NORTH CAROLINA HEALTHCARE FOUNDATION

CAH Collaborative Quarterly FLEX Webinar Call

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To foster and accelerate the collective impact of hospitals, health systems, and community partners to improve the health of North Carolinians.

Objectives

- NCHF Opioid Updates and New Opportunities
- Site visit progress and goals
- Data Opportunities for MBQIP
- Alignment of Quality Improvement Strategies
- Intro to Population Health

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FLEX Virtual Site Visits

- 16 out of 20 Virtual Site Visits have been scheduled to date
- Support relationship building between FLEX Program Staff, hospital FLEX program leads, and executive leadership for discussion of rural interests for quality and patient safety
- Review MBQIP measures on an individual basis to assess opportunities for improvement and explore other interests around expansion of quality programming
- Set up action plans based on established QI goals
- Review CAH Community Profile and identify opportunities to support organizational strategies for population health
- Identify any support or networking assistance needs for the organization
- Valuable input for future educational offerings and content for regional and statewide meetings

MBQIP Data Opportunities

Current Medicare Beneficiary Quality Improvement Project (MBQIP) Measures

	Patient Safety/Inpatient	*Patient Engagement*	*Care Transitions*	*Outpatient*
Core MBQIP Measures	**HCP/IMM-3 (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	**Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)** *The HCAHPS survey contains 21 patient perspectives on care and patient rating items that encompass eight key topics:* • Communication with Doctors • Communication with Nurses • Responsiveness of Hospital Staff • Communication about Medicines • Discharge Information • Cleanliness of the Hospital Environment • Quietness of the Hospital Environment • Transition of Care *The survey also includes screener questions and demographic items. The survey is 29 questions in length.*	**Emergency Department Transfer Communication (EDTC)** *1 composite; 8 elements* • **All EDTC Composite** • Home Medications • Allergies and/or Reactions • Medications Administered in ED • ED provider Note • Mental Status/Orientation Assessment • Reason for Transfer and/or Plan of Care • Tests and/or Procedures Performed • Test and/or Procedure Results	**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

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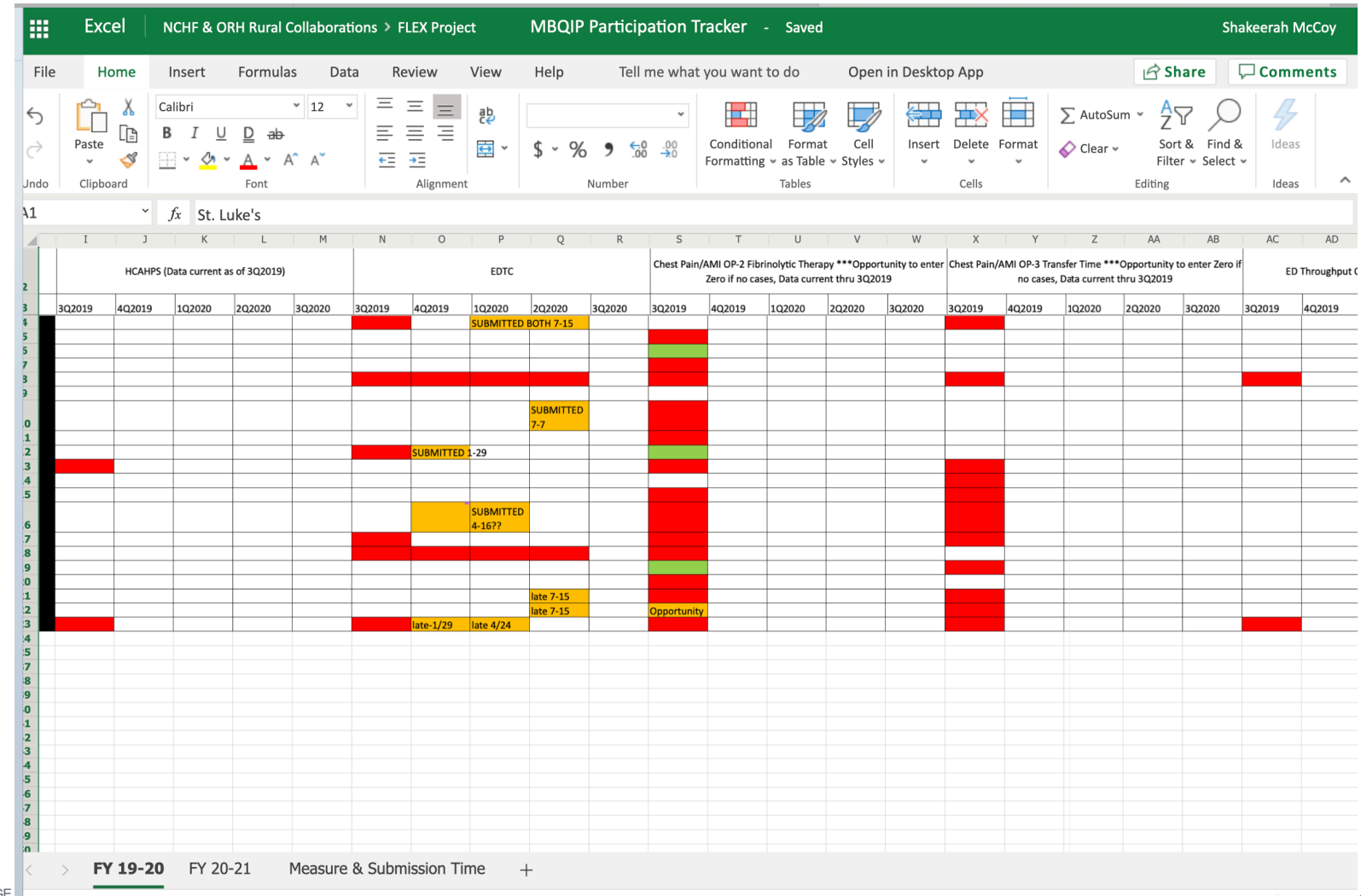
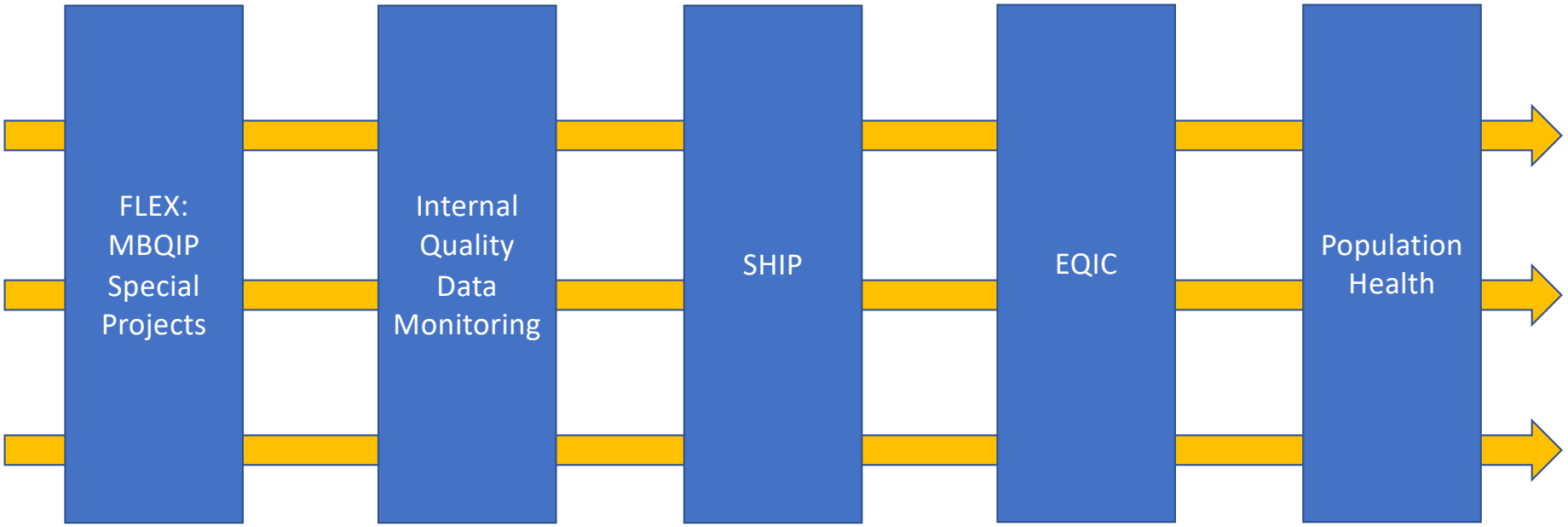


Discussion

- FLEX Workplan Goal 1.4: Report and improve Core Outpatient Measures (required annually)
- OP-2: Fibrinolytic Therapy received within 30 minutes
  - Meet or exceed baseline OP 2 measures
- Opportunities for reporting:
  - N/A= the provider did not submit any data to the QualityNet warehouse
  - 0=the provider had no cases to submit for the measure population
  - D/E= data was submitted but excluded because it didn't meet the measure criteria

Discussion: Aligning Quality Improvement



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Swing Bed Directory Project

- Steering Committee
  - Ask:
    Volunteer to participate in a Swing Bed Directory Steering Committee
    Meet via Zoom on a quarterly basis
  - Purpose:
    Provide insight to barriers, strengths, issues of swing bed optimization
    Guide Stroudwater in the development of swing bed education content
  - Goal:
    4-5 hospitals to participate

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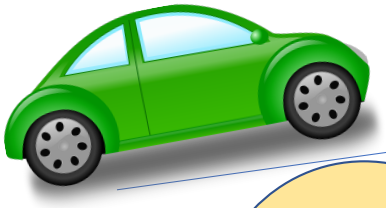
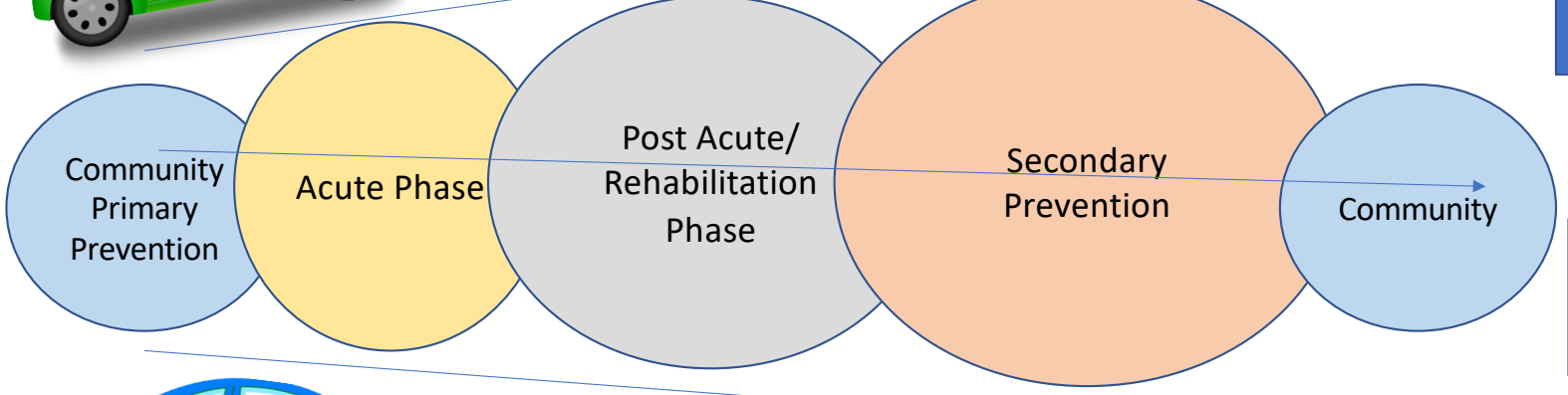
Swing Bed Project Directory

- Preparing for Self-Assessment
- Paperless version initially
- Go-Live for the online portal to complete self-assessment is targeted for beginning of November
- Training to occur once tool is available online

Population Health & Community Profile Focus: Making the Right Connections, at the Right Time, and Right Setting





Healthy Children & Adults

Healthy individual- New Onset Chronic Illness (T1)

Individual with Multiple Chronic Conditions (T2)

End of Life (T3)

Driver 1 (The Payers): Medicaid Managed Care, Medicare, and Private (BCBS, United Health Care) Value Based Models

Driver 2: Anchor Institutions (Health System, School System, Financial Systems, Faith Based) and Community Based Organizations

Driver 3: Patients, Families, Communities

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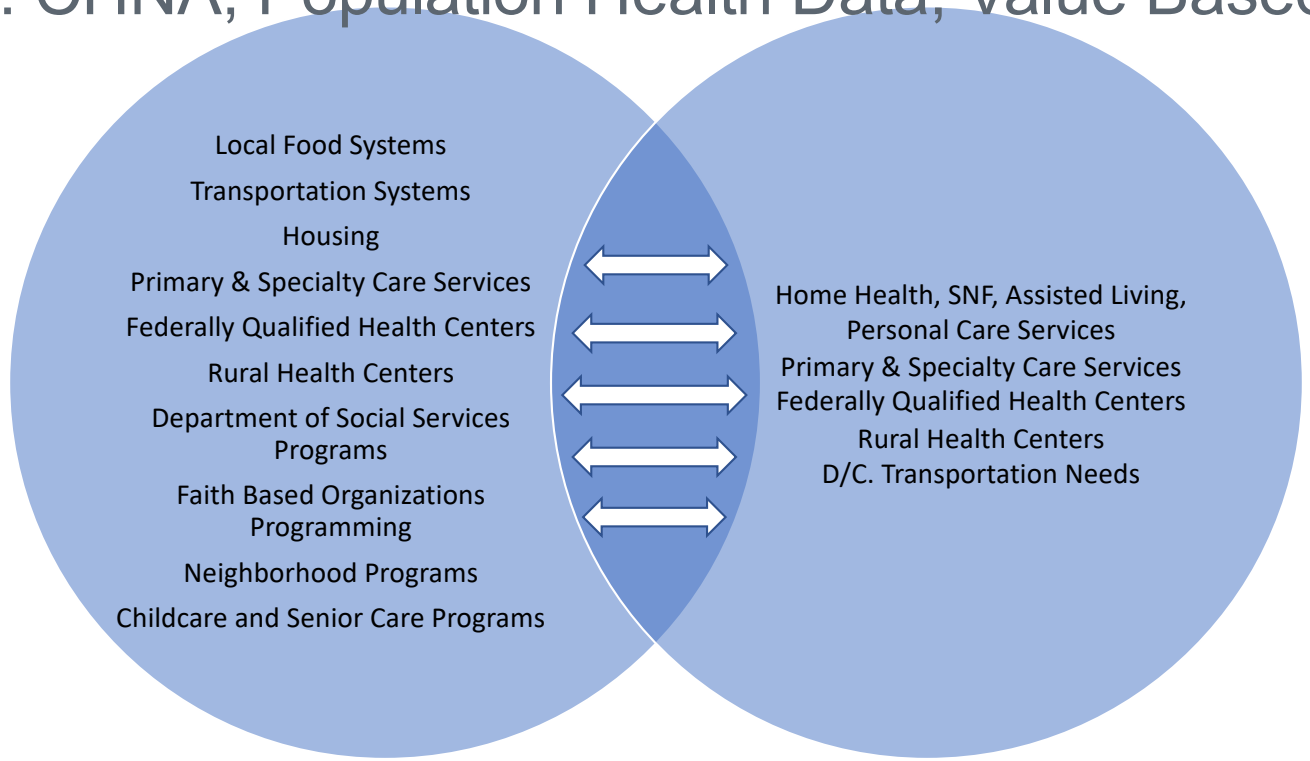
Connecting Community Throughout The Spectrum Using Data: CHNA, Population Health Data, Value Based Data



Opportunities for FLEX Programming, Federal Funding (HRSA), Philanthropic Funding, Community Assets

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Population Health Portfolio of Strategies

- Where does the data story begin?
  - Hospital Data (High Utilizers- Emergency Department, Inpatient Readmissions, Disease Specific)
  - Community Healthcare Partnerships
    - ❖ Community Health Workers
    - ❖ Community Paramedics
    - ❖ Transitional Care Services
    - ❖ Providers, SNF, HH, and DME service providers
  - Community Health Needs Assessment & Community Input
    - ❖ Faith Based Collaborations and other CBOs

QUESTIONS???

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