ND CAH Pre-Conference
Dakota Conference
June 5, 2013

ND Flex Program/CAH Quality Network

Jody Ward, RN, MS, APHN
Deb Fossum, MPH, RD, LRD

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

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

ruralhealth.und.edu
ND Medicare Rural Hospital Flexibility (Flex) Program Driving CAH Quality, Finance and Community Engagement

Three Priority Focus Areas

- Financial / Operational Performance
- Quality Improvement (and Assurance)
- Health System Collaboration Community Engagement

Network Funding Sources
September 1, 2013 - August 31, 2014

- ND Flex Program- $398,000
- NDDoH State Stroke Program(2013)- $51,000
Flex Program Directive

Support efforts to improve and sustain the quality of care provided by CAHs to ensure that rural citizens receive high-quality, appropriate care in their communities.

Flex Support to CAH Quality

1. Assist CAHs with data collection issues, questions, and concerns with hospital reporting- MBQIP (Medicare Beneficiary Quality Improvement Project) inpatient, outpatient and HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) data

2. Share best practices implementing evidence-based protocols for common topics (Virtual Library, regional meetings, newsletters, webinars)

3. Participation in national QI training or capacity building programs (National organizations, National partnership calls)
Flex Support to CAH Quality (continued)

1. Collaborate with Regional Extension Assistance Center for Health Information Technology (HIT)

2. Support Healthcare Safety Zone Portal (HCSZ- event reporting tool)

3. Support state work with QIO Health Exchange Network (HEN)- Partnership for Patients (HCSZ- technical assistance calls)

Flex Support for Financial and Operational Improvement

1. Partner with NDHA to offer technical assistance on targeted areas of high financial risk

2. Provide sharing of best practices opportunities for CAHs to learn from one another

3. Support CAHs in need of financial consultation. Opportunity to apply for comprehensive revenue cycle analysis (includes charge master review for eligible CAHs)

4. Host CEO, CFO or financial manager meetings to discuss common issues

5. Sponsor financial workshops to improve financial performance (Lean process improvement training)
Flex Support for Health Systems Development & Community Engagement

1. Support the inclusion of EMS into local and regional trauma systems of care
   - State trauma and EVENT data collection systems
   - Participate in state ND EMS Advisory Committee meetings

2. Provide funding for EMS leadership and management training

3. Promote regional ambulance services and CAH community meetings (hosted by EMS)

Flex Support for Health Systems Development & Community Engagement (continued)

4. Participate in CAH and EMS community paramedicine model

5. Promote Community Health Needs Assessments (CHNA)-resources available on Flex web page http://ruralhealth.und.edu/projects/flex/rhta/assessments.php

6. CHNA- support CAHs in developing a strategic implementation plan

7. Offer competitive RFP funding for CAHs to implement a community project related to a need identified through CHNA
Flex Program Support to ND CAH MBQIP Activity

Medicare Beneficiary Quality Improvement Project

- 92% of the 1331 CAHs nationwide are participating

- ND is 1 of 23 states with 100% CAH participation

- Focus: Reporting, analyzing, improving care

- Rural appropriate measures: inpatient, outpatient, and HCAHPS phased approach from 2011-2015

- Phase 3 begins August 2013

Integration of MBQIP

ND CAHs (100% participation)

- ND collaboration (Flex, ND CAH Quality Network, ND Hospital Association and state QIO)
- Individual Site Visits (in person and video conference to all 36 ND CAHs)
- HCAHPS - Affordable vendor option
- Lessons learned from our efforts (sharing nationally)
- Resources built for ND CAHs
  - QIO and ND CAH Quality Network Collaborative Roles
  - Quality Measures Crosswalk

Center for Rural Health
The University of North Dakota
School of Medicine & Rural Health
MBQIP Technical Assistance Support

The Quality Measures Crosswalk

North Dakota Critical Access Hospital (CAH) Quality Data Collection Projects

Crossover Between Quality Measures

<table>
<thead>
<tr>
<th>MEASURE</th>
<th>CMQIP Inpatient</th>
<th>CMQIP Outpatient</th>
<th>MBQIP</th>
<th>NCQA/CAHPS</th>
<th>HCUPAP</th>
<th>Other Studies</th>
<th>Meaningful Use CMQIP* (2011-2013)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HF-1: Discharge instructions</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HF-2: Evaluation of LIP function</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HF-3: AEC or AMI for LVD</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHA: Blood cultures performed in the emergency department (BS) prior to other notifications received in hospital</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHA: Inpatient medications or 48-hour posthospital mortality (ICP) recommended</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHA: Inpatient medications administered at 48-hour posthospital mortality (ICP) recommended</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHA: Intravenous fluids administered at 48-hour posthospital mortality (ICP) recommended</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHA: Intravenous fluids administered at 48-hour posthospital mortality (ICP) recommended</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ruralhealth.und.edu/cahquality • 701.777.3848
Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)

- ND HCAHPS 100% participation
- HCAHPS Purchasing
  - The ND Hospital Association (NDHA) (through a Flex subcontract) pays the vendor (Rural Comprehensive Care Network - RCCN) for all 25 CAHs using RCCN
- CHI Facilities (7) & other CAHs (4) using different vendor
- Quarterly Reports
  - Receive from RCCN - including other vendors
- Develop education opportunities based on data

MBQIP Phase 3 begins September 2013

- Pharmacist order and verification of medication orders within 24 hours
  - **Numerator:** Number of electronically entered medication orders for an inpatient admitted to a CAH (acute or swing bed), verified by a pharmacist or directly entered by a pharmacist within 24 hours
  - **Denominator:** Total number of electronically entered medication orders for an inpatient admitted to CAH (acute or swing bed) during the reporting period
- Outpatient Emergency Department Transfer Communication (7 Elements)
  - Pre-transfer communication information
  - Patient identification
  - Vital signs
  - Medication-related Information
  - Practitioner generated information
  - Nurse generated information
  - Procedures and tests
Continued Focus on Quality - SHIP

Small Rural Hospital Improvement Program (2013-2016)

The national healthcare environment is rapidly changing, and SHIP is adjusting to enable small hospitals to meet Affordable Care Act objectives.

Focus is to complement the Flex Program
• Supporting MBQIP activities
  • Data submission
  • HCAHPS
• Supporting ICD-10 activities

ND CAH Quality Network
Established in 2008

• 100% CAH Participation
• Executive Committee Members (8 CAHs)
• Advisory Committee Members
• Staff at the North Dakota Center for Rural Health
ND CAH Quality Network

The mission of the Network is to support ongoing performance improvement of North Dakota’s Critical Access Hospitals

- Virtual Library of Shared Tools
- Conditions of Participation
- Credentialing
- DON Mentorship Program
- Quarterly Newsletter
- CAH Event Reporting
- State Stroke Program
- Medicare Beneficiary Quality Improvement Program

Maintaining Regional Meetings and Relationships

- Set meeting dates in advance
- Ensure all voices are heard
- Travel vs. video conference
- Awareness of closing communication gaps
Regional Success Stories

- Stroke Systems of Care
- STEMI
- ND Uniform Credentialing Application
Questions?

Contact us for more information!

Jody Ward, RN, MS, APHN
Flex Coordinator
University of North Dakota
Center for Rural Health
jody.ward@med.und.edu

Deb Fossum, MPH, RD, LRD
ND CAH Quality Network Coordinator
University of North Dakota
Center for Rural Health
debra.fossum@med.und.edu
Financial & Operational Improvement
Federal and State Legislative Update

• Tim Blasl, Vice President of the North Dakota Hospital Association

Building Healthier Communities

• Brad Gibbens, MPA, Deputy Director, Center for Rural Health
Top Survey Deficiencies

- Bridget Weidner, Program Manager, Division of Health Facilities, North Dakota Department of Health

2013 North Dakota CAH Quality Network Annual Meeting

Doris Vigen, DON, Sanford Mayville
(Network Chair)
Network Executive Committee

Doris Vigen (Chair)
Coleen Bomber (Vice Chair)
Louise Dryburgh (Park River)
Candie Thompson (Harvey)
Jodi Atkinson (Bottineau)
Elnora Hokana (Oakes)
Dana Andress (Hettinger)
Shawn Smothers (Kenmare)

Executive Committee Terms of Office

- All positions currently filled
- Committee meets monthly
- Committee is a voice for statewide CAH activity on their behalf
- Executive Committee members attend national meetings
- Network annual meeting once-a-year