

# 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

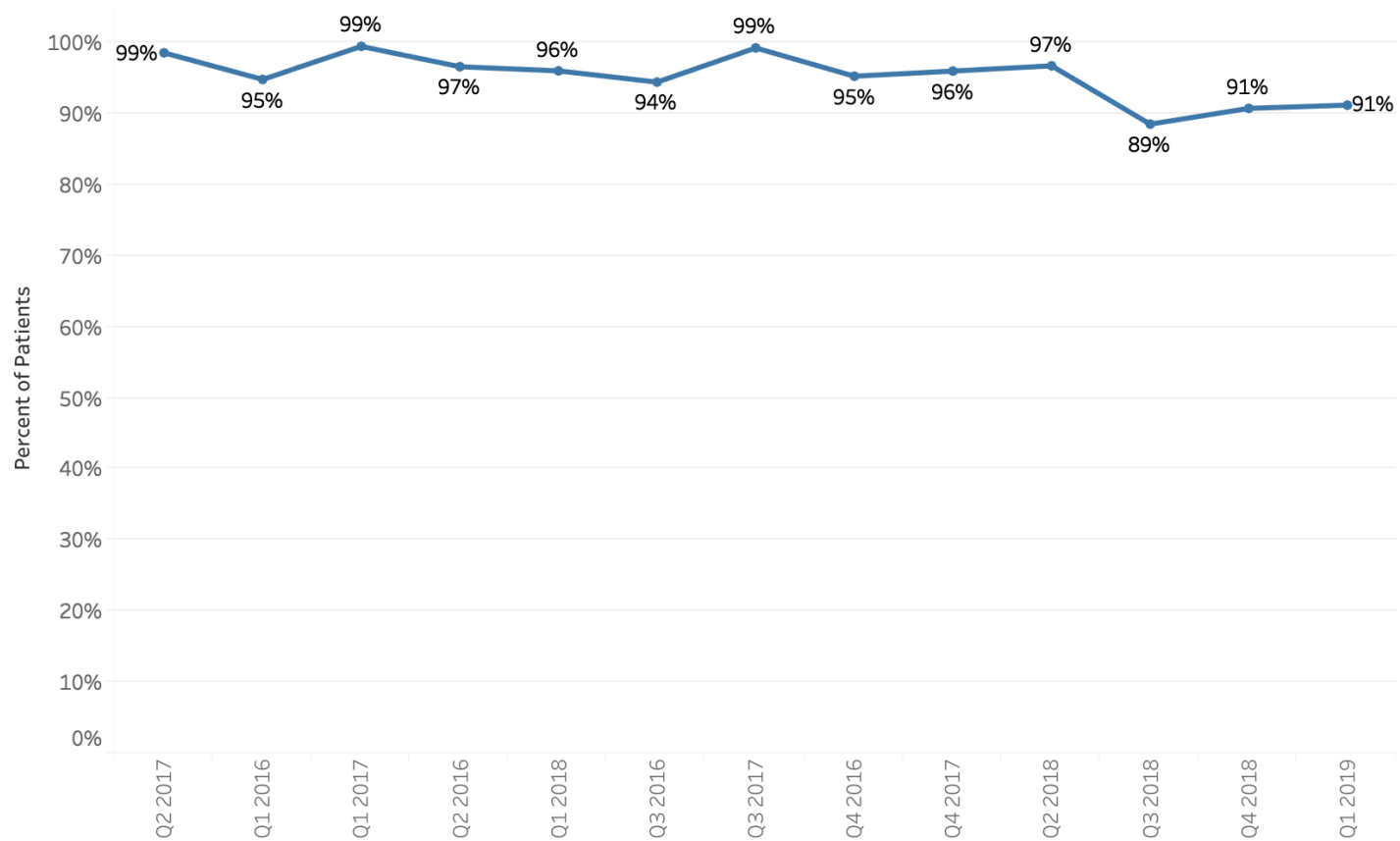
# EDTC Measures

► 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

## All, All EDTC composite



Average of 16 hospitals reporting values for this measure per quarter

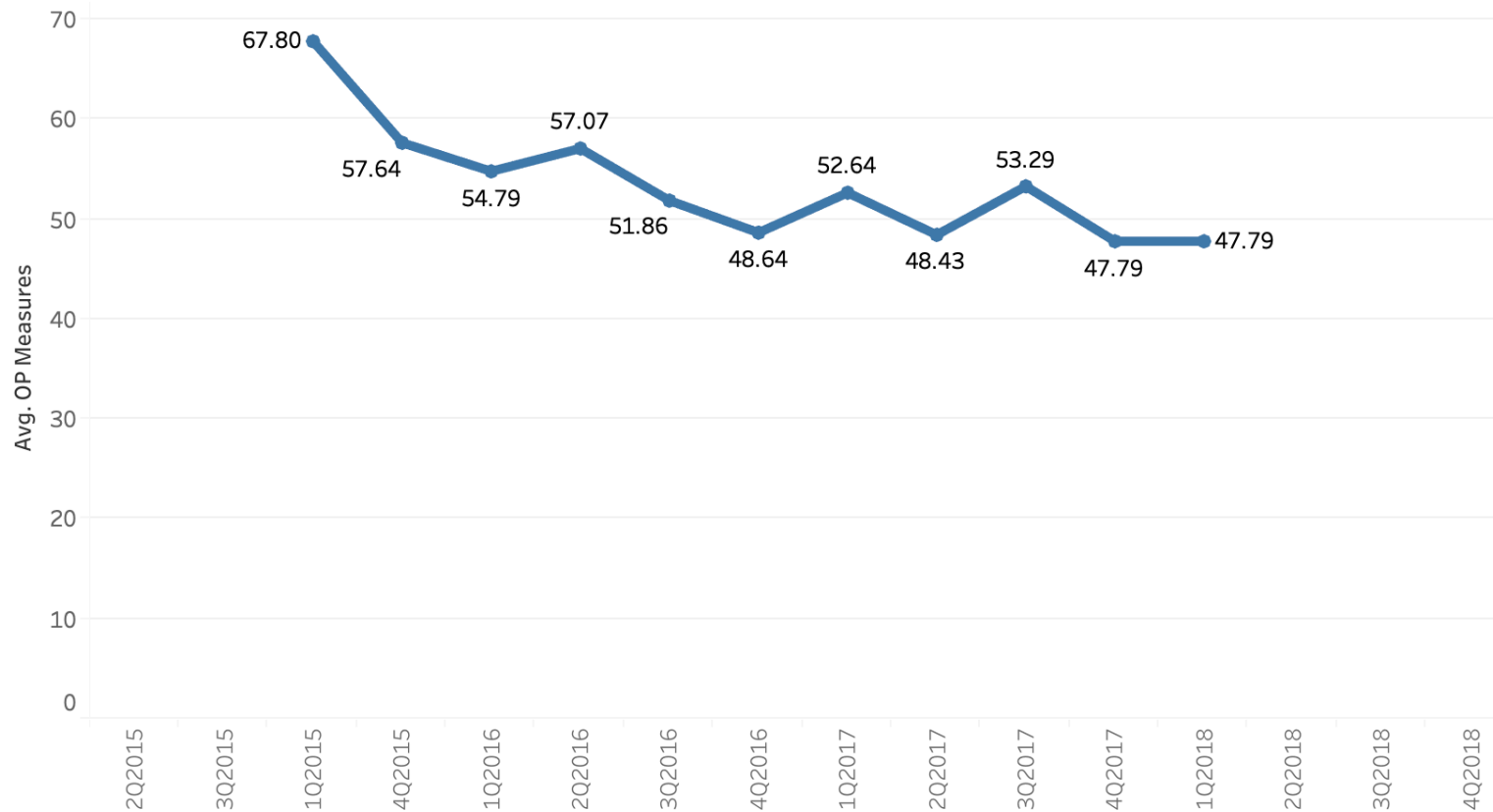
# Outpatient Measures

► 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

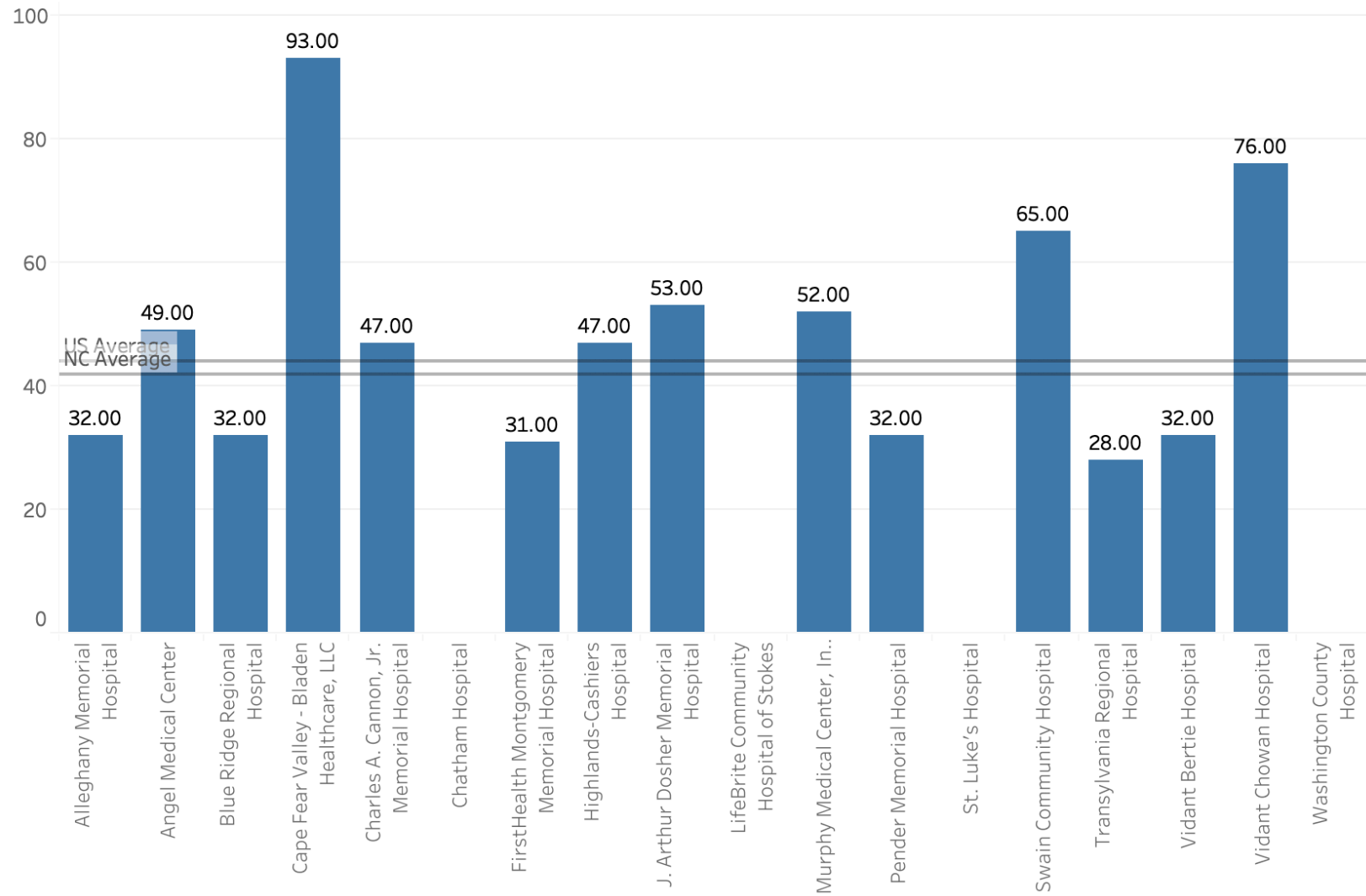
## All , OP 21- Minutes to Pain Management for Long Bone Fracture



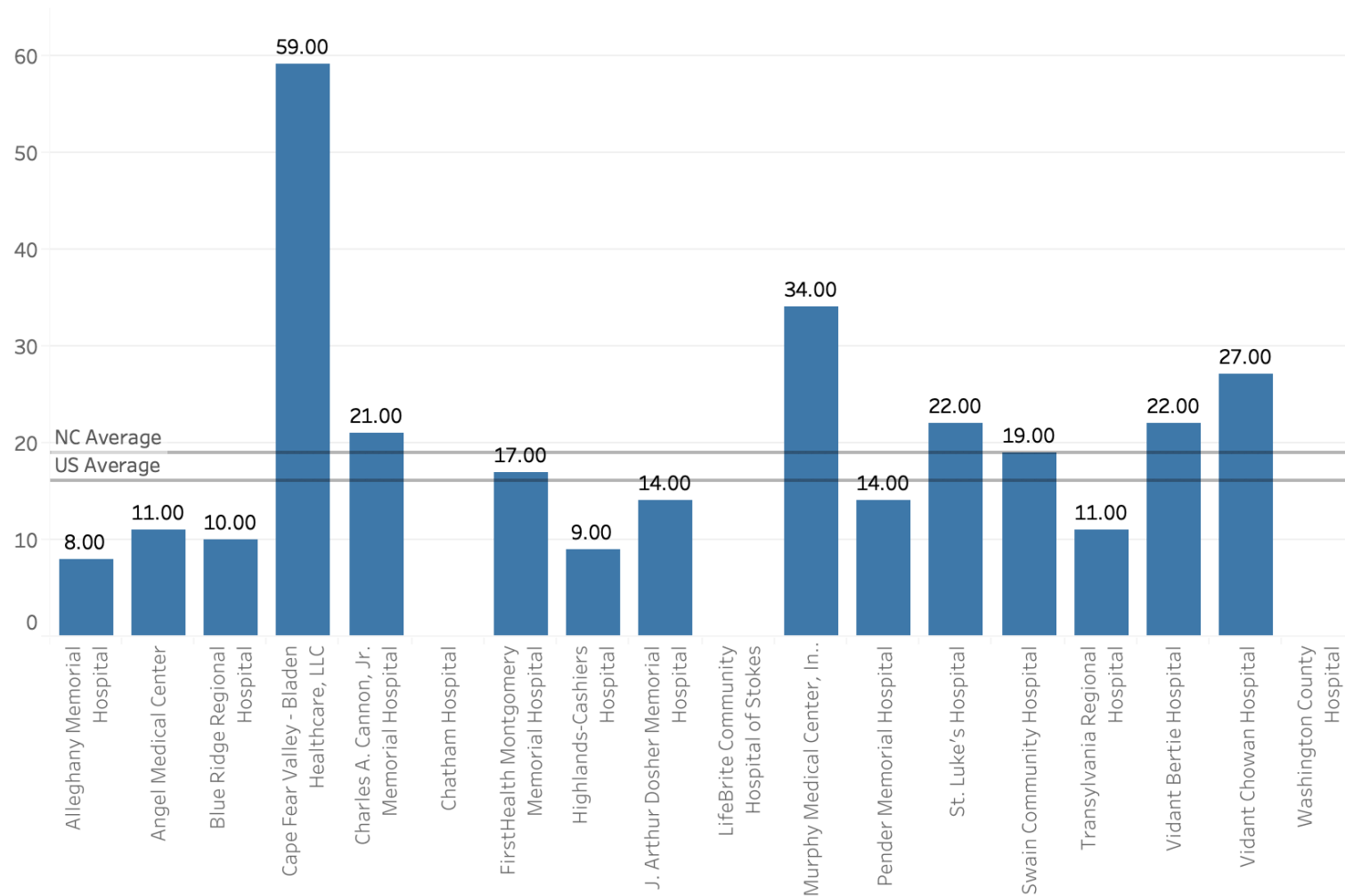
Average of 15 hospitals reporting values for this measure per quarter



## OP 21- Minutes to Pain Management for Long Bone Fracture



## OP 20- Minutes from Door to Diagnostic Evaluation



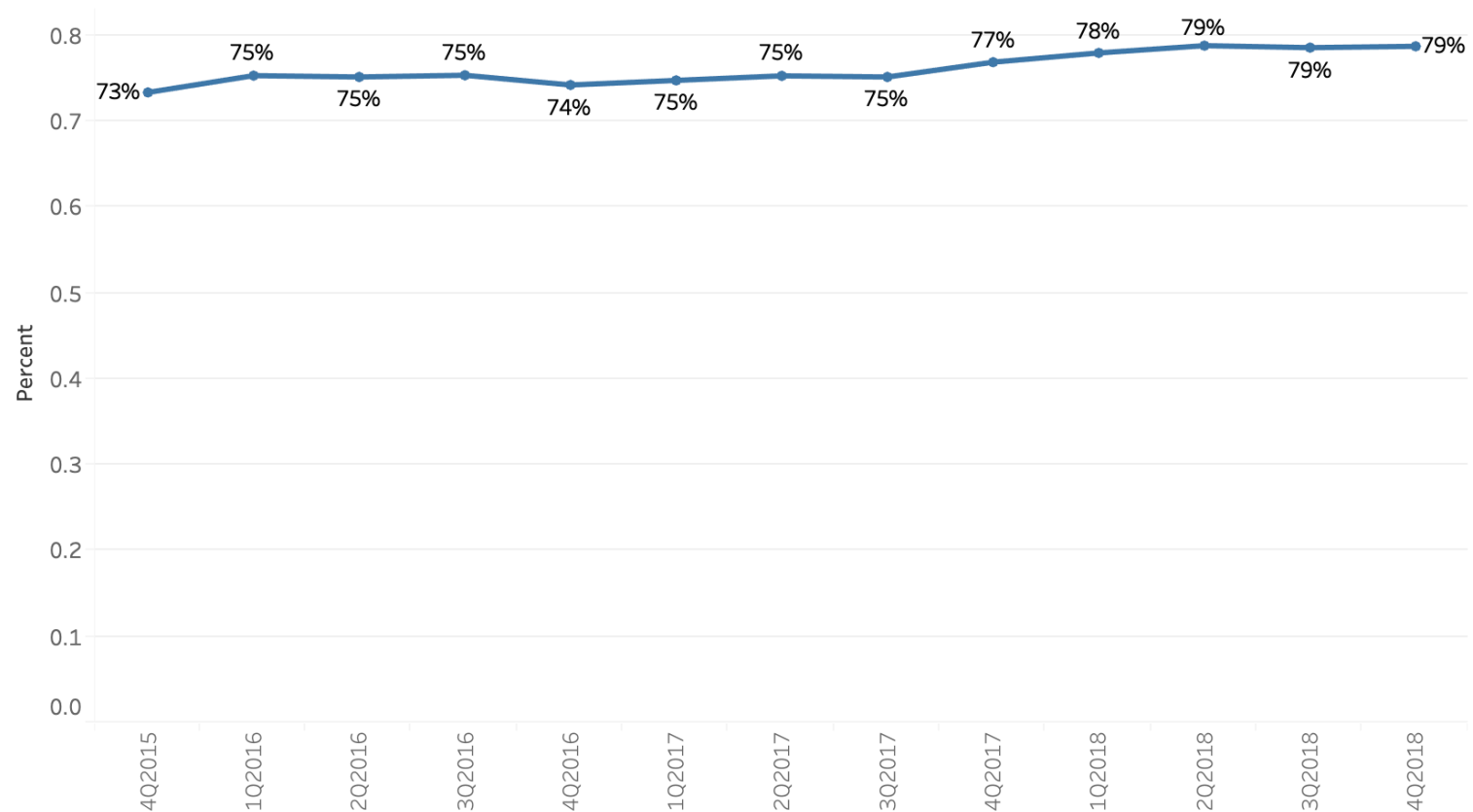
# HCAHPS Measures

► Q4 2018

# HCAHPS Trends

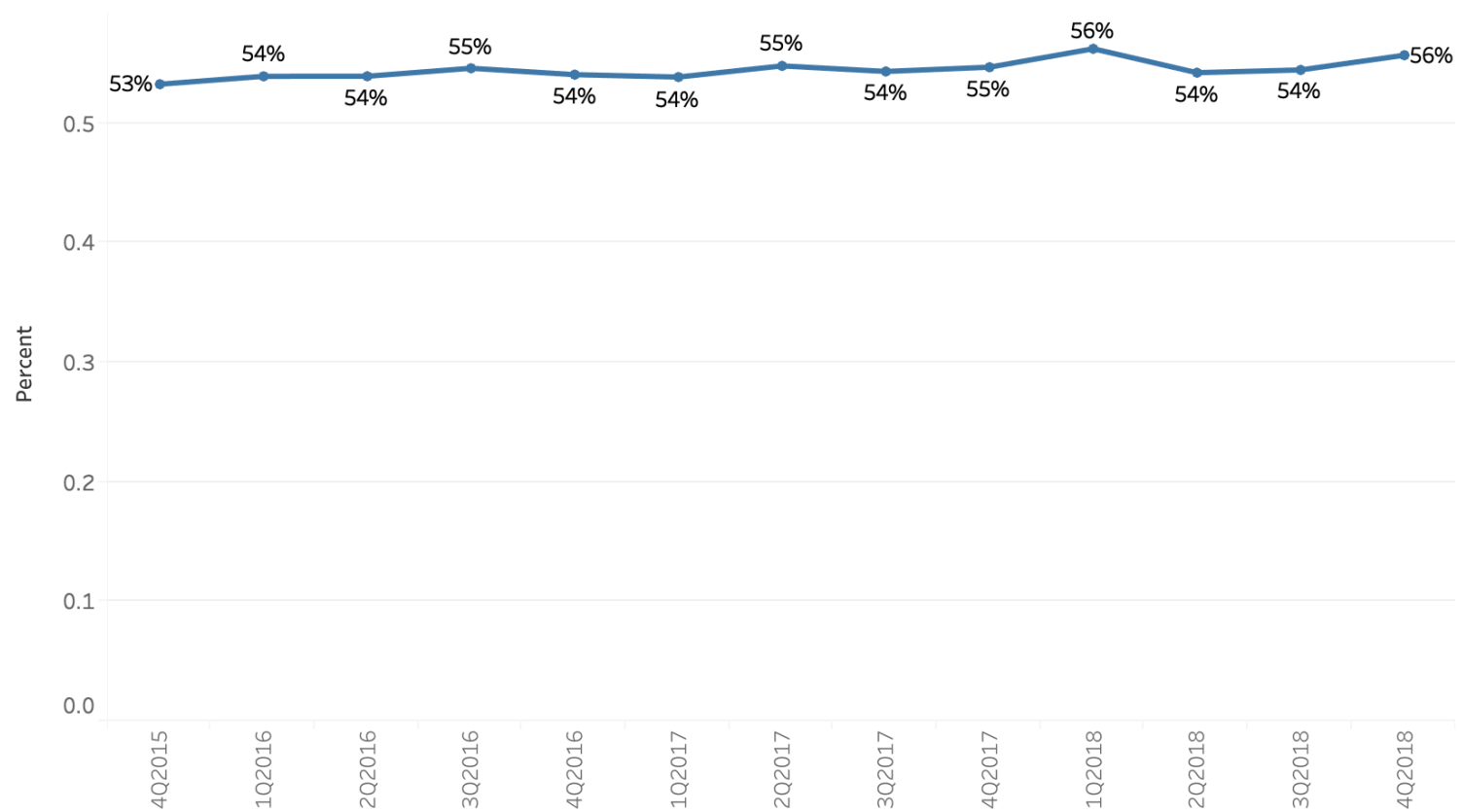
- ▶ Nationally these measures do not show much change over time
- ▶ CAH collaborative hospitals have maintained high performance in Communication with Nurses and Discharge Information
- ▶ CAH collaborative hospitals have improved steadily in Responsiveness of Staff (3)
- ▶ NC scores least well on measures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

## All, HCAHPS 3- Responsiveness of Staff



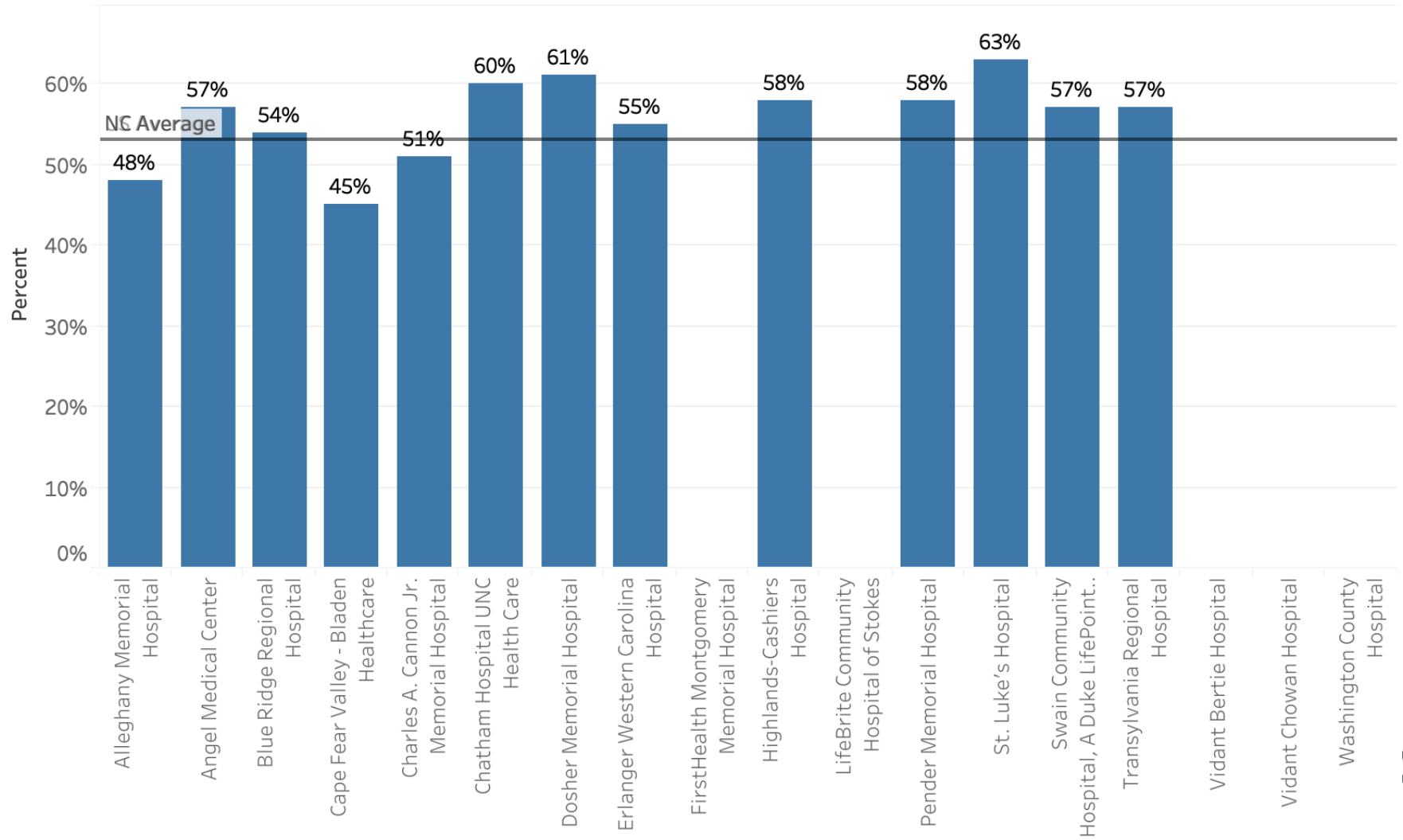
Average of 13 hospitals reporting values for this measure per quarter

## All, HCAHPS 7- Care Transitions



Average of 13 hospitals reporting values for this measure per quarter

## HCAHPS 7- Care Transitions, 4Q2018



# 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*

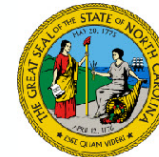
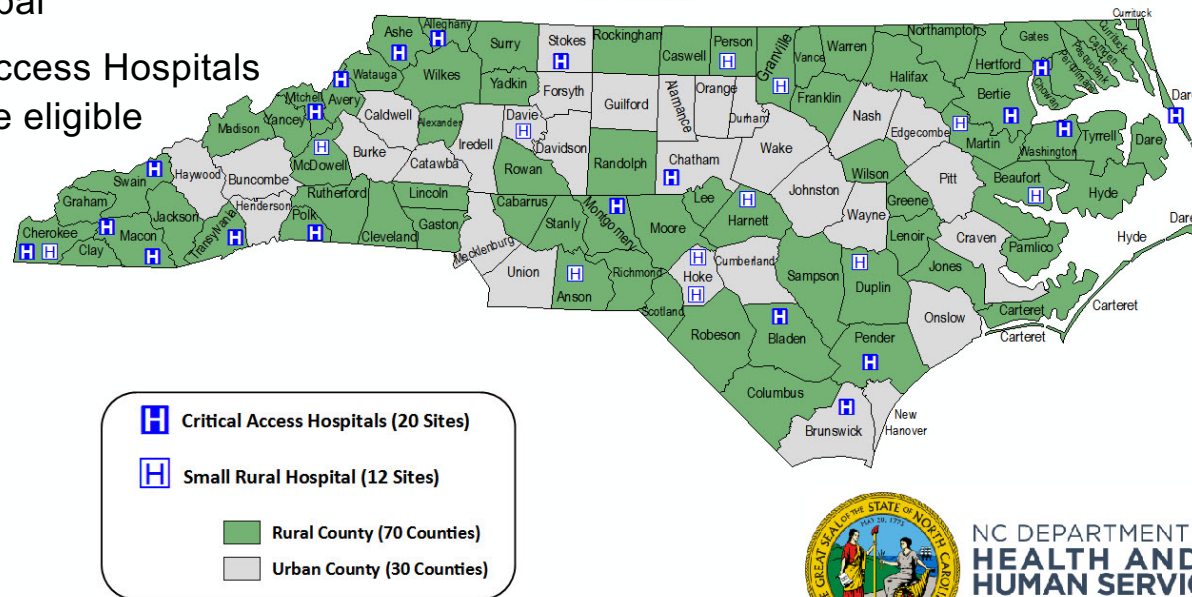
- ▶ Administered by Health Resources and Services Administration (HRSA)
- ▶ Federal funding for SHIP is secured through the State Office of Rural Health (SORH)
- ▶ NC ORH partners with NCHF to solicit applications from SHIP eligible hospitals and to administer the program
- ▶ Grant cycle: June 1, 2019- May 31, 2020

# HOSPITAL ELIGIBILITY

## Eligibility

- ▶ 49 beds or less
- ▶ Non-federal hospitals
- ▶ May be for-profit, not-for-profit or tribal
- ▶ Critical Access Hospitals (CAHs) are eligible

### Office of Rural Health Critical Access and Small Rural Hospitals SFY 2018



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**  
Office of Rural Health





## *SHIP OVERVIEW*

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**



## ***FUNDING PRIORITIES***

### **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

## SHIP Purchasing Menu: Planned FY2019 (June 1, 2019 - May 31, 2020) Expenditures

Value-Based Purchasing (VBP) Investment Activities Activities that support improved data collection to facilitate quality reporting and improvement. Refer to <a href="#">SHIP Resources</a> and <a href="#">SHIP 2019 Allowable Investments</a>	Activity(ies): Hospital	Activity(ies): Network/ Consortium	Hospital to briefly describe the Activity.
A. Quality reporting data collection/related training (e.g. eCQM implementation)	<input type="checkbox"/>	<input type="checkbox"/>	
B. HCAHPS data collection process/related training	<input type="checkbox"/>	<input type="checkbox"/>	
C. Efficiency or quality improvement training in support of VBP related initiatives	<input type="checkbox"/>	<input type="checkbox"/>	
D. Provider-Based Clinic Quality Measures Training	<input type="checkbox"/>	<input type="checkbox"/>	
E. Alternative Payment Model and Merit-Based Incentive Payment Training	<input type="checkbox"/>	<input type="checkbox"/>	

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 <a href="#">SHIP Resources</a> and <a href="#">SHIP 2019 Allowable Investments</a> .	Activity(ies): Hospitals	Activity(ies): Network/ Consortium	Hospital to briefly describe the Activity
A. Computerized provider order entry hardware/software and/or training	<input type="checkbox"/>	<input type="checkbox"/>	
B. Pharmacy services implementation	<input type="checkbox"/>	<input type="checkbox"/>	
C. Disease registry training and/or software/hardware	<input type="checkbox"/>	<input type="checkbox"/>	
D. Efficiency or quality improvement training in support of ACO or shared savings related initiatives	<input type="checkbox"/>	<input type="checkbox"/>	
E. Systems performance training	<input type="checkbox"/>	<input type="checkbox"/>	
F. Mobile health hardware and/or software	<input type="checkbox"/>	<input type="checkbox"/>	
G. Community paramedicine training and/or hardware/software installation/use	<input type="checkbox"/>	<input type="checkbox"/>	
H. Health Information Technology Training for Value and ACOs	<input type="checkbox"/>	<input type="checkbox"/>	

Payment Bundling (PB) or Prospective Payment System (PPS) Investment Activities Activities that improve hospital financial processes. Refer to <a href="#">SHIP Resources</a> and <a href="#">SHIP 2019 Allowable Investments</a> .	Activity(ies): Hospitals	Activity(ies): Network/ Consortium	Hospital to briefly describe the Activity
A. ICD-10 software	<input type="checkbox"/>	<input type="checkbox"/>	
B. ICD-10 training	<input type="checkbox"/>	<input type="checkbox"/>	
C. Efficiency or Quality Improvement Training in support of PB or PPS related initiatives	<input type="checkbox"/>	<input type="checkbox"/>	
D. S-10 Cost Reporting Training	<input type="checkbox"/>	<input type="checkbox"/>	
E. Pricing Transparency Training	<input type="checkbox"/>	<input type="checkbox"/>	



## *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](mailto: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 SORH 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<sup>nd</sup>** to: [dhiggins@ncha.org](mailto: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](mailto: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](mailto:slassiter@ncha.org) for more information.





## *SHIP TIMELINE*



Important  
Dates

- ▶ 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