

QUALITY IMPROVEMENT MATTERS

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Welcome back to the Wyoming Flex **Quality Improvement Matters** newsletter! The monthly newsletter with information and updates on CAH quality improvement programs, resources, tools, and training opportunities. **Congratulations—we have 100% of WY CAHs (16 out of 16) participating in MBQIP!**

Medicare Rural Hospital Flexibility Program (Flex)

Flex Grant Year FY 2018: September 1st 2018—August 3rd 2019. Welcome to September and fiscal year (FY) 18 of the Rural Hospital Flexibility (Flex) grant Program. We begin this new year looking back over the last year, discharge planning video and packets are in the final stages of development and will be released within the next few weeks. In the past twelve months the Wyoming Flex team has conducted over 150 technical assistance calls, thirteen QI roundtables, produced ten WYQIM newsletters, experienced over 2,100 views of the [WYQIM](#) website resources, provided 55 continuing education and professional development scholarships, and assisted nine critical access hospitals (CAHs) with financial support for quality and financial improvement projects.

As we move into a new fiscal year, the Wyoming Flex program will focus on cleanliness of hospital, we will continue to offer technical assistance in reporting Medicare Beneficiary Quality Improvement Program (MBQIP), Patient Safety Culture (PSC) survey and improvement, quality, financial, and operational improvement, population health, emergency medical services (EMS) and continuing education and professional development scholarships. Look for resources on the QI Roundtables, the [WYQIM](#) website and in the WYQIM newsletter.

The Wyoming Flex team, Rochelle, Shanelle, and I, serve you in promoting community access to health, hope, and support. Thank you—Kyle Cameron, WY Flex Program Director

Quality Health Indicators (QHi)

QHi—Financial Benchmarking. The Wyoming Flex Program is working to support more in-depth financial benchmarking across all CAHs. Fifteen financial measures have been selected for monthly benchmarking using QHi. Two CAHs are currently assisting with some pre-pilot data submissions and then the preliminary data collection will be rolled out to other CAHs with the intent of statewide monthly benchmarking starting in early 2019 and inclusion of additional measures by fall of 2019. Initial measures include: benefits as a percent of salaries, staff turnover, nursing staff turnover, days cash on hand, gross days in accounts receivable, labor hours per adjusted patient day, labor cost per adjusted patient day, labor hours per patient day, operating profit margin, EBITDA margin, operating cash flow margin, Medicare per diem, swing bed per diem, outpatient percentage. If you have questions about the financial benchmarking initiative, contact Rochelle Spinarski at rspinarski@rhsnow.com.

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Medicare Beneficiary Quality Improvement Project (MBQIP)

MBQIP-HCAHPS: Are you up for the CHALLENGE? As you may recall from last month’s newsletter, along with several emails on the listserv—this is a call to action, from one WY CAH CEO, offering the challenge to other CEO’s to improve HCAHPS scores. With that being said, we will continue to provide de-identified HCAHPS score updates.



CAH	Quality Health Indicators	3Q17 Completed Surveys	4Q17 Completed Surveys	3Q17 Survey Response Rate	4Q17 Survey Response Rate	3Q17 Overall Rating of Hospital	4Q17 Overall Rating of Hospital	3Q17 Q22 Willingness to Recommend	4Q17 Q22 Willingness to Recommend
Facility A	Y	61	66	29%	30%	58%	69%	59%	66%
Facility B	N	NA	NA	NA	NA	NA	NA	NA	NA
Facility C	Y	18	20	25%	24%	68%	77%	64%	68%
Facility D	Y	21	25	51%	51%	58%	50%	48%	43%
Facility E	Y	309	290	27%	25%	76%	75%	76%	76%
Facility F	N	126	135	24%	26%	84%	83%	77%	75%
Facility G	Y	35	41	28%	30%	79%	69%	75%	75%
Facility H	Y	66	54	28%	24%	77%	74%	74%	69%
Facility I	Y	108	104	32%	33%	74%	79%	74%	76%
Facility J	Y	184	182	32%	33%	79%	77%	80%	79%
Facility K	Y	NA	NA	NA	NA	NA	NA	NA	NA
Facility L	Y	63	63	17%	18%	54%	54%	50%	50%
Facility M	Y	23	20	53%	57%	77%	67%	80%	84%
Facility N	N	67	71	30%	32%	60%	61%	64%	65%
Facility O	Y	79	98	23%	27%	73%	71%	69%	70%
Facility P	N	NA	NA	NA	NA	NA	NA	NA	NA
	75%			V < 25%	V < 25%	< State Average 71%	< State Average 71%	< State Average 69%	< State Average 70%
				V > 50%	V > 50%	> National Average 73%	> National Average 73%	> National Average 72%	> National Average 72%
						%9 and 10 rating	%9 and 10 rating	% Yes Definitely	% Yes Definitely

Changes Coming to MBQIP. CMS has announced that three chart-abstracted inpatient measures currently required for MBQIP will be removed:

- ◆ IMM-2: Influenza Immunization
- ◆ ED-1: Median Time from ED Arrival to ED Departure for Admitted ED Patients

These measures should be reported through Q4 2018 discharges (due May 15, 2019). Starting with Q1 2019 discharges, the QualityNet warehouse will no longer accept submission of data for these measures.

- ◆ ED-2: Median Time from ED Arrival to ED Departure for Admitted ED Patients

This measure should be reported through Q4 2019 discharges (due May 15, 2020). Starting with Q1 2020 discharges, the QualityNet warehouse will no longer accept submission of data for this measure.

Wyoming Frontier Health Information (WYFI) Exchange

Seeking Input from Long Term Care Providers. The role long term care providers have in the care continuum is critical therefore the Wyoming Frontier Health Information (WYFI) Exchange wants you to have a voice in how information technology can improve patient care. The WYFI Exchange is a secure, electronic health information exchange (HIE) serving authorized medical providers across the State of Wyoming. The service allows a medical care team to share clinical information across institutions and practices, making patient information available wherever and whenever needed to provide the highest quality care. The WYFI Exchange is reaching out to long term care providers to gain a better understanding of your needs and awareness of the WYFI Exchange. Below is a link to a survey that will only take **five minutes** of your time. The results of the survey will help inform decisions on developing a statewide secure, connected, and coordinated health IT system that supports effective and efficient healthcare. **Survey—<https://www.surveymonkey.com/r/WYFIsustainability>.** More information on the WYFI Exchange can be found at https://health.wyo.gov/healthcarefin/wyoming_frontier_information_wyfi/.



Peer-to-Peer Sharing

Conference takeaways. Hear from your peers and learn about their experiences and lessons learned through participating in Flex funded conferences, workshops, and trainings. If you would like more information, please contact Kyle Cameron.



48th WY Trauma Conference—Carbon County. “This was a great conference. It covered many areas of education that I deal with in health care. While all of the classes were good, a couple of things stood out to me. The presenter Steve Berry, used humor to keep the audience’s attention to the subject matter he was teaching. As healthcare providers, we still need to educate the public about rapid intervention makes the best outcomes. If the stroke is ischemic, this window has become very extended. While still needing to seek medical attention early, this longer window allows for potential complete recovery. Newer medications along with the FAST teaching being done, the survival and complete resolution have shown much better recovery. I am grateful for the opportunity to attend this educational training that was packed with good presenters, who shared so much knowledge. I will be able to apply this knowledge to my patient care and that is the priority in healthcare.” Thank you—Kathi Parks

101st WPhA/WySHP Convention—Converse County. “My main outtake from the 101st WPhA/WySHP convention was how actively involved this small organization is with the Wyoming Board of Pharmacy and other national organizations in developing legislation and rules that will, hopefully, enhance the rapidly changing roles of both the pharmacist and technician. This weekend was comprised of numerous speakers, ranging from a DEA Agent to a representative from GlaxoSmithKline to peers, discussing various issues confronting the pharmacy industry. The most valuable information for me to implement in my position was the upcoming changes to Sterile Compounding, as will be required upon enforcement of the new USP (800) regulations, effective in 2019.” Thank you—Lois Klinedinst (Pharmacy Technician)

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.



- ◆ **HCAHPS Series: The C-Suite Leader Role in HCAHPS Transformation:** October 9th @ 11am
- ◆ **QI Roundtable:** November 8th @ 10 am—11 am

Brought To You By:

Kyle Cameron—Wyoming Flex-Office of Rural Health
1.307.777.8902
Kyle.Cameron@wyo.gov

Rochelle Spinarski—Rural Health Solutions
1.651.731.5211
Rspinarski@rhsnow.com

Shanelle Van Dyke—Quality Reporting Services
1.406.459.8420
Shanelle.VanDyke@QualityReportingServices.com

