THE QUALITY INSIDER

Oct - Dec 2020 | Issue 7

Clinic and Outpatient Edition

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Clinic Quality Improvement

Pratt Regional Medical Center clinic providers are participating in a specific quality data reporting program that is similar to the hospital quality programs.
The Quality Payment Program (QPP) requires providers to report quality data under a program called MIPS (Merit-Based Incentive Payment System). MIPS combines PQRS, Ambulatory MU Medicare, and the Value-based Modifier. MIPS eligible clinicians are required to collect and report data in four different areas. Scores from the four areas are used to evaluate payment adjustments for our eligible providers.
The four areas PRMC Clinic Providers are required to report include the following(for 2020):

1. Quality (45% of the final score)
2. Promoting Interoperability (25% of the final score)
3. Improvement Activities (15% of the final score)
4. Cost (15% of the final score)

The requirements have changed each Performance Year (PY) due to policy changes.
Quality: Data is collected for a 12-month performance period from January 1 – December 31.
We typically submit collected data for at least 6 measures, including Tobacco cessation intervention, Documentation of current medications, Screening for high blood pressure, Care plans, Adult sinusitis, Colorectal cancer screenings, Functional status assessments for Total Hip and Knee replacements, and BMI screening and follow-up. This may explain why we check many of these things at follow-up visits, as we are scored on the percentage of visits where the measures are completed.
Promoting Interoperability: Promoting Interoperability performance category measures include Electronic Case Registry, Prevention of Information Blocking Attestation, Security Risk Assessment, Query of Prescription Drug Monitoring Program, Support Electronic Referral Loops by Sending Health Information, eRx excluding controlled substances and Patient Electronic Access to Health Information (our Athena portal), which is why we may ask the patient several times to sign up and access the portal.
Improvement Activities: To earn full credit in this performance category, we submit data for measures like Use of decision support and standardized treatment protocols, Depression screening, Tobacco Use, Implementation of medication management practice improvements, and Chronic care and preventative care management.
Cost: Patients are attributed to each of the providers by CMS, and the costs associated with their care are calculated for the cost measure score. This includes the total cost of care during the year, or during a hospital stay, and/or during 18 episodes of care for Medicare patients. The total cost is compared to a benchmark to determine the provider's performance.

Our clinic's Electronic Health Record does assist in reporting the data to CMS every year, and clinic managers work with Athena, staff, and providers to ensure compliance. We currently are reporting as a group vs. individuals as it becomes more difficult to screen for several of the quality measures in our specialty clinics that the providers wouldn't manage for patients. As the MIPS program continues to evolve and change, more specialty measures should be added.

For further information regarding MIPS, contact Kelly McDermeit or any of the clinic managers.

PROMOTING INTEROPERTABILITY

Pratt Regional Medical Center continues to lead the way by exceeding requirements for Centers for Medicare and Medicaid Services (CMS) programs. From 2011-2014, CMS offered incentive payments for meeting the mandated measures. Now, performance is tied to preventing penalties. On a positive note, PRMC has performed very well, achieving 101/100 points available for eligible hospital 2020 reporting. Here is a breakdown of our scores for the reported quarter, Oct 1-Dec 31, 2020, straight from our February 2021 attestation report:

Promoting Interoperability Objective Results

Objective Measure Score

Measure	Score
eRx (electronic prescribing)	13
Health Information Exchange	39
Provider to Patient Exchange	39
Public Health and Clinical Data Exchange	10
Total	**101**

As part of the Promoting Interoperability program, we also habitually submit electronic clinical quality measures.

2020-2021 Promoting Interoperability Measures

Measure
CMS71v9: Anticoagulation Therapy for Atrial Fibrillation/Flutter
CMS104v8: Discharged on Antithrombotic Therapy
CMS72v8: Antithrombotic Therapy By End of Hospital Day 2
CMS9v8: Exclusive Breast Milk Feeding
CMS105v8: Discharged on Statin Medication
CMS190v8: Intensive Care Unit Venous Thromboembolism Prophylaxis
CMS108v8: Venous Thromboembolism Prophylaxis

The Promoting Interoperability program is the re-named electronic health record (EHR) Incentive Program, formerly known as “Meaningful Use”. CMS goals for the program include encouraging the use of certified electronic technology to exchange information in a structured format and establishing baseline criteria for data capture. Here is a breakdown of our scores for the reported quarter, Oct 1-Dec 31, 2020, straight from our February 2021 attestation report:

As always, the focus for PRMC is to not simply “check the box” for meeting requirements but to find an opportunity to make improvements. These could be improvements in care delivery, documentation, or information sharing/availability. In doing so, we serve our PRMC mission of excellent and compassionate care while keeping an eye on the Institute of Medicine aims…that healthcare should be safe, effective, timely, efficient, equitable, and patient-centered.

Kind Regards,

Amanda Vandervoort, RN, MHA, BBA, CHC
Director of Clinical Information

HOME HEALTH & CHRONIC CARE MANAGEMENT STOPLIGHT PROJECT

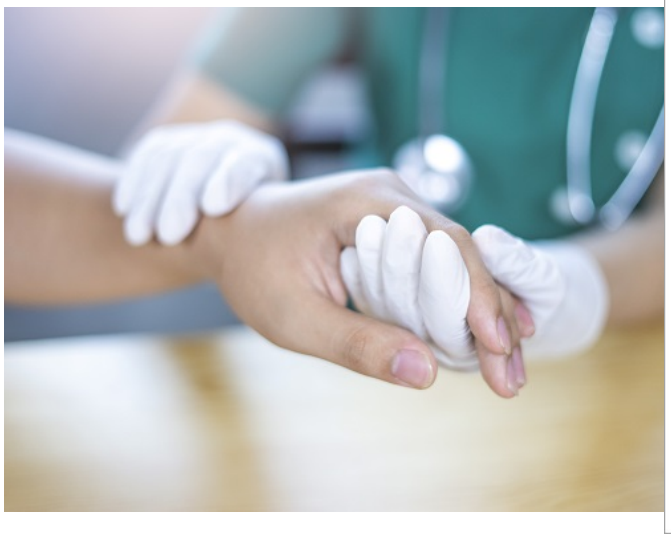
Home health and Chronic Care management are embarking on a quality improvement project that is very exciting. Patients who rely on home health services often have chronic conditions. Chronic conditions can get worse and often lead to emergency department visits and 911 calls. PRMC home health is implementing a stoplight program with home health clients to help reduce the need for emergency services.

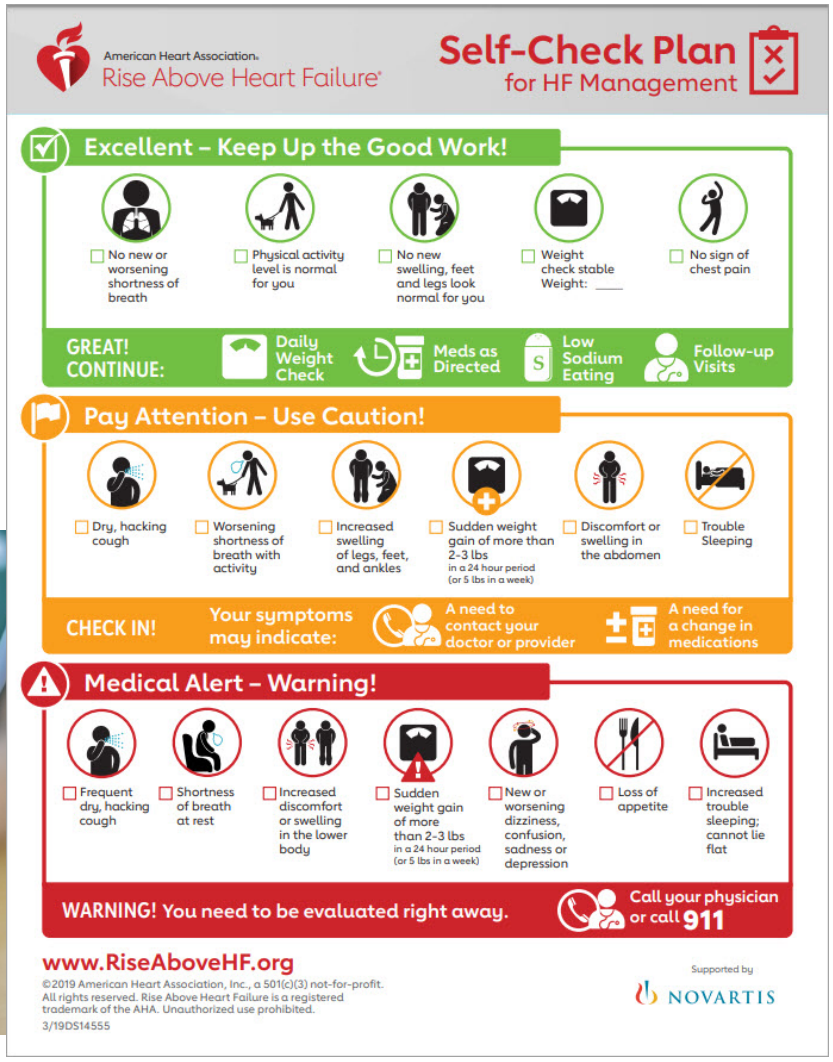
The stoplight program focuses on daily evaluation of chronic conditions to help clients identify early when they are slipping from a manageable chronic condition toward an emergency medical condition. The stoplight uses a common color code to educate patients on signs and symptoms that they can identify when they move from the green zone (managed chronic illness) to the yellow zone (caution seek preventative medical care) to the red zone call your home health nurse and consider emergency services.
Home health is modeling this program from national gold standard stoplight programs on four major conditions.

1. Congestive heart failure (American Heart Association tool)
2. Chronic obstructive pulmonary disease (American Lung Association tool)
3. Diabetes (Institute for Healthcare Improvement tool)
4. Chronic Kidney Dysfunction (National Kidney Foundation tool)

Helping our patients stay home, stay safe, and prevent severe illness is the stoplight program's goal with home health. This project is a great example of focus on meeting our vision for healthcare.

PRMC Vision: Pratt Regional Medical Center will be essential to the health, wellness and quality of life on our region.





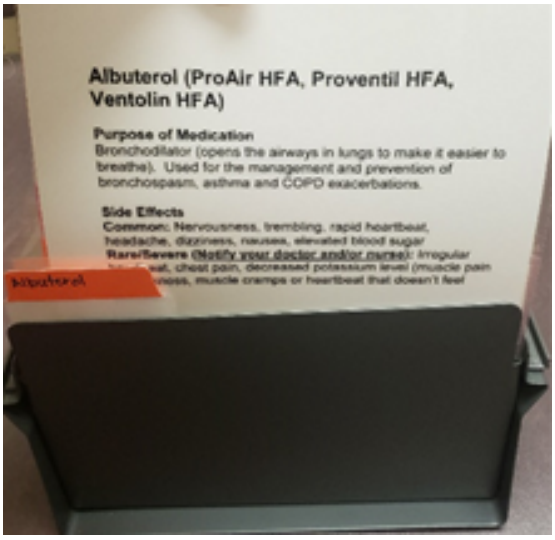
Medication Communication Cards

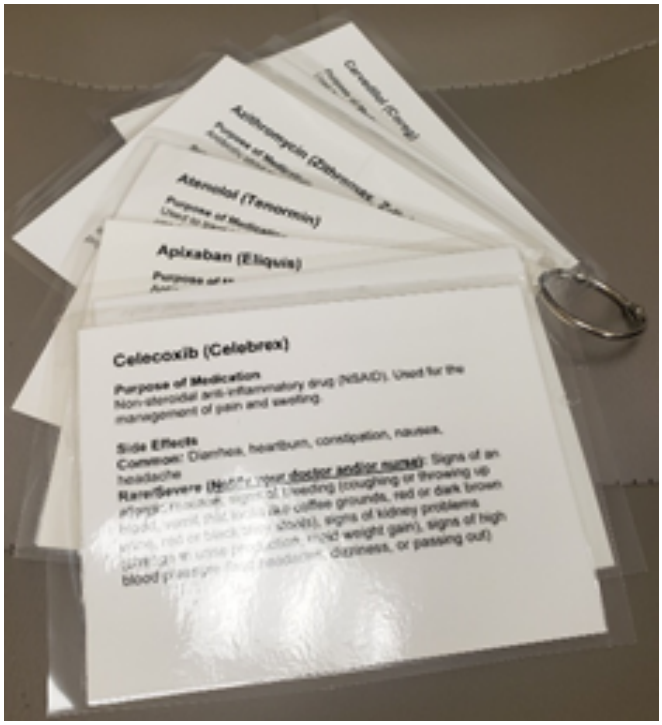
A collaborative quality improvement project is underway to improve medication safety and patient medication education. Pharmacy and nursing worked together to identify the most common medications that our patients take. Sixty-eight cards were designed to create a quick reference for the nurse to educate patients on new or current medications. This project is aimed at several improvement strategies.

- Improving communication with patients and nurses (HCAHPS)
- Improving communication about medications (HCAHPS)
- Reducing readmission rate (CMS)
- Patient medication safety (Leapfrog Safety Survey)

Nurses will build a custom medication card list for each patient and it will be at the bedside. When the nurse is preparing medications for administration, they will go over the card with the patient to educate on the medication.

This improvement project will promote early and repeated education with the patient to promote safe medication administration at home.



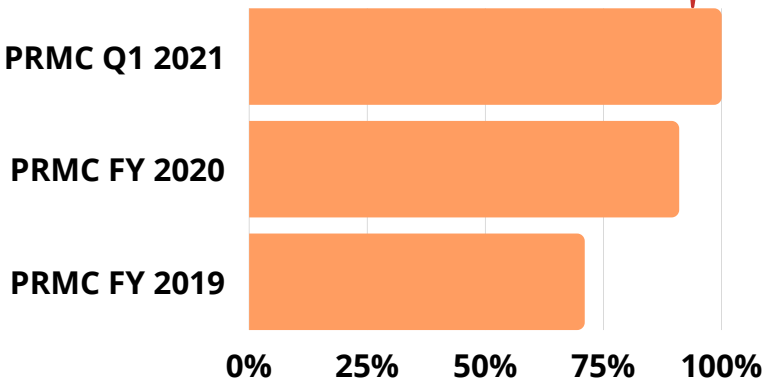


Time Sensitive Diagnosis

*2021 Data from Oct 2020-Dec 2020

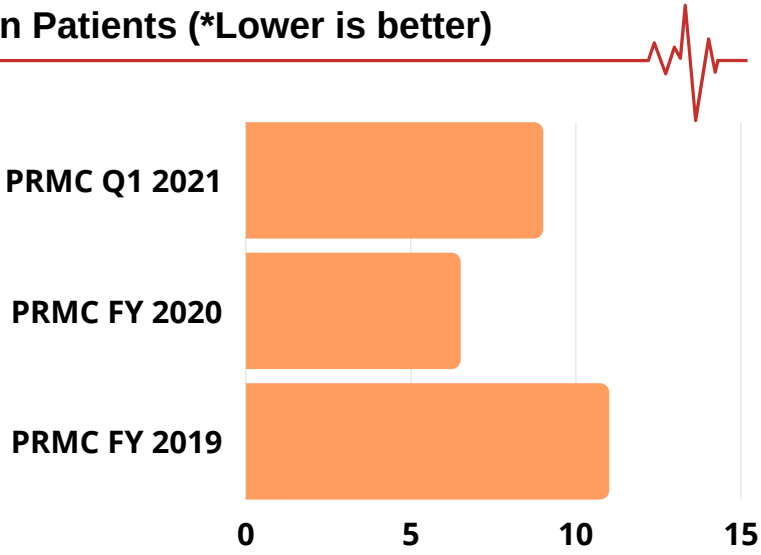
Aspirin Administration to Chest Pain Patients (*Higher is better)

Every patient presenting to the Emergency Department with a complaint of chest pain should receive 324 mg Aspirin during their ED visit. This bar-graph (*right)* shows our most recent percent compliance comparative to the National Benchmark.



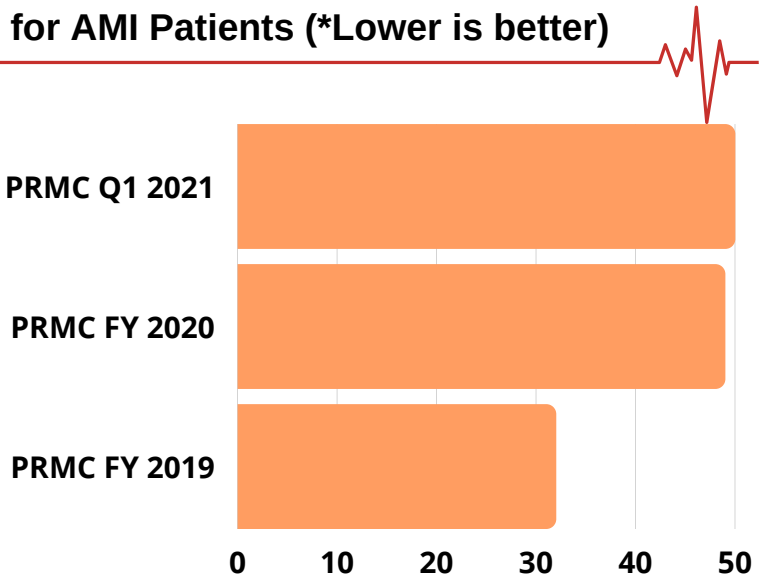
Average Time to EKG for Chest Pain Patients (*Lower is better)

Every patient presenting to the Emergency Department with a complaint of chest pain should receive a 12-lead EKG. A 12-lead EKG is the 'gold standard' diagnostic tool for cardiac events. This bar-graph (*right)* shows the speed at which PRMC obtains an EKG compared to the National Benchmark.



Average Time to Clot Busting Medication for AMI Patients (*Lower is better)

Every patient presenting to the Emergency Department with a diagnosed STEMI should receive either cath-lab intervention or clot busting medication as soon as possible. This bar-graph (*right)* shows the speed at which PRMC administers a clot busting medication compared to the National Benchmark. Our goal is 30 minutes to TNKase .

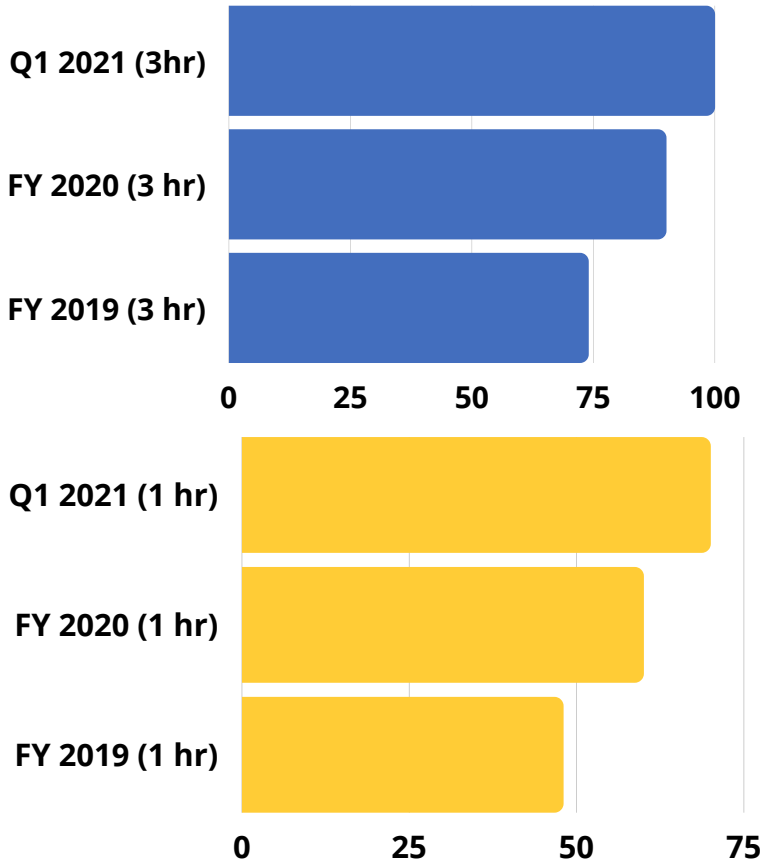


Sepsis Bundle (*Higher is better)

Every patient who is identified as meeting "Severe Sepsis' criteria should receive all elements of the Sepsis Bundle. Severe Sepsis is a life-threatening condition that if left untreated can develop into Septic Shock and/or death. The Sepsis Bundle elements include:

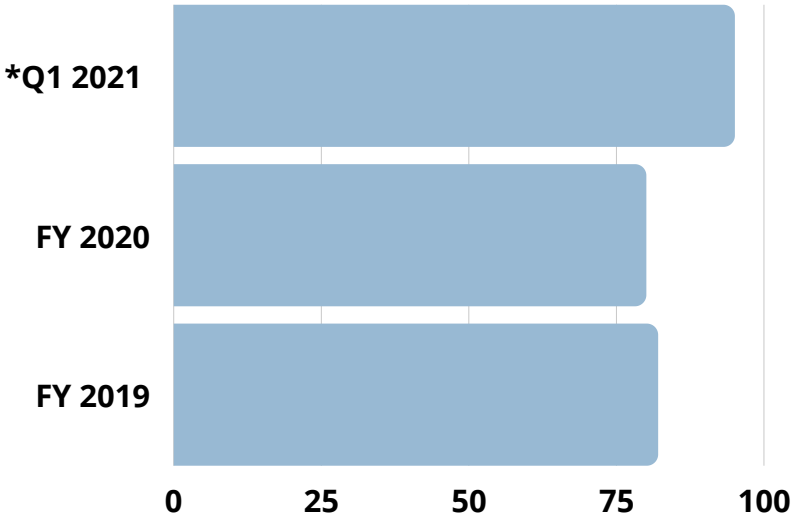
- Blood Culture Collection
- Lactic Acid Testing
- Antibiotic Administration
- Intravenous Fluid Resuscitation (30ml/kg)

This bar-graphs (*right*) show the percentage of patients who received all 4 sepsis bundle elements within a 3-hour window (*upper*) and those that received them within a 1-hour window (*lower*) of Severe Sepsis identification.

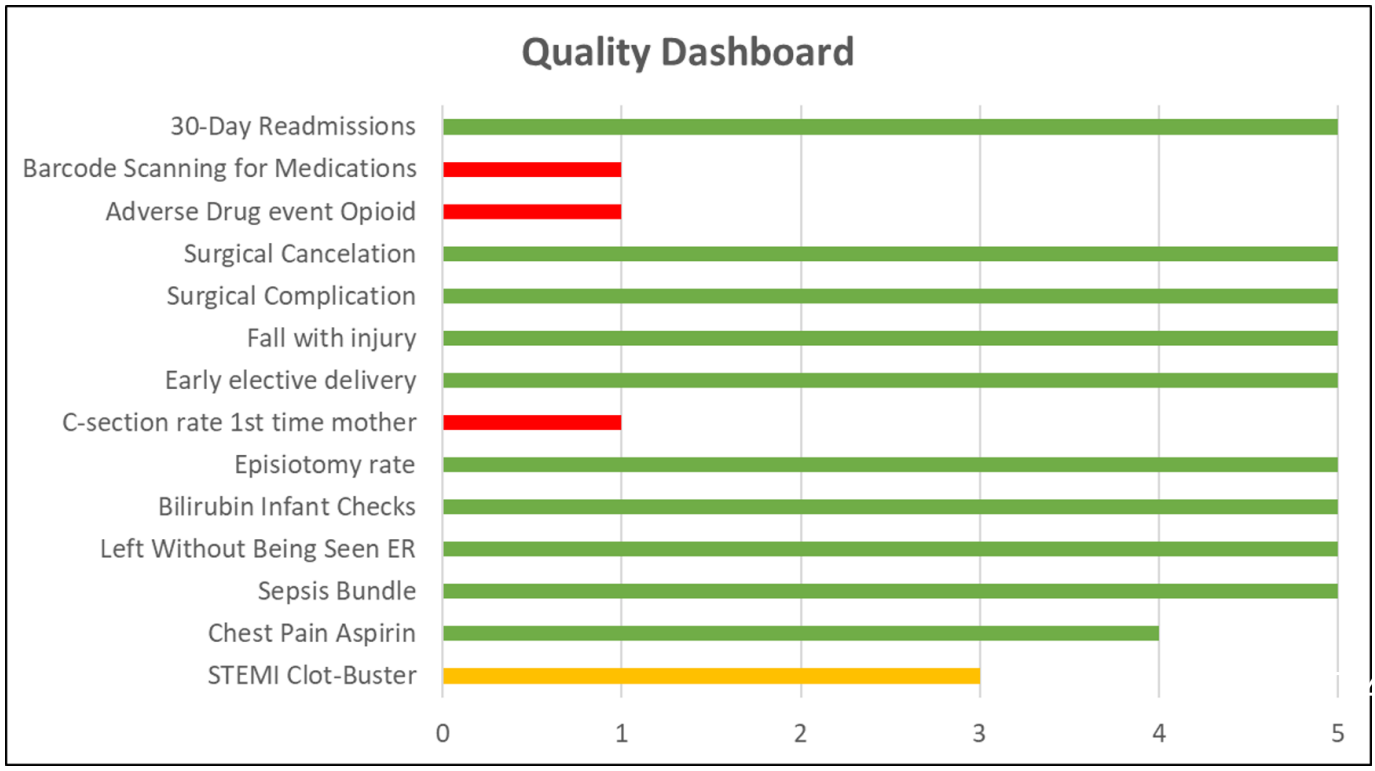


Average Time to Head CT/MRI Interpretation for Stroke Patients (*Lower is better)

Every patient who is presenting with stroke-like symptoms should receive a head CT or MRI as soon as possible. This diagnostic tool helps to differentiate the type of stroke and possible treatment options. This bar-graph (*right)* shows the speed at which a head CT or MRI is completed and interpreted compared to the National Benchmark.
*very limited number of cases



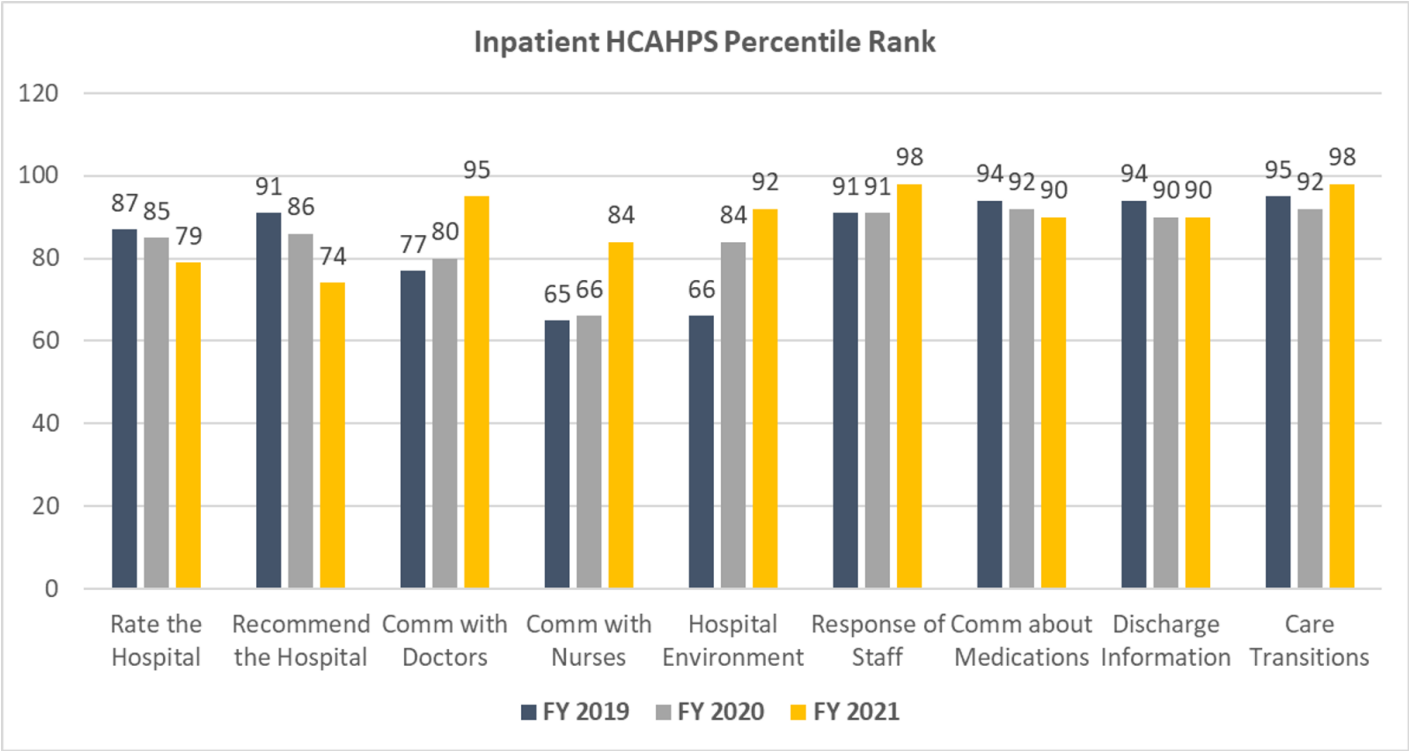
Quality Dashboard Fy 2021

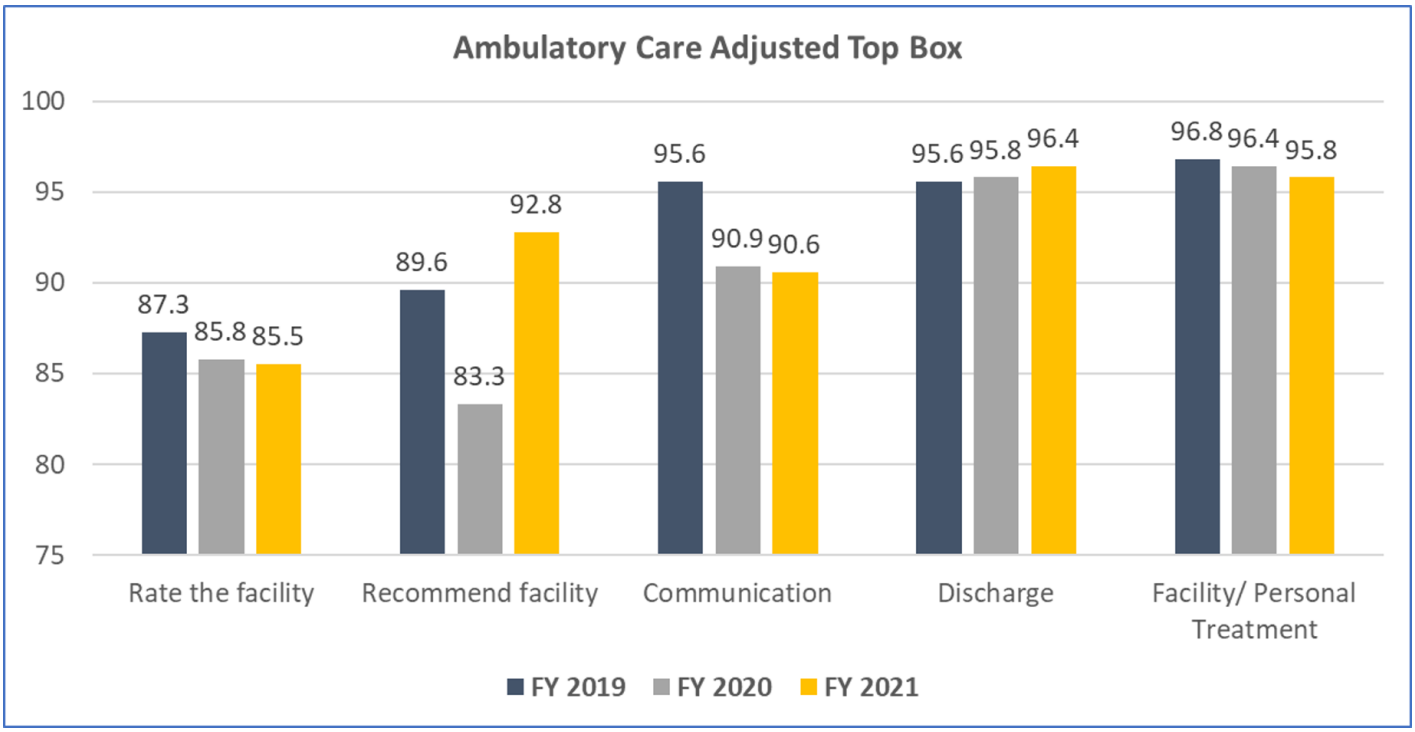


This year we implemented a quality dashboard with fourteen quality measures. We have set goals based on national benchmarks, historic performance, and targets for improvement. We are scoring each measure on a 1-5 scale with our goal being 3 or better. Ten measures we are exceeding our goals. One measure we are at our goal. Three Measures we have room for improvement. The Quality department is identifying improvement opportunities with Family Birth Suites to reduce the total number of c-sections and reduce the number of c-sections for first-time mothers. Nursing and quality are working on opportunities to increase barcode scanning rates on medications. We believe that some corrections have been made that will increase scan capture and improve compliance. Adverse medication events with opioids are being trended. We believe Quarter 1 to be an outlier as our score is rapidly correcting without process change. Very proud of the dedication to excellence we see daily in staff that are contributing to meeting and exceeding these goals.

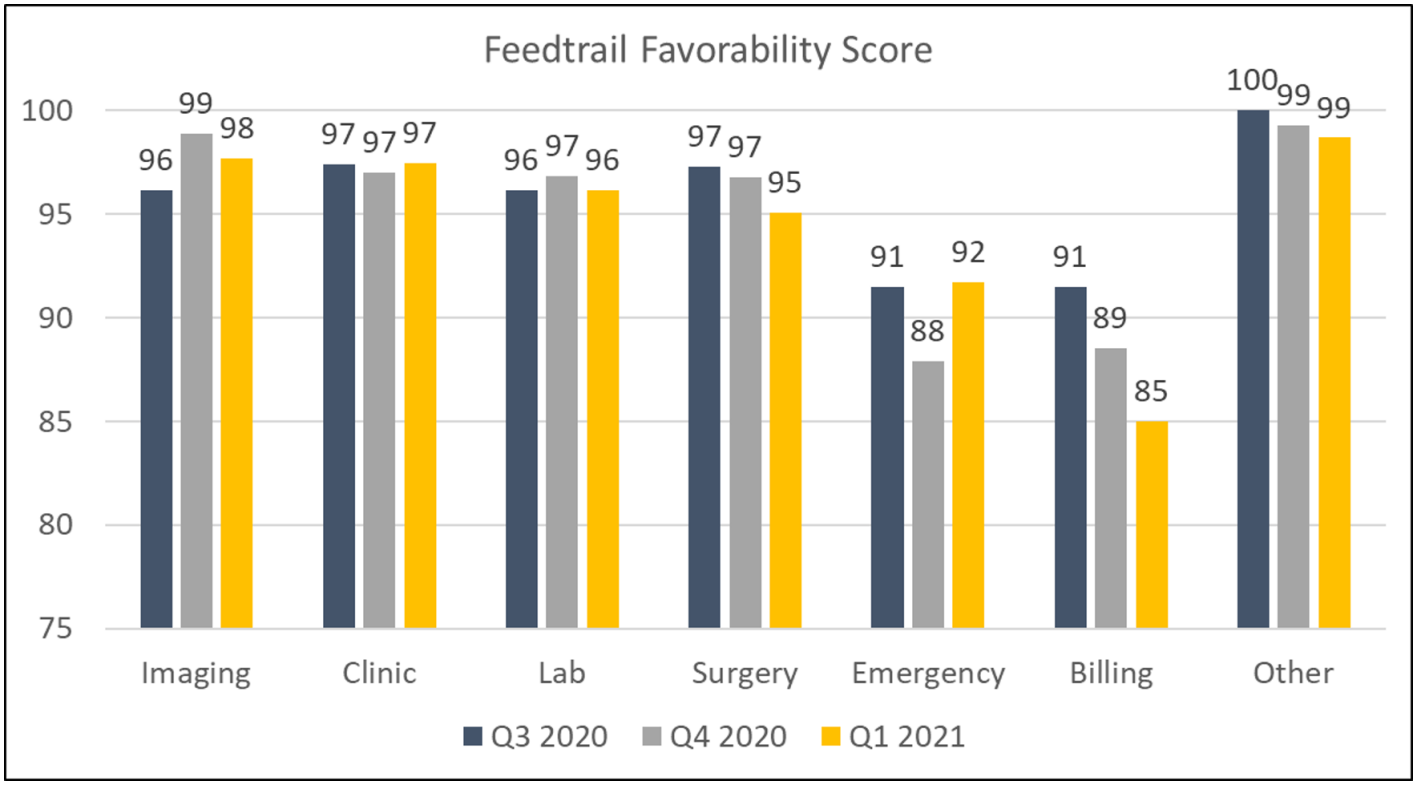
Paul Carrington RN BSN, MHA
Director of Quality and Infection Control

Patient Experience





Outpatient Feedtrail Scores



Patient experience has been very challenging in the shadow of a pandemic. I am very happy to report that although some patient experience domains have decreased the majority have remained stable or improved. One factor that we identified in October 2020 was necessary changes to visitation policies to reduce risk of COVID-19 transmission in our community. Restriction of visitors although improving safety had a negative impact on patient experience. Now that community transmission rates have dropped we have been able to have visitors and our experience scores are rebounding.