

Improving CAH Performance on the ED AMI/Chest Pain and Outpatient Surgical Quality Measures

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Critical Access Hospitals, States, and Communities

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Overview

- Why should CAHs report data on the ED AMI/Chest Pain and Outpatient Surgical Care measures?
- How are CAHs performing on these measures?
- How can State Flex Programs help CAHs improve performance on these measures?



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AMI/CP and Outpatient Surgery Measures

- AMI/Chest Pain
 - 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 at Arrival
 - OP-5 Median Time to ECG
- Outpatient Surgical Care
 - OP-6 Timing of Antibiotic Prophylaxis
 - OP-7 Appropriate Antibiotic Selection



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AMI/CP and Outpatient Surgery Measures

- Why should CAHs report data on these measures?
 - There is strong scientific evidence that compliance with the measures improves patient outcomes
 - Measures are relevant for CAHs



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Compliance Improves Patient Outcomes

- CMS Outpatient Quality Reporting Specifications Manual at www.qualitynet.org summarizes rationale for individual measures
 - “Early use of aspirin in patients with AMI results in a significant reduction in adverse events and subsequent mortality.”
 - “There is clear evidence supporting the use of antibiotic prophylaxis, administered in a timely manner, to prevent surgical site infections.”



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Compliance Improves Patient Outcomes

- Additional Evidence
 - AHRQ. Chapter 20. Prevention of Surgical Site Infections in *Making Health Care Safer: A Critical Analysis of Patient Safety Practices* at www.ahrq.gov
 - Oklahoma Foundation for Medical Quality, Inc. *Heart Care Literature Review* at www.qualitynet.org

Measures are relevant to CAHs

Measures	CAHs with ≥ 1 Medicare claim in 2008	Avg. annual claims
AMI (OP 1-3)	79%	5.4
AMI/Chest Pain (OP 4-5)	91%	21.8
Outpatient Surgery (OP 6-7)	49%	5.9

Note: Claims data do not have all data elements needed to determine precisely how many Medicare patients would qualify for each measure. Non-Medicare adult patients also qualify for these measures.



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Measures are relevant to CAHs

- Small volume is not a valid reason for not reporting; it is important to provide evidence-based care to each patient.
- AMI/Chest Pain ED measures were developed for small rural hospitals, and have been successfully field-tested in small rural hospitals in several states.
- Many rural hospitals, including CAHs, have successfully participated in Surgical Care Improvement initiatives.

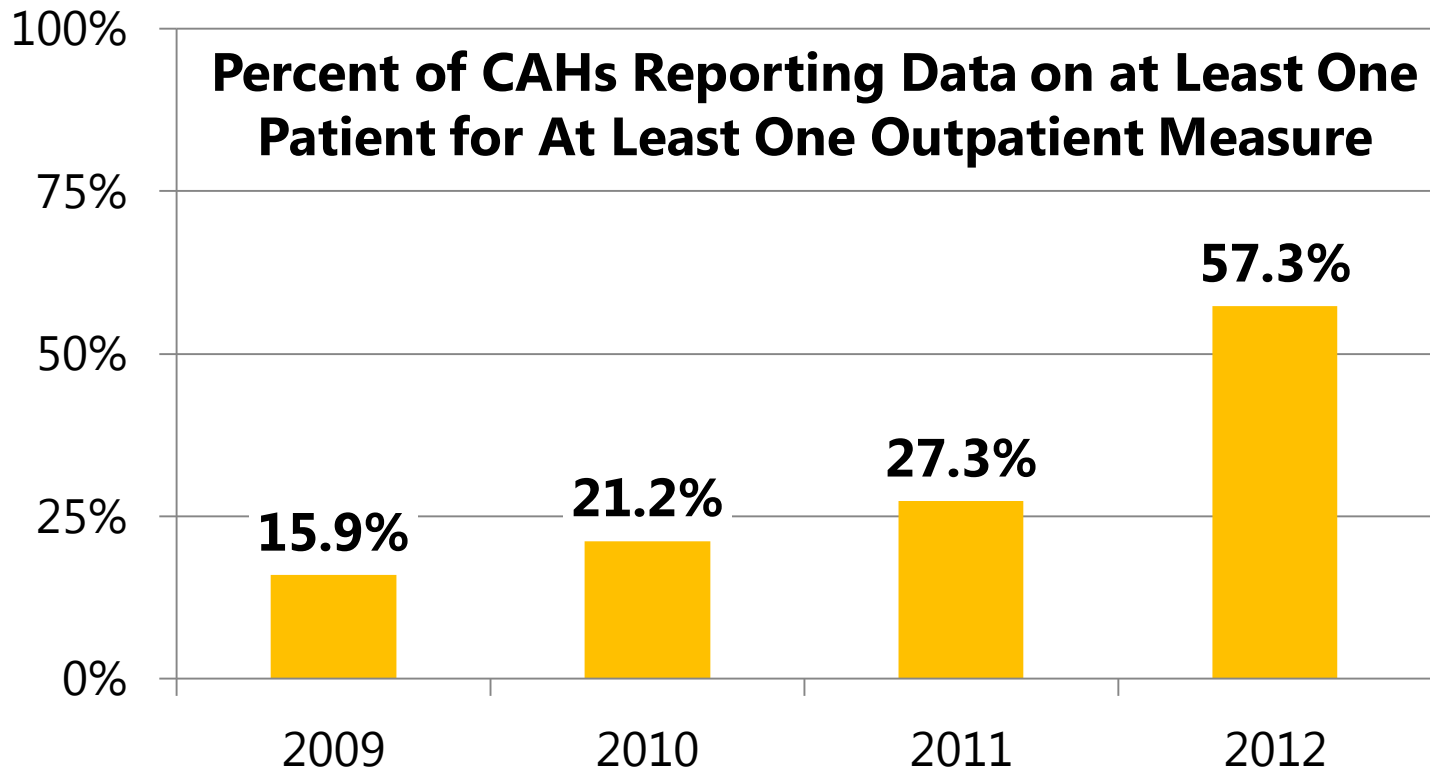


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CAH National Reporting of Outpatient Measures





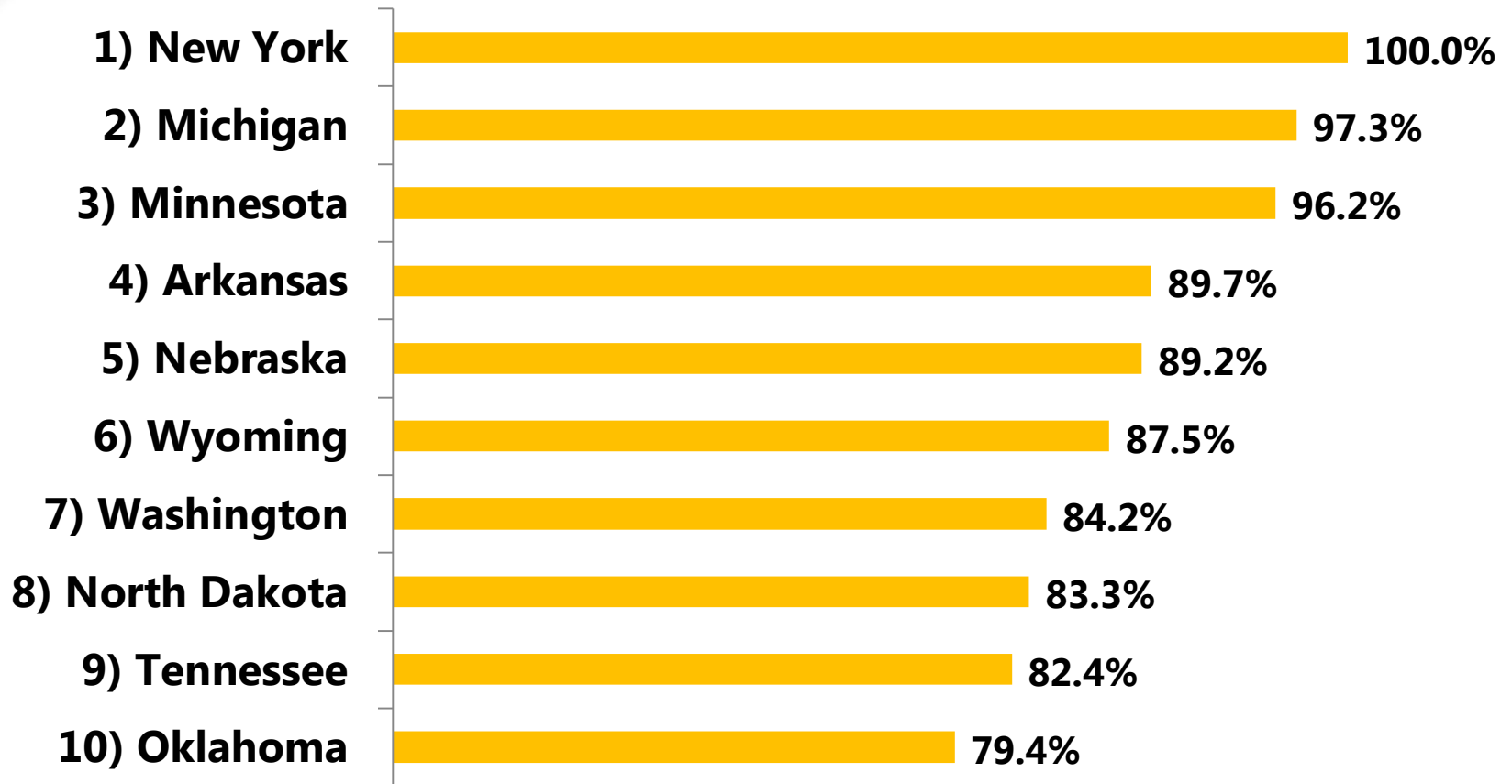
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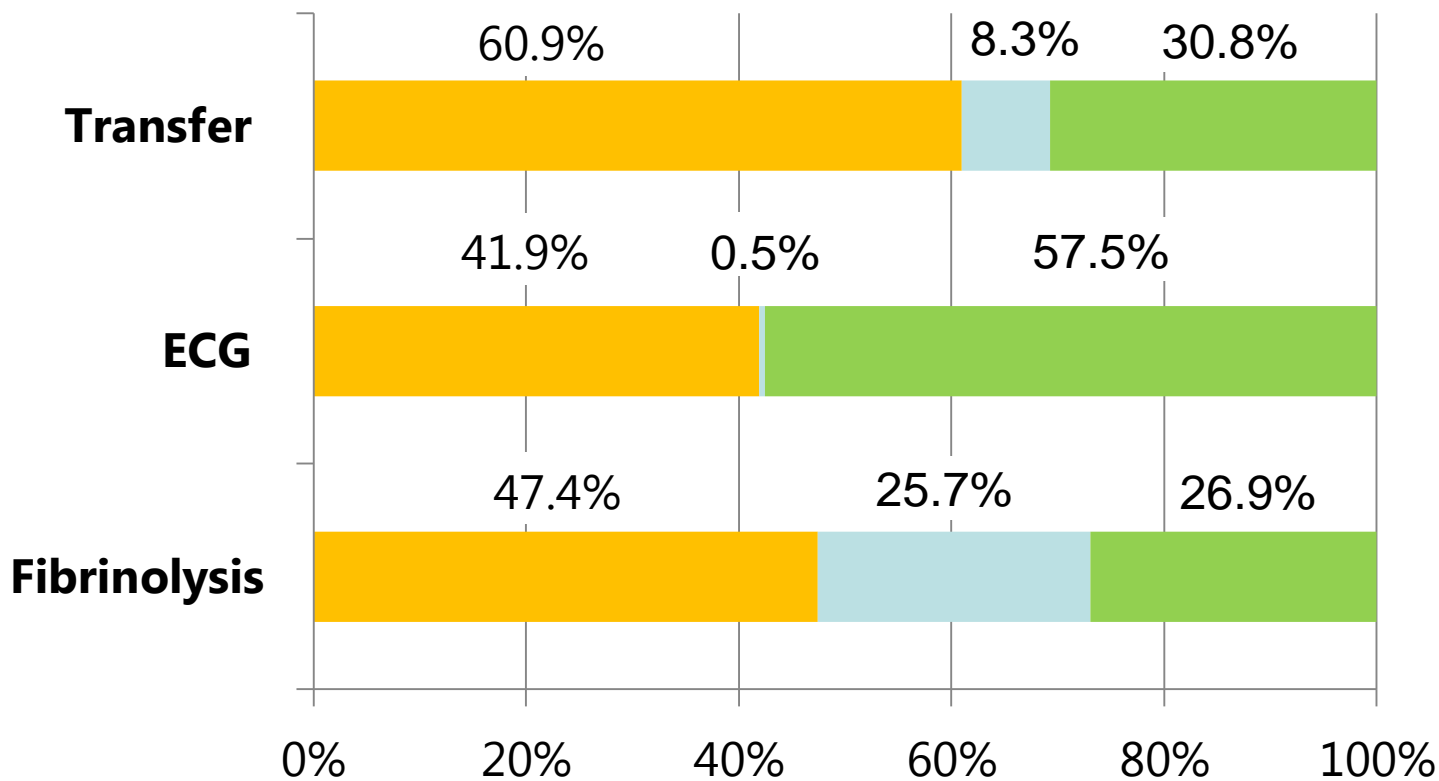
The Top Ten: Outpatient Measure Reporting

■ % CAHs Reporting Data on at least 1 Outpatient Measure, 2012



Percent of CAHs Reporting AMI/CP Median Time Measures

■ Missing Data ■ Reported zero patients ■ 1 or more patients



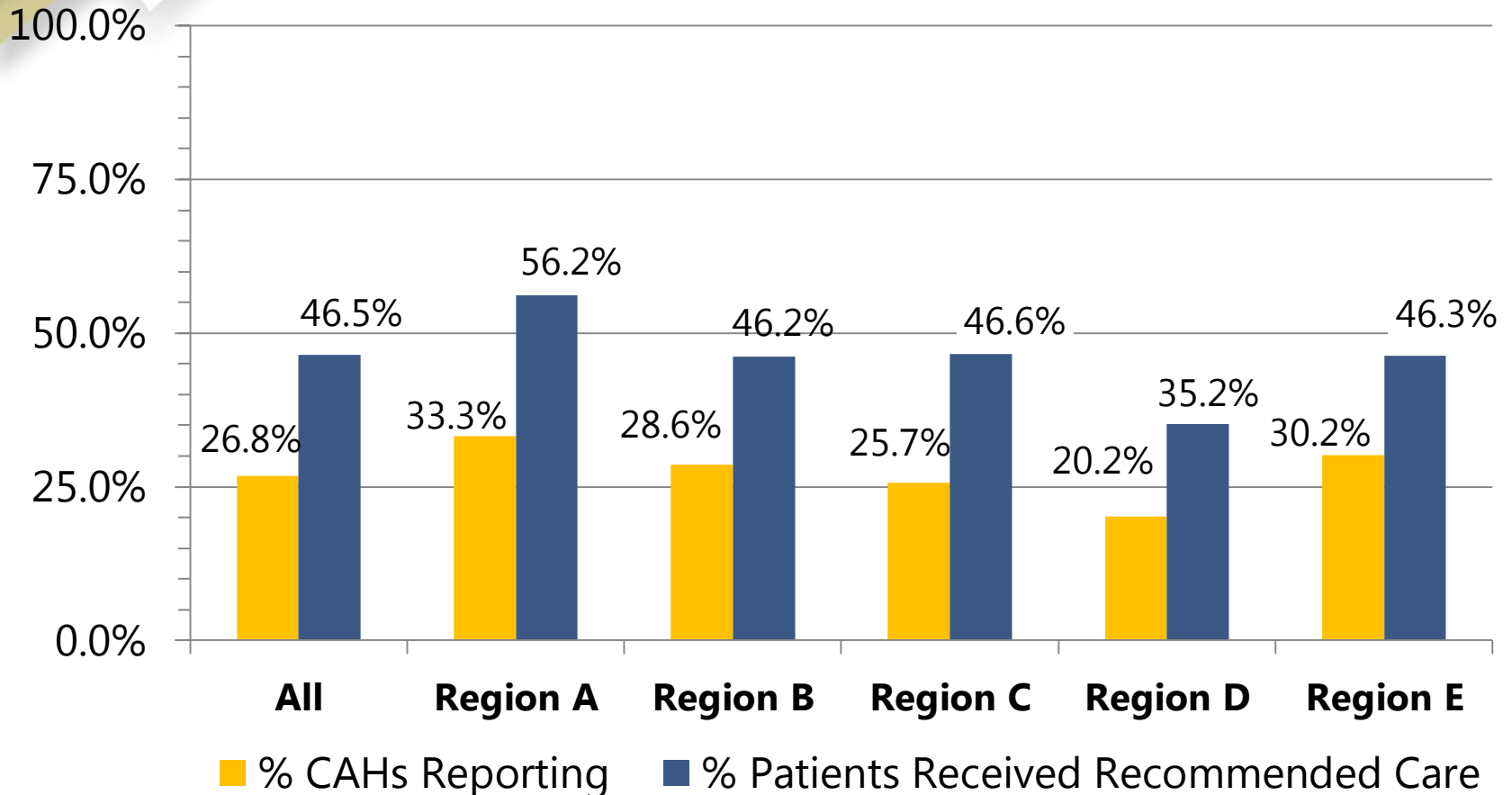


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AMI: Fibrinolytic Therapy within 30 mins. of Arrival



*Note: An additional 340 CAHs reported zero patients for this measure.

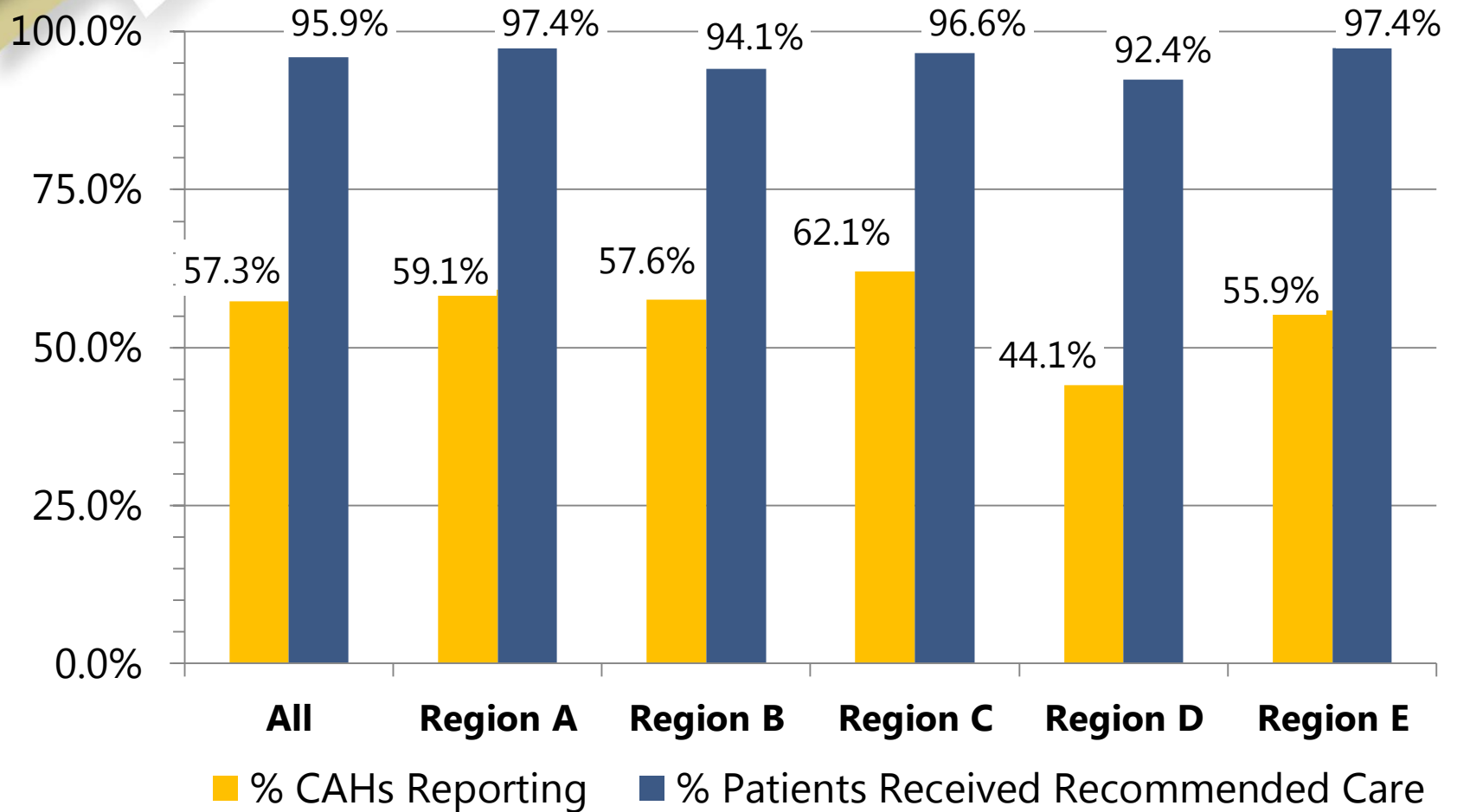


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AMI: Aspirin at Arrival



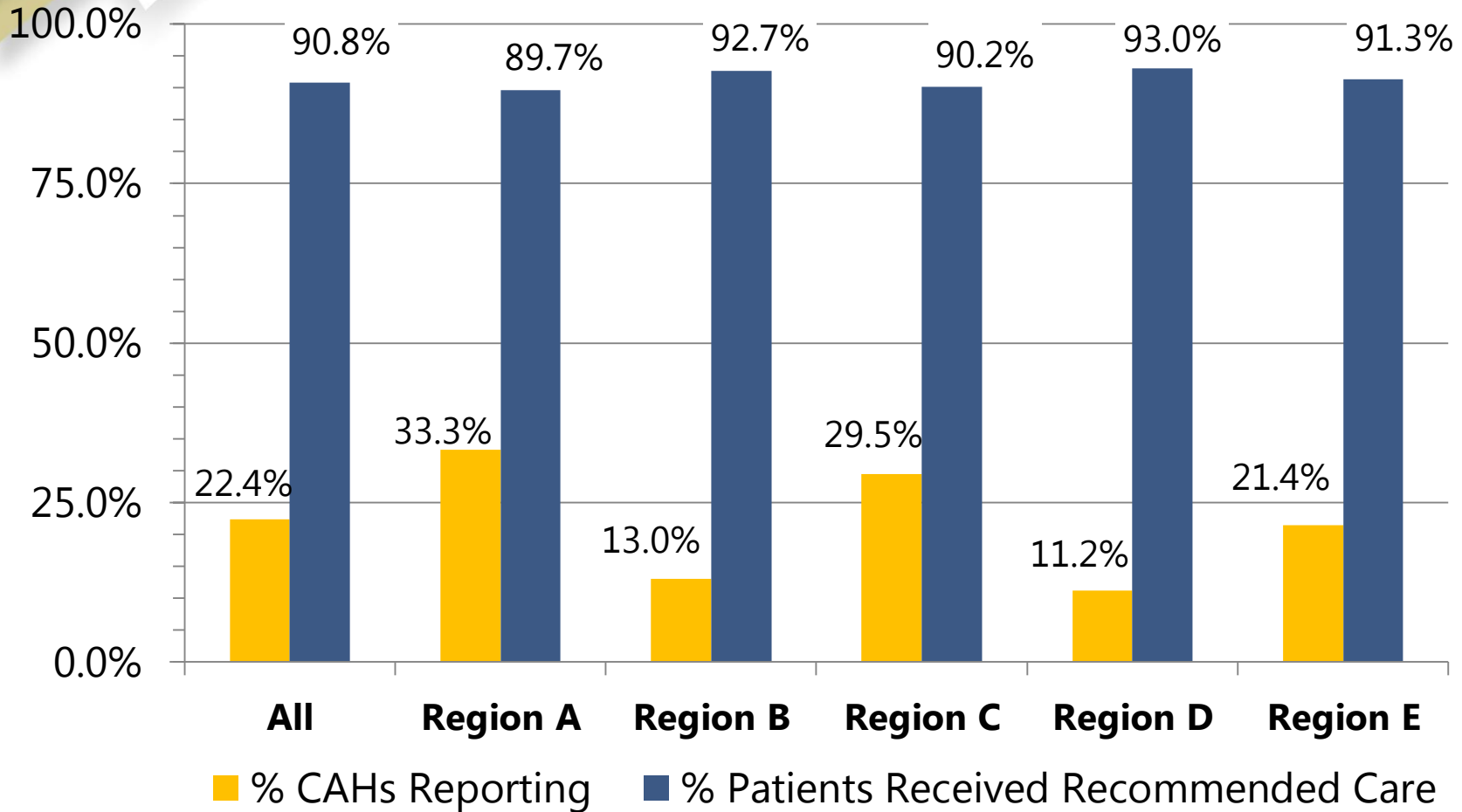


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Outpatient Surgery: Antibiotic 1 Hour Before Incision



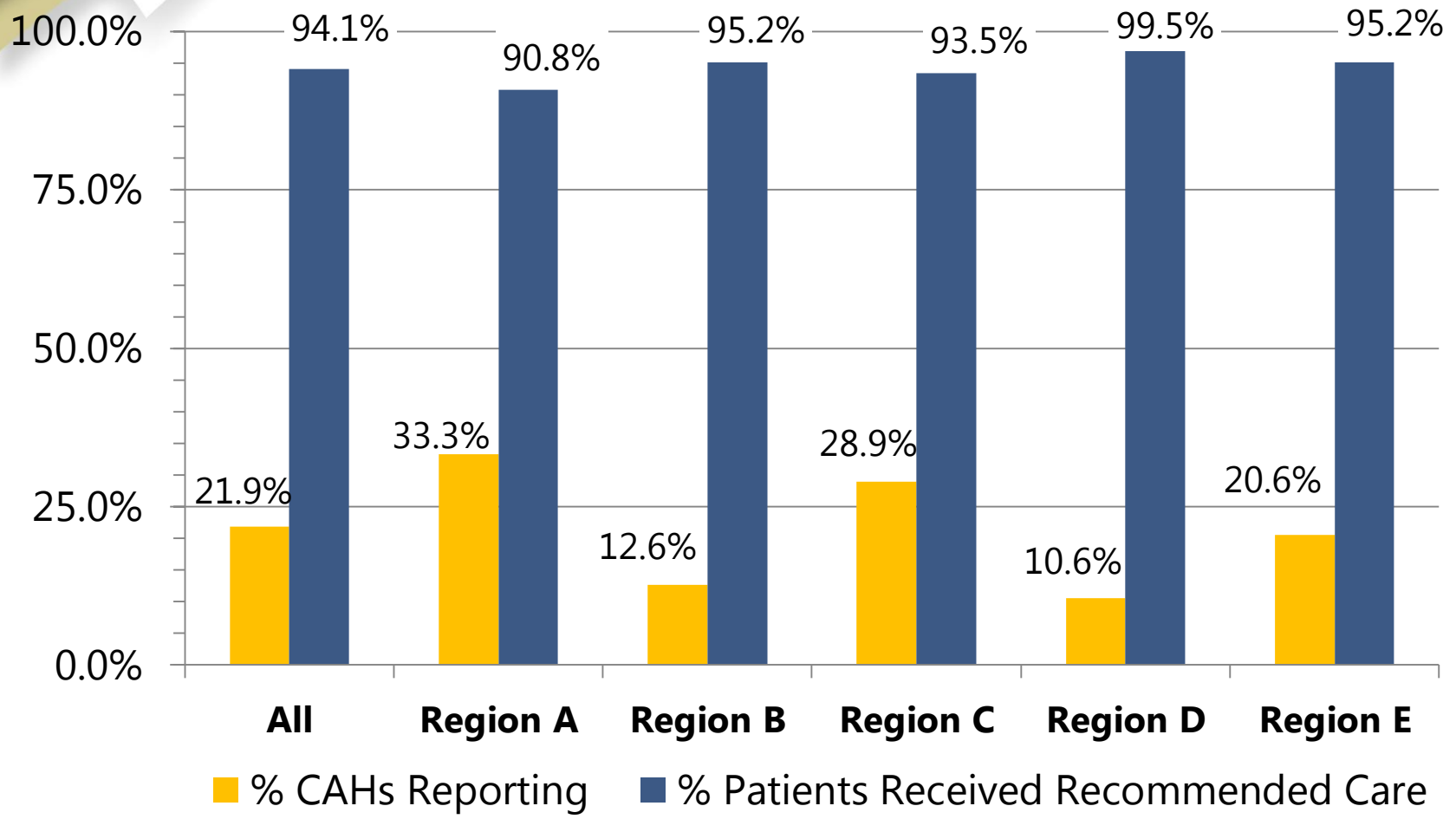


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Outpatient Surgery: Appropriate Antibiotic Selection





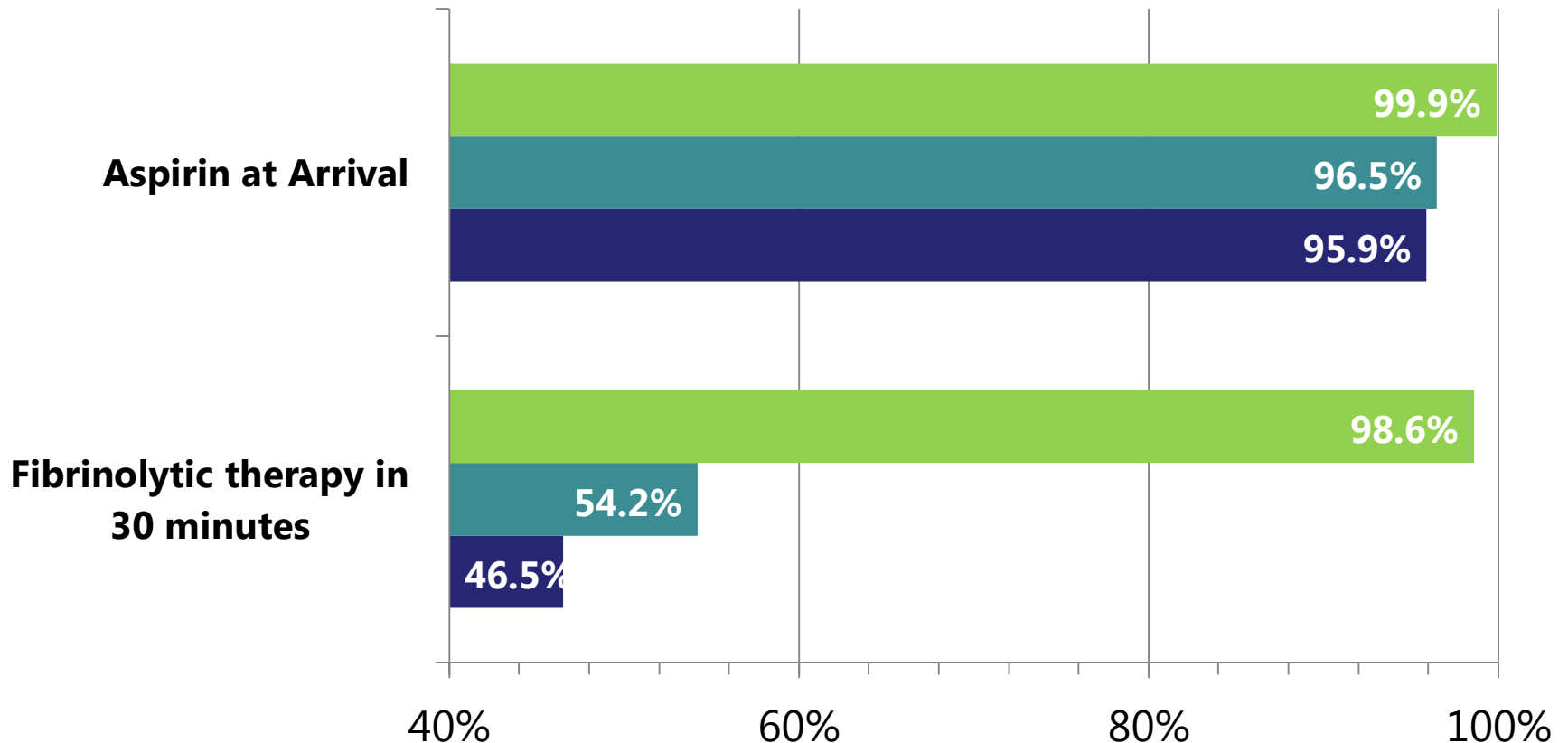
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National Comparisons and Benchmarks: OP AMI/CP

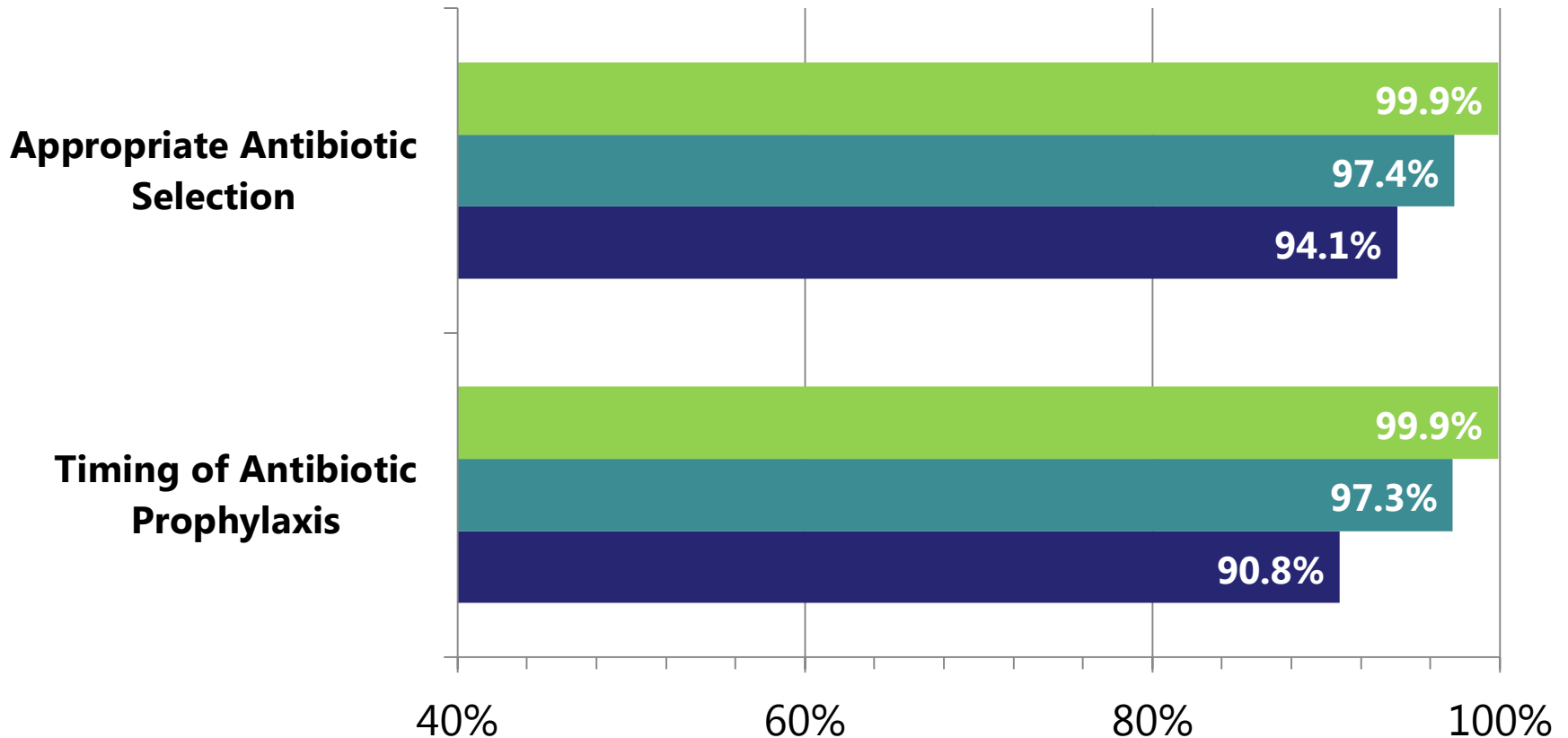
■ **National Benchmark (Top 10th Percentile)** ■ **All Hospitals in Hospital Compare** ■ **CAHs in MBQIP**



(National Benchmark and Hospital Compare data courtesy of Oklahoma Foundation for Medical Quality, 2012)

National Comparisons and Benchmarks: OP Surgical Care

■ **National Benchmark (Top 10th Percentile)** ■ **All Hospitals in Hospital Compare** ■ **CAHs in MBQIP**



(National Benchmark and Hospital Compare data courtesy of Oklahoma Foundation for Medical Quality, 2012)



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State Flex Programs Can Help CAHs Improve Performance

- Compare performance with other CAHs and national benchmarks to identify opportunities for improvement
- Implement evidence-based QI programs and strategies that have been successfully used by CAHs or can be adapted for CAHs
 - Flex Monitoring Team policy briefs
 - Surgical Care: August 2012
 - AMI: August 2012
 - Regional STEMI Systems of Care: October 2011



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Contact Information

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