



M2O: MBQIP TO OUTCOMES

HCAHPS Composite Measure 7: Care Transitions Summer 2016

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M2O PROJECT CONCEPT



NEEDS:

- Manage multiple performance improvement projects
- Decrease project length
- Engage active participation
- Identify targeted outcomes
- Leverage available resources
- Maximize opportunities
- Move from collecting data to using data

M2O PROJECT GOAL

GOAL: Data To Doing

Provide a statewide, hands-on, standardized rapid-cycle performance improvement project format, including tools, education and coaching support to improve MBQIP (Medicare Beneficiary Quality Improvement Project) scores, positively impact patient outcomes at both the individual facility and state level, and provide ongoing education for CAH (Critical Access Hospital) Quality Improvement Coordinators

M20 PROJECT BIRTH



M20
was
born!

M2O Overview

M2O: MBQIP To Outcomes

- Targeted MBQIP measure
- Establish Agreements with Project Cohort
- Facilitated/Coached by Lean Consultant
- Utilize Current, Available MBQIP Data
- Actively Engage Participants
- Share successes

M2O Development

1. Partnered with Lean Consultant (March)



2. Developed Project Framework & Timeline (April)



3. Recruited Project Cohort (May)



4. Project Kick-Off (June)

M2O Program Schedule

4 Sessions & 1 Workshop:

- **June 7 – Session 1: Transitioning from Data To Doing: Defining the Project Scope**
- **June 21 – Session 2: Transitioning from Data To Doing: Analyzing the Current State**
- **July 11-14 – M2O Workshops: Regional In-person Meetings**
 - July 11 – Western Region: Hosted by Deer Lodge
 - July 12 – Central Region : Hosted by Columbus
 - July 13 – North Eastern Region: Hosted by Scobey
 - July 14 – North Central Region: Hosted by Choteau
- **July 19 – Session 3: Solution Time: Right Side of the A3**
- **August 9 – Session 4: Report Out: Share Successes with PIN**
- **Next Steps**
 - September - Poster Presentation at Montana Hospital Association (MHA) Convention
 - HCAHP Re-measure: Q4 2016
 - Spring 2017 – Results shared at MHA Summit

Flex Program Commitment



1. Identify & partner with qualified consultant(s)
2. Work collaboratively with consultant(s) to develop framework to meet CAH needs
3. Identify opportunities for improvement from MBQIP data
4. Serve as project communication and cohort hub
5. Catalog, store and share project materials & resources
6. Share lessons learned/best practices with PIN (Policy Information Notice)
7. Host project webinars and coordinate workshops with host facilities

Participant Commitment

1. Attend Every Session

(Each session builds on the previous)

2. Complete Homework

3. Participate in Regional In-person Meetings

4. Implement Solutions & Share Successes

5. Submit Q4 HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems)

Signed Participant Agreement

Facility responsibilities and expectations.

All must be initialed by both the administrator and the Main Project Contact (MPC) before application will be considered

- Q4 2015 HCAHPS Reports must be sent to the Flex Grant Office by _____ to establish baseline measures
- Administration, Quality Improvement (QI) Coordinator and additional Project Team Leads must agree to support the M2O program from project scoping through project implementation
- Administration and Management will support M2O by allocating time and resources necessary for QI Project Team (at least one participant) to successfully participate in/travel to Regional M2O Workshop
- QI Coordinator and Project Team Lead will identify M2O Project Team
- QI Coordinator/Project Team Leads will attend and participate in ALL M2O Webinars and In-Person Workshops
- QI Coordinator/Project Team Leads will submit completed M2O Project Tasks to Facilitator as scheduled
- QI Team to implement, test and report solutions by M2O Project Completion Date
- QI Team to share successes as a poster presentation at 2016 MHA Convention
- The department affected by the improvement project will be informed of project goals and expectations and will actively participate in any analysis and implementation efforts
- The main project contact and the administrator (if available) will participate in a follow-up webinar which will be scheduled approximately four weeks after project

Participant Expectations

You will...

- Network with Peers
- Identify & Implement Improvement(s)
- Utilize Standardized PIN Project Methodology & Sharing Platform

You will NOT...

- Be a Green, Black, or Polka-dot Belt
- Be a Sensei
- Be a Guru

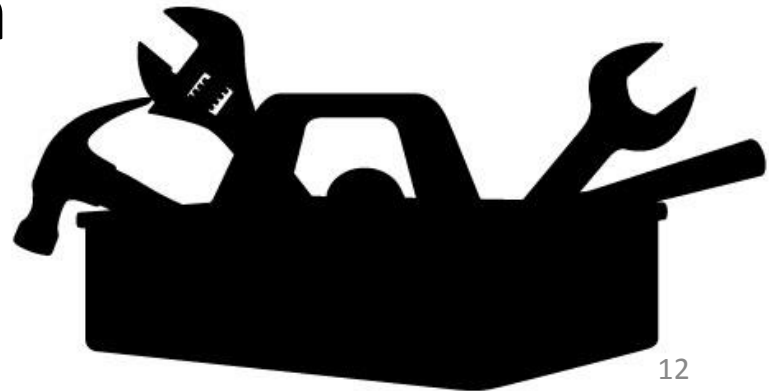


M2O PI Methodology

M2O Tool Box

Utilize similar language and format to increase collaboration & improve outcomes statewide

- Project Scoping
- Current State Value Stream Mapping/Flowchart
- A3 Problem Solving



M2O PILOT

HCAHPS Composite Measure 7: Care Transitions

**Cohort Participation: 13 Critical Access
Hospitals**

Project Resources: PIN Website

M2O Pilot Project: Session 1 AGENDA

Defining the Project Scope:

1. Virtual Network Intro
2. Network Technology Overview
3. M2O Overview & Expectations
 - Process Improvement Methodology
 - Project Scoping- Process Identification & Team Development
 - Observation (Walk the Work)



M2O Pilot Project: Session 1 Materials A

PROJECT SCOPE

Project Aim: (What are we trying to accomplish?)
Project Goal: (SMART goal)

Project Constraints: (What are the boundaries for this project?)
Budget:
Schedule:
Quality:
Other: (Policies, Regulations, Senior Management requirements)

Evaluation Measure (use standardized data, easily obtainable if possible - examples include PQRS, NQF, CMS, IQR and or UDS measures)					
Measure Identifier/Number	Description	Data Source	Target Performance	Current Performance	Current Performance Date

Project Team Leads			
Name	Title/Department	Role	Responsibilities

Process Prioritization

Potential Processes	Priority ranking (low, medium, high)	Estimated Completion Date	Notes

M2O Pilot Project: Session 1 Sample A

PROJECT SCOPE

Project Aim: (What are we trying to accomplish?) *Improve patients understanding purpose of taking medication when leaving hospital as being measured by HCAHPS 40%*

Project Goal: (SMART goal)

Project Constraints: (What are the boundaries for this project?)

Budget: *\$1040*

Schedule: *Project Implementation 6/7/16 – 9/30/16; Re-measure Q4*

Quality: *Re-measure Q4; Increase Measure 7/Q25 performance to 75%*

Other: (Policies, Regulations, Senior Management requirements) *2016 Care Transition Pilot; Grant XYZ; Policy 23.4; HCAHPS;*

Evaluation Measure (use standardized data, easily obtainable if possible - examples include PQRS, NQF, CMS, IQR and or UDS measures)

Measure Identifier/Number	Description	Data Source	Target Performance	Current Performance	Current Performance Date
<i>Care Transition #7/Q25</i>	<i>When leaving hospital, Patient clearly understands purpose for taking each medication</i>	<i>HCAHPS</i>	<i>75%</i>	<i>38.7%</i>	<i>Q4 2015</i>

Project Team Leads

Name	Title/Department	Role	Responsibilities
<i>Bob Smith</i>	<i>DON/</i>	<i>Nursing Lead</i>	<i>Evaluate & improve nursing functions</i>
<i>Jane Johnson</i>	<i>Care Coordinator/</i>	<i>Care Coordination Lead</i>	<i>Patient liaison, Evaluation and improve Care coordination functions</i>
<i>Sue Squires</i>	<i>QC/Quality</i>	<i>Lean Facilitator</i>	<i>Lean Facilitator; Documentation & notes</i>
<i>Kelly Jones</i>	<i>Pharmacist/Pharmacy</i>	<i>Pharmacy Lead</i>	<i>Evaluate & improve pharmacy functions</i>

Process Prioritization

Potential Processes	Priority ranking (low, medium, high)	Estimated Completion Date	Notes
<i>Medication Review Process</i>	<i>High</i>	<i>9/24/16</i>	<i>Manager Joan on vacation until 7/6/16 – unable to begin until returns (small monument) Larger process – from admission to discharge</i>
<i>Medication Ordering Process</i>	<i>Low</i>	<i>8/16/16</i>	<i>Held rapid cycle improvement project Q1 2016; will evaluate again after test period</i>
<i>Patient Medication Education at Discharge Process</i>	<i>High</i>	<i>8/5/16</i>	<i>Very low score, minimal cost/time to improve</i>
<i>Med Pass Process</i>	<i>Medium</i>	<i>9/4/16</i>	<i>Reviewing Med Errors, time study needed for further evaluation</i>

Sample:

M2O Pilot Project: Session 1 Materials B

Process Scope

Process Improvement Project Team			
Name	Title/Department	Role	Responsibilities

1. Process to be analyzed:	
2. Why is this process being chosen to analyze?	
3. Improvement SMART goal/target for chosen process: (Specific, Measurable, Action oriented, Realistic and Time based)	
4. Scope of process to be analyzed (clearly define start point and end point):	
5. EHR/Documentation system, module and / or applications involved:	
6. Items/equipment/devices involved in process:	
7. Physical locations involved in process:	
8. Staff/people involved in process:	
9. How will the process be mapped (value stream map, flowchart, etc.) using what method (direct observation, video recording, etc.)?	
10. Who will own the map once completed?	
11. Planned start date/target end date (of mapping exercise)	17

M2O Pilot Project: Session 1 Sample B

Process Scope

Sample:

1. Process to be analyzed:	<i>Patient Medication Education at Discharge Process</i>
2. Why is this process being chosen to analyze?	<i>Low HCAHPS Measure 7/Q25 score (38.7); when process observed – determined process not clearly defined, staff not educated on process. Patients interviewed expressed confusion between education and understanding paperwork sent home at discharge</i>
3. Improvement SMART goal/target for chosen process: (Specific, Measurable, Action oriented, Realistic and Time based)	<i>To improve patient understanding of taking medication at discharge as Measure 7/Q25 score to 75% or greater in Q4 2016 through lean rapid cycle project and patient panel review to be implemented by 8.9.16.</i>
4. Scope of process to be analyzed (clearly define start point and end point):	<i>Request for patient medication education at discharge triggered by discharge orders in EMR to care coordinator follow-up with patient one week following discharge.</i>
5. EHR/Documentation system, module and /or applications involved:	<i>Epic; Patient Discharge Forms XYZ; etc.</i>
6. Items/equipment/devices involved in process:	<i>Laptop; Patient Pill Organizer Box; Video...etc.</i>
7. Physical locations involved in process:	<i>Inpatient Rooms Floor 2, Wing 1</i>
8. Staff/people involved in process:	<i>Joe E. Pharmacy; Ellen Q. Nursing; Gail S. Social Services; Rob T. IT; Julie K., Liz F., Bill R – Care Coordinators; Rita W. Long Term Care; etc.</i>
9. How will the process be mapped (value stream map, flowchart, etc.) using what method (direct observation, video recording, etc.)?	<i>Value Stream Map</i>
10. Who will own the map once completed?	<i>Quality Department – will be available on H: Drive for all staff</i>
11. Planned start date/target end date (of mapping exercise)	<i>6.22.16 / 7.1.16</i>

M2O Pilot Project: Session 2 AGENDA

Analyzing the Current State:

1. Homework Review
2. Patient Perspective
3. Rules of Engagement
4. Current State: What, why & how to obtain it?
 - Observation
 - Process Visualization: *Flow Chart/Swim Lane Chart/Value Stream Map*
 - Data Collection
 - Validation



M20 Pilot Project: Session 2 Materials A

OBSERVATION RECORD

ACTIVITY:

PERSON OBSERVED:

LOCATION:

DATE:

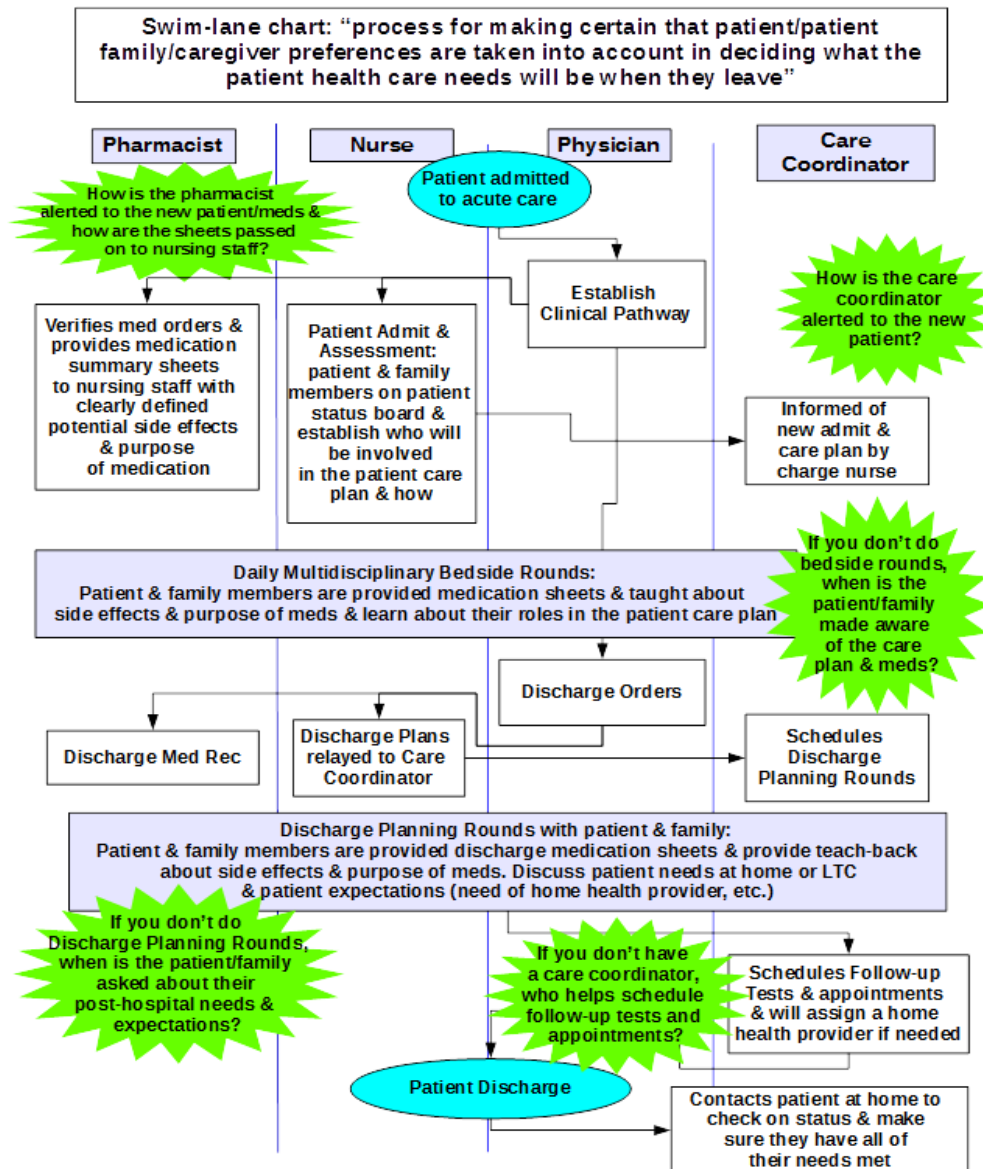
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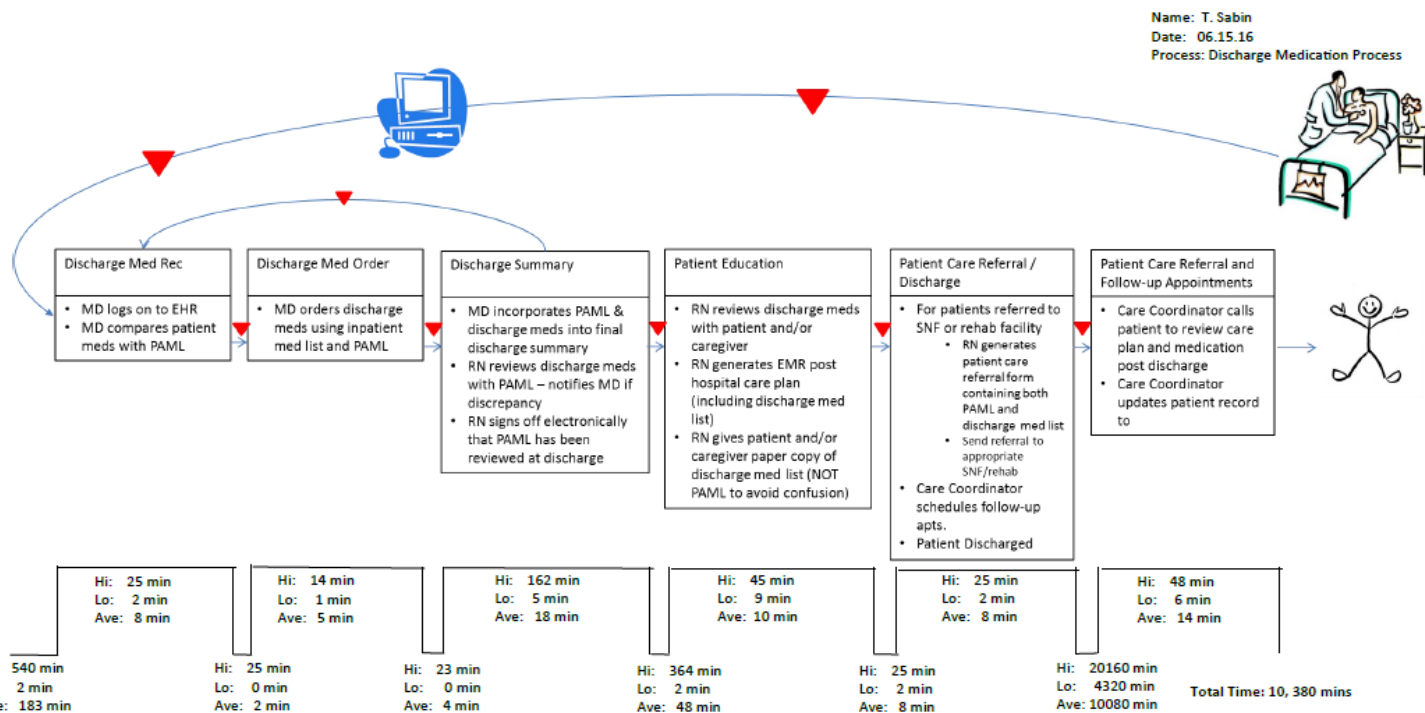
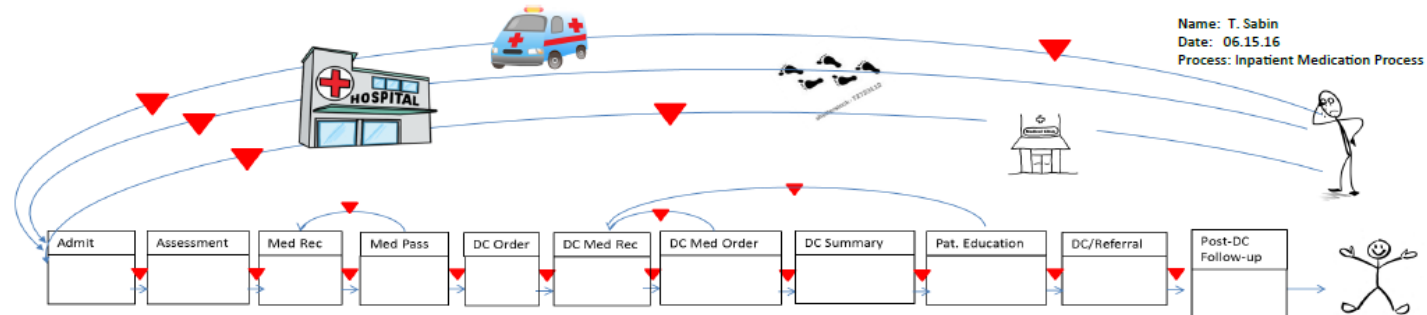
sketch of physical location/work area

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M2O Pilot Project: Session 2 Materials B



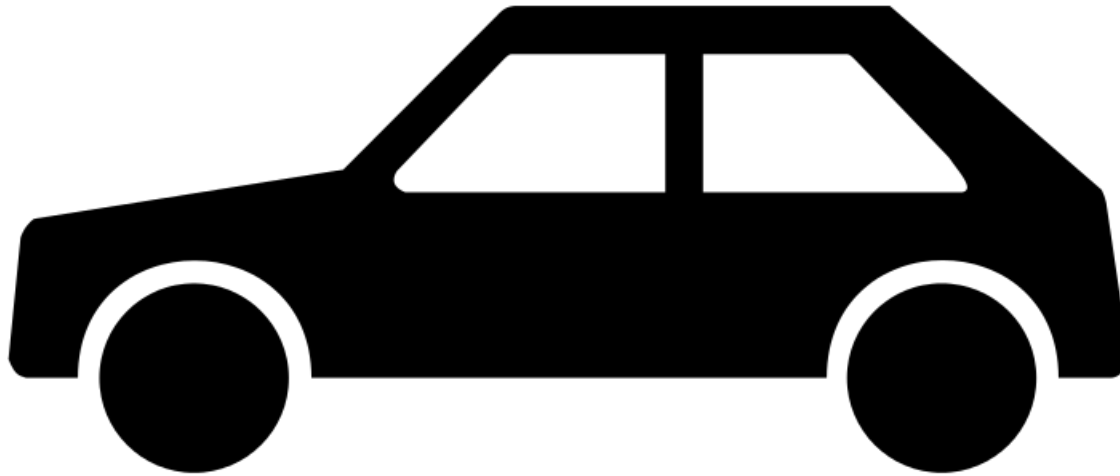
M2O Pilot Project: Session 2 Materials C



Value Quotient= PT/TT

1% = 63/10380

M20 Current State



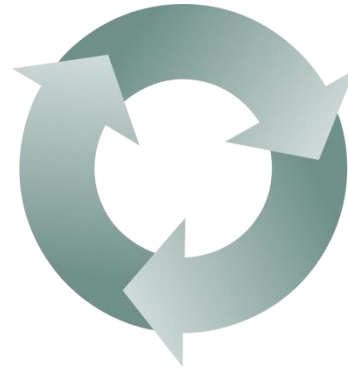
All Participants actively engaged &
completing activities

4 Regional In-Person Workshops
(1150 miles)

M2O Future State

➤ Evaluate pilot project following completion

➤ Cyclical calendar



➤ Integrate In-Person Meeting with current statewide meetings

➤ Replicate framework in other PI (performance improvement) activities



Abundant Solutions LLC

Value•Connect•Inspire

M2O: MBQIP TO OUTCOMES

Thank you to **Tawnie Sabin, JD, BSIE**
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Thank You!



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