

# QUALITY IMPROVEMENT MATTERS

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## Top stories in this newsletter



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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)

**Wyoming Office of Rural Health—Update.** “Welcome to 2019. I am excited for the work we will be doing through the Small Rural Hospital Improvement Program (SHIP) and Medicare Rural Hospital Flexibility (Flex) Program. Both programs have a focus on the Medicare Beneficiary Quality Improvement Program (MBQIP) reporting and quality improvement. MBQIP data collection provides a basis for possible changes in reimbursement based on value rather than costs. We use the data to determine areas for our quality improvement work and measure our progress. We’re doing ok but we can and will do better. Shanelle, Rochelle, and I look forward to working with you to continue creating community access to health, hope, and support.” As always, Kyle, Cameron Program Manager.



## CMS Quality Reporting Programs

**CART Application.** The Centers for Medicare & Medicaid Services (CMS) is pleased to announce that updates have been posted to the QualityNet website for the CMS Abstraction and Reporting Tool applications. Both CART-Inpatient Version 4.22 and CART-Outpatient Version 1.17 are now available on the *QualityNet* website at <http://www.qualitynet.org>. The CART-Inpatient Version 4.22 can be accessed under **CART Downloads & Info** by selecting Version 4.22 for Discharges 01/01/2019–06/30/2019 in the drop-down box. The CART-Outpatient Version 1.17 can be accessed under **CART Downloads & Info** by selecting Version 1.17 for Encounters 01/01/2019–12/31/2019 in the drop-down box.



This release contains updates to CART-Inpatient related to the removal of the ED-1, IMM-2, and VTE-6 measures from the Hospital Inpatient Quality Reporting (IQR) Program, to support Version 5.5a of the *Specifications Manual for National Hospital Inpatient Quality Measures* and must be used for Discharges 01/01/2019–06/30/2019. This release contains updates to CART Outpatient 1.17 to support the OQR Specifications Manual Version 12.0a and must be used for encounter dates 01/01/2019–12/31/2019.

**Please Note:** there have been a few glitches reported with the Server/Client upgrade to the CART applications, so you may consider holding off on the upgrade until after you have submitted your Q3 2018 data. **Reminder:** Inpatient discharges are due Feb. 15th & Outpatient encounters are due Feb. 1st 2019.

If you have any questions and/or are in need of assistance with your CART upgrades, please contact Shanelle Van Dyke at 1.406.459.8420 or [Shanelle.VanDyke@QualityReportingServices.com](mailto:Shanelle.VanDyke@QualityReportingServices.com).

## 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.



**Be The Change Wyoming ANFP Fall Conference—South Big Horn.** “The WY Flex grant allowed me to attend the ANFP Conference. At the conference I really enjoyed the classes that pertained to using food as medicine and using alternate medicines to become healthier. We all know that the nutrients in foods now are not the same as they were in the past and what then do we need to supplement to make sure we are getting all the nutrients we need. We learned about foods that we can use in our residential facility that will help with inflammation and to help with immune support. The next class I really enjoyed was about self-care. I find that many of the people we work with and are in contact with do not take care of themselves. If we like what we do and love our life we can find the positive in any situation. Teaching your staff that they are 100% responsible for their life was a really profound idea that carries so much weight in the way they do their job and interact with staff and residents. The future is in learning all we can about how food affects our bodies, our health, and our attitudes. Feeding the very best food options to those we love is how we are going to allow them have a quality life.” Thank you—Linda Osmond

**American Society for Healthcare Risk Management—North Big Horn.** “Thank you so very much for the FLEX Grant that allowed me the opportunity to attend the ASHRM Conference and pre-conference. The grant made it possible for me to attend and to learn from some of the most knowledgeable professionals in the field. It was amazing! In September of 2017 I replaced the prior Risk Manager who had been in this position for many years. Without any transition, it has been a challenge learning just what the role entails and how to navigate the many areas of responsibility. There was so much information presented during the conference, even after a full month I am still processing! The highlight for me was the two-day pre-conference. This was a time of focused learning with my peers who were also new to the field. Some key take-aways: I knew that Risk Management was about minimizing risk to patients, employees and the organization. I also knew it involved increasing safety through clinical risk management as well as handling patient complaints and concerns. The pre-conference offered tools and practical steps of how to be more effective in these areas. My understanding has been expanded regarding how much risk management covers in healthcare and the positive impact it could have. For example, on a larger scale risk management should be considered through the eyes of the “big picture” and strategically it should always be asked if certain actions make sense from a value perspective. On a smaller scale, it’s often those things that go unreported that puts an organization at risk or could lead to potentially unsafe conditions or practices. Learning is great, but change happens when one puts what has been learned into action. I am looking forward to applying the knowledge learned and discovering what positives in the coming months are gained in my organization.” Thank you—Kathy Walker

**WIPFLI CAH & Rural Health Conference—Weston County.** “Thanks again for this opportunity for this education. It was very good. I have enclosed some of the items I found that were great for the financial side of things. The slide presentations 2, 4, and 5 are for RHCs, which we don’t have but who knows what the future brings. Presentations 11 and 9 are on Medicare Cost Report and are very good. Presentation 13 was the best on Revenue Cycle. So I pulled out specific slides as follows: Revenue Cycle Key Indicators – there are two with some good measurements for Revenue cycle, Cost to Charge slides – good reminders to watch these from year to year, and Medicare Utilization – we don’t track this enough and use the info for marketing. Very good conference. I had not been involved in the financial aspects in a few years so all this was good refresher for me.” Regards—Maureen Cadwell


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## Flex Medicare Beneficiary Quality Improvement Project (MBQIP)

 **MBQIP—Reporting Requirement Updates.** Even though 2018 has come and gone, your abstraction and data submission has not! The data submission deadline for Q3 2018 isn't until February 2019, so make sure you still abstract the measures that aren't slated for removal until 2019. You still have two more quarters, Q3 2018 and Q4 2018 to abstract the inpatient measures: Inpatient IMM-2: Immunization for Influenza and Inpatient ED-1: Median Time from ED Arrival to ED Departure for Admitted ED Patients. Outpatient measure OP-5: Median time to ECG continues to be abstracted thru Q1 2019. CMS is removing this measure starting with Q2 2019 data submissions.

With the wrapping up of 2018, it means you can start pulling together your hospital's OP-22 measure data, which is 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). Based on previous years, OP-22 is due to be submitted to the QualityNet warehouse by May 15, 2019. Please remember that this is a structural measure, which means your numerator and denominator data is to be entered directly into the QualityNet website. Your hospital should continue collecting OP-27—Influenza Vaccination Coverage Among Healthcare Personnel (HCP). You may have heard that CMS is removing that measure, but it's really just being removed from the outpatient list and will now be only an inpatient measure. It will start being referred to as HCP rather than OP-27.

Finally, a another friendly reminder that EDTC data submission deadline for Q1 2019 is coming up at the end of the month due January 31st 2019!

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## Flex Program Calendar

**Educational Events—2019.** Below is a list of upcoming events related to education and/or training for the Wyoming Flex Program Activities.



- ♦ **Telemedicine Lunch & Learn—Oral Health:** January 31st 2019 @12:30 pm—1:00 pm
- ♦ **QI Roundtable—Topic TBD:** March 21st @ 10:00 am—11:00 am
- ♦ **WY Rural Health Conference:** June 5th, 6th, & 7th — Laramie, Wyoming

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