

TEAM MEETING NOTES: MICAHA Quality Network Meeting Minutes

Recorder: Debbie Link, RN
MICAHA Quality Network-Secretary
Date: 8-15-14

TOPIC	SUMMARY	ACTION ASSIGNMENT
11SOW Update	<p>May Leonard and Donna Madras present an update on the 11SOW. May reviewed the CMS changes which separate the beneficiary outreach and the quality component into another. MPRO decided to go after the QI work. MPRO for the beneficiary part partnered with Minnesota and Ohio. BECC are organized among 5 geographic areas across the nation. KeePro is the beneficiary oversight organization. Then the program collaboration center which is the value incentive and quality reporting centers. The third independent evaluation center which is the PI section. This is where MPRO is now. Donna reported what some of the changes are and how this may impact each facility. MPRO will no longer be reminding hospitals when data not submitted or doesn't look right. She noted that MPRO will take a more active role in helping hospitals improve quality. She reported on the section called VIQRCs and Florida was awarded this component and they will be the ones to monitor the submission of data for all measures. May also reviewed the resources on the website and what we should be looking for in notifications and announcements. Donna recommends that you join the QualityNet listserve to better able to stay in the communication loop. May discussed some of the initiatives that MPRO is going to be working on into the future.</p>	

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<p>Strategy Group1- <i>Help members improve the quality of their Organizations</i></p>	<p>Team Steeps Deb Kratz presented information on a class she attended and an overview of what she learned. The material covers how to train healthcare personal on team building and improve the culture of safety by helping teams quickly and effectively respond to situations. Goal is to improve quality of care and reduce number of medical errors.</p> <p>Professional Practice Evaluation: Ongoing & Focus Anne Barton presented information on the Ongoing Professional Practice evaluation (OPPE). She noted that we will cover the two components which include ongoing and the focus evaluation. Performance data will be used at appointment and reappointment and also the data used is at intervals depending on accrediting organization. She included some examples in the presentation. Need to be able to get data at the physician level of practice. She reviewed what some of the triggers for additional focused monitoring. The comparison example used the top DRGs by physician with specific metrics. She then went on to explain the difference in the Focused Professional Practice Evaluation (FPPE) process. This is used when there is concern about a specific practitioner.</p> <p>MBQIP Phase 3 Anne also presented on the MBQIP program and what some of requirements are and how they may impact the CAHs. She noted that MI CAHs have been reporting for Phase 1 and 2. Phase 3 includes measures that we are not reporting for any other requirement, designed specifically for CAHs. Reporting starts October 1, 2014 and will be ongoing with no defined length. The two newest measures are for ED Transfers and Pharmacy Quality. What we ask is that everyone participates as much as you can with data you can get through the HER. She reviewed the Inclusion criteria and what the numerator and denominator definition were. Josh will be our point person to compile data and get to the ORH. She discussed the recommendation for the Pharmacy component for reporting. Question rose about whether physician has to be the one enter order. Josh will follow up to clarify.</p> <p>ED Transfer Communication Measure: She noted this is new measure and wants us to consider how we might be able to participate with this measure. Josh will do some research and present at the November meeting and we</p>	<p>Deb will present additional information at the November, 2014 meeting.</p>

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	<p>won't be ready to start abstraction until January 2015. She reviewed the 7 main measures areas and each of those has sub topics. Denominator is all transferred to another facility defined on list in presentation. Review of reporting requirements. Fifteen patients for month for 45 per quarter. Will enter into tool and Josh will coordinate to send to ORH. Anne reviewed the specific measures and their components. Refer to slide. She noted that we have concerns about how to collect this data and the clear definition of the data requirements. Also discussed the 60 minute requirement. Josh Salander will be our Flex Coordinator and liaison with the ORH. Also discussed how we compare these requirements with those needed for Meaningful Use and what some of the measure crossover are.</p> <p>NOVEMBER 2014 AGENDA TOPIC</p>	
<p>Strategy Group 3- <i>Support P4P Programs</i></p>	<p>Two Midnight Rule Chris Wilhelm presented some information on the requirement of getting certification and anticipated LOS of less than 96 hours but with physician documentation</p> <p>BCBSM Update Ewa presented some of the opportunities to obtain bonus points towards your overall score. Most Indicators include bonus points for presentation on coaching call or on-site visit. She also will be sending out quarterly data to let facilities know what their status is more real</p>	

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	<p>time. She also talked about some of the upcoming face to face opportunities.</p> <p>MHA extra bonus points for P4P Keystone Kristen Frey presented an overall P4P Score review to let us see how we are doing. It was noted that 23 of 35 achieved 100%. HAI was the measure with poorest performance. She talked about the Community Service Plan program and she reported on BCBS work to provide a book outlining the summary of the plans submitted by the CAHs. Ed suggested that we collaborate with BC on getting this information out to other organizations to showcase what MICAHA is doing. She reviewed the program measure checklist which outlines the program requirements that need to be completed. She also talked some about the Population insights Reporting program and this was sent to the hospital and the goal is to help facility learn who the physician organizations within your community that share a patient population. What is required of each facility is to get into the Population report and know who your physician groups are and report those patient populations you share. Ed also suggested that we look at the various metrics within this report that will eventually drive improvement effort related to those metrics not doing well.</p>	
<p>Strategy Group 4 Support <i>Use of EMR-Smart Sharing-Develop Leadership</i></p>	<p><i>Round table</i> – share updates with surveys and site visits Barb Cote asked if anyone had anything to share. Margaret reported on mix-up with MU attestation audit got sent to wrong person so lead to very short window for compliance. We also noted that e-mail mix ups are a problem because we also notice the KEPRO sent out notification and may have gone to person who didn't know the importance of what it was for. Ed also suggested that he and Angie need to talk to John about how to follow up in case this happens and leads to potential penalty. Barb also reported on her recent survey process and how very difficult it had been.</p> <p>Shared memories of Angie:</p>	<p>Agenda item November 2014.</p>
<p>Strategy Group 2 – <i>Support the value of CAH</i></p>	<p>Rural Wisconsin Health Cooperative (RWHC) Ed talked about how we contacted Rural Wisconsin as a potential vendor for data management. Beth Dibbert from RWHC reported what this cooperative has to offer the quality network for data submission. She reviewed the web site and reviewed some of the various services available and recommended that you visit it to see what is offered. www.rwhc.com. She noted that each facility has own login and is a secure site. She</p>	

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	<p>presented a demo on how the data is submitted and the system functions. It was also noted that there is an opportunity to interface system with our HER to electronically submit. The question was raised about support for the MBQIP program and she indicated that yes this would be under the non-core measure program.</p> <p>She also noted that the Meaningful Use measures are imbedded in the regular core measure data so can use same data for both.</p> <p>Education support includes recorded sessions and some live webinar for new clients on reports and data abstraction.</p> <p>Quantros Presentation Justin Witkowski presented a Quantros Update. He reviewed the 2015 pricing for Core Options. Base fee for this is \$5505 which will cover licensing fees, support services BCBS reports and the tracking templates. He also noted that Karen Carroll kcarroll@quantros.com will be contacting the facilities about contract renewals. Ed asked about support for the MBQIP program and asked them to take a look to see if they would be willing to develop and support and at what cost. Ed also asked about where they are at with support for meeting the Meaningful Use requirements. They do have plans in the future.</p> <p>Quarterly Reports Josh Salander the 2013 MICAHQN Quality Reports. His role is to help us to have some meaningful data for comparative and individual. He noted that he will be now doing this quarterly for each of us. The reports include MICAHQN and MBQIP required measures. Questions about moving forward with other than Quantros vendor. Each hospital received the individual data and then he reviewed the overall data summary. Ed just clarified that for the ED data the denominator is just our sampled cases not total cases seen. We also review the point of interest where we were somewhat lower than national data and better than national. Asked</p> <p>SHIP Grant Funding for Quality Improvement Vendors Ed noted that John Barnas has got it approved to be able to use up to \$5000 of SHIP funding to support data submission. Also of note is that if you want this opportunity you have to submit the change to your SHIP Grant request by August 26, 2014.</p>	

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	<p>MICAHQN presentation at the CAH Conference Use exec committee minutes Ed also asked if any other ideas for presentations. It was suggested that maybe we could use STEPPS education.</p> <p>MICAHQN 2015 Executive Committee Nominations Ed noted that Sandi O retired and has left open seat on Exec committee and he also noted that Debbie Link will be retiring in February and so this will open another seat on the committee so these will need to be filled with the annual election.</p> <p style="text-align: center;">Next Meeting: ANNUAL MEETING November 6, 2014</p>	

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TOPIC	SUMMARY	ACTION ASSIGNMENT
Welcome:	Ed welcomed everyone asked everyone to introduce themselves.	
Strategy Group 4 – Education, Resources, Information and Performance Improvement	Barb Cote started meeting with patient safety story. Keeping the stories going is a good way to keep safety a priority. She introduced some resources a book Fatal Care and also mentioned some videos available through Quantros. She also mentioned that if Joint Commission accredited you have until the end of month to select appropriate measures because they are changing. She has brought handouts for those interested.	
Patient Safety Story Boards	<p>VTE and Pain documentation and reassessment Mariah Hesse and Teresa Pickens presented on VTE prophylaxis and talked about some of the actions that they have done as an interdisciplinary team to make recommendation and implement interventions. Biggest change was noted to be increase in compliance from 70% to high 90%. She brought some tools that their team developed to help them. Also implemented shift to shift safety huddles at the bedside with nursing staff. She presented huddle question sheet to be used to help prompt for specific high risk conditions. Next steps include risk assessment policy. Also discussed their process for daily review of patients who are on anticoagulant therapy.</p> <p>Pain Management: Teresa presented efforts that have been implemented to improve the reassessment of pain and pain management. Evaluated their EMR to see what tools were already available to help prompt staff to assess and reassess. She explained some of the pain assessment tools they used and that education was a key component and needs to be ongoing. Peer and self-evaluation was used as an action to increase accountability. An area identified as needing more work was addressing pain control in the care plan.</p> <p>Falls Lisa Pope and Katie Moresi presented on their work on fall prevention. She reviewed the definition of a fall as unanticipated lowering to floor. She reviewed how they trend and track falls. In the individual review process they use to determine if any deviation from process. They discussed some of the actions they did to determine where the issues were and what they did to correct. They did extend education to all staff not just the nursing staff to have more eyes and hands on checking for safety.</p>	Crystal Barter has taken pictures of all the story boards and will send out to everyone.

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	<p>Blood Culture Task Force Process Karen Bowers presented on their work on reducing contamination during the collection process for blood cultures. Started at about 6% with national average at 3%. So they developed some education and process tools. Provided education and some practice work. Micro department tracks and provides feedback to staff. She reported that with these actions they have reduced to 1.9%.</p> <p>Two-Midnight Rule Pat Whitcomb presented information about the CMS requirement that every IP would stay at least through two midnights. There had to be diagnosis that supported this stay documented at admission. She noted that the physician participation was very good. They audited charts to flag those charts that needed more documentation. They also identified those patients who started out as 2 MN stays but where discharged just after 1MN. So they worked with physician staff to document why patient only had 1MN when 2 had been planned. Another action they used was the EMR to force selection of which length of stay they would stay. Question raised about how this affected the 96 hours rule that must be met also. She indicated that actions included clearer documentation.</p> <p>Market Force Course Barb Pranger presented on the changing healthcare environment. She reviewed a resource book that she has found that provides good explanations for what all these different initiatives and this could be found at advisory.com The Market Force Course</p> <p><u>Team STEPPS</u> Deb Kratz presented on Team STEPPS concept, and how it aligns with a culture of safety. Deb discussed her TeamSTEPPS education, and stressed how valuable the experience was. She highly recommends others to pursue the training.</p>	
<p><u>Q1 2014 Quantros Data</u></p>	<p>Josh reviewed the comparative data that he has taken from what the network entered into Quantros and made up into MICAH Quality Network comparative graphs. This data is to assist the members is showing the value of the work they are doing. He reviewed the reporting schedule and some of the changes that were made this year.</p>	

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MPRO 11 SOW Booklet Distributed	<p>Donna and May provided an overview of what is included with the 11th SOW including what the initiatives are and what support they will be able to provide. There will be help available for meeting MU requirements. Also discussed the Care Transitions project and what the expectations will be for the CAHs. This project includes getting the appropriate organizations together and defining what the barriers are in the various communities. They will be looking at data and sharing best practices. Ed suggested that MPRO and MHA develop a grid to provide a crosswalk of what the similarities are and how we can use this to better able determine our level of participation and what will work for each of us.</p>	<p>MPRO and MHA develop a grid to provide a crosswalk of what the similarities are and how we can use this to better able determine our level of participation and what will work for each of us.</p>
<p>Strategy Group 2 – Promote the Value of CAHs in the Continuum of Care</p>		
<p>BCBS/CAH presentation on the future of P4P.</p>	<p>Kristen talked about the new requirements recommended for the P4P program. Ed and Kristin encouraged the group to work to engage the CAH CFO and CEO in the program.</p>	
<p>SHIP Grant funding option of data reporting vendors</p>	<p>Ed talked about some of the SHIP Grant funding and this changes that will be happening with the requirements for this program. As a reminder, up to \$5,000 of the SHIP funding was able to be used for Quantros due to the change.</p>	
<p>2014 CAH Engagement in MHA Keystone and HEN. Overview of 2015 SOW</p>	<p>Ewa Panneta presented on the level of CAH engagement in 2014. 27 CAHs joined the HEN compared to 10 in previous years. Ewa also presented on the Q1 2014 and Q2 2014 scorecards in which CAHs were compared to all Keystone Hospitals on relevant measures. Ewa provided a handout on MHA Keystone Comparative Outcome Data as well. In addition the 2015 SOW was discussed. The four strategic themes for 2015 are All Cause Harm Prevention, Patient and Family Engagement, Digital Infrastructure, and Strategic Partnerships. Specifically this includes: Improving Transitions of Care, Eliminating Procedural Harm, Preventing Harm to Mothers and Infants, and Reducing Harm in Critical Care Units. Changes for 2015 include:</p> <ul style="list-style-type: none"> • MHA Keystone: Surgery moving into sustainability mode • MHA Keystone: Safe Care changing focus • Falls/Pressure Ulcers ending at the end of March 	<p>Crystal will work with MHA to align safe table meetings with the MICAHA QN meetings.</p>

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	<ul style="list-style-type: none"> ADE ending at the end of March <p>BCBSM – P4P PG5 Updates: Quarter 3 data is due by November 15th (ADE and Falls and Pressure Ulcers) Quarter 3 Performance Reports will be delivered by the end of November</p> <p>MHA PSO Electronic Data Transfer Free software to send adverse events to the PSO.</p>	
<p>Strategy Group 1 – Quality Members</p> <p>MBQIP presentation by Anne Barton</p>	<p>MBQIP Phase 3 Pharmacy</p> <ul style="list-style-type: none"> Numerator: number of electronically entered medication orders for IP admitted to a CAH (acute or swing) verified by pharmacist or entered by pharmacist within 24 hours/Denominator: total number of electronically entered medication orders for Ips admitted to CAH (acute or swing) Inclusion: Inpatients admitted to acute care, swing bed; observation patients (if managed in the same way as IP) Data due to MCRH (Crystal Barter at crystal.barter@hc.msu.edu) on the following dates: <ul style="list-style-type: none"> 10/1 – 12/31/2014 due by January 23, 2015 1/1 – 1/31/2015 due by April 23, 2015 4/1 – 6/30/2015 due by July 24, 2015 7/1 – 9/30/2015 due by Oct 24, 2015 <p>ED Transfer Communication Measures</p> <ul style="list-style-type: none"> Seven Components <ul style="list-style-type: none"> EDTC 1 Administrative communication EDTC 2 Patient information EDTC 3 Vital Signs EDTC 4 Medication Information EDTC 5 Provider generated information EDTC 6 Nurse generated information EDTC 7 Procedures & tests completed Quarterly Minimum of 45, unless 100% sample Monthly minimum of 15, unless 100% sample 	

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	<ul style="list-style-type: none"> • Each measure is abstracted • Data is calculated using an all-or-none approach, so all seven measures must be included to score as present • Data must be available to the receiving facility within 60 minutes, via fax, phone or e-record • Data Collection Mechanism <ul style="list-style-type: none"> ○ www.stratishealth.org/providers/ED_transfer.html ○ Go to data entry form to do abstraction ○ Data collection tool (first link on webpage) ○ Read me first—can't copy, email or alter tool ○ Data collection user guide (27 pages) ○ Data collection guide (50 pages) ○ Begin data collection FY 2nd quarter-January 1 – March 31, 2015 	
Election of Officers	Nadine Reller, and Mariah Hesse were presented as new members of the Executive Committee. Motion to approve. Approved.	

2015 Meeting Dates: February 20th, May 15th, August 14th and November 6th

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<p>Welcome: Introductions and Roll Call</p>	<p>Ed welcomed everyone and took roll call of those on who called in via phone and introduced those who were new members. Ed noted that Debbie Link is retiring and Ed also talked about his transition out as president. ED presented slate of new officers: Barb Cote has accepted as President, Anne Barton, Vice-President, Chris Wilhelm, Secretary, and Mariah Hesse, Treasurer.</p> <p>Motion to approve recommended slate of new officers. Approved</p> <p>Ed also discussed the recommendation to have a CEO member on the Executive committee to bring CEO perspective to the MICAH QN. The by-laws will require a revision for this to occur.</p> <p>Ed also discussed the strategic planning work that the MICAH QN will focus on as a mechanism to plan for the ongoing pressures that all CAHs face, and the transition to Value-Based Purchasing. A formal planning meeting will take place later this year, with the strategic planning taking place in May. Finally, Ed discussed his ability to stay on an assist the MICAH QN in another capacity beyond the CEO representation.</p>	<p>New Officers:</p> <ul style="list-style-type: none"> • Barb Cote, President • Anne Barton, Vice-President • Chris Wilhelm, Secretary, Mariah Hesse, Treasurer. <p>By-law committee will need to be formed to revise current by-laws</p> <p>Strategic planning session will take place on May 15th, 2015 directly after the full MICAH QN meeting.</p>
<p>Quality Measure Matrix</p>	<p>Chris Wilhelm reviewed the updated grid that lists all the measures, what measures are required, and what agency requires which measures. She explained how she uses this grid by making notes on which measure and agencies that they are collecting data for. She also recommends that we ask each other and use each other to help us to clarify which measures are current and which measures are new. Anne reviewed the grid and will make necessary changes and will send out new electronic version after the meeting.</p>	<p>Anne Barton will send out the updated grid.</p>
<p><u>Q2 2014 Quantros Data</u></p>	<p>Josh reviewed the 2Q14 MICAHQN Reports, which were sent out to each CAH on January 20, 2015. He also noted that he has incorporated the control chart format, gave direction on how to use this data, and noted any positive or negative trends. There were some special causes which caused spikes in the data, although mostly due to small population. He also noted that it does take seven data points, in one direction, to become a trend but this data will also help us to identify special cause cases which may require investigation. Ed explained how to use the control chart format to look for trends and variation. He also noted that where the population is greater the variation is less than in those measures with lower population. The charts help us to demonstrate our improvement activity and the impact on patients served in our small rural hospital</p>	

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	population.	
<p>Strategy Group 4 - Education, Resources, Information, and Performance Improvement Support</p>	<p>Barb recognized Ed and the charter members who have helped lead this group to its current state. She noted that we have to work to try to align measures to make sure that what we are measuring adds value to the care that we provide to our patients.</p> <p>Safety Story: Told story about ER patient’s experience with medication prescribed and given. Wanted to tell story to make sure other bariatric patients get the right care. The organization pulled together a team to conduct case study and invited her to quality committee.</p> <p>Another story told had to do with getting the influenza vaccination administered to all patients. The barrier found was nurses didn’t want to administer to sick patients. Even with education provided, the numbers still didn’t improve, and the organization needed to continue to educate, and reinforce the approved order set.</p>	
<p>Implementing MBQIP Transfer Measures</p>	<p>Karen Bowers presented the process and forms that were developed to meet the data abstraction requirements for the ED Communication measures. Their process uses a paper method to capture the data. She reviewed the process, and the checklist developed. A discussion was had surrounding staff compliance on the new process, and how education helped. Staff education was provided using an education module which explained goals, what MBQIP is, why it is needed, and how to complete forms. It also included a post-test completed at end of education session.</p> <p>Link to Education Module Link to Supplemental Record Link to checklist</p>	
<p>Direct Supervision of Outpatient Therapeutics CMS Rule</p>	<p>Deb Kratz presented overview of the Direct Supervision of Therapeutics. CMS states that hospitals that provide certain outpatient services must have direct supervision for outpatient therapeutic services. A physician or non-physician practitioner (NPP) must be immediately available to give assistance for NSEDTS- Non-Surgical Extended Duration Therapeutic Services, such as extended infusions, and CMS requires that the patient’s medical record include documentation of this transition for direct supervision to general supervision.</p>	<p>Deb will resend Minnesota guidelines and definitions.</p>

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	<p>Deb reviewed examples of what NSEDTS are, and noted that they include many of the most common infusions. It was also noted that it is important to make sure that designated NPPs are qualified and in their scope of work. Review of process outlined in Power Point presentation.</p>	
<p>MPRO 11 SOW Update</p>	<p>Donna and Tesia presented information on the 11th SOW and how MPRO is going to work with the CAHs. She explained that with new contract MPRO represents Michigan in the Lake Superior Quality Invocation Network. Focus of this group is to improve quality of care for cardiac and diabetes patients, assist with Meaningful Use measures, and Care Coordination. They explained how they now interact with multiple types of offices and facilities such as hospitals, physician offices, skilled nursing facilities etc. Donna also noted that if you want to get newsletters and info about education opportunities, please provide your email for the MPRO distribution list. MPRO's goal is to offer help, education and services to assist facility's to improve quality of care and coordination. Ed clarified what the new role that MPRO will be for the CAHs.</p> <p>Tesia explained the new role of MPRO to assist CAHs to provide better health through prevention through HIT and Meaningful Use. There was a discussion on the barriers surrounding MU compliance and what can they do to help us with these barriers.</p>	
<p>MICAH QN Annual Survey Results</p>	<p>Ed talked about the Annual Survey. He noted the importance of conducting data validation to assure accuracy because we use this data to show value added by CAHs to state and national agencies. He outlined some of the highlights in volumes and services provided and the impact we have on rural health.</p>	
<p>Q-Net Reports</p>	<p>Ed talked about the QualityNet Portal information and encourages use of this data as it will become important.</p>	
<p>Strategy Group 2 – Promote the Value of CAHs in the Continuum of Care</p>	<p>Kristen Frey presented summary of current PG5 – P4P program status and overview of upcoming program year. The slides contained side-by-side comparisons of the program differences. The slides also contained the measures, threshold scoring and program weight. New for 2015-16 is the introduction of the two CMS influenza vaccination measures (IMM-2 and OP-27). Full credit will be given for reporting for the first year.</p>	

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	<p>Under the Population Health management initiative this next step will be to designate a Population-Health “Champion”, with meeting attendance requirements to be determined. Additionally for MHA Keystone Initiatives CAUTI, Pain Management and OB was added. BCBS will be sending out program reporting requirements closer to due date in June. Anne explained the new IMM-2 and OP-27 measures. IMM-2 is collected through Quantros and the OP-27 will also be submitted to MCRH for the MPQIP program.</p> <p>Mark Huizenga will be the BCBS P4P contact going forward as Kristen is moving into a new position.</p>	
<p>MHA Keystone requirement for CAH project for the 2015-2016 BBCBS</p>	<p>As part of Keystone program PG5 CAH must select one of the new initiatives - CAUTI, Pain Management or OB. Each initiative was reviewed in detail including the scoring index, program requirements and background.</p> <p>A high-level overview of requirements is listed below:</p> <p>CAUTI requirements</p> <ul style="list-style-type: none"> • Gap Analysis, Quarterly Data Submission, Learning from Defects, and Participation in full CUSP training. <p>Pain Management requirements</p> <ul style="list-style-type: none"> • Start in May of 2015 • Gap Analysis, Two Action Plans, and Participation in CUSP training. <p>OB requirements</p> <ul style="list-style-type: none"> • Gap Analysis, Two Action Plans, and Participation in CUSP training. <p>March 12th call will count as a participation requirement and will outline the CUSP education again</p> <p>April 2015 will be devoted to enrollment and to designate a primary facility contact to send the information to. CUSP Implementation Training was reviewed and will include two northern sites (Bellaire on May 14th, 2015 and Marquette on October 14th).</p> <p>Link to BCBSM Peer Group 5 Pay-for-Performance (P4P) 2015-2016 Program</p> <p>MHA Keystone Center Initiatives</p> <p>Link to de-identified bar charts</p>	<p>Note: It was previously mentioned that there would be two Safe Table Meetings, one May 14th and one August 13th. The May 14th Safe Table is cancelled due to the CUSP training that is taking place that same day at the Shanty Creek Resort in Bellaire, MI from 8:00 a.m. to 4 p.m.</p> <p>MCRH will support lodging for MICAH QN members who attend the CUSP training in Bellaire. Lodging must be at All Season’s Resort.</p>

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<p>Summary of BCBS PG-5 P4P Program Changes/Discussion:</p>	<p>Chris W. wrapped up this session. Keystone will not be offering the Pressure Ulcers and Falls initiatives so will have to select something else. Second point is to clarify that there are actual dollars attached to participation with the BCBS program. Please contact Chris if you have questions.</p> <p>She also noted that with the new initiatives there may be opportunity to coordinate education with the MICAH meetings.</p>	
<p><u>PSOs Electronic Data Transfer System</u></p>	<p>Steve Levy discussed the opportunity to be able to submit data to the PSO. He explained that the PSO was developed to help hospital share patient safety information to be able to learn from adverse events etc. He explained how to decrease the hassle of data submission. He reported on the new vendor who will allow each facility to be able to transfer adverse event data directly into this database with no charge. Goal today is to increase awareness on how data is submitted. Mike Personett presented overview on how to set up and report data to the data base. Steve explained that the events wanted are limited to a list of 25 but he is interested in any and all events. If you are interested in this opportunity contact MHA .</p>	
<p>Strategy Group 1 – Quality Members</p>	<p>Ed talked about how the FLEX funding is now attached to the MBQIP program so if you are not participating in that program then you are not allow to participate in any of the programs that the FLEX funding is supporting including meetings and education opportunities. Ed explained how important it is for us to participate because data is needed to continue to show the value of CAHs. He noted that the perception of care in rural areas is that of poor quality and unless CAHs report, that perception will remain.</p>	
<p>MBQIP Phase 3 Pharmacy- MBQIP Phase 3 ED Transfer Communication Measure-FY 2016 MBQIP</p>	<p>Anne discussed MBQIP Phase 3 which is currently in progress (CPOE started October 1, 2014 and ED Transfer Communication started January 1, 2015). CPOE data was submitted to Crystal and this measure will continue through September 2015. The ED Transfer Communication measure will be required for the FY 2016 -2018 FLEX grant, thus CAHs will continue to report on this measure as they are currently doing. Crystal</p>	

TEAM MEETING NOTES: MICAHA Quality Network Meeting Minutes

Recorder: Debbie Link, RN
 MICAHA Quality Network-Secretary
 Date: 2-20-2015

TOPIC	SUMMARY	ACTION ASSIGNMENT
	<p>will send reminder dates when data due to her.</p> <p>Anne discussed the FY 2016-2018 MBQIP measures. These are the measures in which participation is mandatory, if a CAH would like to receive Flex funding. There are four core improvement categories. Patient Safety has two measures; IMM-2 and OP-27. Patient Engagement includes HCAHPS domains (more than the BCBS program). Care Transitions include the ED Transfer Communication measures and Outpatient include seven measures (most are currently being collected), but a decision on how to submit the data will have to be decided on. Anne pointed out that on the second page, under additional improvement activities, there are additional optional measures but history has proven that they may eventually be required.</p>	
<p>Quality Matrix</p>	<p>Anne noted that the grid does not include the future potential measures as this might have made for more confusion. Chris pointed out uses for grid to get information out to develop common measures. It will be edited and distributed following the meeting.</p>	
<p>Other Business:</p>	<ul style="list-style-type: none"> • John Barnas reported that 2014 Small Hospital Improvement (SHIP) checks have been cut and will go out next week. The SHIP Grant Application 2015 requirements will be out soon and need to be completed and returned by March 20th. He noted the quick turnaround time. • Ed noted that we want to do strategic planning and in order to do that will extend meeting in May to an all-day meeting. The strategic planning should be done in May, and the information should be presented in August as Kevin Chaney with the Office of Rural Health Policy will be attending the meeting. • The by-laws will be reviewed and revised. Let Crystal know if interested on being a sub-committee to do this work. • Ed also noted that we will change to regular annual dues of \$100 and this is not just for the food budget but general value. • Safe Table will be August 13th in afternoon before the August 14th regular meeting. 	<p>\$100.00 dues fee will be for general membership dues, not specific to food.</p>

2015 Meeting Dates: May 15th, August 14th and November 5th

Michigan Critical Access Hospital Quality Network (MICAH QN)
Planning Meeting
May 15, 2015

A planning session was added to the May MICAH QN meeting in response to the February MICAH Executive Committee recommendation to pursue a more proactive role in CAH and small rural value based performance improvement. Josh Salander and Ed Gamache worked with the Executive Committee to develop an agenda to meet this need.

The preplanning preparation for the MICAH quarterly planning session included the following:

Project Goal:

Michigan Critical Access Hospital and small rural PPS hospitals will be national leaders in performance improvement.

Purpose:

Develop a plan for the MICAH Quality Network to proactively lead the national quality agenda for CAHs and other small hospitals by proposing a structure of measurement that considers current measures from MBQIP, National Quality Forum, Meaningful Use and CMS to develop a model of measurement, performance evaluation and potential Value-Based Purchasing.

Product:

Identify the potential for MICAH membership to accept moving strategically forward to achieve the stated purpose and goal.

Meeting Structure and Results:

The meeting was split into two basic sections, the first part presented by Ed Gamache, concentrated on obtaining consensus from the members on the desire to move forward with a focus on impacting the national quality agenda for small rural and CAH facilities and reviewing the current [HHS National Quality Strategy as a framework for MICAH to pursue rural quality transformation \(slides 1-20\)](#).

The second part of the presentation provided by [Josh Salander provided a structure for review](#) (slides 20 – 33) and acceptance of relevant and significant measures that reflect the value small rural and CAH facilities provide to local, state, and national healthcare system.

The response from MICAH members was overwhelmingly positive and consensus supported moving forward.

Comments on why moving forward was the appropriate decision for the MICAH QN included:

- Quality will keep CAHs in business, even compared to the large hospitals.
- It is advantageous to be proactive rather than reactive.
- It is our responsibility to the patient to move forward, and be sustainable.
- A value of the MICAH QN is keeping the focus on where CAHs priorities should be. This group can propel us forward.
- Being leaders in performance improvement, CAHs need to be able to use what resources we have and the MICAH QN is one of them.

Michigan Critical Access Hospital Quality Network (MICAH QN)

Planning Meeting

May 15, 2015

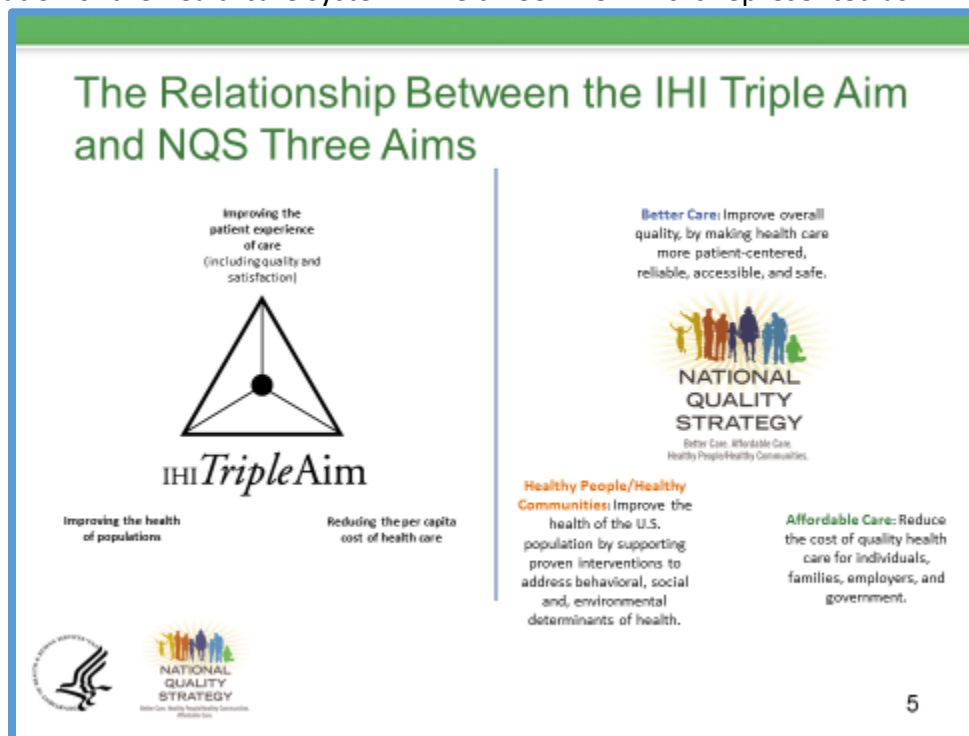
- Opportunity to get rid of cookie cutter approach (making rural a smaller version of urban), as it leads to wasted resources.
- Must keep going forward with Pay-for-Performance in order to sustain
- The transition to VBP will be faster than when it was rolled out with acute care hospitals, so CAHs must start preparing now.
- Opportunity to have a voice at the table and influence initiatives
- Preparing the group to develop the infrastructure to move into Value-Based-Purchasing will only strengthen the MICAH QN.
- May lead to increased value and transparency to the patient .
- Opportunity to articulate the value CAHs bring to the healthcare system.
- Staying patient-centered
- Opportunity to drive system change

Concerns surrounding moving forward included:

- Scarce resources (time constraints, human resources, etc).
- Not absolutely sure that this will have an impact. Will we really have an impact? Or is this a waste of time/no impact

Product Development:

The HHS National Quality Strategy (NQS) was presented as the framework that needed to be adopted by MICAH. The NQS is the development of the IHI Triple Aim as the driver for national transformation of the healthcare system. The three HHS Aims is represented as:



The NQS framework includes six priorities for change as described below:

Michigan Critical Access Hospital Quality Network (MICAH QN)

Planning Meeting

May 15, 2015

Priority 1: Making care safer by reducing harm caused in the delivery of care.

Priority 2: Ensuring that each person and family members are engaged as partners in their care.

Priority 3: Promoting effective communication and coordination of care.

Priority 4: Promoting the most effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease.

Priority 5: Working with communities to promote wide use of best practices to enable healthy living.

Priority 6: Making quality care more affordable for individuals, families, employers, and governments by developing and spreading new health care delivery models.

The facilitated small group process identified the following MICAH priorities (Attached):

Priority 1: Making care safer by reducing harm caused in the delivery of care.

Priority 3: Promoting effective communication and coordination of care.

Priority 5: Working with communities to promote wide use of best practices to enable healthy living.

Based on these priorities the group agreed to revise current organizational strategies to match selected priorities and start a process to develop leadership for each of the three areas. The following individuals agreed to take a leadership role:

Priority 1: Making care safer by reducing harm caused in the delivery of care - Barbara Wainright, Spectrum Health Gerber

Priority 3: Promoting effective communication and coordination of care - Jennifer Anderson, Sparrow Ionia Hospital

Priority 5: Working with communities to promote wide use of best practices to enable healthy living - Anne Holmes, Paul Oliver Memorial Hospital. Note: Anne Barton, ProMedica Herrick and Bixby offered to assist.

Next steps:

- Communicate planning summary with MICAH members and clarify priorities and sub priorities (domains).
- Plan an Executive Committee meeting with Strategy Team leaders before the August MICAH meeting to continue planning development and outline information to present to Kevin Chaney, Federal Office of Rural Health Policy.
- Continue to align current measures around the three priority areas.
- Restructure the MICAH QN around these the new Strategy Groups.
- Work with partnering organizations to identify how their program areas align with the NQS and MICAH strategies.

TEAM MEETING NOTES: MICAH Quality Network Meeting Minutes

Recorder: Chris Wilhelm and Crystal Barter
 MICAH Quality Network
 Date: 5-15-2015

TOPIC	SUMMARY	ACTION ASSIGNMENT
Welcome: Introductions and Roll Call	Barb welcomed everyone and took roll call of those on who called in via phone and introduced those who were new members. All MI CAHs were present.	
Q2 2014 Quantros Data	Josh reviewed the 3Q14 MICAHQN Reports , which were sent out to each CAH. He also noted that he has incorporated the control chart format, gave direction on how to use this data, and noted any positive or negative trends. There were some special causes which caused spikes in the data, although mostly due to small population. He also noted that it does take seven data points, in one direction, to become a trend but this data will also help us to identify special cause cases which may require investigation. Ed explained how to use the control chart format to look for trends and variation. The charts help us to demonstrate our improvement activity and the impact on patients served in our small rural hospital population.	These reports will now be known as the MICAH QN reports, as opposed to the Quantros reports, as we have a number of CAHs moving away from Quantros.
Strategy Group 4 - Education, Resources, Information, and Performance Improvement Support	<p>Safety Stories surrounding HIT was told by a MICAH QN member, and by Barb Cote.</p> <p>QA Leader Fundamentals was presented by Barbara Wainright. Barbara focused on how mastering the fundamentals are the foundation for your organizations’ patient safety and clinical quality initiatives. Mariah Hesse presented on examples of Process Improvement. Mariah specifically focused on the Plan, Do, Check, Act method with an example on utilizing the PDCA method to address falls within her organization</p> <p>Karen Bowers presented on Discuss What to Report, Frequency and Whom.</p>	A safety story will be a standing item on the MICAH QN agenda.
Strategy Group 2 – Promote the Value of CAHs in the Continuum of Care	<p>Mark Huizenga presented a summary of the BCBSM 2015-2016 PG5 P4P Program Population Health Management “Champion” Measure. He started with an overview on why Population Health Management is important, including a reference to Secretary Burwell’s historic announcement noting a goal of half of traditional Medicare payments in alternative payment models by 2018 and how this strategy aligns with the Triple Aim.</p> <p>Mark provided an example of the BCBS Population Health Profiling tool.</p> <p>He noted the 2014-15 Program Year requirements and the 2015-16 Program year requirements.</p>	

TEAM MEETING NOTES: MICAH Quality Network Meeting Minutes

Recorder: Chris Wilhelm and Crystal Barter
 MICAH Quality Network
 Date: 5-15-2015

TOPIC	SUMMARY	ACTION ASSIGNMENT
	<p><u>2014 – 2015 Program Year</u></p> <ul style="list-style-type: none"> • Hospitals are required to complete a Population Health Management Attestation form by June 1, 2015 (Note: Every CAH should receive an email confirmation once their form is submitted). • Form asked hospitals to: <ul style="list-style-type: none"> ○ Review each of the population-health management reports provided by BCBSM ○ Briefly comment on how CAH was partnering (or planning to partner) with the PGIP-participating physician organizations or other acute care hospital providers in their communities • OK to note if there aren't currently collaborative activities between providers • Full credit for reporting only (10% of program incentive) <p><u>2015 – 2016 Program Year</u></p> <ul style="list-style-type: none"> • Builds upon requirements from previous year by asking hospitals to designate a "Population Health Champion" (Note: If your CAH has a PCMH coordinator, and/or a care coordinator, this would be an ideal person to designate). • "Champion" responsible for: <ul style="list-style-type: none"> ○ Being the point of contact for all population-health management activities ○ Attending informational webinar in Summer 2015 to learn more about BCBSM's population health management approach and reports available ○ Engage with other health care providers in the community and work towards increased collaboration • Hospitals will receive credit for "champion" designation and attendance at informational webinar (10%) – Slide 7. (Note: If you can't attend the webinar focused on your geographic area, that is okay, you can attend another date). 	
<p>MHA Keystone requirement for CAH project for the 2015-2016 BBCBS</p>	<p><u>Ewa provided a MHA Keystone Update including:</u></p> <ul style="list-style-type: none"> • 2014-15 BCBS PG5 Keystone Quality Component Reminders <ul style="list-style-type: none"> ○ All data and components for the Keystone quality collaborative you selected for 2014-15 BCBS P4P Pg5 program (ADE, ADE-Opioids falls/pressure ulcers, CAUTI, Sepsis) must be submitted by May 15 (day of meeting). ○ Complete the designation survey indicating which MHA Keystone Quality 	

TEAM MEETING NOTES: MICAH Quality Network Meeting Minutes

Recorder: Chris Wilhelm and Crystal Barter
 MICAH Quality Network
 Date: 5-15-2015

TOPIC	SUMMARY	ACTION ASSIGNMENT
	<p>Initiative (CAUTI, Pain Management, and OB) your organization will be participating in for the BCBS 2015-2016 P4P.</p> <p>A high-level overview of requirements for each initiative is listed below:</p> <p>CAUTI requirements</p> <ul style="list-style-type: none"> • Gap Analysis, Quarterly Data Submission, Learning from Defects, and Participation in full CUSP training. <p>Pain Management requirements</p> <ul style="list-style-type: none"> • Start in May of 2015 • Gap Analysis, Two Action Plans, and Participation in CUSP training. <p>OB requirements</p> <ul style="list-style-type: none"> • Gap Analysis, Two Action Plans, and Participation in CUSP training. <p>CUSP Implementation Training was reviewed and the two dates still available are below:</p> <ul style="list-style-type: none"> • Oct. 14 - The Landmark Inn, Marquette • Oct. 15 - Baronette Renaissance Hotel, Novi <p>Link to BCBSM Peer Group 5 Pay-for-Performance (P4P) 2015-2016 Program MHA Keystone Center Initiatives</p> <p>Sam Watson gave an update on the Hospital Engagement Network 2.0. The MHA Keystone Center responded to the Request for Proposal by the March 30, 2015 deadline and expects a response by September. It is the goal of CMS that 100% of hospitals participate.</p> <p>Sam noted that if MHA didn't pursue the contract, that others would try and solicit MI hospitals to participate. Sam noted that the focus of the HEN work aligns well with the MHA work plan. He discussed the intended approach of the HEN work</p> <ol style="list-style-type: none"> 1.) Foundational Components of a high reliability culture and patient and family engagement. If these are not present it is very hard to get sustainable change. Trying to hardwire cultural elements into work that is being done. 2.) Traditional Collaborative Work - these have been narrowed down due to being the most critical in this state, and can be changed on a large scale. They include 	

TEAM MEETING NOTES: MICAH Quality Network Meeting Minutes

Recorder: Chris Wilhelm and Crystal Barter
 MICAH Quality Network
 Date: 5-15-2015

TOPIC	SUMMARY	ACTION ASSIGNMENT
	<ul style="list-style-type: none"> • Pain Management • Keystone ICU (delirium & early mobility) • Sepsis • Keystone Obstetrics • Catheter-Associated Urinary Tract Infection <p>3. Focused Interventions – using a data driven approach by identifying those hospitals that have an opportunity and would like to work on a more intensive level.</p> <p>Sam discussed partners including the Illinois Hospital Association which would be a partnership enabling shared best practices between MI CAHs and Illinois CAHs. Also, the Michigan Center for Rural Health would be a partner to assist those CAHs whom are interesting in being involved with the Hen 2.0.</p> <p>The commitment would entail having the entire senior team sign off. Data would be ran from the Michigan Inpatient Database (diagnosis and procedure codes), and the MHA can run data on your behalf. Most of the information would be based on the Patient Safety Indicators (AHRQ).</p> <p>Bryan presented on the Adverse Data Transfer, specifically focusing on the ease of data transfer utilizing the Xchange. He noted the special services for MICAH including;</p> <ul style="list-style-type: none"> • Predefined Mapping- If you participate in the Clarity safety event reporting tool, your reports will match the PSO mapping upon upload to save time. • MICAH Specific Comparative – the Keystone will perform analysis on events submitted within the MICAH hospitals to identify opportunities specific to your peers. • Data Driven Activities–Using MICAH Adverse event data to drive discussion in Safe Tables, complementing quality related measures (falls), special alerts from event details, etc. <p>Chris Wilhelm noted the large number of initiatives moving forward, but all are willing to help and Michigan is blessed to have all these opportunities. CAHs cannot be left behind.</p>	

TEAM MEETING NOTES: MICAH Quality Network Meeting Minutes

Recorder: Chris Wilhelm and Crystal Barter
MICAH Quality Network
Date: 5-15-2015

2015 Meeting Dates: August 14th and November 5th

TEAM MEETING NOTES: MICAHA Quality Network Meeting Minutes

Recorder: Crystal Barter
 MICAHA Quality Network
 Date: 8-14-2015

TOPIC	SUMMARY	ACTION ASSIGNMENT
Welcome: Introductions and Roll Call	Barb welcomed everyone and took roll call of those on who called in via phone and introduced those who were new members. All MI CAHs were present.	
Q4 2014 Core Measures Data and the Q2 2015 MBQIP (CPOE, and EDTC) data.	Josh reviewed the Q4 2014 Core Measures Data and the Q2 2015 CPOE and EDTC data. Click here for his presentation. The Q4 2014 Core Measures Data was sent out to each CAH. In the future, the number associated with each CAHs core measure data, and the MQBIP data will be the same. If you have questions surrounding your blinded number, please contact Crystal Barter or Josh Salander.	In the future, the number associated with each CAHs core measure data, and the MQBIP data will be the same.
Standing Item: Safety Story	A safety story surrounding a fire that broke out due to malfunctioning equipment was told by a member. The highlight was the staff responding appropriately, and quickly.	A safety story will be a standing item on the MICAHA QN agenda.
Leadership Moment	Barb Cote presented a PowerPoint focusing on how leaders need to focus not only on taking care of their team, but taking care of themselves. This includes taking time for simple pleasures, supporting your local community, finding humor and taking time to enjoy nature.	
Overview of A3 Process and MICAHA QN Strategies	<p>Barb and Ed kicked off this portion of the meeting. They noted that the new leadership wanted to continue to move the MICAHA QN in a proactive manner, specifically aligning MICAHA QN strategies with the National Quality Strategy (NQS). This is a follow-up to the MICAHA QN Strategic Planning Session which took place in May.</p> <p>Ed shared a PowerPoint which outlined the following:</p> <ul style="list-style-type: none"> • Project Goal: Michigan Critical Access Hospital and small rural PPS hospitals will be national leaders in performance improvement. • Purpose: Develop a plan for the MICAHA Quality Network to proactively lead the national quality agenda for CAHs and other small hospitals by proposing a structure of measurement that considers current measures from MBQIP, national quality forum, meaningful use and CMS to develop a model of measurement, performance evaluation and potential VBP. • The Relationship Between the IHI Triple Aim and NQS Three Aims 	

TEAM MEETING NOTES: MICAHA Quality Network Meeting Minutes

Recorder: Crystal Barter
 MICAHA Quality Network
 Date: 8-14-2015

TOPIC	SUMMARY	ACTION ASSIGNMENT
	<ul style="list-style-type: none"> • The MICAHA QN current alignment with NQS <p>Ed shared the three strategies that the MICAHA QN group decided to realign their focus on:</p> <ul style="list-style-type: none"> • NQS Priority 1 - Making care safer by reducing harm caused in the delivery of care. (MICAHA Strategy Group 1) Barbara Wainright, Spectrum Health Gerber • NQS Priority 3 - Promoting Effective Communication and Coordination of Care. (MICAHA Strategy Group 2) Jennifer Anderson, Sparrow Ionia Hospital • NQS Priority 5 - Working with communities to promote wide use of best practices to enable healthy living. (MICAHA Strategy Group 3) Anne Holmes, Paul Oliver Memorial Hospital <p>The MICAHA QN Executive Committee and the three strategy group leaders met on August 6th, 2015 to utilize the A3 process to focus work around the three priorities. A PowerPoint presentation on the A3 process can be found here.</p>	
<p>Report out on MICAHA QN Strategic Planning and A3 meeting</p>	<p>Barb Cote started this discussion with a heartfelt thank you to each of the strategy group leaders; Anne Holmes, Barb Wainright and Jen Anderson. Each Strategy Group presented on their topic, and their thoughts on the A3 process. Each A3 document can be found on the MICAHA QN portion of the MCRH website.</p> <p>Current state and future state for each topic area is listed below.</p> <p>Strategy Group # 1 - Making care safer by reducing harm caused in the delivery of care</p> <ul style="list-style-type: none"> • Current State – MI CAHs are at different levels and mechanisms of reporting systems. Do not know statewide event program outcomes to focus work. CAH hospitals have fewer resources to address issues. Staff has multiple responsibilities and priorities. Patient harm has a greater impact from negative outcome/reputation. • Future State – MI CAHs do the PDSA process to reduce harm with adequate resources. Great collaboration with Risk Management/Quality/Patient Safety Culture behaviors. 	<p>Each MICAHA QN member (one per hospital) or a representative from a hospital should participate in one of the strategy groups. A sign-up sheet went around the room. Those that signed up for a Strategy Group can be found on the revised Organizational Chart.</p> <p>If your organization is not represented in one of the strategy groups, please contact Crystal Barter to sign up.</p>

TOPIC	SUMMARY	ACTION ASSIGNMENT
	<p>Strategy Group #2 - Promoting Effective Communication and Coordination of Care to Improve Patient Safety as Evidenced by Increasing MBQIP Bundle Compliance from 60% to 90% Congregate Score.</p> <ul style="list-style-type: none"> • Current State – Currently the MICAH Bundle Composite Score of the Seven Individual Measures is 61%. • Future State – MICAH Hospitals will increase compliance with the emergency department transfer communication bundle to a 90% congregate score. <p>Strategy Group #3 – Working with Communities to Promote Wide Use of Best Practices to Enable Healthy Living</p> <ul style="list-style-type: none"> • Current State – Currently the MICAH QN collects Community Benefit Information and participates in the BCBS Population Health Initiative • Future State – Each MI CAH will implement a project working with the school district or local industry to improve the health of their community addressing a specific social/economic determinant of health. <p>Each MICAH QN member (one per hospital) or a representative from a hospital should participate in one of the strategy groups. A sign-up sheet went around the room. Those that signed up for a Strategy Group can be found on the revised Organizational Chart.</p>	
<p>EMTALA Lessons Learned – ER Log Requirement</p>	<p>Deb Kratz presented on lessons learned from an EMTALA Audit that came about due to a grievance. Click here for the presentation. Highlights included the findings and actions from the audit.</p>	
<p>BCBS 2016-2016 PG5 P4P Population Health Champion Webinars</p>	<p>Kristen Frey presented on general updates and solicited feedback on the Population Health Champion Webinars. Click here for the slides. Some highlights include:</p> <ul style="list-style-type: none"> • 2014-2015 Final P4P results were mailed to hospital CEO and CFO representatives on Friday, August 7th • 2014 – 2015 P4P rate adjustments will become effective 10/1/2015 	

TOPIC	SUMMARY	ACTION ASSIGNMENT
	<p>Current Program Year</p> <ul style="list-style-type: none"> • Population Health Management “Champion” webinars – completed July 2015 • Slides and attendance confirmation sent to Champions and P4P Representatives • MHA Keystone Requirements – ongoing • Final program forms and CMS quality data due to BCBSM by June 1st, 2016 	
<p>Pain Management Education and MHA Keystone Updates</p>	<p>Ewa Panneta gave a presentation which provided information about tools that can be utilized to increase patient safety or enhance communication with patients surrounding pain management. Ewa discussed why the pain management conversation is important citing various research resources. She also noted state statistics, with the number of pain prescriptions per 100 people, with MI rising to the top.</p> <p>Ewa discussed the MHA Keystone Pain Management Initiative, which has the goal of reducing opioid-related adverse events, improving appropriate pain management, decreasing the usage of opiates statewide and enhancing patient expectation management. She described what hospitals would need to do in order to participate, what MHA would provide as resources and what will be measured.</p> <p>In addition, she provided a MHA Keystone Update related to BCBS PG5 P4P with highlights including:</p> <ul style="list-style-type: none"> • By August 28 primary BCBS P4P contacts will receive a Keystone Quality Performance Report along with a copy of the: <ul style="list-style-type: none"> – Gap Analysis Summary – Blank Copy of ‘Action Plan’ (2 action plans due by Dec. 1 for full points for Pain Management and OB) • Keystone: CAUTI – Entering Data <ul style="list-style-type: none"> – Options: conferring rights to NHSN OR directly entering data into Keystone Data System (KDS) – If entering data into KDS – hospital contacts should have received details about the process last week 	

TEAM MEETING NOTES: MICAHA Quality Network Meeting Minutes

Recorder: Crystal Barter
MICAHA Quality Network
Date: 8-14-2015

TOPIC	SUMMARY	ACTION ASSIGNMENT
	<ul style="list-style-type: none"> • Safe Care Workshop and upcoming Safe Tables. 	
<p>FY 2016 Metrics</p>	<ul style="list-style-type: none"> • The next phase of the Medicare Beneficiary Quality Improvement Program (MBQIP) will start October 1, 2015. The CPOE measure that is currently being collected will no longer be required, nor will the Pneumonia (PN3b, PN6) or CHF (HF-1, HF-2, HF-3) metrics, or OP-6 and OP-7. New measures include OP-27, Imm-2, OP-20, OP-21, and OP-22 • Anne Barton went over a PowerPoint presentation that Crystal Barter gave to her after listening to it at a national Flex meeting. Click here for updated PowerPoint. • MBQIP Quality Domains and Associated Measures (note the MICAHA QN decided to focus on the Core Improvement Activities only). • Data submission deadlines 	
<p>NHSN OP-27</p>	<ul style="list-style-type: none"> • NHSN will be the reporting mechanism for OP-27. MCRH has expressed to the Office of Rural Health Policy that this will be burdensome for our facilities, but unfortunately, did not have any luck in changing their vision. Donna Modras presented on the partnership between MPRO and MCRH to assist facilities in getting ready to submit OP-27 via NHSN. A survey was distributed prior to the meeting asking facilities about their familiarity with NHSN already. MCRH and MPRO will do targeted training based on the results of that survey. • Donna provided some additional resources as well. <ul style="list-style-type: none"> ○ DMC's Flu Information for Healthcare Workers ○ About NHSN from the CDC ○ Document Donna prepared 	
<p>Other Business</p>	<ul style="list-style-type: none"> • MICAHA QN Annual Survey – Be on the lookout for this the first week of September, and please have it completed prior to October 31st, 2015. A printable PDF will be sent along with a survey monkey link, as it is easier to fill out the survey once all the information is gathered from the various departments. The information is used for advocacy purposes, connecting MI CAHs, and visuals 	

TEAM MEETING NOTES: MICAH Quality Network Meeting Minutes

Recorder: Crystal Barter
 MICAH Quality Network
 Date: 8-14-2015

TOPIC	SUMMARY	ACTION ASSIGNMENT
	<p>like this.</p> <ul style="list-style-type: none"> • The MICAH QN Bylaws are being revised and will be sent out for review prior to the Annual Meeting (November 5th, 2015). Notable revisions include adding language surrounding additions of special members, and adding the three strategy group leaders to the Executive Committee. Additionally, language surrounding participating in one strategy group to remain in good standing was added. • Executive Committee – There is one open spot on the Executive Committee, so the nomination process will be forthcoming. • Orientation Manual – Crystal Barter gave an overview of a draft Orientation Manual that included information on the following: <ul style="list-style-type: none"> ○ Overview of Critical Access Hospitals and the Medicare Rural Hospital Flexibility Program ○ Overview of the Michigan Critical Access Hospital Quality Network <ul style="list-style-type: none"> ○ Mission/Vision/Purpose ○ Timeline ○ Quarterly meeting details ○ MICAH QN listserv ○ MICAH QN by-laws ○ MICAH QN Organizational Chart ○ Quality Reporting as a Critical Access Hospital <ul style="list-style-type: none"> ○ MICAH QN Core Metrics ○ Medicare Beneficiary Quality Improvement Project ○ Blue Cross Blue Shield Pay-for-Performance ○ Michigan Health and Hospital Association Keystone Initiatives ○ MICAH QN Annual Survey ○ Appendix A: MICAH QN By-laws ○ Appendix B: MICAH QN Core Measures ○ Appendix C: Example of MICAH QN Core Measures Control Chart ○ Appendix D: Details on MBQIP Metrics ○ Appendix E: BCBS Pay-for-Performance Details 	

TEAM MEETING NOTES: MICAHA Quality Network Meeting Minutes

Recorder: Crystal Barter
MICAHA Quality Network
Date: 8-14-2015

TOPIC	SUMMARY	ACTION ASSIGNMENT
	<ul style="list-style-type: none">○ Appendix F: MICAHA QN Reporting Matrix○ Appendix G: MICAHA QN Organizational Chart○ Appendix H: MICAHA QN Infographic○ Appendix I: MICAHA QN Contact List● New Member Group: A discussion was had on the best way to incorporate new members including breakouts at the quarterly meetings, mentor partnerships, and a way to gather at the Annual Meeting.● Strategy Group Sign-ups – Again, every organization should have a representative on the strategy groups.	

2015 Meeting Dates: November 5th