Critical Access Hospital Quality Improvement Project:
Ensuring Excellence for Every Patient

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The Centers for Medicare & Medicaid Services (CMS) is moving rapidly toward a pay-for-performance system. In 2003, Congress took the first step toward this goal by passing the Medicare Modernization Act, which required hospitals that receive Medicare funds through the Prospective Payment System (PPS) to submit quality data to a central data repository. Hospitals that choose not to submit these data receive a reduction in their Annual Payment Update (APU). While critical access hospitals (CAHs) do not receive PPS payments and, therefore, are not required to submit data under this law, it is likely that CMS's efforts to increase the effectiveness of the Medicare program will bring similar scrutiny to the Flex Program that supports CAHs. The development of a specific set of quality measures for CAHs and the new emphasis on work with rural and critical access hospitals for federally designated Quality Improvement Organizations (QIOs) are evidence of this growing demand for accountability.

A new quality improvement project will help Critical Access Hospitals prepare for the increasing demand for healthcare quality data. The project is sponsored by the North Carolina Rural Health Center at the North Carolina Hospital Association, the North Carolina Office of Rural Health, and Medical Review of North Carolina, Inc. (the Quality Improvement Organization for the state of North Carolina). The goal is to assist Critical Access Hospitals in collecting valid data for measures that are meaningful to them, and to use the data to guide process changes that result in improved quality of care. The program, which will begin March 1, 2005, will be conducted in two phases: Data Submission and Process Improvement.

DATA SUBMISSION

Before a hospital can begin improving its system for providing care, hospital leaders and staff must first evaluate the effective-ness of the current system. Clinical data collection from patient charts is the best way to determine quality, as indicated by performance on key aspects of care. By submitting data to the QIO Clinical Warehouse, a hospital receives the added benefit of comparison data and additional analyses provided by MRNC for more meaningful information. Please see specific information and timeline below.

1. **Measures:** If you are not already collecting data, MRNC suggests starting to collect pneumonia and heart failure data first and adding additional measures appropriate for your hospital later. Measures related to patient safety/medication safety will be developed in the future.

- **Heart Failure Measures:**
  Discharge Instructions
  LVF Assessment
  ACE-I or ARB at d/c for LVSD
  Smoking Cessation Advice

- **Pneumonia Measures:**
  O_2 Assessment
  Pneumococcal Vaccination
  Blood Cultures within 24 Hours of
     Arrival
  Blood Cultures Performed before
     First Antibiotic
  Smoking Cessation Advice
  Initial Antibiotic w/in 4 Hours of
     Arrival Time
  Antibiotic Selection
  Influenza Vaccination

- **AMI Measures:**
  Aspirin at Arrival
  Smoking Cessation Counseling
  Beta Blocker at Arrival

- **Appropriateness of Care:**
  In addition to the individual measures for each clinical topic, MRNC will provide participating hospitals with an aggregate score for each of the clinical topics based on patient level performance for each measure. This approach will provide more meaningful information to hospitals with small numbers of discharges.

2. **QNE access:** Hospitals must have at least one QnetExchange Administrator (MRNC recommends having at least 2) who will be responsible for accessing and uploading data to the QIO Clinical Warehouse. QNE is a website that is the only secure, HIPAA compliant method for transmitting data.
   - MRNC will forward forms via email to all CAHs currently without access.
   - Registration requires notarized signature.
   - Hospital administrator must complete Administrator Authorization Form for security purposes.
   - Send original forms to MRNC at the address on the form.
   - Sign up for auto-notification lists at **www.qnetexchange.org**.

3. **Collection of data:** Hospitals may use a JCAHO ORYX™ vendor or free software developed by CMS (CMS Abstraction and Reporting Tool, or CART) for data collection and submission.
   - MRNC will provide CART training.
   - Recorded training sessions available at **www.ifmcevents.webex.com** under 'Recorded Events'.
   - Abstraction guidelines available on **www.qnetexchange.org**.
   - MRNC will provide abstraction training.

4. **Feedback reports**
   - MRNC analysts will develop feedback report.
   - Report will be provided to hospitals quarterly.
   - Comparison data obtained through partnerships with other QIOs will be provided to participating hospitals.

PROCESS IMPROVEMENT

Once a hospital has determined its current performance on specific measures of care and decided which area(s) to improve first, changes must be made to the current process to produce different results. Not every change is an improvement, but every improvement requires a change; therefore, a critical assessment of every step in the process of providing care is essential. This thorough assessment provides vital information to guide decisions about which changes to the process might produce better results. There are various methods for approaching quality improvement. This program will provide participating hospitals with the following support and resources necessary to use quality data most effectively to drive improvement.

1. **Training sessions on QI methods and models**
   - In-person trainings.
   - Web-ex/teleconference or video conference trainings.

2. **Collaborative opportunities**
   - Via in-person meetings, email, conference calls.
   - Sharing of successes and lessons learned.

- Input on barriers faced.
- Efficient use of limited resources.

3. Consultation from QIO
- Special assistance for specific problems.

- Availability of physician clinical coordinator to discuss clinical issues with hospital physicians and staff.
- Tools and resources to support your efforts.

Preliminary Timeline of Program

Program Element	Due Date
Commitment to participate	3/16/05
Training for CART software and chart abstraction via conference call	3/16/05 at noon
Applications for QNE access due	4/15/05
First data submission due (for Q1 05 discharges)	6/1/05
First feedback report sent to hospitals	7/30/05
Training sessions on QI methods and models	July/August 2005
Collaborative opportunities	Ongoing from August 2005
Consultation from QIO	Ongoing

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Please visit the Hospital Quality Initiative section at **www.mrnc.org.**