North Carolina Healthcare Association

2019-2020 CAH Improvement Network

Orientation Webinar

October 29, 2019

Uniting hospitals, health systems and care providers for healthier communities

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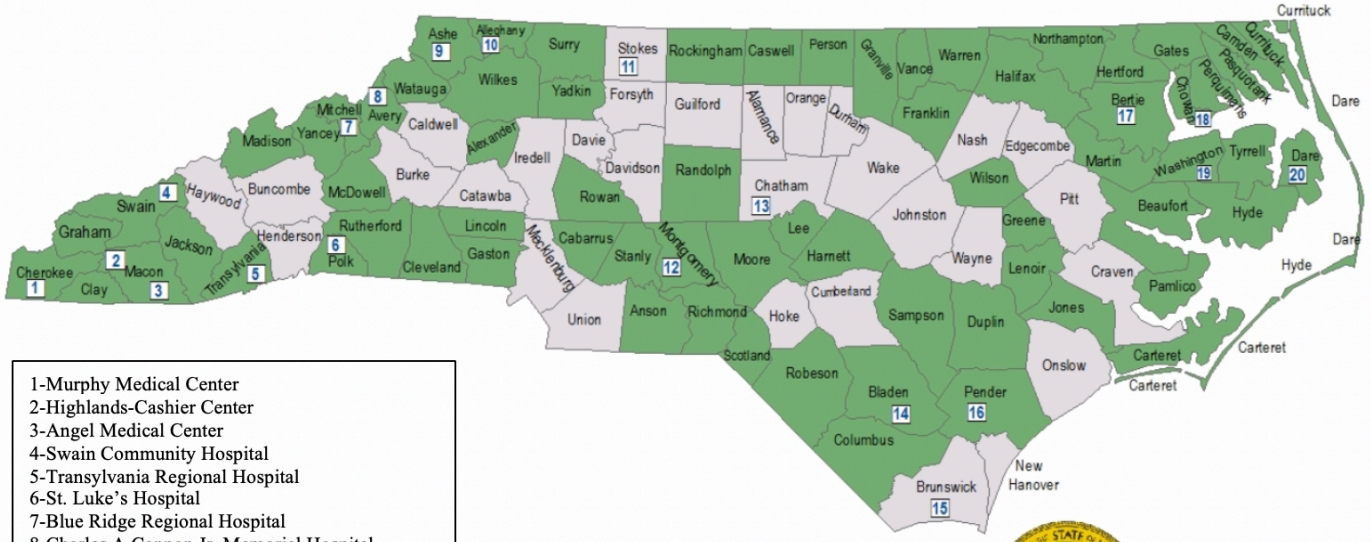
North Carolina Office of Rural Health
SFY 2019 Critical Access Hospitals



1-Murphy Medical Center
2-Highlands-Cashier Center
3-Angel Medical Center
4-Swain Community Hospital
5-Transylvania Regional Hospital
6-St. Luke's 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

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Office of Rural Health

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

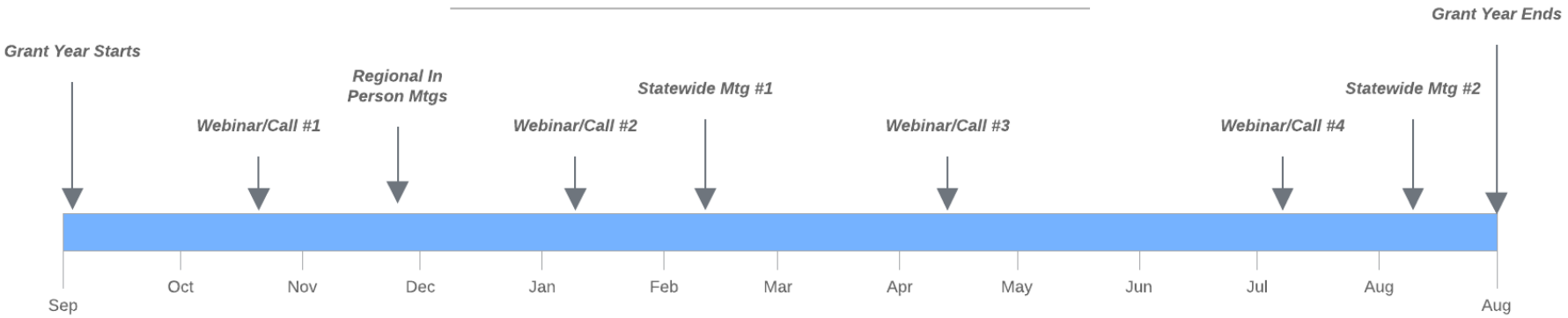
FLEX Overview

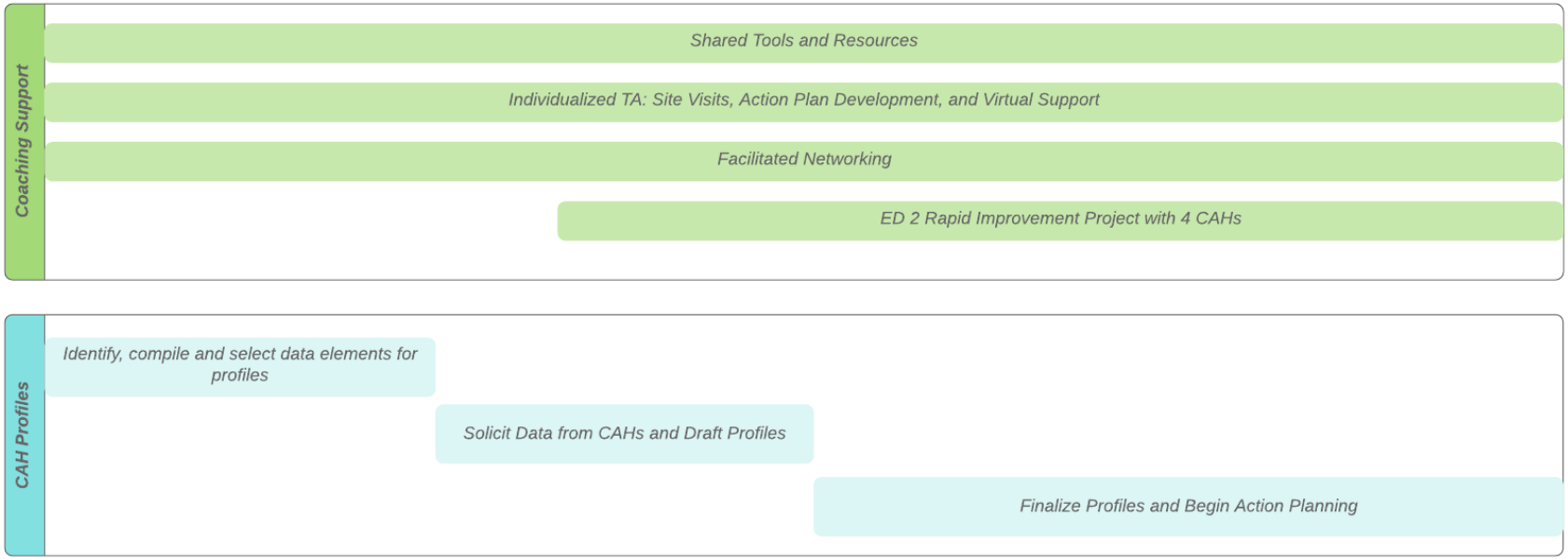
- The Rural Hospital Flexibility Program (Flex Program) is a federal grant program designed to:
  - Improve the quality of health care provided in communities served by Critical Access Hospitals (CAHs)
  - Improve the patient safety, quality, financial and operational performance of CAHs
  - Develop 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

FLEX 2019-2020 Timeline





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

	Patient Safety/Inpatient	*Patient Engagement*	*Care Transitions*	*Outpatient*
Core MBQIP Measures	**HCP (formerly OP-27):** Influenza Vaccination Coverage Among Healthcare Personnel (HCP) **Antibiotic Stewardship:** Measured via Center for Disease Control National Healthcare Safety Network (CDC NHSN) Annual Facility Survey **Inpatient ED Measures:** • **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 • 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.*	**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-2:** Fibrinolytic Therapy Received within 30 minutes • **OP-3:** Median Time to Transfer to another Facility for Acute Coronary Intervention **ED Throughput** • **OP-18:** Median Time from ED Arrival to ED Departure for *Discharged* ED Patients • **OP-22:** Patient Left Without Being Seen

*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

	Patient Safety/Inpatient	*Patient Engagement*	*Care Transitions*	*Outpatient*
Additional MBQIP Measures	**Healthcare Acquired Infections (HAI)** • **CLABSI:** Central Line-Associated Bloodstream Infection • **CAUTI:** Catheter-Associated Urinary Tract Infection • **CDI:** *Clostridioides difficile* (*C. diff*) Infection • **MRSA:** Methicillin-resistant *Staphylococcus aureus* • **SSIs:** Surgical Site Infections Colon or Hysterectomy **Perinatal Care** • **PC-01:** Elective Delivery **Falls**[§] Potential measurement around: • Falls with Injury • Patient Fall Rate • Screening for Future Fall Risk **Adverse Drug Events (ADE)**[§] Potential measurement around: • Falls with Injury • Opioids • Glycemic Control • Anticoagulant Therapy **Patient Safety Culture Survey** **Inpatient Influenza Vaccination**[§] **(formerly IMM-2)**	**Emergency Department Patient Experience Survey**[§]	**Discharge Planning**[§] **Medication Reconciliation**[§] **Swing Bed Care**[§] **Claims-Based Measures** *Measures are automatically calculated for hospitals using Medicare Administrative Claims Data* • **Reducing Readmissions** • **Complications** • **Hospital Return Days**	**Chest Pain/AMI** • **Aspirin at Arrival**[§] (formerly OP-4) • **Median Time to ECG**[§] (formerly OP-5) **ED Throughput** • **Door to Diagnostic Evaluation by a Qualified Medical Professional**[§] (formerly OP-20)

§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.

https://www.ruralcenter.org/tasc/flex

MBQIP Trends

Outpatient:

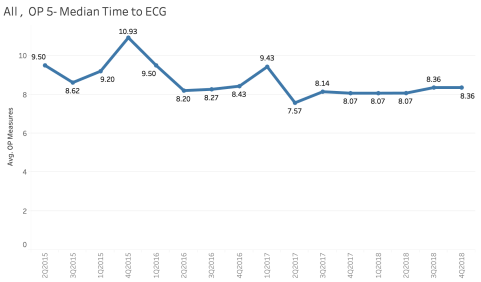
- Average of 15 hospitals reporting
- NC CAH collaborative hospitals have steadily improved in Minutes from **Door to Diagnostic Evaluation** and Median **Time to Pain Management for Long Bone Fracture**

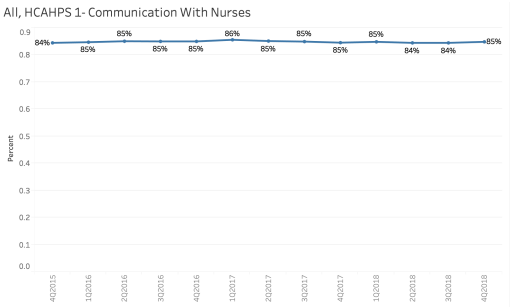
EDTC

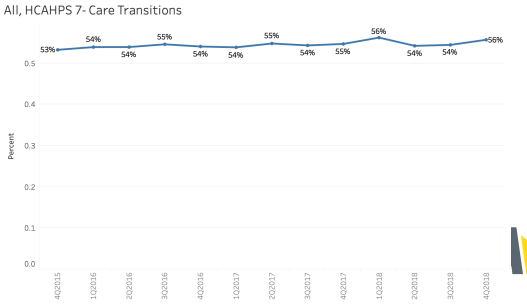
- Average of 16 hospitals reporting
- Measure values remain high; **All EDTC composite** measure most meaningful

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 [1]

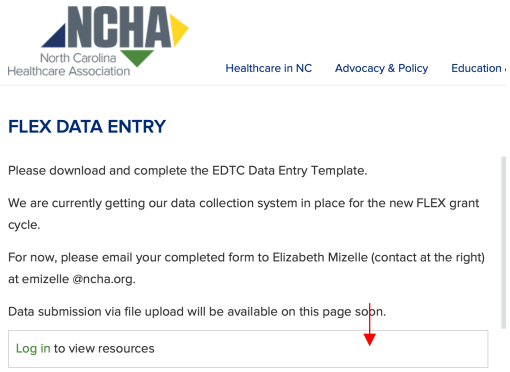
Measure ID	Description	MBQIP Domain	Reported To	Encounter Period and Due Date			
				Q1 / 2019 Jan 1 - Mar 31	Q2 / 2019 Apr 1 - Jun 30	Q3 / 2019 Jul 1 - Sep 30	Q4 / 2019 Oct 1 - Dec 31
Population & Sampling	Population & Sampling Submission (inpatient and outpatient)	Inpatient and Outpatient	QualityNet via Secure Log In	August 1, 2019	November 1, 2019	February 3, 2020	May 1, 2020
ED-2	Admit decision time to ED departure time for admitted patients	Patient Safety/ Inpatient	QualityNet via Inpatient CART/Vendor	August 15, 2019	November 15, 2019	February 18, 2020	May 15, 2020
HCP[2] (formerly OP-27)	Influenza vaccination coverage among health care personnel	Patient Safety/ Inpatient	National Healthcare Safety Network (NHSN)	May 15, 2019 (Q4 2018/Q1 2019 aggregate)	N/A	N/A	May 15, 2020 (Q4 2019/Q1 2020 aggregate)
Antibiotic Stewardship	CDC NHSN Annual Facility Survey	Patient Safety/ Inpatient	National Healthcare Safety Network (NHSN)	March 1, 2020[4] (Calendar year 2019 data)			
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems	Patient Engagement	QualityNet via Vendor	July 3, 2019	October 2, 2019	January 2, 2020	April 1, 2020
EDTC[3]	Emergency Department Transfer Communication	Care Transitions	As directed by state Flex program	April 30, 2019	July 31, 2019	October 31, 2019	January 31, 2020
OP-2	Fibrinolytic therapy received within 30 minutes	Outpatient	QualityNet via Outpatient CART/Vendor	August 1, 2019	November 1, 2019[5]	February 1, 2020[5]	May 1, 2020[5]
OP-3	Median time to transfer to another facility for acute coronary intervention	Outpatient	QualityNet via Outpatient CART/Vendor	August 1, 2019	November 1, 2019[5]	February 1, 2020[5]	May 1, 2020[5]
OP-5	Median time to ECG	Outpatient	QualityNet via Outpatient CART/Vendor	August 1, 2019	N/A	N/A	N/A
OP-18	Median time from ED arrival to ED departure for discharged ED patients	Outpatient	QualityNet via Outpatient CART/Vendor	August 1, 2019	November 1, 2019[5]	February 1, 2020[5]	May 1, 2020[5]
OP-22	Patient left without being seen	Outpatient	QualityNet via Secure Log In	Anticipated May 15, 2020 (Calendar year 2019 aggregate)			

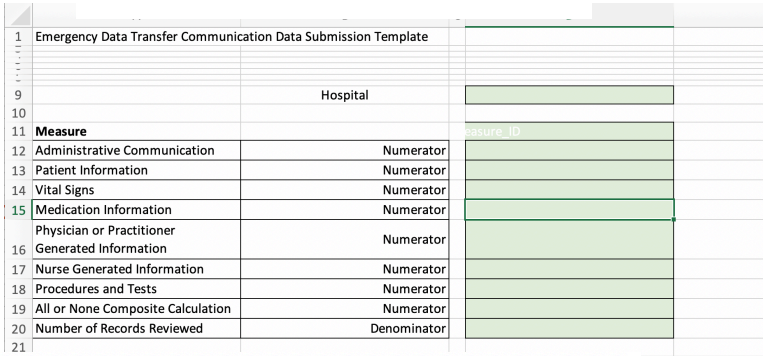
1. Based on currently available information. Submissions dates are subject to change.
2. The encounter period for HCP (formerly OP-27) is limited to Q4 and Q1.
3. State Flex Programs must submit data to FORHP by the 10th day of the month following the hospital deadline (e.g. Q1 2019 data due to FORHP 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 measure submission see the MBQIP Quality Reporting Guide.

EDTC measures reported via template to NCHA
Per reporting deadlines; ORH reports to HRSA

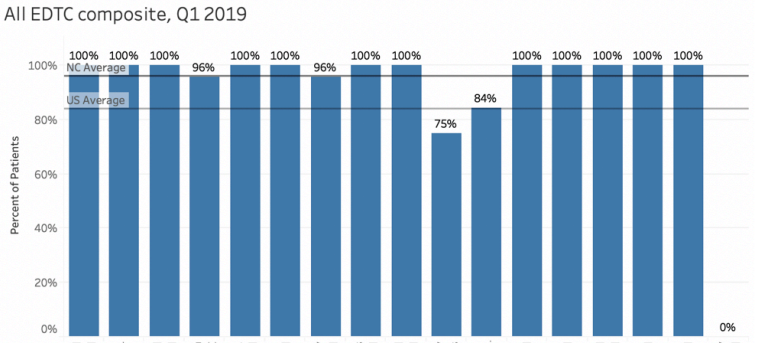
EDTC Reporting – Easy as 1-2
1- Complete Excel template and
2- Submit via NCHA website





1	Emergency Data Transfer Communication Data Submission Template		
9		Hospital	
10			
11	**Measure**		
12	Administrative Communication	Numerator	
13	Patient Information	Numerator	
14	Vital Signs	Numerator	
15	Medication Information	Numerator	
16	Physician or Practitioner Generated Information	Numerator	
17	Nurse Generated Information	Numerator	
18	Procedures and Tests	Numerator	
19	All or None Composite Calculation	Numerator	
20	Number of Records Reviewed	Denominator	
21			

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.

Number of domains reported	Number of hospitals reporting
1	2
2	2
3	9
4	7

https://www.ruralcenter.org/resource-library/flex-eligibility-criteria-for-mbqip-participation-and-waiver-templates

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 4, 2019, 12-1pm: North Carolina Swing Bed Quarterly Webinar: https://attendee.gotowebinar.com/register/7715456013380632587
- 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

- Shakeerah McCoy, MSN, RN, PCCN, Director, Rural Health Innovation, smcoy@ncha.org
- Sarah Roberts, PMP, Logistics Manager, sroberts@ncha.org
- Elizabeth Mizelle, MPH, Director, Measurement, emizelle@ncha.org

QUESTIONS