SHIP Quarterly Webinar

September 2017
2016-2017 Milestones

Hospitals will be reimbursed in three payments upon completion of each milestone.

**Milestone 1:** Submission and approval of mid-year SHIP expense and activity report, due January 30, 2017.  **Payment amount:** $1,056.00

**Milestone 2:** Four quarters of MBQIP outpatient data and four quarters Hospital Consumer Assessment of Healthcare Providers and System (HCAHPS) for the 2016 calendar year reported to CMS QIO Clinical Data Warehouse. Monthly data on Emergency Department Transfer Communication (EDTC) from September 2016.  **Payment amount:** $6,000.00

**Milestone 3:** Submission and approval of end-of-year SHIP expense and activity report, due June 30, 2017.  **Payment amount:** $1,056.00
ELIGIBILITY REQUIREMENTS

- Facilities must be small hospitals that are non-federal, short-term general acute care facilities and located in a rural area.
  - “small hospital” is defined as 49 available beds or less, as reported on the hospital’s most recently filed Medicare Cost Report, Line 14
  - “rural” is defined as either located outside of a Metropolitan Statistical Area (MSA) or located within a rural census tract of a MSA, as determined under the Goldsmith Modification or the Rural Urban Commuting Areas (RUCAs).

**PPS Hospitals**

Hospitals that are not designated a Critical Access Hospital will be asked to submit Part I of Worksheet S-3 from the most recently filed Medicare Cost Report.
• Contracts will be sent to CEOs and SHIP Contacts

• Your hospital must respond back by printing, signing and returning the agreement.
2017-2018 SHIP Agreements

- FY 17 grant period is June 1, 2017 to May 31, 2018
- Hospitals will receive $8,032
- Funds must be spent on qualifying purchases during grant period.
• Kansas CAHs must actively participate in the Medicare Beneficiary Quality Improvement Project [MBQIP] to qualify for full funding
  – OP 1, 2, 3, 4, 5, 18, 20, 21, 22, 27
  – IMM-2
  – HCAHPS
  – ED Transfer Communication
# Medicare Beneficiary Quality Improvement Project (MBQIP)
## Hospital Data Submission Deadlines
### Reporting Quarters Applicable to SHIP 2017-2018 Grants

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Population &amp; Sampling Submission (inpatient and outpatient)</td>
<td>QualityNet via Secure Log In</td>
<td>May 1, 2017</td>
<td>August 1, 2017</td>
<td>November 1, 2017</td>
<td>February 1, 2018</td>
<td></td>
</tr>
<tr>
<td>OP-1</td>
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<td>May 1, 2017</td>
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<td>Aspirin at Arrival</td>
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</tr>
<tr>
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</tr>
<tr>
<td>OP-18</td>
<td>Median time from ED Arrival to ED Departure for Discharged ED Patients</td>
<td>QualityNet via Outpatient CART/Vendor</td>
<td>May 1, 2017</td>
<td>August 1, 2017</td>
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<tr>
<td>OP-20</td>
<td>Door to diagnostic evaluation by a qualified medical professional</td>
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<tr>
<td>OP-21</td>
<td>Median time to pain management for long bone fracture</td>
<td>QualityNet via Outpatient CART/Vendor</td>
<td>May 1, 2017</td>
<td>August 1, 2017</td>
<td>November 1, 2017</td>
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</tr>
<tr>
<td>OP-22</td>
<td>Patient left without being seen</td>
<td>QualityNet via Secure Log In</td>
<td>May 15, 2018</td>
<td>(Aggregate based on full calendar year 2017)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EDTC</td>
<td>Emergency Department Transfer Communication</td>
<td>Qhi</td>
<td>Submit each month by the end of the following month</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HCAHPS</td>
<td>Hospital Consumer Assessments of Healthcare Providers and Systems</td>
<td>QualityNet via Vendor</td>
<td>April 15, 2017</td>
<td>July 5, 2017</td>
<td>October 4, 2017</td>
<td>January 3, 2018</td>
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*Although the denominator for IMM-2 is limited to inpatient discharges during October through March (Q4 and Q1), data submission is also expected for Q2 and Q3.

Updated 6-6-17
The Federal Office of Rural Health Policy has identified the following two priorities for using SHIP funds.

- ICD-10 Implementation
- HCAHPS

Once these priorities have been met, your Hospital may select other activities listed on the SHIP Purchasing Menu.
# 2017-2018 SHIP Purchasing Menu

<table>
<thead>
<tr>
<th>Training Area</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality reporting data collection/related training</td>
<td></td>
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<tr>
<td>HCAHPS data collection process/related training</td>
<td></td>
</tr>
<tr>
<td>Provider-Based Clinic Quality Measures Education</td>
<td></td>
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<tr>
<td>Computerized provider order entry implementation and/or training</td>
<td></td>
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<tr>
<td>Alternative Payment Model and Merit-Based Incentive Payment training/education</td>
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<tr>
<td>Pharmacy services implementation</td>
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<tr>
<td>Disease registry training and/or software/hardware</td>
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<tr>
<td>Systems performance training</td>
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<tr>
<td>Mobile health equipment installation/use</td>
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<tr>
<td>Community paramedicine training and/or equipment installation/use</td>
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<tr>
<td>Health Information Technology Training for Value and ACOs</td>
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<tr>
<td>ICD-10 software/training</td>
<td></td>
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<tr>
<td>S-10 Cost Reporting training/project</td>
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<tr>
<td>Pricing Transparency Training</td>
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<tr>
<td>Efficiency or quality improvement training/project (Lean/Six Sigma, ER Efficiencies, Patient Satisfaction, Financial Operations, Non-Clinical Operations, Clinical Care Delivery, Board Organization/Operation)</td>
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Hospitals will be reimbursed in three payments upon completion of each milestone.

**Milestone 1:** Submission and approval of mid-year SHIP expense and activity report, due January 5, 2018. **Payment amount: $1,016.00**

**Milestone 2:** Four quarters of MBQIP outpatient data and two quarters Hospital Consumer Assessment of Healthcare Providers and System (HCAHPS) reported to CMS QIO Clinical Data Warehouse. **Payment amount: $6,000.00**

**Milestone 3:** Submission and approval of end-of-year SHIP expense and activity report, due June 30, 2018. **Payment amount: $1,016.00**
MBQIP was created by Federal Office of Rural Health Policy to help rural and Critical Access Hospitals prepare for value-based payments.
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<td>CMS Clinical Data Warehouse (QualityNet)</td>
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<td>CDC National Healthcare Safety Network (NHSN)</td>
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<td>Quality Health Indicators (QHi)</td>
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#### Hospital Data Submission Deadlines
#### Reporting Quarters Applicable to SHIP 2017-2018 Grants

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<tr>
<th>Measure ID</th>
<th>Measure Name</th>
<th>Reported To</th>
<th>Submission Deadline by Encounter Period</th>
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Updated 6-6-17
MBQIP is a “Safe Zone”

- Provides rural and critical access hospitals the opportunity to build internal capacity
- Helps the Federal Office prioritize funding resources and tell “rural/critical access hospital” story to policy and decision makers
One CAHs Quality Journey

Hodgeman County Health Center

- 13 Bed CAH serving Hodgeman County and the surrounding areas
- 25 bed Long Term Care Facility
- 2 Rural Health Clinics located in Jetmore and Spearville, Kansas
One CAHs Quality Journey

Sidni Durler

- HIM Billing Manager
- RHIT Certified
- Privacy Officer
- Compliance Officer
- Employed at HCHC for 7 years
One CAHs Quality Journey

Tanda Nash

- QA Manager
- Discharge Planner
- UR Coordinator
- Emergency Preparedness Manager
- Employed at HCHC for 1.5 years
OLD WORKFLOW

- QA Manager/Employee Health/Infection Control employee was the one to enter ALL quality reporting data

WORKFLOW NEGOTIATIONS

- HIM gave UR to Risk Manager/SSB Coordinator
- RM/SSB Coordinator gave D/C calls to QA Coordinator
- HIM Staff took over CART abstraction for ED Thru-Put

One CAHs Quality Journey
Employee Turnover

- 6 month lapse without facility QA Coordinator
- HIM Still abstracting CART data
- New QA hired (no clinical background)
"Wait! Wait! . . . Cancel that, I guess it says 'help.'"
MISCOMMUNICATION

- While HIM continued to abstract ER Data, we were not aware of the submission process as it was previously being entered by someone no longer at the facility
- Temporary QA Manager was not submitting any other cases for over 6 months
- New QA & HIM Manager attended quality reporting training
One CAHs Quality Journey

KEEP CALM
WE HAVE A PLAN!
One CAHs Quality Journey

NEW WORKFLOW

- QA submits EDTC & HCAHPS data, completes discharge calls and Utilization Review
- Lab submits data via NHSN
- HIM submits all other data measures for MBQIP to Quality Net and Qhi
One CAHs Quality Journey

Keep on Truckin'...
ListServ Update

• SHIP – general updates/announcements
  – We enrolled all primary contacts
  – SHIP (ship@krhop.net)

• Quality – questions/networking
  – You must join
  – Quality Reporting (quality@krhop.net)
New Website

www.krhop.net
ED Throughput:
ALL Hospitals can sample!

- >901 ED patients per quarter
  - 32 cases per month or 96 cases per quarter
- 0 - 900 ED patients per quarter
  - 21 cases per month or 63 cases per quarter

(Spec Manual: Population and Sampling Section. Table 3: Sample Size Requirements per Quarter per Hospital for OP-18 and OP-20)
Patient left without being seen:

- What was the total number of patients who left without being evaluated by a physician/APN/PA? __________(numerator)

- What was the total number of patients who presented to the ED? __________(denominator)

Available in QHi as a monthly entry then you can print an annual report.

Opens toward the end of March – submission deadline is May 15, 2018 for 2017 data
Influenza vaccination coverage among health care personnel:

Must be entered in National Healthcare Safety Network (NHSN)

If you need an account – you must contact Nadyne Hagmeier at KFMC for assistance NOW

nhagmeier@kfmc.org

Open now – submission deadline is May 15, 2018
Case Status Summary Report

- Reports (logged in as a user)

  Case Status Summary Report – tells you the number of cases submitted to the warehouse and how many were accepted and/or rejected.

  Here are the steps to run that report:
  1. Look for “My Reports” and from the drop-down menu select “Run Reports”
  2. Select “Run Reports” from the “I’d Like To....” list
  3. Select “OQR” or “IQR” from the “Report Program” drop-down menu
  4. Select “Hospital Reporting – Feedback Reports” from the list in the “Report Category” drop-down menu
  5. Select “View Reports” to display a list of report names
  6. Select “Hospital Reporting – Case Status Summary Report” under “Report Name”
  7. Select the quarter and measure sets for the data you submitted
  8. Select “Run Reports” at the bottom of the screen
FORHP continues to work with CMS regarding the issues with entry of outpatient population and sampling data via the QualityNet Secure portal. Additional information and guidance on submission of population and sampling data for next quarter will be shared once details are available.
MBQIP Data Abstraction Training Series

- Locating CMS Specifications Manuals (13-minute video)
- Locating CART (CMS Abstraction Reporting Tool) (9-minute video)
- Outpatient AMI Measures (OP1 - OP5) (23-minute video)
- Outpatient Chest Pain Measures (OP4 - OP5) (20-minute video)
- ED Throughput Measures (OP18, OP20, OP22) (19-minute video)
- Outpatient Pain Management Measure (OP21) (12-minute video)
- Inpatient Influenza Vaccination Measure (IMM-2) (18-minute video)
HCAHPS Warehouse Provider Survey Status Summary Report

- Reports (logged in as a user)

HCAHPS Warehouse Provider Survey Status Summary Report – gives a summary of HCAHPS Warehouse Submission Status per discharge month. (Number of admin and survey data accepted)

Here are the steps to run that report:
1. Look for “My Reports” and from the drop-down menu select “Run Reports”
2. Select “Run Reports” from the “I’d Like To….” list
3. Select “IQR” from the “Report Program” drop-down menu
4. Select “HCAHPS – Feedback Reports” from the list in the “Report Category” drop-down menu
5. Select “View Reports” to display a list of report names
7. Select the discharge start date and the discharge end date for the quarter needed
8. Select “Run Reports” at the bottom of the screen
Emergency Department Transfer Communication (EDTC)

• Data is due the month following in Qhi
  • August 2017 data due by September 30, 2017

• May 2017 to April 2018 all due by May 31, 2018 for SHIP Grant year end payments
Patient and Family Engagement (PFE)

Metric 1 – Preadmission Checklist
Metric 2 – Bedside Shift Change Report
Metric 3 – Designated Person Responsible for PFE
Metric 4 – Having a PFAC (Patient and Family Advisory Counsel) or Patient/Family Represented on a Quality or Safety Committee
Metric 5 – Having Patient/Family Represented on the Hospital Board
Upcoming Projects

- LEAN Learning Community Kick Off (Oct 4, Wichita)
- EDTC/Abstraction One-Day Seminar (Oct 24, Salina)
- ED Efficiencies Training
  - Nov 29, Hays
  - Nov 30, Wichita
- 2017 SHIP Informational Webinar (Dec 20)
- PS/PFE Learning Community (Spring 2018)
- Site Visits
  - Working on method to offer one on one assistance to those most in need
This project was funded by the Kansas Office of Rural Health in fulfillment of grant expectations for the Kansas Small Rural Hospital Improvement Program. The SHIP grant was awarded to the Kansas Department of Health and Environment (Grant No. H3HRH00019) from the Federal Office of Rural Health Policy, Health Resources and Services Administration.