

MBQIP Benchmarking

Bridgeport Conference Center July 28, 2016

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Principal

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Agenda

9:00 AM: Welcome and Introductions

**9:15 AM Individual Hospital Self-Reported OP MBQIP Data
Discussion of Remaining Challenges**

OP-1: Median Time to Fibrinolysis

OP-2: Fibrinolytic Therapy Received Within 30 mi of ED Arrival

OP-3: Median Time to Transfer to Another Facility for PCI

OP-4: Aspirin on Arrival

OP-5: Median Time to ECG

10:00 AM New MBQIP measures data self reporting & discussion going forward
to
11:10 AM

OP-18: Median Time from ED Arrival to ED Departure for D/C ED Patients
OP-20: Door to diagnostic evaluation by a qualified medical prof.
OP-21: Median time to pain management for long bone fracture
OP-22: Patient left without being seen
OP-27: Influenza vaccination coverage among healthcare personnel
IMM-2: IP Influenza immunization

Note: we will have a 15 min break at 10:30 am

Agenda (cont')

- 11:10 AM** **Benchmarking Data & Best Practice Discussion - EDTC**
- 11:30 AM** **Hospital Compare Quality Measure Results for WV CAHs, Q2 2014 to Q1 2015**
- 12:00 PM** **Networking Lunch**
- 1:00 PM** **Benchmarking Data & Best Practice Discussion - HCAHPS**
- 2:00 PM** **Action Plan updates from each hospital**
- 3:00 PM** **Closing**
Updated MBQIP reporting timeline
Adjourn
See you at 8:15 AM for the Clinical Network Meeting

Self-Introduction:

- 1. Hospital**
- 2. Name**
- 3. Title**
- 4. What is the one overall change you have made in PI/QI this year (not core measure specific)**

Reporting Schedule for MBQIP Measures for 2015-2016

ID	Measure Name	Data To Be Reported Next By
OP-1	Median Time to Fibrinolysis	*June 1, 2016 for Q4, 2015
OP-2	Fibrinolytic Therapy Received Within 30 minutes of ED Arrival	*June 1, 2016 for Q4, 2015
OP-3b	Median Time to Transfer to Another Facility for Acute Coronary Intervention	*June 1, 2016 for Q4, 2015
OP-4	Aspirin on Arrival	*June 1, 2016 for Q4, 2015
OP-5	Median Time to ECG	*June 1, 2016 for Q4, 2015
OP-18	Median Time from ED Arrival to ED Departure for Discharged ED Patients	*June 1, 2016 for Q4, 2015
OP-20	Door to diagnostic evaluation by a qualified medical professional	*June 1, 2016 for Q4, 2015
OP-21	Median time to pain management for long bone fracture	*June 1, 2016 for Q4, 2015
OP-22	Patient left without being seen	*May 15, 2016 for all of 2015
OP-27	Influenza vaccination coverage among healthcare personnel	*May 15, 2016 for October 1, 2015 – March 31, 2016
IMM-2	IP Influenza immunization	*May 15, 2016 for Q4, 2015

9:15 – 10:00

Discussion of hospital internal OP MBQIP measure OP-1, OP-2, OP-3, OP-4, OP-5

Challenges and PoC as pertinent

(Telligent Data for Q4, 2015 not yet available)

MBQIP OP Internal Core Measure Data



❖ Where is your hospital at based on your latest available internal data compared to last Telligent Report of Q3, 2015

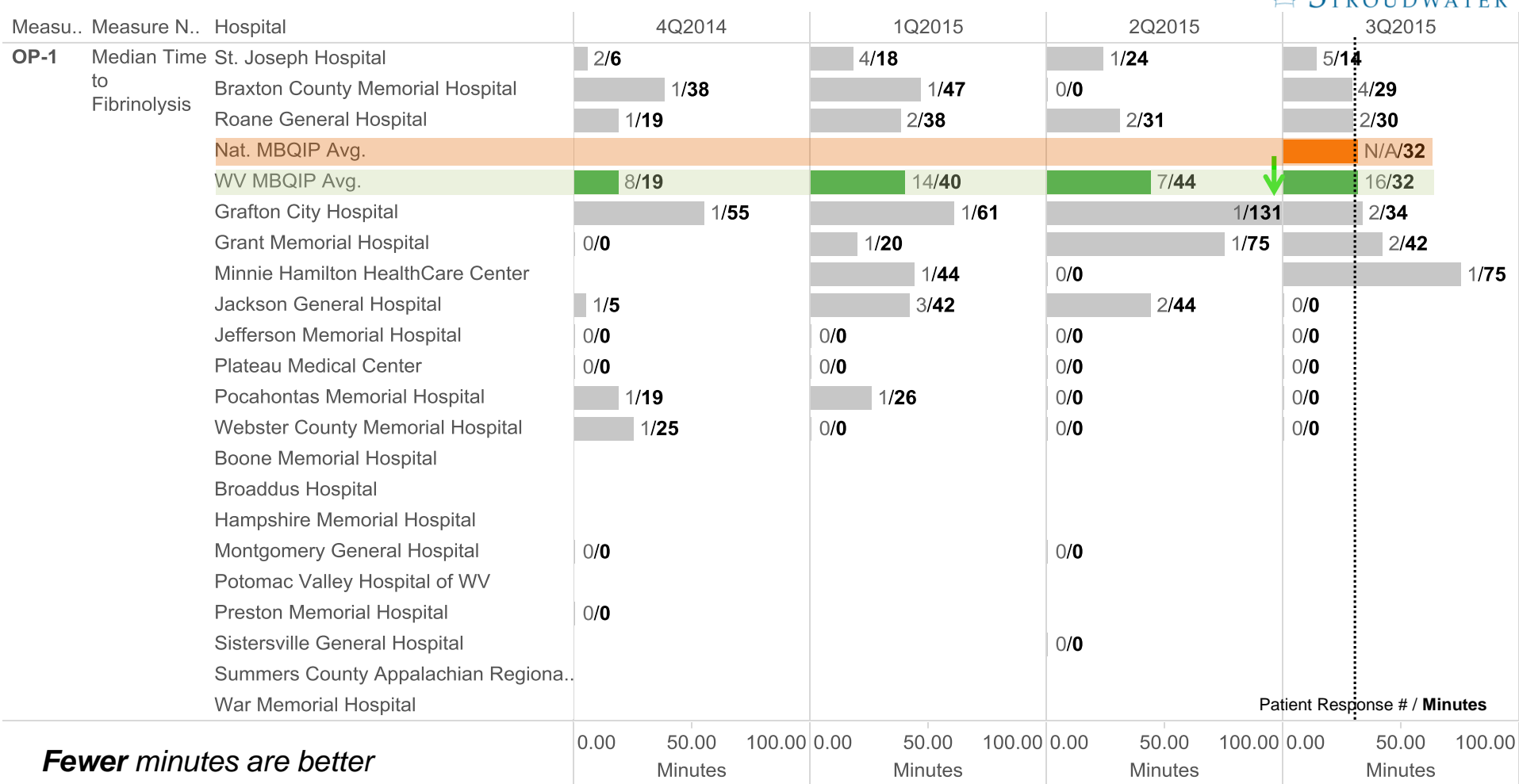
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OP-2	Fibrinolytic Therapy Received Within 30 minutes of ED Arrival	*June 1, 2016 for Q4, 2015
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OP-4	Aspirin on Arrival	*June 1, 2016 for Q4, 2015
OP-5	Median Time to ECG	*June 1, 2016 for Q4, 2015

How Are We Doing So Far??

1. Boone Memorial Hospital
2. Braxton County Memorial Hospital
3. Broadus Hospital
4. Grafton City Hospital
5. Grant Memorial Hospital
6. Hampshire Memorial Hospital
7. Jefferson Medical Center
8. Minnie Hamilton Health Care Center
9. Montgomery General Hospital
10. Pocahontas Memorial Hospital
11. Potomac Valley Hospital of WV
12. Preston Memorial Hospital
13. Rhone General Hospital
14. Sistersville General Hospital
15. St. Joseph Hospital
16. Summers County Appalachian Reg.
17. War Memorial Hospital
18. Webster County Memorial Hospital

Each hospital to provide the outcome of what they have reported in Q-Net for Q4, 2015 and internal data for Q1, 2016

OP-1 OQR Performance (Q4/2014-Q3/2015)



3 CAHs had shorter (better) OP-1 minutes than the average National MBQIP score of 32 minutes in Q3-2015 and 3 WV CAHs had longer (worse) Median times to Fibrinolysis
5 CAHs reported Zero (0/0) eligible patients

OP-2 OQR Performance (Q4/2014-Q3/2015)

Measure..	Measure N..	Hospital	4Q2014	1Q2015	2Q2015	3Q2015
OP-2	Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival	St. Joseph Hospital	2/100%	4/100%	1/100%	5/100%
		Braxton County Memorial Hospital	1/0%	1/0%	0/0%	4/75%
		WV MBQIP Avg.	8/75%	14/43%	7/43%	16/69%
		Nat. MBQIP Avg.				N/A/51%
		Grafton City Hospital	1/0%	1/0%	1/0%	2/50%
		Grant Memorial Hospital	0/0%	1/100%	1/0%	2/50%
		Roane General Hospital	1/100%	2/0%	2/50%	2/50%
		Minnie Hamilton HealthCare Center		1/0%	0/0%	1/0%
		Jackson General Hospital	1/100%	3/0%	2/50%	0/0%
		Jefferson Memorial Hospital	0/0%	0/0%	0/0%	0/0%
		Plateau Medical Center	0/0%	0/0%	0/0%	0/0%
		Pocahontas Memorial Hospital	1/100%	1/100%	0/0%	0/0%
		Webster County Memorial Hospital	1/100%	0/0%	0/0%	0/0%
		Boone Memorial Hospital				
		Broaddus Hospital				
		Hampshire Memorial Hospital				
		Montgomery General Hospital	0/0%		0/0%	
		Potomac Valley Hospital of WV				
Preston Memorial Hospital	0/0%					
Sistersville General Hospital			0/0%			
Summers County Appalachian Regi..						
War Memorial Hospital						

Patient Response # / Score %

Higher percentages are better

2 CAHs had a **higher (better)** percentage than the average National MBQIP score of 51% in Q3-2015

1 WV CAH reported **0%** with 1 eligible patients

5 CAHs reported Zero (0/0) eligible patients

OP-3b OQR Performance (Q4/2014-Q3/2015)



Measu..	Measure N..	Hospital	4Q2014	1Q2015	2Q2015	3Q2015
OP-3b	Median Time to Transfer to Another Facility for Acute Coronary Intervention	Jefferson Memorial Hospital	5/55	7/55	4/72	3/65
		Nat. MBQIP Avg.				N/A/67
		Grant Memorial Hospital		2/134		1/109
		WV MBQIP Avg.	8/55	1/124	1/155	1/130
		Grafton City Hospital			2/237	1/150
		Jackson General Hospital	0/0	0/0		2/165
		Plateau Medical Center	1/20	0/0	0/0	0/0
		St. Joseph Hospital	0/0	0/0		0/0
		Boone Memorial Hospital				
		Braxton County Memorial Hospital	2/818	0/0	0/0	
		Broaddus Hospital				
		Hampshire Memorial Hospital				
		Minnie Hamilton HealthCare Center		1/149		
		Montgomery General Hospital				
		Pocahontas Memorial Hospital		1/113		
		Potomac Valley Hospital of WV				
		Preston Memorial Hospital				
		Roane General Hospital			0/0	
		Sistersville General Hospital				
		Summers County Appalachian Regiona..				
War Memorial Hospital						
Webster County Memorial Hospital						
			Patient Response # / Minutes			
Fewer minutes are better			0.00 50.00 100.00	0.00 50.00 100.00	0.00 50.00 100.00	0.00 50.00 100.00
			Minutes			

All but 1 CAH had a **longer (worse)** Median time to transfer to another facility for ACI than the average National MBQIP time of 67 minutes. The WV average **decreased** to 130 minutes but is still longer than the National Avg.
 2 CAHs reported Zero (0/0) eligible patients

OP-4 OQR Performance (Q4/2014-Q3/2015)



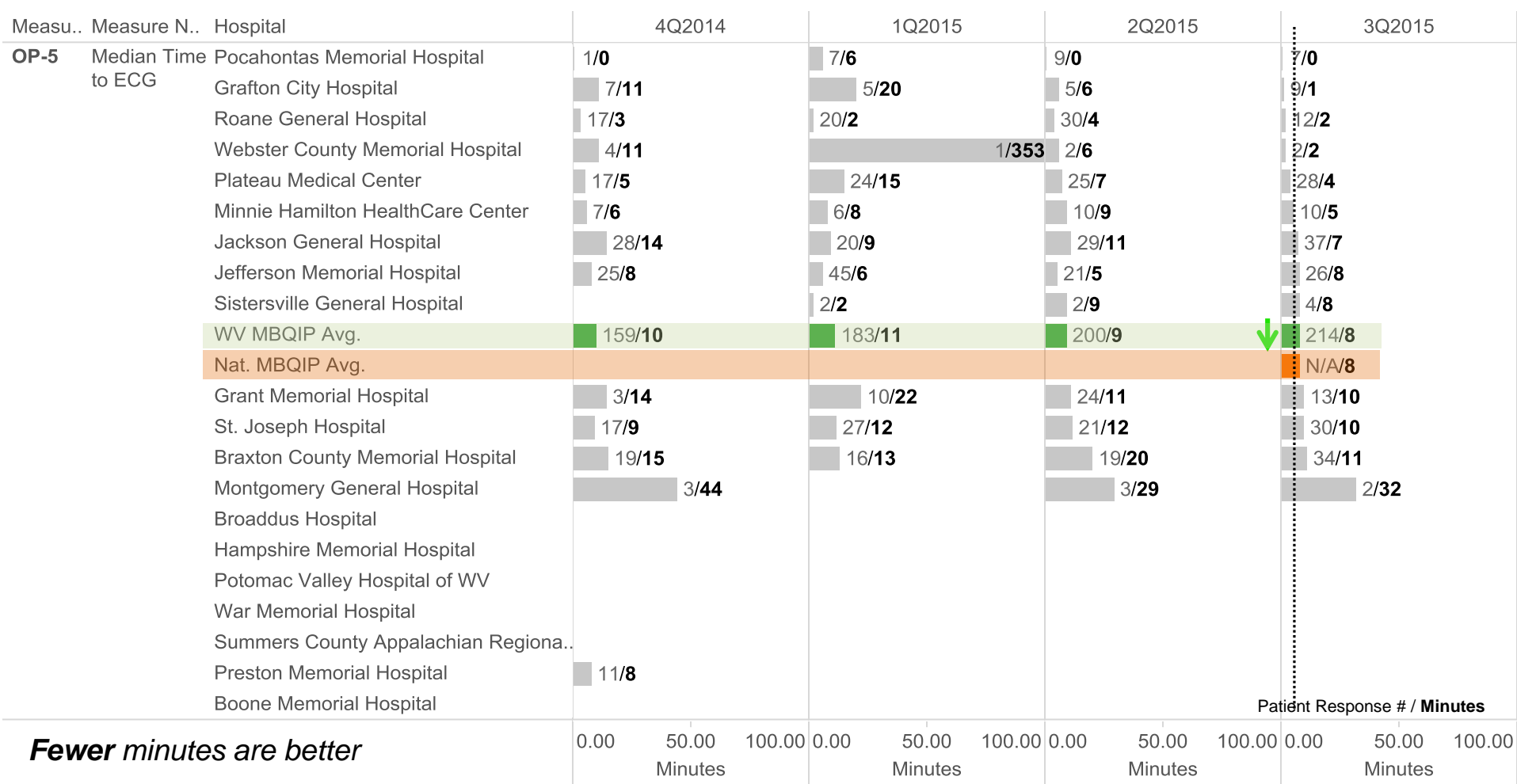
Measure..	Measure N..	Hospital	4Q2014	1Q2015	2Q2015	3Q2015
OP-4	Aspirin at Arrival	Grafton City Hospital	7/100%	5/100%	5/100%	8/100%
		Jackson General Hospital	27/93%	18/100%	28/100%	36/100%
		Minnie Hamilton HealthCare Center	7/100%	5/80%	9/100%	10/100%
		Montgomery General Hospital	4/100%		3/100%	2/100%
		Plateau Medical Center	16/100%	23/100%	25/100%	24/100%
		Pocahontas Memorial Hospital	1/100%	7/100%	8/88%	7/100%
		Roane General Hospital	17/100%	19/100%	29/100%	11/100%
		Sistersville General Hospital		2/100%	2/100%	3/100%
		St. Joseph Hospital	17/100%	23/100%	18/100%	27/100%
		Webster County Memorial Hospital	5/80%	1/100%	2/100%	2/100%
		WV MBQIP Avg.	156/97%	170/98%	185/99%	201/99%
		Braxton County Memorial Hospital	17/100%	15/100%	17/100%	33/97%
		Jefferson Memorial Hospital	25/100%	42/95%	19/100%	26/96%
		Nat. MBQIP Avg.				N/A/96%
		Grant Memorial Hospital	3/100%	10/90%	20/100%	12/92%
		Boone Memorial Hospital				
		Broaddus Hospital				
		Hampshire Memorial Hospital				
		Potomac Valley Hospital of WV				
		Preston Memorial Hospital	10/90%			
Summers County Appalachian Regi..						
War Memorial Hospital						
			0% 50% 100% 150%	0% 50% 100% 150%	0% 50% 100% 150%	0% 50% 100% 150%
<i>Higher percentages are better</i>			Score	Score	Score	Score

Patient Response #/ Score %

10 CAHs were at 100%

1 CAH was below the National MBQIP Avg. by 4% points- important to continue working on this as a standard even though this is removed from MBQIP effective 10/1/15

OP-5 OQR Performance (Q4/2014-Q3/2015)



9 WV CAHs had shorter (better) minutes than National MBQIP average with two more at the 10 min standard.

2 WV CAHs still took more than 10 minutes to perform an ECG for patients with chest pain in Q3 2015! This must be corrected!

10:00 – 11:10

Outcome of MBQIP readiness for new measures

Discussion on how to move forward if not ready

10:30 Break

How Are We Doing So Far??

What were your outcomes for the measures below?

OP-18	Median Time from ED Arrival to ED Departure for Discharged ED Patients	* June 1, 2016 for Q4, 2015
OP-20	Door to diagnostic evaluation by a qualified medical professional	* June 1, 2016 for Q4, 2015
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Each hospital to provide the outcome of what they have reported in Q-Net and NHSN thus far as well as well as internal data for 2016 thus far.

11:10 – 11:30

ED Transfer Communication (EDTC)

ED Transfers Communication – Measure Elements

- ❑ EDTC SUB-1: Administrative Communication
 - ❑ Healthcare Facility to Healthcare Facility communication
 - ❑ Physician to physician communication

- ❑ EDTC SUB-2: Patient Information
 - ❑ Name
 - ❑ Address
 - ❑ Age
 - ❑ Gender
 - ❑ Significant others contact information (name & tel.#)
 - ❑ Insurance (company name and policy #)


ED Transfers Communication – Measure Elements

EDTC SUB-3: Vital Signs

- Pulse
- Respiratory rate
- Blood pressure
- Oxygen saturation
- Temperature
- Glasgow score or other neuro assessment for trauma, cognitively altered or neuro patients only

EDTC SUB-4: Medication Information

- Medications administered in ED
- Allergies & Reactions
- Home medications



Update:
Clarification – allergy reaction
is not required

ED Transfers Communication – Measure Elements

- ❑ EDTC SUB-5: Practitioner Generated Information
 - ❑ History and physical
 - ❑ Reason for transfer and/or plan of care

- ❑ EDTC SUB-6: Nurses Information
 - ❑ Assessments/interventions/response
 - ❑ Sensory Status (formerly Impairments)
 - ❑ Catheters
 - ❑ Immobilizations
 - ❑ Respiratory support
 - ❑ Oral limitations

- ❑ EDTC SUB-7: Procedures & Tests
 - ❑ Tests and procedures done
 - ❑ Tests and procedure results sent

Q1-2016 EDTC Review

Better than or Equal to Nat. Avg.

1Q2016

Measure Code	Measure Name	Nat. MBQIP Avg. Current Quarter	WV MBQIP Avg.	Boone Memorial Hospital	Braxton County Memorial Hospital	Broadbush Hospital	Grafton City Hospital	Grant Memorial Hospital	Hampshire Memorial Hospital	Jackson General Hospital	Jefferson Memorial Hospital	Minnie Hamilton HealthCare Center	Montgomery General Hospital
EDTC-1	Administrative Comm	93%	91%	84%	100%	100%	100%	100%	82%	69%	87%	98%	87%
EDTC-2	Patient Information	94%	98%	100%	100%	98%	98%	100%	100%	96%	82%	100%	100%
EDTC-3	Vital Signs	94%	97%	100%	100%	87%	100%	93%	98%	87%	80%	98%	100%
EDTC-4	Medication Information	92%	91%	93%	82%	91%	96%	93%	98%	67%	69%	87%	100%
EDTC-5	Practitioner Information	92%	97%	100%	100%	98%	98%	100%	91%	87%	80%	100%	100%
EDTC-6	Nurse Information	87%	88%	100%	100%	80%	100%	91%	100%	87%	0%	100%	89%
EDTC-7	Procedures and Tests	95%	98%	100%	100%	100%	100%	100%	100%	87%	84%	100%	100%
All EDTC	All Measures	71%	73%	80%	82%	64%	91%	80%	73%	44%	0%	82%	76%

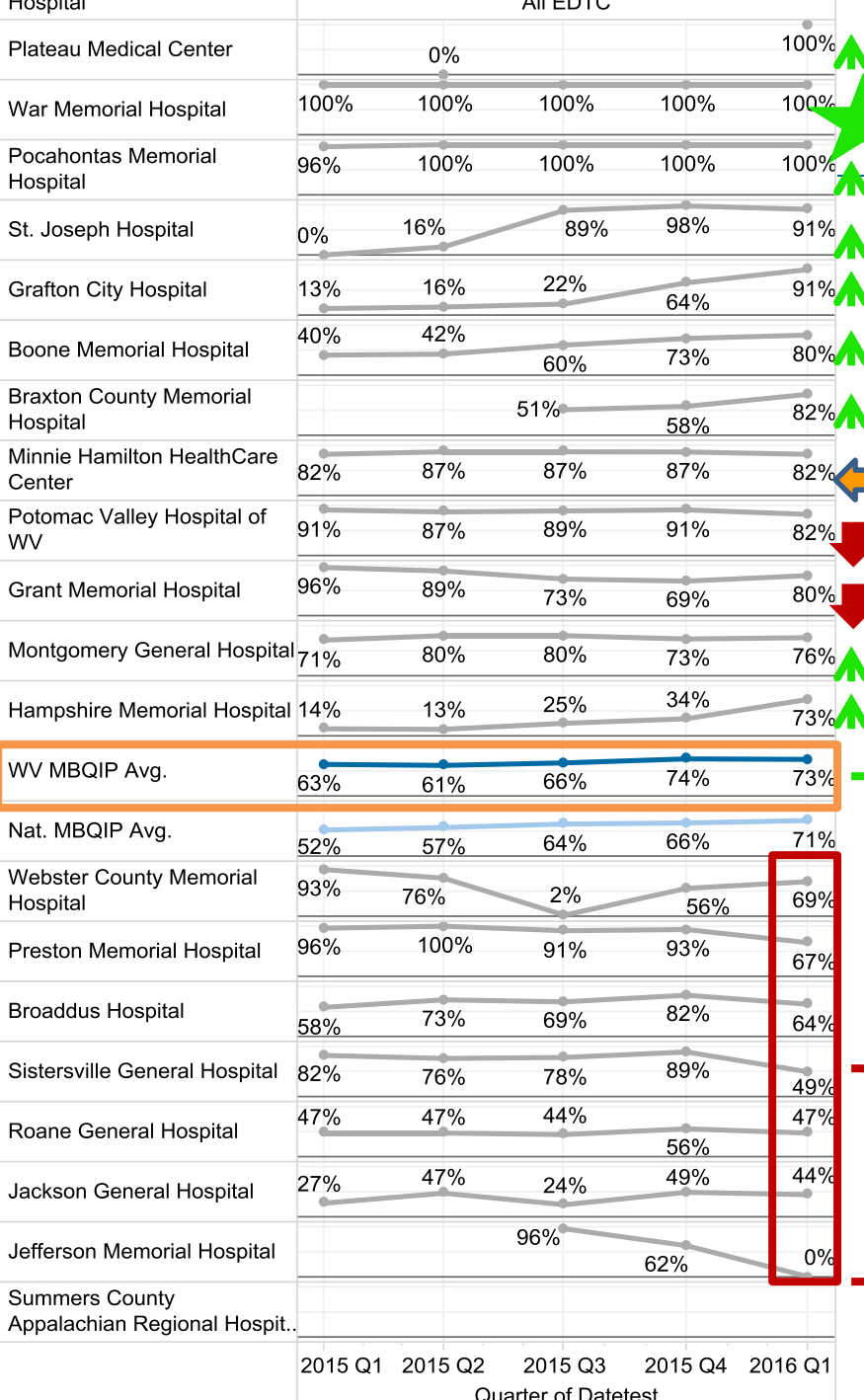
Measure Code	Measure Name	Nat. MBQIP Avg. Current Quarter	WV MBQIP Avg.	Plateau Medical Center	Pocahontas Memorial Hospital	Potomac Valley Hospital of WV	Preston Memorial Hospital	Roane General Hospital	Sistersville General Hospital	St. Joseph Hospital	Summers County Appalachian Regional Hospital	War Memorial Hospital	Webster County Memorial Hospital
EDTC-1	Administrative Comm	93%	91%	100%	100%	96%	100%	47%	100%	100%	Still no data	100%	89%
EDTC-2	Patient Information	94%	98%	100%	100%	100%	100%	100%	98%	100%	Still no data	100%	89%
EDTC-3	Vital Signs	94%	97%	100%	100%	100%	100%	100%	98%	98%	Still no data	100%	100%
EDTC-4	Medication Information	92%	91%	100%	100%	100%	100%	100%	51%	98%	Still no data	100%	98%
EDTC-5	Practitioner Information	92%	97%	100%	100%	100%	100%	100%	98%	100%	Still no data	100%	100%
EDTC-6	Nurse Information	87%	88%	100%	100%	87%	67%	91%	96%	93%	Still no data	100%	89%
EDTC-7	Procedures and Tests	95%	98%	100%	100%	100%	100%	100%	98%	100%	Still no data	100%	100%
All EDTC	All Measures	71%	73%	100%	100%	82%	67%	47%	49%	91%	Still no data	100%	69%



Where are we at for Q2, 2016?
What are the remaining issues?

The **All EDTC Measures** is not a summation of EDTC 1-7. The All EDTC numerator is a system calculated number that counts how many cases met ALL communication criteria, so this number will not be larger than the lowest numerator found in EDTC 1-7, and will most likely be lower.

Q1-2015 to Q1-2016 "All EDTC" sub-measure Trends



Graph shows the "All EDTC" sub-measure score for WV hospitals for the past five quarters.

* 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.

WV at 73% - slightly better than National Avg. at 71% **AND** WV has improved by 10% from same Qtr. in 2015

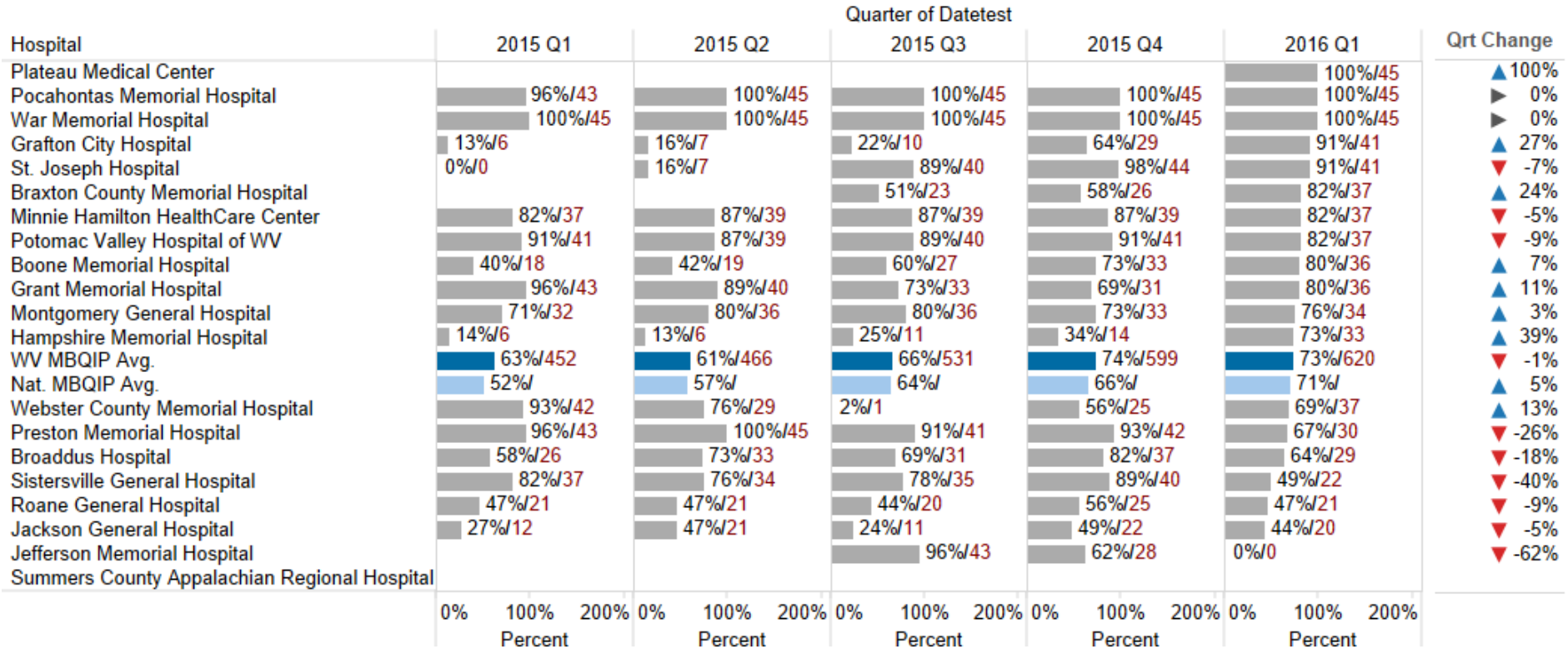
For those hospital who improved or remained the same – the total improvement was by 41.5% (lowest was at 46% average with Q1, 2016 at 87.5% average

Why so low still ???

Q1/2015-Q1/2016

EDTC - All Measures

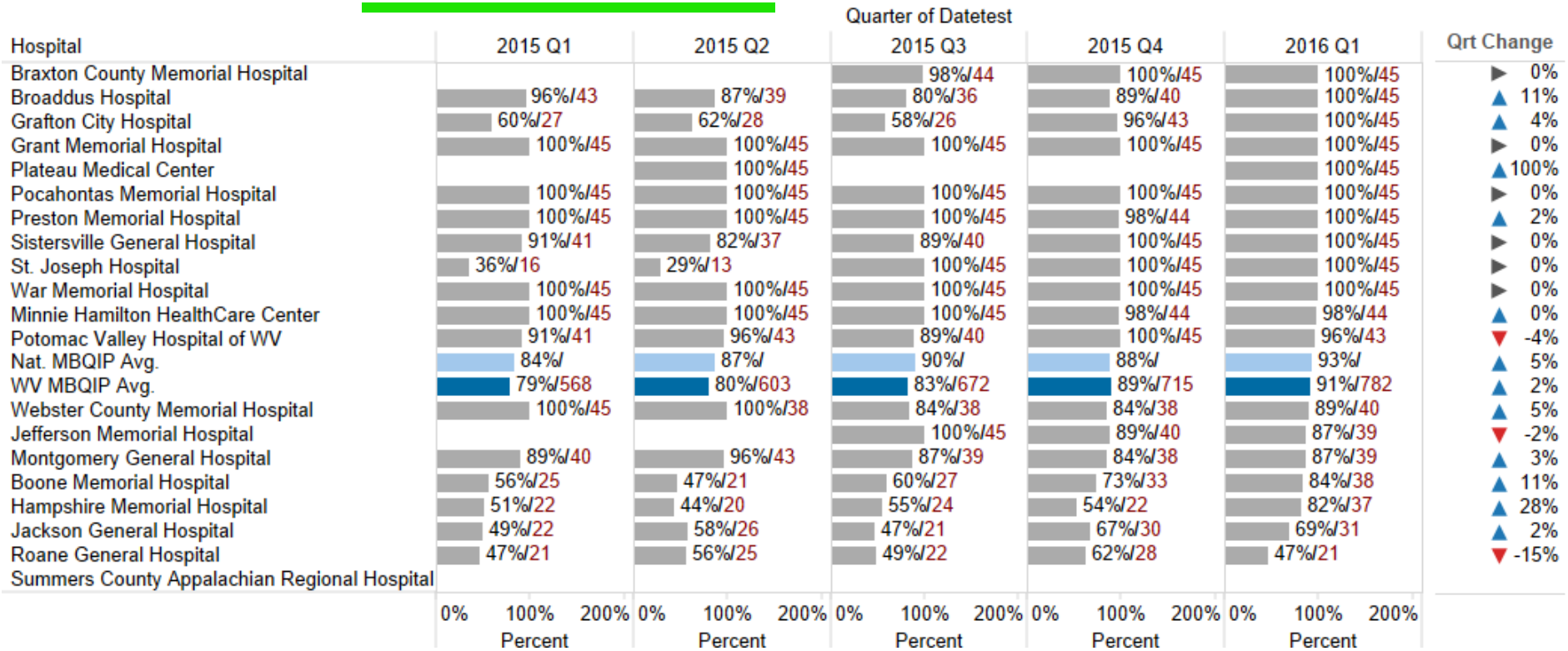
US & WV EDTC-Trend for All EDTC All Measures in 2015 & 2016



Total improvement from Q1, 2015 to Q1, 2016 = 10 % points

Percent % / # Transfers

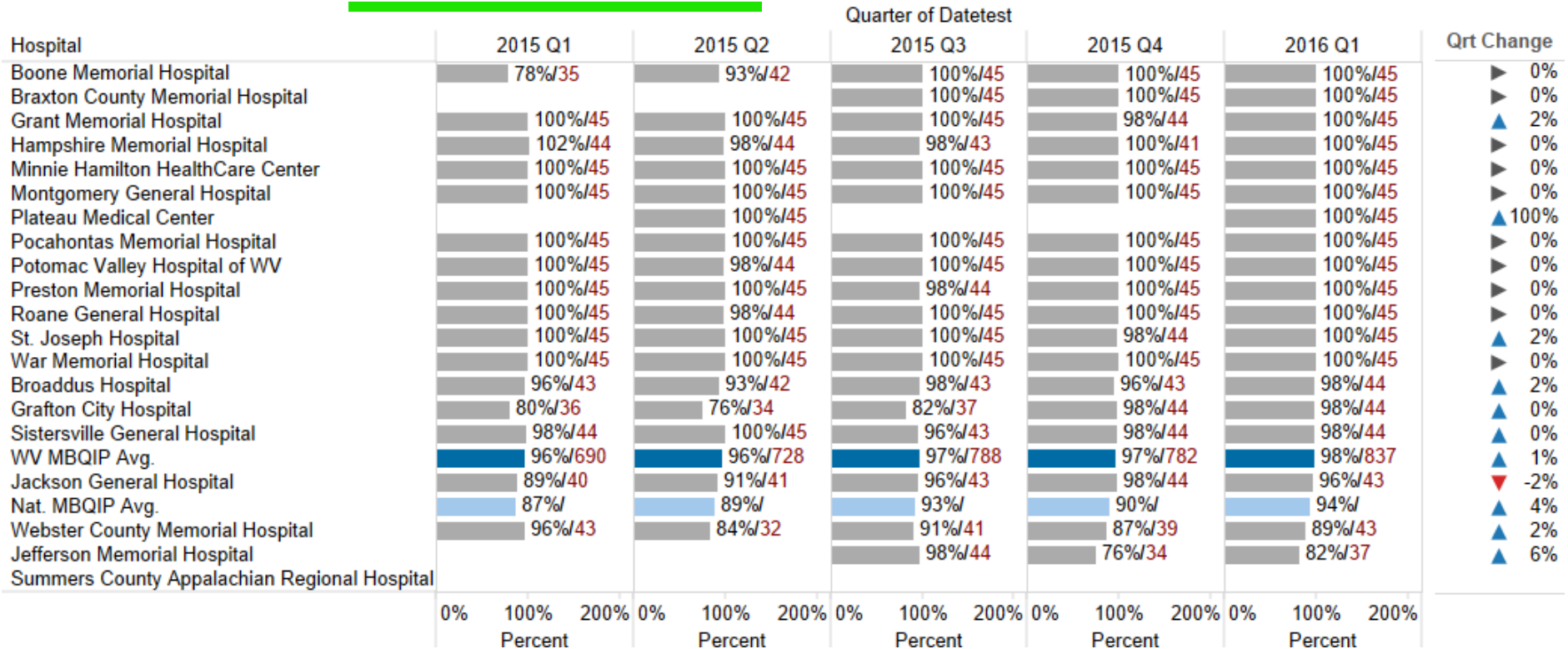
US & WV EDTC-Trend for EDTC-1 Administrative Comm. in 2015 & 2016



Total improvement from Q1, 2015 to Q1, 2016 = 12 % points

Percent % / # Transfers

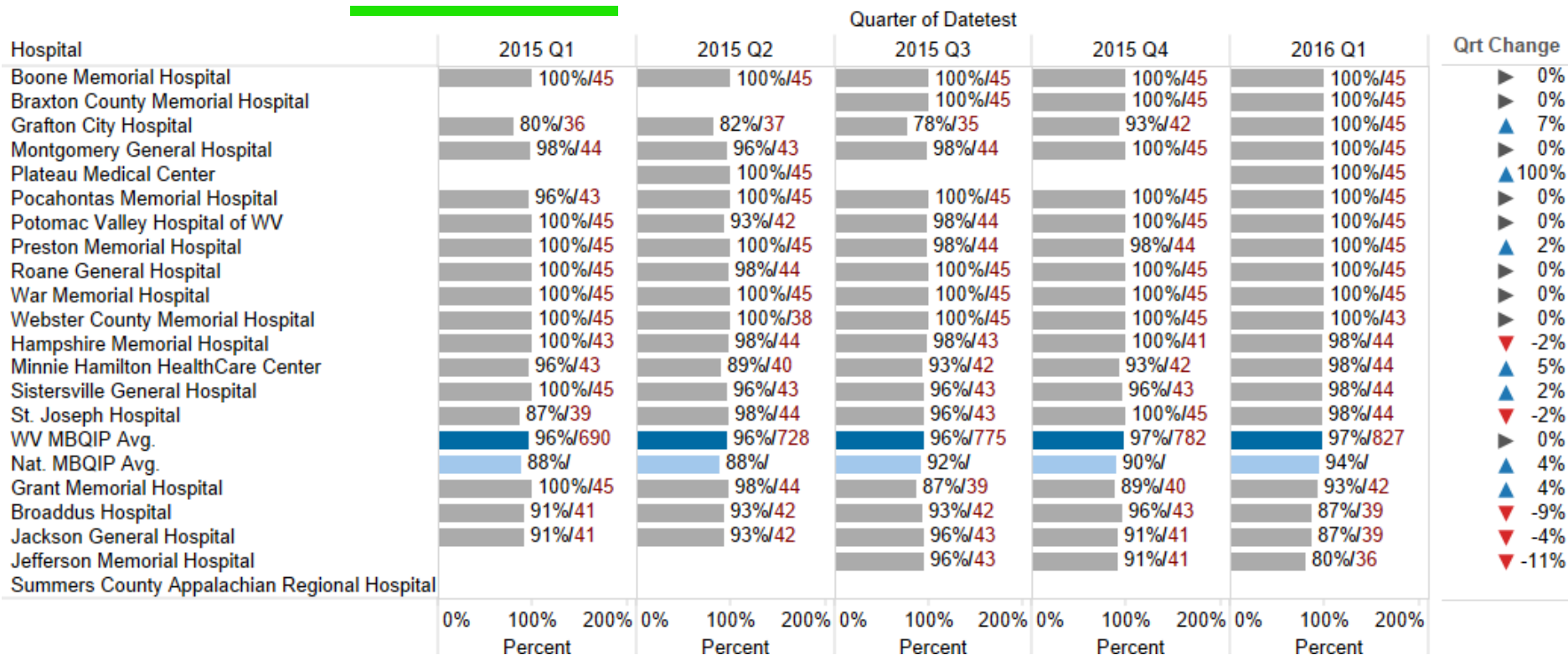
US & WV EDTC-Trend for EDTC-2 Patient Information in 2015 & 2016



Total improvement from Q1, 2015 to Q1, 2016 = 2 % points

Percent % / # Transfers

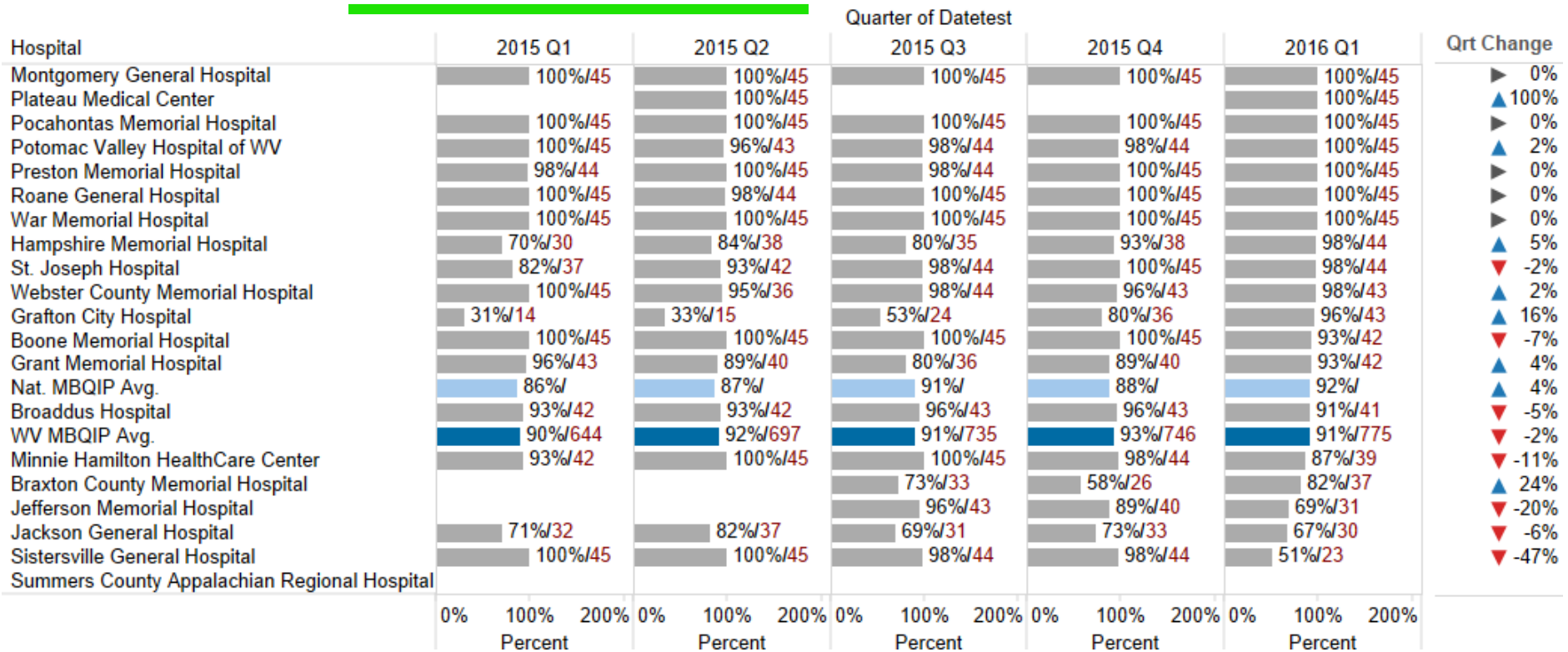
US & WV EDTC-Trend for EDTC-3 Vital Signs in 2015 & 2016



**Total improvement from Q1, 2015
to Q1, 2016 = 1 % point**

Percent % / # Transfers

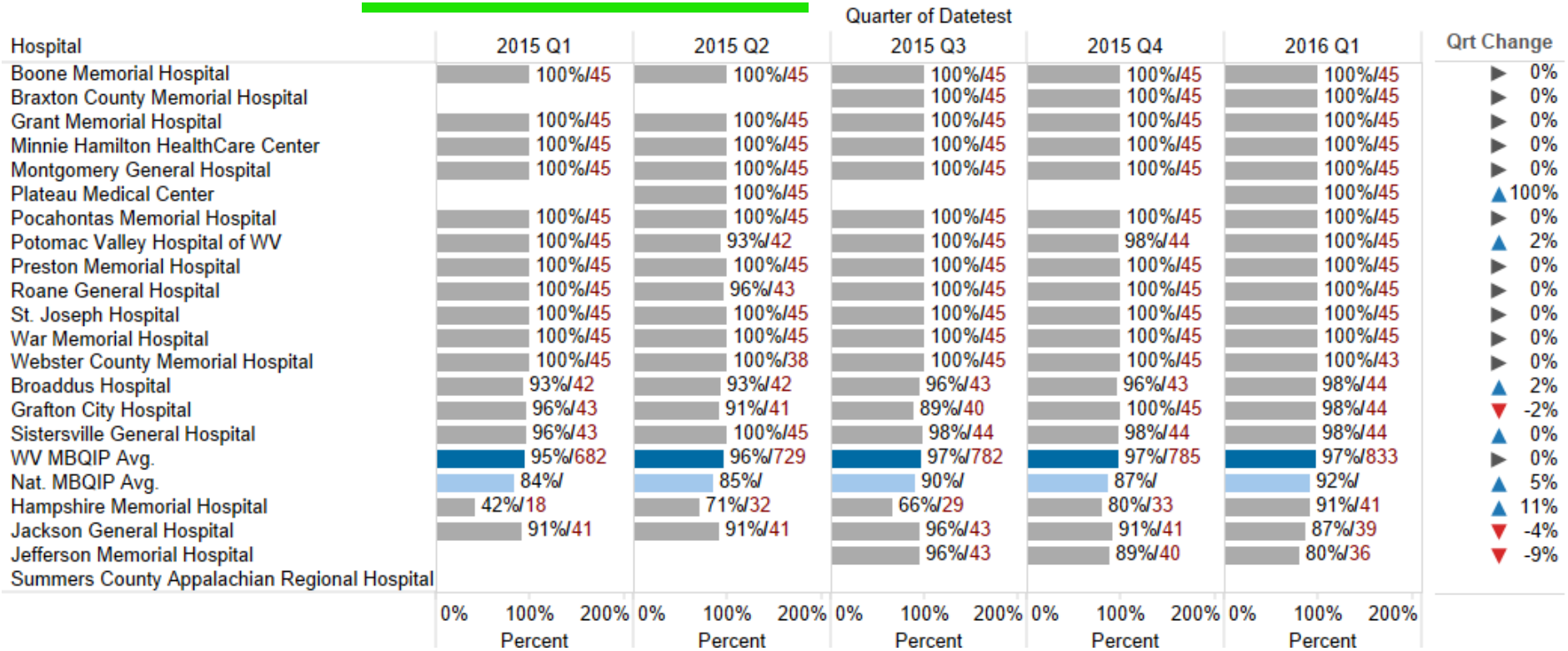
US & WV EDTC-Trend for EDTC-4 Medication Information in 2015 & 2016



Total improvement from Q1, 2015 to Q1, 2016 = 1 % point

Percent % / # Transfers

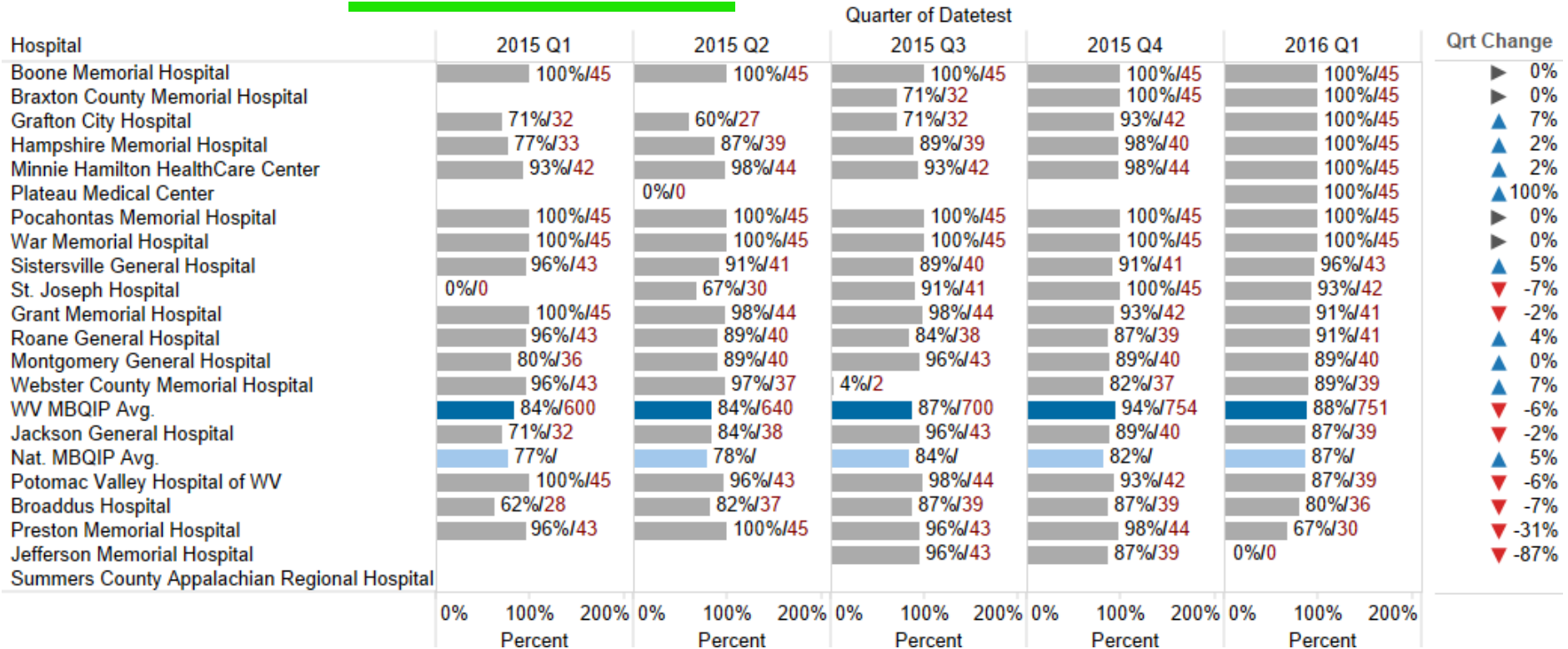
US & WV EDTC-Trend for EDTC-5 Practitioner Information in 2015 & 2016



**Total improvement from Q1, 2015
to Q1, 2016 = 1 % point**

Percent % / # Transfers

US & WV EDTC-Trend for EDTC-6 Nurse Information in 2015 & 2016



Total improvement from Q1, 2015 to Q1, 2016 = 4 % points

Percent % / # Transfers

US & WV EDTC-Trend for EDTC-7 Procedures and Tests in 2015 & 2016

Hospital	Quarter of Datetest					Qrt Change
	2015 Q1	2015 Q2	2015 Q3	2015 Q4	2016 Q1	
Boone Memorial Hospital	100%/45	100%/45	100%/45	100%/45	100%/45	▶ 0%
Braxton County Memorial Hospital			100%/45	100%/45	100%/45	▶ 0%
Broadbudd Hospital	93%/42	93%/42	96%/43	96%/43	100%/45	▲ 4%
Grafton City Hospital	98%/44	98%/44	93%/42	100%/45	100%/45	▶ 0%
Grant Memorial Hospital	100%/45	100%/45	100%/45	100%/45	100%/45	▶ 0%
Hampshire Memorial Hospital	102%/44	100%/45	100%/44	100%/41	100%/45	▶ 0%
Minnie Hamilton HealthCare Center	100%/45	100%/45	100%/45	100%/45	100%/45	▶ 0%
Montgomery General Hospital	100%/45	100%/45	100%/45	100%/45	100%/45	▶ 0%
Plateau Medical Center		100%/45			100%/45	▲ 100%
Pocahontas Memorial Hospital	100%/45	100%/45	100%/45	100%/45	100%/45	▶ 0%
Potomac Valley Hospital of WV	100%/45	93%/42	98%/44	100%/45	100%/45	▶ 0%
Preston Memorial Hospital	100%/45	100%/45	98%/44	100%/45	100%/45	▶ 0%
Roane General Hospital	100%/45	89%/40	100%/45	100%/45	100%/45	▶ 0%
St. Joseph Hospital	100%/45	100%/45	100%/45	100%/45	100%/45	▶ 0%
War Memorial Hospital	100%/45	100%/45	100%/45	100%/45	100%/45	▶ 0%
Webster County Memorial Hospital	100%/45	100%/38	100%/45	100%/45	100%/43	▶ 0%
Sistersville General Hospital	100%/45	100%/45	96%/43	98%/44	98%/44	▲ 0%
WV MBQIP Avg.	99%/711	98%/743	99%/797	99%/797	98%/841	▼ -1%
Nat. MBQIP Avg.	90%/	90%/	95%/	92%/	95%/	▲ 3%
Jackson General Hospital	91%/41	93%/42	96%/43	93%/42	87%/39	▼ -6%
Jefferson Memorial Hospital			98%/44	93%/42	84%/38	▼ -9%
Summers County Appalachian Regional Hospital						

Total decline from Q1, 2015 to Q1, 2016 = 1 % point (but only went from 99% down to 98%)

Percent % / # Transfers

11:30-12:00

Hospital Compare Quality Measure Results for WV CAHs, **Q2 2014-Q1 2015**

 Flex Monitoring Team

STATE DATA REPORT

June 2016

Prepared by Michelle Casey, MS; Tami Swenson, PhD; Alex Evenson, MA
University of Minnesota

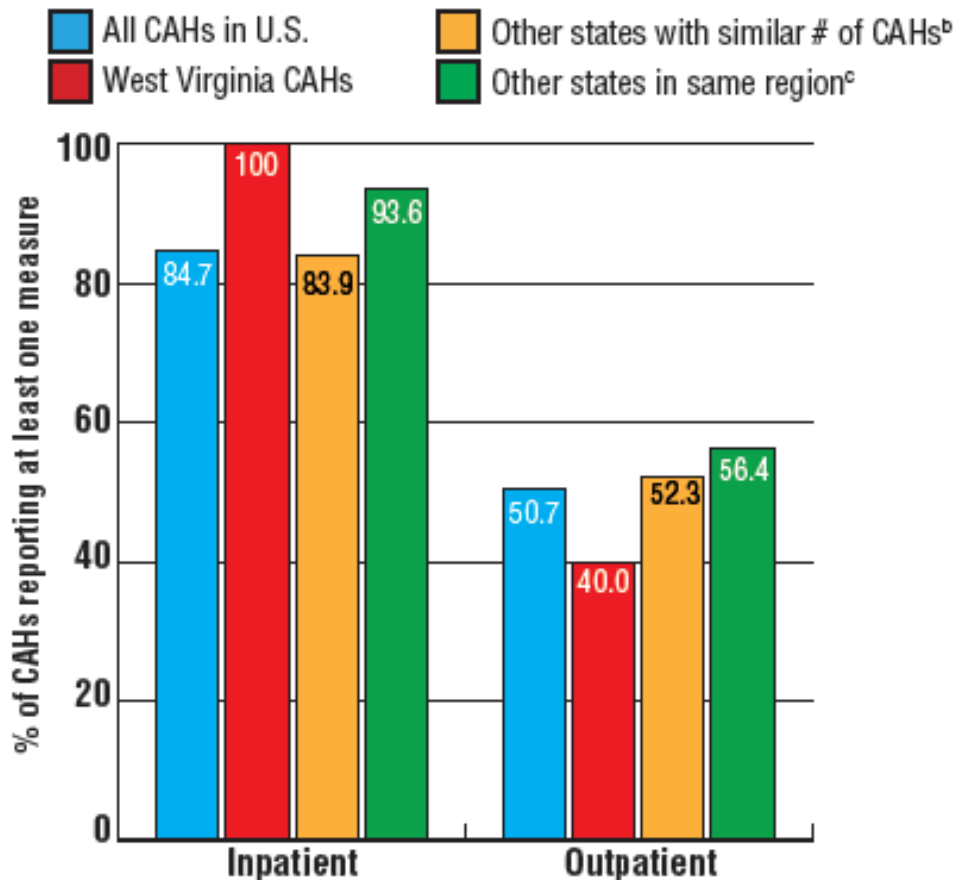
https://gallery.mailchimp.com/cb09edc20d550e3cb621eaf9b/files/West_Virginia_HC_16.pdf

Key Findings for WV CAHs

- ❑ Compared to all other CAHs nationally, West Virginia's CAHs reported at a rate that was higher for inpatient measures (100.0% of CAHs vs. 84.7% nationally) and lower for outpatient measures (40.0% of CAHs vs. 50.7% nationally).
- ❑ West Virginia's CAHs rank #1 for inpatient measure reporting and #30 for outpatient measure reporting among the 45 states participating in the Flex Program.
- ❑ Compared to scores for all other CAHs nationally from Q2 2014 through Q1 2015, West Virginia's CAHs have significantly better scores on 1 process of care measure, significantly worse scores on 5 measures, no significant differences on 18 measures, and insufficient data to compare 14 measures.

Key Findings for WV CAHs

Figure 1. CAH Participation in Hospital Compare^a, Q2 2014 -Q1 2015



^aPercentage of CAHs in each state or group of states reporting data to Hospital Compare on at least one measure.

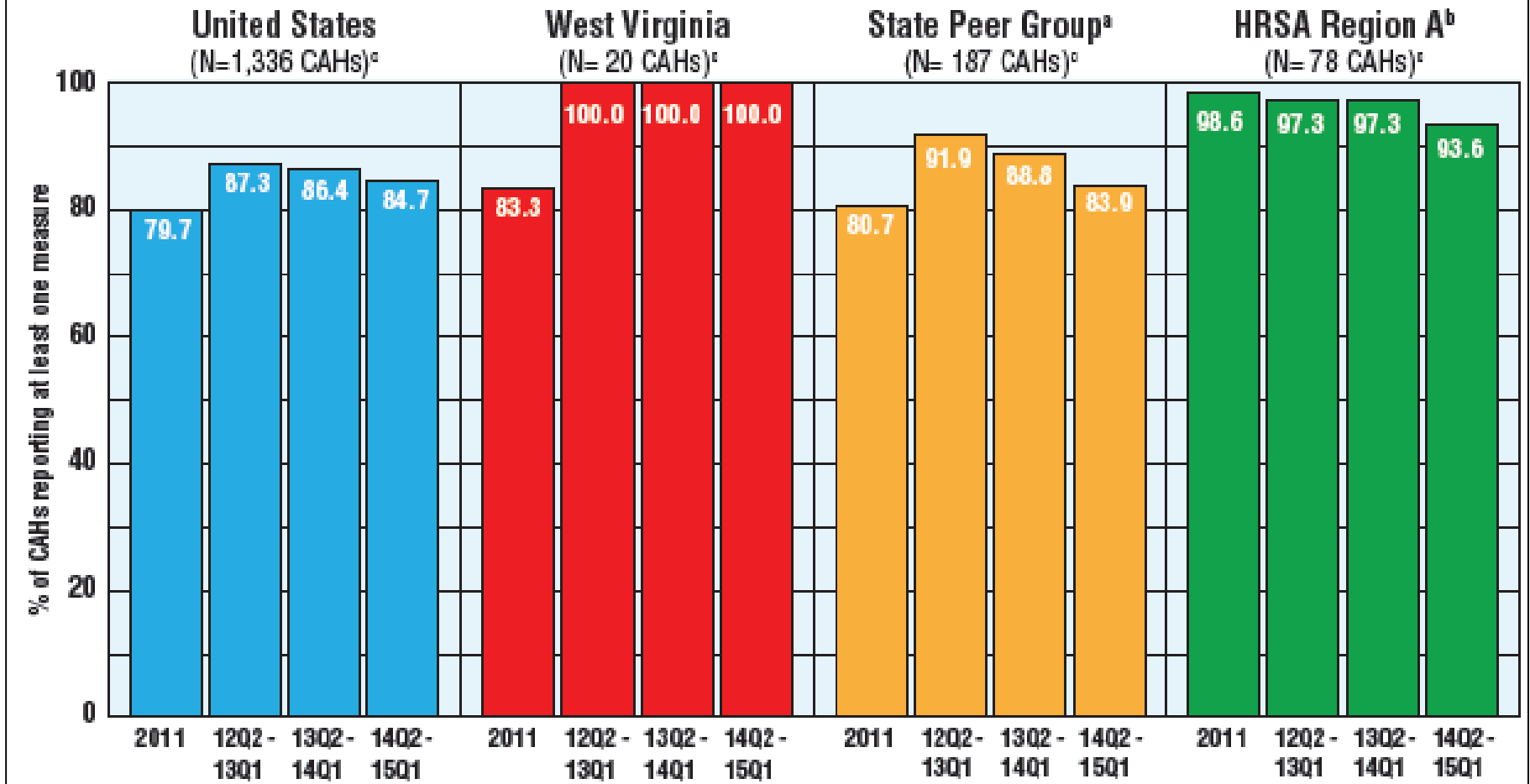
^bGroup includes AR (29), CO (29), ID (27), KY (28), LA (27), NC (22), OR (25)

^cHRSA Region A includes MA (3), ME (16), NH (13), NY (18), PA (13), VA (7), VT (8)

- ❑ WV has the most CAHs participating in Hospital Compare (not just MBQIP)
- ❑ In WV, 100.0% of the 20 CAHs reported data to Hospital Compare on at least one inpatient process of care measure for Q2 2014 through Q1 2015 discharges.

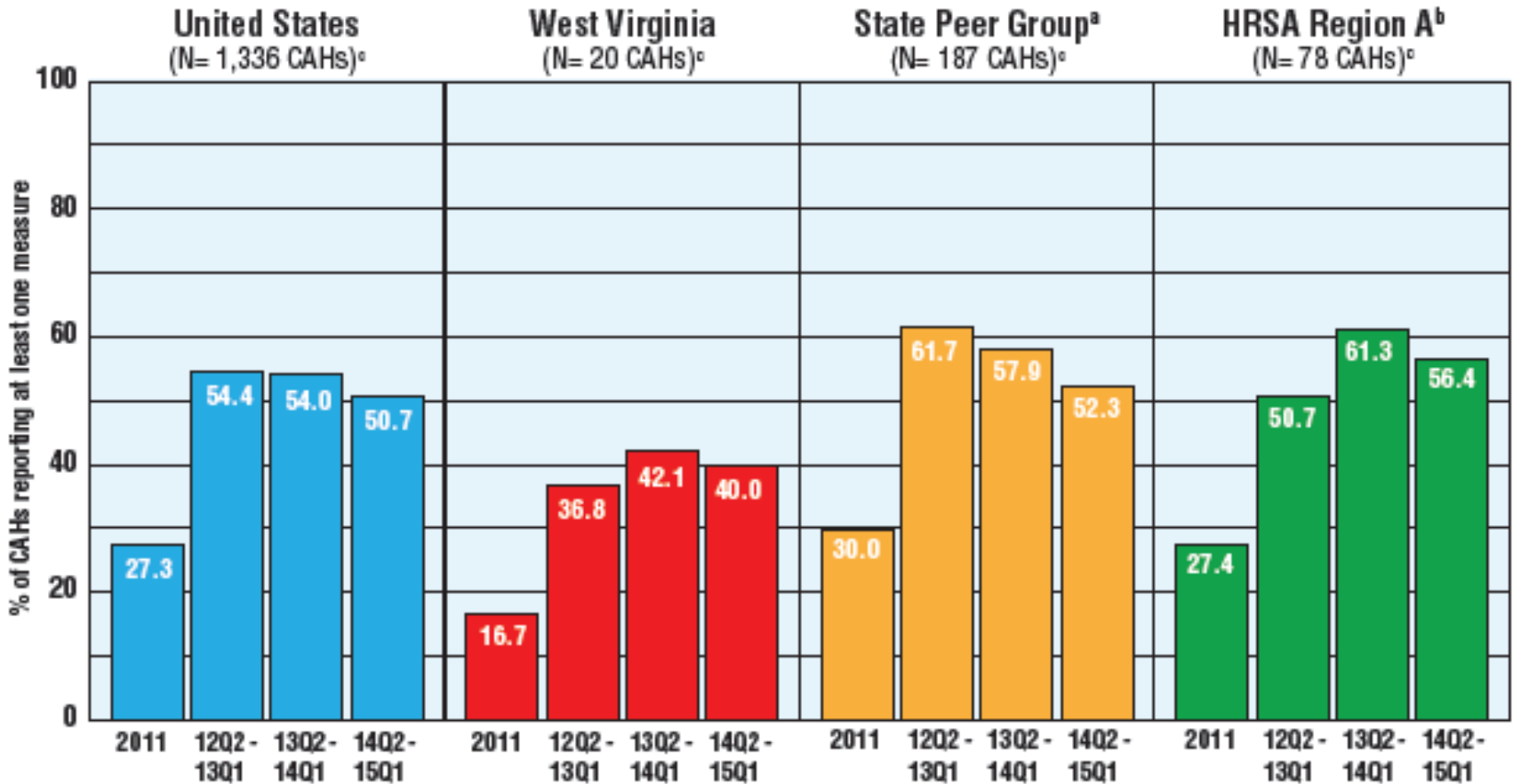
Participation in Inpatient Discharges Reporting

Figure 2. CAH Participation in Hospital Compare for Inpatient Discharges, 2011 - 2015



Participation in Outpatient Discharges Reporting

Figure 3. CAH Participation in Hospital Compare for Outpatient Discharges, 2011 - 2015



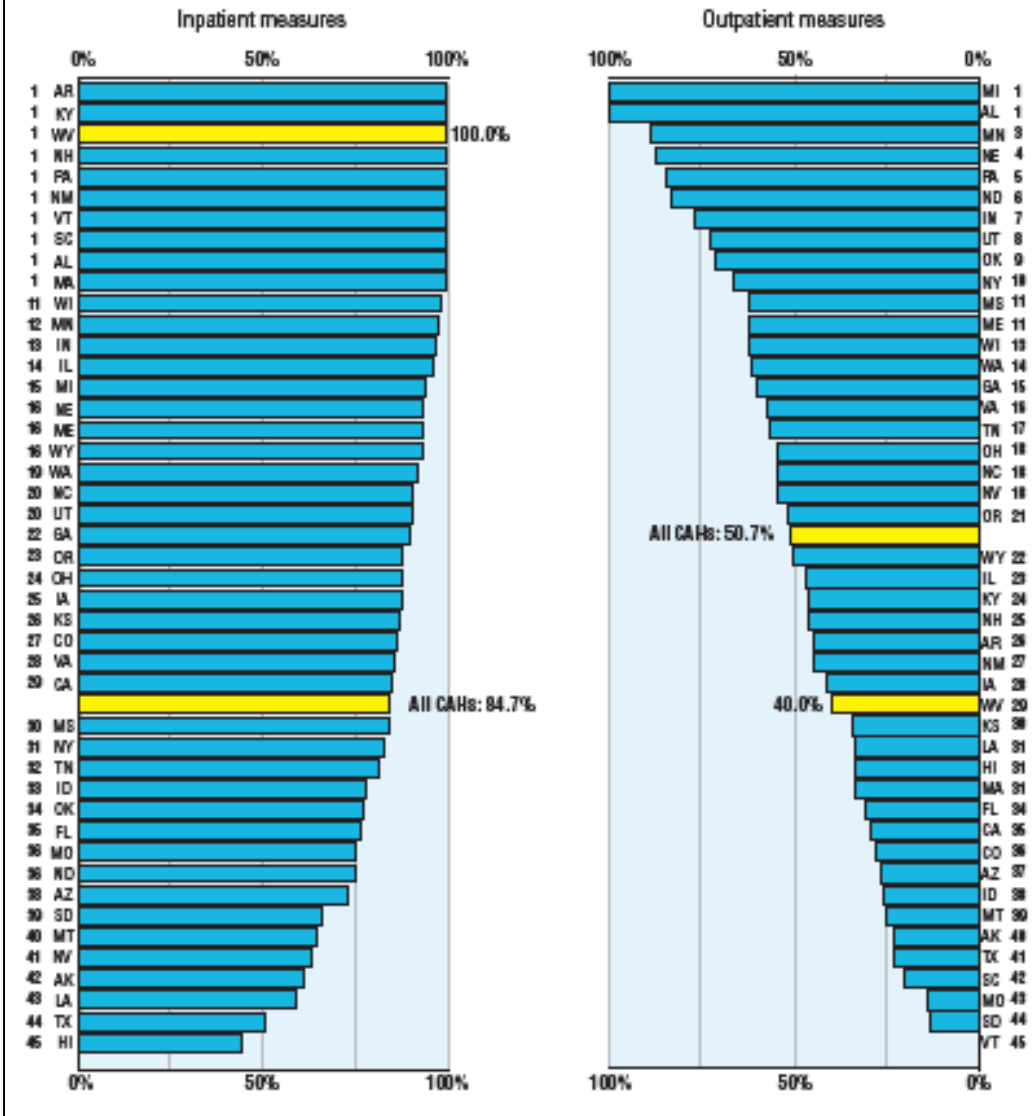
^aGroup includes AR (29), CO (29), ID (27), KY (28), LA (27), NC (22), OR (25)

^bHRSA Region A includes MA (3), ME (16), NH (13), NY (18), PA (13), VA (7), VT (8)

^cListed N value refers to most recent data (Q2 2014- Q1 2015) only.

Participation in IP and OP Measures

Figure 4. State Rankings of CAH Reporting Rates for Hospital Compare Inpatient and Outpatient Quality Measures, Q2 2014 - Q1 2015



And you thought nobody was looking!

Hospital Compare Reported Core Measures

Table 1. Inpatient Process of Care Results for Patients Discharged from Reporting CAHs in West Virginia and All Other States, Q2 2014 - Q1 2015

■ Significantly better than rate for all other CAHs nationally ($p < .05$)

■ Significantly worse than rate for all other CAHs nationally ($p < .05$)

		West Virginia (n=20)		All Other CAHs (n=1,316)	
		CAHs reporting	% of patients ^a	CAHs reporting	% of patients
AMI-7a	Fibrinolytic therapy received within 30 minutes of hospital arrival	0	*	8	20.0
HF-2	Evaluation of LVS function	19	90.5	1023	88.5
IMM-2†	Immunization for influenza	9	90.7	533	90.9
OP-27/IMM-3†	Healthcare workers given influenza vaccination	11	83.6	362	87.6
PC-01†	Early elective delivery (lower is better)	0	*	135	8.8
PN-6	Initial antibiotic selection for pneumonia patient	20	89.3	1049	89.7
SCIP-Card-2	Surgery patients who received perioperative beta blocker	8	95.7	410	95.4
SCIP-Inf-1	Preventative antibiotic(s) 1 hour before incision	8	96.5	470	95.9
SCIP-Inf-2	Received appropriate preventative antibiotic(s)	8	97.4	469	97.4
SCIP-Inf-3	Preventative antibiotic(s) stopped within 24 hours after surgery	8	96.3	466	97.0
SCIP-Inf-9	Urinary catheter removed 1 st / 2 nd day after surgery	9	94.9	438	97.4
SCIP-VTE-2	Surgery patients who received appropriate VTE prophylaxis	9	99.7	484	99.0

* = insufficient data in Hospital Compare - < than 25 patients

Hospital Compare Reported Core Measures (cont')



Table 1. Inpatient Process of Care Results for Patients Discharged from Reporting CAHs in West Virginia and All Other States, Q2 2014 - Q1 2015

■ Significantly better than rate for all other CAHs nationally (p<.05)
 ■ Significantly worse than rate for all other CAHs nationally (p<.05)

		West Virginia (n=20)		All Other CAHs (n=1,316)	
		CAHs reporting	% of patients ^a	CAHs reporting	% of patients
STK-1 [‡]	VTE prophylaxis	3	*	309	89.1
STK-2	Discharged on antithrombotic therapy	3	*	280	94.6
STK-3	Anticoagulation therapy for atrial fibrillation/flutter	3	*	163	92.0
STK-4	Thrombolytic therapy	0	*	105	10.9
STK-5	Antithrombotic therapy by end of hospital day 2	3	*	277	93.2
STK-6	Discharged on statin medication	3	*	291	79.3
STK-8 [‡]	Stroke education	3	*	235	81.1
STK-10	Assessed for rehabilitation	3	*	291	95.4
VTE-1 [‡]	Venous thromboembolism prophylaxis	6	88.2	358	89.4
VTE-2 [‡]	ICU venous thromboembolism prophylaxis	4	98.7	161	93.0
VTE-3 [‡]	Anticoagulation overlap therapy	5	90.4	308	90.5
VTE-4	Unfractionated heparin with dosages/platelet count monitoring	2	*	143	98.4
VTE-5	Warfarin therapy discharge instructions	4	88.4	284	89.0
VTE-6	Incidence of potentially-preventable VTE (lower is better)	2	*	89	10.4

Hospital Compare Reported Core Measures (cont')

Table 2. Outpatient Process of Care Results for Patients Discharged from Reporting CAHs in West Virginia and All Other States, Q2 2014 - Q1 2015

■ Significantly better than rate for all other CAHs nationally ($p < .05$)

■ Significantly worse than rate for all other CAHs nationally ($p < .05$)

		West Virginia (n=20)		All Other CAHs (n=1,316)	
		CAHs reporting	% of patients ^a	CAHs reporting	% of patients
OP-2 [†]	Fibrinolytic therapy received within 30 minutes	6	53.8	284	52.1
OP-4 [†]	Aspirin at arrival	8	97.6	636	96.0
OP-22 [†]	Patient left without being seen (lower is better)	4	1.6	162	1.0
OP-23 [‡]	Received head CT scan interpretation within 45 minutes of arrival	5	59.1	298	58.0

^aRates without highlights were not significantly different from comparable rates in all CAHs nationally.

[†]Insufficient data to calculate rate (<25 patients).

[†]MBQIP core measure (this table shows Hospital Compare data)

[‡]MBQIP additional improvement measure (this table shows Hospital Compare data)

* = insufficient data in Hospital Compare

Hospital Compare Reported Core Measures (cont')

Table 4. Structural Quality Measures Reported by CAHs in West Virginia and All Other CAHs Nationally, Q2 2014 - Q1 2015

		West Virginia CAHs (n= 20)			All Other CAHs (n= 1,316)		
		No data	No	Yes	No data	No	Yes
OP-12	Ability to receive lab data directly to certified EHR	75.0	5.0	20.0	86.1	1.9	12.0
OP-17	Ability to track clinical results between visits	75.0	5.0	20.0	86.5	2.8	10.7
OP-25*	Use of safe surgery checklist: outpatient	75.0	5.0	20.0	86.7	1.0	12.3
SM-3	Nursing care registry	85.0	15.0	0.0	84.2	11.6	4.2
SM-4	General surgery registry	85.0	15.0	0.0	84.3	14.7	1.0
SM-5	Use of safe surgery checklist: inpatient	85.0	5.0	10.0	84.3	1.9	13.8

*MBQIP additional improvement measure (this table shows Hospital Compare data)

NETWORKING LUNCH

12:00 Noon to 1:00 PM

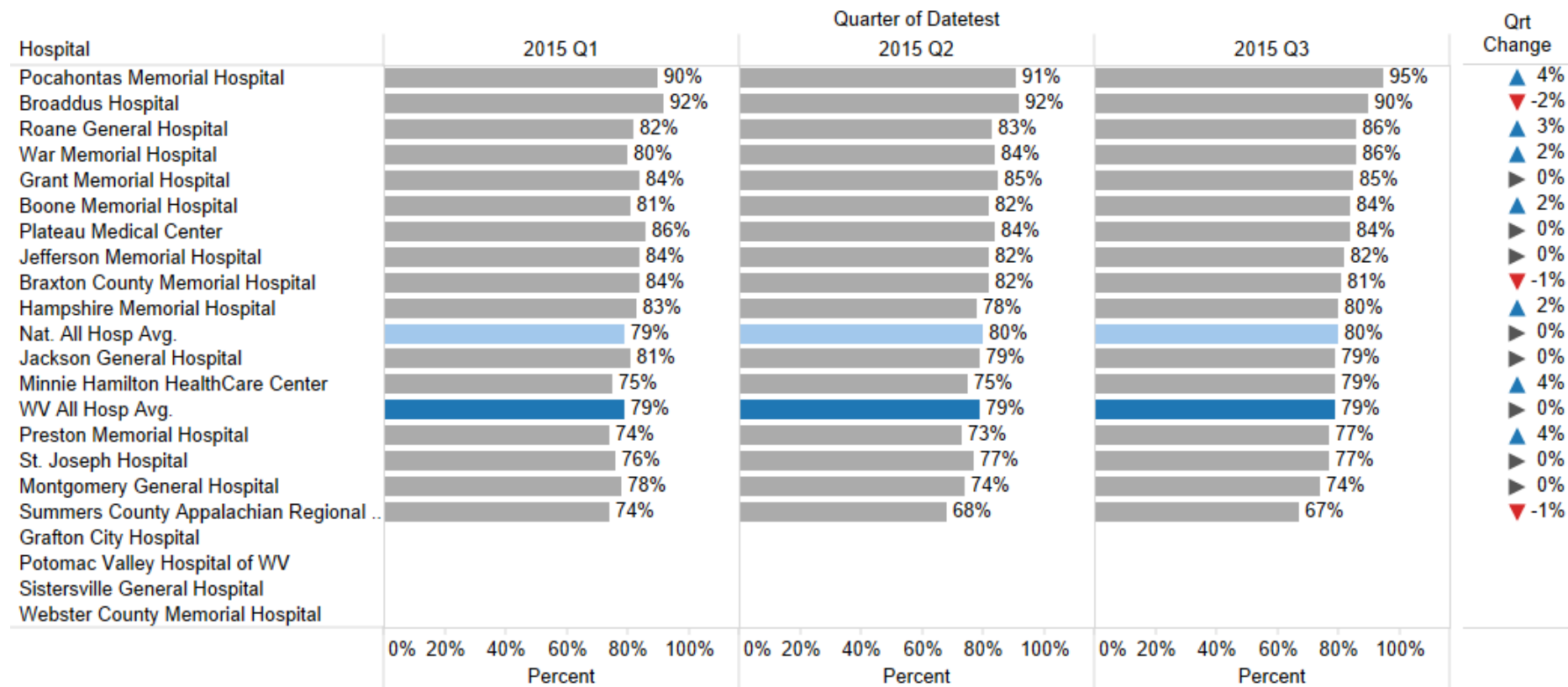


1:00 – 2:00

HCAHPS (Q1, 2015 – Q3, 2015)

Q1/2015-Q3/2015 - HCAHPS Composite 1

US & WV HCAHPS-Trend for Communication with Nurses "Always" in 2015

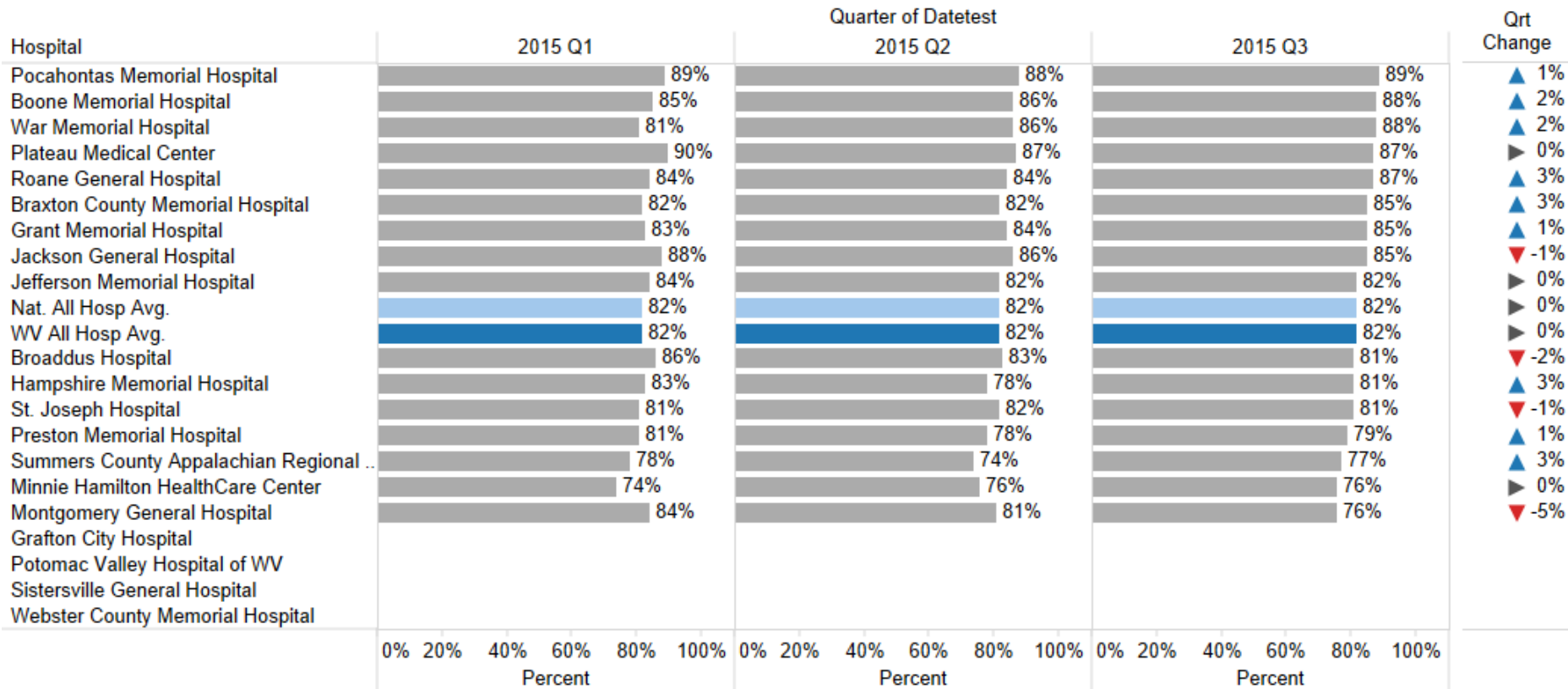


Note: In HCAHPS, the State and National average includes HCAHPS data for ALL hospitals submitting HCAHPS (CAHs, rural PPS, urban PPS, etc.)

10 of the 16 hospitals with data are at or above the National Average

Q1/2015-Q3/2015 - HCAHPS Composite 2

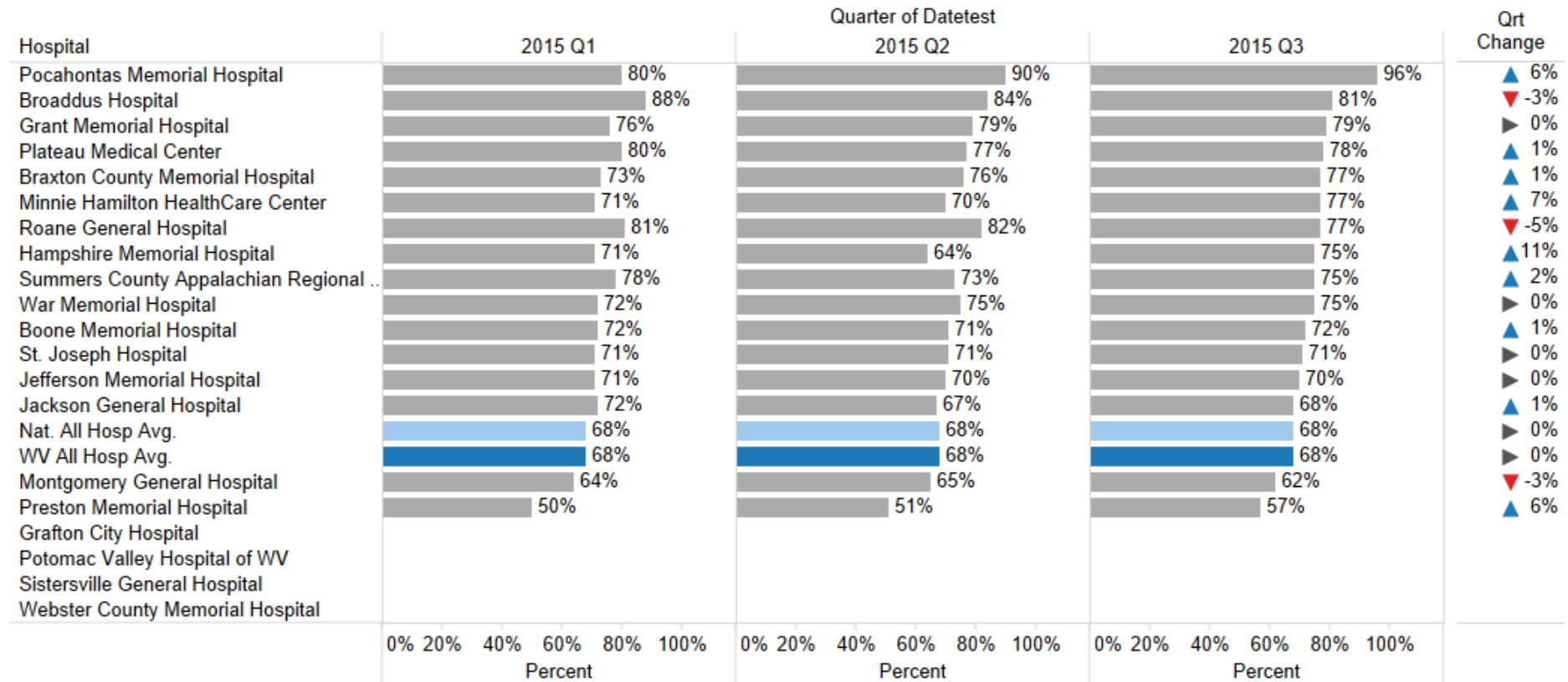
US & WV HCAHPS-Trend for Communication with Doctors "Always" in 2015



9 of the 16 hospitals with data are at or above the National Average

Q1/2015-Q3/2015 - HCAHPS Composite 3

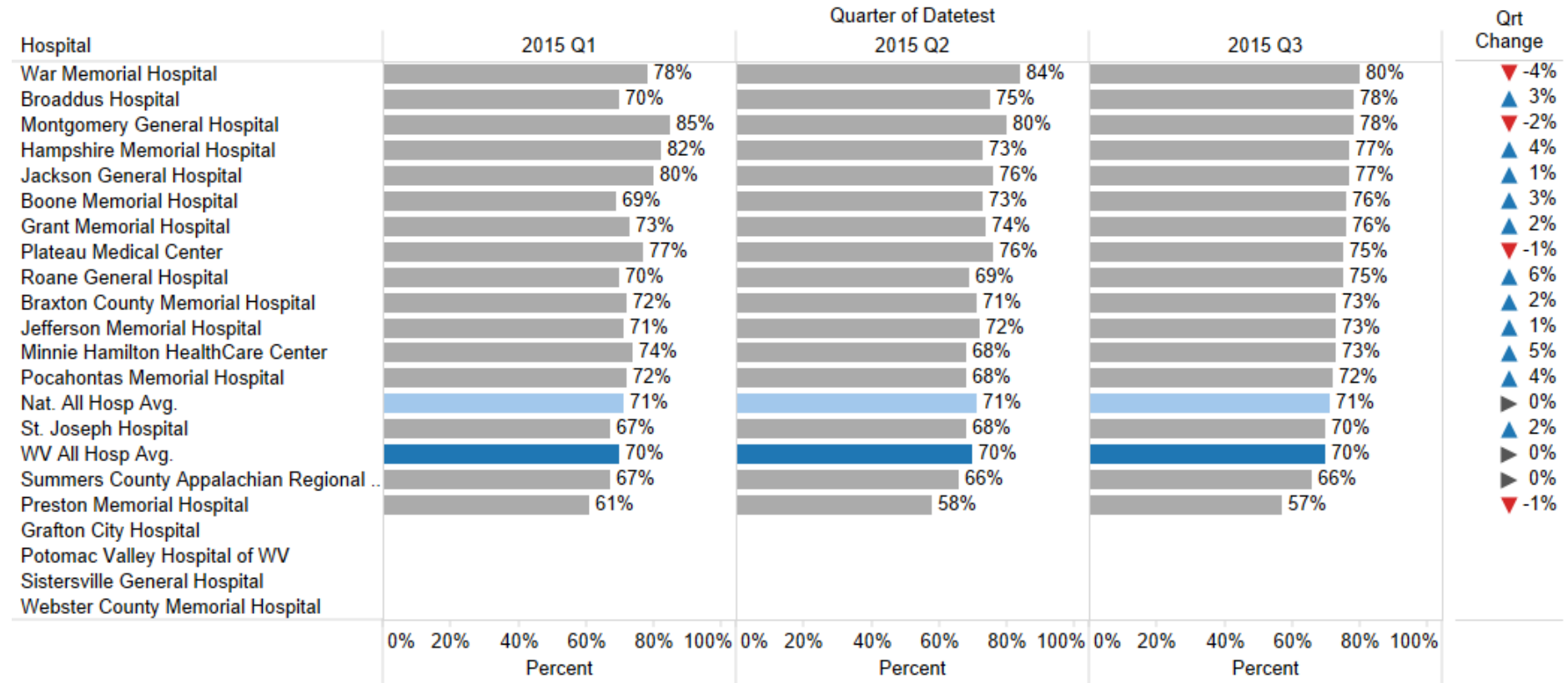
US & WV HCAHPS-Trend for Responsiveness of Hospital Staff "Always" in 2015



14 of the 16 hospitals with data are at or above the National Average

Q1/2015-Q3/2015 - HCAHPS Composite 4

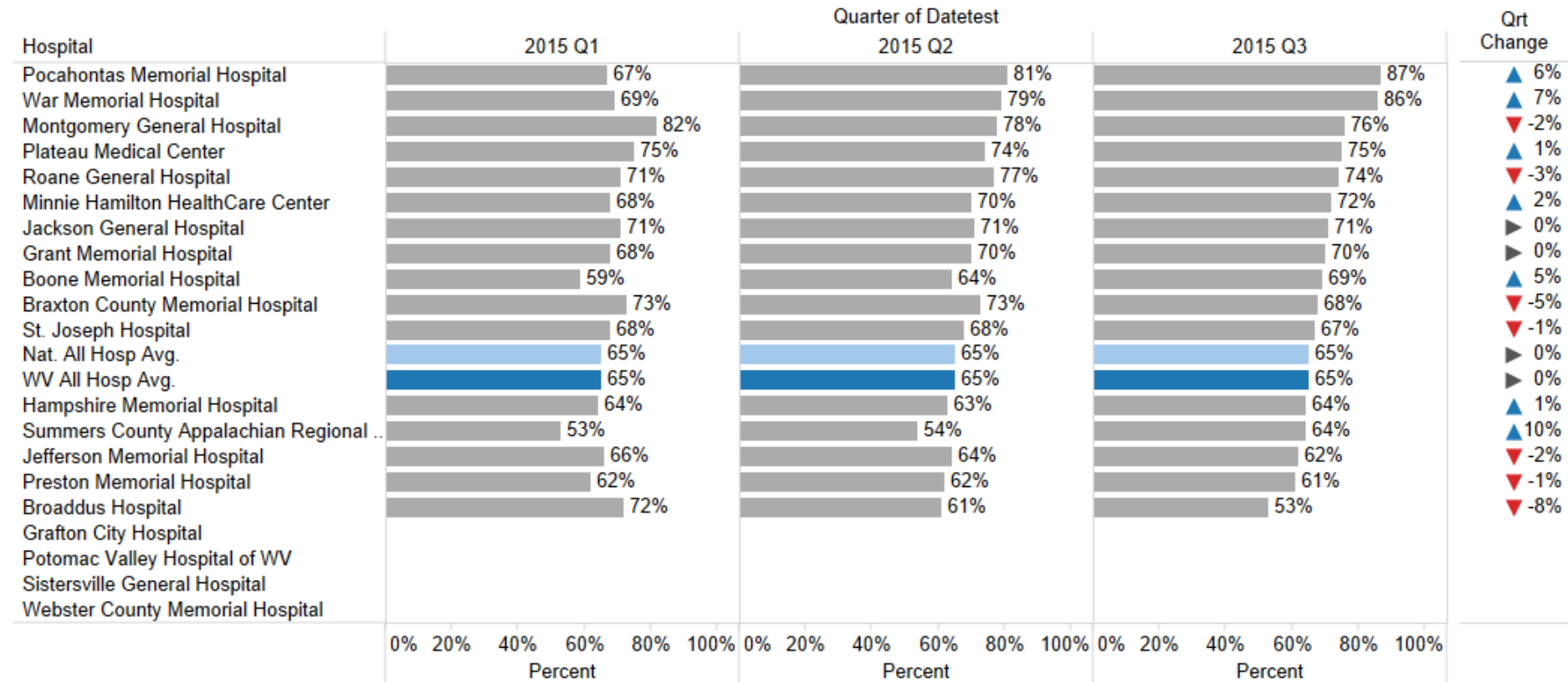
US & WV HCAHPS-Trend for Pain Management "Always" in 2015



13 of the 16 hospitals with data are at or above the National Average

Q1/2015-Q3/2015 - HCAHPS Composite 5

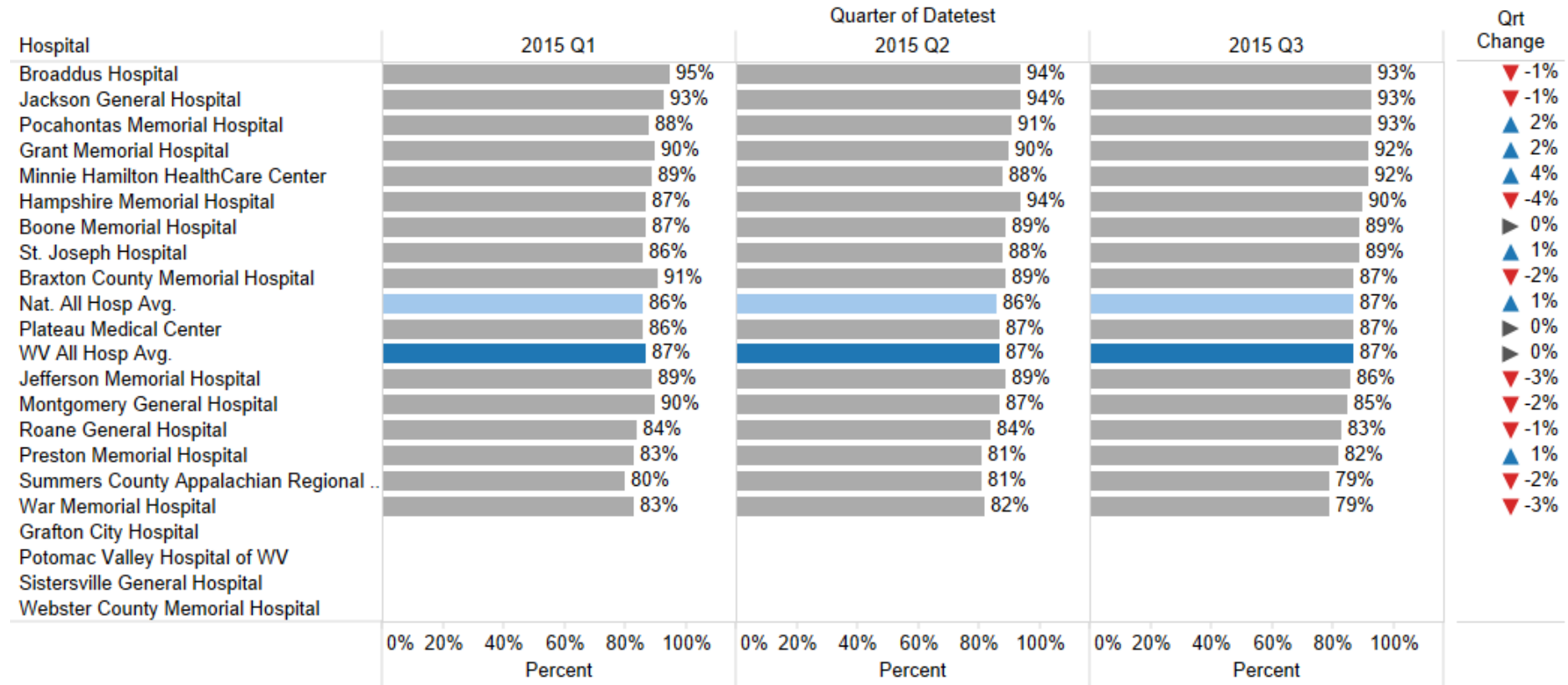
US & WV HCAHPS-Trend for Communication about Medicines "Always" in 2015



11 of the 16 hospitals with data are at or above the National Average

Q1/2015-Q3/2015 - HCAHPS Composite 6

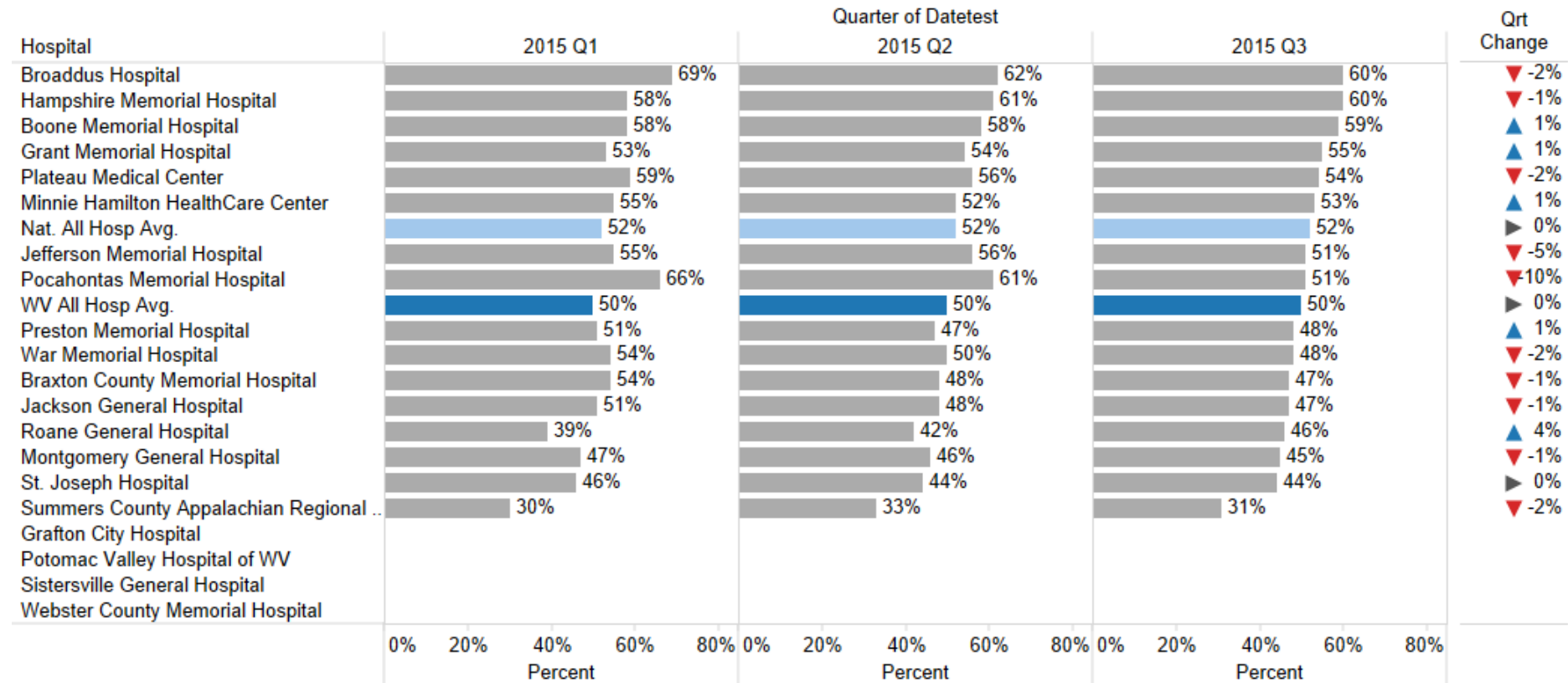
US & WV HCAHPS-Trend for Discharge Information "Yes" in 2015



9 of the 16 hospitals with data are at or above the National Average

Q1/2015-Q3/2015 - HCAHPS Composite 7

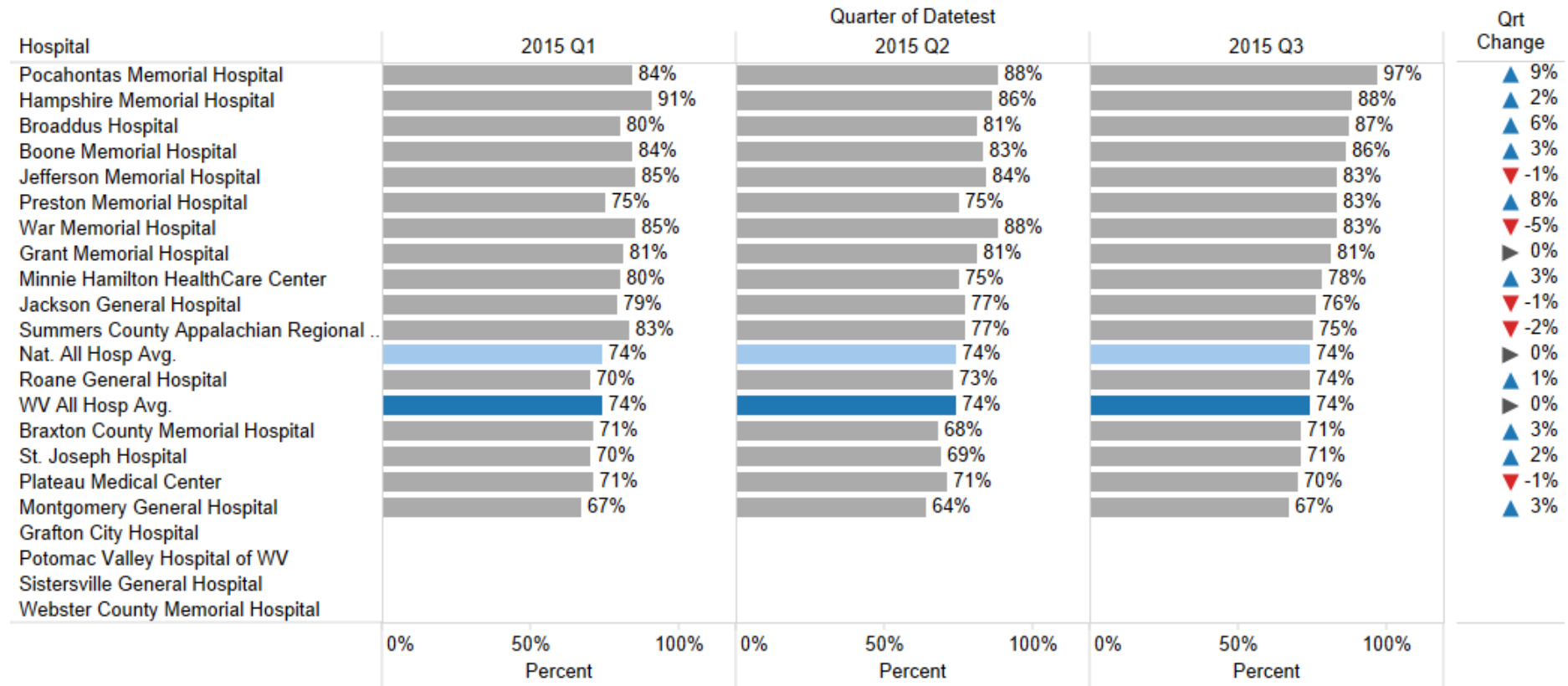
US & WV HCAHPS-Trend for Care Transition in 2015



Only 6 of the 16 hospitals with data are at or above the National Average

Q1/2015-Q3/2015 - HCAHPS Composite 8

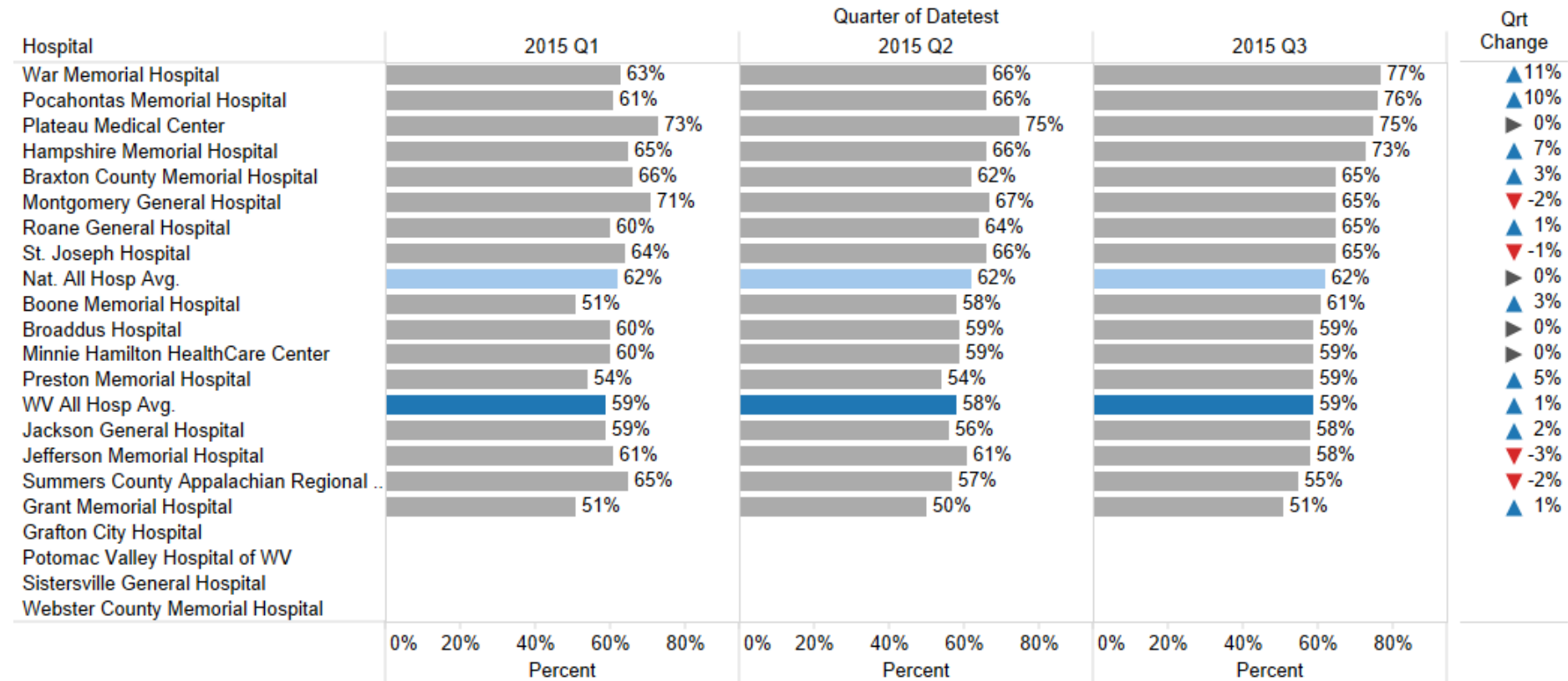
US & WV HCAHPS-Trend for Cleanliness of Hospital Environment "Always" in 2015



11 of the 16 hospitals with data are at or above the National Average

Q1/2015-Q3/2015 - HCAHPS Composite 9

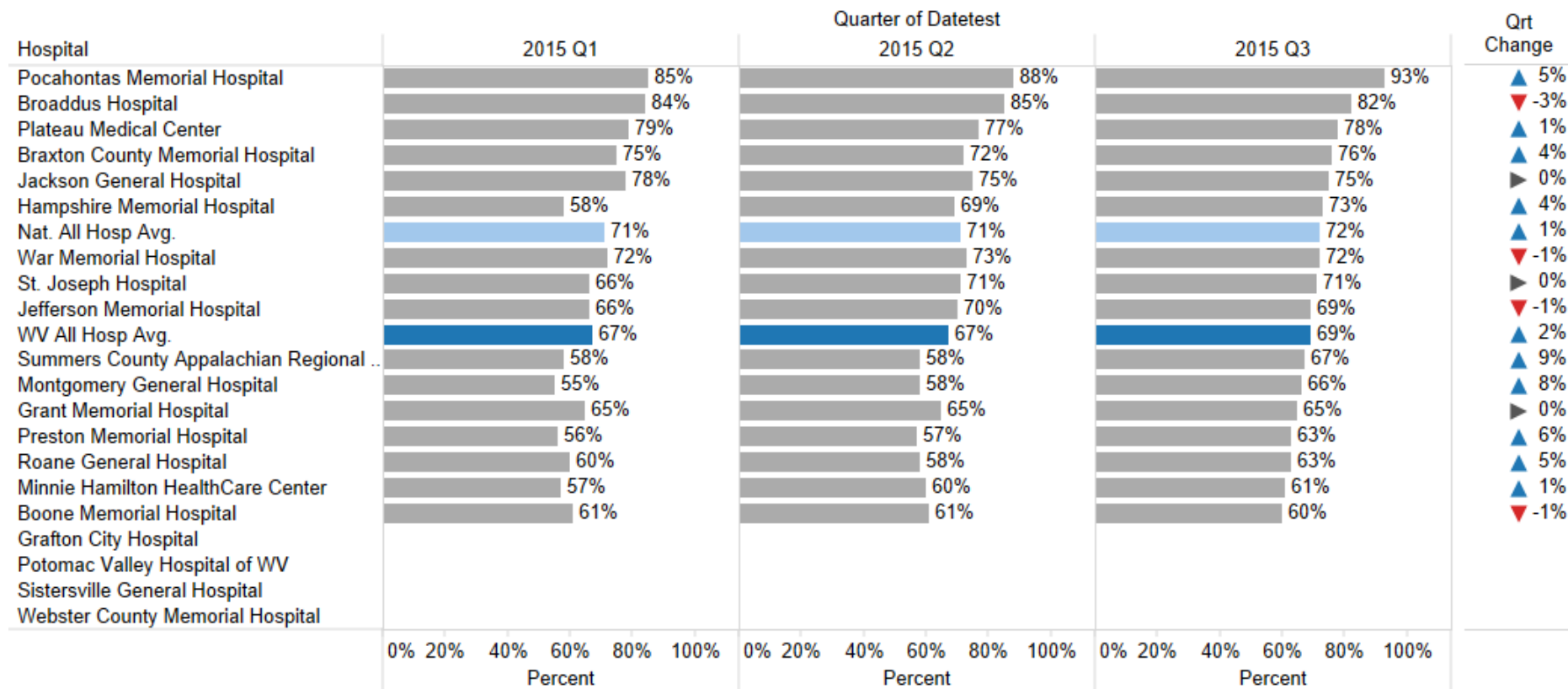
US & WV HCAHPS-Trend for Quietness of Hospital Environment "Always" in 2015



8 of the 16 hospitals with data are at or above the National Average

Q1/2015-Q3/2015 - HCAHPS Overall Rating

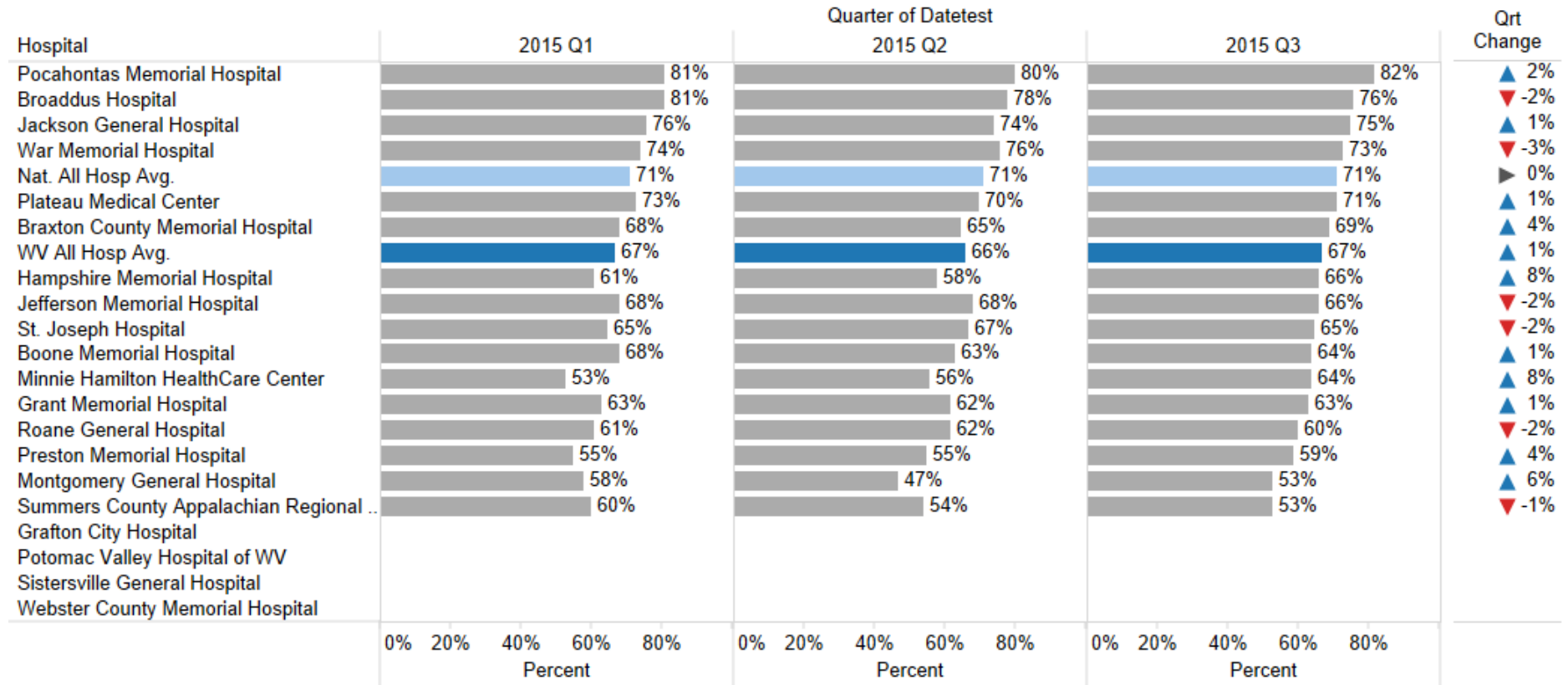
US & WV HCAHPS-Trend for Overall Rating of Hospital "9 or 10" in 2015



Only 6 of the 16 hospitals with data are at or above the National Average

Q1/2015-Q3/2015 - HCAHPS Willingness to Recommend

US & WV HCAHPS-Trend for Willingness to Recommend this Hospital "Definitely Yes" in 2015



Only 4 of the 16 hospitals with data are at or above the National Average

HCAHPS Average - Latest 5 Reports % of Change

WV MBQIP Hospital Averages by Reporting Period

Measure	HCAHPS Composite	3Q2014	4Q2014	1Q2015	2Q2015	3Q2015	Nat Avg 3Q2015 (All Hosp)	Change 3Q2014- 3Q2015
Composite 1	Communication with Nurses "Always"	80.9%	81.6%	81.5%	80.6%	81.6%	80.0%	0.7%
Composite 2	Communication with Doctors "Always"	83.1%	84.0%	83.3%	82.3%	82.9%	82.0%	-0.2%
Composite 3	Responsiveness of Hospital Staff "Always"	72.9%	74.5%	73.1%	72.8%	74.4%	68.0%	1.5%
Composite 4	Pain Management "Always"	70.4%	70.5%	73.0%	71.9%	73.5%	71.0%	3.1%
Composite 5	Communication about Medicines "Always"	66.5%	67.7%	68.0%	69.3%	69.9%	65.0%	3.4%
Composite 6	Discharge Information "Yes"	88.3%	88.0%	87.6%	88.0%	87.4%	87.0%	-0.9%
Composite 7	Care Transition	52.1%	52.6%	52.8%	51.1%	49.9%	52.0%	-2.2%
Question 8	Cleanliness of Hospital Environment "Always"	78.1%	78.9%	78.5%	77.5%	79.4%	74.0%	1.3%
Question 9	Quietness of Hospital Environment "Always"	59.7%	60.3%	61.5%	61.6%	63.8%	62.0%	4.1%
Question 21	Overall Rating of Hospital "9 or 10"	67.6%	66.7%	67.2%	68.6%	70.9%	72.0%	3.3%
Question 22	Willingness to Recommend this Hospital "Definitely Yes"	66.6%	66.3%	66.6%	64.7%	66.2%	71.0%	-0.4%



Better than Nat Avg (All Hosp)

Where are we at now?

WV MBQIP only

The chart above shows the Average of West Virginia MBQIP Hospitals by HCAHPS for each of the last five reporting periods. A reporting period is a rolling set of four quarters.

- 4 of the 11 Measures have seen a **negative change** in averaged percentages over the last five reporting periods but,
- **8 of the 11 Measures in Q3, 2015 are better than the National Average by 21.4 % points**

Discharge Instruction - Survey Questions

- Q18** After you left the hospital, did you go directly to your own home, to someone else's home, or to another health facility?
- <1> OWN HOME
 - <2> SOMEONE ELSE'S HOME
 - <3> ANOTHER HEALTH FACILITY [GO TO Q21]
- Q19** During this hospital stay, did doctors, nurses, or other hospital staff talk with you about whether you would have the help you needed when you left the hospital?
- <1> YES
 - <2> NO
- Q20** During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital?
- <1> YES
 - <2> NO

Care Transition - Survey Questions

Q23 During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left. Would you say...

- <1> Strongly disagree,
- <2> Disagree,
- <3> Agree, or
- <4> Strongly agree?

Q24 When I left the hospital, I had a good understanding of the things I was responsible for in managing my health. Would you say...

- <1> Strongly disagree,
- <2> Disagree,
- <3> Agree, or
- <4> Strongly agree?

Q25 When I left the hospital, I clearly understood the purpose for taking each of my medications. Would you say...

- <1> Strongly disagree,
- <2> Disagree,
- <3> Agree,
- <4> Strongly agree, or
- <5> I was not given any medication when I left the hospital?

Improving Care Transition

- ❖ How many of you:
 - ✓ Have a staff member responsible for discharge planning?
 - ✓ Above staff meets with the patient/family within 24 hrs of admission for a thorough D/C assessment?
 - ✓ Introduces themselves as the discharge planner here to help the patient/family to make sure they will have what they need to care for themselves after discharge
 - ✓ Daily visit to discuss status of discharge plan
 - ✓ Know who is responsible for patient education regarding the medical issues/diagnosis, S&S to report etc..
 - ✓ Have implemented clear patient instruction using something like the “traffic light” model
 - ✓ Have implemented a Patient Discharge Packet from admission on?

Improving Care Transition (cont')

- ❖ How many of you:
 - ✓ Uses the “teach-back” method of teaching
 - ✓ Uses the discharge readiness assessment?
 - ✓ Have a strong process for medication education?
 - ✓ Documented medication list, dosage, timing, purpose, potential side effects
 - ✓ Uses the pharmacist to reinforce medication education?
 - ✓ Uses leadership rounding to determine patient’s awareness of how to manage their illness when they are discharge? – who will they report which S&S to?
 - ✓ Post-discharge follow-up that is clearly oriented to care transition
 - ✓ Other ????????

HCAHPS-Latest 4 Quarters Return Rate (Q3/2014-Q2/2015)

HCAHPS Response Rate

WV return Rate Average by hospital:

Hospital eligible surveys number is derived from the Telligen report which includes the # of returned surveys and the return rate.

A goal is to have a return rate at least 30% or more

Eight WV CAHs have a response return rate of less than 30%

4 CAH did not report HCHAPS for Q3-2015 or do not have a year's worth of data yet.

How are we doing with new processes to increase the return rates?

Hospital	Eligible Surveys	Completed Surveys	Response Rate
Broaddus Hospital	145	68	47%
War Memorial Hospital	132	45	34%
Minnie Hamilton HealthCare Center	232	79	34%
Pocahontas Memorial Hospital	58	19	33%
Grant Memorial Hospital	1,006	332	33%
Plateau Medical Center	775	248	32%
Braxton County Memorial Hospital	238	76	32%
Jackson General Hospital	583	175	30%
Montgomery General Hospital	155	45	29%
Hampshire Memorial Hospital	259	70	27%
Summers County Appalachian Regional H	146	38	26%
St. Joseph Hospital	1,396	349	25%
WV Average		2,037	23%
Boone Memorial Hospital	377	83	22%
Jefferson Memorial Hospital	876	184	21%
Preston Memorial Hospital	610	122	20%
Roane General Hospital	578	104	18%
Webster County Memorial Hospital	N/A		
Sistersville General Hospital	N/A		
Grafton City Hospital	N/A		
Potomac Valley Hospital of WV	N/A		

Increasing Survey Return Rate

- ❖ How many of you:
 - ✓ Discuss the potential for satisfaction survey post-discharge at the time of patient admission orientation – our aim to super satisfying them, request to discuss any issues they may have as they occur to give us an opportunity to make corrections and let them know that they may also have an opportunity to respond to a satisfaction survey which we hope they will take time to complete – we truly review all surveys and make changes as needed
 - ✓ CEO or designee(s) rounding where amongst other things, explains the importance patient satisfaction, and discusses the need to respond to the satisfaction survey if they are chosen because we want to hear from them (during and after)

Increasing Survey Return Rate (cont')

- ❖ How many of you:
 - ✓ Information regarding survey process (tel and name of survey company/# or written with copy of envelop
 - ✓ Remind them of potential survey at discharge – some have it as part of the discharge instructions
 - ✓ Remind them of potential for survey at the end of the post-discharge follow-up
 - ✓ Other ?????

2:00 – 3:00

Hospitals to Report Action Plan Update

1. Boone Memorial Hospital
2. Braxton County Memorial Hospital
3. Broadus Hospital
4. Grafton City Hospital
5. Grant Memorial Hospital
6. Hampshire Memorial Hospital
7. Jefferson Medical Center
8. Minnie Hamilton Health Care Center
9. Montgomery General Hospital
10. Pocahontas Memorial Hospital
11. Potomac Valley Hospital of WV
12. Preston Memorial Hospital
13. Rhone General Hospital
14. Sistersville General Hospital
15. St. Joseph Hospital
16. Summers County Appalachian Reg.
17. War Memorial Hospital
18. Webster County Memorial Hospital

Action Plan Update



MBQIP Measures are Reported Where?

ID	Measure Name	Data Reported To
OP-1	Median Time to Fibrinolysis	QNet via OP CART/Vendor
OP-2	Fibrinolytic Therapy Received Within 30 minutes of ED Arrival	QNet via OP CART/Vendor
OP-3b	Median Time to Transfer to Another Facility for Acute Coronary Intervention	QNet via OP CART/Vendor
OP-4	Aspirin on Arrival	QNet via OP CART/Vendor
OP-5	Median Time to ECG	QNet via OP CART/Vendor
OP-18	Median Time from ED Arrival to ED Departure for Discharged ED Patients	QNet via OP CART/Vendor
OP-20	Door to diagnostic evaluation by a qualified medical professional	QNet via OP CART/Vendor
OP-21	Median time to pain management for long bone fracture	QNet via OP CART/Vendor
OP-22	Patient left without being seen	QNet via Secure Log In
OP-27	Influenza vaccination coverage among healthcare personnel	National Healthcare Safety Network Website
IMM-2	IP Influenza immunization	QNet via OP CART/Vendor

Core Improvement Initiatives

<i>Patient Safety</i>	<i>Patient Engagement</i>	<i>Care Transitions</i>	<i>Outpatient</i>
<p>OP-27: Influenza Vaccination Coverage Among Healthcare Personnel (HCP) <i>(Facilities report a single rate for inpatient and outpatient settings)</i></p> <p>IMM-2: Influenza Immunization</p>	<p>Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)</p> <p><i>The HCAHPS survey contains 21 patient perspectives on care and patient rating items that encompass nine key topics:</i></p> <ul style="list-style-type: none"> • Communication with Doctors • Communication with Nurses • Responsiveness of Hospital Staff • Pain Management • Communication about Medicines • Discharge Information • Cleanliness of the Hospital Environment • Quietness of the Hospital Environment • Transition of Care <p><i>The survey also includes four screener questions and seven demographic items. The survey is 32 questions in length.</i></p>	<p>Emergency Department Transfer Communication (EDTC)</p> <p><i>7 sub-measures; 27 data elements; 1 composite</i></p> <ul style="list-style-type: none"> • EDTC-1: Administrative Communication (2 data elements) • EDTC-2: Patient Information (6 data elements) • EDTC-3: Vital Signs (6 data elements) • EDTC-4: Medication Information (3 data elements) • EDTC-5: Physician or Practitioner Generated Information (2 data elements) • EDTC-6: Nurse Generated Information (6 data elements) • EDTC-7: Procedures and Tests (2 data elements) • All-EDTC: Composite of All 27 data elements 	<p>OP-1: Median Time to Fibrinolysis</p> <p>OP-2: Fibrinolytic Therapy Received within 30 minutes</p> <p>OP-3: Median Time to Transfer to another Facility for Acute Coronary Intervention</p> <p>OP-4: Aspirin at Arrival</p> <p>OP-5: Median Time to ECG</p> <p>OP-18: Median Time from ED Arrival to ED Departure for Discharged ED Patients</p> <p>OP-20: Door to Diagnostic Evaluation by a Qualified Medical Professional</p> <p>OP-21: Median Time to Pain Management for Long Bone Fracture</p> <p>OP-22: Patient Left Without Being Seen</p>

West Virginia [Hospital Name]

MBQIP Measure(s)	Activities	Outcome

Updated Reporting Timeline

<https://www.ruralcenter.org/tasc/resources/mbqip-data-submission-deadlines-charts>

Measure ID	Measure Name	Reported To	Submission Deadline by Encounter Period				
			Q3 / 2015 Jul 1 - Sep 30	Q4 / 2015* Oct 1- Dec 31	Q1 / 2016 Jan 1 - Mar 31	Q2 / 2016 Apr 1 - Jun 30	Q3 / 2016 Jul 1 - Sep 30
OP-1	Median time to fibrinolysis	QualityNet via Outpatient CART/Vendor	February 1, 2016	June 1, 2016	August 1, 2016	November 1, 2016	February 1, 2017
OP-2	Fibrinolytic therapy received within 30 minutes	QualityNet via Outpatient CART/Vendor	February 1, 2016	June 1, 2016	August 1, 2016	November 1, 2016	February 1, 2017
OP-3	Median time to transfer to another facility for acute coronary intervention	QualityNet via Outpatient CART/Vendor	February 1, 2016	June 1, 2016	August 1, 2016	November 1, 2016	February 1, 2017
OP-4	Aspirin at Arrival	QualityNet via Outpatient CART/Vendor	February 1, 2016	June 1, 2016	August 1, 2016	November 1, 2016	February 1, 2017
OP-5	Median time to ECG	QualityNet via Outpatient CART/Vendor	February 1, 2016	June 1, 2016	August 1, 2016	November 1, 2016	February 1, 2017
OP-18	Median Time from ED Arrival to ED Departure for Discharged ED Patients	QualityNet via Outpatient CART/Vendor	Not Required February 1, 2016	June 1, 2016	August 1, 2016	November 1, 2016	February 1, 2017
OP-20	Door to diagnostic evaluation by a qualified medical professional	QualityNet via Outpatient CART/Vendor	Not Required February 1, 2016	June 1, 2016	August 1, 2016	November 1, 2016	February 1, 2017
OP-21	Median time to pain management for long bone fracture	QualityNet via Outpatient CART/Vendor	Not Required February 1, 2016	June 1, 2016	August 1, 2016	November 1, 2016	February 1, 2017
OP-22**	Patient left without being seen	QualityNet via Secure Log In	May 15, 2016 (Aggregate based on full calendar year 2015)		(anticipated) May 15, 2017 (Aggregate based on full calendar year 2016)		
OP-27****	Influenza vaccination coverage among health care personnel	National Healthcare Safety Network	N/A	May 15, 2016 (Aggregate based on Q4 2015/Q1 2016)		N/A	
IMM-2	Immunization for influenza	QualityNet via Inpatient CART/Vendor	Not Required February 15, 2016	May 15, 2016	August 15, 2016	November 15, 2016	February 15, 2017
EDTC****	Emergency Department Transfer Communication	As directed by state Flex Program	October 31, 2015	January 31, 2016	April 30, 2016	July 31, 2016	October 31, 2016
HCAHPS	Hospital Consumer Assessments of Healthcare Providers and Systems	QualityNet via Vendor	January 6, 2016	April 6, 2016	July 6, 2016	October 5, 2016	TBD

MBQIP Data Reporting Reminders

❖ Upcoming Data Submission Deadlines

❖ July 31, 2016

Emergency Department Transfer Communication (EDTC):

- Patients seen Q2 2016 (April, May, June)
- Submission process directed by state Flex Program
- Stroudwater want the data for Q2, 2016 by 7/15/2016)

❖ August 1, 2016

CMS Population and Sampling (optional)*

- Patients seen Q1 2016 (January, February, March)
Inpatient and outpatient
- Entered via the Secure Portal on QualityNet

MBQIP Data Reporting Reminders (cont')

❖ Upcoming Data Submission Deadlines (cont')

❖ August 1, 2016

- CMS Outpatient Measures:
- Patients seen Q1 2016 (January, February, March)
- CMS Hospital Outpatient Reporting Specifications Manual version 9.0a
- Submitted to the QualityNet warehouse via CART or by vendor - CART version 1.14

MBQIP Data Reporting Reminders (cont')

❖ Upcoming Data Submission Deadlines (cont')

❖ August 15, 2016

- CMS Inpatient Measures
- Patients seen Q1 2016 (January, February, March)
- CMS Hospital Inpatient Reporting Specifications Manual version 5.0b
- Submitted to the QualityNet warehouse via CART or by vendor
- CART version 4.18 is recommended. This version is compatible with version 4.17.1 so if you haven't started abstracting data yet, you can use 4.18 to enter and submit Q1 and Q2 2016 data.

StratisHealth Resources

❖ Reporting Guide (April 2016)



<https://www.ruralcenter.org/tasc/resources/mbqip-reporting-guide>

MBQIP Monthly for April & May

<https://www.ruralcenter.org/tasc/mbqip/mbqip-monthly>

In Closing

- ❖ Any remaining questions regarding MBQIP measures?
- ❖ Thank you for your level of participation – we know how much is on your plate
- ❖ Carla Wilber will be working on a contract with Dianna for this coming year – stay tuned for 2016-2017 schedule
 - Carla Wilber, Senior Consultant
cwilber@stroudwater.com
(336) 425-3837
- ❖ Clinical Network Meeting tomorrow
(8:15 AM to 11:55 AM)
- ❖ Have a great evening!

