

QUALITY IMPROVEMENT MATTERS

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Flex



MBQIP



TASC



Flex
Calendar

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—“For those of you who participate in [Flex](#) and [SHIP](#) activities thank you and welcome to another year! For those of you who are new to [Flex](#) and [SHIP](#) here are some links to help you become familiar with our activities. The [Medicare Rural Hospital Flexibility Program \(Flex\)](#) purpose is to assist Critical Access Hospitals (CAHs) in five core areas: quality, operational and financial improvement; population health, emergency medical services, and innovative healthcare models. The Small Rural Hospital Improvement Program (SHIP) purpose is to assist with the costs to implement data systems and improve value and quality in health care. [Medicare Beneficiary Quality Improvement Program \(MBQIP\)](#) is the data set used by [Flex](#) and [SHIP](#) to measure improvement and evaluate value within rural hospitals.

MBQIP - Measures January 2019; HCAHPS Challenge: Wyoming [Flex](#) is challenging CAHs to improve in HCAHPS, EDTC, patient safety, and outpatient scores and provides improvement suggestions through the [Wyoming Quality Improvement Matters](#) website, QI Roundtables, monthly newsletters, and training on [QI TOOLS](#). Hospital are encouraged utilize additional [Consumer Assessment of Healthcare Providers and Systems \(CAHPS\)](#) and [CAHPS](#).


My suggestion is (if you have not already done so) identify a [grant point of contact \(fiscal\)](#) and a [Quality Improvement Director](#) to be the communication link between the hospital and [Flex](#) and [SHIP](#). Our other suggestion is to have two or three people capable and responsible for submitting MBQIP data.

- ◆ Wyoming CAHs are participating in [financial bench marking](#) through Quality Health Indicators (QHi). The purpose of this bench marking is for Wyoming CAHs to be able to measure financial key indicators with each other and quickly and efficiently determine areas for improvement.
- ◆ [Community Health Needs Assessment \(CHNA\)](#) and [Implementation Plans](#) will be a focus for the [Flex](#) program over the next few years. Flex funds will be available for this activity.
- ◆ [Community Para medicine](#) and sustainable [emergency medical services](#) continue to be a focus for WY [Flex](#).

The Wyoming Flex team consists of Rochelle Spinarski of Rural Health Solutions, Shanelle Van Dyke of Quality Reporting Services, the WDH Office of Rural Health, and Kyle Cameron, Program Manager/Flex & SHIP. If you have questions, concerns or comments, please feel free to reach out to any of us. We are here to help make Wyoming communities of health, hope, and support (Our CAHS).” Thank you—Kyle Cameron.

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Medicare Beneficiary Quality Improvement Project (MBQIP)

 **MBQIP—Updates & Reminders.** The latest MBQIP monthly was released and you can find it at <https://www.ruralcenter.org/tasc/mbqip/mbqip-monthly>. Below are a few items that may be of particular interest and please note the EDTC population and sampling clarifications. I requested the sampling clarification in writing and we now have it so please adjust accordingly. This is particularly important for those of you with more than 45 cases per quarter and not reporting all cases:

1. Fairview Regional Med Center, Oklahoma – Use of a telehospitalist program, appropriate antibiotic use public education program, staff vaccination opportunities during meetings.
2. Random Sampling—An Excel-based technique that may be helpful in particular if you are looking for options.
3. EDTC Reporting – Population and Sampling: EDTC population - Includes patients admitted to the ED and then discharged/transferred to other facilities (look at the complete list if you are not familiar). Patients put in observation and then transferred should be included. Patients who reside in LTC and then are discharged/transferred back are also included.
 - ◆ EDTC Sampling – Reporting options:
 1. All cases - if you are transferring less than 45 cases per quarter.
 2. All cases - regardless of number of transfers.
 3. Random sampling - for more than 45 cases per quarter and want to use sampling. You can use the Excel-based method indicated above (and documented in the MBQIP Monthly <https://www.ruralcenter.org/tasc/mbqip/mbqip-monthly>), you can use a sampling process you already have in place, you can use 15 cases per month (could be challenging if your numbers are low). If you are using the first 15 cases each month, please discontinue this approach, instead switch to a sampling method or report all cases. Many of you are documenting and inputting EDTC data into the reporting tool close to real-time or monthly so select the sampling or all-cases approach that will work best for your organization without hindering your ability to work on improvement.

MBQIP Measure Changes—Reminder. Inpatient measures IMM-2 and ED-1 are being removed by the Centers for Medicare & Medicaid Services (CMS) following submission of Quarter 4 2018 data. State Flex programs may continue to support hospitals with these as additional measures after this. Pain Management HCAHPS questions are being removed by CMS beginning with Quarter 3 2019 surveys. Outpatient measure OP-5 is being removed by CMS following submission of Quarter 1 2019 data. For more information about measures that have been added or removed from MBQIP, see the MBQIP Measures Chart at <https://www.ruralcenter.org/resource-library/mbqip-measures>.

MBQIP QI Resources & Tools. Don't forget to check out our WY Quality Improvement Matters website (www.wyqim.com) regularly for links to QI resources and training, available funding and technical assistance. Some of the resources available include:

◆ MBQIP Measures Fact Sheet	◆ QI Implementation Guide
◆ Maneuvering MBQIP Measures 101	◆ HRSA QI Toolbox
◆ MBQIP Reporting Deadlines	◆ QI Prioritization Tool

National Rural Health Resource Center

Technical Assistance and Services Center (TASC) supports CAHs with Quality Improvement: A new Toolkit just for CAHs has been launched! If you need help operationalizing this toolkit or more information, feel free to reach out to TASC@ruralcenter.org. More resources about how to utilize the templates included in the toolkit will be coming out shortly. This toolkit provides a lot of templates that you can utilize for improving internal process and help track real time data. **Quality Improvement Implementation Guide and Toolkit for CAHs.** This guide and toolkit offers strategies and resources to help CAH staff organize and support efforts to implement best practices for quality improvement. It includes:

- ◆ A quality improvement implementation model for small, rural hospital settings
- ◆ A 10-step guide to leading quality improvement efforts
- ◆ Summaries of key national quality initiatives that align with the priorities of the Medicare Beneficiary Quality Improvement Project (MBQIP)
- ◆ Best practices for improvement for current MBQIP measures
- ◆ A simple, Excel-based tool to assist CAHs with tracking and displaying real time data for MBQIP and other quality and patient safety measures to support internal improvement efforts

Flex Program Calendar

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



- ◆ **QI Roundtable:** March 21st @ 10 am—11 am
⇒ Jessie Wilcox from South Lincoln Medical Center will present and discuss the hospital's process and work behind care transitions.
- ◆ **WY Rural Health Conference—Laramie, WY:** June 5th—7th

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