

National Flex Conference

Performance Improvement Break-out Session

July 23, 2013

Performance improvement ideas/examples shared by the states included:

1. Foster healthy competition with charting and hanging charts in hospitals to encourage the physicians to 'compete' with each other over quality.
2. Montana (Carol Bischoff) is turning peer-review into a quality improvement process. They have a web portal to upload records at least five providers on each team and review all charts together to look at best care that can be provided for that patient. One of Carol Bischoff's staff facilitates the calls and submits reports to the submitting physician. They are having a hard time trying to document improvement of clinical care.
 - o Montana breaks their QI programs into six regions and has great turn-out. The hospitals host the meetings and help plan the agendas.
3. Massachusetts (Ronnie Rom) noted that the New England Performance Improvement (NEPI) network did an assessment on how to improve quality in the 39 critical access hospitals (CAHs) in the area. They contracted with the Institute for Healthcare Improvement (IHI) and they did targeted webinars on care transitions and improving Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores.
 - o They also offered a 6-month management training series through IHI that targeted middle managers that has gone over very well.
 - o Another project they have going is the Certified Professional in Healthcare Quality (CPHQ) training. Now they are working on documenting how it has impacted work life and culture.
4. Colorado (Jen Dunn) has implemented iCARE (Improving Communications and Readmissions) to improve communications and readmissions. This began in 2010 with monthly webinars. They did Lean the first year and expanded it to include rural health clinics. They contracted with a quality improvement specialist and about half of the CAHs participate. (Kate followed up with Jen and she said they have not documented impact of the program, but it is something she is thinking about).
5. Oregon (Shellye Dant) has a quality network that is putting on an emergency department transfer workshop (pulling data from phase I & II of the Medicare Beneficiary Quality Improvement Project (MBQIP)). They are using a consultant to do HCAHPS training.
6. Louisiana (Kandi Smith) is working with the Louisiana Hospital Association to fund a project on readmission reductions. The meetings are held at the hospitals, and the hospitals really enjoying seeing other facilities and networking. This also gives the Flex program a nice platform to get everyone together to encourage public reporting.
7. Kansas (Sara Roberts) has been working with the quality improvement organization (QIO) for the past 5-6 years on a health failure collaborative. They set it up to be a learning action period. They benchmark against other Kansas CAHs. They have now

reached the point where they are focused on building infrastructure and capacity with the program.

- As far as general performance improvement, Kansas uses Quality Health Indicators (QHi). The hospitals have access to it and it is a peer-benchmarking system that is able to track MBQIP.

What can TASC/ORHP/FMT do to help?

1. Idaho mentioned moving CAHs to 'perfect care' instead of benchmarking (this is also referred to as 'appropriate care').
2. Focus on education for outpatient measures.