Mountain-Pacific Quality Health

Medicare Beneficiary Quality Improvement Project (MBQIP) Series:

#2) Electronic Enabled Clinical Quality Improvement (eCQI)101

Sponsored by:
Alaska Office of Rural Health

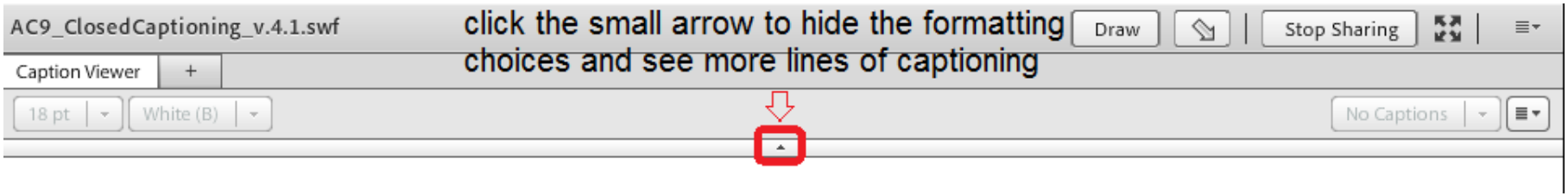
Presented by:
Mary Erickson, RN, MSM, HCI – Quality Improvement Lead
Spring 2017

Welcome!

- Thank you for spending your valuable time with us today!
- You can put questions in the chat box or wait for the open microphone time at the end.
- A link to both presentation slides and the recording on the website will be sent to attendees following the webinar today.
- Your feedback is greatly appreciated and can be provided via the post-webinar survey.

Closed Captioning

- Closed captioning will appear under today's presentation. To see more lines of captioned text, click the small arrow below.



Introduction of speaker

- Mary Erickson, BSN, MSM, HCI (Montana):
  - MT licensed RN for19 years with the last 12 years spent in risk management, performance improvement and operations/administration. Works with hospital and clinic organizations on various improvement projects from electronic medical record implementations to Centers for Medicare and Medicaid Services accreditation readiness.
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MBQIP Webinar Series

1. MBQIP Data Collection 101
   - Measure Review
   - Identify tools and resources
   - Intro to eCQI concepts
   - Discussion about data collection challenges
2. Electronic Clinical Quality Improvement (eCQI)101
   - Overview of eCQI concepts
   - Review of MBQIP measure using eCQI
3. Application of eCQI to MBQIP
   - Easing the reporting burden using the CMS Chart Abstraction and Reporting Tool (CART)
4. Put it all together –
   - Making and sustaining gains
   - Lessons learned from past projects – things to watch for!

Brief MBQIP Overview

- ***What is it?*** A quality improvement initiative under HRSA's Federal Office of Rural Health Policy (FORHP) Medicare Rural Hospital Flexibility Program.
- ***What is the goal?*** To improve the quality of care provided in Critical Access Hospitals (CAHs) by increasing data reporting to help drive quality improvement activities based on data.

Statement from FORHP . . . .

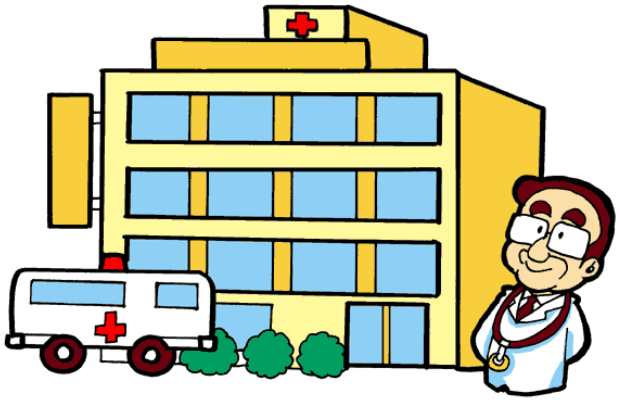
*"Attention toward quality improvement is paramount – MBQIP is being expanded and is now **required** as a condition for CAHs to participate in Flex activities."*

Source: MBQIP letter from FORHP to State Flex Coordinators, March 15, 2016; Arizona Center for Rural Health

Why does it matter to my facility?

You need to tell your story!

- Do not remain *statistically insignificant!*
  - MBQIP Measures are specifically selected from the larger set of quality indicators for CAHs to demonstrate the types of patients and the value of care being provided in rural areas.



eCQI Concepts

- What is eCQI:
  - Electronic Enabled Clinical Quality Improvement
  - Optimizing health information technology (HIT) and standardized electronic data to achieve measureable improvement in quality of care
  - Incorporating the data and functionality of your EHR into your quality improvement projects

eCQI Resources: Toolkit Tour

- MT DPHHS funded development of the eCQI toolkit, available at: http://mpqhf.com/corporate/wp-content/uploads/2016/05/1-DPHHS-HTS-eCQI-Toolkit-Verion-4.pdf
  - EHR Functionality review
  - PDSA forms
  - Change backlog template
- Office of National Coordinator: https://www.healthit.gov/providers-professionals/ecqi-what-it-and-how-it-can-help-you

eCQI Steps to MBQIP Reporting Success

1. Align measures between internal (facility) and external (MBQIP) goals
2. Understand the data you need (measure specifications, sample sizes, etc)
3. Utilize reports from your EHR
4. Validate and improve data
5. Streamline your reporting method
6. Use your data to make improvements!

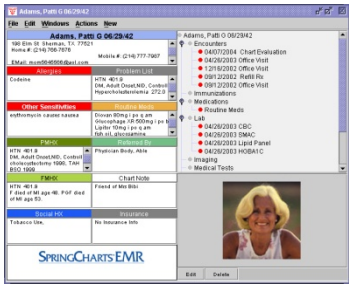
STOP the Garbage In – Garbage Out Cycle!

Process of Data validation

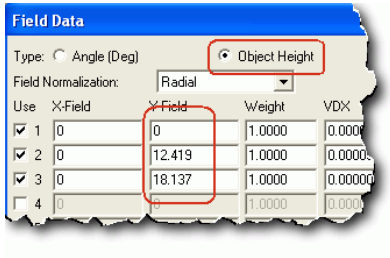
6. Does the report reflect what you found?

1. Run Report

2. Run Patient List – who met the denominator? Who met the numerator?



3. Review patient chart



4. Find data field

5.Talk to staff, do they document there? What is the workflow?

Process of Data Validation

- Validate your report by:
  - Working backwards from a report to ensure the data that is being collected is the data you want for your metric
  - Get the report in patient level format (patient list) for numerator and denominator.
  - Through chart review, use patient lists to locate the data fields populated on the report
  - Once you find the right fields, ensure this is where staff are consistently documenting and if the right information is being entered by the right person
  - Ensure there are not other areas where the same item is being documented
  - Identify the data entry points that need improvement

All Roads Lead to: Structured Data

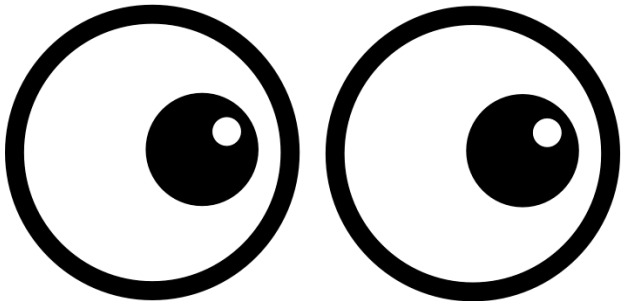
If it is not documented in a discrete field, the system **does not know** it happened and cannot trigger the next event or feed a report!

- Clinical Decision Support rules will not work
- Reports will be “inaccurate”

Data Validation Key Point:

You must TALK to staff and WATCH (sit beside them) *where* they are documenting, you will be surprised at the different ways data is entered and how it affects your ability to retrieve it!

DO NOT MAKE ASSUMPTIONS THAT YOU KNOW WHAT THEY'RE DOING!



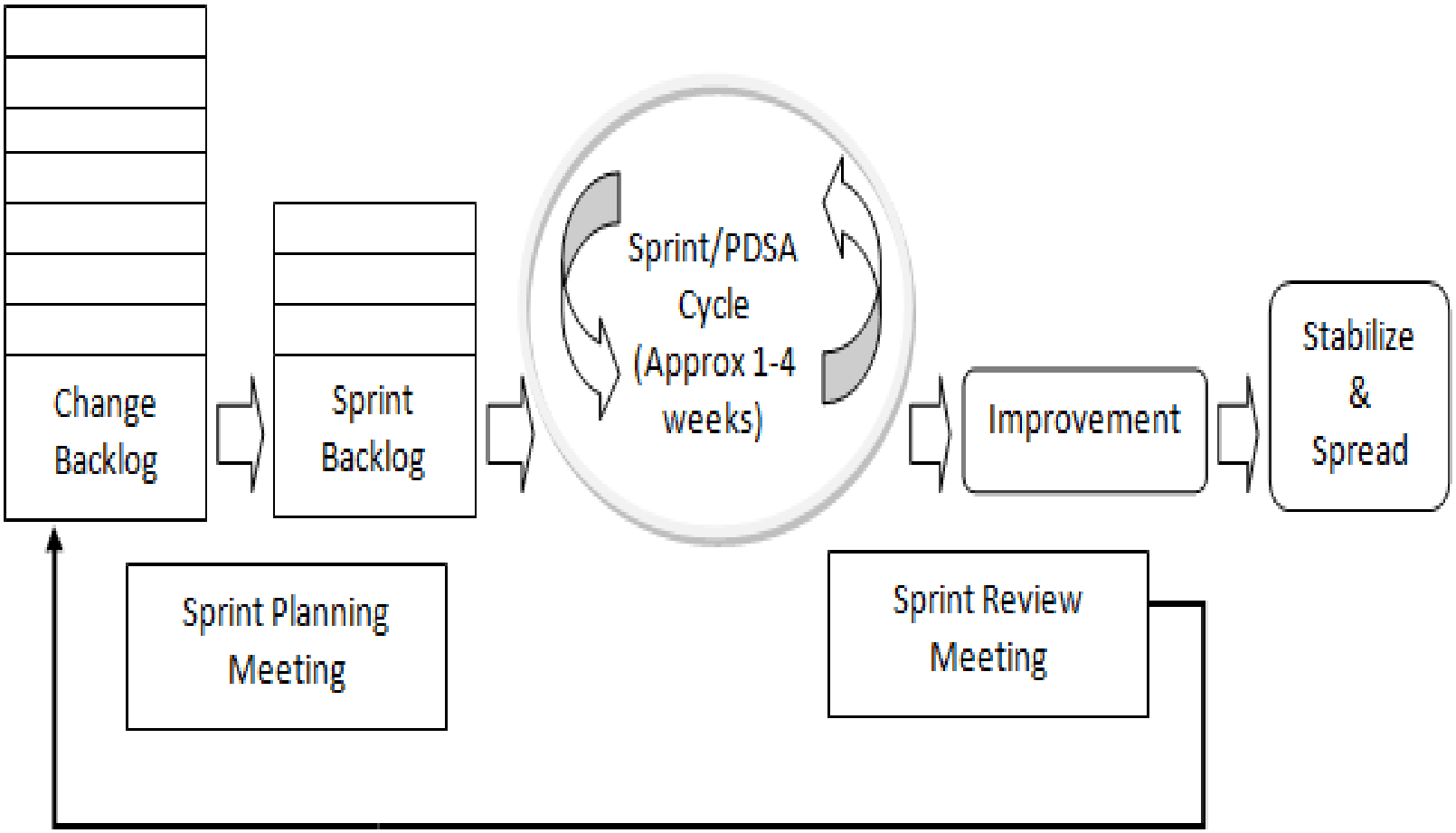
Start the eCQI Process

- Once the area of data collection improvement has been identified through report validation, use the eCQI Process to improve the accuracy of information being entered.
- This results in valid reports so you can focus on making quality improvement changes that are backed by solid data.

eCQI Process

1. Identify Project Scope
2. Develop a project team
3. Create Change Backlog (a list of possible changes/process measures that will help improve the outcome measure)
4. Prioritize Change Backlog based on “value” of each change
5. Create Sprint Backlog (identify item(s) to be included in first “sprint” or PDSA Cycle)
6. Plan “Sprint”/PDSA Cycle
7. Complete PDSA Cycle
8. Perform a Sprint Review
9. Review, update and reprioritize Change Backlog
10. Begin new Sprint

eCQI Process Cycle Diagram



eCQI PROJECT SCOPE/ CHANGE BACKLOG - Template

Project Aim: (what are we trying to accomplish)
Goal: (make sure goal is SMART)

Project Constraints: (what are the boundaries for this project)
Budget: Schedule: Quality: Other: (Policies, Regulations, Senior Management requirements)

Evaluation Measure (use standardized data, easily obtainable if possible - examples include PQRS, NQF, CMS, IQR and or UDS measures)

Measure	Description	Data Source	Target Performance	Current Performance	Current Performance Date

Project Team			
Name	**Title/Department**	**Role**	**Responsibilities**

Potential Data or Change Points

- Patient Education
  - Provide credible source of information
  - Encourage patient engagement
- Patient Reminders
  - Proactive preventative care
  - Follow up and care coordination
- Lab interfaces (or lab results as structured data)
  - data points can be retrieved from lab results to effect care improvement
  - Lab results (structured data) enhances use of clinical decision support rules or guidelines at the point of care

Potential Data or Change Points

- CPOE
  - data points can be retrieved from CPOE to effect care improvement
  - CPOE enhances use of clinical decision support rules or guidelines at the point of care
- Patient Portals
  - Can provide direct, “outside the hospital” access to patients.
  - Use for patient education documents
  - Engaging patients in reporting their own measurements for blood pressure or blood sugar online, real time monitoring.

Potential Data or Change Points

- Clinical Decision Support (CDS)
  - Target conditions and standardize treatments
    - Data Display: flow sheets, patient data reports and graphic displays
    - Workflow Assistance: task lists, patient status lists, integrated clinical and financial tools
    - Data Entry: templates to guide documentation and structured data collection
    - Decision Making: access to resources rule based alerts, clinical guidelines or pathways, patient / family preferences, and diagnostic decision support

MBQIP Example: OP – 21 Median Time to Pain Management for Long Bone Fracture

1. Align measures between internal (facility) and external (MBQIP) goals
2. Understand the data you need (measure specifications, sample sizes, etc)
3. Utilize reports from your EHR
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MBQIP Example: OP – 21 Median Time to Pain Management for Long Bone Fracture

1. **Align Measure**: Successful pain management is an emergency department goal.
2. **Understand the data we need**: MBQIP Fact Sheet key data points:
   - **Patient population** of the measure –
     - Age >2, ICD 10 Principal Diagnosis Long Bone Fracture
   - **What are we measuring** – median time from ER arrival to administration of pain medication
   - **Sample size** – all cases, max of 80 per quarter

*see population sampling guidelines for >80 cases

MBQIP Example: OP – 21 Median Time to Pain Management for Long Bone Fracture

3. **Utilize reports**: Where is the data in the EHR? (*Hint*: *data elements are listed on the MBQIP Fact Sheet*)
   - **Use the data elements to make a report request** – encounter date, patient identification, principal diagnosis, ER arrival time, name of pain med and administration time. Limited to age >2.

MBQIP Example: OP – 21 Median Time to Pain Management for Long Bone Fracture

4. **Validate and improve the data** against a chart review
   - Did the report show the right patients (age >2)?
   - Did the principal diagnosis show long bone fracture (ICD 10 code)?
   - Was pain medication delivered in the ER? Is the right time on the report? Might need 2 reports.
   - Is there missing data – talk to staff about input
   - Is there incorrect data – talk to staff about input
   - You know your ER, did you miss a case that could have been reported or do you need to report zero cases?

MBQIP Example: OP – 21 Median Time to Pain Management for Long Bone Fracture

5. **Streamline reporting** – attend our next series webinar!

Next in the Series: eCQI Application

- **May 17th, 2 pm (AK)** Easing the reporting burden using the Chart Abstraction and Reporting Tool (CART)
  - CART Overview with Ericka!
  - Can you upload data directly into CART? (*Hint: the answer is actually yes*)
- **May 24th, 2 pm (AK)** Putting it all together!
  - Where to start
  - Making and sustaining gains
  - Things to watch for, lessons learned from other eCQI projects

Reporting Tools and Resources

- **Rural Health Resource Center** – Quarterly Open Office Hour Call for MBQIP data abstractors: https://www.ruralcenter.org/tasc/events/ask-robyn-quarterly-open-office-hour-call-mbqip-data-abstractors-1
- Alaska Office of Rural Health: http://dhss.alaska.gov/dph/HealthPlanning/Pages/ruralhealth/rural_flex.aspx
- Alaska State Hospital and Nursing Home Association: http://www.ashnha.com/quality/

Reporting Tools and Resources (cont)

- Montana Hospital Association Performance Improvement Network (mtpin): http://www.mtpin.org/?p=mbqip
  - MBQIP checklist
  - Data submission calendar
  - MBQIP Fact Sheets
  - MBQIP Measures Matrix
  - MBQIP Data Dictionary: http://www.mtpin.org/docs/MBQIP/MBQIP_Resources/E-Version%20for%20Web%20Appendix.pdf

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THANK YOU!

Please complete the survey and attend our next session on May 17th at 2 PM (AK).

Acronyms

- AMI – Acute Myocardial Infarction (heart attack)
- ASHNHA – Alaska State Hospital and Nursing Home Association
- CAH – critical access hospital
- CART – CMS Abstraction and Reporting Tool
- eCQI – electronic clinical quality improvement
- eCQM – electronic clinical quality measure
- ED – Emergency Department
- EDTC – Emergency Department Transfer Communication
- EHR – electronic health record
- HCAHPSS – hospital consumer assessment of healthcare providers & systems
- HIT – health information technology
- HRSA – Health Resources and Services Administration
- IMM – Immunizations
- MBQIP – Medicare Beneficiary Quality Improvement Project
- NHSN – National Health Safety Network
- OP – Outpatient
- IQR – inpatient quality reporting
- IT – information technology
- QI – quality improvement