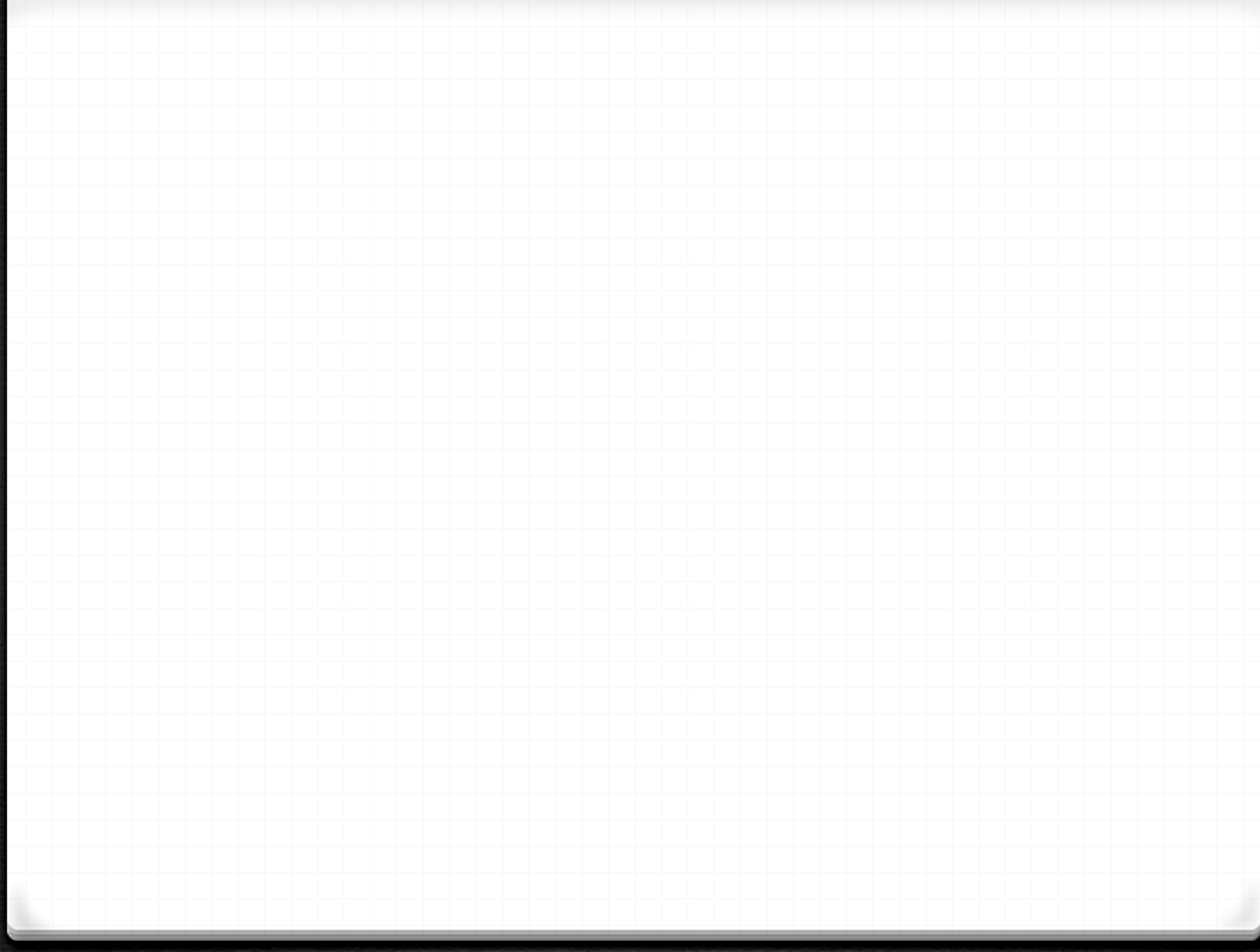
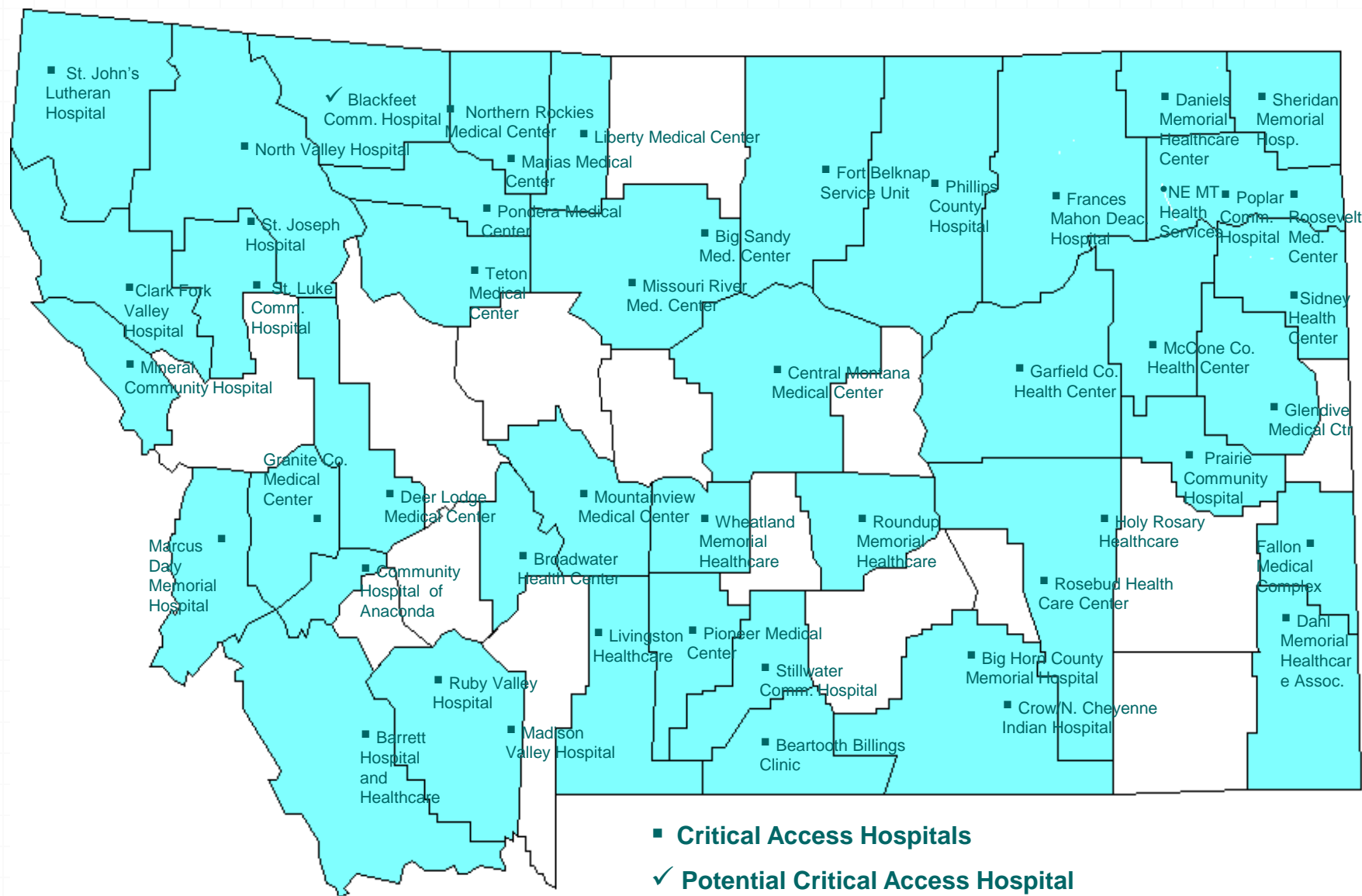


Best Practices in Program Evaluation

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Montana Critical Access Hospitals August 2014



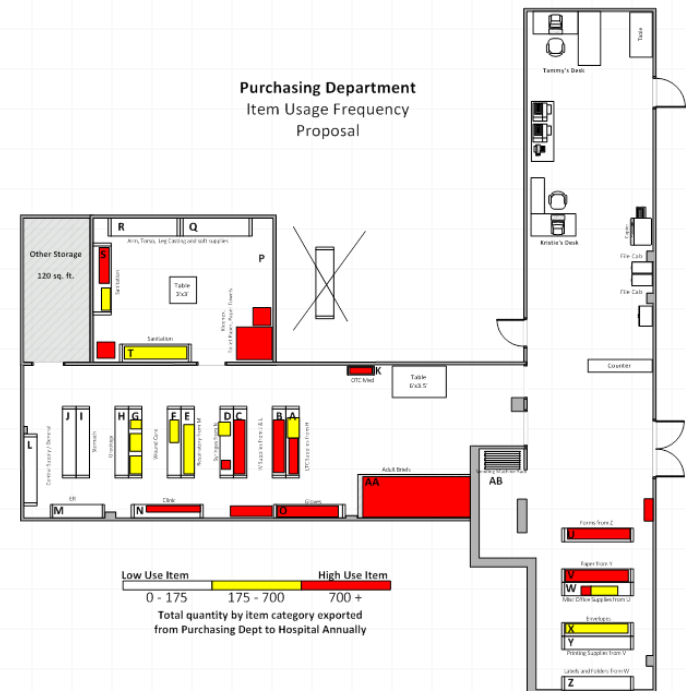
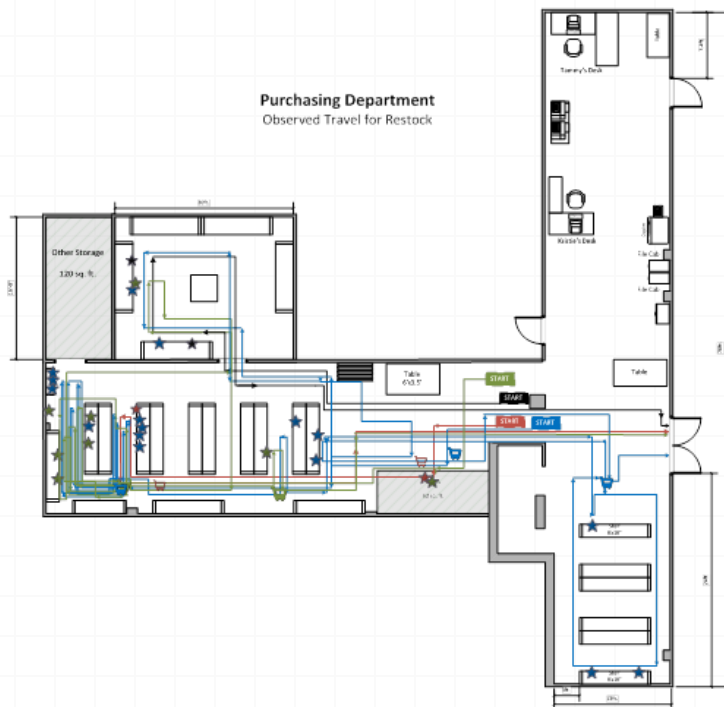
Apply what I've learned through our Lean Projects

Goal:

Reduce travel total travel distance
Reduce time for an employee to find items

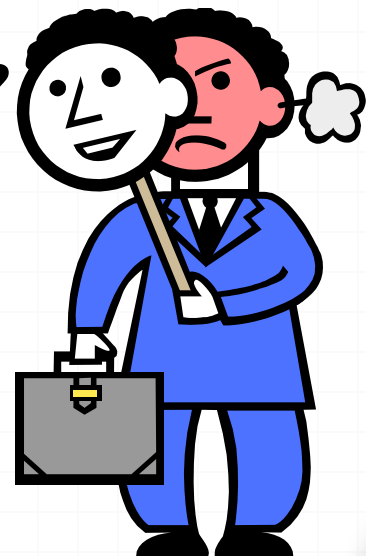
Results:

Reduced travel distance by 50%
Reduced the travel time by 70%



Rapid Improvement Event Scope & Objectives

- Activity-Begin with the end in mind
Project scoping form
- Issue/problem-SOW
- **What will you count?**
- Metrics
- **How will you know when you succeed? Fail?**
- Discussion & Decision (Stay in scope)
- Implement
- Success---Failure



Sample from my workplan and 4-year eval

<p>PIN Clinical Improvement Study Program Provide support for CAHs to demonstrate improved clinical performance in priority areas determined by participating in the PIN Clinical Improvement Study (CIS) program.</p> <ul style="list-style-type: none"> -Review current program for relevancy and usefulness; modify if needed. -A minimum of one educational program per PIN clinical improvement study. -Tools and resources relative to the clinical study topic provided. 	<p># of CAHs participating in each clinical improvement study.</p> <p># of CAHs showing improvement in at least one measure collected as part of the clinical improvement study.</p> <p># of CAHs participating in each educational opportunity.</p> <p>MT Flex/PIN will report corresponding PIMs measures for this intervention.</p>	<p># of CAHs participating in each clinical improvement study. (Goal: 50% of state CAHs)</p> <p># of CAHs demonstrating measureable improvement in at least one measure based on active participation in clinical improvement study. (Goal: 75% of state CAHs)</p>	<p>Sustained improvement in at least one measure based on active participation in clinical improvement study. (Goal: 50% of state CAHs)</p>	<p>Monitoring data and sharing best practices while producing standardized processes of care will result in improved patient care in participating CAHs.</p> <p>Increased collaboration and communication among participating CAHs.</p>
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MBQIP

2010-2011 Outcomes	2011-2012 Outcomes	2012-2013 Outcomes	2013-2014 Outcomes
MBQIP-New participation MBQIP introduced during the grant year. 35:48 MT CAHs participating in MBQIP at the end of the grant year.	MT Flex/PIN and Mountain Pacific Quality Health, MT's QIO, worked hand-in-hand to promote participation in MBQIP and public reporting. MT CAHs MBQIP data: 44:48 or 92 % of MT CAHs have signed the MOU. 44:48 or 92% of MT CAHs submitted 3Q 2011 data to the CMS data warehouse 43:48 or 90% of MT CAHs reported 3Q 2011 data to Hospital Compare website 13:48 or 27% of MT CAHs submit HCAHPS data to the CMS data warehouse.	47:48 MT CAHs participating in MBQIP. The remaining CAH is an Indian Health Service facility that is not engaged in PIN quality activities.	The MT PIN incorporated the Phase 3 ED transfer measures into the quarterly <u>remodeled</u> PIN Benchmarking Project as a core data submission measure. All MT CAHs are asked to report that data beginning 1Q 2014 so there is no data to report as yet. MT Flex/PIN is actively collecting CPOE and medication review data separate from the PIN benchmarking project.
	Continued MT CAH participation in MBQIP and public reporting to Hospital Compare Phase 1-3 As of Q3 2011 44:48 MT CAHs submit data to the data warehouse and 43:48 CAHs publically report on Hospital Compare.	47:48 MT CAHs continue to participate in MBQIP. 95% of MT CAHs publically report inpt data. 70% of MT CAHs publically report outpt data. 40% of MT CAHs publically report HCAHPS data.	As of 1Q 2013, 44:48 or 92% of MT CAHs report inpt data, 41:48 or 85% of MT CAHs report outpt data, 30:48 or 63% of MT CAHs report HCAHPS data. As of 4Q 2013, 35:48 CAHs have computerized medication order entry capabilities; of those 35 hospitals, 18 responded regarding the MBQIP medication review measure to MT Flex.
	MBQIP quality improvement initiatives Phase 1-3 PIN MBQIP-HF improvement study using Telligen reports: 4Q 2011 baseline data received summer 2012 and showed 84% success rate for LVF assessment and 74% discharge instruction completion. These values are different from those received from MPQH for the Inpatient Quality Reporting program (see Clinical Studies, below). Telligen Remeasurement data for 3Q 2012 not received until first quarter 2013. Current Telligen reports do not support rapid improvement cycles.	MBQIP-Heart Failure study completed. 3Q 2012 HF Telligen remeasurement data showed 75% success rate for LVF assessment and 78 % success rate for discharge instruction completion. MBQIP-Outpatient Measures 4 and 5 baseline data indicated a 100% success rate for aspirin on arrival and chest pain EKG median time was 10.1 min with a success rate of 71% completion within 10 min.	MT/Flex PIN completed the MBQIP-Outpatient Measures 4 and 5 improvement study collaborative with MPQH. Remeasurement data was collected September 2013. Aspirin on arrival success rate was 98%. Chest pain EKG median time was 10.8 min with a success rate of 72% completion within 10 min. An MBQIP-ED Transfer Communication Measures improvement study is underway. Baseline data collection in November 2013 showed an overall success rate of 77%. Remeasurement data collection is scheduled for summer 2014.

Evaluation-MBQIP

Strength-MT enjoyed excellent participation in Phase 1 and 2 of MBQIP largely attributed to MT PIN's strong collaboration with Mountain Pacific Quality Health, Montana's Quality Improvement Organization (QIO). The MBQIP outpatient, HCAHPS and ED transfer measures are more meaningful to MT CAHs than inpatient measures because of larger volume. MT PIN data remodel team (see benchmarking section below) opted to include the entire set of MBQIP ED transfer measures in the core data set which all MT CAHs will report on a quarterly basis.

Weakness-Even though the MBQIP measures make sense for CAHs to report on a national level, the low volume of HF and AMI/chest pain admissions inhibits the participation level in these improvement studies. CAHs understand how important it is to deliver the right patient care but it's very difficult for the small CAHs to justify dedicating precious resources towards a QI project for a condition they might see once per quarter. The same resource struggle is a barrier to HCAHPS participation for MT's smallest CAHs. It is unfortunate there isn't a standard platform like CART for hospitals to report Phase 3 MBQIP data. In the PIN's current clinical improvement study on reducing medication errors through pharmacist verification of medication orders presents challenges due to the large number of MT CAHs still using a paper MAR. Lagging technology affects CPOE reporting as well. The current Telligen reporting timeline (9 months between cases and reported performance) presents an obstacle to rapid quality improvement cycles. Participation in Hospital Compare also varies greatly from quarter to quarter depending on the types of patients MT CAHs may see.

Opportunities-Continued collaboration with MPQH and timely performance reporting are absolutely essential to improving MBQIP measures. It is anticipated that the QIO's 11 SOW will offer continued ability to work together. MT Flex/PIN and QIO join forces to create The "Red Light/Green Light" reports that portray MBQIP inpatient data in conjunction with the QIO is an excellent opportunity to reduce data reporting redundancy and help simplify the quality measure reporting quagmire.

Threats-Overburdening the CAHs with the plethora of data collection programs (Meaningful use, CDC, etc.) without actually assisting them in moving the quality improvement needle is a serious threat to many quality improvement programs.

Thanks!

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