OP-20	Door to diagnostic evaluation by a qualified medical professional	QualityNet via Outpatient CART/Vendor	Not Required February 1, 2016	May 1, 2016	August 1, 2016	November 1, 2016	February 1, 2017
OP-21	Median time to pain management for long bone fracture	QualityNet via Outpatient CART/Vendor	Not Required February 1, 2016	May 1, 2016	August 1, 2016	November 1, 2016	February 1, 2017
OP-22*	Patient left without being seen	QualityNet via Secure Log In	(anticipated) November 1, 2016 (Aggregate based on full calendar year 2015)		(anticipated) November 1, 2017 (Aggregate based on full calendar year 2016)		
OP-27**	Influenza vaccination coverage among health care personnel	National Healthcare Safety Network	N/A	(anticipated) May 15, 2016 (Aggregate based on Q4 2015/Q1 2016)		N/A	
IMM-2***	Immunization for influenza	QualityNet via Inpatient CART/Vendor	Not Required February 15, 2016	May 15, 2016	August 15, 2016	November 15, 2016	February 15, 2017
EDTC ★	Emergency Department Transfer Communication	State Flex Program	October 31, 2015	January 31, 2016	April 30, 2016	July 31, 2016	October 31, 2016
HCAHPS	Hospital Consumer Assessments of Healthcare Providers and Systems	QualityNet via Vendor	January 6, 2016	April 6, 2016	July 6, 2016	October 5, 2016	TBD

★ EDTC measures are the only measures being reported directly to NCQC. Submission is via the secure web portal (Quality Data System, QDS). Submission deadlines are: January 15, 2016; April 15, 2016; July 15, 2016 and October 15, 2016.

# Next Steps

- Pre-site visit survey
- Site visits
- Immunization Policy submission
- NC ACT Summit



# NC Quality Center Team

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