

TEAM MEETING NOTES: MICAH Quality Network Meeting Minutes

Recorder: Crystal Barter
MICAH Quality Network
Date: 11-9-2017

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.	
Safety Story: Lessons Learned	The group shared safety stories focusing on the bedside report, fall precautions, standard work, and the importance of maximizing technology.	
Annual Nominations	<p>Nominations formed were passed out to each organization. The following indicates the nominations approved for the 2018 MICAH QN Executive Committee:</p> <p>President: Mariah Hesse Vice President: Jen Anderson Secretary: Barb Wainright Treasurer: Christi Salo Strategy Group #1: Tiffany Friar Strategy Group #2: Lee Gascho Strategy Group #3: Anne Holmes Officer: Deb Han Officer: Christine Bissonette Officer: Sherrie Toth Officer: Heather Schragg Officer: Mark Hebert</p>	
MICAH Data Reporting: Q1 2017 Core Measures Data, Q3 2017 MBQIP EDTC measures.	<p><u>Click here for the full presentation.</u></p> <p>A brief summary of the data report out is below:</p> <ul style="list-style-type: none"> • Reports were emailed to contacts on November 7, 2017 • IMM-2, 1Q17 performance was 95.4% for the group. Best performance on this measure since Q1 13. • OP-2, OP-4 group continues to perform consistent. However, OP-4b, the last three quarters have shown a decrease in rate. Recommend watching this measure to ensure it doesn't become a trend. 	<p>Watch OP-4b to make sure the decline in performance is not a trend.</p> <p>Evaluate OP-3c to see if decline in performance is solely related to small population.</p>

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	<ul style="list-style-type: none"> OP-1, OP-3, and OP-5, overall median time continues to remain within expected limits other than OP-3c, the group the median time was higher than expected for 1Q17. Small population may have been related but recommend evaluating. OP-18a, OP-18b, OP-18c, OP-18d all continue to show an increase in median time. OP-18a and OP-18b times were higher than expected and continue to show an increase in median time. OP-18b does not include transfer or psychiatric/mental health patients (it's the reporting measure). Important to go back and look at data and identify what is attributing to increase in time. No known changes to measure that would cause increase. OP-20 the group continues to perform consistently. Will begin to report on IP-ED measure set. 23 hospitals reported data. For ED-1 reporting measure, the group outperformed the national and Michigan averages. For ED-2, the admit decision time to ED departure was higher than the nation and Michigan averages. For EDTC measures, overall, showed a decrease in rate from previous quarters. EDTC-6 shows the most opportunity. Overall rate was 81% for meeting all EDTC measures in 3Q17. 	<p>Evaluate OP-18 (all).</p> <p>Will reach out to all hospitals currently not reporting on ED-1 and ED-2.</p> <p>Analyze EDTC-6</p>
<p>Hospital Improvement Innovation Network Data Report Out</p>	<p>Click here for the full presentation.</p> <p>Kristy Shafer-Swadley, MHA Keystone, gave an overview of the performance on the data elements within the HIIN initiative. Areas of opportunities include falls with injury, readmissions, CAUTI and CLABSI.</p> <p>As a reminder, data elements required for the HIIN initiatives, can be found in the Encyclopedia of Measures.</p>	<p>Add the "N" to the graphs to depict volumes</p>
<p>Strategy Group #1 – Making Care Safer By Reducing the Harm Caused in the Delivery of Care.</p>		

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<p>Update</p>	<p>Click here for the full presentation</p> <p>Barb Wainright gave an overview of the work that Strategy Group #1 has accomplished thus far. Highlights include:</p> <ul style="list-style-type: none"> • Identified the top organizational departments of concern to reduce harm - (Surgery: Timeout process, Emergency: Handoffs and Throughput process and Diagnostic Imaging: Handoffs). • A variety of Safety Culture/High Reliability Organization education - • Questions for the group going forward: How do we as MICAHA organization continue to support our members on their organizational safety journey? How do we ensure Michigan communities experience NO PATIENT HARM while under our care? <p>Followed by a group discussion on what organizations have implemented in their organization.</p>	<p>Send out reminder at the beginning of every month via the listserv for CAHs to share their “wins”</p> <p>Add a question to the MICAHA QN survey about Safety Framework (HRO, etc).</p> <p>Get national speaking contacts from Anne Holmes (Dr. Peterson)</p> <p>Look at having Dr. Renee Thompson (Munson West Shore) speak on communication/bullying.</p>
<p>Strategy Group #2 – Data Management</p>		
	<p>Jen Anderson gave an update on the group and the progress thus far, specifically highlighting the work involved with the EDTC measure set.</p> <p>The group discussed transparency of the MICAHA QN survey and the MICAHA QN data. A survey went out to the group asking for a vote on moving forward with transparency. After some discussion, a new survey will go out.</p> <p>The Measure Excel document will be sent out by Heather Schragg.</p> <p>The group followed up on the IMM-2 Best Practices from the August meeting with a few organizations noting their 100% compliance due to the tips learned from the meeting. One example of a lesson learned is the misconception that you can only give the immunization on the last day of discharge.</p>	<p>Send out new survey re: transparency.</p> <p>The Measure Excel document will be sent out by Heather Schragg</p>

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<p>StoryBoard Presentations</p>	<p>Contact information for the Storyboard Presentations can be found below. Pictures were taken. If you would like one, please contact Crystal Barter.</p> <p><u>Spectrum Reed City - Provider Education: Infection Prevention and Antimicrobial Stewardship Programs</u> Contact: Amanda Knuth - amanda.knuth@spectrumhealth.org</p> <p><u>Sparrow Clinton - Vigilance: All Falls are Preventable</u> <u>Sparrow Clinton - Emergency Department Sustaining Patient’s Perception of Excellence</u> <u>Sparrow Clinton – It takes a Village: A collaboration in Continuing Education for the IV Compounding Clean Room</u> Contact: Mariah Hesse - mariah.hesse@sparrow.org</p> <p><u>Ascension St. Mary’s of Michigan Standish - Suicide Risk Assessment and Ligature Assessment</u> Contact: Lona Kuberski - Lynette.kuberski@ascension.org</p> <p><u>Mid Michigan Medical Center Gladwin - OP-21</u> Contact: Carolyn Vanwert - Carolyn.VanWert@midmichigan.org</p>	
<p>BCBS PG5 P4P Update – ADT Notification Update</p>	<p>BCBS PG5 P4P is exploring the possibility of requiring the ADT notification, which is currently an option under Health of the Community category of the 2017-2018 PG5 P4P program (<u>click here for program guide</u>).</p> <p>Click <u>here for the presentations</u> provided by Jen Cerre, Blue Cross Blue Shield of Michigan and <u>here for the presentation provided by Marty Woodruff, MiHIN</u>.</p> <p>The main goal is to implement the ADT use case to transmit all patient, all payer, validated admission, discharge and transfer data, on a daily basis, into the statewide notification service for distribution to practitioners who have a care</p>	<p>The BCBS PG5 Advisory Committee will meet during December to discuss the proposed change in more detail.</p>

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	<p>relationship with each patient.</p> <p>Successful participation (as it stands currently): P4P Successful Participation =</p> <ul style="list-style-type: none"> • Having hospital IT staff contact MiHIN • Agree to all respective data use case agreements associated with the notification service • Agree to meet timelines associated with the project • Transmit the MiHIN required minimum ADT data elements on a daily basis • Work toward data conformance for required ADT elements in order to provide recipients with quality data 	
<p>MHA Keystone HIIN Update</p>	<p>Click here for presentation</p> <p>Highlights:</p> <ul style="list-style-type: none"> • In mid-January, the BCBS P4P Midyear Assessment will be emailed. It will go to BCBS P4P Primary Contacts, and come from KeystoneP4P@mha.org. This is a snapshot or assessment of where your hospital is at midyear, NO points are assessed until the end of the program. • Kristy provided an overview of program requirements of the HIIN. Appendix E of the BCBS program guide provides an overview of the HIIN requirements. • Data Submission = 40 points of the final score. Having at least 90% of outcome data submitted across the 12-month period will get you full points. Hospitals will only be scored for the submission of outcome data they are eligible to collect. Please reference the HIIN Encyclopedia of Measures (EOM) for a complete list of the required measures. 	<p>Watch for the mid-year report in January.</p>

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MPRO Update	May Leonard and Gloria Pizzio gave an MPRO update highlighting a few initiatives - Click here to see a listing of all MPRO QI initiatives.	
Rural Quality Advisory Update	<p>Click here for the Rural Quality Advisory Update Presentation. Topics included Antibiotic Stewardship resources, and an update on efforts to measure Swing Bed Quality.</p> <p>Due to Barb Cote transitioning out of the MICAHA QN President role, and Mariah Hesse transitioning in, Mariah will be the representative on this committee going forward.</p>	
MICAHA QN President Farewell	<p>Barb Cote provided the group with a meaningful and heartfelt summary of her time with the network.</p> <p>Click here for her presentation.</p>	
Critical Access and Rural Hospitals: A Quality and Safety Story.	<p>Barb Cote wrote an article highlighting the great work that the MICAHA QN has done over the years, focusing on how relationships between members are the foundation.</p> <p>The entire network thanks Barb for the work that went into this article.</p> <p>Click here for the full article</p>	
Future Dates	Click here for the 2018 MICAHA QN Calendar.	Make your room reservations at the All Seasons if needed.