

WYOMING MEDICARE RURAL HOSPITAL FLEXIBILITY (FLEX) PROGRAM

WY Quality Improvement Roundtable

March 21, 2019

Facilitated By: Rochelle Schultz Spinarski,
Rural Health Solutions



AGENDA

Introductions

MBQIP Reporting and Updates

South Lincoln Medical Center – Improving Care Transitions, Jessie Wilcox – Postponed until May meeting

County Health Rankings



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: IMM2, ED-1, OP-5 - CAHs should continue to report these measures through 4Q 2018 encounters (due 5/1 or 15/2019), ED-2 - CAHs should continue to report this measure through 4Q 2019 encounters (due 5/15/2020), HCAHPS – Pain Management – Not in Telligen reports but reported through September 2019.

MBQIP: UPCOMING REPORTING REMINDERS



Emergency Department Transfer Communication (EDTC): **DUE April 30, 2019**

- Patients seen 1Q 2019 (January, February, March 2019)
- 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)

May 1, 2019

- Patients seen 4Q18 (October, November, December 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)

May 15, 2019

Patients seen 4Q2018

CMS Hospital Inpatient Reporting

POPULATION INCLUSIONS AND EXCLUSIONS

INCLUSIONS:

Hospice – healthcare facility

Acute Care Facility- General Inpatient Care – including emergency department, Critical Access Hospital – including emergency department, Cancer Hospital or Children’s Hospital – including emergency department, Department of Defense or Veteran’s Administration – including emergency department

Other health care facility: Extended or Intermediate Care Facility (ECF/ICF), Long Term Acute Care Hospital (LTACH), Long Term Care Facility, Nursing Home or Facility, including Veteran’s Administration Nursing Facility, Psychiatric Hospital or Psychiatric Unit of a Hospital, Rehabilitation Facility, including Inpatient Rehabilitation Facility/Hospital or Rehabilitation Unit of a Hospital, Skilled Nursing Facility (SNF), Sub-Acute Care, or Swing Bed, transitional Care Unit (TCU)

Note: ED patients that have been put in observation status and then are transferred to another hospital or health care facility should be included.

Patients who reside in LTC and then are discharged/transferred back are also included.

EXCLUSIONS:

1. Home:

- Assisted Living Facilities
- Court/Law Enforcement – includes detention facilities, jails, and prison
- Board and care, foster or residential care, group or personal care homes, and homeless shelters Home with Home Health Services
- Outpatient Services including outpatient procedures at another hospital, Outpatient Chemical Dependency Programs, and Partial Hospitalization
- Hospice-home
- Expired
- AMA (left against medical advice)
- Not documented/unable to determine

EDTC SAMPLING — REPORTING OPTIONS:

Options:

All cases - if you are transferring less than 45 cases per quarter.

All cases - regardless of number of transfers.

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 QUESTIONS?

SWITCHING GEARS - HCAHPS



HCAHPS improvement for all CAHs
is a TOP Flex Program Priority.

Always Moving Forward
and Up

COUNTY HEALTH RANKINGS

New County Health Rankings released this week:

<http://www.countyhealthrankings.org/reports/2019-county-health-rankings-key-findings-report>

1) Community Health Needs Assessments

2) Population health improvement

Upcoming WY state rural health conference: Power of Rural, will have sessions that touch on many of the issues identified in the County Health Rankings.

Flex has made some shifts to improve pop health.

County	Drinking Water Violations	Crime	Obesity	Poverty	Mamm os	Alcohol Impaired driving deaths (% of driving deaths)	State Rank (of 23)
Big Horn	Yes		Adult obesity (31%)	Uninsured (18%)	31%	54%	18th
Carbon	Yes		Physical inactivity (27%)	Teen births (37/1,000)	33%		22nd
Converse	None	Violent crime rate 365/100,000	Adult obesity (30%)	Teen births (37/1,000)	34%		14th
Crook	Yes		Physical inactivity (26%)		36%		2nd
Goshen	Yes	Violent crime rate 350/100,000	Adult obesity (32%)	Children in poverty (16%)	34%	67%	16th
Hot Springs	Yes		Adult obesity (30%)	Children in poverty (17%)	27%	50%	21st
Johnson	None			Uninsured (15%)	37%		10th
Lincoln	Yes			Uninsured (13%)	35%	36%	5th
Niobrara	Yes	Not included	Uninsured (16%)	Teen births (33/1,000)	25%	13% flu vaccinations	9th
Park	None			Uninsured (15%)	41%	99 injury deaths/100,000	7th
Platte	Yes		Adult obesity (30%)		34%		12th
Washakie	None		Adult obesity (30%)		29%		8th
Weston	None		Adult obesity (31%)	Children in poverty (14%)		61%	3rd

Some have high school graduation rates in the 60s. Is that your county? State rate is 86%, national rate is 85%



PEER NETWORKING — OPEN
DISCUSSION

SWING BEDS

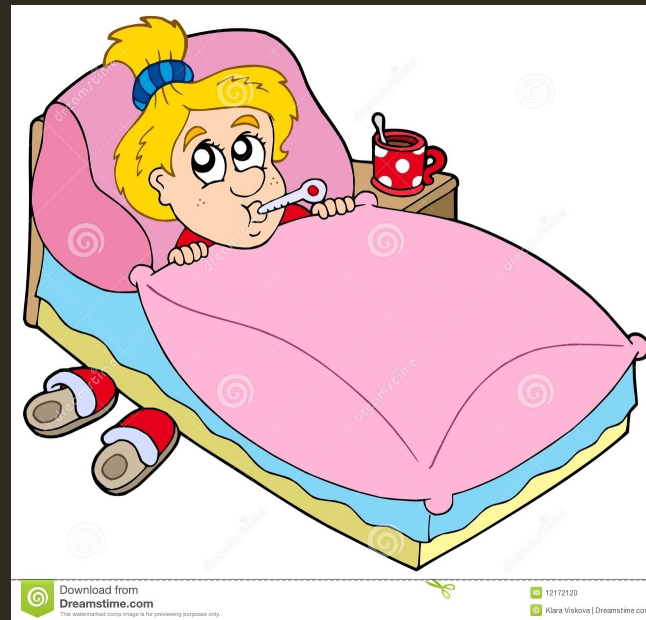
Stroudwater App



Who is participating?

What have you done thus far?

What have you learned/are you using through the tool?



Download from
Dreamstime.com

12172120
Klara Viskova | Dreamstime.com

THE POWER OF RURAL

Meeting the Needs of Rural and Frontier Communities through Evidence, Partnership and Quality



SAVE THE DATE
JUNE 5 - 7, 2019
UW CONFERENCE CENTER - LARAMIE, WY

The Wyoming Primary Care Association, along with the agencies listed here, are pleased to invite you to a statewide learning & networking opportunity.

Registration and additional information coming soon!

*CE credit is pending

*This conference is designed for all levels of health care staff caring for patients, including Physicians, Mid-levels, Nursing, Dieticians, Pharmacists, Quality Improvement Directors, CEOs, COOs and CFOs. Continuing Education credit is pending.

This project is/was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number and title for grant amount (specify grant number, title, total



Next QI Roundtable:

May 10, 10:00 am – 11:00am

Agenda – TBD

WY Rural Health Conference:

June 5 – 7 , Laramie, Wyoming

Agenda – Financial and organizational improvement, social determinants of health and population health improvement, disparities

FLEX & OTHER CONTACTS

Kyle Cameron, Flex Program Coordinator

Kyle.cameron@wyo.gov

Sharla Allen, SORH – retiring, last day April 1

sharla.allen@wyo.gov

Rochelle Spinarski, Rural Health Solutions

rspinarski@rhsnow.com

Shanelle VanDyke, Quality Reporting Services

shanelle.vandyke@qualityreportingservices.com

Eric Boley, WHA

Eric@wyohospitals.com

Brandon Kelley, WY EMS

Brandon.kelley@wyo.gov

Pat Fritz, QIO - Mountain Pacific

pfritz@mpqhf.org

Sharon Phelps, QIO – Mountain Pacific

sphelps@mpqhf.org

Deb Anderson, QIO – Mountain Pacific

danderson@mpqhf.org

