



Specifications Manual, Version 4.4a, Changes & Hospital VBP Program Improvement Series: MSPB

November 18, 2014, 10 a.m. & 2 p.m. ET

***Candace Jackson, RN, Hospital
IQR Support Contract Lead***

***Cindy Cullen, Mathematica
Policy Research***

***Bethany Wheeler, BS
Hospital VBP Program Support
Contract Lead***

***Donna Isgett, Sr. Vice President
Corporate Quality and Safety
McLeod Medical Center***

***Amanda Molski, Quality
Coordinator Memorial Hospital
Sweetwater County***

Purpose

- Provide a high-level overview of changes to Version 4.4a of the Specifications Manual effective for 01/01/2015 – 09/30/2015 discharges
- Provide improvement stories of the Hospital VBP Program MSPB measure

Objectives

Participants will be able to:

- Identify chart-abstracted measures required for the IQR Program for 01/01/2015 through 09/30/2015 discharges;
- Identify interventions to improve their MSPB ratios; and
- Discuss MSPB improvement plans with other hospital providers.

IQR Specifications Manual Changes, Version 4.4a Effective 01/01/2015 through 09/30/2015 Discharges

**Candace Jackson, RN
IQR Program Lead**



Acute Myocardial Infarction (AMI)

Required

- AMI-7a

Voluntary

- AMI-1
- AMI-3
- AMI-5
- AMI-7
- AMI-8
- AMI-8a

Removed

- AMI-2
- AMI-10

AMI-7a

- No changes to AMI Initial Patient Population
- Hospitals that do not provide fibrinolytics
 - Identify AMI Initial Patient Population and Sample Size, if applicable
 - Abstract those cases for AMI-7a
 - If Fibrinolytics Administered = No for all cases, all cases will be excluded from the measure denominator (Measure Outcome = “B”)
 - Will still submit those cases to the Clinical Warehouse

AMI Data Elements

Deleted

- Aspirin Prescribed at Discharge
- Reason for No Aspirin at Discharge

AMI Changes

- Guidelines
 - Removed references to LBBB to reflect latest ACCF/AHA STEMI guidelines
- Data Elements
 - Initial ECG Interpretation: Excluded cases with an initial ECG finding of “Not a STEMI”

Heart Failure (HF)

Voluntary

- HF-2

Removed

- HF-1
- HF-3

HF Data Elements

Deleted

- Discharge Instructions Address
 - Activity
 - Diet
 - Follow-up
 - Medications
 - Symptoms Worsening
 - Weight Monitoring

Pneumonia (PN)

Voluntary

- PN-6

Removed

- PN-3a
- PN-3b

PN Data Elements

Deleted

- Blood Culture Collected
- Initial Blood Culture Collected Date and Time

Surgical Care Improvement Project (SCIP)

Required

- SCIP-Inf-4

Voluntary

- SCIP-Inf-1
- SCIP-Inf-2
- SCIP-Inf-3
- SCIP-Inf-6
- SCIP-Inf-9
- SCIP-Card-2
- SCIP-VTE-2

Removed

- SCIP-Inf-10

SCIP Population and Sampling

- SCIP Topic Population
 - ICD-9-CM Principal Procedure Code on Table 5.10 in Appendix A
 - Patient Age \geq 18 years of age
 - Length of Stay \leq 120 days
- SCIP Stratification Initial Patient Population
 - Continue to identify and report the population and sample size counts for all eight strata

SCIP-Inf-4

- Abstract SCIP-Inf-4 for each of the strata that have cases that meet the criteria for the initial patient population
- Cases in each of the strata that do not have a Principal Procedure Code of the selected cardiac surgeries (Appendix A, Table 5.11) will be excluded from the measure denominator
- Cases excluded from the denominator will continue to be submitted to the clinical warehouse

Venous Thromboembolism (VTE)

Required

- VTE-1
- VTE-2
- VTE-3
- VTE-5
- VTE-6

Voluntary

- VTE-4

VTE Data Elements

Added

- Reason for No Administration of VTE Prophylaxis

Revisions

- ICU VTE Prophylaxis Date & Time
- Reason for Discontinuation of Parenteral Therapy
- Reason for No Overlap Therapy
- Reason for No VTE Prophylaxis – Hospital & ICU Admission
- Reason for Not Initiating IV Thrombolytic
- VTE Confirmed
- VTE Diagnostic Test
- VTE Present at Admission
- VTE Prophylaxis Status
- Warfarin Administration

Data Element Revisions

- ICU VTE Prophylaxis Date and Time
 - Removed “initially” from the definition and suggested data collection question
- Reason for Discontinuation of Parenteral Therapy
 - Reason must be on the same day or the day before the order for discontinuation.
- Reason for No Overlap Therapy
 - Reason must be documented on the day of or the day after the VTE diagnostic test.

Data Element Revisions

- Reason for No VTE Prophylaxis
 - Must be a contraindication to both mechanical and pharmacological prophylaxis
- Reason for Not Initiating IV Thrombolytic
 - Reason must be on the day of or the day after hospital arrival
- VTE Confirmed & VTE Diagnostic Test
 - Diagnostic test & VTE confirmed within four days prior to arrival or any time during hospitalization

Data Element Revisions

- VTE Present at Admission
 - VTE diagnosed or suspected on arrival to the day after admission
- VTE Prophylaxis Status
 - Prophylaxis administered between the admission date and the diagnostic test order date
 - Allowable values changed to Yes/No
- Warfarin Administration
 - Administered any time after the diagnostic test

Stroke (STK)

Required

- STK-1
- STK-4
- STK-6
- STK-8

Voluntary

- STK-2
- STK-3
- STK-5
- STK-10

STK Data Elements

Added

- Reason for Extending the Initiation of IV Thrombolytic

Revisions

- Assessed for Rehabilitation Services
- Atrial Fibrillation/Flutter
- Date Last Known Well
- INR Value
- Last Known Well
- Monitoring Documentation

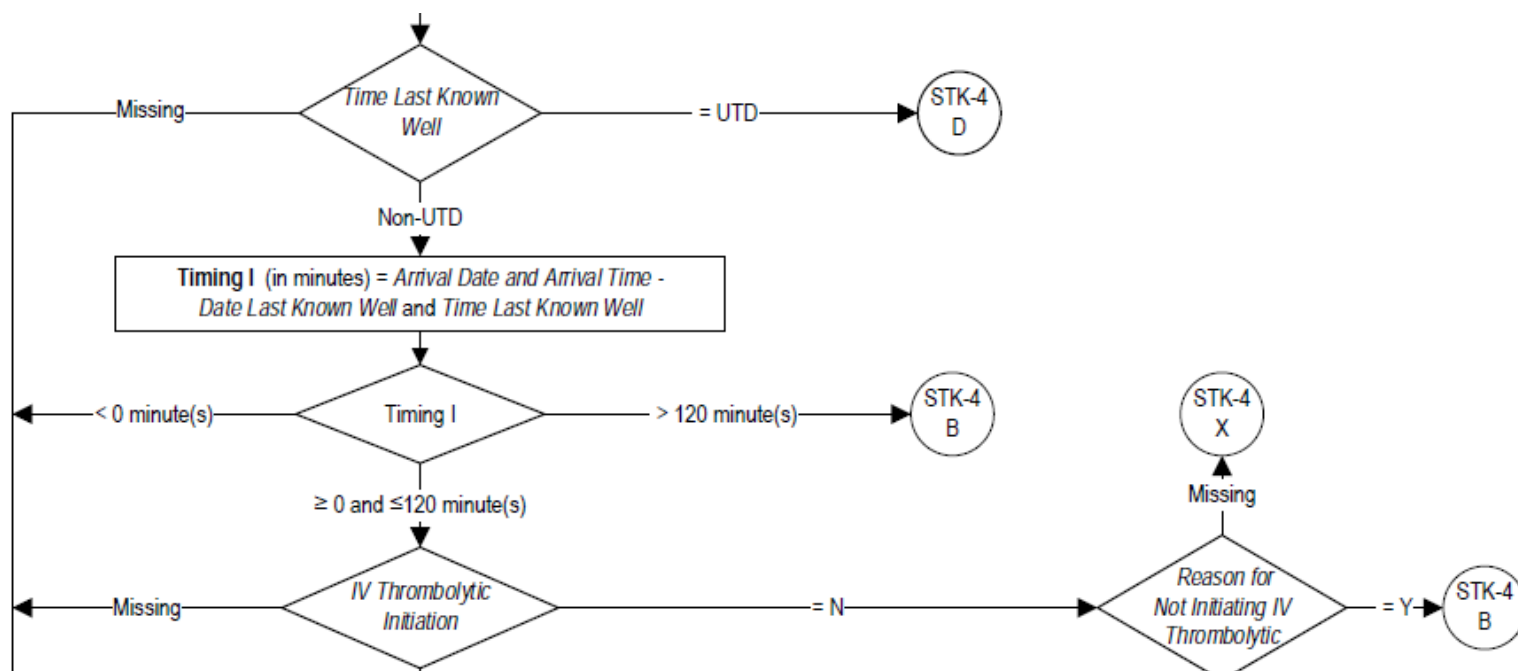
Data Element Revisions

- Assessed for Rehabilitation Services
 - Assessment must be completed by a qualified provider
- Atrial Fibrillation/Flutter
 - History of ANY atrial fibrillation or flutter or
 - Diagnosis or signed ECG of ANY atrial fibrillation or flutter
- Date Last Known Well
 - What was the date associated with the time at which the patient was last known to be well or at his/her baseline state of health

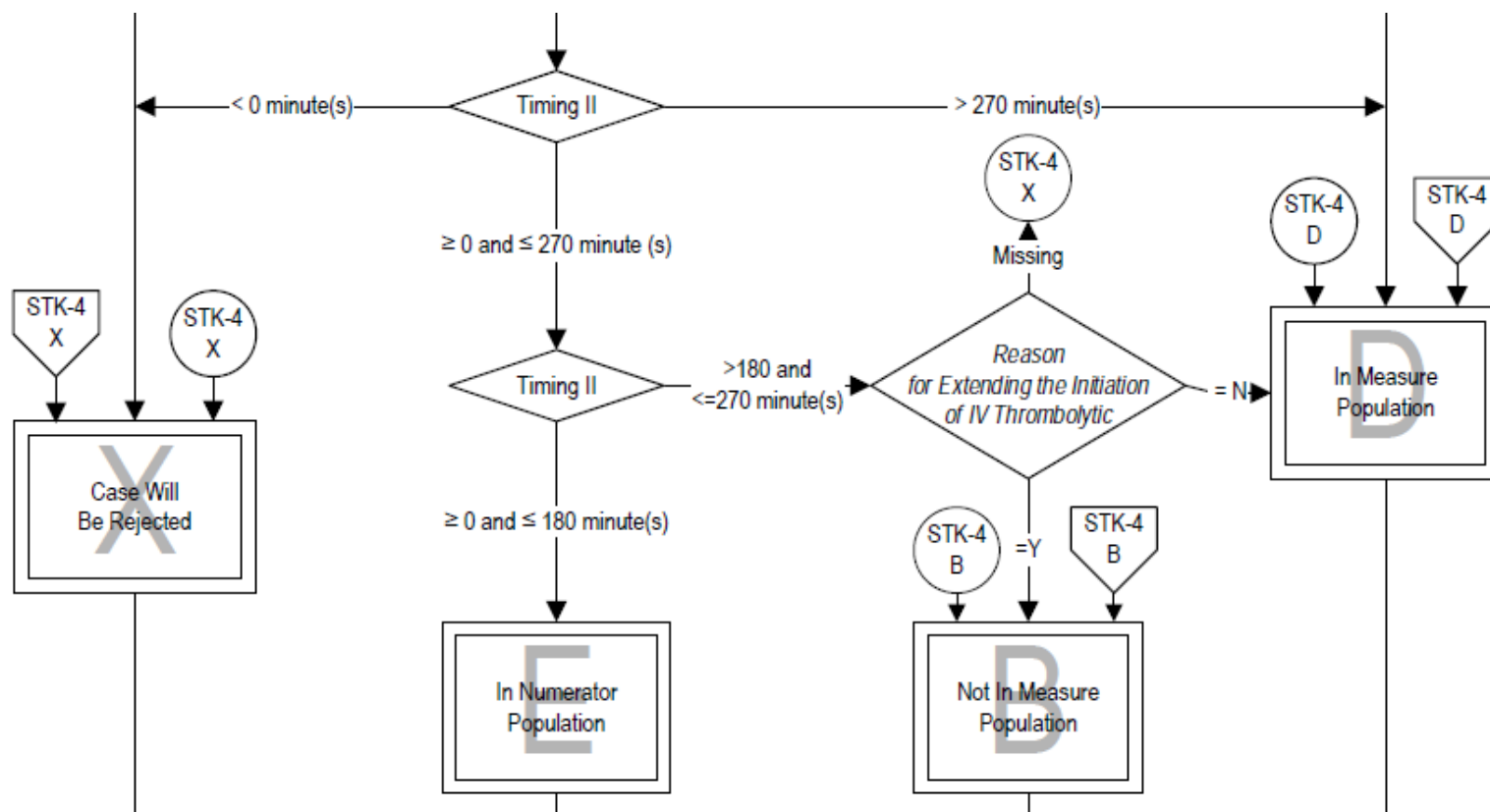
Data Element Revisions

- INR Value
 - Documentation of an INR value greater than or equal to 2.0 on the day of or the day after the last dose of the parenteral anticoagulation therapy
- Last Known Well
 - Select “Yes” if both a date and time last known well are documented.
 - If date/time is unknown, select “No.”
- Monitoring Documentation
 - If there is a explicit physician, etc. reason for not using a nomogram or protocol that is linked to the heparin order, select “Yes.”

STK-4 Algorithm Changes: Timing I



STK-4 Algorithm Changes: Timing II



Emergency Department (ED)

Required

- ED-1
- ED-2

Data Element Revision

- Decision to Admit Date & Time
 - Removed Physician/APN/PA documentation only from the Suggested Data Sources
- ED Departure Time
 - Added clarification that vital sign or medication documentation should not be used if they are later than the ED departure time

Immunization (IMM)

Required

- IMM-2

Voluntary

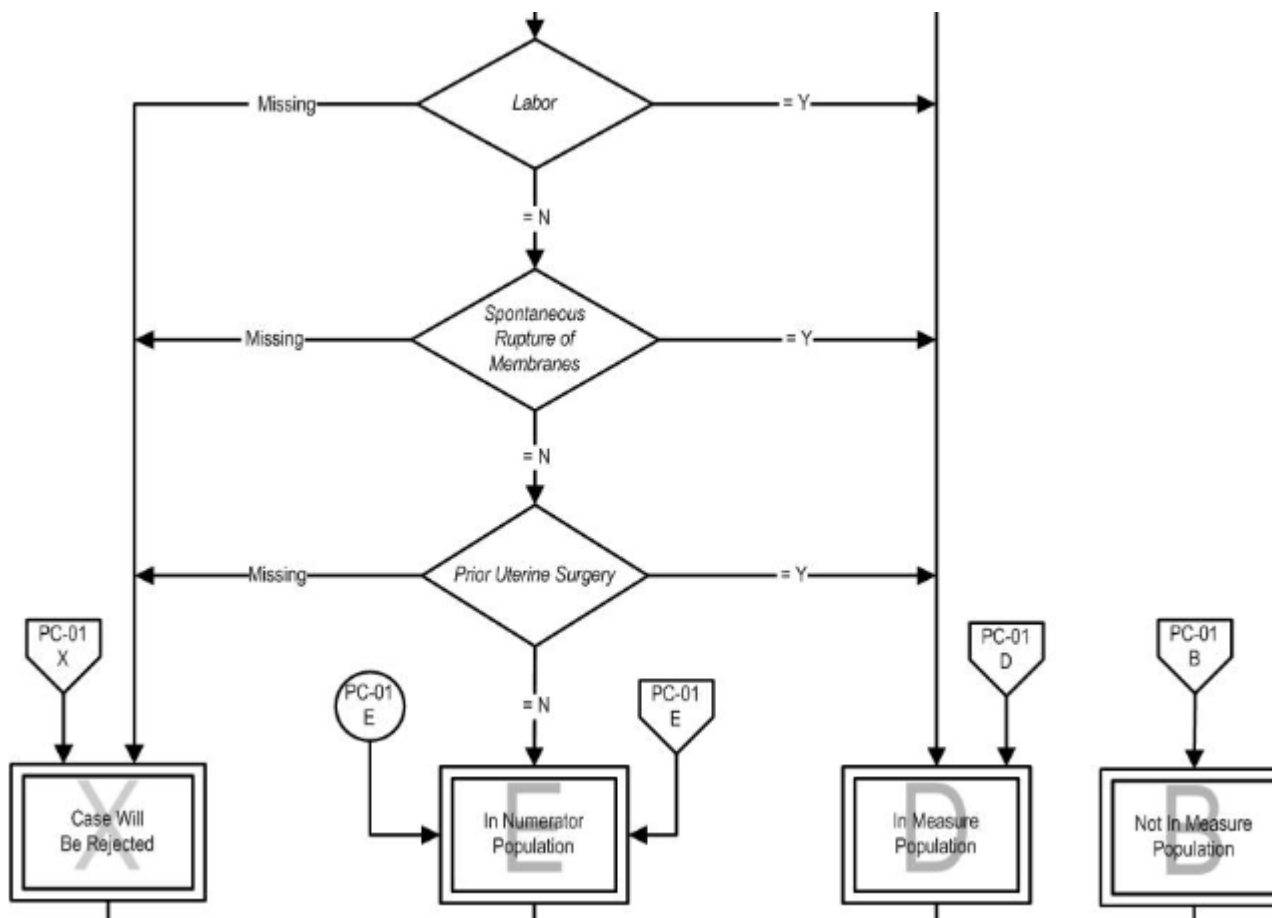
- IMM-1

Perinatal Care (PC)

Required

- PC-01

Prior Uterine Surgery



Claims-Based Measures

Added Measures

- MSPB-1
- MORT-30-CABG
- READM-30-CABG
- PAYM-30-HF
- PAYM-30-PN

Q and A Best Practices

Cindy Cullen

Mathematica Policy Research



Guidelines for Questions Related to Abstraction

- **Abstraction questions need to be submitted to the Q&A tool on QualityNet**
 - No phone support available
- **Submitted questions should contain at least the following:**
 - Data Element being abstracted, if applicable
 - Specifications Manual page number
 - Specific Notes for Abstraction being used or in question
- **Example of a question regarding Pneumococcal Immunization (IMM-1)**
 - The Pneumococcal Vaccination Status data element, page 1-293, states that if the chart documents that a patient is “Up To Date” on their vaccines then Allowable Value “2” can be selected. If the record from another hospital provided a standardized form that indicates “Immunizations ”and “Current” may I select Allowable Value “2”?

Hospital VBP Improvement Series: Medicare Spending per Beneficiary (MSPB)

Bethany Wheeler, BS

Hospital VBP Program Lead

Hospital Inpatient VIQR Outreach and Education
Support Contractor



MSPB Episode of Care

- A Medicare Spending per Beneficiary (MSPB) Episode includes all Part A and Part B claims between 3 days prior to index admission to 30 days after the hospital discharge
 - Claim inclusion in episode based on from date (or admission date for inpatient claims)
- Admissions NOT considered to be index admissions:
 - Admissions that occur within 30 days of discharge from another index admission
 - Acute-to-acute transfers
 - Episodes where the index admission claim has \$0 payment
 - Admissions having discharge dates fewer than 30 days prior to the end of the performance period

Included Populations

Beneficiaries Included:

- Enrolled in Medicare Parts A and B from 90 days prior to the episode through the end of the episode
- Admitted to subsection (d) hospitals

Beneficiaries Excluded:

- Enrolled in Medicare Advantage
- Have Medicare as the secondary payer
- Died during episode
- Covered by the Railroad Retirement Board

Standardized Episode Spending

- Standardize spending for each claim to adjust for geographic payment rate differences, hospital-specific rates, and IME and DSH add-on payments
- Standardized Episode Spending is calculated as the sum of all standardized Medicare Part A and Part B payments made during an MSPB episode
 - Includes patient deductibles and coinsurance

MSPB Risk-Adjustment Methodology

- MSPB Risk Adjustment Methodology:
- Accounts for variation in patient case mix across hospitals
- Case mix measured by factors such as age and severity of illness
- Linear regression (OLS) estimates the relationship between risk adjustment variables and Standardized Episode Standing
- Separate Regression Model for each major diagnostic category (MDC)
- Risk-Adjustment Variables:
 - Age
 - HCCs
 - Disability and ESRD Enrollment Status
 - Long-Term Care
 - Interactions between HCCs and/or Enrollment Status Variables
 - MS-DRG of Index Admission
- Reset (Winsorize) expected cost for extremely low-cost episodes

Calculating the MSPB Amount

- The MSPB Amount for each hospital is calculated as the ratio of the Average Standardized Episode Spending over the Average Expected Episode Spending, multiplied by the average episode spending level across all hospitals:

$$\text{MSPB Amount} = \frac{\text{Avg. Hospital Standardized Spending}}{\text{Avg. Hospital Expected Spending}} \times \left(\text{Avg. Overall Standardized Spending} \right)$$

Calculating the MSPB Measure

- MSPB Measure for each hospital is calculated as the ratio of the MSPB Amount for the hospital divided by the national Median MSPB amount across all hospitals. The national median MSPB Amount is a weighted median, where the weights are the number of episodes in each hospital.

$$\text{MSPB Measure} = \frac{\text{MSPB Amount}}{\text{Median MSPB Amount}}$$

MSPB Scoring in Hospital VBP

Improvement Points Calculation Steps

1. Formula

$$10 \times \left(\frac{\text{Performance MSPB Measure} - \text{Baseline MSPB Measure}}{\text{Benchmark} - \text{Baseline MSPB Measure}} \right) - 0.5$$

2. Input Data

Benchmark = **0.826966**
Hospital's Baseline Period Rate = **0.987830**
Hospital's Performance Period Rate = **0.846048**

3. Calculate Points

$$10 \times \left(\frac{0.846048 - 0.987830}{0.826966 - 0.987830} \right) - 0.5 = 10 \times \left(\frac{-0.141782}{-0.160864} \right) - 0.5 = 8.314 = \mathbf{8}$$

MSPB Scoring in Hospital VBP

Achievement Points Calculation Steps

1. Formula

$$9 \times \left(\frac{\text{Performance MSPB Measure} - \text{Achievement Threshold}}{\text{Benchmark} - \text{Achievement Threshold}} \right) + 0.5$$

2. Input Data

Benchmark = **0.826966**
Achievement Threshold = **0.984991**
Hospital's Performance Period Rate = **0.846048**

3. Calculate Points

$$9 \times \left(\frac{0.846048 - 0.984991}{0.826966 - 0.984991} \right) + 0.5 = 9 \times \left(\frac{-0.138943}{-0.158025} \right) + 0.5 = 8.413 = \mathbf{8}$$

MSPB Scoring in Hospital VBP

Measure Score Calculation Steps

1. Formula

Greater of Achievement Points and
Improvement Points

2. Input Data

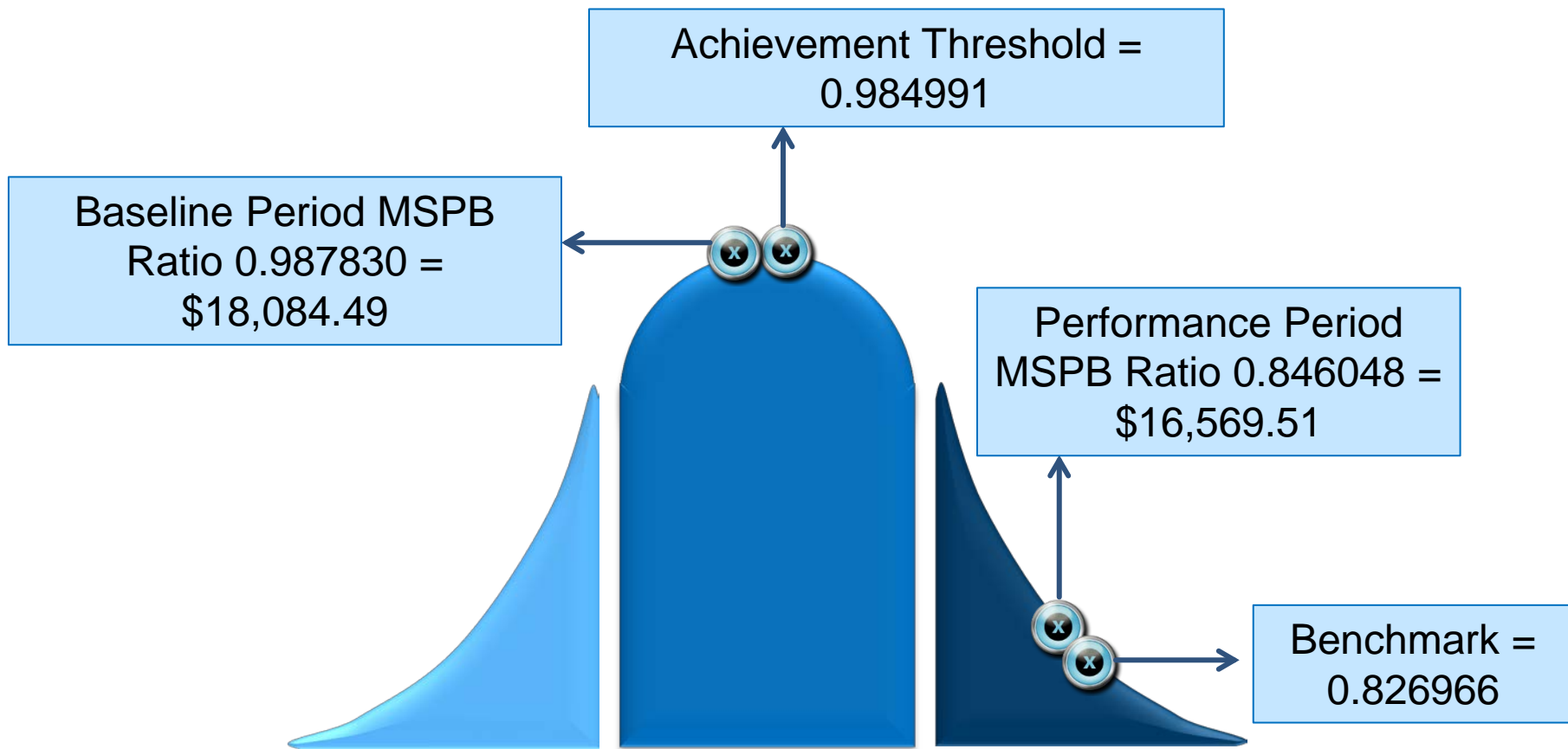
Improvement Points = 8
Achievement Points = 8

3. Calculate Score

Improvement Points 8 = Achievement Points 8
Measure Score = **8**

McLeod Medical Center – Dillon

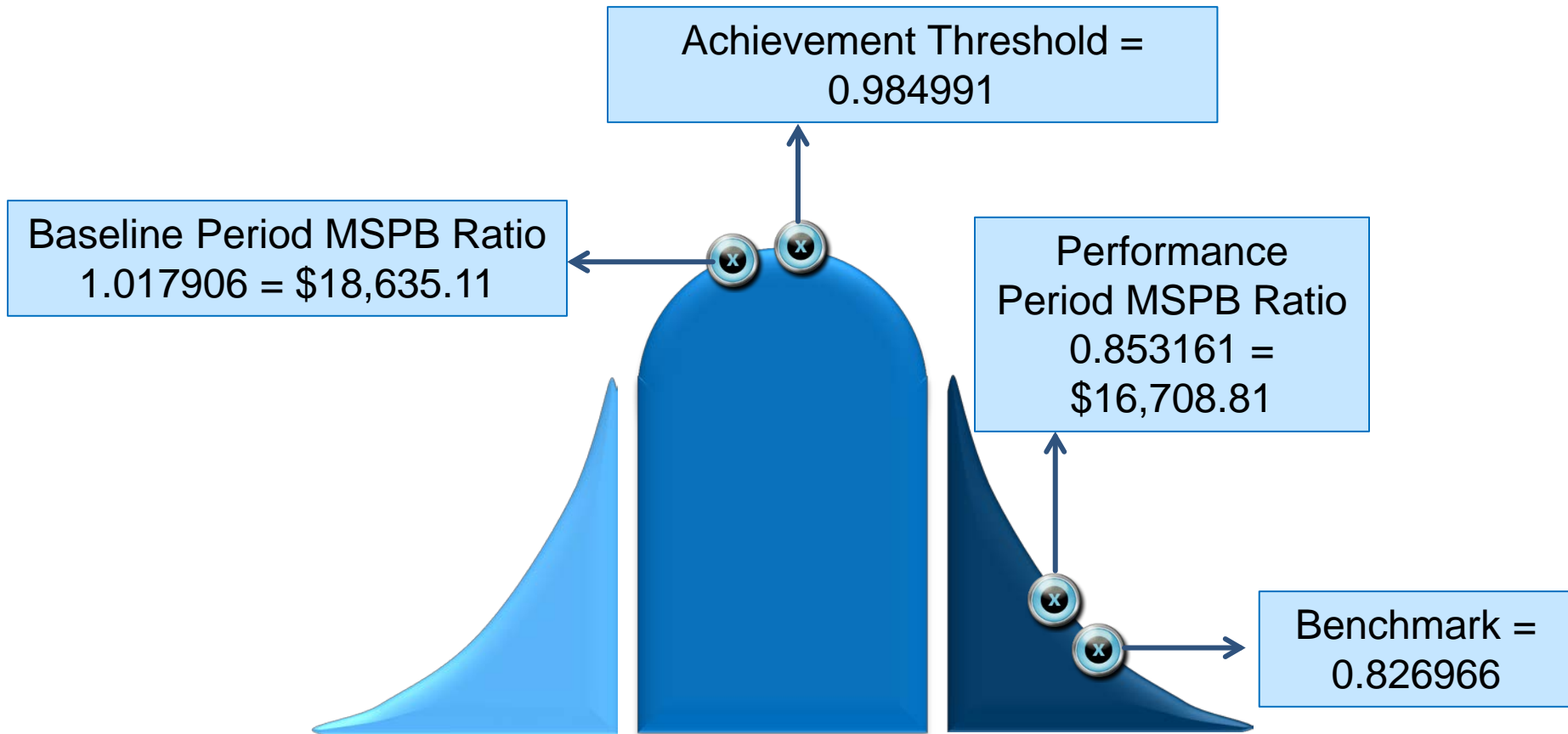
Facility TPS: 66.7666666666667 National TPS: 41.701695349849



Achievement Points = 8 Improvement Points = 8 Measure Score = 8

Memorial Hospital Sweetwater County

Facility TPS: 53.928571428571 National TPS: 41.701695349849



Achievement Points = 8 Improvement Points = 8 Measure Score = 8

MSPB Measure Resources

- Detailed measure specifications, payment standardization methodology, an MSPB calculation example, and other resources are available at:
<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1228772053996>
- Questions regarding the MSPB measure methodology and calculations may be sent to: cmsmspbmeasure@acumenllc.com
- Questions regarding the Hospital VBP Program may be sent to the Value, Incentives, and Quality Reporting (VIQR) Outreach & Education Support Contractor (contact information displayed at the end of the presentation)

Introducing



McLeod Medical Center Dillon, South Carolina

Donna Isgett, Sr. Vice
President Corporate Quality
and Safety McLeod Medical
Center

McLeod Health

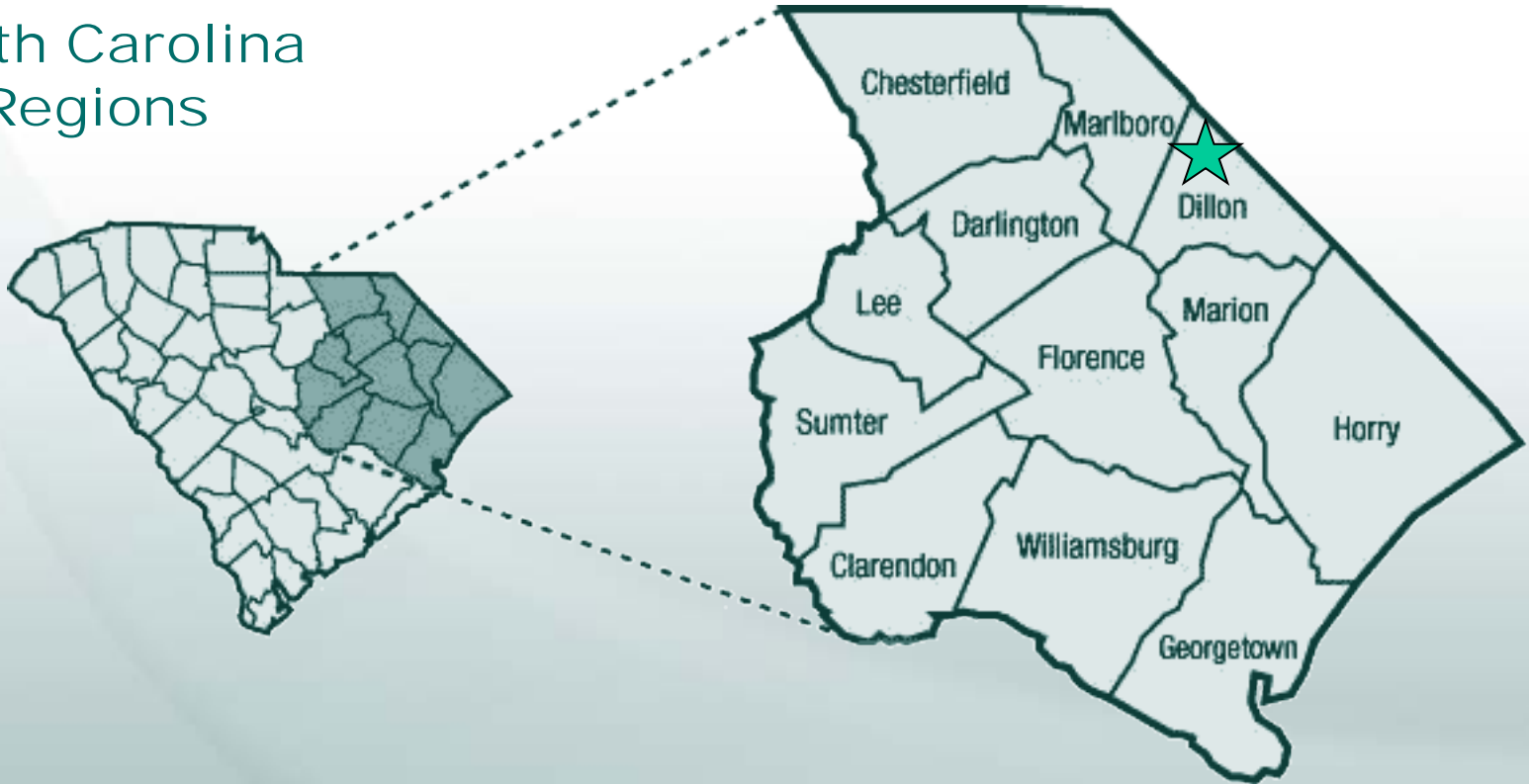
A Cornerstone of South Carolina Medical Care





Serving a 15-County Area

McLeod Health
Serves One of Four
South Carolina
Regions





McLeod Health - Who We Are

Private, Non-Profit Five + Hospital System Founded in 1906

McLeod Regional Medical Center Florence (493 beds)

McLeod Medical Center Dillon (79 beds)

McLeod Medical Center Darlington (49 beds)

McLeod Medical Center Loris (105 beds)

McLeod Medical Center Seacoast (50 beds)

McLeod Behavioral Health (23 beds)

McLeod Hospice House (24 beds)

60+ Physician Practices over eight county area

6,500 employees
28,000+ admissions
230,000+ outpatient visits
83,000+ ED Visits

McLeod Health



McLeod Medical Center Dillon





McLeod Medical Center Dillon

- Rural County of 32,000 Population
- 79 Inpatient Beds
- 28,000 + Emergency Department Visits
- 172 Physicians (Active and Consulting)
- Average Length of Stay 3.09 Days
- Case Mix Index 1.28
- Payer Mix
 - Governmental 63%
 - Commercial 21%
 - Self Pay 16%
- Positive Operating Margin



American Hospital Association McKesson
Quest for Quality Prize®

Honoring Leadership and Innovation
in Patient Care Quality, Safety, and Commitment



★ *Joint Commission Top Performer Hospital – McLeod Dillon*

★ *2013 & 2014 Leapfrog “A” Rating – McLeod Dillon*



Value-Based Purchasing Results

Medicare Spending per Beneficiary
(baseline period)

\$ 18,084.49
(0.987830 ratio)

Medicare Spending per Beneficiary
(performance period)

\$ 16,569.51
(0.846048 ratio)



Improvement Guiding Principles

Institute of Medicine

Crossing the Quality Chasm:
Shaping the Future for Health

Meeting the Six Aims for Improvement

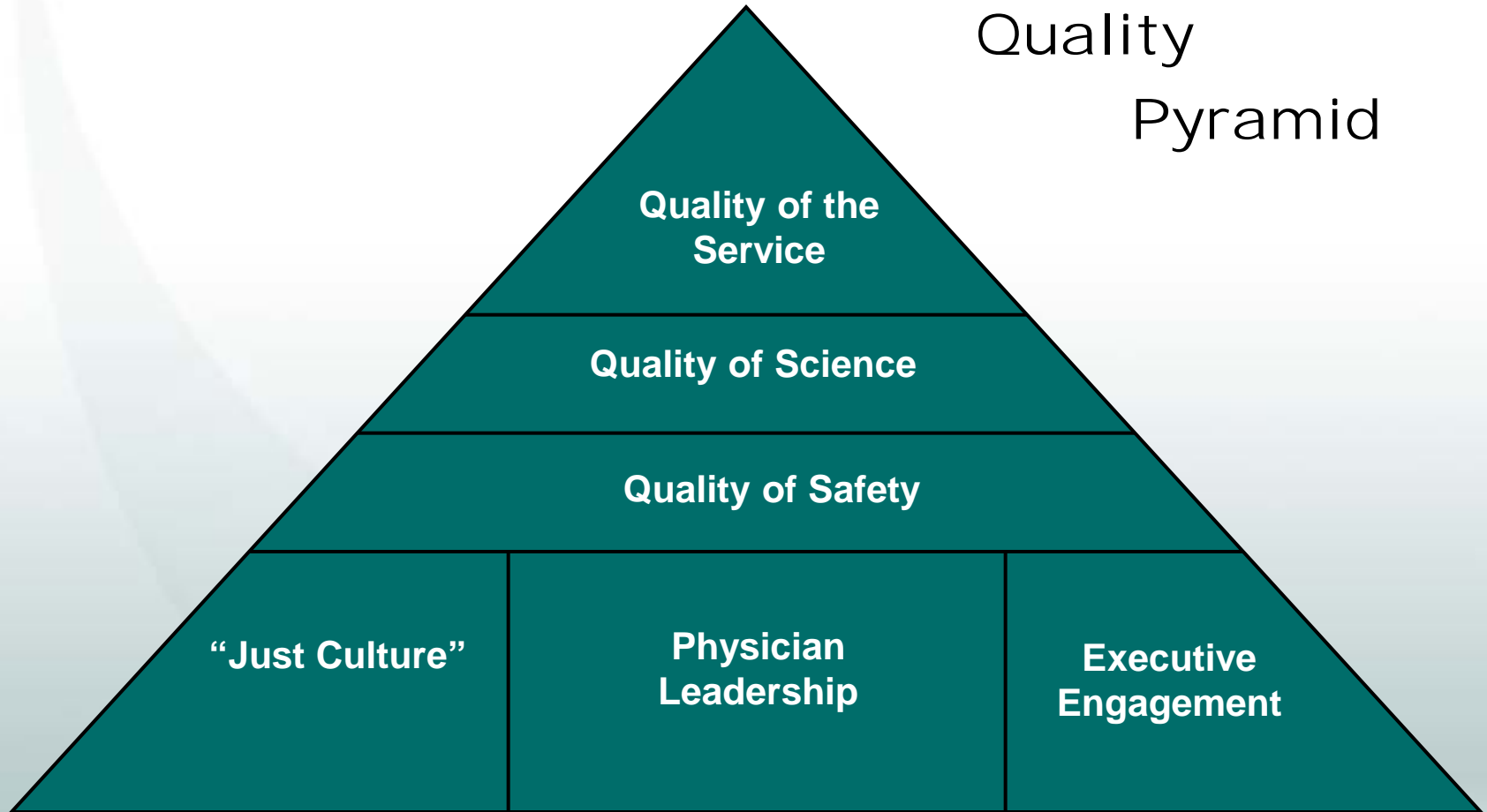


Crossing the Quality Chasm

- Safe – avoiding injuries to patients from the care that is intended to help them
- Effective – providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit
- Efficient – avoiding waste, including waste of equipment, supplies, ideas and energy
- Timely – reducing waits and sometimes harmful delays for both those who receive and those who give care
- Equitable – providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic locations and socioeconomic status
- Patient Centered – providing care that is respectful of and responsive to individual patient preferences, needs and values and ensuring that patient values guide all clinical decisions



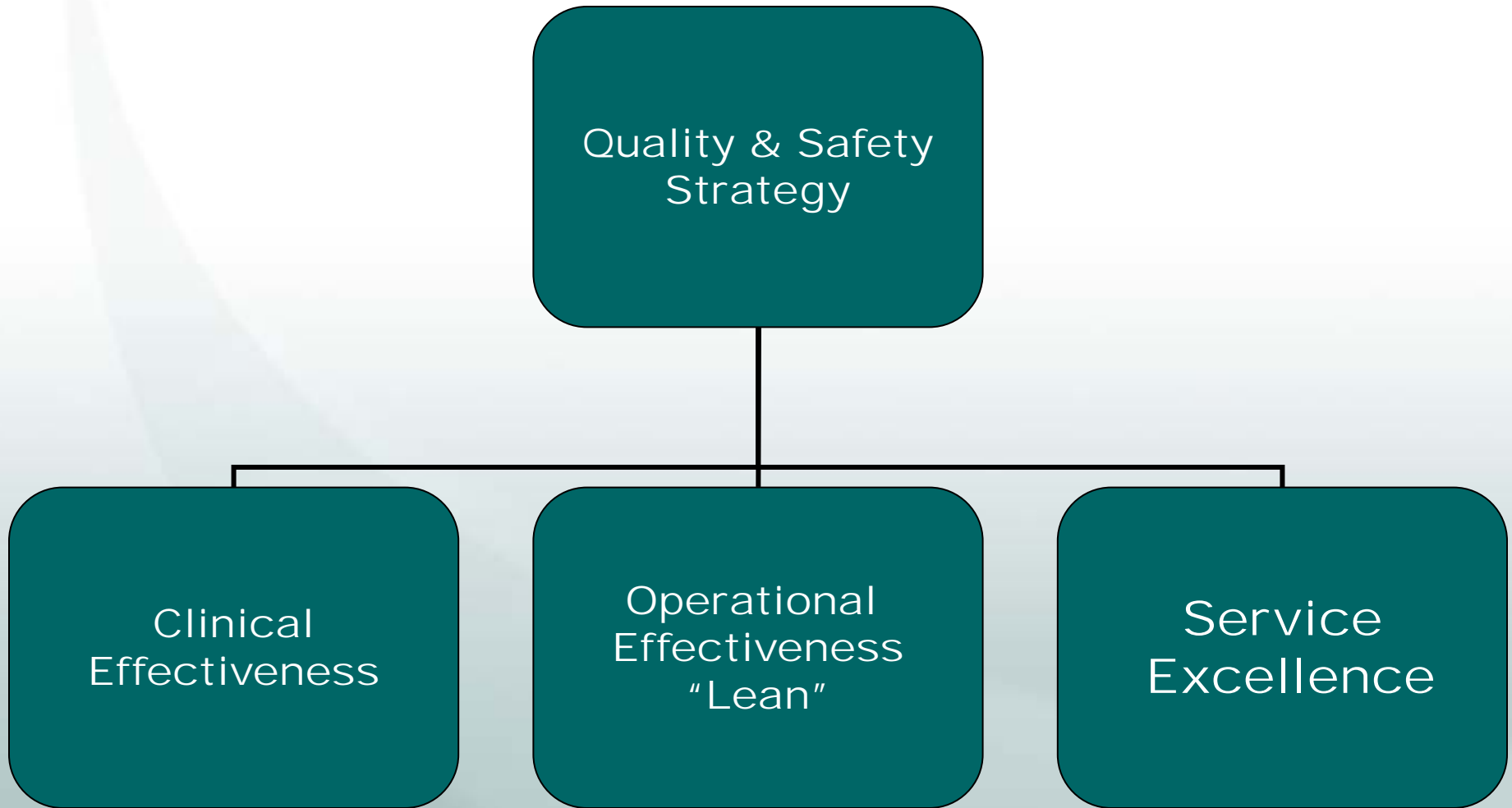
Quality
Pyramid



Building Evidence-Based Care



Quality Infrastructure





Clinical Effectiveness – “Safe and Effective”

- Physician Led – Clinical improvement led by physician teams with support by dedicated clinical nurse specialist nurses who are expert in change theory and improvement methodology
- Evidence Based – Physician teams identify root cause of variation and utilize evidence based solutions to improve outcomes
- Data Driven – Use multiple comparative databases to identify opportunities for improvement (Premier DRGs, Vermont Oxford NICU, Society for Thoracic Surgery, etc.)



Using the Data to Develop Improvement Plan – *Example Data*

DRG	Description	Cases	LOS Opportunity	Cost Opportunity	Mortality Opportunity	Readmit Opportunity
775 MDC 14M,	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	120	29	\$178,613	0	(1)
470 MDC 08P,	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O M	34	8	\$113,314	(0)	(1)
743 MDC 13P,	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC/MCC	18	4	\$88,913	0	(0)
765 MDC 14P,	CESAREAN SECTION W CC/MCC	61	(26)	\$79,343	1	(1)
766 MDC 14P,	CESAREAN SECTION W/O CC/MCC	80	(12)	\$78,450	0	(1)
330 MDC 06P,	MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	9	22	\$64,566	(0)	(1)
418 MDC 07P,	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC	23	(3)	\$43,320	0	(2)
742 MDC 13P,	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC/MCC	5	6	\$37,374	0	(0)
767 MDC 14P,	VAGINAL DELIVERY W STERILIZATION &/OR D&C	17	(2)	\$34,088	0	0
482 MDC 08P,	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W/O CC/MCC	3	(0)	\$26,188	(0)	(0)
774 MDC 14M,	VAGINAL DELIVERY W COMPLICATING DIAGNOSES	30	(3)	\$25,064	0	0

Top 10 DRGs over \$ 750,000 in savings!

Example Comparative Data compiled using *Premier's* Quality Advisor Tools



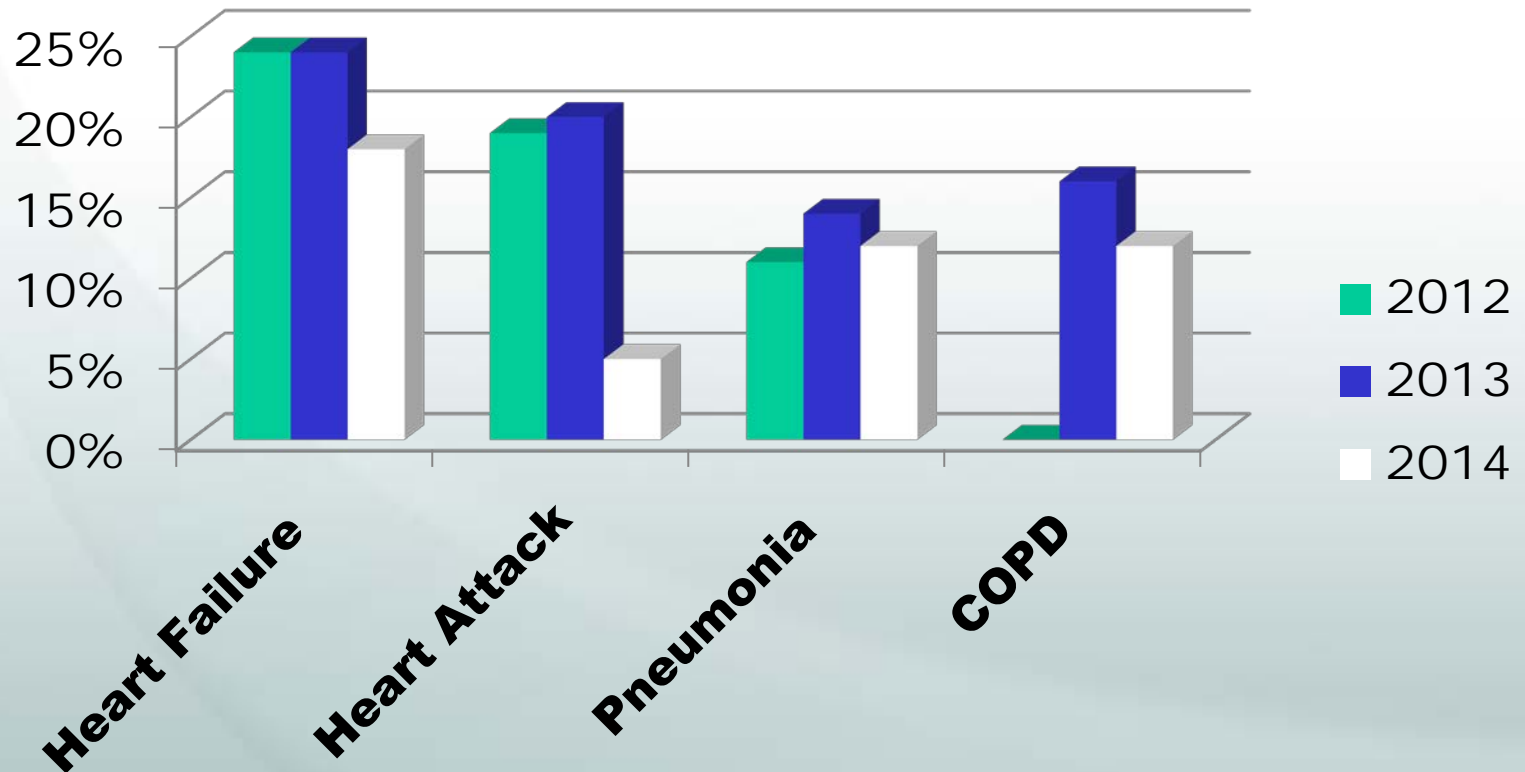
In Addition – Moving Outside of Hospital Walls

- Heart Failure Home to Stay
 - Collaborative sponsored by QIO, hospital and local practices to get HF patients seen in offices within 3-7 days of discharge and to assure records are available at time of visit
 - Implemented
 - ✓ “Teach Back” method of patient education
 - ✓ Multidisciplinary meetings/rounds
 - ✓ High risk tool for assessing readmission risk
- Chronic Care Management – Care Transitions
 - Duke Endowment Grant for social worker to do home visits
 - Transportation assistance
 - Nurse medication reconciliation at discharge and call follow-up
- Healthy Outcomes Program
 - Reducing unnecessary emergency department utilization



Clinical Effectiveness Results

Readmissions





Operational Effectiveness – “Efficient and Timely”

- “Lean” Principles – Based on improvement methodology referred to as “A3 thinking” and employed in Toyota Production Systems
- Waste Removal – Motion, transportation, waiting, process, defects, over production, unused creativity and inventory
- Develop Standard Work – Remove variation from work while utilizing employee developed best practice driven by results
- Engagement of People – Asking the people at the front line to improve the work



Examples of Operational Effectiveness Data

Compare Department / Volume	Compare Group	Hosp. Avg Monthly Volume	Hosp. Wrkd FTEs	Hosp. Wrkd Hrs/Unit	Peer Median Wrkd Hrs/Unit	Peer 1st Wrkd Hrs/Unit	Wrkd FTE Variance from Median	Wrkd FTE Variance from 1st Quartile	Annual Dollar Variance to Median	Annual Dollar Variance to 1st Quartile
1 OR / Case Hours	Custom	173	12.7	12.70	8.60	7.78	4.1	4.9	\$231,792	\$278,074
2 Security / 100 Sq Feet Patrolled	Custom	4,236	13.1	0.54	0.31	0.21	5.6	8.1	\$184,595	\$266,590
3 Food & Nutrition / Total Meals Srvd	Custom	7,447	16.2	0.38	0.22	0.20	6.9	7.7	\$180,756	\$201,700
4 Nursing Admin / Total Nrsng FTEs	Custom	134	6.5	8.41	6.18	5.41	1.7	2.3	\$151,394	\$203,547
5 Pt Reg / Adj Pt Days	Custom	1,858	16.6	1.54	1.16	0.99	4.1	6.0	\$109,456	\$158,333
6 Pharmacy / CMI Adj Pt Days	Custom	1,865	5.9	0.55	0.49	0.40	0.7	1.6	\$57,693	\$131,727
7 Womens Svcs / Pt Days	Custom	188	17.9	16.50	16.34	14.62	0.2	2.0	\$10,722	\$119,173
8 Environmental Svcs / 100 Sq Ft Cleaned	Custom	1,380	13.8	1.73	1.85	1.60	0.0	1.1	\$0	\$24,439
9 HIM / Adj Pt Days	Custom	1,858	6.4	0.59	0.63	0.56	0.0	0.4	\$0	\$14,362
10 Pt and Guest Relations / Adj Pt Days	Custom	1,858	0.8	0.08	0.09	0.07	0.0	0.1	\$0	\$3,266
11 ICU / Pt Days	Custom	95	10.0	18.16	19.49	18.17	0.0	0.0	\$0	\$0
12 Educ Svcs / Total Facility Employees	Custom	362	0.9	0.44	0.66	0.49	0.0	0.0	\$0	\$0
13 Case Mgmt / Total Pt Days	Custom	739	2.5	0.59	0.76	0.64	0.0	0.0	\$0	\$0
14 Cardiopulmonary Svcs / Proced by CPT4	Custom	2,563	6.8	0.46	0.63	0.49	0.0	0.0	\$0	\$0
15 PACU / Case Hours	Custom	103	0.8	1.38	2.60	2.24	0.0	0.0	\$0	\$0
16 Telemetry Units / Pt Days	Custom	699	41.5	10.29	11.07	10.49	0.0	0.0	\$0	\$0
17 Lab / Proced by CPT4	Custom	16,653	15.3	0.16	0.20	0.17	0.0	0.0	\$0	\$0
18 Cardiac/Pulm Rehab / Visits	Custom	902	1.6	0.32	0.65	0.59	0.0	0.0	\$0	\$0
19 Anesthesiology /CRNA / Cases	Custom	182	3.2	3.02	3.86	3.43	0.0	0.0	\$0	\$0
20 Rehab Svcs / Billed Units by CPT4	Custom	2,037	5.1	0.44	0.77	0.57	0.0	0.0	\$0	\$0
21 Radiology Svcs / Proced by CPT4	Custom	2,715	13.9	0.89	1.11	1.04	0.0	0.0	\$0	\$0
22 Emergency / Visits	Custom	2,438	27.2	1.94	2.62	2.54	0.0	0.0	\$0	\$0
Total Potential Opportunity							23	34	\$926,000	\$1,401,000



Operational Effectiveness Results

Nutrition Services	As Is	Current State
Cost per Tray	\$ 11.13	\$ 6.29
Turn Around Time for Trays	37 minutes	17 minutes
Patient Satisfaction % Excellent	26.9%	34.1%
Emergency Department	As Is	Current State
Length of Stay Discharged Patients	3.5 hours	2.9 hours
Door to Doctor	72 minutes	43 minutes
Left without being seen	4.5%	2.5%



Service Excellence – “Patient Centered” & Equitable

Service Standards

(based on 10 standards that support the core values of McLeod)

PROFESSIONALISM

ENVIRONMENTAL CLEANLINESS

COURTESY

RESPONSIVENESS/CUSTOMER WAITING

PRIVACY, RESPECT AND DIGNITY

PROVIDING INFORMATION AND COMMUNICATION

DIRECTION AND WAY FINDING

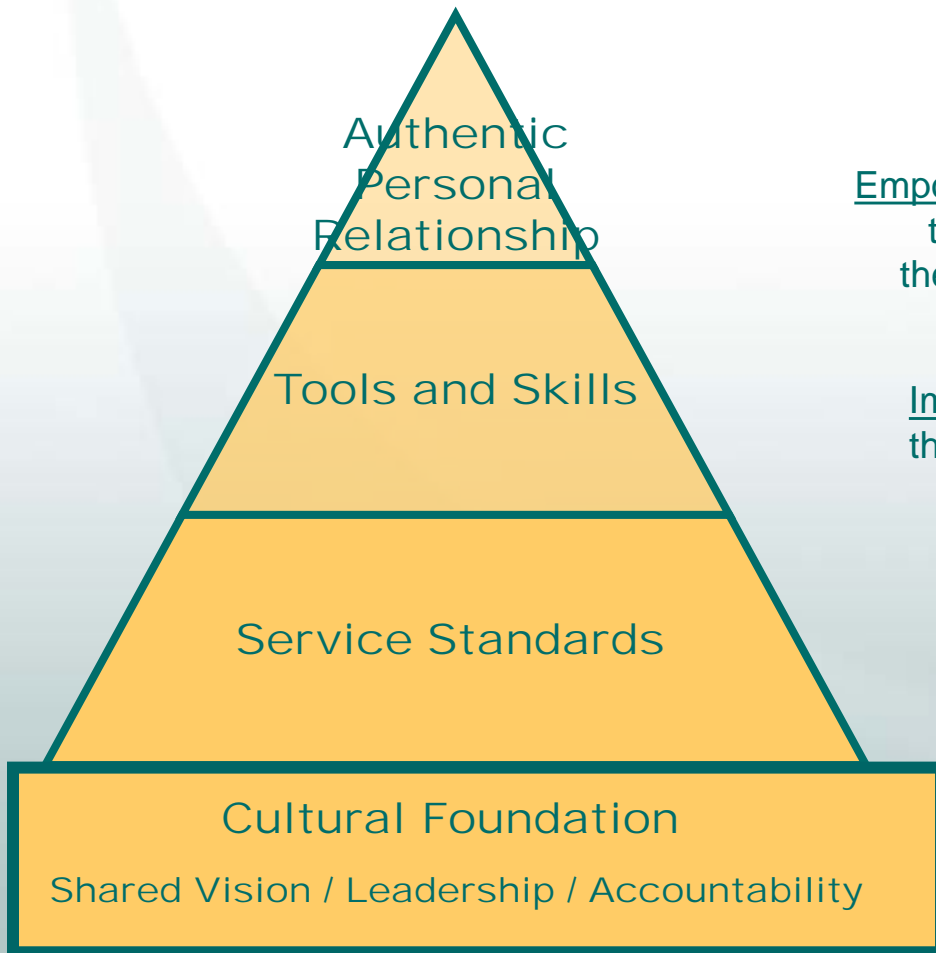
TELEPHONE COMMUNICATION

PERSONAL OWNERSHIP

SERVICE RECOVERY



Service Excellence Strategic Hierarchy



Empower Employees: Enable employees to passionately engage 1:1 with the customer for mutual satisfaction

Improve Outcomes: Provide core strategies that departments can adopt to affect scores

Establish System-Wide Predictability:
Provide clear, consistent expectations across the organization

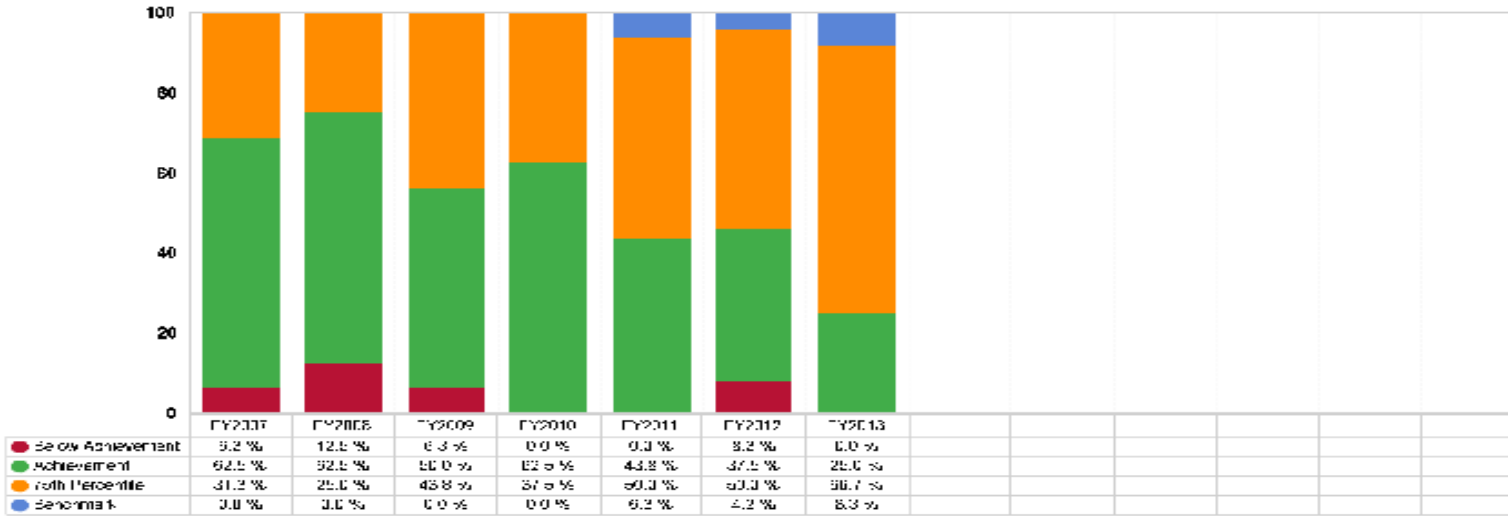
Develop a Cultural Foundation:
Grow and develop leaders, staff, and processes that support a patient-centered approach



Service Excellence Results

HCAHPS Compliance Trending Graph

The percentage of VBP threshold compliance for all dimensions in the selected areas from McLeod Health - Inpatient Loyalty Plus.



Comparisons to the VBP Thresholds are provided for benchmarking purposes only and may not predict a hospital's actual VBP outcome when the final calculations are completed by CMS in summer/fall 2012.



Crossing the Quality Chasm

- Safe – avoiding injuries to patients from the care that is intended to help them
- Effective – providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit
- Efficient – avoiding waste, including waste of equipment, supplies, ideas and energy
- Timely – reducing waits and sometimes harmful delays for both those who receive and those who give care
- Equitable – providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic locations and socioeconomic status
- Patient Centered – providing care that is respectful of and responsive to individual patient preferences, needs and values and ensuring that patient values guide all clinical decisions



DEVOTED TO MEDICAL EXCELLENCE.
ONE LIFE AT A TIME. **McLeod Health**

*McLeod Regional Medical Center • McLeod Medical Center-Darlington • McLeod Medical Center-Dillon
McLeod Children's Hospital • McLeod Centers Of Excellence • McLeod Ambulatory Surgery Center
McLeod Diabetes Center • McLeod Physician Associates • McLeod Health & Fitness Center • McLeod Health Foundation
McLeod Center for Advanced Surgery • McLeod Home Health • McLeod Hospice • McLeod Cardiovascular Institute*

Introducing

Memorial Hospital Sweetwater County Rock Springs, WY

Donna Isgett, Sr. Vice President
Corporate Quality and Safety
McLeod Medical Center





Rock Springs, WY

About Memorial Hospital of Sweetwater County (MHSC)

- 99 beds
- Non-profit
- Located in scenic Southwest Wyoming
- Regional acute-care facility
- Acute care services
- Clinic services
- Accredited by The Joint Commission

Medicare Spending per Beneficiary

“As part of the Hospital VBP Program, the MSPB Measure assesses Medicare Part A and Part B payments for services provided to a Medicare beneficiary during a spending per beneficiary episode that spans from three days prior to an inpatient admission through 30 days after discharge.”

(Centers for Medicare & Medicaid Services [CMS], 2014)

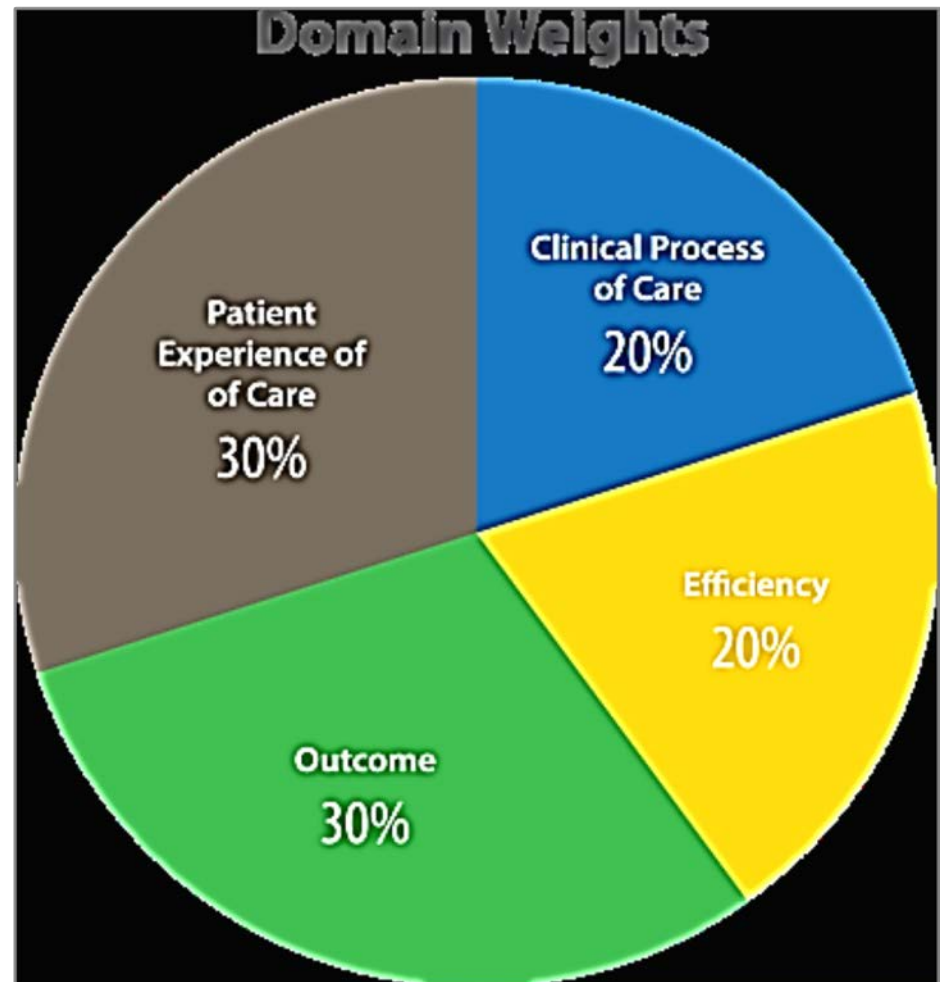
MHSC MSPB

Baseline Period: 5/1/2011-12/31/2011 Performance Period: 5/1/2013-12/31/2013	FY 2015 Baseline Period Ratio	FY 2015 Performance Period Ratio
Efficiency Measure	MSPB Measure	MSPB Measure
Medicare Spending per Beneficiary (MSPB)	1.017906	0.853161

Changes at MHSC...

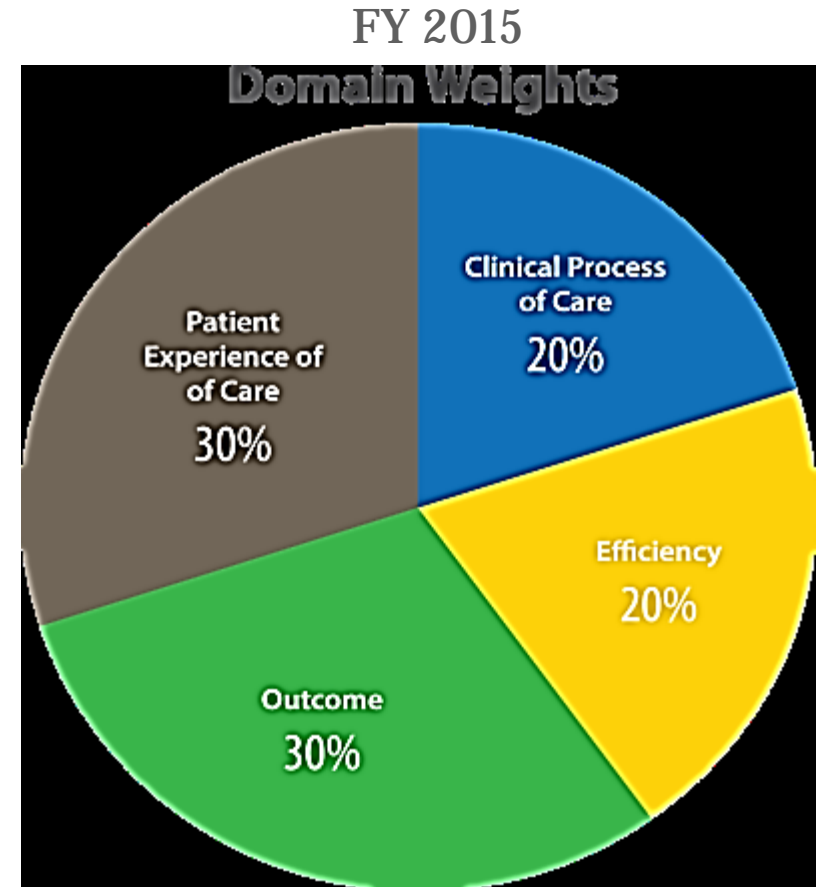
FY 2015

- 2012
 - Understanding of Value-Based Purchasing



Changes at MHSC...

- End of 2012
 - Education
 - Clinical Staff meetings
 - Medical Staff meetings
 - Focus on “quality”
 - Getting information out on Value Based Purchasing
 - Preparing for 2013



Changes at MHSC...

- 2013
 - Work teams for Core Measures
 - Each department chose individual areas to focus
 - Concurrent rounding
 - Interdisciplinary meetings
 - Providers present
 - Cognizant of over testing/under testing
 - “Prevention” focus
 - Information Technology collaboration

Changes at MHSC...

- 2012-2013
 - Infection prevention
 - Foley catheter
 - Criteria, asking why?
 - Central lines
 - Yearly education
 - Bundles
 - EMR documentation
 - Ventilator associated events
 - New oral care kits
 - Bundles
 - EMR documentation

2013 Recipient of

Zero Healthcare Associated Infections Award

From Mountain-Pacific Quality
Health

Changes at MHSC...

- 2013
 - Cardiac Rehab/Pulmonary Rehab
 - Transition Program
 - Focus on prevention
 - Education in the home setting through 30 days post-discharge

Changes at MHSC...

- 2013

Discharge Planning

- **Collaboration within community**
 - Utilization of resources
 - Long-term care facility, clinics, home health, hospice, etc.
- **Collaboration outside of community**
 - Long-term acute care facilities, use of resources within state

Changes at MHSC...

- 2013

Engagement of Providers

- **Provider changes**
 - More consistent providers (hospitalist group)
- **Specialty providers**
 - Ventilator management, more timely end of life decisions
- **Observation vs. Inpatient status**
- **Provider specific documentation education**
- **Leadership support**

Questions ?



Amanda Molski, MSN, RN, CPHQ
Quality Coordinator
307-352-8290
amolski@sweetwatermemorial.com

THANK YOU

CE Credit Process

- Complete the survey that will automatically pop up at the end of our presentation.
- At the end of the survey, click **Done**, and then click **New User** or **Existing User** to access the Learning Management Center for your CE Certificate:
 - A one-time registration is required.
 - The facility must allow automatic emails. If not, please contact your IT department to open the following domain: lmc@hsag.com.

This material was prepared by the Hospital Inpatient Value Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. HHSM-500-2013-13007I, FL-IQR-Ch8-11172014-01

