

QUALITY IMPROVEMENT MATTERS

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PAGE 1

Top stories in this newsletter



Peer-to-Peer
Sharing



MBQIP



Cultural
Competency



Flex
Calendar

Welcome back to the Wyoming Flex *Quality Improvement Matters* newsletter! **CONGRATULATIONS!!!** Achieved 15 out of 15 CAHS on MBQIP Requirements: EDTC, Inpatient, and Outpatient. The ability to use data to target areas for improvement requires the data being collected and reported. WE DID THIS!!!

Peer-to-Peer Sharing

The benefits of the Flex Scholarship for Rural Health—Memorial Hospital of Converse County. Educational opportunities are sometimes difficult to provide to our staff for many reasons, such as distance, coverage of shifts, financial limitations, just to name a few. In most healthcare settings, including Critical Access Hospitals, the food service and environmental service areas are often the last to be considered for educational opportunities.


With the Flex Scholarship we were able to send individuals from the food service department to a conference in Dallas, Texas. At the conference they were not only exposed to educational classes such as food safety, patient care, and leadership skills but they also had the opportunity to network with dietitians and food service directors from several different states. The staff that attended are employed in different positions; we sent our cashier, a cook and the Certified Dietary Manager. It was great to see them get excited about what we do and how important their positions are in our organization. In fact my cashier is still talking about the things he learned.

We also were able to send the EVS Manager and another staff member to CHEST (Certified Healthcare Environmental Services Technician), Train the trainer. They will now be able to provide that training to all of our EVS staff members. This will not only help us follow best practices but improve our culture of infection control and help the EVS staff understand their value to the organization.

I highly recommend providing training to any staff member from Physicians to EVS. Not only does it improve morale, but it also improves the culture of value for those staff members. I look forward to sending my next team members to further trainings. It not only improves our teams but helps us remain competitive in our fields.—Respectfully, Felicia Smith, CDM CFPP MHA-Director of Hospitality.

The Diabetes Prevention Program "Lifestyle Coach" training—Weston County Health Services. This class was very insightful about the problem that diabetes and pre diabetes affects all of our communities in Wyoming. It is a growing problem and we need to start looking at ways we can decrease the incidences in Wyoming. We are going to start offering classes in our community to help assist with this growing problem. We would like to start by offering them to the employers in our community so they can make it available to the employees throughout Weston County and also let the physicians know that this class will be available so they can start referring patients to us. Our hospital is looking at this as an exciting opportunity to improve the health of all of our residents in Weston County.—Thanks, Tamie Wesley, RN.

Medicare Beneficiary Quality Improvement Program (MBQIP)

 **MBQIP Update—Hospital Data Reports.** With the addition of ED-1 and ED-2 to the MBQIP Core Measures, the MBQIP Hospital Data reports you receive from your Flex Coordinator each quarter have also been updated to reflect those new measures and also to incorporate some additional enhancements. Here's a quick overview of what's changed, starting with reports summarizing Q4 2016 encounter dates, which you likely received in late December:

- ◆ New measures: ED-1 (median time from ED arrival to ED departure for admitted ED patients) and ED-2 (admit decision time to ED departure time for admitted patients) were incorporated into reports.
- ◆ Reordering the pages: All ED measures are now grouped together on the second page of the report, and the third page of the report now includes all measures reported yearly.
- ◆ Yearly measure comparisons: Full year comparisons for those measures that are only reported yearly (OP-22 and OP-27) have been added to the report.

Measure Update & Deadline Reminders—Measures OP-22 and OP-27. May 15 is the once-yearly submission date for measures OP-22: Left without Being Seen, and OP-27: Influenza Vaccination Coverage among Healthcare Personnel. If you need a refresher or are new to these measures, here are some resources to assist you in submitting them.

- ◆ **OP-22 – Left Without Being Seen.** This measure consists of the percent of patients who leave the Emergency Department without being evaluated by a physician, advanced practice nurse (APN), or physician assistant (PA). Because this is an administrative measure and not chart-abstracted, CMS does not specify how to collect data. However, the CMS Hospital Outpatient Quality Reporting Specifications Manual does include definitions of the two values hospitals need to submit:
 - ◇ What was the total number of patients who left without being evaluated by a physician/APN/PA?
 - ◇ What was the total number of patients who presented to the ED?

The May 15 due date is for encounters in the previous calendar year, January 2017 – December 2017, and entered through the QualityNet Secure Portal. After logging in, on the “MyTasks page”, look for Manage Measures. Reminders along with step-by-step Instructions have been sent out, for additional copies, please refer to the “Resource” page of the Quality Improvement Matters website (www.wyqim.com).

- ◆ **OP-27 – Influenza Vaccination Coverage among Healthcare Personnel.** Data is submitted to the National Healthcare Safety Network (NHSN) and your facility must be enrolled in NHSN to report the measure.
 - ◇ The May 15 due date is for the flu season October 2017 – March 2018.
 - ◇ Definition for Healthcare Personnel (HCP): Facilities must report vaccination data for three categories of HCP: employees on payroll; licensed independent practitioners (who are physicians, advanced practice nurses, and physician assistants affiliated with the hospital and not on payroll); and students, trainees, and volunteers aged 18 or older. [Reporting data on the optional, other contract personnel category is not required at this time.] Only HCP physically working in the facility for at least one day or more between October 1 and March 31 should be counted. Data on vaccinations received at the facility, vaccinations received outside of the facility, medical contraindications, and declinations are reported for the three categories of HCP. For information on how to enroll in NHSN, and links to resources on how to gather and submit data see page 12 of the [MBQIP Quality Reporting Guide](#).

For any questions and/or assistance please contact Shanelle Van Dyke @ 1.406.459.8420 or Shanelle.VanDyke@QualityReportingServices.com

Cultural Competency Tidbits

Insights—Talking Public Health to the Public. After an eclectic and acclaimed career in public health—from field epidemiologist to acting director of the U.S. Centers for Disease Control and Prevention (CDC) to chief health and medical editor for ABC News— Richard Besser took over this year as president and chief executive officer of the Robert Wood Johnson Foundation. In a recent interview with Madeline Drexler, editor of *Harvard Public Health*, Besser—a Distinguished Visiting Fellow at the Harvard T.H. Chan School of Public Health—reflected on what he has learned about communicating the public health message.



1. Speak from the heart
2. Look for teachable moments
3. Channel emotions into action
4. Know your audience's world view
5. Go retail

Anyone who is embarking on a career in public health where they may be involved in communication should get training in communication. It takes practice to learn how to communicate effectively to different audiences. Too often, it's just an afterthought—or not a thought at all. That represents a missed opportunity to improve the health of our communities.

For more detail and/or a copy of the full article, please go to <http://bit.ly/2nI5vpN>.

Flex Program Calendar

Educational Webinars—2018. Below is a list of upcoming events related to education and/or training for the Wyoming Flex Program Activities.



- ◆ **QI Roundtable:** May 10th @ 10 am—11 am
- ◆ **WY Rural Health Conference:** May 16th & 17th
- ◆ **Rural Health Data Summit 2018:** July 21—August 2nd
- ◆ **QI Roundtable:** June 14th @ 10 am—11 am

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