Trajectories

Aim Toward Outcomes

NOVEMBER 2014

Trajectories is a new monthly publication highlighting Missouri hospital initiatives to improve the health of their communities, and the experience and quality of care provided to their patients, as well as the efficiency of care delivered.

Health Care Quality In Critical Access Hospitals

"Quality means doing it right when no one is looking." – Henry Ford

According to the U.S. Census Bureau, 19 percent of Americans and 30 percent of Missourians live in rural communities.[1] In federal fiscal year 2013, approximately 400 Missourians were discharged each day from hospitals located outside of Missouri counties stationed within metropolitan statistical areas.[2] Health care in rural communities is a vital service across Missouri and the U.S.

These hospitals face many challenges associated with their geographic location and often have limited resources. However, critical access hospitals are inherently linked to the communities they serve; therefore, they are well positioned to thrive in the changing health care marketplace. Alan Morgan, National Rural Health Association CEO stated, "Quality health care can be found in rural towns all across America. Rural primary care often faces significant challenges with equal or better patient outcomes. It's time to start looking at what's done right in rural."[3]

One-quarter of the hospitals in the nation are CAHs, which are rural hospitals with 25 beds or less that are in a rural area or an area treated as rural.[4] They are located either more than 35 miles from the nearest hospital, or 15 miles in mountainous terrain or secondary roads.[5] Although many CAHs still are primarily reimbursed based on their costs, there is wide acknowledgment that payment structures that recognize quality, patient satisfaction and reducing costs are part of CAHs' future.[6] These reimbursement structures are likely to affect CAHs in the near future.

Economic Contribution

The economic contribution of CAHs is regularly underestimated and overlooked. These facilities are often the largest or second largest employer in the area and offer skilled jobs that many rural companies cannot provide.[7] Spending on employees, patients, supplies and capital developments supports local and statewide economic and community benefit. In 2012, Missouri CAHs' capital investments totaled more than $100.7 million while payroll and benefits exceeded $8.9 million.[8] Small hospitals have proven they can provide their patients with quality care, with a restricted budget, while still tackling challenges due to their remote geographic location, small size and limited workforce.

MHA
MISSOURI HOSPITAL ASSOCIATION

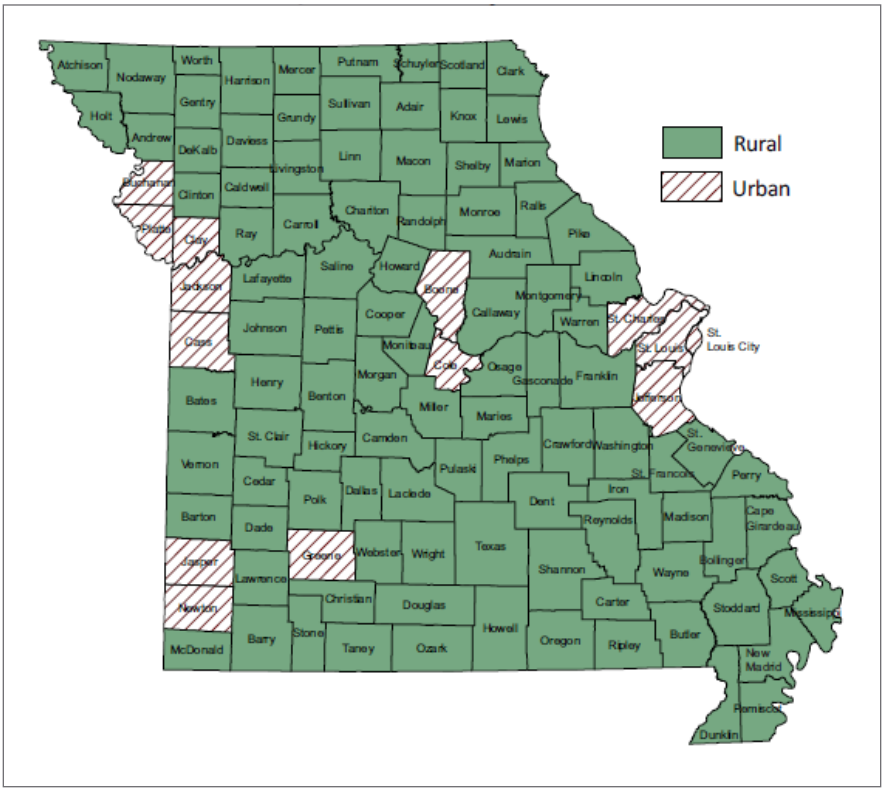
Quality In Our Backyard

In Missouri, 101 counties are considered rural. Missouri's rural population is estimated at 2.23 million people, representing 37 percent of the state's overall population.[9] Hospitals serving that population have been working proactively to increase their quality knowledge, reporting and outcomes.

The Medicare Beneficiary Quality Improvement Project is aimed at improving care in CAHs through dissemination of information and resources, analysis and education. MBQIP is a voluntary federal program created by the Office of Rural Health Policy in 2010. Thirty of Missouri's CAHs have committed to share quality data among themselves, as well as compiling aggregate data for public dissemination. Throughout the MBQIP project life span, the number of hospitals reporting outpatient measures and/or Hospital Consumer Assessment of Healthcare Providers and Systems measures has increased, along with the successful implementation of regional meetings to engage hospitals and provide them with data collection and reporting education.

As noted at right, quality and efficiency outcomes of hospitals that participate in the MBQIP program are excellent. The Missouri transfer time averages to another facility for the measure of acute coronary intervention, timing of antibiotic prophylaxis, prophylactic selection for surgical patients, and blood cultures performed in the emergency department prior to initial antibiotic, are all performing better than the national average.[10] These measures represent success in CAH outpatient and inpatient settings.

Rural /Urban County Classification



Missouri Department of Health and Senior Services, Office of Primary Care and Rural Health. *Health in Rural Missouri, Biennial Report 2012-2013.*

Table 1: Reporting Period: 1Q13 through 4Q13 Discharges[10]

MBQIP Measure	Measure Definition	Missouri Average	National Average
Outpatient Quality Reporting			
AMI Cardiac Care			
OP-3b	Median Time to Transfer to Another Facility for Acute Coronary Intervention	62 min.	71 min.
Surgical Care			
OP-6	Timing of Antibiotic Prophylaxis	100%	94%
OP-7	Prophylactic Antibiotic Selection for Surgical Patients	100%	95%
Inpatient Quality Reporting			
Pneumonia			
PN-3b	Blood Cultures Performed in the Emergency Department Prior to Initial Antibiotic Received	97%	95%

Telligen. June 2014. *Medicare Beneficiary Quality Improvement Project: Improving Care Through Information*. Missouri State Performance.

The Hospital Engagement Network

In 2012, the Hospital Engagement Network was established as a federal hospital quality improvement and patient safety initiative. Missouri has 93 hospitals participating in the voluntary quality program; approximately 30 of them are CAHs. The aim of the initiative is to reduce hospital-acquired harm and preventable readmissions.

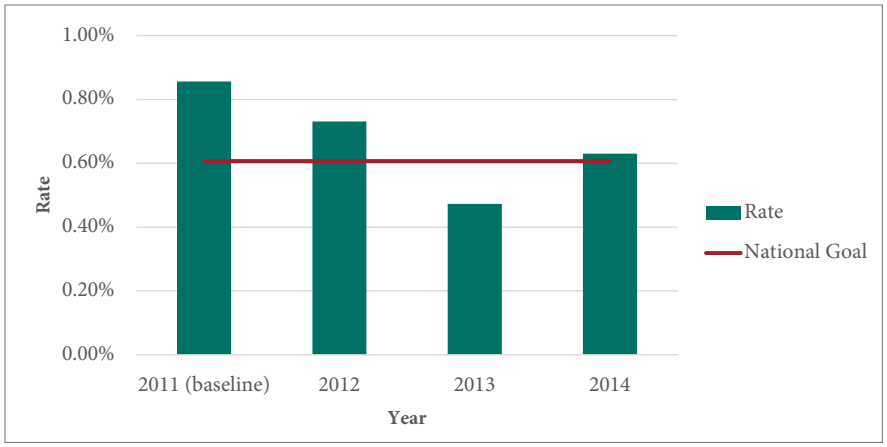
The Missouri Hospital Association has supported critical access hospitals through the HEN by improving the capability of team members, expanding the capacity of collecting data, and encouraging collaboration and networking with other hospitals of like size. Many value-added benefits, including a data stipend to increase data management, have been offered to participating facilities. Seventy-eight percent of CAHs in the HEN applied for and received educational reimbursements to further increase their quality improvement and patient-safety knowledge.

Engagement in quality improvement activities is the key to achieve successful outcomes. CAHs are a very engaged group of participants within the Missouri HEN initiative. A priority measure not limited to CAHs is patient falls. The commitment of CAHs to reduce falls led to a 45 percent improvement in their fall rates.[11] Figure 1 shows a baseline rate of 0.856 for falls. Since the HEN began in 2012, CAHs have reported a decrease in falls. It is evident that CAHs have been able to provide a safer environment for their patients.[11]

The topic of discussion at many HEN collaborations will continue to be fall prevention. The MHA HEN initiative provided technical support and resources including fall-focused coaching calls with national and state subject matter experts, networking calls, access to a national fall-topic listserv, and data support.

In addition, a statewide conference for Missouri HEN participants was dedicated to fall prevention strategies. A hospital panel that consisted of CoxHealth (Springfield, Mo.), Lincoln County Medical Center (Troy, Mo.) and St. Anthony's Medical Center (St. Louis) spoke about barriers and successes in their fall prevention journey.

Figure 1: Patient Falls With or Without Injury (EOM-Fall-37)



Comprehensive Data System/HIDI Analytic Advantage. October 2014. Missouri CAH Performance Report.

"Quality at Ste. Genevieve County Memorial Hospital has really taken off with support from Leadership. As our CEO states at every meeting, our commitment and goal is to be the provider of choice and the safest hospital in our area. Culture changes one employee at a time. Getting every department to consistently report and share their quality efforts in a balanced scorecard was an accomplishment and gain for quality performance. We improve quality throughout the hospital with each department; it takes much more than the quality department to change the daily process and the culture. Small hospitals make a difference with personable care. Getting the employees educated on the quality measures and including them in data collection builds accountability and pride in the quality outcomes."

– Missy Sutton, R.N., Director of Quality Improvement, Risk Management, Ste. Genevieve County Memorial Hospital

Figure 2 shows additional exemplary improvement in the work that the CAHs are completing. Even though some measures have a small sample size, the progress demonstrates sustained improvement. Barton County Memorial Hospital in Lamar, Mo., and Pike County Memorial Center in Louisiana, Mo., have each achieved a 40 percent reduction in the applicable harms that pertain to their organization and a 20 percent reduction in readmissions; as noted below.

"We have definitely reduced readmissions, falls, and adverse drug events by being part of this major effort in quality and patient safety.

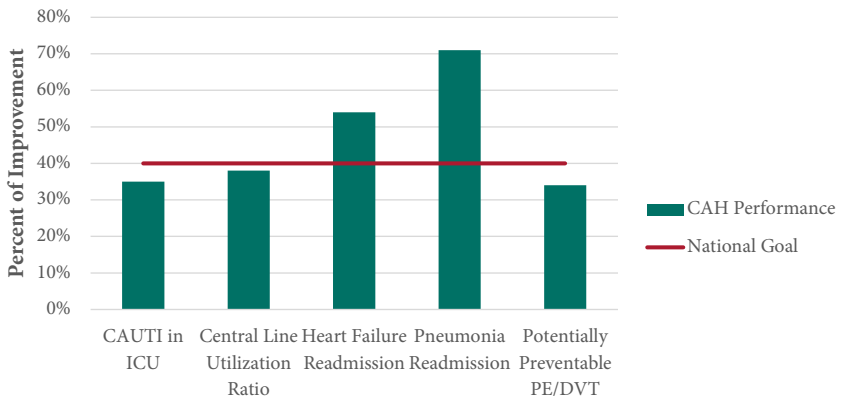
– Paulette Powelson, Director of QI/RM/IC, Pike County Memorial Center

"The HEN project has been an enlightening journey. The education, tools and resources provided have been a great benefit in continuing our mission of providing our community a healing environment devoted to our patients. Collaboration is crucial in giving exceptional care. This project has been based on collaboration and sharing throughout the Health Research & Educational Trust and MHA, and in each individual facility that participated. Thanks to each of you for participating as we all strive to improve the quality of care we give and prevent patient harm."

– Edie Ogden, Director Quality/Risk Management, Barton County Memorial Hospital

The initial MBQIP and HEN outcomes and engagement are promising for Missouri's CAHs that have shown dedication to improving the quality and efficiency of the care provided to their patients.

Figure 2: CAH Performance on HEN Topics (Baseline = CY 2011; Performance = January 2012-September 30, 2014)



KEY to Titles:		
CAUTI in ICU	CAUTI-19	Catheter associated urinary tract infections in Intensive Care Unit
Central Line Utilization Ratio	CLABSI-122	Central line utilization ratio
Heart Failure Readmission	READ-80	Heart failure 30 day risk standardized readmission
Pneumonia Readmission	READ-81	Pneumonia 30 day risk standardized readmission
Potentially Preventable PE/DVT	VTE-8-1	Potentially preventable pulmonary embolism or deep vein thrombosis not present on admission

Comprehensive Data System/HIDI Analytic Advantage. October 2014. Missouri CAH Performance Report.[11]

MHA is prepared to assist rural hospitals with initiatives to improve care and reduce variation not only in the hospital, but also within the state. A process is underway to collect and analyze measures through already collected discharge data. This data will be used to evaluate state progress to ensure a focused approach is used moving forward.

In the future, CAHs have an advantage in several of the upcoming state-aggregate quality measures, including the domains management of chronic diseases and preventing readmissions, due to their relationships within the communities they serve. This benefit should be used strategically when planning for the unique challenges of providing quality care in the rural health care setting.

"Through our participation in the HEN, we have been able to reduce hospital-acquired conditions across the board by using the tools and best practices learned from HEN trainings and conferences. Collaboration with other CAH members participating in the MBQIP program has helped us learn from each other given our unique challenges, thus helping us take the journey to excellence to the next level."

– Stephen Njenga, Performance Improvement Accreditation Manager, Medical Staff, CoxHealth, Springfield, Mo.

References

[1] United States Census Bureau. (2010). *2010 Census Urban and Rural Classification and Urban Area Criteria*. Retrieved 10/20/14 from http://www.census.gov/geo/reference/ua/urban-rural-2010.html.

[2] Hospital Industry Data Institute. FFY 2013 HIDI inpatient discharge data. Retrieved 10/20/14.

[3] Corey, L. (February 20, 2014). National Rural Health Association. *Rural physicians more likely to participate in quality improvement efforts and discuss costs of care with patients, according to new survey.* Retrieved 9/29/14 from http://www.ruralhealthweb.org/go/left/publications-and-news/press-releases.

[4] Rau, J. (September 30, 2014). *Many rural hospitals are excluded from government's push for better quality.* Retrieved 9/30/14 from http://www.kaiserhealthnews.org/stories/2014/september/30/many-rural-hospitals-are-excluded-from-governments-push-for-better-quality.aspx?referrer=search.

[5] The Centers for Medicare & Medicaid Services. (2014). Critical Access Hospitals. Retrieved 10/20/14 from http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandComplianc/CAHs.html.

[6] Weng et al. (March 25, 2014). Critical Access Hospital Population Health Summit. *Improving population health: a guide for critical access hospitals.* Retrieved 9/30/14 from www.ruralcenter.org.

[7] American Hospital Association. (2013). American Hospital Association Section for Small or Rural Hospitals: Annual Report for 2013. Retrieved 10/7/14 from http://www.aha.org/content/14/2013_annual_report.pdf.

[8] Missouri Hospital Association. (2014). Economic Impact Report. Retrieved 10/9/14 from http://compare.focusonhospitals.com/.

[9] Van Dyne, et al. (2013). Missouri Department of Health and Senior Services, Office of Primary Care and Rural Health. *Health in Rural Missouri, Biennial Report 2012-2013.*

[10] Telligen. (June 2, 2014). *Medicare Beneficiary Quality Improvement Project: Improving Care Through Information.* Missouri State Performance.

[11] Comprehensive Data System/HIDI Analytic Advantage. (October 2014). Missouri CAH Performance Report. Retrieved 10/15/14.

Other Resources

Missouri Hospital Association. (2014). *Annual Community Investment Report. Unlocking the value of hospitals.* Retrieved 10/9/14 from http://web.mhanet.com/uploads/media/2013_Community_Investment_Report.pdf.

Suggested Citation

Downing, D., & Rowden, J. (November 2014). Care Coordination in the Rural Setting. Missouri Hospital Association.

MISSOURI HOSPITAL ASSOCIATION

P.O. Box 60
Jefferson City, MO 65102-0060