



DON/QIC Regional Meetings

October 2019

Flex 101

Grant from HRSA and the Office of Rural Health Policy

MT DPHHS QAD is official Grantee with MHREF as a sub-recipient
DPHHS retains fiscal oversight, program review, and some activities

Grant year is Sept 1 – Aug 31

Current cycle is a 5 year cooperative agreement 2019-2025

COP Update

Proposed Rule published June 2016

Medicare & Medicaid Programs; Hospital and CAH Changes to Promote Innovation, Flexibility, and Improvement in Patient Care

Final changes/decisions formally published 9/30/2019

FORHP Summary to be released week of 9/30/2019

HANDOUTS:

1. 9/26/19 FORHP Memo to Flex Programs
2. FORHP Summary (when received)

Revisions to Requirements for Discharge Planning for Hospitals, Critical Access Hospitals, and Home Health Agencies

- **Adds discharge planning** as a condition of participation for CAHs in 42 CFR § 485.642
- Effective 60 days after publication [11/29/2019]

COP Update

Regulatory Provisions to Promote Program Efficiency, Transparency, and Burden Reduction

- **Adds infection prevention and control and antibiotic stewardship programs** as a condition of participation for CAHs in 42 CFR § 485.640
- Revises 42 CFR § 485.641 to **require a quality assessment and performance improvement program [QAPI]** as a condition of participation for CAHs
- Encourages CAHs seek technical assistance from State Flex Programs
- Effective dates:
 - CAH QAPI requirements - 18 months after publication [3/30/2021]
 - Hospital and CAH compliance with the antibiotic stewardship requirements - six months after publication [3/30/2020]
 - All other requirements, including those for patient's rights - 60 days after publication [11/29/19]

What do you need to help implement the changes? Did you begin with the proposed rule in 2016?

Participation & Project Integrity

Flex provides two types of activities/projects

- Unlimited: education, support, webinars
- Cohorts: limited space so CAHs must register and agree to expectations.

Cohort Projects usually involve consultants and higher costs limiting participation. Budgets for cohort projects determine number of CAHs able to participate.

Participation & Project Integrity

CAHs that register for a cohort project that don't complete or withdraw have disallowed participation for another CAH and lessened integrity of the project.

MT Flex would like to strengthen Participation Agreements but also would prefer willing compliance and understanding.

Please be thoughtful and intentional when deciding to participate in a valuable project.

2018-2019 Activity Wrap Ups

CAH CEO MEETINGS: 37 of 46 Flex-eligible CAHs attended. Overall Satisfaction 4.5/5.0

DON/QIC REGIONAL MEETINGS: 34/46 Flex-eligible CAHs attended. Overall Satisfaction 4.6/5.0

HQ PRINCIPLES: 23 Flex-eligible CAHs signed up for online course. As of the end of the grant year, 11 completed, 6 in progress (have until end of 2019), and 6 did not start and did not respond to request for feedback about why.

PROFESSIONAL SKILLS INSTRUCTION: Provided participant support for 10 CAH staff (each) for a total of 30 staff to attend HFMA, MHIMA, and APIC MT Chapter Spring Conferences. 29 of 30 available “scholarships” redeemed. Professional Development Satisfaction score of 4.8/5.0, Overall Satisfaction score of 4.8/5.0.

CPHQ PREP COURSE: 20 staff attended (18 CAHs, 2 Flex Staff). 12 (10 CAH, 2 Staff) completed and passed the certification exam. Joint project with MT HIIN.

Congrats to our new CPHQs!

MJ Marx, Glendive Medical Center
Lexie Sullivan, Central MT Medical Center
Tracy Clarno, Barrett Hospital & HealthCare
Judy McWilliams, Fallon Medical Complex
Kathy LaBaty, Livingston HealthCare
Kristy Danforth, Community Hospital of Anaconda

Dena Glasscock, Holy Rosary Healthcare
Julia Drishinski, Pondera Medical Center
Katrina Strowbridge, Clark Fork Valley Hospital
Laura Larson-Crismore, Cabinet Peaks Medical Center
Jamie Schultz, MHREF
Jennifer Wagner, MHREF

2018-2019 Activity Wrap Ups

MBQIP SME REGIONAL ROAD SHOW: 18 of 46 Flex-eligible CAHs attended four regional workshops on MBQIP cardiac measures. One of the worst storms of the year happened during this road show, so kudos to those who made it.

MBQIP TOOLKITS & WEBINARS: Released change packages for MBQIP specific measures, written by Cynosure Health, for wide distribution to MT CAHs. Cynosure also presented two webinars on MBQIP measures HCAHPS Care Transitions & Influenza Immunizations with a total of over 80 attendees.

MBQIP TO OUTCOMES: 15 hospitals participated in this year's M2O project focused on improving cardiac care with 11 facilities completing all program requirements. Participants attended the MBQIP subject matter expert regional road show and MHA Summit Pre-session workshop with live STEMI Simulations, as well as completing targeted improvement projects and poster presentations; as a bonus, Simulation in Motion performed on-site STEMI training at each of the facilities to wrap up the project. Join us for Session F-6, Thursday at 3:30pm, to hear about the results.

CODING EDUCATION: Provided On Demand 5 Module Training pack to 50 CAH staff. Topics presented are for CAH and Rural Health Clinics.

2018-2019 Activity Wrap Ups

MT ANTIBIOTIC STEWARDSHIP COLLABORATIVE: Focused work done on CAHs implementing all 7 Core Requirements of an Antibiotic Stewardship Program in their hospitals. Efforts have shown substantial increases in the percentage of MT CAHs will all 7 requirements. **2016: 13%** **2017: 49%** **2018: 79%**

DAYS OF THERAPY TOOL: Wide distribution in CAHs. Beginning to pilot in outpatient settings and rural health clinics.

CAH TRUSTEE DEVELOPMENT: Participant support for 10 Trustees each at Convention/Summit. In addition, scholarships for CAH Trustees to attend the Western Regional Trustee Symposium (WRTS), hosted by Montana.

CHSD IMPLEMENTATION PLANS AND DATA HUB: Match funding for 9 implementation plans. Visit the CHSD Data Hub on the ORH website!

CAMHFAR: Training and expenses supported by MT Flex and the BHWET grant for Mental Health First Aid Training with community partners

2018-2019 Activity Wrap Ups

LEAN INTERNSHIPS: In partnership with MSU- Industrial & Management Systems Engineering program, eight CAHs received the assistance of two engineering interns to perform rapid-cycle improvement projects.

FINANCIAL & OPERATIONAL INDICATORS IMPROVEMENT PROJECT (FOIIP) & RURAL HEALTH CLINIC EDUCATION: Engaged Eide Bailly in two financial and operational improvement projects for MT CAHs and CAH owned/operated Rural Health Clinics (RHC). Projects involved current data submission for relevant indicators with Eide Bailly's evaluation and delivery of interventions and strategies for improvement through webinars and a live regional workshops. Indicators and data from the these projects will feed the development of the broader Balanced Scorecard in 19-20.

FOIIP: 26 CAHs submitted data 2 Webinars 2 Workshops with 39 CAH staff attending
Overall Satisfaction Rating: **4.8/5.0** Professional Development Satisfaction rating: **4.6/5.0**

RHC: 17 CAHs submitted data to establish the baseline 1 Webinar with 50+ attendees

2019 Lean Internship Summary

Facility	Results Achieved
Deer Lodge Medical Center	Established inventory tracking workflow and min/par levels before implementation of electronic system.
Liberty Medical Center	Reduced time spent by therapists scheduling by 38%.
Cabinet Peaks Medical Center	Standardized admit order and reduced ED discharge times 21 – 45 minutes.
Northern Rockies Medical Center	Increased available Patient Care Coordinator (PCC) time by over 500%.
Sidney Health Center	Total time and distance traveled to find items was reduced by 6 minutes and 118 feet, respectively. Standardized order process.
Broadwater Health Center	29% increase of answered calls by live-person in the clinic.
Barrett Hospital & HealthCare	Reduced average ED throughput times (across all providers) by 15 minutes.

Flex Success Stories

CAMHFAR [Community Access to Mental Health First Aid & Resources] MT Flex piloted this program in two communities, convened by the CAH. Both sites had full attendance for Mental Health First Aid (MHFA) training but **the real win was bringing together community members** from While successful, pilots found need to expand stakeholder attendance to include law enforcement, etc. The project will expand to 5 sites in 2019/2020.

Simulations for M2O: Due to the reality of low cardiac case numbers, we were able to schedule STEMI SIMs for the 11 CAHs participating in the M2O project to facilitate implementation and training.

HFMA Road Show: Jamie presented on Lean in Revenue Cycle at HFMA Road Show with 50+ attendees ranging from CAHs to BCBS, planning to continue support of MHIMA and HFMA.

Who has a success story to share?

Testimonials

Stroudwater Swing Bed

“It is my belief that participation in the pilot project is helping us keep focus on our Transitional Care Program. We have now had enough data entered into the system to produce a usable report about the extent of improvement in patients’ functional abilities from admission to discharge. Because I have personally taken responsibility for data extraction and reporting, I have knowledge of each patient to enable discussion with Hospitalists and staff, and to ensure we’re meeting patients’ needs. I am pleased that we chose to participate.” Carol Kennedy, RN, MSN, Chief Clinical Officer, Barrett Hospital & Healthcare

Financial and Operational Indicators Improvement Project (FOIIP)

“Having a handful of agenda topics and then allowing them a flexible amount of time based on interest and conversation.....good content, knowledgeable presenters....enjoyed open format to allow discussion.....good networking and the ability to ask questions of not only the presenters, but also other attendees worked great.”

Lean Interns

“This was a very well run program from start to finish. There is nothing I can add to have made it any more successful other than making it longer than 2 weeks. Not only was it an excellent experience, the end result was more than what we could’ve accomplished with existing staff constraints”. Marlys Anvik, Administrator Extended Care, Sidney Health Center



QUALITY PROGRAM OF THE YEAR

Barrett Hospital & HealthCare Dillon, MT



2018-2019 Flex/PIN Quality Awards

Region 1

Cabinet Peaks Medical Center
Clark Fork Valley Hospital
Community Hospital of Anaconda
North Valley Hospital
Providence St. Joseph Medical Center
St. Luke Community Healthcare

Region 2

Benefis Teton Medical Center
Mountainview Medical Center
Northern Rockies Medical Center
Pondera Medical Center

Region 3

Frances Mahon Deaconess Hospital
Glendive Medical Center
Holy Rosary Healthcare
Rosebud Health Care Center
Sheridan Memorial Hospital Association
Sidney Health Center

Region 4

Barrett Hospital & HealthCare

Region 5

Central Montana Medical Center
Livingston HealthCare
Stillwater Billings Clinic

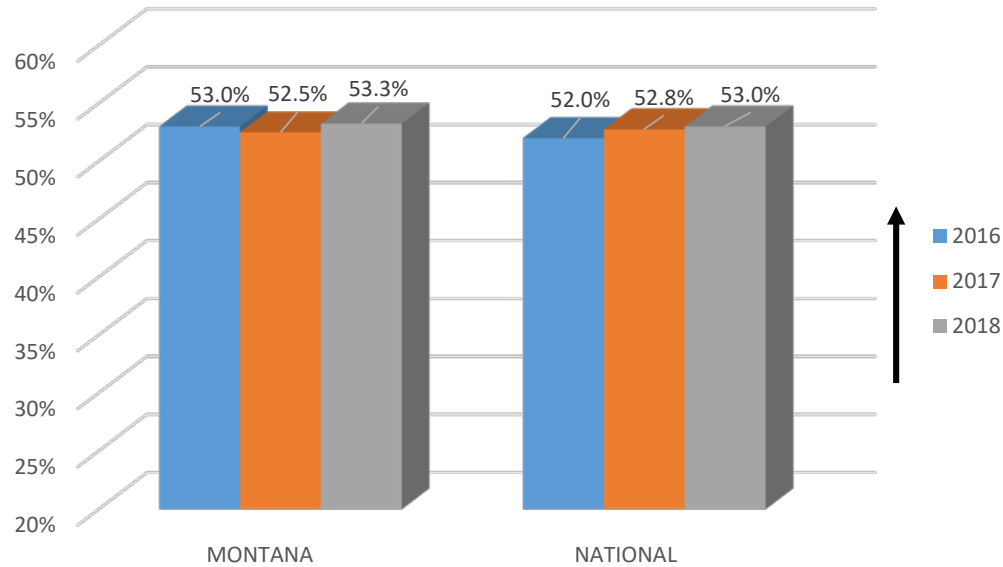
Flex Requirements

Requirement	Access To:
<p>MBQIP Data Reporting</p> <p><i>At least ONE MBQIP Core Measure...</i></p> <p><i>...for at least TWO quarters...</i></p> <p><i>....in at least THREE of FOUR Quality Domains.</i></p>	<p>Many Networking opportunities with peers – greatly supported by grant funds (2 nights lodging, registration)</p> <p>Quality improvement process coaching</p> <p>Comparative and trending reports on MBQIP and other measures</p> <p>PIN List Serve</p> <p>Coding Webinars</p> <p>Financial Improvement tools and data</p> <p>Assistance for Implementation plans</p> <p>CAMHFAR</p> <p>ABS and Days of Therapy tracking assistance</p> <p>Multiple webinars on related topics</p>

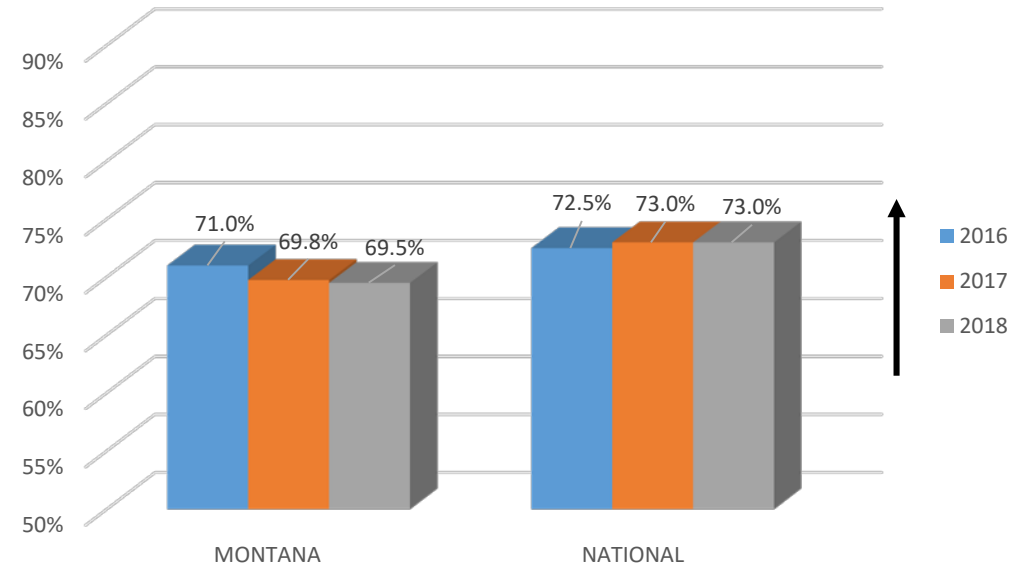
MBQIP Outcomes

Patient Engagement [HCAHPS]

Care Transitions (% Strongly Agree)



Overall Rating (% 9-10)

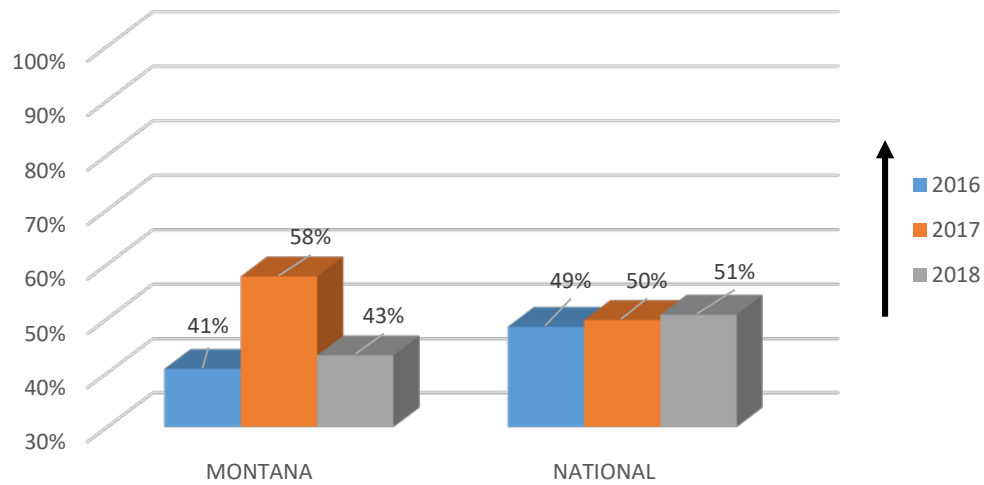


MT is comparable to national scores but the 50% range is still low!

MBQIP Outcomes

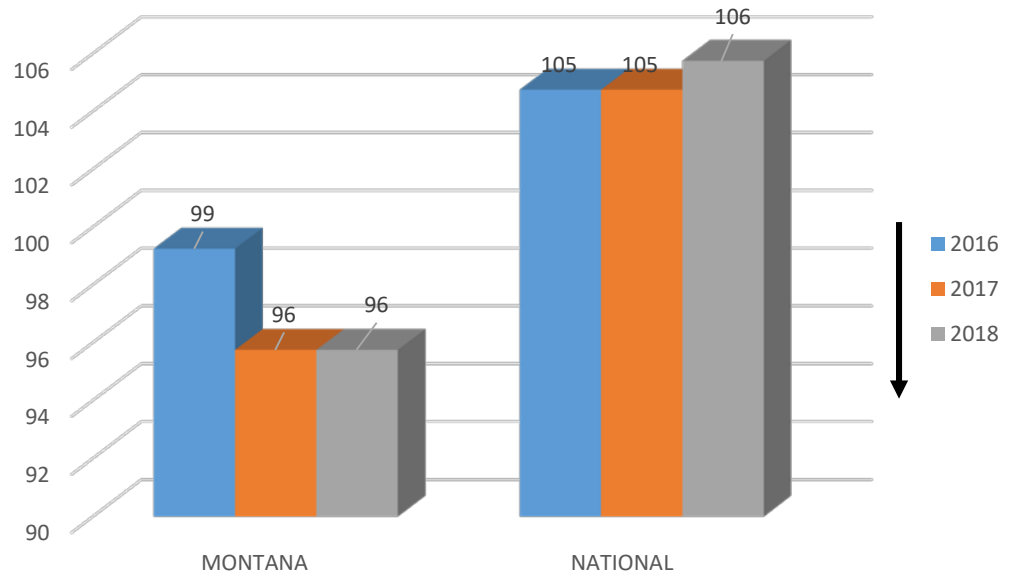
Outpatient [AMI, ED Throughput]

OP-2 Rate: Fibrinolytic Therapy w/I 30 minutes ED arrival



We have lots of room to improve this measure!!

OP-18 Median Time from ED Arrival to Departure

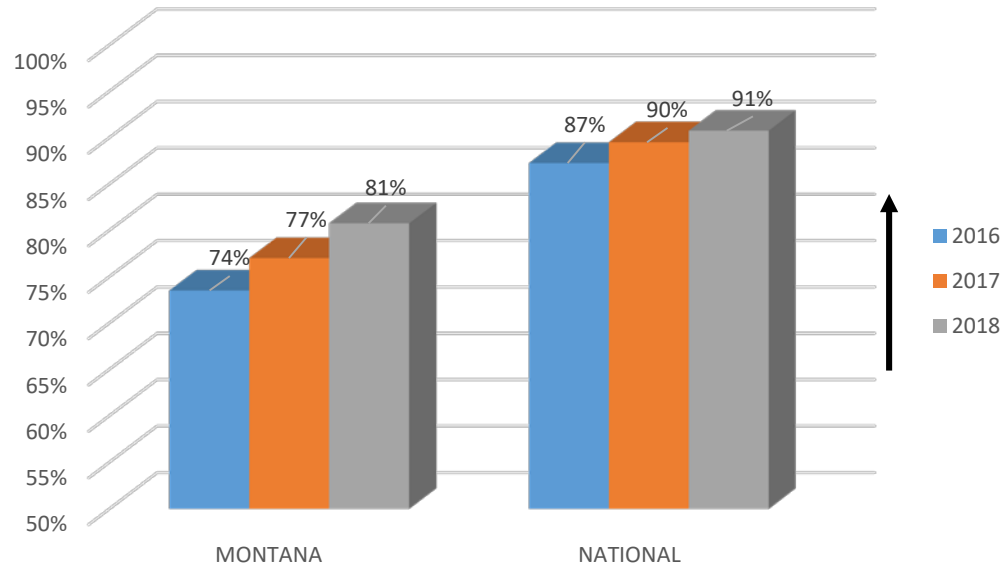


Looking Good, MT!

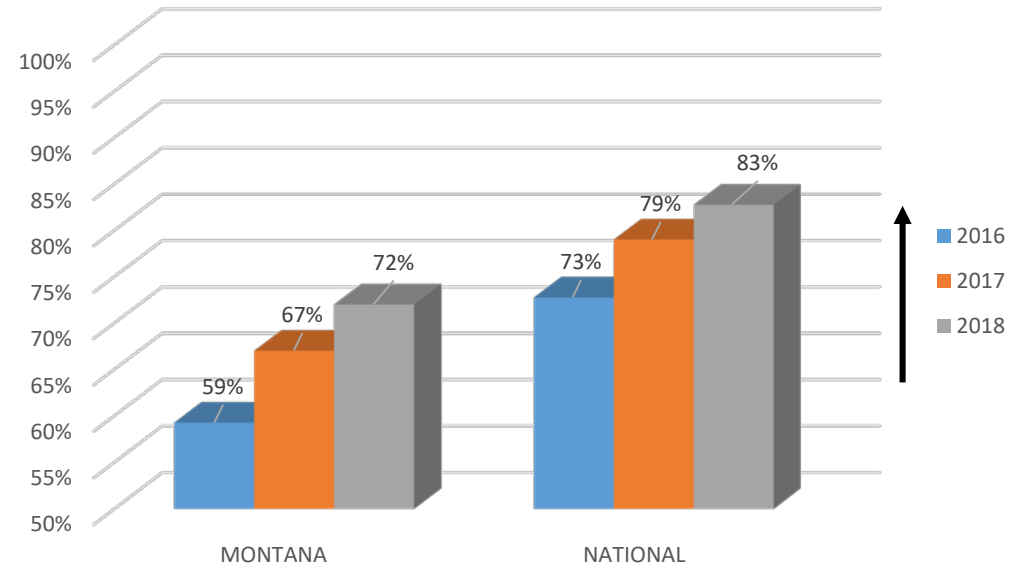
MBQIP Outcomes

Care Transitions [ED Transfer Communications]

Nursing Information



All Communications

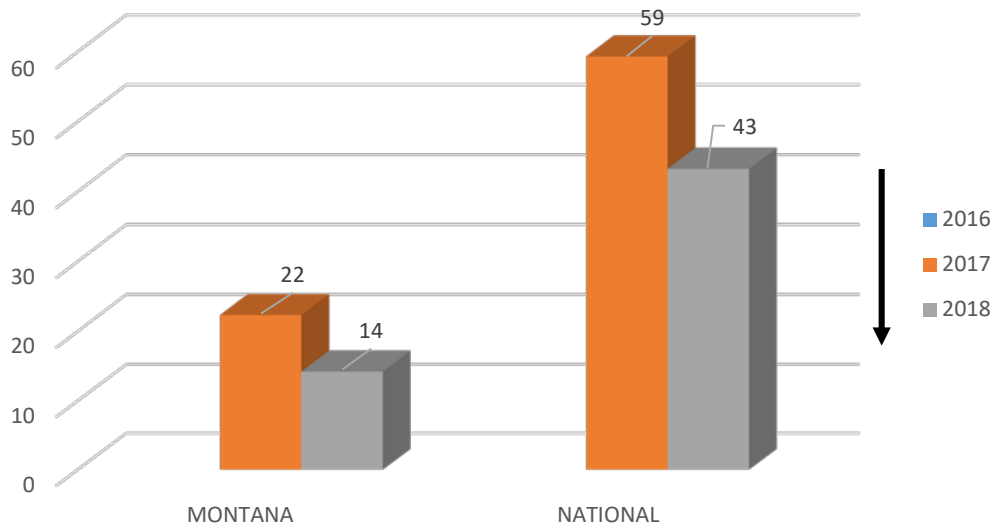


Such steady improvement! GREAT WORK!

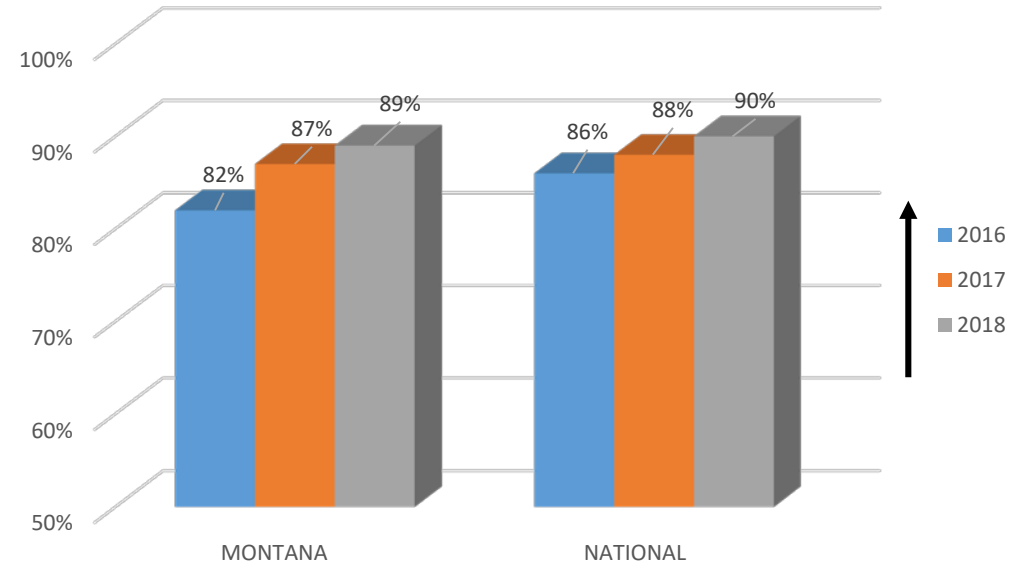
MBQIP Outcomes

Patient Safety [Inpatient ED Throughput, HCW Immunization]

ED-2 Median Admit Decision time to ED Departure Time



OP-27 Rate HCW influenza immunization



You are SO CLOSE to the goal rate of 90%!

MBQIP Steps to Success

Quality staff, data abstractors, and IT staff develop reports with the EMR vendor to streamline abstraction and eliminate the need for manual data abstraction.

Encourage staff doing the work or invested in the measures to abstract data in order to learn Break out abstraction on a monthly basis for more efficient time management.

Read and review each MBQIP Monday for important deadline information, abstraction resources, education and more.

Study measures to see if any data requests overlap enough for one abstraction. Example: MBQIP and MT Cardiac Recognition measures tool.

2019-2020 Activities

Activity	Value from MT Flex
Pharmacy Support for ABS	Contractor
Infection Prevention Credential **	Facilitation, Materials, Exam Cost Reimbursement
Excel/Microsoft Learning Path with Pryor	Subscription
MBQIP 2 Outcomes	Facilitation, Participant Support
MBQIP Regional Education	Subject Matter Expert
Stroudwater Swing Bed Project	Contractor
CHSD Implementation Plans	Contractor, Matching Funds

** Applications in Packets

2019-2020 Activities

Activity	Value from MT Flex
CAMHFAR (Mental Health Training) **	Contractor, Meeting Expenses
MT Balanced Score Card Development	Contractor, Participant Support, Direct CAH Involvement
Lean Internship	Contractor, Intern Wage
Lean for Leaders	Contractor
Participant Support	Lodging, Registration Fees for: MHA Convention, MHA Health Summit, Lean for Leaders, MBQIP 2 Outcomes, HFMA/MHIMA Spring Conference, APIC Spring Conference, Balanced Scorecard Development...and others as found appropriate during the grant year.

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