



# MT FLEX/PIN QUALITY AWARD PROGRAM 2021-2022 GRANT YEAR AWARD CRITERIA

The MT Flex/PIN Quality Award was developed by the MT Performance Improvement Network (PIN) to recognize MT Critical Access Hospitals (CAH) and their efforts in improving 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 to qualify for an award. The Flex Grant Year is September 1, 2021 through August 31, 2022. 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.
- ◆ Applications will be reviewed and voted on by a panel of MHA Staff Members.

## AWARD RECOGNITION

- ◆ Announcement at Montana Healthcare Conference (formerly MHA Fall Convention).
- ◆ Plaque with facility name and date of award. Plaques 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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## MT FLEX/PIN QUALITY AWARD PROGRAM

### 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 QI Roots, Flex Projects, or any other projects in your facility targeting these measures. Performance improvement data must be submitted via online platform, and applications will open late summer of 2022.

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
Inpatient ED Throughput (ED-1, 2)	Return to ED (72-hour rate for all cause)
Outpatient Cardiac Care (OP-2, 3, )	Sepsis Care
Outpatient ED Throughput (OP-18)	First Time C-Section Rate
Healthcare Worker Immunization (OP-27: Use flu season 2018-2019 for baseline)	Billable Observation Hours as a percent of Total Observation Hours
Emergency Department Transfer Communications (EDTC)	Skin Risk Assessment on Admission (Acute and/or Swing)
HCAHPS	Fall Risk Assessment on Admission (Acute and/or Swing)
Readmission Rate (30-day all cause)	Days Cash on Hand
Adverse Drug Events	Days in Accounts Receivable
Hospital Acquired Infections	Operational Cost per Adjusted Patient Day
Falls	

#### 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-2021 3Q-2021	Nov 1, 2021 Feb 1, 2022	Complete reporting of <u>all</u> measures for MBQIP domains for all quarters indicated (visit <a href="http://mtpin.org">mtpin.org</a> for detailed MBQIP info!) Care Transitions—ED Transfer Communications (3Q, 4Q, 1Q) Patient Engagement—HCAHPS Outpatient—Outpatient AMI/Chest pain, and OP ED throughput
PIN Benchmarking	3Q-2021 4Q-2021	Dec 1, 2021 Mar 1, 2022	Complete reporting for all quarters indicated.

## MT FLEX/PIN QUALITY AWARD PROGRAM

### 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.

<b>ACTIVITY POINTS</b>	<b>ACTIVITY</b>	<b>Dates</b>	<b>Completion Requirement</b>
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	POND/Lilypad Project	All Year	CAH's RHC participates in and completes reporting requirements set forth by POND/Lilypad.
2	Swing Bed Quality Improvement Project	All Year	Participate in and complete reporting requirements set forth by HealthTech S3 and Flex.
3	Regional Meetings (Virtual 2021)	Oct 2021	Present and share facility quality improvement projects with background, measures, interventions, outcomes & follow-up plan
3	QI Showcase at the MHA Health Summit	Apr 2022	Present and share facility quality improvement projects with background, measures, interventions, outcomes & follow-up plan.
3	QI Roots	All year	Meet specified project completion requirements set by QI Roots program. Must participate in activities and complete assigned tasks.
3	Certified Professional Healthcare Quality Program	All Year	Complete prep course and test for certification.
3	Financial Improvement	All Year	Staff at Virginia Mason will provide education and coaching to participating hospitals.

## MT FLEX/PIN QUALITY AWARD PROGRAM

### TRACK YOUR PROGRESS

#### CRITERIA #1: PERFORMANCE IMPROVEMENT

- Criteria Complete! I have checked all requirements for at least one project on MBQIP measures.**
- Submission form completed and sent to MT Flex team by Aug 5, 2022

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

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

Due Date	Measures/Domains
Nov 1 2021	2Q 2021 MBQIP Outpatient [CART/HQR/QHi] 3Q 2021 MBQIP ED Transfer Communications [QHi]
Dec 1 2021	3Q 2021 PIN Benchmarking [QHi]
Feb 1 2022	3Q 2021 MBQIP Outpatient [CART/HQR/QHi] 4Q 2021 MBQIP ED Transfer Communications [QHi]
Mar 1 2022	4Q 2022 PIN Benchmarking [QHi] 2021 NHSN Facility Annual Survey [NHSN]

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

**Criteria complete! I've completed at least 3 points of Engagement and Sharing Activities**

Points	Activity
<input type="checkbox"/> 1	Facility Spotlight in the PIN Quarterly Newsletter
<input type="checkbox"/> 1	POND/Lilypad RHC Project
<input type="checkbox"/> 2	Swing Bed Improvement Project
<input type="checkbox"/> 3	Regional Meetings
<input type="checkbox"/> 3	QI Showcase at the MHA Health Summit
<input type="checkbox"/> 3	QI Roots MBQIP Project
<input type="checkbox"/> 3	Quality Program Certification (CPHQ)
<input type="checkbox"/> 3	Financial Improvement Project