Federal Flex Project
The Medicare Beneficiary Quality Improvement Project (MBQIP)

Goal
For critical access hospitals (nation-wide) to implement quality improvement initiatives to improve their patient care and operations.

Background
The passage of meaningful use requirements and the Affordable Care Act heightened national attention on quality activities and reporting. In the environment of meaningful use, pay for performance, bundled payments, and accountable care organizations (ACO), CAHs may increasingly be compared with their urban counterparts to ensure public confidence in the quality of their health services.

This initiative takes a proactive and visionary approach to ensure CAHs are well-equipped and prepared to meet future quality requirements. Additionally, MBQIP fulfills the Flex grant Quality Improvement objectives regarding Hospital Compare reporting, and supporting participation in various multi-hospital quality improvement initiatives.

This project emphasizes putting patients first by focusing on improving health care services, processes and administration.

Partner Responsibilities through MBQIP

The North Dakota Flex Program will:
• Support CAHs with technical assistance to improve health care outcomes on Hospital Compare and other national benchmarks.
• Assist CAHs in accessing needed technical assistance around data collection and reporting.
• Assist CAHs in analyzing their own and comparative data via Hospital Compare.
• Work collaboratively with the North Dakota CAH Quality Network, North Dakota Healthcare Review, Inc. and others to assist CAHs with quality improvement.

CAH name will:
• Report on a specific set of annual measures and engage in quality improvement projects to benefit patient care.
• Collect and submit the measures to Hospital Compare.
• Determine appropriate staff to coordinate the project.
• Engage in quality improvement trainings.
• Implement quality improvement activities.
Project Timeline

<table>
<thead>
<tr>
<th>Project Period Years (September – August)</th>
<th>Measures</th>
<th>Activities</th>
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<tr>
<td>Year 1: 2010-2011</td>
<td>By September 1, hospitals have begun reporting on <strong>Phase 1</strong> measures</td>
<td>Flex program education and planning</td>
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<td><strong>Phase 1 Measures</strong>*</td>
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<td></td>
<td>• Pneumonia: Hospital Compare CMS Core Measure (participate in all sub-measures); <strong>AND</strong></td>
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<td>• Congestive Heart Failure: Hospital Compare CMS Core Measure (participate in all sub-measures)</td>
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<td>Year 2: 2011-2012</td>
<td>By September 1, hospitals have begun reporting on <strong>Phase 2</strong> measures</td>
<td>Plan for QI activities and assist with TA around data collection and analysis.</td>
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<td><strong>Phase 2 Measures</strong></td>
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<td>• Outpatient 1-7: Hospital Compare CMS Measure (all sub-measures that apply); <strong>AND</strong></td>
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<td>• Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)</td>
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<td>Year 3: 2012-2013</td>
<td>By September 1, hospitals have begun reporting on <strong>Phase 3</strong> measures</td>
<td>In 2013, annual benchmarking data will be available from Phase 1. Plan QI activities and TA for Phases 1 and 2.</td>
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<td><strong>Phase 3 Measures</strong></td>
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<td>• Outpatient Emergency Department Transfer Communication</td>
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<td>Year 4: 2013-2014</td>
<td>By September 1, hospitals have begun reporting on <strong>Phase 3</strong> measures</td>
<td>In 2014, annual benchmarking data will be available from Phases 1 and 2. Plan QI activities and TA for Phases 1 (if necessary), 2 and 3.</td>
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<td>Year 5: 2014-2015</td>
<td>Hospitals continue reporting on all Phases.</td>
<td>In 2015, annual benchmarking data will be available from Phases 1, 2 and 3. Plan QI activities and TA for Phases 1 (if necessary), 2 and 3.</td>
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*Measures (see Appendix A for measure definitions)

**Project Period**

This MOU is effective on the date the agreement is signed by both parties.

The parties agree to review jointly the terms and conditions at least annually to determine if expectations are met and the hospital will begin the collection on the next phase of measures.

**Data Use**

__ By checking here, the provider hereby confirms its written consent as required by 42 CFR section 480.140(d) to the release of the confidential Quality Review Study information for purposes as outlined below:

- The data from measures for Phase 1 and 2 project submitted by the hospital into Hospital Compare will be provided to the Federal Office of Rural Health Policy, or designated entity, who will analyze the data.
- Beneficiary level data will not be accessed.
- Hospital level data will be analyzed and reported to the ND Flex Program for comparison among hospitals within the state.
Duration of Agreement
The project period for this agreement is effective from the date signed and terminates on August 31, 2015. Activities may be added to this agreement through modifications. Affected parties must agree to any modification or amendment of the agreement in writing. Any party may terminate their participation in this agreement for a cause by giving the other party 30 days written notice.

Contact Information
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marlene.miller@med.und.edu

Hospital Quality Improvement Coordinator (or main point of contact for MBQIP):
insert contact information

Signatures

__________________________________________
Appropriate Official at the State  Date
Marlene Miller, North Dakota Flex Director

__________________________________________
Hospital CEO or designate  Date
Appendix A: Measure Definitions

Phase One Measures (September 1, 2011 – August 31, 2012)

Pneumonia: CMS Hospital Compare Core Measure (participate in all sub-measures);
- PN-2: Pneumococcal Vaccination
- PN-3b: Blood Cultures Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital
- PN-4: Adult Smoking Cessation Advice/Counseling
- PN-5c: Initial Antibiotic Received Within 6 Hours of Hospital Arrival
- PN-62: Initial Antibiotic Selection for CAP in Immunocompetent Patient
- PN-7: Influenza Vaccination

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
- HF-4: Adult Smoking Cessation Advice/Counseling

Phase 2 Measures (September 1, 2012 – August 31, 2013)

Outpatient 1-7: Hospital Compare CMS Measure (all sub-measures that apply);
- 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

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)

Phase 3 Measures (September 1, 2013 – August 31, 2014)

Pharmacist CPOE/Verification of Medication Orders Within 24 Hours
Numerator: Number of patients whose medication orders are directly entered (CPOE) or verified by a pharmacist within 24 hours.
Denominator: Number of patients with at least one medication in their medication list (entered using CPOE) admitted to a CAH’s inpatient or emergency department during the reporting period.

Outpatient Emergency Department Transfer Communication (Seven Elements)
- Pre-Transfer Communication Information
- Patient Identification
- Vital Signs
- Medication-related Information
- Practitioner generated information
- Nurse generated information
- Procedures and tests