

SHIP VALUE BASED PURCHASING QUALITY IMPROVEMENT CONSORTIUM: 2014-2015

Program Manager: Chuck Taylor

Contacts: Chuck Taylor at (301) 555-5555

NEED: With continuing strategic focus on Value-Based Purchasing (VBP), all hospitals, including Critical Access Hospitals, now need to increase their efforts to improve quality in the small and rural world. Even though Critical Access Hospitals are not specifically included in CMS' VBP and "Never Events" payment penalties, many health plans are going to discontinue payments for the conditions that were not "present on admission." Because of the varying needs for technical assistance among small rural and critical access hospitals, SHIP is offering one consortium that will allow each SHIP hospital to select the service that most appropriately meets their needs. VBP activities are labor and resource intensive programs for hospitals. In order to provide the most comprehensive program in a cost-effective manner, hospitals participating in the 2014-2015 SHIP Consortium will be asked to select specific items that meet their needs

PROGRAM:

Quality Improvement Data and Technical Assistance

1. Up to \$x,xxx may be used to offset cost of various data related services such as: CARE Core (for CMS, The Joint Commission, and other external requirements), and HCAHPS vendor costs.
2. Data will be accessible for reporting and promoting safety and quality improvement.
Subscription to ABC's CARE Programs' suite of data analysis and decision support products will be made available at discounted rates. Some of the products available are Culture of Patient Safety, Medical Evaluation Module, High Risk Patient Safety Module, and Hospital Acquired Conditions (Never Events). The Never Events program will be very valuable since CMS and others will not be paying for these conditions now. Standard reports will be developed as determined by SHIP participants.
3. Rural education and technical assistance for regulatory and legislative needs, along with information on using data to improve outcomes, quality, and patient safety will be integrated into major ABC educational programs. This will be done with audio conferencing, webinars, and other venues, as needed.
4. Dashboards will be used to present core measure and never event data. A variety of venues will be used for special reports.
5. Explore creation of a small rural/critical access hospital composite score related to quality and safe care.

6. Current trustee certification module related to quality will be made accessible.
7. Rural issues will be coordinated with a variety of shared learning collaboratives for “Eliminating Preventable Harm”. These collaborative may include (but are not limited to) Catheter-Associated Urinary Tract Infections, falls, culture of engagement, care transitions, etc.
8. Best Practices Power Hour will be used for rural issues requiring improvement – i.e. reduction of regular and repeat admissions, reduction of infections, emergency transfer communication, etc. Through the Partnership for Patients Mentor Program critical access and small rural hospitals will be guided to provide support for each other as they grow.
9. Lean Six Sigma, Team STEPPS and other coaching programs will be available pending adequate number of interested individuals.
10. At least one site visit from Patient Safety Specialist will be provided to participants for support and encouragement. Techniques for engagement of leaders and front line staff of small and critical access hospital will also be taught and encouraged during these visits.

Education will be given in a variety of venues, including regional rural cohorts, to provide new knowledge, but also to preserve valuable time and resources for critical access and small rural hospital staff. Value-based purchasing topics of national interest will be considered for education by PHA (Partnership for Health and Accountability).

2014/2015 SHIP QI Consortium Matrix

Needs	Use of Funds	*Full Price by Tier	Discounted SHIP Grant Price
<p>Easily accessible data to promote quality and safety improvement, and eliminate preventable harm.</p> <p>With the increasing National attention to public reporting and use of information technology to generate data for quality and safety improvement, hospitals need user friendly systems, to identify and monitor opportunities for improvement. Use of the CARE performance measures has aided in pinpointing areas for improvement through easy access The CARE web-based</p>	<p>Up to \$x,xxx may be used to offset cost of various data related services such as: CARE Core (for CMS, The Joint Commission, and other external requirements), and HCAHPS vendor costs.</p> <p>Access to CARE Programs (web-based access to databases and benchmarks):</p> <p>Description of CARE: CARE is comprised of a suite of data analysis and decision support products that allows hospitals to improve clinical quality and patient safety by providing them with comprehensive, integrated data delivery system with powerful analytical capabilities.</p> <ul style="list-style-type: none"> • CARE2 Module: uses web-based technology to provide hospitals tools needed to monitor and document improvement to quality outcomes. CARE performance indicators will allow the hospital to monitor important aspects of patient care with their peers and easily identify opportunities for quality improvement • Hospital Acquired Conditions (HAC) Reports: The HAC reports include 12 CMS safety indicators established 		

Needs	Use of Funds	*Full Price by Tier	Discounted SHIP Grant Price
<p>information system has also automated easy access to outcome measures,</p>	<p>through IPPS. These reports will allow identification of the hospital's performance related to areas of specific national focus.</p> <p>CMS will not be paying for these conditions that were not present on admission. While currently not applied to CAHs, CAHs may feel the result of nonpayment as commercial insurers adopt similar policies.</p> <ul style="list-style-type: none"> • Medical Evaluation Module: provides at the touch of a button physician level data that hospitals can use for performance evaluation, credentialing, privileging, and reappointment of physicians. This tool does away with the need for manual data collection and analysis of information critical to evaluating physician performance in relation to their peers. • High Risk Patient Safety Module: will allow identification of areas where strategies should be implemented to reduce the risk of adverse events. Includes 3 of the POA indicators. <p>TJC Standards: ORYX Requirements. Up to \$x,xxx may be used to offset the cost of CARE Core for meeting the ORYX, CMS and other external requirements.</p> <p>MS.05.01.01: <u>The organized medical staff has a leadership role in organization performance improvement activities to improve quality of care, treatment, and services and patient safety.</u></p> <p>Elements of Performance: The organized medical staff provides leadership for measuring, assessing, and improving processes that primarily depend on the activities of one or more licensed, independent practitioners. (See also PI.03.01.01, EPs 1-4). The medical staff is actively involved in the measurement, assessment, and improvement of the following: Medical assessment and treatment of patients. (See also PI.03.01.01, EPs 1-4).</p> <ul style="list-style-type: none"> • Culture of Patient Safety: is a web-based tool that will allow hospitals to evaluate the employees' perception of patient safety and identify areas for improvement in the culture of safety. It will also identify areas for "celebration". <p>TJC Standards: Culture of Safety and Quality:</p> <p>LD.03.01.01: <u>Leaders create and maintain a culture of safety and quality throughout the hospital.</u></p>		

Needs	Use of Funds	*Full Price by Tier	Discounted SHIP Grant Price
	<p>Elements of Performance: Leaders regularly evaluate the culture of safety and quality using valid reliable tools: Leaders prioritize and implement changes identified by the evaluation.</p> <p>LD.03.02.01: The hospital uses data and information to guide decisions and to understand variation in the performance of processes supporting safety and quality.</p>		
<p>Technical assistance/education on using data to improve eliminate preventable harm and outcomes, quality and patient safety:</p> <p>1.Ways to understand and work with the data for various monitoring and reporting purposes.</p> <p>2. Best practices and successful methodologies.</p>	<ul style="list-style-type: none"> Quarterly quality dashboard and Core Measure reports At least one (1) TELNET/Webinar program on dashboards Technical assistance with hospital-specific report and presentation to staff. Provide access to trustee certification modules related to quality. Unlimited telephone and email communications. Webex training for hospital staff as requested. Align measures with other national quality efforts and facilitate reporting of HAIs by small rural and critical access hospitals. <ul style="list-style-type: none"> Comparative data to determine hospitals with "best practices" or successful strategies that can be shared among consortium members, especially related to areas receiving public and payor attention: reduction of hospital readmissions, prevention of "never events", mortality, and reduction of HA1 (e.g., BSI and SSI). Consultation to CAHs/small rural hospital in the program to integrate reliability theory into healthcare. Shared resources and tools such as standing order sets and protocols from successful hospitals, including medication reconciliation. Participation in Mentor Program pairing hospitals with opportunities for improvement with similar hospitals performing well. Up to one (1) on site consultative visit as per hospital request. These will be scheduled in a manner to reduce total travel expenses. Plans for reinforcing the engagement of nursing in quality improvement process. <p>Should it be mutually determined that additional support is appropriate for a particular facility, a separate arrangement outlining deliverables and fees would be submitted.</p>		

Needs	Use of Funds	*Full Price by Tier	Discounted SHIP Grant Price
<p><u>Education:</u></p> <p>1. Decreasing staff and funds for consultations and education limit rural hospital opportunities to exposure to content experts.</p>	<p>Education will be given to provide new knowledge, but also to preserve valuable time and resources for critical access and small rural hospital staff. Value-based purchasing and topics of national interest will be considered for education by PHA (Partnership for Health and Accountability).</p>		

SHIP Purchasing Menu:

Planned FY14 (September 1, 2014 – August 31, 2015) Expenditures

Select (check) applicable investments and corresponding measures and indicate the dollar (\$) amount and percent (%) of FY14 requested budget that will be used to support the selected investments up to \$9,000.

Category	Value-Based Purchasing (VBP)
Description	Activities that support improved data collection to facilitate quality reporting.
Investments	<p>Up to \$x,xxx for selected software and data products</p> <p><input type="checkbox"/> A. Data and/or software that would enable the collection of data (CARE Core)</p> <p><input type="checkbox"/> B. HCAHPS vendor</p> <p><input type="checkbox"/> C. Tool and/or software to monitor and document improvement to quality outcomes (Care2)</p> <p>\$x,xxx for training and technical assistance</p> <p><input type="checkbox"/> D. Training Specific to HCAHPS implementation or further application</p> <p>Training specific to coordinating the collection of MBQIP measures</p> <p><input type="checkbox"/> E. Efficiency Training (Six Sigma or Lean) in 1 of the following areas: patient satisfaction, improving ER efficiency(ies), or efficiencies to clinical care delivery areas (<i>pending adequate number selecting this option</i>)</p> <p><input type="checkbox"/> F. Emergency Department transfer communication improvement</p> <p><input type="checkbox"/> G. Training to reduce readmissions and/or infections</p>
Budget	% \$
Measures	<p><input type="checkbox"/> A. Tool for collecting Core Measure data</p> <p><input type="checkbox"/> B. HCAHPS vendor contract</p> <p><input type="checkbox"/> C. Tool for monitoring and documenting quality outcomes improvement</p> <p><input type="checkbox"/> D. Completion of HCAHPS training</p> <p><input type="checkbox"/> E. Completion of Efficiency training and project implementation with identification of a specific measure selection and target</p> <p><input type="checkbox"/> F. Implementation and/or training regarding ED transfer communications</p> <p><input type="checkbox"/> F. Complete training for reducing readmissions and/or infections</p>