North Dakota
Critical Access Hospital Quality Network,
Statewide CAH Region Meeting
Radisson Hotel, Bismarck
April 18, 2019

• Established in 1980, at The University of North Dakota (UND) School of Medicine and Health Sciences in Grand Forks, ND
• One of the country’s most experienced state rural health offices
• UND Center of Excellence in Research, Scholarship, and Creative Activity
• Home to seven national programs
• Recipient of the UND Award for Departmental Excellence in Research

Focus on
– Educating and Informing
– Policy
– Research and Evaluation
– Working with Communities
– American Indians
– Health Workforce
– Hospitals and Facilities

ruralhealth.und.edu
Agenda for Today

- Network Annual Meeting
- Transforming Power of Care Coordination
- BlueAlliance Program Overview
- ND CAH Update CoPs and Life Safety
- CAH Quality Network Update
- NDHIN Functionality
- Readmission Reduction: Avoiding the Avoidable
  - Hospital HIIN teams will present success stories

We would like to thank Quality Health Associates of ND for sponsoring the morning and afternoon breaks.

Thank you to all of our partners that work with us!
“Network Annual Meeting”
April 18, 2019

Network’s Mission: To support ongoing performance improvement of North Dakota’s Critical Access Hospitals.

ND CAH Quality Network Executive Members

**President**
Marcie Schulz – Hazen

**Vice President**
Coleen Bomber – Northwood

**Members**
Alfred Sams – Bottineau
Jenna Bredahl – Jamestown
Lori Seim – Park River
Mariann Doeling – Carrington
Peggy Larson – Lisbon

Network’s Mission: To support ongoing performance improvement of North Dakota’s Critical Access Hospitals.
Network Executive Committee Meetings

- Meet every month to provide support and direction for Network statewide activity

- Strategic Planning August 2018 (7 objectives)
  - Develop and manage Network
  - Facilitate best practice sharing
  - Highlight workforce development initiatives & resources
  - Engage in rural advocacy
  - Enhance professional development
  - Optimize technology utilization

Care Coordination Presentation

*The Transforming Power of Care Coordination - An Overview of Care Coordination*

Debra Laine, M.Ed, Senior Program Specialist, Rural Health Innovations
Medicare Rural Hospital Flexibility (Flex) Program and ND CAH Quality Network Update

Medicare Rural Hospital Flexibility Team

- Brad Gibbens, Deputy Director
- Lynette Dickson, Associate Director
- Jody Ward, Senior Project Coordinator
- Kylie Nissen, Senior Project Coordinator
- Angie Lockwood, Project Coordinator
- Julie Frankl, Project Specialist
- KayLynn Bergland, Administrative Assistant
The Flex Grant Program Supports ND CAHs

- Provides resources to strengthen rural healthcare
- Assists CAHs and their communities to have access to quality care
- Assists CAHs to improve quality and performance
Flex Priority Focus Areas
2019-2020

Quality Improvement
Financial Operational Performance
Population Health Management & Emergency Medical Services Integration

Flex Funded ND CAH Quality Network

Network Established 2007
36 CAH Strong!
Voice for ND CAHs
Relationship Building Between CAHs and Tertiaries

Support CMS Conditions of Participation
Support CAH Needs
Participate with ED CAHPS and HCAHPS Collaborative
Participate with QHA and HAI

Webpage
www.ruralhealth.und.edu/projects/cahquality
List Serve
Virtual Library
ND Flex Program Pilot Projects

- **Rural Community-Based Palliative Care Project**, ends 2020, (8 CAH/Rural Communities- Bowman, Cavalier, Harvey, Hazen, Hettinger, McVille, Tioga & Watford City)
- **Emergency Department Patient Experience (EDCAHPS)** Pilot with Illinois CAH Network (5 ND CAHs Bottineau, Harvey, Northwood, Cavalier & Grafton)

ND Flex Program Planned Quality Improvement Activity 2019-2020

- MBQIP- Medicare Beneficiary Quality Improvement Program
- Focus on Care Coordination – RHC & CAH training planned
- CoP Webinars with Sue Dill-Calloway focus on new updates to Appendix W for CAHs
- CHNA training and technical assistance to implement needs identified
- Swing Bed discharge pilot with ICAHN (reporting swingbed data access to online dashboard)
Federal Office of Rural Health Policy (FORHP) Attention Toward Quality Improvement

Medicare Beneficiary Quality Improvement Program (MBQIP) participation is required to be eligible to participate in Flex activities and receive funds i.e.,

- Technical Assistance
- Education
- Site visits
- SHIP funds

Medicare Beneficiary Quality Improvement Project (MBQIP) Focus

Quality Domains

1. Patient Safety
2. Patient Engagement
3. Care Transitions
4. Outpatient
### MBQIP Activity 2018-2019

**Medicare Beneficiary Quality Improvement Program (MBQIP) Activity**

**2018 – 2019**

<table>
<thead>
<tr>
<th>Patient Safety/Inpatient</th>
<th>Patient Engagement</th>
<th>Care Transitions</th>
<th>Outpatient</th>
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<tbody>
<tr>
<td><strong>Core MBQIP Measures</strong></td>
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<tr>
<td>OP-27: Influenza Vaccination Coverage Among Healthcare Personnel (HCP) (Facilities report a single value for inpatient and outpatient settings)</td>
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<tr>
<td>Antibiotic Stewardship: Measured via Center for Disease Control and Prevention National Healthcare Safety Network (CDC NHSN) Annual Facility Survey</td>
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<td>OP-9: Healthcare Provider and System (HPS) Call Centers</td>
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<td>PC: Patient perspective on care and patient safety items that encompass nine key topics</td>
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<td>Communication with Patients</td>
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<td>Responsiveness of Hospital Staff</td>
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<td>Pain Management</td>
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<td>Communication about Medications</td>
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<td>Discharge Information</td>
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<td>Cleanliness of the Healthcare Environment</td>
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<td>Quietness of the Healthcare Environment</td>
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<td>Transition of Care</td>
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<td>The survey also includes four open-ended questions and seven demographic items. The survey is 52 questions in length</td>
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<th><strong>Element 1: Leadership</strong></th>
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<td>82%</td>
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<th><strong>Element 2: Accountability</strong></th>
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<th><strong>Element 4: Action</strong></th>
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<th><strong>Element 5: Tracking</strong></th>
<th><strong># CAHs with MBQIP MOU Submitting Data</strong></th>
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<th><strong>Element 6: Reporting</strong></th>
<th><strong># CAHs with MBQIP MOU Submitting Data</strong></th>
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<th><strong>Element 7: Education</strong></th>
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### Patient Safety

**Antibiotic Stewardship Tracking**

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<th>NHSN Patient Safety Component: Annual Facility Survey - 2017</th>
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<tr>
<td><strong>ND CAH Percentage for 2017</strong></td>
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Patient Safety
Antibiotic Stewardship Core Element “Tracking”

Consider: Does your facility have... and do you monitor?
- Specific treatment recommendations based on national guidelines and local susceptibility to assist with antibiotic selection for common clinical conditions?
- A policy that requires prescribers to document an indication for all antibiotics
- Monitor antibiotic use (consumption) facility wide?

Patient Safety
OP-27 Name Change to HCP/IMM3

- Influenza Vaccination Coverage Among Healthcare Personnel formerly known as OP-27 is now called HCP/IMM3
- No difference in how you collect and report data
- Report to NHSN by May 15, 2019
**Patient Engagement**
Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)

- Webinar series offered on Network webpage [https://ruralhealth.und.edu/projects/flex/mbgip/hcahps](https://ruralhealth.und.edu/projects/flex/mbgip/hcahps)
- Reminder to communicate timely with vendor to ensure your data makes it into the CMS data warehouse
- CMS No longer reporting pain management composite 4 measure FY18

**Patient Engagement**
ND HCAHPS 3Q2017-2Q2018

- Thirty one CAHs data showing
- Two Lowest scoring HCAHPS measures:
  - Composite 5 – *Communication about medicines* with 67% reporting “Always”
  - Composite 7 – *Care transition* with 58% reporting “Strongly Agree”
HCAHPS Webinar Series

Everyone's a Caregiver Mastery Frontline Series - HCAHPS Skills for Everyone™ and HCAHPS Nursing Skills™

The series is free to ND CAHs, in association with the Illinois Critical Access Hospital Network (ICAHN). The content is designed to educate, engage, and empower everyone to provide a compassionate patient experience.

All webinars are Thursday of each month at 12:00 pm Central and go through December 2019.

If you miss a scheduled webinar, you can access the videos for only two weeks following the premier of that webinar.

For more information and a list of the upcoming dates visit our webpage at: https://ruralhealth.und.edu/projects/flex/mbqip/hcahps

Care Transitions

Emergency Department Transfer Communication (EDTC)
Performance Period: 4Q2018
Top Performers
Performance Period: 4Q2018

Saakawea Medical Center 100.00%
St. Luke's Medical Center 100.00%
Towner County Medical Center 100.00%
Mercy Hospital of Valley City 100.00%
St. Luke's Medical Center 100.00%
Mercy Medical Center - Williston 100.00%
St. Andrew's Health Center 100.00%
Cavalier County Memorial Hospital 100.00%
North Dakota Deaconess Health Center 100.00%
Witzek Hospital Clinic Association 100.00%

Lowest Performing Measure
Performance Period: 3Q2017 - 4Q2018

EDTC-6-1 95.58% 2017 Q3
EDTC-6-2 97.08% 2018 Q1
EDTC-6-3 97.58% 2017 Q4
EDTC-6-4 98.21% 2018 Q2
EDTC-6-5 97.93% 2018 Q3
EDTC-6-6 93.51% 2018 Q4
Nurse Generated Information
Oral Restrictions

Does the medical record documentation indicate information was sent regarding any oral restrictions placed on the patient?

• **Yes** - Select this option if there is documentation that oral restriction were placed and information was sent to the receiving facility.

• **No** - Select this option if there is documentation that oral restrictions were placed and information was not sent to the receiving facility.

• **Not Applicable** - Select this option if no oral restrictions were placed.

Questions?

Jonathan Gardner
Network Administrator
jgardner@qualityhealthnd.org
(701) 989-6237
Outpatient
AMI and Chest Pain
OP-2, OP-3, OP-5

- OP-2 – Fibrinolytic Therapy received within 30 min. of ED arrival
- OP-3 – Median time to transfer to another facility for Acute Coronary Intervention
- OP-5 – Median Time to ECG

High CAH Performers
Outpatient (OP-2, OP-3, OP-5)

OP-2
Southwest Healthcare Services-Bowman
Jamestown Regional Medical Center
CHI St. Alexius Health Dickinson

OP-5
Nelson County Health System 2 minutes
CHI Mercy Health Valley City 6 minutes
Jamestown Regional Medical Center 6 minutes

These three have median times under the national average of 8 minutes
**Outpatient**

**ND ED Throughput 2Q2018**

OP-18 Medium Time from ED Arrival to ED Departure for Discharged ED Patients

- State performance median time is 88 minutes based on 1,411 patients
- 23 CAHs submitted data (*missing 13 CAHs*)
- ND 90th percentile is at 65 minutes
- National 90th percentile is 77 minutes
Upcoming 2019 MBQIP Data Reporting Submission Deadlines

- **April 30**- Emergency Department Transfer Communication (EDTC) (REDCap)
- **May 1**- Outpatient Measures
- **May 1**- Population and sampling
- **May 15**- HCP/IMM3 Influenza Vaccination (CDC NHSN)
- **May 15**- Inpatient Measures (4Q18 is last quarter to report)

Upcoming Webinar Series CAH regulations CoP

*Presented by Sue Dill Calloway*

**May 21** – CMS Infection Control Worksheet, 9:30am- 11:30am CT

**May 29** – CMS New CAH Swing Bed Regulations and Changes, 9:30am- 11:30am CT

**June 4** – OCR 1557; New law Every CAH Should Know; Signs, Grievances, Interpreters, Non-discrimination and more! 9:30am- 11:30am CT
National Rural Health Day November 21, 2019, “Power of Rural”

- Join the movement!
- Celebrate National Rural Health Day!
- [www.PowerofRural.org](http://www.PowerofRural.org) Ideas on how to celebrate in your community
- Templates, Ideas, Key Messages- toolkit online

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