WYOMING MEDICARE RURAL HOSPITAL FLEXIBILITY (FLEX) PROGRAM

WY Quality Improvement Roundtable

January 10, 2019

Facilitated By: Rochelle Schultz Spinarski, Rural Health Solutions

AGENDA

Introductions

MBQIP Reporting and Updates

Weston County Health Services: Service Excellence Project – Year 1

Patient Safety Culture Update

Save the Dates

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).

Note: CAHs should continue to report this measure through 4Q 2019 encounters (due 5/15/2020).

MBQIP: UPCOMING REPORTING REMINDERS

Emergency Department Transfer Communications (EDTC): DUE January 31, 2018

- Patients seen 4Q 2018 (October, November, December 2018)

- *Submitted to QHi or Kyle Cameron*

Link to download tool:

http://www.stratishealth.org/providers/ED_Transfer_Resources.html

No Later than May 15, 2019

ED_OP-22 (Left w/out being seen)

Patients seen in 2018, entered in QNet

Outpatient Measures (AMI – OP-2, 3, 5, ED_OP-18)

February 1, 2018

- Patients seen 3Q18 (July, August, September 2018)

- CMS Hospital Outpatient Reporting Specifications Manual 5.3a

- Submitted to the QualityNet warehouse via Outpatient CART or by vendor

Inpatient Measures (IMM-2, ED-1, ED-2)

February 15, 2018

Patients seen 3Q2018

CMS Hospital Inpatient Reporting

MBQIP/CMS CHANGES

OP-5 – Median Time to ECG

Removed after May 1, 2019

Continue to report through 4Q2018 discharges (*2 additional quarters*)

HCAHPS – Pain Management (Comp. 4)

The 3 recently revised questions will be removed from HCAHPS survey

In effect beginning Oct 2019 discharges

HCAHPS will continue to be a core domain in MBQIP

CHANGES TO OP-27 – INFLUENZA VACCINATION COVERAGE AMONG HEALTHCARE PROVIDERS

Reporting will continue but is changing to be part of inpatient reporting (HCP). Until change in effect, continue to report to NHSN.

CDC hosting two webinars for acute care facilities

- How to report data for the 2018-2019 influenza season, now that reporting HCP influenza vaccination in hospital outpatient departments is no longer required.

- Webinars will be held on Thursday, January 24, 2019 (12:30-1:30 PM ET) and Tuesday, January 29, 2019 (2-3 PM ET). Facilities can register for the webinars using this link: https://www2.cdc.gov/vaccines/ed/nhsn/registration/.

- Questions: send an e-mail to: nhsn@cdc.gov with 'HPS Flu Summary' in the subject line of the message.

NHSN – PATIENT SAFETY COMPONENT – ANNUAL SURVEY

2018 Patient Safety Component (PSC) Annual Survey - released on January 1, 2019

Changes
- Added - Neonatal antimicrobial use
- Revised - antibiotic stewardship section (10 required, 10 optional)
- Removed – some lab

Complete and submit by March 1, 2019

2 Webinars: 1/17 & 2/7: 2:30-3:30 EST

More details: https://www.cdc.gov/nhsn/pdfs/newsletters/nhsn-nl-dec18-508.pdf

Questions: contact CDC at nhsn@cdc.gov . Use the words Annual Survey in the subject line to expedite response time.

MBQIP QUESTIONS?

Weston County Health Services

Service Excellence Project
Year One

Why spend the time and money?

- Customers taking their business elsewhere

- High employee turnover rates

- Our community owns us and they deserve excellence

- HCAHPS scores not getting better

- Culture of "Good enough" isn't good enough

- *We chose Custom Learning Systems because their specialty is small rural facilities*

Service Excellence Starting Line

- CLS met with front-line staff and leadership and assessed our processes

- WCHS leadership chose front-line leaders/trainers and leadership teams

- CLS created a customized process for culture change for our facility

- Created a dashboard with goals and timelines

- Started doing team huddles – involved ALL departments

- Service Excellence Council helps guide the process

- Leadership teams worked on projects
  - Onboarding
  - Awards and recognition
  - Service standards/care promised

I. HCAHPS Goals (Provider of Choice)

#		12 Mos High	12 Mos Low	Year 1 6/01/19	Year 2 (Date)	Year 3 (Date)
1.	Communication with Nurses	77	49	85		
2.	Communication with Doctors	77	55	85		
3.	Responsiveness of Hospital Staff	67	38	80		
4.	Pain Management	92	50	90		
5.	Communications about Medications	75	42	85		
6.	Cleanliness of Hospital Environment	89	67	90		
7.	Quietness of Hospital Environment	57	42	80		
8.	Discharge Information	94	45	90		
9.	Transition of Care	52	38	80		
10.	Overall	57	36	80		
11.	Willingness to Recommend	58	41	80		

II. Patient Satisfaction Mean Score Goals (Provider of Choice)

#	Overall Scores	12 Mos High	12 Mos Low	Year 1 (Date)	Year 2 (Date)	Year 3 (Date)
1.	Inpatient	57	36	80		
2.	Outpatient	97	90	95		
3.	Ambulatory Services	N/A				
4.	ER	96	85	90		
5.	Clinics	N/A				
6.	Long Term Care	83	78	90		
7.	Home Health – Would recommend	100	80	90		
8.	Home Health – Rating of patient care	100	80	90		

III. Employee Satisfaction (Employer of Choice)

#	Hospital Overall	Current (baseline) 12/2016	6 Mos (if applicable) (Date)	12 Mos 12/2018
1.	Hospital Overall	53	60	

IV. Employee Turnover (Employer of Choice)

#	By Position, Department or Overall Turnover	Staff	Turnover Current		Turnover Goal Year 1 (Date)		Year 2 (Date)	Year 3 (Date)
		Total #	#	%	#	%	%	%
1.	Clinical							
2.	Non-Clinical							

V. Service Excellence Goals (Provider & Employer of Choice)

#		6 Mos (baseline - if applicable) (Date)	12 Mos (Date)
1.	Service Huddles		
2.	DO IT Meetings		

Year One Timetable

Date			
	ENGAGE		
Thursday, May 3, 2018	1. Process Leadership College 8:30 - 5:00 pm - 1 Day	PL	Offsite
	EMPOWER		
Tuesday, June 26, 2018	2A. Leadership Briefing*** 8:00 - 12:00 pm (Meet & Greet/Coffee 7:45 - 8:00 am)	AT, MT, SEC, PD	
	2B. Service Excellence Council Orientation & Workshop Workbook Review*** 1:00 - 5:00 pm	SEC, PD	
Wednesday, June 27, 2018	2C. Leadership Accountability & OASIS Team Launch*** 8:00 - 3:00 pm (Meet & Greet/Coffee 7:45 - 8:00 am)	AT, MT, SEC, PD	
	2D. Service Excellence Advisor Orientation*** 3:30 - 5:00 pm (Meet & Greet 3:15 - 3:30 pm)	SEA, SSC, PD	
July 2018	Board Engagement Briefing #1	CEO, PD	
Wed. & Thurs., July 18 & 19, 2018	3A. Service Excellence Advisor (Train-the-Trainer) Course *** Day 1, 8:00 - 5:00 pm (Meet & Greet/Coffee Daily 7:45 - 8:00 am) Day 2, 8:00 - 3:30 pm	SEA, SSC, PD	
	Day 2, SEA Graduation (Time 4:00 - 5:30 pm)	SEA, SEC, AT, MT, PD	
Thursday, July 26, 2018	3B. Materials Organization Meeting (Facilitated by PD) 2:00 - 4:00 pm (Meet & Greet/Coffee 1:45 – 2:00 pm)	SEA, SSC, PD	
July 2018	Leadership Empowerment Survey		
Wednesday, August 29, 2018	4A. Service Empowerment Leadership Course*** 8:00 - 4:30 pm (Meet & Greet/Coffee 7:45 - 8:00 am)	AT, MT, SEC, PD	
	SEC Meeting to Review SEI Hardwiring Dashboard*** 4:30 - 6:00 pm	SEC, PD	
Thursday, August 30, 2018	4B. Workshop Pilot - Presented by SEAs *** 8:00 - 12:00 pm (Meet & Greet 7:45 - 8:00 am)	SEA, SSC, PD	
	4C. Winning with Difficult People*** 1:00 - 5:00 pm (Meet & Greet 12:45 - 1:00 pm)	SEA, SEC, AT, MT, PD	
October/November 2018	Year I Service Excellence Workshops Roll out to everyone – (Each workshop is 3 hours in length. Based on 15 - 30 employees/workshop.)	Anyone Wearing a Badge	
October 2018	Board Engagement Briefing #2	CEO, PD, TC	
	TRANSFORM		
<mark>Monday, December 3, 2018</mark>	<mark>ED Blueprint for Success***</mark>		
	5A. DO IT Facilitator's Course*** 8:00 - 12:00 pm (Meet & Greet/Coffee 7:45 - 8:00 am)	SEA, AT, MT, SEC, PD	
Tuesday, December 4, 2018	5B. OASIS Updates *** 1:00 - 2:00 pm	AT, SEC, OASIS, PD	
	5C. SEA Celebration! *** 2:00 - 3:00 pm	AT, MT, SEA, PD, SEC	
	SEC Meeting to Review SEI Hardwiring Dashboard*** 3:00 - 4:30 pm	SEC, PD	
December 2018	LEAD™ System		
January 2019	Board Engagement Briefing #3	CEO, PD, SEA	
Monday, January 21, 2019	DO IT Support Video Call*** 1:30 MT	MT, SEA	
Feb. 11-13, 2019	HealthCare Service Excellence Conference (19th Annual)	BIO	St. Pete Beach, FL
Wednesday, February 27, 2019	6. Year I Accountability Audit* via Teleconference 8:00 - 4:00 pm (Meet & Greet/Coffee 7:45 - 8:00 am) - Separate Sessions w/ SEAs, OASIS TC/ATC, SEC & Admin Team	Auditor, SEA, TC, SEC, ET, CEO, Dept. Mgrs, PD, BIO	
Tuesday, March 19, 2019	Transform Series All-Staff Education via Skype*** 7:00 - 7:45 am; 12:00 - 12:45 pm; 1:00 - 1:45 pm	Anyone Wearing a Badge	
April 2019	Board Engagement Briefing #4	CEO, PD	
April 2019	Leadership Empowerment Survey		
TBD	7. Service Summit *** 8:00 - 10:00 am	SEA, AT, MT, SEC, PD	

Leadership Team Projects

Onboarding/retention

- Survey all new staff after 90 days
- Identify opportunities for improvement
- PDAC

Awards & Recognition

- Survey all staff
- Research ideas from other employers

Service standards & care promises

- Create document

- All directors and managers involved

- Team captains chosen by Service Excellence Council

Implemented thus far:

- Front-line staff have trained all staff on service excellence

- All departments are involved in huddles at least once per week

- Service recovery kits

Next steps:

Implement Bellweather

- Real-time feedback on customer satisfaction

Implement service excellence app

- Readily accessible tools to enable staff to fix a problem.

  "if you mess up, fess us, and dress up"

Do It Process: Monthly problem solving meetings with deptment teams

PI projects chosen by team after data analysis INVOLVING ENTIRE DEPARTMENT!

Successes and Challenges:

Successes:
Front-line staff gain confidence and lead by example
All staff feel a part of the team
Improved communication and teamwork

Challenges:
Getting buy-in from all staff
Mangers need to make this a priority

Lessons Learned

Don't try this while doing EHR conversion
- Need to allow staff to focus on this project

All Managers need to assist their staff
- Hold managers and directors accountable

Recognize all efforts
- The little things matter most

- Don't do 1 thing 100% better

- Do 100 things 1% better

Patient Safety Culture (PSC)

Update

QI Roundtable January 10th 2019

Shanelle Van Dyke

Composite-Level Results Wyoming Critical Access Hospitals

| Patient Safety Culture Composites	Average % Positive Response
1. Teamwork Within Units ⭐	83%
2. Supervisor/Manager Expectations & Actions Promoting Patient Safety ⭐	76%
3. Organizational Learning—Continuous Improvement	67%
4. Management Support for Patient Safety ⭐	69%
5. Overall Perceptions of Patient Safety	65%
6. Feedback & Communication About Error	58%
7. Communication Openness	58%
8. Frequency of Events Reported	58%
9. Teamwork Across Units	58%
10. Staffing	53%
11. Handoffs & Transitions	37%
12. Nonpunitive Response to Error	45%

⭐ = Area of Strength
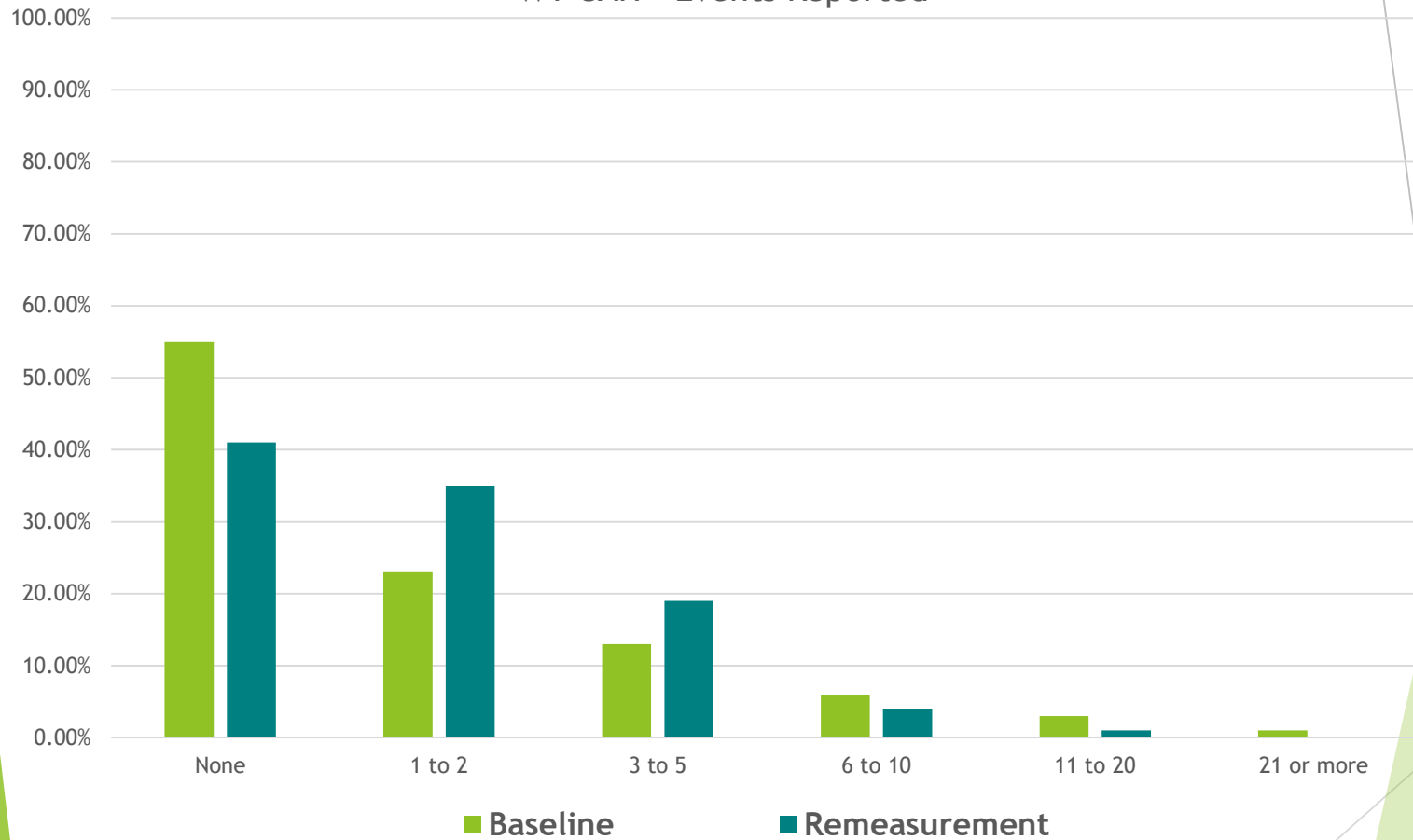☐ = Opportunity for Improvement

0% 20% 40% 60% 80% 100%
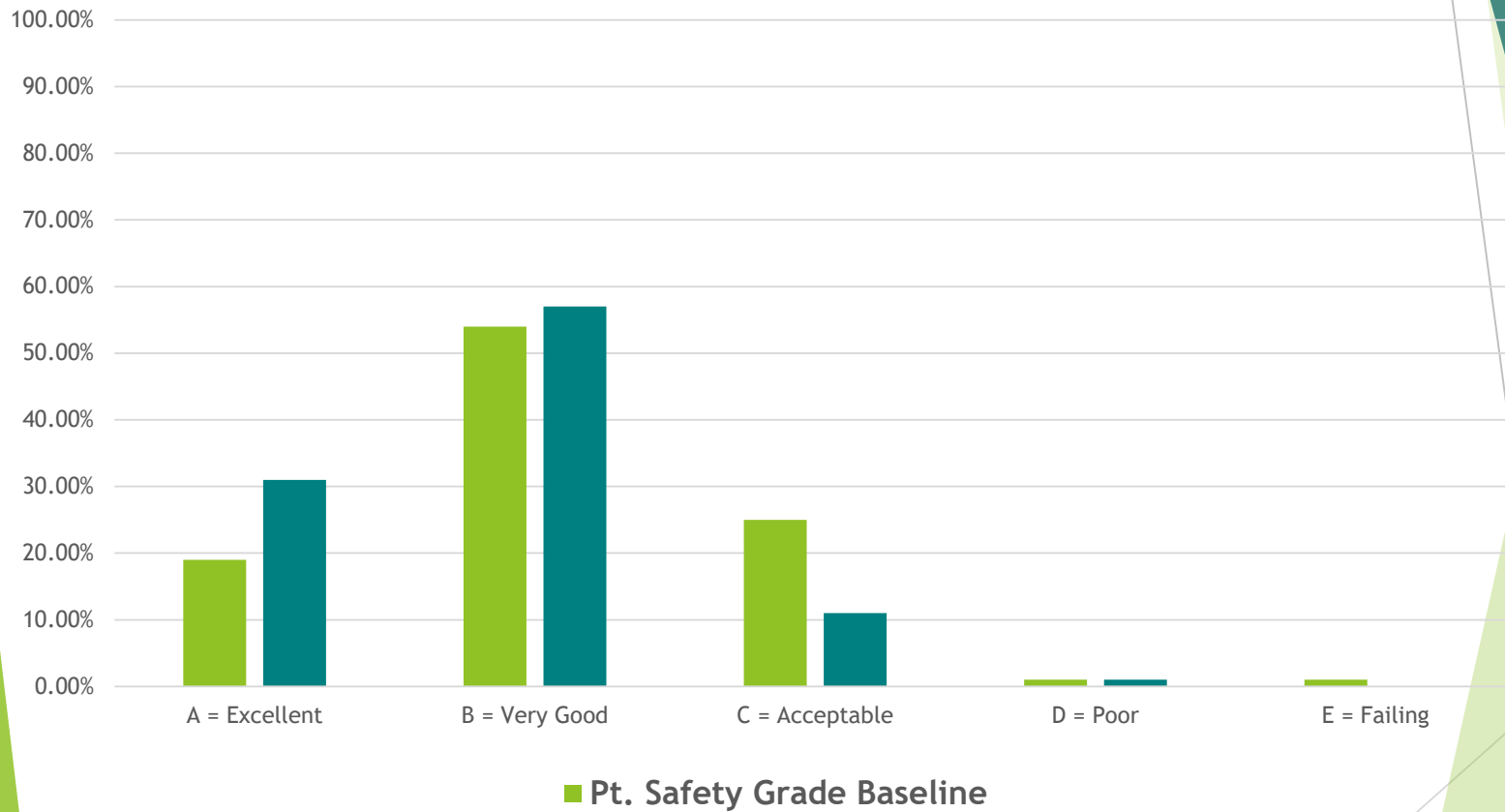
Original Baseline Results

WY CAH – Composite Comparison

23
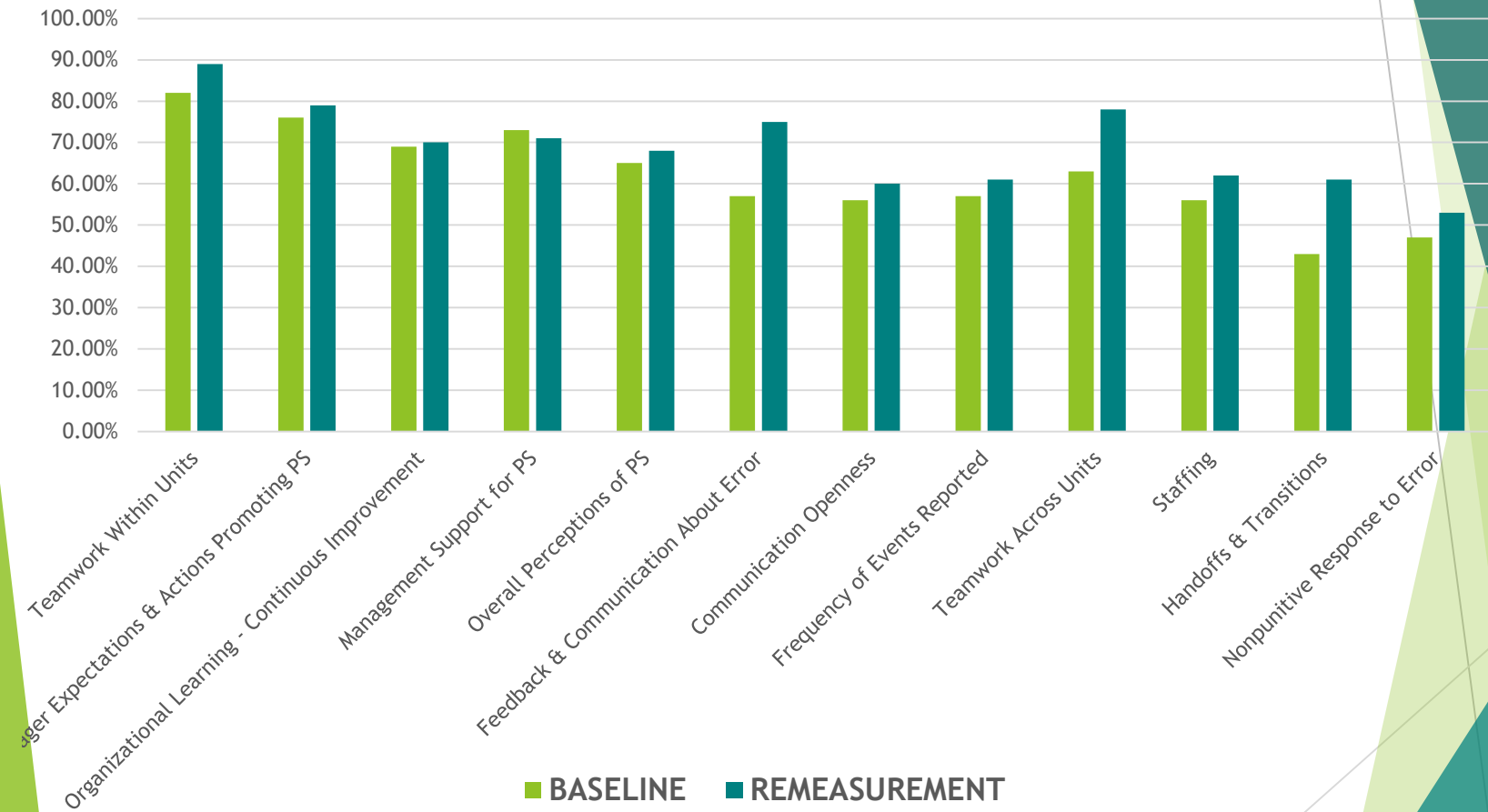
WY CAH - Events Reported

WY CAH - Patient Safety Grade

PEER NETWORKING — OPEN DISCUSSION

Telemedicine Lunch and Learn Series:
January 15, 12:30 – 1p
2018 Service Provider Summit Highlights

Telemedicine Lunch and Learn Series:
January 31, 12:30 – 1p
Oral Health Opportunities

Next QI Roundtable:
March 21, 10:00 am – 11:00am
Agenda – TBD

WY Rural Health Conference:
June 5 – 7 , Laramie, Wyoming
Agenda – TBD

FLEX & OTHER CONTACTS

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THANK YOU