Keeping Up with CAH QA and QI

April 18 & 19, 2012

Jody Ward, RN, BSN
ND CAH Quality Network Coordinator

ND CAH Quality Network Mission

To support ongoing performance improvement of North Dakota’s Critical Access Hospitals
Network Goals

- Support Quality Improvement Activities
- Support with Conditions of Participation
- Manage the Quality Network

Goal 1
Support Quality Improvement Activities

- Maintain Network’s Listserv
- Virtual Library
- Individual Technical Assistance
- Coordinate Educational Opportunities
- Coordinate Regional CAH & Tertiary Meetings
- Use Data to Drive Quality of Patient Care
Goal 2
Support with Conditions of Participation

- CAH to CAH Sharing of State Survey Results
- Issue Top 10 CAH Deficiencies Checklist
- Weekly Monitoring of CMS Regulations
- Work Collaboratively with NDDoH
- Network Webpage Resources

Goal 2
Manage the Quality Network

- Manage Budget (staffing, reporting and funding)
- Coordinators serves as liaison with partners and stakeholders (NDDoH, QIO, NDHA, other)
- Executive and Advisory Committee Meetings
April 18, 2012 Presenters

**Bridget Weidner**, BS – Program Manager, Division of Health Facilities, North Dakota Department of Health,

*ND Critical Access Hospital Update*
- ND CAH Deficiencies
- Importance of a Plan of Correction
- Recent CAH Hot Topics

**Cathy Swenson**, CEO, Nelson County Health System

*The CAH Plan of Correction – Getting it Right the First Time!*
- Elements in a Plan of Correction (POC)

**Vicki Hanson**, Program Supervisor, Sanford Workplace Drug Analysis

*Fargo Drug and Alcohol Awareness in the Workplace*
Keeping Up with CAH QA and QI

April 19, 2012

Jody Ward, RN, BSN
ND CAH Quality Network Coordinator

April 19, CAH Education

Benchmarking Data
Event Reporting
Process Mapping
MBQIP Data
Root Cause Analysis
April 19, 2012 Presenters

• Jean Roland, RN, BSN – NDHCRI Quality Improvement Specialist
  – *Keeping up with the Data*
• Bev Ranstrom, RHIA, CPHQ – Quality Improvement Consultant
  – *Root Cause Analysis (RCA), The Source to Understanding*
  – *Process Mapping, This Road Leads the Way*
• CAH Presenters from
  – Northwood, Carrington, Valley City, Mayville and Hettinger

Medicare Beneficiary Quality Improvement Project (MBQIP) Overview

– Outreach (36 CAH Visits)
– Partnership (Flex, Network, QIO)
– 100% ND 36 CAH Participation
  • (Signed MOUs)
Hospital Compare

• MBQIP Goal to Increase CAH Reporting to CMS Hospital Compare
  • 33/36 (91.2%) CAHs Inpatient Pledge
    • 23 prior to visits
  • 35/36 (97.2%) CAHs Outpatient Pledge
    • 8 prior to visits

MBQIP 5 Year, 3 Phase Approach

• Phase 1 (Sept. 2011- Aug. 2012)
  — Inpatient CMS Core Measures PNE and HF
• Phase 2 (Sept. 2012- Aug. 2013)
  — Outpatient ED, AMI, CP and HCAHPS
• Phase 3 (Sept. 2013- Aug. 2014)
  — Pharmacist CPOE/ Verification of Medication Orders within 24 hours and OP ED Transfer Communication
• Year 5 (2014-2015)
  — Hospitals continue reporting on all phases
MBQIP Inpatient Measures

**Pneumonia**

CMS Hospital Compare Core Measure (participate in all sub-measures)

- PN-3b: Blood Cultures Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital
- PN-6b2: Initial Antibiotic Selection for CAP in Immunocompetent Patient

**Congestive Heart Failure**

CMS Hospital Compare Core Measure (participate in all sub-measures)

- HF-1: Discharge Instructions
- HF-2: Evaluation of LVS Function
- HF-3: ACEI or ARB for LVSD
MBQIP Outpatient Measures
Outpatient 1-7
Hospital Compare CMS Measures

• OP-1: Median Time to Fibrinolysis in the Emergency Department
• OP-2: Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival in the Emergency Department
• OP-3: Median Time to Transfer to another Facility for Acute Coronary Intervention in the Emergency Department
• OP-4: Aspirin at Arrival in the Emergency Department
• OP-5: Median Time to ECG in the Emergency Department
• OP-6: Timing of Antibiotic Prophylaxis (Prophylactic Antibiotic Initiated Within One Hour Prior to Surgical Incision) in Surgery
• OP-7: Prophylactic Antibiotic Selection for Surgical Patients in Surgery

MBQIP Timeline
Technical Support

<table>
<thead>
<tr>
<th>2012 Month</th>
<th>Mode</th>
<th>Topic</th>
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<tbody>
<tr>
<td>April</td>
<td>In-Person Meeting Jamestown, ND</td>
<td>MBQIP meeting sharing best practices inpatient and outpatient</td>
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<tr>
<td>May</td>
<td>Conference call</td>
<td>Discussion with top three lowest performers on inpatient measures</td>
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<tr>
<td>June</td>
<td>Conference call</td>
<td>Support for frequently missed abstraction inpatient and outpatient measures</td>
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<tr>
<td>July</td>
<td>Conference call</td>
<td>Discussion with all participants reviewing individual, state and National MBQIP performance</td>
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<tr>
<td>August</td>
<td>Conference call</td>
<td>Discussion with top three highest performers on outpatient measures</td>
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ND Critical Access Hospitals
Sharing Tools and Processes

Coleen Bomber
Dept. Manager Clinical Support Service
Northwood Deaconess Health Center
Northwood, ND
Northwood Deaconess Health Center
Quality Pneumonia Care
4th Quarter 2010-3rd Quarter 2011

• Sustained Quality Process of Care at 100% for 4 Quarters! (bundle of care)
• MBQIP Measures
  – PN-3b: Blood Cultures Performed in the ED Prior to Initial Antibiotic Received in Hospital
  – PN-6b2: Initial Antibiotic Selection for CAP in Immunocompetent Patient
• How We Moved from 0-100%
• Strategies for Sustainability

Dana Andress
Quality Improvement Manager
West River Health Services
Hettinger, ND
West River Health Services
Quality Heart Failure Care
4th Quarter 2010-3rd Quarter 2011

• Sustained Quality Process of Care at 100% for 4 Quarters! (bundle of care)

• MBQIP Measures
  – HF-1: Discharge Instructions
  – HF-2: Evaluation of LVS Function
  – HF-3: ACEI or ARB for LVSD

• How We Moved From 0-100%

• Strategies for Sustainability

HF Panel Discussion

Chris Schroeder, CNO,
Carrington Health Center

Sandy Mulvaney, Quality/Risk Manager
Mercy Hospital of Valley City

Doris Vigen, DON, Sanford Mayville
Heart Failure Measure 1 (HF-1)  
4th Quarter 2010-3rd Quarter 2011

• Sustained Quality of Care at 100% for 4 Quarters!
• MBQIP measures
  – HF-1: Discharge Instructions
  – HF-2: Evaluation of LVS Function
  – HF-3: ACEI or ARB for LVSD
• How we moved from 0-100%
• Strategies for sustainability
• Ask us Questions!

Thank You!

• Power Points and Handouts Will be Made Available on the Network’s Webpage
  http://ruralhealth.und.edu/projects/cahquality/

Jody Ward RN, BSN
ND CAH Quality Network Coordinator
Center for Rural Health
Jody.ward@med.und.edu