**2020-2021 GRANT YEAR AWARD CRITERIA**

The MT Flex/PIN Quality Awards are presented by the MT Performance Improvement Network (PIN) to recognize MT Critical Access Hospitals (CAH) and their efforts to improve quality within their organization. By meeting the criteria outlined in this document, MT CAHs demonstrate leadership, community, willingness to share with peers, and a commitment to improvement.

Hospitals must meet all criteria during the grant year (Sept 1, 2020 – Aug 31, 2021) to qualify. The MT Flex team will track each hospital’s progress in meeting criteria.

**CAH QUALITY PROGRAM OF THE YEAR**

* MT CAHs must submit an online application (open late summer) that provides a description of the CAH’s Quality Program, quality initiatives and outcomes data, and discussion of collaboration and sharing efforts with in the CAH, community, or state.
* Application due by August 5th.
* Applications will be reviewed and voted on by a panel of MHA Staff Members.

**AWARD RECOGNITION**

* Announcement at Montana Healthcare Conference.
* Award plaque to be distributed and pictures taken at the DON/QIC Regional Meetings held in October.
* Recognition in the PIN Newsletter, PIN Website, and MHA Weekly Newsletter.
* Press kit, press release and photos taken at regional meetings provided for hospital marketing.
* Quality Program of the Year recipient will receive on-stage recognition by MHA President and photo op during the Montana Healthcare Conference General Session.

**TRACKING**

* Use the checklist on the last page to help track your progress.
* Official tracking done by MT Flex. Status updates provided quarterly.

**Please contact the MT Flex Team with any questions or needs for assistance:**

|  |  |  |
| --- | --- | --- |
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**CRITERIA INFORMATION AND DETAILS**

**CRITERIA #1: PERFORMANCE IMPROVEMENT**
Submit baseline and outcomes data and show improvement targeted to at least one (1) MBQIP or PIN Benchmarking measure/topic listed below. You may use M2O, Flex Projects, or any other projects in your facility targeting measures noted below. Performance improvement data must be submitted via online platform (to be open late summer) by August 5.

Performance improvement includes sustaining high improvement or scores that exceed national benchmarks. On the project report, please provide insight into work done during the course of the year to ensure high performance.

|  |  |
| --- | --- |
| MBQIP | PIN Benchmarking |
| Outpatient Cardiac Care (OP-2, 3) | **Return to ED** (72-hour rate for all cause) |
| Outpatient ED Throughput (OP-18) | **Sepsis Care** |
| Healthcare Worker Immunization (OP-27) | **First Time C-Section Rate** |
| Emergency Department Transfer Communications (EDTC) | **Billable Observation Hours as a percent of Total Observation Hours** |
| HCAHPS | **Skin Risk Assessment on Admission** (Acute and/or Swing) |
| Readmission Rate (30-day all cause) | **Fall Risk Assessment on Admission** (Acute and/or Swing) |
| Adverse Drug Events | **Days Cash on Hand** |
| Hospital Acquired Infections | **Days in Accounts Receivable** |
| Falls | **Operational Cost per Adjusted Patient Day** |
| Antibiotic Stewardship/Days of Therapy  |  |

**CRITERIA #2: COMPLETE AND CONSISTENT DATA REPORTING**

Meet data reporting requirements for both MBQIP and PIN Benchmarking data programs.

|  |  |  |  |
| --- | --- | --- | --- |
| Program | Quarters | Due Dates | Measures |
| MBQIP | 2Q-20203Q-20204Q-2020  | Nov 1, 2020Feb 1, 2021May 1, 2021  | Complete reporting of all measures for the following MBQIP domains for all quarters indicated (visit [mtpin.org](http://www.mtpin.org) for detailed MBQIP info!) Patient Engagement—HCAHPS Inpatient & Patient Safety—HCW Immunizations, NHSN Survey Outpatient—Outpatient AMI, and OP ED throughput |
| MBQIP | 3Q-20204Q-20201Q-2021 | Nov 1, 2020Feb 1, 2021May 1, 2021 | Complete reporting of all ED Transfer Communication measures (Care Transitions Domain) for all quarters indicated (visit [mtpin.org](http://www.mtpin.org) for detailed MBQIP info!) |
| PIN Benchmarking | 3Q-20204Q-20201Q-2021 | Dec 1, 2020Mar 1, 2021Jun 1, 2021 | Complete reporting for all quarters indicated. |

**CRITERIA #3: ENGAGEMENT AND SHARING WITH MT CAHS**

Participate in at least 4 points of Engagement and Sharing Activities. Points are noted in the far left column; the larger the time and effort commitment, the larger the point value.

|  |  |  |  |
| --- | --- | --- | --- |
| ACTIVITY POINTS | ACTIVITY | Dates | Completion Requirement |
| 1 | Facility Spotlight in the PIN Quarterly Newsletter | Nov, Feb, May, Aug | Submit article relating to project, event, or process that other CAHs can learn from and implement |
| 2 | PIN Quality Calls | Jan 2021 & Jul 2021 | Present and share facility quality improvement projects with background, measures, interventions, outcomes & follow-up plan |
| 2 | Stroudwater Swing Bed Project | All Year | Participate in and complete reporting requirements set forth by Stroudwater and Associations. |
| 2 | POND/Lilypad Project | All Year | CAH’s RHC participates in and completes reporting requirements set forth by POND/Lilypad. |
| 2 | Balanced Scorecard Development | All Year  | Participate in development work group for a MT CAH Balanced Scorecard. |
| 3 | Regional Meetings*(Virtual 2020)* | Dec 2020 | Present and share facility quality improvement projects with background, measures, interventions, outcomes & follow-up plan |
| 3 | QI Showcase at the MHA Health Summit | Spring 2021 | Present and share facility quality improvement projects with background, measures, interventions, outcomes & follow-up plan |
| 3 | MBQIP 2 Outcomes  | Spring & Summer 2021 | Meet specified project completion requirements |
| 3 | Risk Management Certification Program | All year | Complete course prep and test for certification. |
| 3 | Lean for Leaders |  | Complete Lean for Leaders Course |

**🗵 TRACK YOUR PROGRESS 🗵**

**CRITERIA #1: PERFORMANCE IMPROVEMENT**

* **Criteria Complete! I have checked all requirements for at least one project on MBQIP measures.**
	+ Online submission completed and by Aug 5, 2021 (Open late summer ’21)

**CRITERIA #2: COMPLETE AND CONSISTENT DATA REPORTING**

* **Criteria Complete! I have checked all data reporting requirements.**

**Due Date Measures/Domains**

Nov 1 2020 2Q 2020 MBQIP Outpatient [CART/QualityNet]

 3Q 2020 MBQIP ED Transfer Communications [MT Flex]

Nov 15 2020 2Q 2020 MBQIP Inpatient [CART/QualityNet]

Dec 1 20203Q 2020 PIN Benchmarking [MT Flex]

 Feb 1 2021 3Q 2020 MBQIP Outpatient [CART/QualityNet]

 4Q 2020 MBQIP ED Transfer Communications [MT Flex]

 Feb 15 2021 3Q 2020 MBQIP Inpatient [CART/QualityNet]

 Mar 1 20214Q 2020 PIN Benchmarking [MT Flex]

 2020 NHSN Facility Annual Survey [NHSN]

 May 1 2021 4Q 2020 MBQIP Outpatient [CART/QualityNet]

 1Q 2021 MBQIP ED Transfer Communications [MT Flex]

 May 15 2021 4Q 2020 MBQIP Inpatient [CART/QualityNet]

 2020/2021 Healthcare Worker Immunization [NHSN]

 Jun 1 20211Q 2021 PIN Benchmarking [MT Flex]

**CRITERIA #3: ENGAGEMENT AND SHARING WITH MT CAHS**

**Criteria complete! I’ve completed at least 4 points of Engagement and Sharing Activities**

 Points Activity

* + 1 Facility Spotlight in the PIN Quarterly Newsletter
	+ 2 PIN Quality Calls
	+ 2 Stroudwater Swing Bed Project
	+ 2 POND/Lilypad RHC Project
	+ 2 Balanced Scorecard Development
	+ 3 Regional Meetings
	+ 3 QI Showcase at the MHA Health Summit
	+ 3 MBQIP 2 Outcomes
	+ 3 Risk Management Certification Program
	+ 3 Lean for Leaders

**Refer to the PIN Website at** [**www.mtpin.org**](http://www.mtpin.org) **for complete measure definitions and resources.**