

Rural Quality Advisory Council

Rural Quality Improvement
Technical Assistance (RQITA) Program

October 5, 2017



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Agenda

- Welcome
- New MBQIP Measures
- Antibiotic Stewardship: Rural Needs and Opportunities Across the Continuum of Care
- Swing Beds: Quality and Value
- From the Field
- Feedback on RQITA tools and resources
- Future Plans for Rural Quality Council
- Wrap-Up



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Rural Quality Advisory Council

- Convened by RQITA team on behalf of FORHP
 - 17 members, plus partners and RQITA and FORHP staff
 - Meet quarterly via webinar/conference call
 - Representation across FORHP programs, different types of rural providers, geography
- Purpose:
 - Offer advice and counsel on development of rural-relevant quality improvement goals and metrics, and integration into new and existing FORHP funded programs.
 - Provide feedback, guidance, and insight on the development, implementation, and evaluation of the Rural QI TA strategies, tools, and resources.



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July 2017 Meeting Highlights

- FORHP's views on progress based on the NQF Low Volume Report
- Input on selecting new MBQIP measures
- Invitation to offer input on additional technical assistance needs for MBQIP and SCHPQI
- From the Field: Star Rating Technical Expert Panel



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New MBQIP Measures

Two measures selected:

- Antibiotic Stewardship: Center for Disease Control National Healthcare Safety Network (CDC NHSN) Annual Facility Survey
- Inpatient ED Measures: ED-1 and ED-2

Link to complete list of MBQIP measures:

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



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Antibiotic Stewardship

- Resources and challenges across the continuum of care in rural.
- Martha Jaworski from Qualis Health will share their experience and insight in developing the “Jump Start Stewardship” guide.
- Karla Weng will share rural relevant antibiotic stewardship resources.



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Antibiotic Stewardship Resources

Jump Start Stewardship:

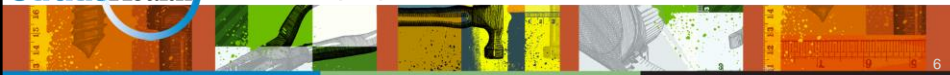
- [Jump Start Stewardship Implementation Guide](#)

CDC Guides:

- [Implementation of Antibiotic Stewardship Core Elements at Small and Critical Access Hospitals](#)
- [The Core Elements of Antibiotic Stewardship for Nursing Homes](#)
- [Core Elements of Outpatient Antibiotic Stewardship](#)



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Antibiotic Stewardship: Discussion Questions

- What are the barriers to addressing antibiotic stewardship in a community or cross-continuum approach?
- How do the proposed Conditions of Participation and emphasis on antibiotic stewardship measurement across the continuum of care enable new focus or action in rural communities?
- What would be most helpful in making things happen across the continuum in your community (tools and resources, different measures, mandates, other)?



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Swing Beds: Quality and Value

- Aaron Beswick from FORHP will share projects and efforts underway related to critical access hospital swing beds.
- Ira Moscovice from the U of MN Rural Health Research Center will share their swing-bed quality measures research project



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UNIVERSITY OF MINNESOTA
RURAL HEALTH
RESEARCH CENTER

Measuring the Quality of Swing-Bed Care in Critical Access Hospitals

Ira Moscovice, PhD
Michelle Casey, MS
Hank Stabler, MPH

ROITA Quality Advisory Council
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Acknowledgements

- This research was supported by the Federal Office of Rural Health Policy (FORHP), Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services (HHS) under PHS Grant #5U1CRH03717.
- The information, conclusions and opinions expressed are those of the authors and no endorsement by FORHP, HRSA, or HHS is intended or should be inferred.



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Background

- Swing-beds have not been included in national efforts to address comparability of post-acute quality measures (e.g., IMPACT Act and NQF).
- Swing-bed programs in rural PPS hospitals and SNF must submit Minimum Data Set (MDS) patient data to CMS. CAHs are exempt, and are not uniformly demonstrating the quality of care provided to their swing-bed patients.
- Inability to demonstrate swing bed quality potentially limits CAHs' ability to participate in alternative payment models.



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Purpose of Project

- To identify quality measures that can be used to assess the quality of care provided to CAH swing-bed patients, and recommend appropriate uses of the measures.



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Methods

- Review of literature and organizational websites
 - Identify quality domains/measures used in acute & other post-acute care settings
- Identify hospitals for interviews with input from UMRHRC Expert Work Group members
- Identify state/network efforts to assess CAH swing-bed quality of care and additional hospitals to interview with input from SORH/State Flex contacts
 - 18 Flex states responded to email survey; 6 reported some activity related to CAH swing-bed quality



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Methods (cont.)

- Phone interviews to discuss efforts to assess swing-bed quality of care: measures being used/considered, data collection, usefulness
 - CAH networks in NY, WV, and IL
 - Several consultant groups working with CAHs on swing-bed quality issues
 - Individual CAHs in AK, KY, MN, MT, NE, SC, WI, WV and rural PPS hospitals in MS, NH
- Survey of 13 CAH quality experts: SORH/State Flex Programs, consultants, CAH network/CAH QI staff, NRHA, QIO, state hospital association.



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Results: proposed quality measures

- #1 Discharge disposition
 - Number/percent of swing-bed patients discharged to home (or other pre-hospital setting) vs. other settings.
- #2 Readmissions during swing-bed stay:
 - Number/percent of swing-bed patients readmitted for a hospital inpatient stay at any hospital from a swing-bed.
- #3 Readmissions after swing-bed stay:
 - Number/percent of discharged swing-bed patients who are readmitted for a hospital inpatient stay at any hospital within 30 days of discharge.



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Results: proposed quality measures

- #4 Percent of patients who received a functional assessment using Section GG of the MDS or the Modified Barthel Index (Shah version) within 24-48 hours of swing-bed admission and within 24-48 hours prior to swing bed discharge.
- #5 Change in patient overall functional status score using Section GG of the MDS or the Modified Barthel Index from swing-bed admission to discharge.
- Other data elements: patient diagnosis and characteristics



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Quality Domains/Measures for Further Development (Phase 2)

- Swing-bed patient experience of care survey
- Patient skin integrity/pressure ulcer status
- Percent of patients experiencing fall(s) with major injury during swing-bed stay
- Percent of patients experiencing a new healthcare associated infection during swing-bed stay
- Frequency of team rounding at patient bedside during swing-bed stay
- Communication with patient and family during swing-bed stay
- Timing and amount of therapy (physical, occupational, and/or speech) received during swing-bed stay
- Medication reconciliation
- Pneumococcal and influenza vaccination status



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Questions for Discussion

- What do you think about the proposed swing-bed quality measures? Do they address priority areas for measuring swing-bed quality?
- Should CAH swing-bed quality measures be added to MBQIP?

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Additional Information

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From The Field

- Star Rating Technical Expert Panel (TEP)
- Policy updates
- NQF Rural MAP Workgroup (nominations closed on 9/29)
- Other topics?



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Feedback on RQITA Tools and Resources

- Updates to multiple materials in process:
 - SHCPQI Measurement Checklist
 - MBQIP Reporting Guide
 - CAH Quality Improvement Guide and Toolkit
- Peer calls (SHCPQI) and MBQIP Virtual Knowledge Group calls



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RQITA Technical Assistance

- Over 900 TA Requests logged (Since September 2015)
 - Approximately 50 per month
 - Most common topics:
 - ED Transfer Communication
 - CMS Outpatient Measures
 - CMS Inpatient Measures
 - Median days to resolution: 0 (zero), Mean 1.08
- Flex Consultations: 26 (since September 2016)
- MBQIP Orientation Calls: 11 (since September 2016)
- Nearly 40 presentations (in-person, webinar/phone)



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Feedback on RQITA Tools and Resources (cont.)

Questions about tools and resources (from previous slides):

- What are you finding (or hearing) is most useful about RQITA tools and support?
- Are there any improvements to be made, or barriers to use?



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Feedback on RQITA Tools and Resources (cont.)

What other tools and resources would be useful based on your experience and needs?



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Future Plans for Council

- Developed a longer term plan for membership of the Council
 - No longer a year-by-year invitation and commitment
- Membership and Terms
 - Key Partners (ongoing)
 - Rural In-the-Field Leaders (2-year terms)
 - Subject Matter Experts (2-year terms)



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Wrap-Up

- Thank you!
- Evaluation
- Invitation for “new” Council



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Questions?

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Stratis Health, based in Bloomington, Minnesota, is a nonprofit organization that leads collaboration and innovation in health care quality and safety, and serves as a trusted expert in facilitating improvement for people and communities.

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U1RRH29052, Rural Quality Improvement Technical Assistance Cooperative Agreement, \$500,000 (0% financed with non-governmental sources). This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS, or the U.S. Government.

