WYOMING MEDICARE RURAL HOSPITAL FLEXIBILITY (FLEX) PROGRAM

WY Quality Improvement Roundtable

September 20, 2018

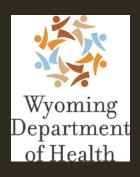Facilitated By: Rochelle Schultz Spinarski,

Rural Health Solutions

AGENDA

Introductions

Flex Program Overview and Updates

MBQIP Reporting and Changes

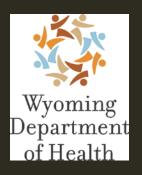Roundtable Discussion: Hospital Cleanliness

Data Sharing Agreements

Medicare Rural Hospital Flexibility (Flex) Program

Fiscal Year 17   September 1, 2017 through August 31, 2018

Medicare Beneficiary Quality Improvement Project (MBQIP)

- Patient Safety - Antibiotic Stewardship Program (ASP)
- OutPatient (OP-1, 2, 3, 4, 5, 18, 20, 21, 22, 27)
- Inpatient (ED-1 and 2, IMM-2)
- Patient Engagement - Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)
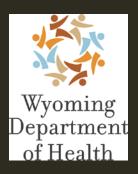- Care Transitions - Emergency Department Transfer Communications (EDTC)

FY 17
Quality Improvement

- Whiteboards - Small Rural Hospital Improvement Grant (SHIP) - 7 CAHS
- Discharge planning - training video in development, with resources will be hosted on the WYQIM Newsletter -
- Patient Safety Culture Survey (PSCS) - Shanelle Van Dyke, Quality Reporting Services
- QI Roundtables - 8 - 104 staff representing 10 CAHs
- WYQIM website - 2100 views
- WYQIM newsletter - 11 - with over 25 personal stories submitted for peer to peer sharing
- Site Visits - 30 between Shanelle, Rochelle, and Kyle
- 2018 Power of Rural Conference - 9 staff representing 4 CAHs
- MBQIP Dashboards – HCAHPS and EDTC reports to 15 CAHs

Financial Improvement
- Benchmarking of financial measures

Fiscal year (FY) 18 - September 1, 2018 (or at release of Notice of Award (NoA) through August 31, 2019.

Quality Improvement Focus Areas
- MBQIP
  - HCAHPS - Cleanliness of hospital, others TBD
  - Hospital dashboards
- Patient Safety Culture
- QI Roundtables
- QHi
- WYQIM Website
- WYQIM Newsletters
- TA calls and communications
- Site visits
- Wyoming Rural Health Conference - Annual Stakeholders meeting
- Grants
  - Training
  - Improvement Projects

MBQIP: MEDICARE BENEFICIARY QI PROJECT

National Flex Program initiative that encourages and supports CAHs participation in CMS' Hospital Compare along with other areas of rural relevant QI.

2018 MBQIP MEASURES

*Immunizations

- **HCP/OP-27**: Influenza vaccination coverage among healthcare personnel
- **IMM-2**: Influenza Immunization

*HCAHPS:

- Communication about Nurses
- Communication about Doctors
- Responsiveness of Staff
- Pain Management
- Communication about Meds
- Cleanliness of Hospital
- Quietness of Hospital
- Discharge Information
- Care Transitions
- Overall Rating
- Willingness to Recommend

*Antibiotics:

Antibiotic stewardship program established based on CDC guidelines

*EDTC:

- 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 Data Elements

*Outpatient:

- **OP-2:** Fibrinolytic Therapy Received within 30 minutes
- **OP-3:** Median Time to Transfer to another Facility for Acute Coronary Intervention
- **OP-5:** Median time to ECG
- **OP-18:** Median time ED to discharge
- **OP-22:** Patient left without being seen

*Inpatient:

- ED-1: Median Time from ED Arrival to ED Departure for Admitted ED Patients
- ED-2: Admit Decision Time to ED Departure Time for Admitted Patients

Note: CAHs should continue to report these measures through 4Q 2018 encounters (due 5/15/2019).

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MBQIP: UPCOMING REPORTING REMINDERS

October 30, 2018

Emergency Department Transfer Communication (EDTC):

- Patients seen 3Q 2018 (July, August, September 2018)

- *Entered into QHi or submitted to Kyle Cameron*

Contact Kyle Cameron for more information

November 1, 2018

Outpatient Measures

- **OP – 2, 3, 5, 18, 22**

- **Patients seem 2Q 2018 (April, May, June)**

- **Submitted via CART of vendor**

November 15, 2018

IMM-2 and ED-1, ED-2

Patient seen 2Q 2018

Submitted via CART or vendor

MBQIP QUESTIONS?

FLEX PROGRAM: QI

HCAHPS Improvement

HOSPITAL CLEANLINESS

4Q2015	1Q2016	2Q2016	3Q2016	4Q2016	1Q2017	2Q2017	3Q2017
76	69	69	67	68	67	67	68
N/A	N/A	N/A	N/A	N/A	N/A	90	90
54	63	59	66	71	72	75	76
70	64	70	67	66	71	67	72
82	84	84	83	78	74	73	72
73	79	80	80	85	83	80	82
72	72	72	71	77	69	68	69
73	77	73	70	76	71	72	80
81	75	79	87	80	75	68	66
		78	75	78	77	79	82
		85	81	80	78	77	76
		76	77	80	81	79	80
		87	76	78	66	61	64

CAH Cleanliness: WY vs. National Average

State Average   National Average

6 WY CAHs below the national average.

ROUNDTABLE DISCUSSION: HOSPITAL CLEANLINESS

How are you measuring hospital cleanliness beyond HCAHPS?

Do you have any initiatives in place to improve hospital cleanliness?

Discussion:

Cody Regional – New staff on board so learning and can share at a later date.

Powell Valley – Director of the OR has been cleaning/de-cluttering/organizing, took before and after pictures to share. Director of facilities does regular rounding.

Washakie – Supervisors in maintenance do regular rounding.

S. Lincoln – Infection prevention is re-doing their cleanliness program. They are incorporating black lights, germ glows, etc. OR has been decluttering , going through supply closets etc. Purchasing has a plan on how to track and monitor supplies, OR too. Housekeeping is excited about the changes underway but doesn't have any formal activities yet.

Weston County – Completed their renovation project and fixed a leak. While their hospital was under construction HCAHPS scores declined. After they went up but recently saw a decline again. Working with Custom Learning Solutions to improve the patient experience/hospital culture. This includes educating housekeepers to ask patients if their room as any needs, what is important to them. They also do the outpatient CAHPS and are using these data to monitor progress as well.

Carbon County – Have a new buildings and grounds manager who will be making changes. Some staff have a checklist they use that is completed based on day of the week. This will be shared.

DATA SHARING AGREEMENTS

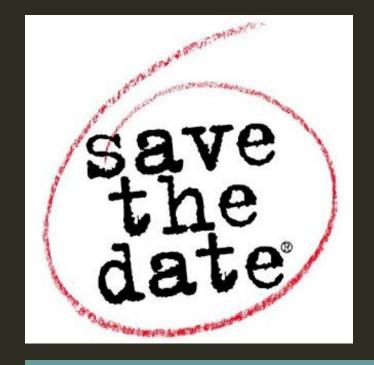Sharing MBQIP data so it is no longer blinded during our discussions

Sharing QHi data for those reporting data monthly through QHi

QI teams agreed they are interested. CEOs will be contacted as a follow-up.

PEER NETWORKING — OPEN DISCUSSION

Breakthrough Leadership Series Introduction
September 27, 2p
Conference Call Number: 888-433-2192 Participant Number:
5972587

Next QI Roundtable:
November 15, 10:00 am – 11:00am
Agenda - TBA

FLEX & OTHER CONTACTS

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THANK YOU