Quality News

December 2017

Join the Conversation

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Upcoming Events

Save The Date!

Fourth Annual Missouri Telehealth Summit
Jan. 31 - Feb. 1
Capitol Plaza Hotel & Convention Center
Jefferson City, Mo.
Click here to register.

Virtual Events

Promoting Safe Environments of Care
Thursday, Dec. 14
11:30 a.m.
Click here to register.

CHNA — Community Health Implementation, Planning and Deployment Webinar
Tuesday, Dec. 19
11 a.m.
Click here to register.

AFE Webinar — ED Utilization Webinar
Wednesday, Jan. 3
12 p.m.
Click here to register.

Sepsis Immersion

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Spotlight

***Trajectories*: ED Utilization – Right Care. Right Place. Right Time.**
The December 2017 issue of ***Trajectories*** focuses on emergency department utilization. A hallmark of emergency medicine is its basis in treating acute, emergent needs with focused treatments over a relatively short timeframe, followed by transfer to the next level of care. Over the past 15 years, a significant shift in the type of care provided in an ED has been observed. EDs of today are providing increased care for patients with non-acute, chronic and psychiatric-based issues, which are typically better served through ambulatory and outpatient treatment facilities.

This issue looks at ED utilization trends and strategies to address the growing issues. Hospital EDs across Missouri have implemented many successful models to improve utilization for both patients and providers. These best practices include approaches to rural health, mental health and substance abuse, and chronic conditions and super-utilizer management.

MHA Hospital Improvement Innovation Network

Congratulations!
In November, 78 Missouri HIIN participating hospitals were sent innovation stipends totaling $106,450. The stipends are used to recognize their team's hard work for meeting the stipend criteria of data submission and performance improvement for Milestone 5 of the project. Milestone 5

represents the first time that hospitals in the network have been held accountable for meeting identified harm and readmission reduction thresholds. The stipend funds are intended to assist hospitals in funding additional quality improvement work and supplementing education for care providers to adopt and implement evidence based practices.

Innovate. Exnovate. Improve. Inspire. Cultivating HIINergy.
MHA is proud to share the Cultivating HIINergy publication, summarizing year one successes and initiatives. Please share with your staff to learn more about the HIIN program.

Site Visits
Over the next few months, HIIN Improvement Advisors will be conducting site visits with HIIN hospitals, either in-person or virtually. These visits are designed to focus on hospitals' performance in the project to-date and assist in prioritizing opportunities to net further quality improvement. To conduct a more thorough visit with robust discussions, MHA requests that hospitals schedule the HIIN/quality team and hospital leadership to attend.

MHA Spring Bootcamps
In April, the HIIN team will continue their journey around the state to offer regional bootcamps. The four bootcamp locations include Springfield, Independence, St. Louis and Cape Girardeau. The meetings will build on MHA's larger S.A.F.E.R. Initiative to offer training to frontline staff on communication and safety techniques to improve management of escalating or violent patients and visitors. These bootcamps are open to all MHA member hospitals, and the techniques covered are designed to supplement any programs hospitals already have in place.

2018 HIIN Meeting
MHA's HIIN meeting will take place June 6-7 in Columbia. During the two days, attendees will learn about and participate in discussions covering the topics of UP Campaign, care transitions, antibiotic stewardship, patient safety, high reliability, patient and family engagement, physician inclusion, and clinical quality improvement. There also will be a keynote presentation on maintaining a safe environment for behavior health patients and keeping this patient population safe.

Zero Heroes
Congratulations to the following hospitals, which are in the top 10 percent of Zero Heroes:
Carroll County Memorial Hospital (MO)
Cedar County Memorial Hospital (MO)
Golden Valley Memorial Healthcare (MO)
Harrison County Community Hospital (MO)
Osage Beach Center for Cognitive Disorders (MO)
Pike County Memorial Hospital (MO)
Southeast Health Center of Ripley County (MO)
Sullivan County Memorial Hospital (MO)

The top 25 percent of Zero Heroes include the hospitals above combined with those listed below:
Barton County Memorial Hospital (MO)
Black River Medical Center (MO)
Cooper County Memorial Hospital (MO)
Iron County Medical Center (MO)
Long-Term Acute Care Hospital, Mosaic Life Care of St. Joseph (MO)
Madison Medical Center (MO)
Mercy Hospital Carthage (MO)
Missouri Delta Medical Center (MO)
Moberly Regional Medical Center (MO)
Salem Memorial District Hospital (MO)
Samaritan Memorial Hospital (MO)

Ste. Genevieve County Memorial Hospital (MO)

Emergency Preparedness Fundamentals
MHA's Emergency Preparedness staff delivered a fundamentals course on Nov. 15. The course is an introductory overview of various emergency preparedness topics, including regulations and standards, state response structures, grant programs, and other specific emergency preparedness tools and resources available in Missouri. This offering serves as an educational opportunity for individuals with limited knowledge of emergency preparedness or who have assumed new responsibilities. There were 36 individuals in attendance representing numerous disciplines, including hospitals, local public health, emergency medical services, emergency management, long-term care and specialty clinics.

Leaders or program managers looking to build depth among their teams also take advantage of this educational offering. MHA plans to host additional offerings in the future to continue to support depth and breadth within health care organizations.

This educational offering was provided with the funds from the FY 2017 Assistant Secretary for Preparedness and Response Hospital Preparedness Program, CFDA 93.889, through a subcontract from the Missouri Department of Health & Senior Services.

Patient and Family Advisory Council
The MHA Statewide PFAC held an in-person meeting on December 1. The council finalized its mission, vision and objectives, and outlined a 2018 action plan. The council created work groups to begin implementing the action plan. We will continue to share details on the council's efforts as we move forward. The council is still seeking additional patients or family members to serve on the council. If you have a recommendation for a patient or family member to be added to the council, please contact Mary Shackelford at mshackelford@mhanet.com. The council will come together for webinar on Feb. 7, 2018 to continue its work.

Announcements

Missouri Telehealth Summit
The Fourth Annual Missouri Telehealth Summit will take place Jan. 31 and Feb. 1, 2018, at the Capitol Plaza Hotel & Convention Center in Jefferson Center, Mo. As always, this summit brings together providers, payers and policy-makers. Our keynote speaker is Yulun Wang, the founder and CIO of InTouch Health. We are highlighting rural hospital telehealth financial barriers and incentives and how telehealth improves access and capacity for care. We will have a legislative and regulatory panel and an evidence panel. We are asking for poster submissions to display during the summit. And we are asking for volunteers to provide a three- to five-minute description of your 'cool' telehealth project!

Also new this year, there will be an exhibit hall so you can interact with telehealth vendors, as well as a Pre-Summit Workshop, Telehealth 101, on Jan. 31, 2018.

Poster submissions: Please email Rachel Mutrux at mutruxe@health.missouri.edu, Deepika Gupta at dg3f4@mail.missouri.edu or Mirna Becevic at becevicm@health.missouri.edu.

Cool telehealth projects: Please email Rachel Mutrux at mutruxe@health.missouri.edu or Lindsey Beckmann at Beckmannli@health.missouri.edu.

New Additions
Recently, the Strategic Quality Initiatives team added three new members to their staff. From left to right they are Patty Pratt, Yoshelin Medina and Megan Griffith. Patty Pratt is the project manager for the Opioid State Targeted Response Grant, Yoshelin Medina is the SQI grants coordinator, and Megan Griffith is the executive assistant and SQI program coordinator.

Please welcome Patty, Yeshelin and Megan to the SQI team.

Resources

December's *Trajectories* — "ED Utilization — Right Care. Right Place. Right Time."

Opioid Toolkit — MHA's interactive opioid toolkit provides access to current national and Missouri research and practice and policy guidance to address the opioid epidemic.

Community Health Needs Assessment Resources — From assessment to implementation, MHA can work in partnership with your staff to complete all, or parts of, a CHNA that complies with Internal Revenue Service requirements.

Additional resources can be found on MHA's HIIN web page.

Quality Reporting News

NHSN Release Management and Issues Webpage
The rollout of the new NHSN Release Management and Issues webpage is intended to be used as a resource to provide a list of all known NHSN defects currently impacting the application, including those defects that might impact a facility's ability to report and/or review data in time for an upcoming CMS reporting deadline. The NHSN Release Management and Issues webpage can be accessed at http://www.cdc.gov/nhsn/releasemgt/index.html.

Reporting Height and Weight for Procedures
One of the factors included in the surgical site infections standardized infection ratio calculation is the body mass index, which is calculated using the patient's height and weight. To avoid skewed data, BMI outlier values are excluded from the SSI SIR calculations. Specifically, adults with less than 12 or greater than 60 kg/m² BMI are excluded from all the 2015 Baseline SSI SIR reports. Some of these BMI data outliers are often due to potential data quality issues, which can be corrected. We have noticed a number of procedures from 2017 that contain extreme outlier of BMI data, such as procedures performed in adults with a reported BMI of less than one or greater than 500 or 2000 kg/m².

The purpose of this message is to remind users to perform data quality checks of BMI data to confirm data is correct. If entered data are incorrect, please edit the procedure record(s) individually and save them. Then generate new analysis datasets to incorporate the updates into the analysis datasets.

CMS Announces Deadline To Submit 3Q2017 HCAHPS Survey Data
The submission deadline for the Hospital Consumer Assessment of Healthcare Providers and Systems patient perspectives on care survey data for third quarter 2017 discharges (July 1 – Sept. 30) is Wednesday, Jan. 3. The Centers for Medicare & Medicaid Services encourages all hospitals to submit data at least two days prior to the deadline to allow time to address any submission issues. Inpatient Prospective Payment System hospitals participating in the Hospital Inpatient Quality Reporting Program must collect and submit HCAHPS data in order to qualify to receive their full Annual Payment Update. Non-IPPS hospitals must meet the same submission deadline for their data to be published on Hospital Compare.

The review and correction period is Jan. 4 – 10 during which time participating hospitals have the opportunity to access and review the HCAHPS data review and correction report. New data are not accepted into the warehouse during this period, but errors in data accepted into the warehouse by the Jan. 3 deadline can be corrected and resubmitted.

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