

Michigan Critical Access Hospital Quality Network

Strategy Group #2

Data Management and Analysis

February 17, 2023

As a premier system of quality, the Michigan Critical Access Hospital Quality Network (MICAH QN) will be a model in developing processes that demonstrate the high quality service provided by CAHs. MICAH QN will identify opportunities for change that lead to continued improvement in the health status of the population we serve.



**Flex
Monitoring
Team**

University of Minnesota

University of North Carolina at Chapel Hill

University of Southern Maine

MBQIP Quality Measures Annual Report

Michigan - 2021

Report and Data used to Guide HRSA Top 10 States for MBQIP Reporting and Performance

Reporting:

- **Patient Safety/Inpatient Measures:** The Patient Safety/Inpatient reporting rate of 91.9% for Michigan in 2021 was lower than the national reporting rate of 93.5%.
- **Outpatient Measures:** The Outpatient reporting rate of 100.0% for Michigan in 2021 was higher than the national reporting rate of 88.2%. (At least one measure)
- **Patient Engagement Measures:** The HCAHPS reporting rate of 86.5% for Michigan in 2021 was lower than the national reporting rate of 91.5%.
- **Care Transitions Measures:** The EDTC reporting rate of 97.3% for Michigan in 2021 was higher than the national reporting rate of 92.6%.

Performance:

- **Patient Safety/Inpatient Measures:** Compared with all CAHs nationally, CAHs in Michigan scored significantly better on 1 measure, significantly worse on 0 measures, and did not have significantly different performance on 1 measure.
- **Outpatient Measures:** Compared with all CAHs nationally, CAHs in Michigan scored significantly better on 1 measure, significantly worse on 1 measure, and did not have significantly different performance on 2 measures.
- **Patient Engagement Measures:** Compared with all CAHs nationally, CAHs in Michigan scored significantly better on 3 measures, significantly worse on 0 measures, and did not have significantly different performance on 7 measures.
- **Care Transitions Measures:** Compared with all CAHs nationally, CAHs in Michigan scored significantly better on 7 measures, significantly worse on 0 measures, and did not have significantly different performance on 2 measures.

Report and Data used to Guide HRSA Top 10 States for MBQIP Reporting and Performance – What does this mean for MI? Next Steps?

Reporting:

- Patient Safety/Inpatient Measures: The Patient Safety/Inpatient reporting rate of 91.9% for Michigan in 2021 was lower than the national reporting rate of 93.5%.
 - Imm-3 – 28/37
 - Antibiotic Stewardship – 32/37
- Outpatient Measures: The Outpatient reporting rate of 100.0% for Michigan in 2021 was higher than the national reporting rate of 88.2%.
 - OP-2 – 36/37
 - OP-3 – 36/37
 - OP-18 – 36/37
 - OP-22 – 23/37
- Patient Engagement Measures: The HCAHPS reporting rate of 86.5% for Michigan in 2021 was lower than the national reporting rate of 91.5%.
 - 32/37
- Care Transitions Measures: The EDTC reporting rate of 97.3% for Michigan in 2021 was higher than the national reporting rate of 92.6%.
 - 33/37

Report and Data used to Guide HRSA Top 10 States for MBQIP Reporting and Performance – What does this mean for MI? Next Steps?

Performance:

- **Patient Safety/Inpatient Measures:** Compared with all CAHs nationally, CAHs in Michigan scored significantly better on 1 measure, significantly worse on 0 measures, and did not have significantly different performance on 1 measure.
 - Better: IMM-3 Influenza Vaccination Among Healthcare Personnel
- **Outpatient Measures:** Compared with all CAHs nationally, CAHs in Michigan scored significantly better on 1 measure, significantly worse on 1 measure, and did not have significantly different performance on 2 measures.
 - Better: OP-3 Median Time to Transfer to another facility for acute coronary intervention
 - Worse: OP-22 Patient Left Without Being Seen
- **Care Transitions Measures:** Compared with all CAHs nationally, CAHs in Michigan scored significantly better on 7 measures, significantly worse on 0 measures, and did not have significantly different performance on 2 measures.
 - Better: All except home medications and tests and procedures (no significant difference)
- **Patient Engagement Measures:** Compared with all CAHs nationally, CAHs in Michigan scored significantly better on 3 measures, significantly worse on 0 measures, and did not have significantly different performance on 7 measures.
 - Better: 1.) Patients always received help as soon as wanted, 2.) Staff always provided information about what to do during recovery at home, and 3.) Patients strongly understood their care when they left the hospital



Immediate Next Steps:

- ❑ Focus on getting reporting up to 100% across all domains/measures
- ❑ Improvement on Measure Performance (as appropriate – driven by group feedback)

What's Ahead:

- ❑ MBQIP Measures for Consideration – Future of MBQIP
 - ❑ Note: Phased/Staggered Approach
 - ❑ Likely not for implementation into the MBQIP program until at least Fall/Winter 23/24

MBQIP Proposed Measures

<https://www.ruralcenter.org/sites/default/files/2023-01/Measures%20Under%20Consideration%20for%20MBQIP%20-%202023%20.pdf>

Measures Under Consideration

- [Antimicrobial Use and Resistance \(AUR\) Options](#)
- Electronic Clinical Quality Measure (eCQM) – Outpatient
 - [ST-Segment Elevation Myocardial Infarction \(STEMI\) \(OP-40\)](#)
- Electronic Clinical Quality Measures (eCQMs) - Inpatient
 - [Global Malnutrition Composite Score \(GMCS\)](#)
 - [Safe Use of Opioids – Concurrent Prescribing \(Safe Use of Opioids\)](#)
 - [Venous Thromboembolism Prophylaxis \(VTE-1\)](#)
- [Hospital Commitment to Health Equity](#)
- [Hybrid Hospital-Wide All Cause Readmissions \(Hybrid HWR\)](#)
- [Screening for Social Drivers of Health](#)
- [Screen Positive for Social Drivers of Health](#)
- [Sepsis \(SEP-1\)](#)

Feedback Themes Thus Far:

- AUR: Intense lift for quality and IT (very resource intensive measure), exclusion criterion would eliminate many CAHs from being able to report. Amplifies the need for quality and IT integration.
- eCQMs: System CAHs NEED to align with their system eCQM goals/priorities. Not putting forth resources to validate CAH specific eCQMs
 - GMCS: RD staffing for CAHs.
- Sepsis – concern around low volume, and the large percentage of change that can occur with one fallout. Time-consuming and resources needed are intense.
- Screen Positive for Social Drivers: CMS says not holding accountable for performance, but still concerns around rural resources available for those that screen positive. More of a reflection of community you serve, than your quality performance.
- Overall concern: Additional resources (\$) needed for reporting additional measures (vendor costs, abstract costs, employee resources)

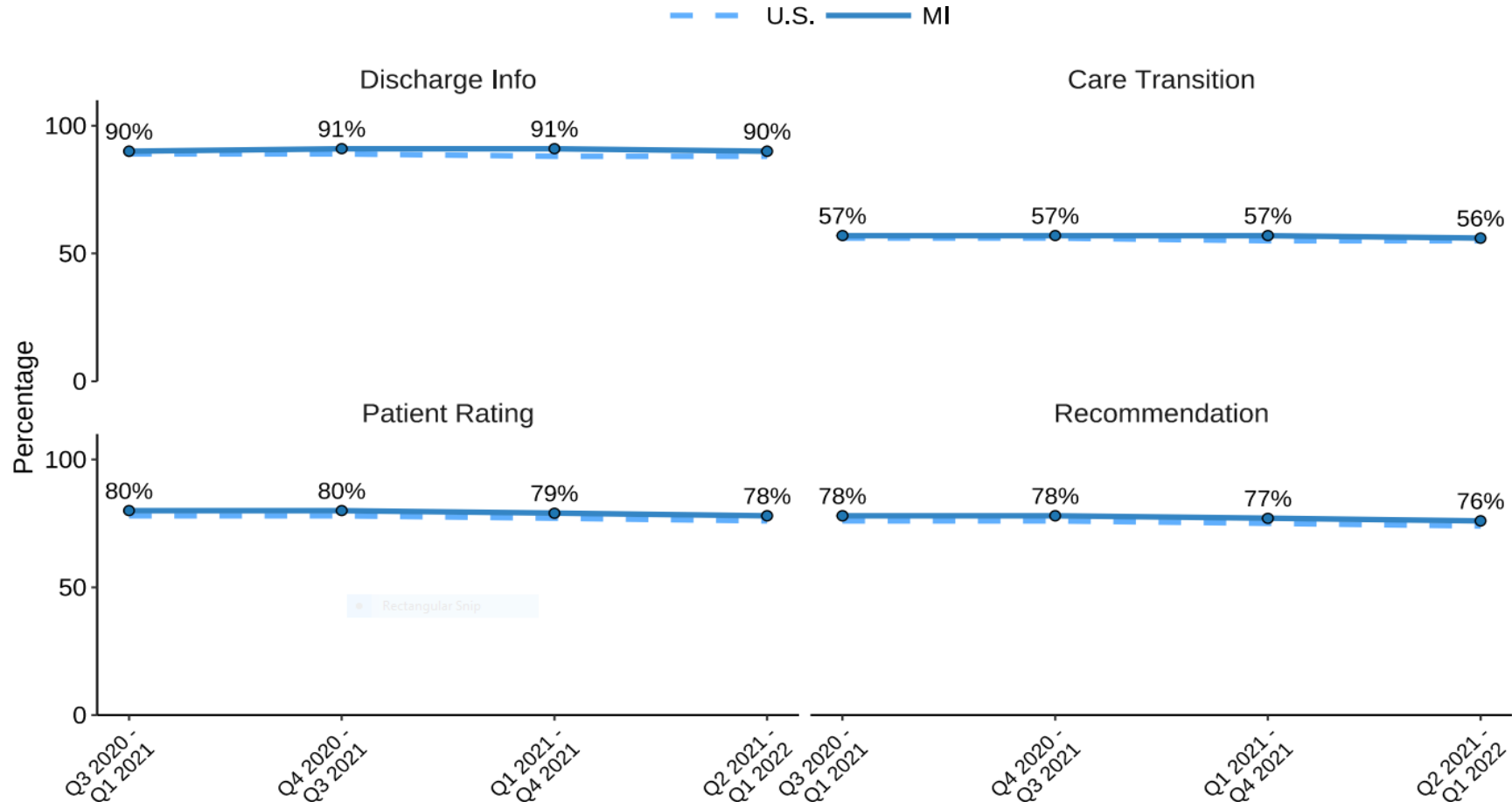
HCAHPS Reporting

Quarterly Reporting to MCRH Recommended

MICAH Quality Network HCAHPS Reporting Tool																				
Name of Hospital:		Q1 2023				Q2 2023				Q3 2023				Q4 2023				2023 Totals		
Results based on:																				
<input checked="" type="checkbox"/> Discharge Date <input type="checkbox"/> Received Date																				
HCAHPS Dimension	Question	Responses to Report	Score	N-Size	Calculated Numerator	Composite Score	Score	N-Size	Calculated Numerator	Composite Score	Score	N-Size	Calculated Numerator	Composite Score	Score	N-Size	Calculated Numerator	Composite Score	Score	
Care Transition	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	Strongly Agree																		
	When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.	Strongly Agree																		
	When I left the hospital, I clearly understood the purpose for taking each of my medications.	Strongly Agree																		
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Discharge Information	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?	Yes																		
	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?	Yes																		
					#DIV/0!				#DIV/0!					#DIV/0!					#DIV/0!	
Overall Rating of Hospital	Question: Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?	9 or 10																		
Willingness to Recommend	Would you recommend this hospital to your friends and family?	Definitely Yes																		

State-Level Patient Experience Core Measures/HCAHPS Report Q2 2021 – Q1 2022

Trends in Michigan and All CAHs Nationally



AS A PREMIER SYSTEM OF QUALITY, THE MICHIGAN CRITICAL ACCESS HOSPITAL QUALITY NETWORK (MICAH QN) WILL BE A MODEL IN DEVELOPING PROCESSES THAT DEMONSTRATE THE HIGH QUALITY SERVICE PROVIDED BY CAHS. MICAH QN WILL IDENTIFY OPPORTUNITIES FOR CHANGE THAT LEAD TO CONTINUED IMPROVEMENT IN THE HEALTH STATUS OF THE POPULATION WE

Featured Showcases

Thank you to our volunteers for sharing!

Julie Harbuck Valley RN, BSN

Quality Manager

Scheurer Health

Trauma Dashboard

Sara Hagerman RN

PI Specialist

Sparrow Health System

Sparrow Clinton Hospital

TJC Code Critique

Upcoming Annual Reporting Deadlines

MBQIP Measures

Facility Wide Survey - NHSN

Due 03/31/2023

(Antibiotic Stewardship Program Reporting)

OP-22 LWBS - HARP

Due 05/15/2023

Influenza Vaccine Summary - NHSN
(after 3/31/23)

Due 05/15/2023