UND Center for Rural Health School of Medicine and Health Sciences, ND Medicare Rural Hospital Flexibility Program (Flex) & ND Critical Access Hospital Quality Network

Flex Reverse Visit, Bethesda MD, July, 2017
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
Medicare Rural Hospital Flexibility Program (Flex)
ND Medicare Rural Hospital Flexibility (Flex) 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
ND CAH Quality Network Executive Committee

President Marcie Schulz – Hazen
VP Coleen Bomber – Northwood
Doris Vigen – Mayville
Jodi Atkinson – Bottineau
Peggy Larson – Lisbon
Candie Thompson – Harvey
Camille Settelmeyer – Valley City
Ben Bucher – Cando
Chris Wyatt – Langdon

Network’s Mission: To support ongoing performance improvement of North Dakota’s Critical Access Hospitals
ND CAH Quality Network Stakeholder Committee

• Center for Rural Health
• Quality Health Associates
• Blue Cross Blue Shield of ND
• ND Hospital Association
• ND Department of Health-Health Resources
• ND Department of Health-Health Facilities
• ND Department of Health-EMS & Trauma

• ND Department of Health-Hospital Preparedness
• ND Department of Health-Stroke & Cardiac
• ND Health Information Network
ND CAH Quality Network

Network Established 2007

Support CMS Conditions of Participation

36 CAH Strong!

Support CAH Needs

Voice for ND CAHs

Participate with ED CAHPS and HCAHPS Collaborative

Relationship Building Between CAHs and Tertiaries

Participate with ND Stroke and Cardiac Task Forces

List Serve

Virtual Library

DON Quarterly Networking Meetings
ND Critical Access Hospital
Quality Network and MBQIP CAH Orientation
Flex Three Priority Focus Areas 2017-2018

- Quality Improvement
- Financial Operational Performance
- Population Health Management & Emergency Medical Services Integration
Technical Assistance for ND CAHs and MBQIP Orientation

- Staff turnover tracking - UND Center for Rural Health database (email lists - CEO, CFO, DON, QI)
- Returned email trigger, notified by CAH, notified by other CRH programs
- New staff (DON, QI) triggers a visit or orientation by webinar
- New CEO triggers a team visit (SORH, Flex, Workforce)
CAH Visit - Folder of things to bring with

- Printout of Presentation
- MBQIP Activity Sheet
- MBQIP Data Reporting Reminder handout
- EDTC REDCap Portal Registration Steps
- EDTC Specifications Manual
- NHSN Registration Steps
- MBQIP Reporting Guide
- MBQIP Telligen for individual CAH
- Live Demo QualityNet.org
- Live Demo CAH Quality Network
MBQIP Activity 2016-2018

MBQIP Measure Definitions for Quality Improvement
September 1, 2015 – August 31, 2018

Outpatient Measures (Patient Safety, Care Transitions and Outpatient AMI & Chest Pain)

- (Patient Safety) Influenza Vaccination Coverage Among Healthcare Professionals
  OP-27: Facilities report a single rate for their CAH to the CDC National Healthcare Safety Network (NHSN). Reported to the National Healthcare Safety Network (NHSN)

- (Care Transitions) Emergency Department Transfer Communication (EDTC)
  To improve the transitions of care from the CAH to other healthcare settings in order to improve patient outcomes.
  Reported to Quality Health Associates (REDCap program) on behalf of the CAH Quality Network/Flex

  Seven Elements:
  → Administrative communication
  → Patient information
  → Vital signs
  → Medication information
  → Physician or Practitioner generated information
  → Nurse generated information
  → Procedures and tests

- (Outpatient) ED Chest Pain and Heart Attack AND ED Throughput Measures
  Reported to CMS Using Outpatient CART Module
  → ED Chest Pain and Heart Attack
    OP-1: Median time to fibrinolysis in the Emergency Department (ED)
    OP-2: Fibrinolytic therapy received within 30 minutes of ED arrival in the ED
    OP-3: Median time to transfer to another facility for acute coronary intervention in the ED
    OP-4: Aspirin on arrival
    OP-5: Median time to ECG in the ED
  → ED Throughput
    OP-18: Median time from ED arrival to departure for discharged patients
    OP-20: Door to diagnostic evaluation by a qualified medical personnel
    OP-21: Pain management for long bone fracture
    OP-22: Left without being seen

Inpatient Measures (Patient Engagement)

- (Inpatient) IMM-2 Influenza Immunization
  IMM-2: This prevention measure addresses acute care hospitalized inpatients age 6 months and older who were screened for seasonal influenza immunization status and were vaccinated prior to discharge if indicated.
  Reported to CMS Using Inpatient CART Module

- (Inpatient) Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)
  The survey contains 21 patient perspectives on care and patient rating items that encompass nine key topics.
  Reported Using a Vendor of Your Choice with Partial Funds from Flex

  → Communication with doctors
  → Communication with nurses
  → Responsiveness of hospital staff
  → Pain management
  → Communication about medicines
  → Discharge information
  → Cleanliness of the hospital environment
  → Quietness of the hospital environment
  → Transitions of care
Federal Office of Rural Health Policy (FORHP)
Attention Toward Quality Improvement

Medicare Beneficiary Quality Improvement Program (MBQIP)

Quality Domains

1. Patient Safety
2. Patient Engagement
3. Care Transitions
4. Outpatient
CAHs Nationwide = 1,339
Patient Safety OP-27, Influenza Vaccine

Influenza Vaccine coverage among healthcare personnel. *Reported to CDC National Healthcare Safety Network (NHSN)*

- Data was due May 15, 2017 (numerator and denominator for your facility- one time a year)
- Registration for NHSN takes about 2-3 weeks
Patient Safety OP-27, Influenza Vaccine

If you have already enrolled, please verify

• Log into NHSN-(to stay activated login every 3 months during the year)

• Check to see that you have selected “ND CAH Quality Network” to share your data with

• Group ID:“41651”

• Password: “quality”

• Need help? Contact Julie Frankl
  julie.frankl@med.und.edu
### NHSN Influenza Vaccination Summary

#### Influenza Vaccination Summary

Mandatory fields marked with *

Record the cumulative number of healthcare personnel (HCP) for each category below for the influenza season being tracked.

**Facility ID:**

Vaccination type: Influenza

Influenza subtype: Seasonal

Flu Season: 2015/2016

Date Last Modified: 04/04/2016

<table>
<thead>
<tr>
<th>HCP categories</th>
<th>Employee HCP</th>
<th>Non-Employee HCP</th>
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<tbody>
<tr>
<td></td>
<td>Employees (staff on facility payroll)*</td>
<td>Licensed independent practitioners: Physicians, advanced practice nurses, &amp; physician assistants*</td>
</tr>
<tr>
<td>1. Number of HCP who worked at this healthcare facility for at least 1 day between October 1 and March 31</td>
<td>355</td>
<td>36</td>
</tr>
<tr>
<td>2. Number of HCP who received an influenza vaccine at this healthcare facility since influenza vaccine became available this season</td>
<td>299</td>
<td>7</td>
</tr>
<tr>
<td>3. Number of HCP who provided a written report or documentation of influenza vaccination outside this healthcare facility since influenza vaccine became available this season</td>
<td>38</td>
<td>28</td>
</tr>
<tr>
<td>4. Number of HCP who have a medical contraindication to the influenza vaccine</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>5. Number of HCP who declined to receive the influenza vaccine</td>
<td>13</td>
<td>0</td>
</tr>
<tr>
<td>6. Number of HCP with unknown vaccination status (or criteria not met for questions 2-5 above)</td>
<td>5</td>
<td>1</td>
</tr>
</tbody>
</table>
Patient Engagement – Inpatient IMM-2

*Data collected using Inpatient CART*

The numerator captures two activities

- Screened for seasonal influenza immunization status
- Intervention of vaccine administered when indicated

The Denominator is for only these months

- Discharges during October, November, December 2017 & January, February or March of 2018.
- If the discharge is 04-01-yyy through 09-30-yyy, the case will not be in the measure population
Outpatient AMI & Chest Pain

Data collected using outpatient CART

OP-1 Median time to fibrinolysis
OP-2 Fibrinolytic therapy received within 30 minutes
OP-3 Median time to transfer to another facility for acute coronary intervention
OP-4 Aspirin on arrival OP-5
Median time to ECG
Outpatient (OP-18) Median Time From ED Arrival to Departure for Discharged Patients

Data collected using outpatient CART

• The measure focuses on how long patients are in the ED before they are discharged home
• CART database requires that all measures in any given measure set be submitted (need OP-18 to complete OP-20)
Outpatient (OP-20) Door to Diagnostic Evaluation by a Qualified Medical Personnel

*Data collected using outpatient CART*

Median time patients spent in the emergency department before they were seen by a healthcare professional

- National average is 25 minutes (Q1 2015)
- National average is 17 minutes (Q3 2016)

**Improvement!**
Outpatient (OP-20) Door to Diagnostic Evaluation by a Qualified Medical Personnel

Who is considered qualified medical personnel?

CMS Outpatient Specification Manual Version 10.0a reads

Definition for Physician/APN/PA:

Patients who are seen by a resident or intern are to be considered as seen by a physician. An institutionally credentialed provider, acting under the direct supervision of a physician for healthcare services in the emergency department (e.g., an obstetric nurse providing assessment of an obstetric patient) are to be considered as seen by a physician.

Advanced Practice Nurse (APN, APRN) titles may vary between state and clinical specialties. Some common titles that represent the advanced practice nurse role are:

- Nurse Practitioner (NP)
- Certified Registered Nurse Anesthetist (CRNA)
- Clinical Nurse Specialist (CNS)
- Certified Nurse Midwife (CNM)
OP-18 & OP-20 Door to Diagnostic Evaluation by a Qualified Medical Personnel

How many cases to sample?

<table>
<thead>
<tr>
<th>Population Per Quarter</th>
<th>0-900</th>
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<tr>
<td>Quarterly Sample Size</td>
<td>63</td>
</tr>
<tr>
<td>Monthly Sample Size</td>
<td>21</td>
</tr>
<tr>
<td>Population Per Quarter</td>
<td>≥ 901</td>
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<tr>
<td>Quarterly Sample Size</td>
<td>96</td>
</tr>
<tr>
<td>Monthly Sample Size</td>
<td>32</td>
</tr>
</tbody>
</table>

Reference: QualityNet Hospital Outpatient Quarterly Reporting Specifications Manual, Encounter dates 01-01-17 (1Q17) through 12-31-17 (4Q17), Table 3, Sample Size Requirements per Quarter per Hospital
OP-21 Median Time to Pain Management for Long Bone Fracture (LBF)

- National average is 55 minutes (Q1 2015)
- National average is 45 minutes (Q3 2016)  **Improvement!**
- Provide regular nurse and provider education on the requirements for LBF
- Consider implementing a nurse driven protocol
- Triage patients with suspected on known LBF as level 2 or equivalent prioritization
Outpatient Codes (OP 1-5 and OP-18, OP-20, OP-21)

ICD-10-CM Diagnosis and CPT Code Table found at QualityNet Hospital Outpatient Quality Reporting Specifications Manual, v10.0a

Appendix A
ICD-10-CM Diagnosis and CPT® Code Tables

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<td>Acute Myocardial Infarction (AMI) Diagnosis Codes</td>
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<td>A – 26</td>
</tr>
</tbody>
</table>

Reference www.qualitynet.org Outpatient Specification Manual Encounter dates 01-01-17 (1Q17) through 12-31-17 (4Q17) v10.0a
OP-22 Patient Left Without Being Seen

Report using QualityNet https://www.qualitynet.org

This measure shows the percentage of all individuals who signed into an ED but left before being evaluated by a healthcare professional

- Implement a process to identify these patients
- Record review to understand trends (particular diagnosis or timeframe)
- QualityNet Secure Portal, Web Based data collection tool
OP-22 Patient Left Without Being Seen

Report through secure side of QualityNet.org via an online tool available to authorized users. Because the measure uses administrative data and not claims data to determine the measure’s denominator population

OP-22 - Reference Period: (Jan 1 to Dec 31, 2016) Submission Period (Jan 1 to May 15, 2017)- report this one time a year

Measure:

• Numerator: What was the total number of patients who left without being evaluated by a physician/APN/PA?

• Denominator: What was the total number of patients who presented to the ED?

Reference www.qualitynet.org Outpatient Specification Manual Encounter dates 01-01-17 (1Q17) through 12-31-17 (4Q17) v10.0a
Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)
Quietness of Hospital Environment – Q9
A comparison of average response rates for quarters 4Q15-3Q16 between state and national.
Responsiveness of Hospital Staff– Composite 3 (Q4 & Q11)
A comparison of average response rates for quarters 4Q15-3Q16 between state and national.

State

National

Responsiveness of Hospital Staff

Responsiveness of Hospital Staff
Discharge Information—Composite 6 (Q19 & Q20)
A comparison of average response rates for quarters 4Q15-3Q16 between state and national.
Care Transitions - Emergency Department Transfer Communication (EDTC)

To improve the transitions of care from the CAH to other healthcare settings in order to improve patient outcomes.

*REDCap*

(Seven Elements)

- Administrative Communication
- Patient Information
- Vital Signs
- Medication Information
- Physician or Practitioner generated information
- Nurse generated information
- Procedures and tests
Care Transitions - Emergency Department Transfer Communication (EDTC)

- ND CAH Quality Network (Network) and Quality Health Associates (QHA) provide support
- QHA manages web-based portal (developed through funds secured by UND Center for Rural Health/Network via Rural Health Network Development (RHND) grant)
- ND CAH self register using REDCap web-based portal
- Utilize REDCap tool for EDTC data collection (resources and measure specification are located within the tool when you login)
- CAH reports will be shared with the Network who will report on your behalf to the Federal Office of Rural Health Policy (FORHP)
Upcoming MBQIP Data Submission

**July 31, 2017**
Emergency Department Transfer Communication (EDTC):
Patients seen Q2 2017 (April, May, June)

**August 1, 2017**
**CMS Outpatient Measures**: OP-1, OP-2, OP-3, OP-4, OP-5, OP-18, OP-20, OP-21
Patients seen Q1 2017 (January, February, March)

**August 15, 2017**
**CMS Inpatient Measures**: IMM-2
Patients seen Q1 2017 (January, February, March)

**Reminder**
OP-22- Report this one time a year. Reference Period: (Jan 1 to Dec 31, 2016) Submission Period (Jan 1 to May 15, 2017)

OP-27- Influenza Vaccine Coverage among Healthcare Personnel (report this one time a year)
Contact

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