2019-2020 CAH Improvement Network

Orientation Webinar

October 29, 2019
North Carolina Office of Rural Health
SFY 2019 Critical Access Hospitals

1. Murphy Medical Center
2. Highlands-Cashier Center
3. Angel Medical Center
4. Swain Community Hospital
5. Transylvania Regional Hospital
7. Blue Ridge Regional Hospital
8. Charles A Cannon Jr. Memorial Hospital
9. Ashe Memorial Hospital
10. Allegany Memorial Hospital
11. LifeBrite Community Hospital
12. FirstHealth Montgomery Memorial Hospital
13. Chatham Hospital
14. Cape Fear Valley Bladen County Hospital
15. J. Arthur Dosher Memorial Hospital
16. Pender Memorial Hospital
17. Vidant Bertie Hospital
18. Vidant Chowan Hospital
19. Washington County Hospital
20. The Outer Banks Hospital
Objectives

- Provide an overview of the FLEX Program
- Review timeline, activities, goals and expectations for Sept 2019-Aug 2020 grant year
- Highlight new FLEX reporting requirements and processes
- Solicit CAH input on resource, activity, and technical assistance needs
- Provide updates on upcoming events
FLEX Overview

- The Rural Hospital Flexibility Program (Flex Program) is a federal grant program designed to:
  - Improve the quality of health care provided in communities served by Critical Access Hospitals (CAHs)
  - Improve the patient safety, quality, financial and operational performance of CAHs
  - Develop collaborative regional and local delivery systems in CAH communities
  - Facilitate the implementation of innovative programs and population health services

- Sept 2019-Aug 2020: Year 1 of 5 year grant cycle

- Partners:
  - NC Office of Rural Health: funder, strategic oversight, and support
  - NC Healthcare Foundation: technical assistance, education, convening activities to improve quality, patient safety, and population health
  - Stroudwater: technical assistance to improve finance, operations, and population health
2019-2020 CAH Improvement Network

► Quarterly webinars to facilitate learning, networking, and sharing
► Individualized technical assistance via site visits and phone calls
► Targeted coaching calls/webinars for rapid cycle PI project
► Data submission, access, analysis and review
► Action Plan development
► Population Health Profile development
► Shared tools and strategies
► Two statewide CAH meetings
Performance Metrics

- Inpatient Core Measures as defined by MBQIP
- Outpatient Core Measures as defined by MBQIP
- HCAHPS Scores
- Emergency Department Transfer Communication (EDTC)
Focus Areas

- MBQIP minimum requirements for measures submission
- ED-2 measure (need 4 CAHs)
- HCAHP Composite 7 (care transitions)
- Profiles to Promote Population Health
- CDC NHSN Annual Facility Survey
# Current Medicare Beneficiary Quality Improvement Project (MBQIP) Measures

<table>
<thead>
<tr>
<th>Core MBQIP Measures</th>
<th>Patient Safety/Inpatient</th>
<th>Patient Engagement</th>
<th>Care Transitions</th>
<th>Outpatient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antibiotic Stewardship: Measured via Center for Disease Control National Healthcare Safety Network (CDC NHSN) Annual Facility Survey</td>
<td>• Communication with Doctors • Communication with Nurses • Responsiveness of Hospital Staff • Communication about Pain • 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.</td>
<td>• 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</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient ED Measures: • ED-2: Admit Decision Time to ED Departure Time for Admitted Patients*</td>
<td></td>
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</tr>
</tbody>
</table>

*ED-2 is being removed by the Centers for Medicare & Medicaid Services (CMS) following submission of Quarter 4 2019 data.

†HCAHPS questions related to Communication about Pain are being removed by CMS beginning with Quarter 4 2019 surveys.

https://www.ruralcenter.org/tasc/flex
## Current Medicare Beneficiary Quality Improvement Project (MBQIP) Measures

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<tr>
<td><strong>Healthcare Acquired Infections (HAI)</strong></td>
<td><strong>Emergency Department Patient Experience Survey</strong>&lt;sup&gt;4&lt;/sup&gt;</td>
<td><strong>Discharge Planning</strong>&lt;sup&gt;8&lt;/sup&gt;</td>
<td><strong>Chest Pain/AMI</strong>&lt;sup&gt;8&lt;/sup&gt; (formerly OP-4)</td>
</tr>
<tr>
<td>• CLABSI: Central Line-Associated Bloodstream Infection</td>
<td></td>
<td>• Medication Reconciliation&lt;sup&gt;4&lt;/sup&gt;</td>
<td>• Aspirin at Arrival&lt;sup&gt;8&lt;/sup&gt; (formerly OP-4)</td>
</tr>
<tr>
<td>• CAUTI: Catheter-Associated Urinary Tract Infection</td>
<td></td>
<td>• Swing Bed Care&lt;sup&gt;8&lt;/sup&gt;</td>
<td>• Median Time to ECG&lt;sup&gt;8&lt;/sup&gt; (formerly OP-5)</td>
</tr>
<tr>
<td>• CDI: <em>Clostridioides difficile</em> (C. diff) Infection</td>
<td></td>
<td><strong>Claims-Based Measures</strong>&lt;sup&gt;9&lt;/sup&gt;</td>
<td><strong>ED Throughput</strong></td>
</tr>
<tr>
<td>• MRSA: Methicillin-resistant <em>Staphylococcus aureus</em></td>
<td>Measures are automatically calculated for hospitals using Medicare Administrative Claims Data</td>
<td>• Reducing Readmissions</td>
<td>• Door to Diagnostic Evaluation by a Qualified Medical Professional&lt;sup&gt;8&lt;/sup&gt; (formerly OP-20)</td>
</tr>
<tr>
<td>• SSIs: Surgical Site Infections</td>
<td>• Complications</td>
<td>• Hospital Return Days</td>
<td></td>
</tr>
<tr>
<td>Colon or Hysterectomy</td>
<td></td>
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</tbody>
</table>

### Additional MBQIP Measures

- **Perinatal Care**
  - **PC-01: Elective Delivery**
- **Falls**<sup>6</sup>
  - Potential measurement around:
    - Falls with Injury
    - Patient Fall Rate
    - Screening for Future Fall Risk
- **Adverse Drug Events (ADE)**<sup>5</sup>
  - Potential measurement around:
    - Falls with Injury
    - Opioids
    - Glycemic Control
    - Anticoagulant Therapy
- **Patient Safety Culture Survey**
- **Inpatient Influenza Vaccination**<sup>4</sup> (formerly IMM-2)

<sup>6</sup>No nationally standardized or standardly reported measure currently available, however, Flex programs can propose work on these measures if there is a data collection mechanism in place.

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[https://www.ruralcenter.org/tasc/flex](https://www.ruralcenter.org/tasc/flex)
MBQIP Trends

Outpatient:

- Average of 15 hospitals reporting
- NC CAH collaborative hospitals have steadily improved in Minutes from Door to Diagnostic Evaluation and Median Time to Pain Management for Long Bone Fracture

EDTC

- Average of 16 hospitals reporting
- Measure values remain high; All EDTC composite measure most meaningful

HCAHPS

- Average of 13 hospitals reporting
- NC scores least well on measures of Care Transitions (7) and Quietness of Hospital Environment (9)
- CAH collaborative hospitals have maintained high performance in Communication with Nurses and Discharge Information
### Medicare Beneficiary Quality Improvement Project (MBQIP)
#### Data Submission Deadlines •

<table>
<thead>
<tr>
<th>Measure ID</th>
<th>Description</th>
<th>MBQIP Domain</th>
<th>Reported To</th>
<th>Encounter Period and Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population &amp; Sampling (inpatient and outpatient)</td>
<td>Inpatient and Outpatient</td>
<td>QualityNet via Secure Log In</td>
<td>August 1, 2019</td>
<td>Q1 / 2019 Jan 1 - Mar 31</td>
</tr>
<tr>
<td>ED-2</td>
<td>Admit decision time to ED departure time for admitted patients</td>
<td>Patient Safety/Inpatient</td>
<td>QualityNet via Inpatient CART/Vendor</td>
<td>August 15, 2019</td>
</tr>
<tr>
<td>EDTC3</td>
<td>Emergency Department Transfer Communication</td>
<td>Care Transitions</td>
<td>As directed by state Flex program</td>
<td>April 30, 2019</td>
</tr>
<tr>
<td>OP-2</td>
<td>Fibrinolytic therapy received within 30 minutes</td>
<td>Outpatient</td>
<td>QualityNet via Outpatient CART/Vendor</td>
<td>August 1, 2019</td>
</tr>
<tr>
<td>OP-3</td>
<td>Median time to transfer to another facility for acute coronary intervention</td>
<td>Outpatient</td>
<td>QualityNet via Outpatient CART/Vendor</td>
<td>August 1, 2019</td>
</tr>
<tr>
<td>OP-5</td>
<td>Median time to ECG</td>
<td>Outpatient</td>
<td>QualityNet via Outpatient CART/Vendor</td>
<td>August 1, 2019</td>
</tr>
<tr>
<td>OP-18</td>
<td>Median time from ED arrival to ED departure for discharged ED patients</td>
<td>Outpatient</td>
<td>QualityNet via Outpatient CART/Vendor</td>
<td>August 1, 2019</td>
</tr>
</tbody>
</table>
| OP-22 | Patient left without being seen | Outpatient | QualityNet via Secure Log In | Anticipated May 15, 2020 (Calendar year 2019 aggregate) | |}

1. Based on currently available information. Submissions dates are subject to change.
2. The encounter period for HCP (formerly OP-27) is limited to Q4 and Q1.
3. State Flex Programs must submit data to FORHP by the 10th day of the month following the hospital deadline (e.g. Q1 2019 data due to FORHP by May 10, 2019).
4. Hospitals are strongly encouraged to complete the NHSN Annual Facility Survey by March 1 of each year, but may submit or update survey responses throughout the year. Any additional survey responses or updates will be reflected in quarterly data reports.
5. Outpatient Quality Reporting Deadlines beyond Quarter 1 2019 encounters have not yet been published. Provided dates are based on previous reporting cycles.

For additional information about measurement submission see the **MBQIP Quality Reporting Guide**.

EDTC measures reported via template to NCHA
Per reporting deadlines; ORH reports to HRSA
EDTC Reporting – Easy as 1-2
1- Complete Excel template and
2- Submit via NCHA website

Submit your quarterly EDTC data for your hospital:
Click here to go to the data entry page

NHSN Enrollment
Training Resources for NHSN Users Already Enrolled
How to Use CART Tool
ED Transfer Data Collection Tool and Resources
MBQIP Quality Reporting
Current MBQIP Measures
MBQIP Data Submission Deadlines
MBQIP Measures Fact Sheets
MBQIP Monthly

All EDTC composite, Q1 2019

Reports:
Hospital Participation

To be considered to be participating, hospitals must have:
“Reported data on at least one MBQIP Core measure, for at least one quarter, in at least three of the four quality domains, within a certain reporting period.

Out of 20 NC CAHs, 16 met the requirement; 4 did not.

<table>
<thead>
<tr>
<th>Number of domains reported</th>
<th>Number of hospitals reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>2</td>
<td>2</td>
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<tr>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>4</td>
<td>7</td>
</tr>
</tbody>
</table>

Benefits of Participating

- Access to CAH colleagues to facilitate, networking, shared learning and spread of best practices
- Support in analyzing performance in MBQIP measures and other quality and patient safety measures
- Access to coaches to help you enhance your current quality improvement efforts
- Ideas to help your hospital implement innovative population health services
Upcoming Events & Reminders

- Nov 20, 2019: CAH Regional Meeting @ Ashe Memorial Hospital
- Nov 21, 2019: CAH Regional Meeting @ St. Luke’s Hospital
- Nov 21-22, 2019: NC Rural Assembly, Raleigh, NC (Register)
- Feb 5-6, 2020: AHA Rural Leadership Conference
- Feb 18-19, 2020: CAH Statewide Meeting, Cary, NC
- Feb 19-21, 2020: NCHA Winter Meeting, Raleigh, NC
- Rural Hospital Technical Assistance Program: Deadline- October 31, 2019 (Application Link)
Process for Performance Improvement (PI)

- Confirm Team Leader and members
- Review current performance
- Review processes/practices that impact performance in each metric
- Identify at least 2 areas for improvement based on gaps
- Develop action plan and provide training as needed (e.g. basic QI and best practices)
- Implement action plan and track performance
- Share improvements and lessons learned
Priorities for Next 30 Days

- CAH: Confirm Team Lead (recommend co-leads) by Nov 30
- NCHF: Provide quarterly data reports
- CAH: Identify team members to review data
- CAH: Review current performance across MBQIP measures and identify opportunities for improvement
Contact Us

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- Elizabeth Mizelle, MPH, Director, Measurement, emizelle@ncha.org
QUESTIONS