MHA: Strategic Quality
What’s Up Wednesday | Lunch and Learn

Your clinical quality, process improvement resource

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Clinical Quality Improvement Manager
http://web.mhanet.com/strategic-quality/
Housekeeping

• Interactive networking platform
  ➢ Press *1
  ➢ Type questions in the question box feature of the webinar platform
• Please fill out the evaluation
  ➢ Give feedback
  ➢ Offer suggestions of what would be beneficial to your organization
• Be a featured hospital speaker!
July Topics of Interest

- PFE
  - Whiteboard communication quality resource brief
  - Readmission quality resource brief
- Readmission Reduction Journey – Perry County Memorial Hospital
- MHA Update
  - Transparency update
  - HEN 2.0 update
  - Immersion project update
- Recognition opportunities
- Upcoming events
Refresher - DATA

- HIDI: www.hidianalyticadvantage.com
  - MOHEN – if you have not uploaded your data, touchbase with me
  - HIDI is able to upload data from other HEN cohorts into Quality Collections for continuation of tracking; touchbase with me
  - Analytic Advantage reports available under the “Quality” tab; touchbase with me if you have questions
Patient and Family Engagement – Quality Resource Briefs
Patient and Family Engagement: Whiteboards

- Location and size matter
- Fasten pens to the whiteboards
- Give bedside nurses the responsibility for writing and updating information
- Create templates
- Audit whiteboard use, identify barriers and provide feedback
- Ensure that whiteboard information is being used with informed patient consent
Patient and Family Engagement: Readmissions

- Background and methodology of the Hospital Readmission Reduction Program

- Advocating for HRRP changes
  - Penalizing hospitals for unrelated admissions that occur within 30 days of the original hospitalization
  - Key patient and community sociodemographics are not included in readmissions methodology

Quality Resource Brief

TRIPLE AIM ACHIEVEMENT • MAY 2015

Readmissions

To encourage efforts to reduce readmissions, Congress created the Hospital Readmissions Reduction Program as part of the Affordable Care Act in 2010. Of the three penalty programs created by the ACA, the HRRP is the most significant for fiscal year 2015 inpatient payments. Through the ACA, the Centers for Medicare & Medicaid Services is instructed to penalize hospitals with higher than expected readmissions for specific clinical conditions such as AMI, pneumonia and heart failure. In FFY 2015, chronic obstructive pulmonary disease and hip and knee replacements were added to the list of clinical
Patient and Family Engagement: Readmissions

- Streamline care pathways that extend beyond the hospital
- Ensure reliable and standardized communication pathways among providers
- Engage patients and families in care that meets their current needs with consideration to SES, health literacy, access, and health

In 2013, a survey of 106 senior leaders at 44 U.S. health systems, conducted by HealthLeaders and Amedysis, Inc., noted the following.

- 73% cited a lack of preventive care and monitoring of patients with chronic conditions as a major cause of preventable readmissions
- 67% cited a lack of coordination between hospital discharge and physician follow-up
- 57% cited poor accountability for who is responsible for patient follow-up as major reasons driving readmissions

continued
Patient and Family Engagement: Readmissions

- It is time to turn the table
  - Look at readmissions from the perspective of those receiving care, not providing it
- Four pronged strategy:
  - Coordination of care inside
  - Coordination of care outside
  - Data infrastructure and analytics for real-time solutions
  - Develop community and regional coalitions/partnerships to develop community resources and resiliency
Hospital Spotlight

Perry County Memorial Hospital
Readmission Reduction Journey
Perry County Memorial Hospital

- 25 Bed TJC Accredited Critical Access Hospital Located in Southeast Missouri
- Completed Rebuilding of Medical/Surgical Unit & Operating Room Suite in 2011
Cause for Concern

**Pneumonia Readmissions**

Perry County Memorial Hospital - Perryville, MO
Period Ending: February, 2013

**Monthly Pneumonia Readmission Rates**

**Summary**

Risk-Adjusted Readmission Rate: 15.0%
Risk-Adjusted Rate: 1.08
Ranking (out of 122): 98

Controlling for patient risk and provider risk, this is: 8.2% Higher than expected

- HIDI – Hospital Industry Data Institute
  The Data Company of the Missouri Hospital Association
Area on Aging Care Transitions
Program Started 7/1/13 (ended 11/14)

- Based upon CMS Community-Based Care Transitions Program

- Offered to patients discharged to home from the Medical/Surgical Unit with the following risk factors:
  - Age 60 and greater
  - Diagnosis/History:
    - Heart failure
    - COPD
    - Diabetes
    - Heart Attack
    - Pneumonia

- Made initial contact with patient in hospital if still admitted.

- Phone follow-up started within week of discharge with home visits if deemed necessary.

- Follow-up continued through 30 days post-discharge.
Formation Readmission Reduction Taskforce 10/30/13

- Multidisciplinary Taskforce with representatives from:
  - Home Health
  - Nursing Services
  - Pharmacy
  - Respiratory Therapy
  - Social Services
  - Utilization Management

- C-Suite Champions:
  - VP Patient Care Services
  - VP Operations
DATA REVIEW

- **Areas for Improvement:**
  - Acuity of discharged pneumonia patients
  - Lack of understanding of medication

- **Intervention:**
  - Focused review of pneumonia cases prior to discharge
  - Review of medication reconciliation process
  - Enhanced medication bedside delivery at discharge
  - Respiratory therapy providing education on inhalers
DATA REVIEW

(Continued)

- Areas for Improvement
  - Late in Day Discharges
  - Risk Assessment Did Not Address all Problem Areas, i.e., Nursing Homes and Younger Demographics

- Intervention:
  - Feedback Provided to Hospitalists
  - Outreach to Area Nursing Homes
  - Social Services Providing Follow up Phone Calls on Readmitted Nursing Home Patients
  - Telephonic Discharge Follow Up Per Utilization Dept all Discharge Settings
Overall 30 Day Readmission Rate for Pneumonia

- **Before Intervention**
  Jan ‘12 – June ‘13
  14% Readmission
  (25/159)

- **After Intervention**
  July ‘13 – March ‘14
  5% Readmission
  (6/118)

- **Recheck**
  Jan ‘15 – March ‘15
  6% Readmission
  (4/69)
Pneumonia Readmission Rate After Intervention

Pneumonia Readmissions*
Perry County Memorial Hospital - Perryville, MO
Period Ending: Nov-2014

**Monthly Readmission Rates**

- Readmissions
- Admissions
- State Readmission Rate
- 90th Percentile
- Observed Rate

**Pneumonia Readmissions Summary**
- Risk-Adjusted Readmission Rate: 11.8%
- Risk-Adjusted Rate: 0.89
- Ranking (out of 115): 15

Controlling for patient risk and provider risk, this is: **10.7%**
Lower than expected
All Cause 30 Day Readmission Rate
Same Hospital

**Before Intervention**
Jan ‘12 – June ‘13
10% Readmission rate
(60/584)

**After Intervention**
July ’13 – March ‘14
8% Readmission rate
(37/442)

**Recheck**
Jan ’15 – March ’15
5% Readmission rate
(9/175)
Plan for the Future

- As of 2/15 – Home Health offering a Transitions Program to all patients with a PCP discharged to home with the following risks: COPD, CHF, DM, MI, PNE. This program includes up to 2 home visits and telephonic follow-up weekly through 30 days.

- Since 3/15 – Pharmacist inpatient discharge med review and post-discharge telephonic medication follow up for those discharged to home.

- Since 6/15 – Med/Surg Nurse Manager providing telephonic follow up on patients discharged to home.
Contact Information

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  - kgodsey@pchmo.org
  - 573-547-2536, ext. 3254
MHA Update
Transparency
Transparency Update

• Continue to encourage your CEOs to sign the DUA for transparency
• Anticipating a data update in early July
• FAQ sheet will be released soon
• September 25th webinar on price and quality transparency
MHA Update
HEN 2.0
HEN 2.0 Overview

- MHA is part of AHA/HRET’s HEN cohort
- HEN tab to our website:
  - keeping updated portal of HEN happenings
  - sending formal announcements via email to those organizations in our network as well as update our HEN tab
**HEN 2.0 Timeline**

- **March 23**: MHA submit final preliminary budget to HRET
- **March 28**: HRET submit RFP to CMS
- **Summer 2015**: CMS to award grant
  - Formal letters of commitment will be sent to MO hospital CEOs
- **August 1**: Projected start date of HEN 2.0
HEN 2.0 Overview

- 10 core topics (all applicable topics are required)
  - Adverse Drug Events
  - CAUTI
  - CLABSI
  - Injuries from falls and immobility
  - OB adverse events
  - Pressure Ulcers
  - SSI
  - VTE
  - VAE
  - Readmissions

- Optional/additional topics
  - Severe Sepsis and Septic Shock
  - Hospital Culture of Safety that fully integrates patient safety with worker safety
  - Iatrogenic Delirium
  - C. diff including antibiotic stewardship
  - Undue Exposure to Radiation
  - Airway Safety
  - Failure to Rescue
HEN 2.0 Hospital Expectations to Ensure Success

• Ensure your success in HEN 2.0
  ➤ participate in webinars and in-person meetings and utilize the tools and resources available to them to drive improvement in all target areas
    – START PLANNING YOUR IMPROVEMENT IDEAS
  ➤ form a HEN team or add HEN to an existing Quality Meeting agenda
    – HOW WILL YOU DO THIS? WHO WILL BE ON YOUR TEAM?
    – GO AHEAD AND SCHEDULE MONTHLY MEETINGS BEGINNING IN AUGUST!
    – WHO IS GOING TO BE IN CHARGE OF DATA?
      • Ensure they have access and are fluent with HIDI Quality Collections and Analytic Advantage
HEN Data Webinars

- Series of data webinars will be scheduled soon
  - Always available to do one-on-one webinars
- Showcase Quality Collections data capabilities
- Review Analytic Advantage reports
HEN 2012-2014 Project Report

- Report available
- PowerPoint template available to assist with demonstrating state and hospital level performance
MHA Update

Immersion Projects
Immersion Project

- Rapid-process improvement model
- Data submission
- Quarterly guided participant calls
- Quarterly guided deliverables
- Ability to network across group participants
- End-of-project report out

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<th>TOPICS</th>
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<td>ADE</td>
<td>Readmission</td>
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<td>HAI – Handwashing</td>
<td>Sepsis – ED/EMS</td>
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<td>CAUTI</td>
<td>OB</td>
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<td>Falls</td>
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Misc. MHA Updates
New rule for submitting data to the Joint Commission in 2016

- If hospital has 300 births a year, then they will be required to submit PC measure set to the Joint Commission
NHSN Data

• Confer your NHSN rights. Decrease the amount of time spent submitting data!
• Why?
  ➢ To provide you the most robust data portfolio
  ➢ To better assist you with more improvement opportunities
• See the Instructional Guide
IOM: Vital Signs
Core Metrics for Health and Health Care Progress

- Released: April 28, 2015
- Assesses the numerous measure sets, burden of measurement, rise in duplication and modification of measures
- Offers a path toward more effective and efficient measurement system
- Increased data analytics with technological advancements
- Recommend DHHS use this measure set to sharpen focus and consistency and reduce the number and burden of measures

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<th>Suggested Core Measure Vital Signs to assess health care outcomes</th>
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<td>Life expectancy</td>
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<td>Well-being</td>
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<td>Overweight and obesity</td>
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<td>Addictive behavior</td>
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<td>Unintended pregnancy</td>
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Project ACHIEVE

- Nationally, hospitals are encouraged to complete AHA survey on care transitions
- The AHA and HRET are surveying hospitals through July to catalog their efforts to improve hospital discharge transitions as part of Project ACHIEVE to evaluate the effectiveness of transitional care. The survey should take about 15-20 minutes for a hospital staff member in case management, quality improvement or administration to complete with help from clinicians
- Please take a few minutes to fill out the survey.
Recognition Opportunities
MOAHQ

• Distinguished Quality Award
  ➢ Open for nominations
    – Anyone can nominate, but nominee must be a MOAHQ member
    – Due August 14th
  ➢ If you are not a MOAHQ member, please consider joining
National: Quest for Quality Award

- Nomination form: www.aha.org/questforquality; Due October 11, 2015
- The 2016 award will:
  - raise awareness of the value of a hospital-wide commitment to better health and better care at a lower cost that can be achieved through the relentless pursuit of highly reliable, exceptional quality, safe, patient-centered care
  - reward successful efforts to develop and promote a systems-based approach toward improvements in quality of care
  - inspire hospitals to be leaders in improving the health of their communities while enhancing outcomes and the experience of care for patients and reducing costs of care
  - provide models of successful programs and strategies for the hospital field to use in addressing challenging issues, including reducing disparities in care
- Prize honors are: one winner; up to two finalists; and up to four Citations of Merit honorees. The winner will receive $75,000; each finalist will receive $12,500. The awards will be presented at the AHA-Health Forum Leadership Summit (July 17-19, 2016) in San Diego.
Beginning this fall, AHA will highlight quality success stories in an online, interactive map that brings together, in one place, examples of quality improvements across the country.

Case study parameters include:

- A brief blurb that provides an overview of the project, its results, a link to full project information, no older than five years (2010) and should be 500 words or less.
- Also accepting videos, this will be embedded on the web page.

All case studies need to be submitted by Friday, July 31.

To make it easy, AHA has developed a collection instrument survey

It should take no more than 20 minutes to complete.
Member Resources and Support
Missouri Hospital Association

Strategic Quality

Home | Strategic Quality

Today, health care leaders are navigating the transformation of payment and health care delivery driven by provisions in the Affordable Care Act, signed into law March 23, 2010. The shift from volume- and fee-based payments to payments based on outcomes requires significant changes in the coordination, communication and delivery of care. The goal of every hospital is to maximize patient-centered, efficient quality of care, while reducing financial costs and penalties. This "Triple Aim" approach has the goal of improving the individual experience of care, improving the health of populations and reducing the per capita costs of care for populations.

Health care systems and providers must transition from episodic treatment of primarily chronic diseases among an aging population to a coordinated system of prevention, primary, acute, long-term and end-of-life care services. MHA, recognizing the challenges and opportunities of this new paradigm, is strategically positioned to help Missouri hospitals and health systems. The transformative changes in health care today are challenging, yet Missouri’s hospitals are poised to build on the success of the hospital engagement network. The work continues. A focused strategy to reduce variation and improve care is underway. MHA and Missouri hospital leaders and providers are poised to lead the efforts in every Missouri community for better health, better care, and lower costs.

Quality News

- May 2015
- April 2015

http://web.mhanet.com/strategic-quality/
Website Resources

- Missouri Quality Snapshot – Quarterly
- Past webinar recordings and presentations
- MHA Resources
  ‣ guides, IPPS updates, toolkits, Quality Resource Briefs, OB
- AHRQ and IHI toolkits and guides
9 Things to Start Next Week (or the week after): Action Items

- Systematically distribute PFE Quality Resource Briefs to frontline staff and encourage their engagement
- Review your HIDI Analytic Advantage Readmission Dashboard.
- Do you have a patient/family on your readmission team?
- Talk to your CEO about signing your DUA
- Confer NHSN rights with HIDI
- Fill out the Project ACHIEVE survey
- Nominate a Distinguished Quality Professional
- Nominate/Apply for Quest for Quality Award
- Fill out the AHA Quality Map survey
Upcoming Events
Upcoming Events – Strategic Quality

- HEN! Be on the lookout for agreements and deliverables as soon as the contract is awarded
- August 5, from Noon to 1 p.m. - Lunch & Learn: What's Up Wednesday (register, then dial 855/427-9512)
- To Be Confirmed: August 19th, HEN Kickoff Webinar
- Fall Regional Meetings – Clinical Excellence and Harm Reduction
  - September 16 – St. Louis
  - September 17 – St. Genevieve
  - September 22 – Blue Springs
  - September 24 – Springfield
- September 25th webinar on price and quality transparency
Upcoming Events – MHA Center for Education

• Transition Care Management: Much More Than Discharge Planning
• Understanding the Peer Review vs. Performance Improvement Processes
• ICD-10: It's Here and We Need To Be Ready To Code
• 60 Medication Tips to Reduce Errors
• Clinical Documentation Improvement for ICD-10

http://web.mhanet.com/seminars-and-webinars

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Division Vice President of Strategic Quality Improvement
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- Population Health
- Oversight of division (Quality Improvement, Quality Works, Emergency Preparedness)

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- Clinical quality SME
- Oversight of Quality Improvement
- Grant management
- Collaborative management
- Patient & Family Engagement

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Vice President of Quality Program Development
- National quality measures
- Quality outcome transparency
- Electronic clinical quality measures
- MBQIP grant lead

**Jessica Rowden, R.N., BSN, MHA**
Clinical Quality Improvement Manager
- Clinical quality SME
- Data management and analytics
- HEN/AHRQ grant projects
- TeamSTEPPS
- Host of WUW/LNL

**Cheryl Eads**
Executive Assistant of Quality Improvement
- Provides support to the SQI team
- Coordinates webinars, conference calls and meetings
- Distributes correspondence and communication
- Assists in maintaining reports

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Welcome to the MHA:SQI team

Stephen Njenga
Director of Performance Measure Compliance
Thank you for joining us

- Please fill out the evaluation
  - Give feedback
  - Debrief: tell us what went well and what didn’t
  - Offer suggestions to help us improve
  - What topics would be beneficial to your organization
- Be a featured hospital speaker!
- See you next month, August 5th @ noon
  - Cox Monett SSI reduction journey