North Carolina Office of Rural Health
North Carolina Quality Center

CAH Quality Improvement Collaborative Quarterly Meeting

August 17, 2017

Agenda

- Welcome and Introductions

- Collaborative Review

- Hospital Presentations

- Speaker: Paul L. Rogers, MD

- Round Table Discussions

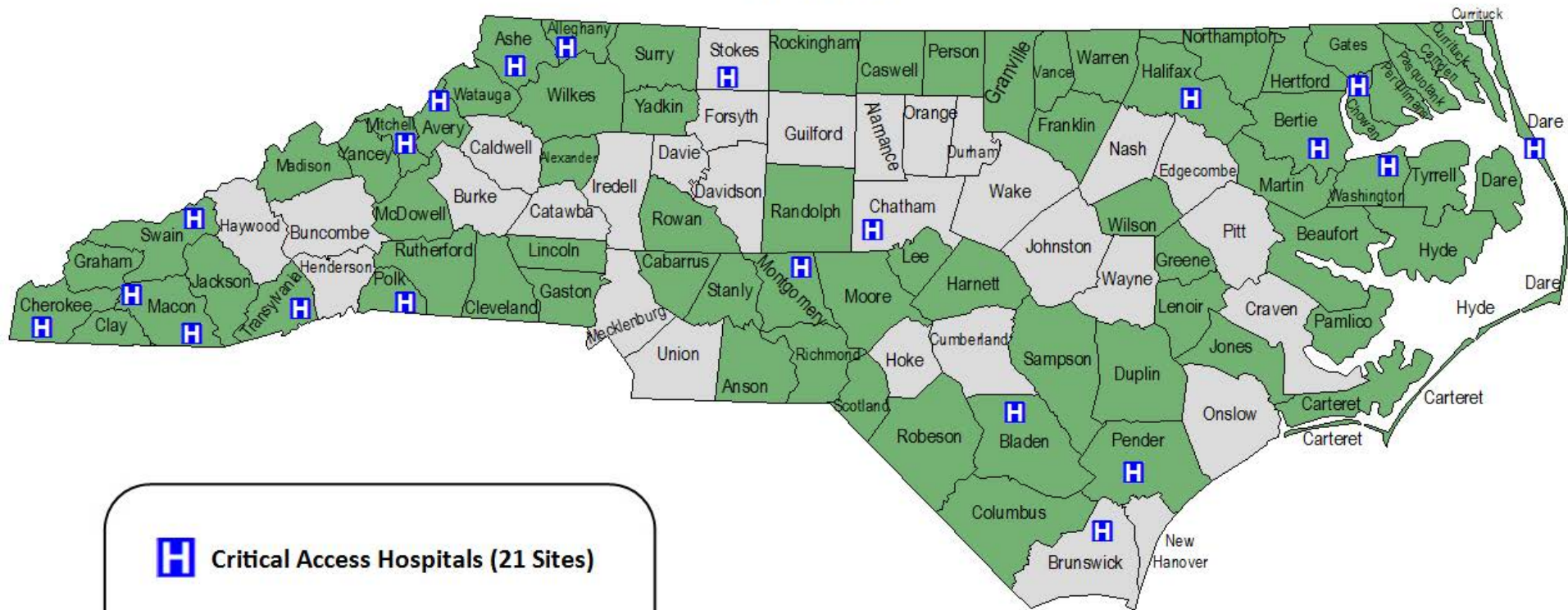- Wrap-Up

Collaborative Review

Critical Access Hospitals in NC

Critical Access Hospitals (21 Sites)

Rural County (70 Counties)

Urban County (30 Counties)

CAH Collaborative

"Alone we can do so little; together we can do so much."

- Helen Keller

Collaborative Goals

- Improve reporting and performance of MBQIP measures and HCAHPS scores.

- Create a community/network for the CAHs for sharing best practices, challenges and ideas.

- Improve the quality of patient care in the rural communities

Collaborative Dashboard

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	Number of NC CAH Reporting	All NC CAH Average Current Quarter
OP-1		Median time to fibrinolysis	Number of minutes - Lower is better	33	25	3	20
OP-2		Fibrinolytic therapy received within 30 minutes	Percent of Patients - Higher is better	57%	73%	16	64%
OP-3		Median time to transfer to another facility for acute coronary intervention	Number of minutes - Lower is better	130	91	8	78
OP-5		Median time to ECG	Number of minutes - Lower is better	16	8	17	8
OP-20	First dates expected Q4 2015; reported May 1, 2016	Door to diagnostic evaluation by a qualified medical professional	Number of minutes - Lower is better	34	25	18	20
OP-21	First dates expected Q4 2015; reported May 1, 2016	Median time to pain management for long bone fracture	Number of minutes - Lower is better	58	44	15	47
OP-22	Full calendar year 2015 expected to be reported November 1, 2016	Patient left without being seen	Percent of Patients - Lower is better	2.20%	1.10%	15	2%

Collaborative Dashboard

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	Number of NC CAH Reporting	All NC CAH Average Current Quarter
EDTC-SUB 1		Administrative Communication	Percent of Patients - Higher is better	99%	99%	18	100%
EDTC-SUB 2		Patient Information	Percent of Patients - Higher is better	88%	95%	18	100%
EDTC-SUB 3		Vital Signs	Percent of Patients - Higher is better	90%	95%	18	100%
EDTC-SUB 4		Medication information	Percent of Patients - Higher is better	89%	95%	18	98%
EDTC-SUB 5		Physician or practitioner generated information	Percent of Patients - Higher is better	89%	95%	18	99%
EDTC-SUB 6		Nurse generated information	Percent of Patients - Higher is better	82%	95%	18	98%
EDTC-SUB 7		Procedures and tests	Percent of Patients - Higher is better	99%	99%	18	100%

Collaborative Dashboard

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	Number of NC CAH Reporting	All NC CAH Average Current Quarter
HCAHPS Composite 1		Communication with Nurses	Percent of Patients - Higher is better	80%	82%	17	81%
HCAHPS Composite 2		Communication with Doctors	Percent of Patients - Higher is better	83%	85%	17	83%
HCAHPS Composite 3		Responsiveness of Hospital Staff	Percent of Patients - Higher is better	67%	69%	17	67%
HCAHPS Composite 4		Pain Management	Percent of Patients - Higher is better	71%	73%	17	71%
HCAHPS Composite 5		Communication about Medicines	Percent of Patients - Higher is better	65%	67%	17	66%
HCAHPS Composite 6		Discharge Information	Percent of Patients - Higher is better	86%	88%	17	88%
HCAHPS Composite 7		Care Transitions	Percent of Patients - Higher is better	52%	54%	17	51%
HCAHPS Question 8		Cleanliness of Hospital Environment	Percent of Patients - Higher is better	72%	74%	17	72%
HCAHPS Question 9		Quietness of Hospital Environment	Percent of Patients - Higher is better	63%	65%	17	65%

MBQIP Additions

- Antibiotic Stewardship
  - Measured via CDC National Healthcare Safety Network (NHSN) Annual Facility Survey
  - CAH's have four years (or by August, 2021) to fully implement antibiotic stewardship program following the CDC's 7 Core Elements

- Inpatient ED Measures: ED-1 and ED-2
  - Effective September 1, 2018

Antibiotic Stewardship Program

CDC 7 Core Elements

- **Leadership Commitment** – dedicating resources

- **Accountability** – single leader responsible for program outcomes

- **Drug Expertise** – single pharmacist leader

- **Action** – implementing at lease one recommended action

- **Tracking** – monitoring prescribing and resistance patterns

- **Reporting** – regular information on antibiotic use and resistance

- **Education** – resistance and optimal prescribing

Inpatient ED Measures

ED-1:

- Median time from ED arrival to ED departure for admitted ED patients

- Reported to QualityNet via Inpatient CART/Vendor

ED-2:

- Admit decision time to ED departure time for admitted patients

- Reported to QualityNet via Inpatient CART/Vendor

Core MBQIP Measures

FY 2018 – 21: Medicare Beneficiary Quality Improvement Project (MBQIP) Measures

	Patient Safety/Inpatient	*Patient Engagement*	*Care Transitions*	*Outpatient*
Core/Required Improvement Initiatives	**OP-27:** Influenza Vaccination Coverage Among Healthcare Personnel (HCP) *(Facilities report a single rate for inpatient and outpatient settings)* **IMM-2:** Influenza Immunization for inpatients **Antibiotic Stewardship:** Measured via Center for Disease Control National Healthcare Safety Network (CDC NHSN) Annual Facility Survey **Inpatient ED Measures:** • **ED-1:** Median Time from ED Arrival to ED Departure for *Admitted* ED Patients • **ED-2:** Admit Decision Time to ED Departure Time for *Admitted* Patients	**Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)** *The HCAHPS survey contains 21 patient perspectives on care and patient rating items that encompass nine key topics:* • Communication with Doctors • Communication with Nurses • Responsiveness of Hospital Staff • Pain Management • Communication about Medicines • Discharge Information • Cleanliness of the Hospital Environment • Quietness of the Hospital Environment • Transition of Care *The survey also includes four screener questions and seven demographic items. The survey is 32 questions in length.*	**Emergency Department Transfer Communication (EDTC)** *7 sub-measures; 27 data elements; 1 composite* • EDTC-1: Administrative Communication (2 data elements) • EDTC-2: Patient Information (6 data elements) • EDTC-3: Vital Signs (6 data elements) • EDTC-4: Medication Information (3 data elements) • EDTC-5: Physician or Practitioner Generated Information (2 data elements) • EDTC-6: Nurse Generated Information (6 data elements) • EDTC-7: Procedures and Tests (2 data elements) • **All-EDTC:** Composite of All 27 data elements	**Chest Pain/AMI:** • **OP-1:** Median Time to • Fibrinolysis • **OP-2:** Fibrinolytic Therapy • Received within 30 minutes • **OP-3:** Median Time to • Transfer to another Facility for • Acute Coronary Intervention • **OP-4:** Aspirin at Arrival • **OP-5:** Median Time to ECG **ED Throughput** • **OP-18:** Median Time from ED Arrival to ED Departure for *Discharged* ED Patients • **OP-20:** Door to Diagnostic Evaluation by a Qualified Medical Professional • **OP-22:** Patient Left Without Being Seen **Pain Management** **OP-21:** Median Time to Pain Management for Long Bone Fracture

Additional MBQIP Measures

FY 2018 – 21: Medicare Beneficiary Quality Improvement Project (MBQIP) Measures

	Patient Safety/Inpatient	Patient Engagement	Care Transitions	Outpatient
Additional/ Optional Improvement Initiatives	**Healthcare Acquired Infections (HAI)** • **CLABSI:** Central Line-Associated Bloodstream Infection • **CAUTI:** Catheter-Associated Urinary Tract Infection • **CDI:** *Clostridium difficile* (C. Diff) Infection • **MRSA:** Methicillin-resistant *Staphlococcus aureus* • **SSIs:** Surgical Site Infections Colon or Hysterectomy **Perinatal Care** • **PC-01:** Elective Delivery **Pneumonia** Proportion of patients hospitalized with Pneumonia – potentially avoidable complications **Falls** Potential measurement around: • Falls with Injury • Patient Fall Rate • Screening for Future Fall Risk **Adverse Drug Events (ADE)** Potential measurement around: • Opioids • Glycemic Control • Anticoagulant Therapy		**Discharge Planning** *Potential measurement TBD with FORHP* **Medication Reconciliation** *Potential measurement TBD with FORHP* **Reducing Readmissions** *(Readmission measures are automatically calculated for hospitals using Medicare Administrative Claims Data)* **Swing Bed Care** *Potential measurement TBD*	**Stroke** • **OP-23:** ED – Head CT or MRI Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke Patients who Received Head CT or MRI Scan Interpretation Within 45 Minutes of ED Arrival **Surgery/Surgical Care** • **OP-25:** Safe Surgery Checklist Use

Understanding Your Care When You Left The Hospital

Q23: During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left.

Q24: When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.

Q25: When I left the hospital, I clearly understood the purpose for taking each of my medications.

"Care transitions is a team sport, and yet all too often we don't know who our teammates are, or how they can help."

~ Eric A. Coleman, MD, MPH

Rapid Improvement Project

Goal: Improve HCAHPS score on Composite #7: Care Transitions

Project Objectives:

- Provide a statewide rapid-cycle project format with tools, education and coaching support to improve Care Transitions scores and positively impact patient outcomes

- Increase Quality Collaborative engagement through virtual and in-person opportunities:
  - Virtual network meetings, training and support using a variety of lean/QI tools
  - Mid-session face-to-face workshop
  - Completed project sharing opportunities
    - Poster presentation at Quarterly Meeting
    - NCQC CAH website

Project Schedule

Session 1: Define project scope (webinar)

Session 2: Analyze current state (webinar)

Session 3: In-person meetings – process mapping, issue prioritization, root cause analysis

Session 4: Solution – right side of the A3 (webinar)

Session 5: Report out – share successes (webinar)

Quality Collaborative Quarterly Meeting poster presentation