Quality and Patient Safety Performance Improvement

- MBQIPs: Trends and Opportunities
In the past year….

- Personalized performance reports have been generated and shared
- Targeted education, resources, and coaching provided via website, face-to-face meetings, and onsite visits (e.g. behavioral health education for rural hospitals)
- Monthly “Open Hours” call for all participating CAHs
- Listserv announcements
- Data submission and performance tracking
EDTC Measures

Q1 2019
EDTC Trends

- EDTC measures were near 100% at the beginning of the collaborative
- Slight decline in some measures reflects new hospitals reporting that weren’t already near 100%
- All EDTC measure is likely most meaningful and reflects patients for which all components of the EDTC was completed
Average of 16 hospitals reporting values for this measure per quarter
Outpatient Measures

Q4 2018
Outpatient MBQIP Trends

- Includes all hospitals participating in collaborative and reporting for the quarter indicated
- Measures with small number of hospitals with values each quarter are volatile
- NC CAH collaborative hospitals have maintained performance in Median Time to ECG
- NC CAH collaborative hospitals have steadily improved in Minutes from Door to Diagnostic Evaluation and Median Time to Pain Management for Long Bone Fracture and
All, OP 21- Minutes to Pain Management for Long Bone Fracture

Average of 15 hospitals reporting values for this measure per quarter
OP 20- Minutes from Door to Diagnostic Evaluation

<table>
<thead>
<tr>
<th>Hospital/Location</th>
<th>Time (Minutes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alleghany Memorial Hospital</td>
<td>8.00</td>
</tr>
<tr>
<td>Angel Medical Center</td>
<td>11.00</td>
</tr>
<tr>
<td>Blue Ridge Regional Hospital</td>
<td>10.00</td>
</tr>
<tr>
<td>Cape Fear Valley - Bladen Healthcare, LLC</td>
<td>59.00</td>
</tr>
<tr>
<td>Charles A. Cannon, Jr. Memorial Hospital</td>
<td>21.00</td>
</tr>
<tr>
<td>Chatham Hospital</td>
<td>17.00</td>
</tr>
<tr>
<td>FirstHealth Montgomery Memorial Hospital</td>
<td>14.00</td>
</tr>
<tr>
<td>Highlands Cashiers Hospital</td>
<td>9.00</td>
</tr>
<tr>
<td>J. Arthur Doshier Memorial Hospital</td>
<td>14.00</td>
</tr>
<tr>
<td>LifeBrite Community Hospital of Stokes</td>
<td>34.00</td>
</tr>
<tr>
<td>Murphy Medical Center, Inc.</td>
<td>14.00</td>
</tr>
<tr>
<td>Pender Memorial Hospital</td>
<td>22.00</td>
</tr>
<tr>
<td>St. Luke's Hospital</td>
<td>19.00</td>
</tr>
<tr>
<td>Swain Community Hospital</td>
<td>11.00</td>
</tr>
<tr>
<td>Transylvania Regional Hospital</td>
<td>22.00</td>
</tr>
<tr>
<td>Vidant Bertie Hospital</td>
<td>27.00</td>
</tr>
<tr>
<td>Vidant Chowan Hospital</td>
<td>27.00</td>
</tr>
<tr>
<td>Washington County Hospital</td>
<td></td>
</tr>
</tbody>
</table>
HCAHPS Measures

Q4 2018
HCAHPS Trends

- Nationally these measures do not show much change over time
- CAH collaborative hospitals have maintained high performance in Communication with Nurses and Discharge Information
- CAH collaborative hospitals have improved steadily in Responsiveness of Staff (3)
- NC scores least well on measures of Care Transitions (7) and Quietness of Hospital Environment (9)
All, HCAHPS 3- Responsiveness of Staff

Average of 13 hospitals reporting values for this measure per quarter
Average of 13 hospitals reporting values for this measure per quarter
Performance Improvement (PI): As Easy As 1, 2, 3

- Review your personalized data reports – where are you relative to NC average and National average for each metric?
- Consider how these metrics align with your hospital’s quality and patient safety priorities
- Identify 1 Opportunity for PI
- Identify 2 Action Steps with deadlines
- Identify 3 People you will engage to support the PI work
Quality and Patient Safety Performance Improvement

- SHIP: Project Ideas and Innovation Projects
SHIP FY19 Overview
SHIP OVERVIEW

- Administered by Health Resources and Services Administration (HRSA)

- Federal funding for SHIP is secured through the State Office of Rural Health (SORH)

- NC ORH partners with NCHF to solicit applications from SHIP eligible hospitals and to administer the program

- Grant cycle: June 1, 2019- May 31, 2020
Eligibility

- 49 beds or less
- Non-federal hospitals
- May be for-profit, not-for-profit or tribal
- Critical Access Hospitals (CAHs) are eligible
Eligible hospitals can apply for funding to assist in the implementation of activities related to:

- Value-Based Purchasing Programs (VBP)
- Accountable Care Organizations (ACOs)
- Payment Bundling (PB)

**Funding for 2019-2020: $10,400 per eligible hospital**
Hospitals must fully implement:

- Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS), which must be publicly reported to CMS Hospital Compare
- ICD-10 Implementation
- If hospitals have fully implemented HCAHPS and ICD-10, they can choose other options from the SHIP Purchasing Menu
## FY19 SHIP PURCHASING MENU

### Value-Based Purchasing (VBP) Investment Activities

Activities that support improved data collection to facilitate quality reporting and improvement. Refer to SHIP Resources and SHIP 2019 Allowable Investments.

<table>
<thead>
<tr>
<th>Activity(ies): Hospital</th>
<th>Activity(ies): Network/Consortium</th>
<th>Hospital to briefly describe the Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Quality reporting data collection/related training (e.g. eCQM implementation)</td>
<td>☐ ☐</td>
<td></td>
</tr>
<tr>
<td>B. HCAHPS data collection process/related training</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>C. Efficiency or quality improvement training in support of VBP related initiatives</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>D. Provider-Based Clinician Quality Measures Training</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>E. Alternative Payment Model and Merit-Based Incentive Payment Training</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

### Accountable Care Organization (ACO) or Shared Savings Investment Activities

Activities that support the development or the basic tenets of ACOs or shared savings programs. Refer to SHIP Resources and SHIP 2019 Allowable Investments.

<table>
<thead>
<tr>
<th>Activity(ies): Hospitals</th>
<th>Activity(ies): Network/Consortium</th>
<th>Hospital to briefly describe the Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Computerized provider order entry hardware/software and/or training</td>
<td>☐ ☐</td>
<td></td>
</tr>
<tr>
<td>B. Pharmacy services implementation</td>
<td>☐ ☐</td>
<td></td>
</tr>
<tr>
<td>C. Disease registry training and/or software/hardware</td>
<td>☐ ☐</td>
<td></td>
</tr>
<tr>
<td>D. Efficiency or quality improvement training in support of ACO or shared savings related initiatives</td>
<td>☐ ☐</td>
<td></td>
</tr>
<tr>
<td>E. Systems performance training</td>
<td>☐ ☐</td>
<td></td>
</tr>
<tr>
<td>F. Mobile health hardware and/or software</td>
<td>☐ ☐</td>
<td></td>
</tr>
<tr>
<td>G. Community paramedicine training and/or hardware/software installation/use</td>
<td>☐ ☐</td>
<td></td>
</tr>
<tr>
<td>H. Health Information Technology Training for Value and ACOs</td>
<td>☐ ☐</td>
<td></td>
</tr>
</tbody>
</table>

### Payment Bundling (PB) or Prospective Payment System (PPS) Investment Activities

Activities that improve hospital financial processes. Refer to SHIP Resources and SHIP 2019 Allowable Investments.

<table>
<thead>
<tr>
<th>Activity(ies): Hospitals</th>
<th>Activity(ies): Network/Consortium</th>
<th>Hospital to briefly describe the Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. ICD-10 software</td>
<td>☐ ☐</td>
<td></td>
</tr>
<tr>
<td>B. ICD-10 training</td>
<td>☐ ☐</td>
<td></td>
</tr>
<tr>
<td>C. Efficiency or Quality Improvement Training in support of PB or PPS related initiatives</td>
<td>☐ ☐</td>
<td></td>
</tr>
<tr>
<td>D. S-10 Cost Reporting Training</td>
<td>☐ ☐</td>
<td></td>
</tr>
<tr>
<td>E. Pricing Transparency Training</td>
<td>☐ ☐</td>
<td></td>
</tr>
</tbody>
</table>
SHIP REIMBURSEMENT CRITERIA

- SHIP funds reimburse expenses for services, consulting, training or programs eligible for SHIP support.

- Expenses **not** eligible for reimbursement:
  - Travel, staff or personnel, ordinary hospital expenses.

- Capital related items must be pre-approved.

- SHIP funds cannot be co-mingled with FLEX grant funds.

- Program integrity requires documentation of expenses and evidence of a paid expense.
NETWORK BASED PROJECTS

- 2019-2024 Goal: Shift from individual to Network-based projects

- Benefits of group projects:
  - Pool resources and streamline administration
  - Best practices sharing and benchmarking
  - Greater access to education and support

- Special Innovation Projects (SIP)
  - Network/consortia of three or more SHIP eligible hospitals and/or provider-based rural health clinics.
  - Cohorts will stay intact for the period of performance, but projects must be for a minimum of 2 years
GRANT APPLICATION PROCESS

SMALL RURAL HOSPITAL IMPROVEMENT GRANT PROGRAM (SHIP)
HOSPITAL GRANT APPLICATION FOR FY 2019
JUNE 1, 2019 – MAY 31, 2020

Return to Dean Higgins at dhiggins@ncha.org by Sept 2, 2019

The North Carolina Healthcare Foundation is managing the NC Small Hospital Improvement Program (SHIP) on behalf of the NC Office of Rural Health. SHIP is a federally funded program that stipulates the use of the SHIP funds, with a primary focus on small, rural hospital performance improvement.

Please complete the information below:

**A. General Information**

**CAH:** Yes [ ] No [ ]

**Hospital Name:**

**CMS Certification Number (CCN):**#

**Former Name (if changed since FY18 SHIP application):**

Is there a change in hospital address since FY18 SHIP application? Yes [ ] No [ ]

Is there a change in Administrator/CEO since FY18 SHIP application? Yes [ ] No [ ]

Is there a change in SHIP Project Director, since FY18 SHIP application? Yes [ ] No [ ]

If Yes, regarding changes since FY18, please update appropriate fields below.

**Address:**

**City:**

**State:**

**Zip:**

**County:**

**Phone:**

**Fax:**

**Administrator / CEO:**

**E-mail:**

**Hospital SHIP Project Director Name:** Click here to enter text. Email: Click here to enter text.

**Phone:**

**Number of beds per Line 14 of the most recently filed Medicare Cost Report:**

**Cost Reporting Period:**

*Note: If hospital reports a licensed bed count greater than 49 on Line 14 but staffs 49 beds or fewer, eligibility may be certified by submitting a written statement to the SHIP that includes: 1) the number of staffed beds at the time of the most recent cost report submission, 2) the cost reporting period of the most recently filed cost report and 3) the signature of the certifying official.*

- Grant Application sent to hospitals via email by **July 22**
- Hospitals complete Grant Application
- Hospitals return signed and completed Grant Application by **Sept 2**
  
  to: dhiggins@ncha.org
Project Highlights
STROUDWATER PROJECTS

- **Option A**: Strategic Pricing Web Application- $7000
- **Option B**: CAH Cost Report Assessment- $5000
- **Options A&B**: $10,400
- **Option C**: CAH Swing bed Growth Initiative- $10,400 (Aligns with VBP Activities: C. Efficiency or quality improvement training/project in support of VBP related initiatives)

Contact Gregory Wolf at **GWolf@stroudwater.com** for more information
THE QUALITY CENTER PATIENT SAFETY ORGANIZATION

• Patient safety program fostering a culture of quality and safety through learning and sharing among healthcare organizations.

• SHIP Menu Alignment: VBP Activities
• Pricing: $4000 for SHIP eligible hospitals
• Contact Shelby Lassiter at slassiter@ncha.org for more information.
SHIP TIMELINE

- SHIP projects for 2018-2019 grant year must be selected and Grant Application returned to NCHA by Sept 2, 2019
- Mid-year progress report due December 31, 2019
- SHIP 2019-2020 year end: May 31, 2020
- Final invoices for project expenses due June 8, 2020
- SHIP 2019-2020 final report due June 30, 2020
Questions?
Quality and Patient Safety Performance Improvement

- Bright Spots and Action Plans