

Michigan Critical Access Hospital Quality Network

Strategy Group #2

Data Management and Analysis

August 20, 2021

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.



MPQIP Quality Measures

Reporting and Performance:

- Patient Safety/Inpatient
 - Outpatient Care
- Patient Engagement (HCAHPS)
 - Care Transitions (EDTC)

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

MBQIP Data Reporting Reminders

*Population and sampling refers to the recording of the number of cases the hospital is submitting to the QualityNet warehouse, this is done directly through the QualityNet Secure Portal or HARP account

**Currently there are no inpatient chart abstracted core MBQIP measures required

August 16, 2021

CMS Inpatient Measures**:

- Patients seen Q1 2021 (January, February, March)
- CMS Hospital Inpatient Reporting Specifications Manual version [5.9](#)
- Submitted to HQR via CART or by vendor
- CART version – [4.27.0](#)

Oct 31, 2021

Emergency Department Transfer Communication (EDTC)

- Patients seen Q3 2021 (July, August, September)
- *Submission process directed by state Flex Program*

November 1, 2021

CMS Population and Sampling (optional)*

- Patients seen Q2 2021 (April, May, June)
- Inpatient** and outpatient
- Entered via the Hospital Quality Reporting (HQR) HARP account

November 2, 2021

CMS Outpatient Measures:

- Patients seen Q2 2021 (April, May, June)
- CMS Hospital Outpatient Reporting Specifications Manual version [14.0a](#)
- Submitted to HQR via CART or by vendor.
- CART version – [1.19.1](#)



BCBS P4P

2020-2021 P4P PG5 Final performance rate and scorecard

- Sent out 7/30/2021
- Review for accuracy

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Share
ideas
Start
something
good

LOOKING FOR VOLUNTEERS
TO SHARE QUALITY
REPORTING FORMAT



“Quality
Report”



“Score Card”



“Dashboard”



Celebrating the Michigan Critical Access Hospital Quality Network!

TOP 10 PERFORMING STATE!!!!



Top 10
Performing
State –
CAH
Quality!



Again....
5th Year in
a row!

Methodology

- ▶ Analysis is based on Inpatient, outpatient, HCAHPS, and EDTC data are from Q1 2019 through Q4 2019
 - ▶ Data that were used to create the FMT 2021 MBQIP Quality Measures Annual Reports.
- ▶ Measures used for calculating reporting and performance included:
 - ▶ Three MBQIP Core inpatient measures (HCP/IMM-3, ED-2b; Antibiotic Stewardship);
 - ▶ Four MBQIP Core outpatient measures (OP-2, OP-3b, OP-18b, OP-22);
 - ▶ 10 HCAHPS measures
 - ▶ Seven EDTC measures.

Reporting was defined as reporting data on at least one measure with a denominator of 1 or more for inpatient and outpatient; reporting data with at least one completed survey for HCAHPS; and reporting data on at least one case for EDTC. For all four categories, reporting is calculated out of all CAHs in a state (not just those with signed MOUs).

Methodology

- ▶ 1. For each state, FMT calculated:
 - ▶ An inpatient reporting percentage (the percent of CAHs in the state reporting data on at least one core inpatient measure)
 - ▶ An outpatient reporting percentage (the percent of CAHs in the state reporting data on at least one core outpatient measure)
 - ▶ An HCAHPS reporting percentage (the percent of CAHs in the state reporting HCAHPS data for at least one completed HCAHPS survey)
 - ▶ An EDTC reporting percentage (the percent of CAHs in the state reporting EDTC data for at least one patient)
 - ▶ An inpatient better performance measure (the number of inpatient measures on which CAHs in the state performed significantly better than CAHs in all other states)
 - ▶ An outpatient better performance measure score (the number of outpatient measures on which CAHs in the state performed significantly better than CAHs in all other states)
 - ▶ An HCAHPS better performance measure score (the number of HCAHPS measures on which CAHs in each state performed significantly better than CAHs in all other states)
 - ▶ An EDTC better performance measure score (the number of EDTC sub-measures on which CAHs in each state performed significantly better than CAHs in all other states)

Methodology

- ▶ 2. FMT then ranked the 45 Flex states on each of the eight measures above to create four reporting ranks (inpatient, outpatient, HCAHPS, and EDTC) and four performance ranks (inpatient, outpatient, HCAHPS, and EDTC). When multiple states had the same score, they each received the same rank (e.g., several states had 100% of their CAHs reporting inpatient measures and each received a rank of one).
- ▶ 3. Each state's four reporting ranks were summed and states were re-ranked to create a total reporting rank for each state. Similarly, each state's four performance ranks were summed and states were re-ranked to create a total performance rank for each state.
- ▶ 4. Each state's total reporting rank and total performance rank were then summed, and states were ranked one last time on this combined reporting and performance sum.
- ▶ 5. This method gives equal weight to reporting and performance across the four types of measures (inpatient, outpatient, HCAHPS, and EDTC).

Methodology

- ▶ https://www.flexmonitoring.org/sites/flexmonitoring.umn.edu/files/media/MI%20-%202019%20Annual%20Report_revised2.pdf



YOU are why MI is a Top Performing State!

- ▶ Your ability to prioritize quality during unprecedented times.
- ▶ Your ability to lead your organization through emotional distress, and immense barriers.
- ▶ Your ability to continue to support your peers in a new ways, and via a virtual format.

YOU are why MI is a Top Performing State!

- Sharing Best Practices
- Learning from each other
- Networking/connecting with peers
- Learning about program requirements
- Keeping compliant with measures
- Collaboration opportunities
- Idea generation
- Sounding board
- Advance notice/up-to-date on required changes
- Support
- Advocating for rural/vehicle to
- have a voice
- Have a supportive community
- Focus of improving patient care
- Platform to connect with partners (MPRO, BCBS, etc)
- Learn about state, national changes
- Benchmark with like facilities
- Patient safety and quality is focus

Special Kudos



Strategy Group #2 Data Management and Analysis

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NO CAH
Left
Behind!