Medicare Beneficiary Quality Improvement Program (MBQIP)

Stephen Njenga, Director of Performance Measurement Compliance
October 2018
Housekeeping

• Handouts
• The following offerings were offered to all FLEX participating CAHs:
  ➢ Orientation for new quality directors
  ➢ Missouri Rural Health Conference
  ➢ Excellence in Clinical Care Series
  ➢ High Reliability Organization (HRO)/Culture of Safety
  ➢ Medical Group Leadership and Management Services
  ➢ TeamSTEPPS
  ➢ Foundation of Population Health
  ➢ Strategic Planning (January 2019)
  ➢ 96th Annual Missouri Hospital Association Convention & Trade Show
MEDICARE BENEFICIARY QUALITY IMPROVEMENT PROJECT

AGENDA

9:30 a.m.  Registration and Continental Breakfast

10 a.m.  Welcome and Introductions
Stephen Njenga, MPH, MHA, CPHQ, CPPS
Director of Performance Measurement Compliance
Missouri Hospital Association

10:15 a.m.  Collaborations & SHIP grant
Melissa Vandyne/Lisa Branson
Missouri Department of Health and Senior Services
Office of Primary Care and Rural Health

10:45 a.m.  MBQIP program overview & statewide progress report
  • Successes and barriers
  • Gaps and best practices to address issues identified
  • Performance improvement strategies to drive improvements

11:45 a.m.  Population Health
  • CHNA and population health survey results and next steps

12 noon  Lunch (provided)

12:30 p.m.  Hospital Spotlight

1 p.m.  Hospital Specific Dashboard Report – Performance Measurement - New
Stephen Njenga

1:25 p.m.  Roundtable Discussion
  • Care transitions – Emergency Department Transfer Communication
  • Patient safety/inpatient/outpatient quality measures
  • Patient engagement – HCAHPS

2 p.m.  Closing Comments
Collaborations and SHIP Grant

Melissa Vandyne
Rural Health Manager
Missouri Department of Health and Senior Services
Office of Primary Care and Rural Health

Lisa Branson
Rural Health Coordinator
Missouri Department of Health and Senior Services
Office of Primary Care and Rural Health
SHIP Deadlines

- 2018 Grant Period: June 1, 2018 to May 31, 2019
  - Invoices no later than May 31
  - Award Amount: $9,876

- 2019 Grant Period: June 1, 2019 to May 31, 2020
  - Not yet awarded
  - Award Amount: TBD
FLEX Grant Overview
Congratulations!!

National Rural Health Association 2018 Top 20 Critical Access Hospitals

- Lafayette Regional Health Center
  - Quality
- Mercy Hospital Cassville
  - Patient Satisfaction
Congratulation's

FLEX MBQIP Updates

While emergency care is important in all hospitals, the emergency department is particularly important in critical access hospitals where the distance to urban tertiary care centers makes the effective triage, stabilization and transfer of patients with the necessary and appropriate information of life or death importance. ED transfer communication measures allow the acute care safety net facilities to show how well they carry out their important stabilize-and-transfer role for rural residents. This measure is required of hospitals participating in the FLEX MBQIP program in Missouri and across the nation.

As of the second quarter of 2018, the following CAHs achieved 100 percent compliance in all EDTC composite scores, putting them in the top performers list of CAHs in Missouri and the nation.

1. Carroll County Memorial Hospital
2. Lafayette Regional Health Center
3. Perry County Memorial Hospital
4. Iron County Hospital
5. Elliott Memorial Hospital
6. Excelsior Springs Hospital
7. Cox Monett Hospital
8. Putnam County Memorial Hospital
9. Harrison County Community Hospital
Medicare Rural Hospital Flexibility Grant

- Create or sustain improvement in quality, patient safety, financial and operational outcomes, and population health management
- National program with resources and benchmarking
- Critical Access Hospitals only!
- 34 out of 36 Missouri hospitals participating
FLEX Grant Activities

- **Quality**
  - Patient safety, patient engagement, care transitions, outpatient care

- **Financial and Operational**
  - Financial and operational assessments and actions, revenue cycle management, operational improvement

- **Population Health**
  - Identify specific health needs of CAH communities and implement activities
NEW – Removal of MBQIP Measures

MBQIP Measure Change Summary

Removed Inpatient Measures ED-1, ED-2, IMM-2
September 2018

Removal from MBQIP
CMS has announced that three chart-abstracted inpatient measures that are currently required for MBQIP will be removed:

- Two of the measures will be removed following Q4 2018 data submission:
  - IMM-2: Influenza Immunization
  - ED-1: Median Time from ED Arrival to ED Departure for Admitted ED Patients
- One of the measures will be removed following Q4 2019 data submission:
  - ED-2: Median Time from ED Arrival to ED Departure for Admitted ED Patients
# FY 2018 – 21: Medicare Beneficiary Quality Improvement Project (MBQIP) Measures

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<tr>
<th>Core/Required Improvement Initiatives</th>
<th>Patient Safety/Inpatient</th>
<th>Patient Engaged</th>
<th>Care Transitions</th>
<th>Outpatient</th>
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| **OP-27:** Influenza Vaccination Coverage Among Healthcare Personnel (HCP) (Facilities report a single rate for inpatient and outpatient settings) | **IMM-2:** Influenza Immunization for Inpatients | Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) The HCAHPS survey contains 21 patient perspectives on care and patient rating items that encompass nine key topics: | Emergency Department Transfer Communication (EDTC) 7 sub-measures; 27 data elements; 1 composite | **OP-1:** Median Time to:  
  - Fibrinolysis  
  - OP-2: Fibrinolysis Therapy  
  - Received within 30 minutes  
  - OP-3: Median Time to:  
  - Transfer to another Facility for care  
  - Acute Coronary Intervention  
  - OP-4: Aspirin at Arrival  
  - OP-5: Median Time to ECG |
| **Antibiotic Stewardship:** Measured via Center for Disease Control and Prevention Healthcare Safety Network Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) | **ED-1:** Median Time from ED Arrival to ED Departure for Admitted ED Patients | **EDTC-1:** Administrative Communication (2 data elements) | **ED-1:** Median Time from ED Arrival to ED Departure for Discharged ED Patients  
  - OP-18: Door to Diagnostic Evaluation by a Qualified Medical Professional  
  - OP-20: Patient Left Without Being Seen  
  - OP-21: Median Time to Pain Management for Long Bone Fracture |
| **Inpatient ED Measures:**  
  - ED-1: Median Time from ED Arrival to ED Departure for Admitted ED Patients  
  - ED-2: Admission Decision Time to ED Departure Time for Admitted Patients | **EDTC-2:** Patient Information (6 data elements) | **EDTC-3:** Vital Signs (6 data elements) | **ED-2:** Not to be submitted after Q42018 |
| **ED-2:** Admit Decision Time to ED Departure Time for Admitted Patients | **EDTC-4:** Medication Information (3 data elements) | **EDTC-5:** Physician or Practitioner Generated Information (2 data elements) | **ED-2:** Not to be submitted after Q42019 |
| **Emergency Department Transfer Communication (EDTC)** | **EDTC-6:** Nurse Generated Information (6 data elements) | **EDTC-7:** Procedural and Tests (2 data elements) | **ED-2:** Not to be submitted after Q42019 |
| 7 sub-measures; 27 data elements; 1 composite | **EDTC-7:** Composite of All 27 data elements | **All-EDTC:** Composite of All 27 data elements | |

The survey also includes four screening questions and seven demographic items. The survey is 32 questions in length.
## Medicare Beneficiary Quality Improvement Project (MBQIP)

### Data Submission Deadlines

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<td>1.</td>
<td>Population &amp; Sampling Submission (inpatient and outpatient)</td>
<td>QualityNet via Secure Log In</td>
<td>August 1, 2018</td>
<td>November 1, 2018</td>
<td>February 1, 2019</td>
<td>May 1, 2019</td>
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<td>OP-1</td>
<td>Median time to fibrinolysis</td>
<td>QualityNet via Inpatient CART/Vendor</td>
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<td>Median time to transfer to another facility for acute coronary intervention</td>
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<td>Aspirin at arrival</td>
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<td>Median time from ED arrival to ED departure for discharged ED patients</td>
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<td>Median time to pain management for long bone fracture</td>
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<td>Patient left without being seen</td>
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<td>Influenza vaccination coverage among healthcare personnel</td>
<td>National Healthcare Safety Network</td>
<td>May 15, 2018 (Q4 2017/Q1 2018 aggregate)</td>
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<td>May 15, 2019 (Q4 2018/Q1 2019 aggregate)</td>
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<td>February 15, 2019</td>
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<td>EDTC4</td>
<td>Emergency Department Transfer Communication</td>
<td>As directed by state Flex program</td>
<td>April 20, 2018</td>
<td>July 20, 2018</td>
<td>October 20, 2018</td>
<td>January 20, 2019</td>
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1. Based on currently available information. Submission dates are subject to change.
2. The encounter period for OP-27 is limited to Q4 and Q1.
3. State Flex Programs must submit data to FORHP by the 10th day of the month following the hospital deadline (e.g. Q4 2017 data due to FORHP by February 10, 2018).
4. Hospitals are strongly encouraged to complete the NHSN Annual Facility Survey by March 1 of each year, but may submit or update survey responses throughout the year. Any additional survey responses or updates will be reflected in quarterly data reports.

For additional information about measure submission see the [MBQIP Quality Reporting Guide](#).
# Telligen Reports Release Timelines

**Anticipated MBQIP Data Reports Release Timelines for State Flex Programs**

*Note - Dates are estimated based on historic timelines. All dates are subject to change and do not account for the time required for state Flex programs to distribute data to hospitals.*

<table>
<thead>
<tr>
<th>Report Name</th>
<th>Q1 Jan 1 - Mar 31</th>
<th>Q2 Apr 1 - Jun 30</th>
<th>Q3 Jul 1 - Sep 30</th>
<th>Q4 Oct 1 - Dec 31</th>
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<tr>
<td>Patient Safety &amp; Inpatient-Outpatient</td>
<td>Early September (includes OP-27)</td>
<td>Early December</td>
<td>Late March</td>
<td>Late June (includes OP-22)</td>
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<td>EDTC</td>
<td>Late June</td>
<td>Mid September</td>
<td>Mid December</td>
<td>Mid March</td>
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<td>HCAHPS</td>
<td>November</td>
<td>February</td>
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<td>August</td>
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MBQIP Program Goals

**Short Term**
- Staff understands the program requirements, indicators and strategies

**Medium Term**
- Staff reports measures, adopts projects and best practices

**Long Term**
- CAHs improve their quality of care, stabilize finances and adjust to changing community needs
Improvement Activities

• Community Health Needs Assessments
• Population health survey
• Training and technical assistance
• Consultations
• Information sharing
• Collaboration and networking during meetings
• Peer to peer networking
• ROI tracking
• Scholarships and education reimbursement
• Data reporting and analysis
• Performance improvement
Care Learning

- Online program
- Orientation
- FLEX program overview
  - Quality reporting and improvement
  - Financial and operational excellence
  - Population health management
- Cost is covered by FLEX program
“Quality is never an accident; it is always the result of high intention, sincere effort, intelligent direction and skillful execution; it represents the wise choice of many alternatives.”

William A. Foster
Changing Landscape in Health Care
Changing Landscape in Health Care

• The Triple Aim
  - To improve health care delivery
  - To improve population health
  - To lower costs — improve efficiencies
    - Affordability
    - Quality/outcomes
    - Patient experience
    - Population management
Performance Improvement

• Multiple Opportunities:
  ➢ Clinical
    – Consistent implementation of evidence-based practices
    – Fidelity to recommend models (process measures)
    – Seamless care transitions
  ➢ Operational
    – LEAN Six Sigma — reduce waste, increase efficiency
    – Throughput improvements
    – Seamless care transitions
  ➢ Administrative
    – Revenue enhancement — coding/billing accuracy
    – Supply/purchasing management
    – Seamless care transitions
Quality Improvement Efforts

- Convene experts (clinical domain, quality, patient experience)
- Identify and disseminate best practices (collaboratives)
- Manage, evaluate programs, and grants to transform care (measure processes, cost, benefit, outcomes)
  - Breakdown/cross silos
  - Work across/share clinical practice
- Partner with internal and external stakeholders (community partners, providers, payers, policymakers)
Processes and Operations

- Maximize the efficiency of clinical, financial and operation processes
- Develop effective care coordination teams and processes, and ensure safe and timely transitions of care
Use Data To Drive Improvements

Many CAHs are overwhelmed with reporting requirements, it is hard to address *internal* data gathering that supports your goals and operations.

Measurement takes the politics out of management and drives performance.

If you don’t have data, mythology wins.
What to Expect in the Future

- Payment Rates: decline
- Quality and Efficiency: rewarded
- Readmissions and Low Quality: penalized
- Population Health: important
Food for Thought

“Even if you’re on the right track, you’ll get run over if you just sit there.”
-Will Rogers
Dashboard Report – All Measures
# MEDICARE BENEFICIARY QUALITY IMPROVEMENT PROJECT (MBQIP)

## QUALITY DOMAINS DASHBOARD REPORT

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## CARE TRANSITIONS

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## PATIENT ENGAGEMENT

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## PATIENT SAFETY

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Hospital Consumer Assessment of Healthcare Providers and Systems Analytics

HCAHPS
HCAHPS

- Standardized survey tool to measure patient’s perception of quality of care by physicians and hospital staff during hospital stay

**Why?**
- Consumers – provide information helpful in choosing a hospital
- Hospitals – offer incentives to improve quality of care

**How?**
- A way to compare hospitals
- Provides meaningful data for improvement efforts
HCAHPS Data and Trends
# HCAHPS Telligen Report

**Report Run Date:** 08/13/2018

**MBQIP Patient Engagement Quality Report: Improving Care Through Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey**

## HCAHPS Survey Completion and Response Rate

### HCAHPS Composites and Individual Items

<table>
<thead>
<tr>
<th>HCAHPS Composites</th>
<th>Reporting Period 2016 - 01/17</th>
<th>Reporting Period 2016 - 02/17</th>
<th>Reporting Period 2016 - 03/17</th>
<th>Reporting Period 2016 - 04/17</th>
<th>Reporting Period 2016 - 05/17</th>
<th>Reporting Period 2016 - 06/17</th>
<th>Reporting Period 2016 - 07/17</th>
<th>Reporting Period 2016 - 08/17</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of Completed Surveys</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
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</tr>
<tr>
<td></td>
<td>Survey Response Rate</td>
<td>% Sometimes to Never</td>
<td>% Usually</td>
<td>% Always</td>
<td>% Sometimes to Never</td>
<td>% Usually</td>
<td>% Always</td>
<td>% Sometimes to Never</td>
</tr>
<tr>
<td>Composite 1 (Q1 to Q5)</td>
<td>Communication with Nurses</td>
<td>4</td>
<td>16</td>
<td>60</td>
<td>4</td>
<td>16</td>
<td>60</td>
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<tr>
<td>Composite 2 (Q6 to Q7)</td>
<td>Communication with Doctors</td>
<td>3</td>
<td>14</td>
<td>83</td>
<td>4</td>
<td>14</td>
<td>82</td>
<td>4</td>
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<tr>
<td>Composite 3 (Q8 &amp; Q11)</td>
<td>Responsiveness of Hospital Staff</td>
<td>8</td>
<td>25</td>
<td>67</td>
<td>8</td>
<td>24</td>
<td>68</td>
<td>8</td>
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<tr>
<td>Composite 4 (Q13 &amp; Q14)</td>
<td>Pain Management</td>
<td>7</td>
<td>23</td>
<td>70</td>
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<td>22</td>
<td>71</td>
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<tr>
<td>Composite 5 (Q15 &amp; Q16)</td>
<td>Communication about Medicines</td>
<td>16</td>
<td>18</td>
<td>64</td>
<td>17</td>
<td>18</td>
<td>64</td>
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### Hospital Environment Items

<table>
<thead>
<tr>
<th>Hospital Environment Items</th>
<th>Reporting Period 2016 - 01/17</th>
<th>Reporting Period 2016 - 02/17</th>
<th>Reporting Period 2016 - 03/17</th>
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<th>Reporting Period 2016 - 05/17</th>
<th>Reporting Period 2016 - 06/17</th>
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<th>Reporting Period 2016 - 08/17</th>
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<tbody>
<tr>
<td>Q8</td>
<td>Cleanliness of Hospital Environment</td>
<td>8</td>
<td>18</td>
<td>74</td>
<td>8</td>
<td>17</td>
<td>75</td>
<td>8</td>
</tr>
<tr>
<td>Q9</td>
<td>Quietness of Hospital Environment</td>
<td>8</td>
<td>73</td>
<td>63</td>
<td>8</td>
<td>66</td>
<td>63</td>
<td>9</td>
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</table>

### Discharge Information Composite

<table>
<thead>
<tr>
<th>Discharge Information Composite</th>
<th>Reporting Period 2016 - 01/17</th>
<th>Reporting Period 2016 - 02/17</th>
<th>Reporting Period 2016 - 03/17</th>
<th>Reporting Period 2016 - 04/17</th>
<th>Reporting Period 2016 - 05/17</th>
<th>Reporting Period 2016 - 06/17</th>
<th>Reporting Period 2016 - 07/17</th>
<th>Reporting Period 2016 - 08/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Yes</td>
<td>88</td>
<td>12</td>
<td>86</td>
<td>8</td>
<td>12</td>
<td>86</td>
<td>8</td>
<td>12</td>
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<tr>
<td>% No</td>
<td>12</td>
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<td>14</td>
<td>12</td>
<td>12</td>
<td>14</td>
<td>12</td>
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</table>

### Care Transition Composite

<table>
<thead>
<tr>
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<th>Reporting Period 2016 - 01/17</th>
<th>Reporting Period 2016 - 02/17</th>
<th>Reporting Period 2016 - 03/17</th>
<th>Reporting Period 2016 - 04/17</th>
<th>Reporting Period 2016 - 05/17</th>
<th>Reporting Period 2016 - 06/17</th>
<th>Reporting Period 2016 - 07/17</th>
<th>Reporting Period 2016 - 08/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Disagree to Strongly Disagree</td>
<td>4</td>
<td>42</td>
<td>53</td>
<td>4</td>
<td>42</td>
<td>53</td>
<td>4</td>
<td>42</td>
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<tr>
<td>% Agree</td>
<td>5</td>
<td>42</td>
<td>53</td>
<td>5</td>
<td>42</td>
<td>53</td>
<td>5</td>
<td>42</td>
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</table>

### HCAHPS Global Items

<table>
<thead>
<tr>
<th>Q21</th>
<th>Overall Rating of Hospital</th>
<th>Reporting Period 2016 - 01/17</th>
<th>Reporting Period 2016 - 02/17</th>
<th>Reporting Period 2016 - 03/17</th>
<th>Reporting Period 2016 - 04/17</th>
<th>Reporting Period 2016 - 05/17</th>
<th>Reporting Period 2016 - 06/17</th>
<th>Reporting Period 2016 - 07/17</th>
<th>Reporting Period 2016 - 08/17</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>% 0 to 6 rating</td>
<td>7</td>
<td>21</td>
<td>72</td>
<td>7</td>
<td>20</td>
<td>73</td>
<td>7</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>% 7 to 8 rating</td>
<td>20</td>
<td>73</td>
<td>63</td>
<td>20</td>
<td>73</td>
<td>63</td>
<td>20</td>
<td>73</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q22</th>
<th>Willingness to Recommend this Hospital</th>
<th>Reporting Period 2016 - 01/17</th>
<th>Reporting Period 2016 - 02/17</th>
<th>Reporting Period 2016 - 03/17</th>
<th>Reporting Period 2016 - 04/17</th>
<th>Reporting Period 2016 - 05/17</th>
<th>Reporting Period 2016 - 06/17</th>
<th>Reporting Period 2016 - 07/17</th>
<th>Reporting Period 2016 - 08/17</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>% No: Definitely or Probably Not Recommend</td>
<td>5</td>
<td>24</td>
<td>71</td>
<td>5</td>
<td>24</td>
<td>71</td>
<td>5</td>
<td>24</td>
</tr>
<tr>
<td></td>
<td>% Yes: Definitely or Probably Recommend</td>
<td>4</td>
<td>42</td>
<td>53</td>
<td>4</td>
<td>42</td>
<td>53</td>
<td>4</td>
<td>42</td>
</tr>
</tbody>
</table>
HCAHPS TREND ANALYSIS

- **Communication with Doctors**
  - Trend analysis graph showing percentage changes from 2010 to 2017.

- **Communication with Nurses**
  - Trend analysis graph showing percentage changes from 2010 to 2017.

- **Responsiveness of Hospital Staff**
  - Trend analysis graph showing percentage changes from 2010 to 2017.

- **Pain Management**
  - Trend analysis graph showing percentage changes from 2010 to 2017.

- **Quietness of the Hospital Environment**
  - Trend analysis graph showing percentage changes from 2010 to 2017.

- **Communication About Medicines**
  - Trend analysis graph showing percentage changes from 2010 to 2017.
HCAHPS Gap in Missouri CAHs

Nurse Communication
A Focus on Nurse Communication

• Being more verbal with patients
  ➢ Focus on explaining the "what" and the "why" when treating patients. When we share our knowledge, skills, and expertise, we build credibility with our patients.

• Hardwire AIDET and key words at key times
  ➢ We can impact the patient's perception of care by addressing their needs and focusing on courtesy and respect
    – A few tips include knocking before entering the room, acknowledging the patient and their family before moving to treatment, and properly introducing yourself and the purpose of your visit.
Nurse Communication continued

- Hardwire the use of whiteboards
  - Whiteboards provide visual communication for not only patients, but for their families and staff as well. Ensure that whiteboards are accurate and completely updated 100% of the time

<table>
<thead>
<tr>
<th>Room #: 601</th>
<th>Phone #: 763-2601</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>MD:</td>
<td></td>
</tr>
<tr>
<td>RN:</td>
<td></td>
</tr>
<tr>
<td>PCA:</td>
<td></td>
</tr>
<tr>
<td>Diet:</td>
<td></td>
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</table>

| Family Information: |                  |
|                    |                  |

<table>
<thead>
<tr>
<th>Pain Management:</th>
<th>Available @:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain Scale:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Activity:</th>
<th>DISCHARGE PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Assist |  |  |  |  |  |  |  |  |  |
Nurse Communication continued

• Utilize the Patient Care Model in its entirety
  ➢ Hourly Rounding
    – By rounding on the patient hourly, you can ease anxiety, proactively address the patients' needs, and reduce the need for call lights
  ➢ Individualized Patient Care
    – Ask your patients "what are the 2 or 3 things we can focus on to ensure you receive the best possible care?"
    – Write these items on the whiteboard to show the patient that you heard what they said and that you care enough to remember
Nurse Communication continued

• Bedside shift report
  ➢ This is one of the best strategies to drive communication
  ➢ Organizations should implement this at the patient's bedside and include the patient in the dialogue
    – Introduce the nurses and staff that will assist with caring for your patient. Ask the patient specific questions like "Can you explain to Sharon why we changed your medication dosage?" Not only will the patient feel like part of their treatment plan, but the staff will also gain important information about the patient.
Nurse Communication continued

- Post visit phone calls
  - By asking the patient questions after they have left the hospital, we can extend our care outside the hospital walls
  - It allows us to check on how they are feeling, verify follow up medication and appointment needs, and validate the level of care they received
  - These clinical follow up calls also serve as a valuable tool to decrease preventable readmissions
Nurse Communication continued

• By actively listening, acknowledging and answering patients questions, we can further ease their anxiety
• Explaining the "what" and the "why" during treatment will help build credibility
• By using factors of engagement, such as eye contact, tone of voice and physical positioning, you can build better relationships with patients and their families
Strategies to Improve HCAHPS Scores
HCAHPS Improvement Strategies

• Response rates matter
  ➢ Is your response rate below your state average?
    – Each 1% point increase in a hospital’s HCAHPS response rate is expected to result in a 0.5% percentage point increase in the mean top-box score.

• Timing Matters: Speed Things Up
  ➢ Patients receiving surveys immediately after discharge are more likely to respond AND give higher scores.
  ➢ Send your discharge list to your survey vendor daily if possible, weekly at the latest. The vendor should administer the survey immediately to optimize return rates and scores.
HCAHPS Strategy Matters

• Sample Size Matters: Boost Sample Size
  ➢ The larger the sample, the more reliable the information, and greater the power for analyzing results to inform improvement.
  ➢ It is best to survey all eligible discharges

• Language Matters: Speak the Patient’s Language
  ➢ Use the patient’s preferred language in the survey
  ➢ Hospitals should provide vendors with information on the preferred language of discharged patients
  ➢ Failure to capture patient’s preference has negative effects on HCAHPS
HCAHPS Strategy Matters

• Survey Methods Matter: Mail vs. Phone
  ➢ Consider telephone as a second-wave approach for patients who did not respond to an initial mail-in survey.
  ➢ Phone surveys may generate higher response rates with populations that are limited-English proficient, have lower literacy levels, or experience barriers such as an unsteady mailing address.

• Vendor Matters: Optimize Vendor Relationship – Contract for Success
  ➢ Expect your vendor to have expertise and effective solutions for improving both HCAHPS performance and response rates.
HCAHPS Strategy Matters

- Require minimum response rates and incentivize higher returns as part of the vendor contract.
- If considering a change in vendors, inquire about the HCAHPS performance and response rates of the hospitals they serve.

- **Tell Your Patients Their Opinions Matter**
  - Go out of your way to convey to the patients - in their preferred language of communication at various points of contact-that your hospital is actively interested in receiving patient input on the quality of care.
  - Patients should feel invited and empowered to share their opinions and perspectives throughout their stay.
HCAHPS Strategy Matters

- Publicly highlight improvements that have been made based on previous patient/family feedback.
- Inform patients that they may receive a survey after discharge and that the hospital is eager to hear about their experience.
- Follow your vendor’s lead to avoid communicating in a way that introduces bias or exerts influence on the patient’s HCAHPS responses.
Lessons From Top Performers

• Engage the workforce
  ➢ Help staff understand the links between patient experience, healing, reputation, and revenue

• Segmentation
  ➢ Segment scores and response rates by service line and unit, as well as by patient demographics such as race, ethnicity and preferred language to help identify problem areas and unmet patient needs

• Provide feedback in real time
  ➢ Make HCAHPS scores and patient comments available to the workforce as soon as possible after discharge
Lessons From Top Performers

- Capture ‘Verbatim’ patient responses in mail or phone surveys
  - They are powerful and convincing complements to the quantitative data
  - Read or play the phone survey recordings at leadership and unit staff meetings
- Incentivize progress by connecting unit-level and organizational HCAHPS results to performance goals
Lessons From Top Performers

• Implement leader rounding with both patients and staff
  ➢ It will help build relationships with patients, identify opportunities for improvement, address barriers, and boost staff morale
  ➢ Vendor representatives can sometimes accompany leaders on the rounds and provide additional input/recommendations
Empathy Huddles on HCAHPS

A LITTLE EMPATHY GOES A LONG WAY

Leaders at a high performing hospital recently set out to boost HCAHPS scores on one of their low-performing units through implementing Weekly Empathy Huddles. The intervention was designed to help staff keep the patient’s perspective at the center of all they do through regular, structured exploration of empathy-related issues in patient care. After only one quarter of implementing regular Empathy Huddles, the HCAHPS scores on the unit improved significantly, while unit staff reported greater effectiveness in connecting with patients, families and co-workers.

Reference:
The Beryl Institute Research Report: Evaluating the Effectiveness of Empathy Huddles on HCAHPS Scores, Saint Luke’s Hospital, Kansas City, MO
Outpatient Measures
Quality Reporting Channels

- **CMS Inpatient Measures**
  (Submitted via CART or vendor tool)
  IMM-2

- **CMS Outpatient Measures**
  (Submitted via CART or vendor tool)
  OP-1, OP-2, OP-3, OP-4, OP-5, OP-18, OP-20, OP-21

- **HCAHPS Survey**
  (Vendor or self-administered)

- **CMS Outpatient Measures**
  (Submitted through QualityNet Secure Portal)
  OP-22
Outpatient Measures Data and Trends
### Reporting Period: First Quarter 2017 through Fourth Quarter 2017 Discharges

**State: MO**

<table>
<thead>
<tr>
<th>MBQIP Quality Measures</th>
<th>1Q17</th>
<th>2Q17</th>
<th>3Q17</th>
<th>4Q17</th>
<th>CAH State Current Quarter</th>
<th>CAH National Current Quarter</th>
<th>ALL National Current Quarter</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Median Time/Overall Rate</td>
<td># CAHs with MBQIP MOU Submitting Data</td>
<td>90th Percentile**</td>
<td>Median Time/Overall Rate</td>
<td># CAHs with MBQIP MOU Submitting Data</td>
<td>90th Percentile**</td>
<td>Median Time/Overall Rate</td>
</tr>
<tr>
<td><strong>AMI Cardiac Care</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OP-1</td>
<td>Median Time to Thrombolysis</td>
<td>29 Min. based on 8 patients</td>
<td>35 Min. based on 6 patients</td>
<td>25 Min. based on 4 patients</td>
<td>20 Min</td>
<td>25</td>
<td>13 Min.</td>
</tr>
<tr>
<td>OP-2</td>
<td>Fibinolitic Therapy Received Within 30 Min. of ED Arrival</td>
<td>75% of 8 patients</td>
<td>50% of 6 patients</td>
<td>75% of 4 patients</td>
<td>67%</td>
<td>25</td>
<td>100%</td>
</tr>
<tr>
<td>OP-3d</td>
<td>Median Time to Transfer to Another Facility for Acute Coronary Intervention</td>
<td>77 Min. based on 18 patients</td>
<td>64 Min. based on 20 patients</td>
<td>49 Min. based on 22 patients</td>
<td>78 Min</td>
<td>25</td>
<td>53 Min.</td>
</tr>
<tr>
<td>OP-4</td>
<td>Aspirin at Arrival</td>
<td>95% of 381 patients</td>
<td>96% of 272 patients</td>
<td>90% of 313 patients</td>
<td>95%</td>
<td>25</td>
<td>100%</td>
</tr>
<tr>
<td>OP-5</td>
<td>Median Time to ECG</td>
<td>9 Min. based on 289 patients</td>
<td>8 Min. based on 281 patients</td>
<td>7 Min. based on 235 patients</td>
<td>8 Min</td>
<td>25</td>
<td>4 Min.</td>
</tr>
<tr>
<td><strong>Pain Management</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OP-21</td>
<td>Median Time to Pain Management for Long Bone Fracture</td>
<td>53 Min. based on 210 patients</td>
<td>43 Min. based on 200 patients</td>
<td>45 Min. based on 208 patients</td>
<td>44 Min</td>
<td>24</td>
<td>26 Min.</td>
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</tbody>
</table>
### MBQIP Patient Safety and Inpatient/Outpatient Care Quality Report:
Improving Care Through Patient Safety and Inpatient/Outpatient Measures

**Reporting Period:** First Quarter 2017 through Fourth Quarter 2017 Discharges

**State:** MO

<table>
<thead>
<tr>
<th>MBQIP Quality Measures</th>
<th>Your State's Performance by Quarter</th>
<th>CAH State Current Quarter</th>
<th>CAH National Current Quarter</th>
<th>ALL National Current Quarter</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1Q17</td>
<td>2Q17</td>
<td>3Q17</td>
<td>4Q17</td>
</tr>
<tr>
<td><strong>Immunization</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IMM-2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Influenza Immunization</td>
<td>92% of 1,765 patients</td>
<td>D/E</td>
<td>D/E</td>
<td>87% of 2,018 patients</td>
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<tr>
<td><strong>Emergency Department – Quarterly Measures</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OP-18b</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Median Time from ED Arrival to ED Departure for Discharged ED Patients</td>
<td>107 Min. based on 1,625 patients</td>
<td>104 Min. based on 1,869 patients</td>
<td>98 Min. based on 2,024 patients</td>
<td>104 Min. based on 1,964 patients</td>
</tr>
<tr>
<td>OP-20</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Median Time from ED Arrival to Provider Contact for ED Patients</td>
<td>16 Min. based on 1,780 patients</td>
<td>18 Min. based on 2,056 patients</td>
<td>15 Min. based on 2,206 patients</td>
<td>17 Min. based on 2,276 patients</td>
</tr>
<tr>
<td>ED-1b</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Median Time from ED Arrival to ED Departure for Admitted ED Patients</td>
<td>200 Min. based on 568 patients</td>
<td>194 Min. based on 683 patients</td>
<td>184 Min. based on 794 patients</td>
<td>193 Min. based on 1,073 patients</td>
</tr>
<tr>
<td>ED-2b</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Admit Decision Time to ED Departure Time for Admitted Patients</td>
<td>85 Min. based on 566 patients</td>
<td>62 Min. based on 683 patients</td>
<td>57 Min. based on 786 patients</td>
<td>51 Min. based on 1,024 patients</td>
</tr>
</tbody>
</table>

*Note: The report includes performance data for various quality measures across different quarters, with indicators for meeting or exceeding national benchmarks.*
**MBQIP Patient Safety and Inpatient/Outpatient Care Quality Report: Improving Care Through Patient Safety and Inpatient/Outpatient Measures**

**Reporting Period: First Quarter 2017 through Fourth Quarter 2017 Discharges**

**State: MO**

### Emergency Department – Annual Measures

<table>
<thead>
<tr>
<th>MBQIP Quality Measures</th>
<th>CY 2015</th>
<th>CY 2016</th>
<th>CY 2017</th>
<th>CAH Overall Rate</th>
<th># CAHs with MBQIP MOU Submitting Data</th>
<th>90th Percentile**</th>
<th>CAH Overall Rate</th>
<th># CAHs with MBQIP MOU Submitting Data</th>
<th>90th Percentile**</th>
<th>ALL Overall Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>OP-22</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
<td>27</td>
<td>0%</td>
<td>1%</td>
<td>800</td>
<td>0%</td>
<td>2%</td>
</tr>
<tr>
<td><strong>Patient Left Without Being Seen</strong> (Reported annually, Due May 15th reflecting the prior calendar year.)</td>
<td>1% of 113,562 patients</td>
<td>1% of 175,721 patients</td>
<td>1% of 227,549 patients</td>
<td>1%</td>
<td>27</td>
<td>0%</td>
<td>1%</td>
<td>800</td>
<td>0%</td>
<td>2%</td>
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</table>

### NHSN Collected Measures

<table>
<thead>
<tr>
<th>MBQIP Quality Measures</th>
<th>4Q14 – 1Q15</th>
<th>4Q15 – 1Q16</th>
<th>4Q16 – 1Q17</th>
<th>CAH Reported Adherence Percentage</th>
<th># CAHs with MBQIP MOU Submitting Data</th>
<th>90th Percentile**</th>
<th>CAH Reported Adherence Percentage</th>
<th># CAHs with MBQIP MOU Submitting Data</th>
<th>90th Percentile**</th>
<th>ALL Reported Adherence Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>OP-27</td>
<td>78%</td>
<td>89%</td>
<td>89%</td>
<td>89%</td>
<td>23</td>
<td>100%</td>
<td>88%</td>
<td>953</td>
<td>99%</td>
<td>86%</td>
</tr>
<tr>
<td><strong>Influenza Vaccination</strong> (Due May 15th reflecting the prior Flu season.)</td>
<td>78%</td>
<td>89%</td>
<td>89%</td>
<td>89%</td>
<td>23</td>
<td>100%</td>
<td>88%</td>
<td>953</td>
<td>99%</td>
<td>86%</td>
</tr>
</tbody>
</table>
MBQIP Patient Safety and Inpatient/Outpatient Care Quality Report: Improving Care Through Patient Safety and Inpatient/Outpatient Measures

Reporting Period: First Quarter 2017 through Fourth Quarter 2017 Discharges

State: MO

<table>
<thead>
<tr>
<th>NHSN Annual Facility Survey</th>
<th>Your State’s Performance for Previous and Current Survey Years</th>
<th>CAH State Percentage for Current Survey Year</th>
<th>CAH National Percentage for Current Survey Year</th>
<th>ALL National Current Survey Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Previous Survey Year: 2016</td>
<td>Current Survey Year: 2017</td>
<td>Percentage of CAHs Meeting Element</td>
<td># CAHs with MBQIP MOU Submitting Data</td>
</tr>
<tr>
<td>Element 1: Leadership</td>
<td>62%</td>
<td>83%</td>
<td>83% ✓</td>
<td>24</td>
</tr>
<tr>
<td>Element 2: Accountability</td>
<td>81%</td>
<td>96%</td>
<td>96% ✓</td>
<td>24</td>
</tr>
<tr>
<td>Element 3: Drug Expertise</td>
<td>90%</td>
<td>100%</td>
<td>100% ✓</td>
<td>24</td>
</tr>
<tr>
<td>Element 4: Action</td>
<td>86%</td>
<td>96%</td>
<td>96% ✓</td>
<td>24</td>
</tr>
<tr>
<td>Element 5: Tracking</td>
<td>79%</td>
<td>92%</td>
<td>92% ✓</td>
<td>24</td>
</tr>
<tr>
<td>Element 6: Reporting</td>
<td>81%</td>
<td>92%</td>
<td>92% ✓</td>
<td>24</td>
</tr>
<tr>
<td>Element 7: Education</td>
<td>62%</td>
<td>88%</td>
<td>88% ✓</td>
<td>24</td>
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<tr>
<td>All Elements Met</td>
<td>48%</td>
<td>71%</td>
<td>71%</td>
<td>24</td>
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</tbody>
</table>
OUTPATIENT MEASURES

**OP-1 Median Time to Fibrinolysis**

Lower Median Time is Desirable

**NOTE:** Q4 2017 based on six patients (validity and reliability data issues)

**OP-2 Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival**

Higher Percent Compliance is Desirable

**NOTE:** Q4 2017 data based on six patients (validity and reliability data issues)

**OP-3 Median Time to Transfer to Another Facility for Acute Coronary Intervention**

Lower Median Time is Desirable

**Note:** Q2 2017 data based on 20 patients (validity and reliability data questionable)

**OP-4 Aspirin to Arrival**

Higher Compliance is Desirable

**Percent Compliance**

- Q1 2014: 90%
- Q2 2015: 90%
- Q3 2015: 90%
- Q4 2015: 90%
- Q1 2016: 90%
- Q2 2016: 90%
- Q3 2016: 90%
- Q4 2016: 90%
- Q1 2017: 90%
- Q2 2017: 90%
- Q3 2017: 90%
- Q4 2017: 90%
**OUTPATIENT MEASURES**

**OP-5 Median Time to ECG**
- Lower Median Time is Desirable
- Graph showing median time in minutes from Q1 2014 to Q4 2017.

**OP-18 Median Time to Transfer to Another Facility for Acute Coronary Intervention**
- Lower Median Time is Desirable
- Graph showing median time in minutes from Q1 2014 to Q4 2017.

**OP-20 Door to Diagnostic Evaluation by a Qualified Medical Professional**
- Lower Median Time is Desirable
- Graph showing median time in minutes from Q1 2014 to Q4 2017.

**OP-21 Median Time to Pain Management for Long Bone Fracture**
- Lower Median Time is Desirable
- Graph showing median time in minutes from Q1 2014 to Q4 2017.
IMM-2 Performance

Higher Percentage is Desirable

<table>
<thead>
<tr>
<th>Reporting period</th>
<th>IMM2</th>
<th>Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>4Q2015</td>
<td>88%</td>
<td>86%</td>
</tr>
<tr>
<td>1Q2016</td>
<td>91%</td>
<td>86%</td>
</tr>
<tr>
<td>4Q2016</td>
<td>89%</td>
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<tr>
<td>1Q2017</td>
<td>92%</td>
<td>86%</td>
</tr>
<tr>
<td>4Q2017</td>
<td>87%</td>
<td>86%</td>
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</tbody>
</table>

Compliance
Gaps in Antibiotic Stewardship Programs in Missouri CAHs

Leadership Commitment and Education
Elements for Antibiotic Stewardship Programs

- Leadership Commitment**
- Accountability
- Drug Expertise
- Action
- Tracking
- Reporting
- Education**

http://www.cdc.gov/getsmart/healthcare/implementation/core-elements.html
Leadership Commitment

• The program should be supported by the senior hospital management, who are accountable for the outcomes.

• A team of people and resources should be allocated by the head of the organization to implement and evaluate the program.

• The ASP team members must possess power, expertise, credibility, and leadership. These individuals need to convince managers and healthcare staff of the added value of the program.
Education

- Education is a key component of any Antimicrobial Stewardship Program. It should include healthcare professionals from all care settings, as well as patients and the public.
- Increasing people’s knowledge and understanding of how antimicrobials should be used to treat common infections and why inappropriate use may lead to resistance and loss of effective treatments, this valuable resource can be protected for future generations.
Emergency Department Transfer Communication Analytics
Quality Reporting Process

State Flex Coordinator

EDTC†
# MBQIP Care Transitions Quality Report: Improving Care Through Emergency Department Transfer Communication (EDTC)

**Reporting Period: Second Quarter 2017 through First Quarter 2018 Discharges**

<table>
<thead>
<tr>
<th>State: MO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MBQIP Quality Measures</strong></td>
</tr>
<tr>
<td></td>
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<tr>
<td>----------------</td>
</tr>
<tr>
<td>Total Medical Records Reviewed</td>
</tr>
<tr>
<td>EDTC-1 Administrative Communication</td>
</tr>
<tr>
<td>EDTC-2 Patient Information</td>
</tr>
<tr>
<td>EDTC-3 Vital Signs</td>
</tr>
<tr>
<td>EDTC-4 Medication Information</td>
</tr>
<tr>
<td>EDTC-5 Practitioner Information</td>
</tr>
<tr>
<td>EDTC-6 Nurse Information</td>
</tr>
<tr>
<td>EDTC-7 Procedures and Tests</td>
</tr>
<tr>
<td>All EDTC Composite*</td>
</tr>
</tbody>
</table>

**N = denominator**

**n = numerator**

**N/A = the provider did not submit any data**

**D/E = the provider reported 0 records reviewed**

*The state and national roll-up for the All-EDTC sub-measure is not inclusive of every reporting CAH, as some CAHs did not report this data element.**

**The 90th percentile is the level of performance needed to be in the top 10% of CAHs for a given measure (i.e. 10% of CAHs perform at or better than the 90th percentile).**

Please direct questions regarding your MBQIP data reports to the Flex Coordinator in your State. You can find contact information for your Flex Coordinator at: [https://www.ruralcenter.org/tasc/flexprofile](https://www.ruralcenter.org/tasc/flexprofile)
EMERGENCY DEPARTMENT TRANSFER COMMUNICATION - TREND ANALYSIS

EDTC - 5 Physician or Practitioner - Generated Information

EDTC - 6 Nurse - Generated Information

EDTC - 7 Procedures and Tests

ALL EDTC Composite
<table>
<thead>
<tr>
<th>EDTC 1</th>
<th>EDTC 2</th>
<th>EDTC 3</th>
<th>EDTC 4</th>
<th>EDTC 5</th>
<th>EDTC 6</th>
<th>EDTC 7</th>
<th>ALL EDTC</th>
</tr>
</thead>
<tbody>
<tr>
<td>95%</td>
<td>94%</td>
<td>96%</td>
<td>93%</td>
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<td>97%</td>
<td>85%</td>
</tr>
</tbody>
</table>

EDTC PERFORMANCE CY2015, CY2016, CY2017, & YTD2018
Notable Improvements
20% Improved Performance
540% Increased Participation
EMERGENCY DEPARTMENT TRANSFER COMMUNICATION - TRENDS ANALYSIS

**EDTC - 1 Administrative Communication**

**EDTC - 2 Patient Information**

**EDTC - 3 Vital Signs**

**EDTC - 4 Medication Information**
Population Health/Community Health Needs Assessment
CHNA Regulations
CHNA Compliance

• You are in compliance with CHNA requirements if:
  ➢ You conduct a CHNA with all of the elements contained in the 501(r) regulation and
  ➢ The hospital’s **authorized body** has adopted an implementation strategy
  ➢ The CHNA and implementation strategy is readily accessible on your website
CHNA Compliance

- Authorized body:
  - The board or someone designated by the board and legally authorized to act on behalf of the board or
  - Governing body of a disregarded entity or partnership that is operating the hospital or someone designated and legally authorized to act on its behalf

NOTE: CHNA compliance rests with the licensed operator, not a contracted management company.
Public Availability

- Widely available on website
  - Conspicuous placement
  - Can be viewed, downloaded and printed for free
  - Individuals can obtain direct web address or URL
- Paper copy available for public inspection upon request and without charge
Compliance

- CHNA requirements are part of the Internal Revenue Code; enforced by the IRS
- IRS FY2017 Work Plan contained focus on Section 501(r) compliance
  - Through September 2016, conducted 968 reviews and referred 363 hospitals for field examinations due to noncompliance with Section 501(r)
    - Includes CHNA and Financial Assistance policies
Compliance

• Process
  ➢ Agents check publicly available information
  ➢ Request for additional information/notice of audit
  ➢ Field exam
    – seeking proof of board involvement
• 501(r) audit can expand to other areas of noncompliance
• IRS FY2018 Work Plan
  ➢ No stated focus on Section 501(r)
Penalties for Noncompliance

- $50,000 excise tax
- Taxation of income derived during taxable year in which noncompliance occurs
- Revocation of tax exempt status
  - Retroactive to first day of tax year in which noncompliance occurs
Assessing Noncompliance

• Factors:
  ➢ Previous noncompliance
  ➢ Size/scope/nature of noncompliance
  ➢ Systemic noncompliance
  ➢ Reasons for noncompliance
  ➢ Presence of processes to ensure compliance
  ➢ Reasons for failure to follow compliance processes
  ➢ Implementation of safeguards to protects against such failures
  ➢ Prompt correction of noncompliance
  ➢ When corrective actions occurred
Enforcement Activity

- IRS revoked hospital’s tax-exempt status in February 2017
  - Dual status hospital
  - Completed CHNA to keep Medicare critical care access facility designation
  - CHNA report was available in paper on request, but not on website
  - Implementation strategy did not meet 501(r) requirements and was not adopted by an authorized body
  - Administrators indicated facility did not have financial resources or staff to comply with CHNA requirements and did not need to maintain 501(c)(3) status
  - IRS deemed noncompliance “egregious” and “willful”
Questions
Population Health Assessment Results
Survey Results

- Total of 81 hospitals participated
- Participation rate = 56 percent
# Distribution on Maturity Scale

<table>
<thead>
<tr>
<th>Maturity Scale</th>
<th>Acute Care</th>
<th>Critical Access</th>
<th>Behavioral/Rehabilitation</th>
<th>Long-Term Acute Care</th>
<th>Total</th>
</tr>
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<tbody>
<tr>
<td>Pre-foundational One</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Pre-foundational Two</td>
<td>5</td>
<td>10</td>
<td>7</td>
<td>2</td>
<td>24</td>
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<tr>
<td>Foundational</td>
<td>20</td>
<td>8</td>
<td>1</td>
<td>0</td>
<td>29</td>
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<tr>
<td>Proficient</td>
<td>11</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>13</td>
</tr>
<tr>
<td>Transformational</td>
<td>6</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>11</td>
</tr>
</tbody>
</table>

---

![Population Health Assessment Maturity Scale](image-url)
Distribution on Maturity Scale

Population Health Assessment Maturity Scale - Distribution of Missouri Hospitals
### Recommended Steps

<table>
<thead>
<tr>
<th>ORGANIZATIONAL STATE</th>
<th>RECOMMENDED STEPS</th>
</tr>
</thead>
</table>
| **Pre-Foundational One** | • Educate board, leadership team and other appropriate staff on population health concepts, terminology, current landscape and value-based models  
• Evaluate operational and clinical process with care gaps and transitions  
• Utilize community health needs assessment data to develop short- and long-term health care needs |
| **Pre-Foundational Two** | • All of foundational, as well as process flow mapping  
• Patient flow assessments from outpatient to inpatient setting and vice versa  
• Evaluate ability to gather, analyze and report meaningful data  
• Positioning toward value-based performance |
| **Foundational** | • Evaluate community health needs assessment data and correlate to impact on improvement and outcomes  
• Evaluate medical home recognition for clinics  
• Improve data aggregation with risk stratification |
| **Proficient** | • Increase movement toward value-based payment models  
• Coordinate care with FQHCs and non-owned entities  
• Increase education in high reliability and LEAN Six Sigma approaches to reduce redundancies/duplication |
| **Transformational** | • Transparent with internal quality review, care transitions, referral management techniques  
• Innovative solutions for patient access  
• Increased alignment with quality mechanisms and provider and executive-level compensation  
• Increased community, as well as local and state advocacy efforts, to reduce socio-economic disparities |
Changing Times
Spotlight Hospital
Dashboard Reports

Performance Measurement
Dashboard Overview

- Use data to make improvements
  - Measure
  - Control
  - Manage
# Sample Individual Hospital Report

## FLEX MBQIP DASHBOARD REPORT 2018

### Sample Template

<table>
<thead>
<tr>
<th>Measure</th>
<th>State Rate</th>
<th>National Rate</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. OP-2: Fibrinolytic Therapy Received Within 30 Minutes</td>
<td>75%</td>
<td>51%</td>
<td>75%</td>
<td>88%</td>
<td>96%</td>
<td>75%</td>
<td>100%</td>
<td>100%</td>
<td>98%</td>
<td>75%</td>
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</tr>
<tr>
<td>3. OP-3: Median Time to Transfer to Another Facility for Acute Coronary Intervention</td>
<td>49</td>
<td>68</td>
<td>61</td>
<td>61</td>
<td>61</td>
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<tr>
<td>4. OP-18: Median Time from ED Arrival to ED Departure for Discharged ED Patients</td>
<td>98</td>
<td>103</td>
<td>82</td>
<td>82</td>
<td>85</td>
<td>93</td>
<td>106</td>
<td>90</td>
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</table>

### MEASURE

<table>
<thead>
<tr>
<th>Measure</th>
<th>State Rate</th>
<th>National Rate</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
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<th>Q3</th>
<th>Q4</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
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</thead>
<tbody>
<tr>
<td>6. EDTC: Administrative Communication (2 data elements)</td>
<td>96%</td>
<td>96%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
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<tr>
<td>7. EDTC: Patient Information (6 data elements)</td>
<td>98%</td>
<td>96%</td>
<td>100%</td>
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<tr>
<td>8. EDTC: Vital Signs (6 data elements)</td>
<td>98%</td>
<td>95%</td>
<td>100%</td>
<td>100%</td>
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</table>

### MEASURE

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<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
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</thead>
<tbody>
<tr>
<td>11. EDTC: Nurse Generated Information (6 data elements)</td>
<td>92%</td>
<td>90%</td>
<td>98%</td>
<td>98%</td>
<td>98%</td>
<td>100%</td>
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<tr>
<td>12. EDTC: Procedures and Tests (2 data elements)</td>
<td>99%</td>
<td>97%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
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<tr>
<td>13. ALL EDTC: Composite of All 22 data elements</td>
<td>85%</td>
<td>81%</td>
<td>95%</td>
<td>98%</td>
<td>98%</td>
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<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
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</thead>
<tbody>
<tr>
<td>14. Communication with Nurses</td>
<td>80%</td>
<td>80%</td>
<td>84%</td>
<td>88%</td>
<td>81%</td>
<td>84%</td>
<td>80%</td>
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<td></td>
</tr>
<tr>
<td>15. Communication with Doctors</td>
<td>82%</td>
<td>82%</td>
<td>94%</td>
<td>93%</td>
<td>90%</td>
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</tr>
<tr>
<td>16. Responsiveness of Hospital Staff</td>
<td>67%</td>
<td>67%</td>
<td>89%</td>
<td>94%</td>
<td>93%</td>
<td>89%</td>
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<td>93%</td>
<td>89%</td>
<td>94%</td>
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<tr>
<td>17. Pain Management</td>
<td>70%</td>
<td>71%</td>
<td>81%</td>
<td>88%</td>
<td>99%</td>
<td>81%</td>
<td>88%</td>
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<tr>
<td>18. Communication about Medications</td>
<td>63%</td>
<td>65%</td>
<td>82%</td>
<td>91%</td>
<td>83%</td>
<td>82%</td>
<td>91%</td>
<td>83%</td>
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<tbody>
<tr>
<td>20. Quality of the Hospital Environment</td>
<td>62%</td>
<td>63%</td>
<td>83%</td>
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<td>99%</td>
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<tr>
<td>21. Discharge Information</td>
<td>87%</td>
<td>87%</td>
<td>94%</td>
<td>94%</td>
<td>93%</td>
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<tbody>
<tr>
<td>23. Overall Rating of the Hospital</td>
<td>72%</td>
<td>73%</td>
<td>89%</td>
<td>87%</td>
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<tbody>
<tr>
<td>25. ED-1: Median Time from ED Arrival to ED Departure for Admitted ED Patients</td>
<td>164</td>
<td>195</td>
<td>164</td>
<td>195</td>
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<tr>
<td>26. ED-2: Atrial Fibrillation Time to ED Departure Time for Admitted Patients</td>
<td>57</td>
<td>45</td>
<td>45</td>
<td>36</td>
<td>32</td>
<td>34</td>
<td>31</td>
<td>34</td>
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<tr>
<td>27. IMR-2: Immunization for Inpatients</td>
<td>90%</td>
<td>90%</td>
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<tbody>
<tr>
<td>28. OP-27: Influenza Vaccination Coverage Among Healthcare Personnel (HCP)</td>
<td>89%</td>
<td>89%</td>
<td>98%</td>
<td>98%</td>
<td>98%</td>
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Patient Safety/Inpatient Measures

**PATIENT SAFETY/INPATIENT MEASURES - TREND ANALYTICS**

**ED-1: Median Time from ED Arrival to Departure for Admitted ED Patients**

**ED-2: Admit Decision Time to ED Departure Time for Admitted Patients**

**OP-27: Influenza Vaccination Coverage Among Healthcare Personnel**

**IMM-2: Influenza Immunization for Inpatients**

Higher is better
Resources
Medicare Rural Flexibility Grant Program

The Medicare Rural Hospital Flexibility (FLEX) Program is a federal funding program that aims at working with rural hospitals to stabilize and sustain their local health care infrastructure. The goal of the FLEX grant is to improve the quality of care and financial and operational performance, as well as manage population health needs. The Medicare Beneficiary Quality Improvement Program (MBQIP) is the quality portion of the grant that provides an opportunity for individual critical access hospitals to look at their own data, measure their outcomes against each other and partner with other hospitals in the state around quality improvement initiatives to improve outcomes and provide the highest quality care to every patient. Read more about the FLEX program here.

MBQIP Quality Reporting
- MBQIP Data Abstraction Training Flyer
- MBQIP Quality Domains
- MBQIP Measures Matrix
- MBQIP Data Submission Deadlines
- MBQIP Measures Fact Sheets
- Quality Reporting Process - Application to Participate and Publicly Report Data

NHSN Resources
- NHSN Enrollment Process
- NHSN Training
- NHSN Employee Flu Vaccination Reporting
MBQIP Monthly
Medicare Beneficiary Quality Improvement Project
A publication for Flex Coordinators to share with their critical access hospitals

Resources

- HCAHPS http://www.hcahpsonline.org/home.aspx
- Federal Office of Rural Health Policy http://www.hrsa.gov/ruralhealth/
- FLEX Monitoring Team http://www.flexmonitoring.org/
- QualityNet https://www.qualitynet.org/
- CDC Antibiotic Stewardship Program https://www.cdc.gov/getsmart/healthcare/pdfs/core-elements.pdf#page=14
References

• MHA http://web.mhanet.com/mbqip.aspx
• MHA https://web.mhanet.com/chna.aspx
• QualityNet https://www.qualitynet.org
• Hospital Compare https://www.medicare.gov/hospitalcompare/search.html
• National Rural Health Resource Center https://www.ruralcenter.org/tasc/mbqip
Stephen Njenga, MPH, MHA, CPHQ, CPPS
Director of Performance Measurement Compliance
Missouri Hospital Association
snjenga@mhanet.com
573/893-3700, ext. 1325