

CA QHi User Group Meeting

Notes

September 6, 2012

Participants: 19 representing 10 CAHs, CaSORH, and QHi Kansas

Facilitator: Rochelle Spinarski, Rural Health Solutions

Recorded Call Access:

Dial (712) 432-0211, Enter Access Code 381730#, enter # for the most recent recording.

Discussions Items:

Introductions

Introduction of each participant.

CA QHi is funded through the CA Medicare Rural Hospital Flexibility (Flex) Program. Typically during the first fall QHi user group meeting we discuss the new CA Flex Program plans for the year (September 1, 2012 – August 31, 2013); however, we are delaying that for the November meeting so we can focus on the new CART upload feature and other QHi updates.

QHi Overview – Rochelle Spinarski

- QHi is a web-based benchmarking tool. It is not related to CMS; however, the QI indicators in QHi are in line (same definitions) with indicators in CMS Hospital Compare.
- Data are available monthly and once data are entered they are available immediately and can be emailed as needed.
- All CA CAHs can participate in QHi.
- Funded through the CA Flex Program
- Approximately 100 performance and quality indicators in QHi. All MBQIP measures in QHi.
- 17 CAHs and 90 users in CA participate in QHi along with about 1000 other users and 270 hospitals in 15 other states.
- At a minimum, all hospitals participating in QHi are asked to enter data for the 8 core indicators.
- QHi User Group Meetings every two months. All users and CAH CEOs are invited to participate.
- QHi Users and CAH CEOs receive all QHi updates and other related information.
- Referred to map of all states involved (attachment).

Questions/Comments:

One CAH reports they are unable to email other facilities using the QHi email feature. She noted that the emails are in her outbox. When she emails her state administrator it is received but not when trying to email other facilities. Issues have been in the detail report. Stu will follow-up with this.

QHi CART Upload – Stu Moore, QHi Kansas

CART upload is available in QHi as of September 4, 2012. Stu walked through the data upload feature noting a video and written directions are on the QHi Website. Directions were also emailed to all QHi Users and CA CEOs. Stu noted a few tips/reminders:

- Make sure your hospital's Medicare Provider ID number is in QHi and matches the ID in Hospital Compare. At the hospital profile page you can verify that it has been entered and is correct.
- Hospitals can upload measures into CART but only those measures that have been selected for reporting in QHi will show up in QHi.

- CART data can be uploaded retrospectively.
- Data can only be uploaded via the CART tool if your hospital is using CART.

QHi Best Practices Report – Rochelle Spinarski

Rochelle Spinarski reminded users of the availability and use of the Best Practices reporting feature in QHi. The hospitals with scores in the top 5 are noted as Best Practice Performers both via a Best Practices Report and on each hospital's dashboard. The intent of the report is to identify those CAHs in the top 5 and to facilitate networking between CAHs that are seeking support on a particular measure and those that have been successful in a particular measure.

CAHs were all emailed a template to report best practices standings to community members and others.

CAHs were asked if they have used the feature. One CAH reports an email was sent but did not receive a response. Follow-up is needed; however, this is not a known issue with QHi.

Other QHi Notes - Rochelle and Stu

- 10 additional lab measures are being added to QHi and will be available to all users very shortly.
- There is a strong interest in expanding the QHi database to include rural health clinics. This is underway.
- QHi financial measures are being reviewed and revised. A workgroup is being assembled to review the measures and make suggested changes. This process is primarily being driven by CAHs in MI, IL, and NM; however, all states will be asked to provide input. One set of financial and operational measures have been drafted. A tentative meeting date to discuss the measures has been set for October 3. Looking for consensus on what will work for all QHi states.
- A QHi chat page is being developed. Look for this in the coming year.

MBQIP – Rochelle Spinarski

Rochelle Spinarski discussed the Medicare Beneficiary Quality Improvement Project (MBQIP). She noted that 29 of 31 CAHs in CA signed the agreement to participate in MBQIP. This means these CAHs should be entering data into Hospital Compare for both pneumonia and heart failure inpatient measures. Most California CAHs were already doing this prior to MBQIP so for many this is not a new activity. For the current Flex Program grant year (September 1, 2012 – August 31, 2013), MBQIP participating CAHs are to work on entering Outpatient Measures 1-7 and HCAHPS data. While MBQIP is not a required program for CAHs, CAHs and State Offices of Rural Health are highly encouraged by the Health Resources and Services Administration, Office of Rural Health Policy, to participate in the project.

CAHs with questions about MBQIP can contact Rochelle Spinarski or Angelica Perez at the CA State Office of Rural Health.

Other:

One hospital requested a follow-up call to obtain additional information re: QHi and for technical assistance.

ADJOURN

Attachments: Map of states using QHi and examples displaying CART upload feature.



QHi Quarterly Administrator Call

September 5, 2012

Current Status of QHi



- 1,000+ users
- 290 hospitals
- 16 states

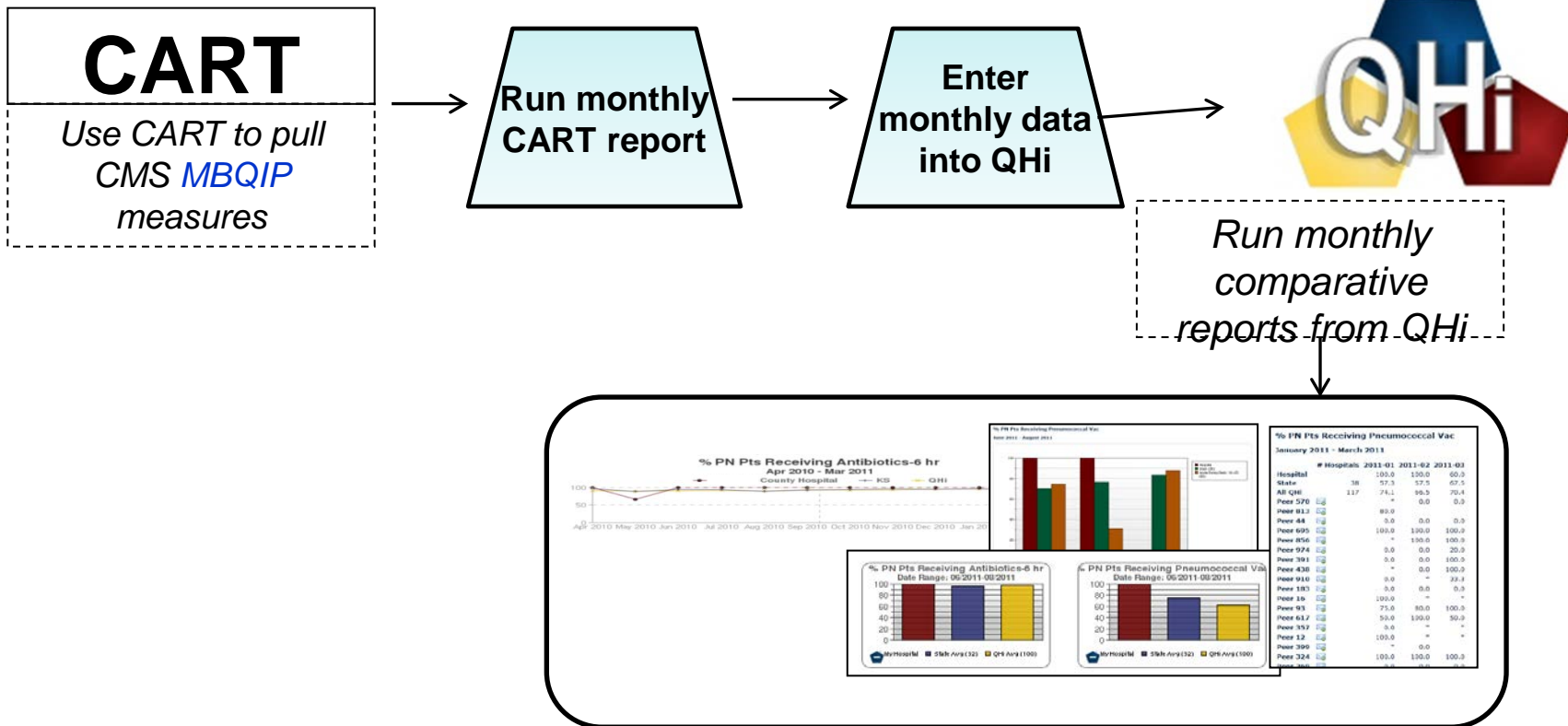
State	Hospitals
AK	7
AZ	6
CA	23
CO	19
IL	26
KS	89
KY	11
LA	11
MI	12
MN	17
MO	8
NE	18
NM	8
OK	10
OR	12
WY	13
Total	290



QHi Quarterly Administrator Call

September 5, 2012

CART Report Import - *Old way*





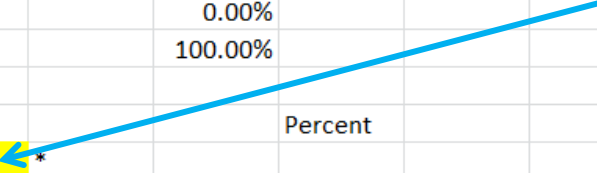
QHi Quarterly Administrator Call

September 5, 2012

	A	B	C	D	E	F	G	H	I	J
1	Report Run Date: 11-30-2011								Page: 1 of	2
2		Measures								
3		Provider: KFMC Test Hospital - 170000								
4		Discharge Date Range: 04-01-2011 - 06-30-2011								
5		Measure Set: PN								
6		Physician: ALL								
7	Total medical records abstracted for PN:2									
8	Age Breakdown:									
9		Age		N/D					Percent	
10		Mean Age (years):		54						
11		<65		2/2					100.00%	
12		65-74		0/2					0.00%	
13		75-84		0/2					0.00%	
14		>84		0/2					0.00%	
15	Sex Breakdown:									
16		Sex		N/D					Percent	
17		Male		0/2					0.00%	
18		Female		2/2					100.00%	
19		Unknown		0/2					0.00%	
20	Payment Source Breakdown:									
21		Payment Source		N/D					Percent	
22		Medicare		0/2					0.00%	
23		Non-Medicare		2/2					100.00%	
24	Measures:									
25		Measure		N/D					Percent	
26		PN-2 Pneumococcal Vaccinati		0/0		*				
27		PN-3a Blood Cultures Perform		0/1					0.00%	
28		PN-3b Blood Cultures Perform		0/0		*				
29		PN-4 Adult Smoking Cessation		0/0		*				

Monthly CART Report Export Sample

Numerator and Denominator

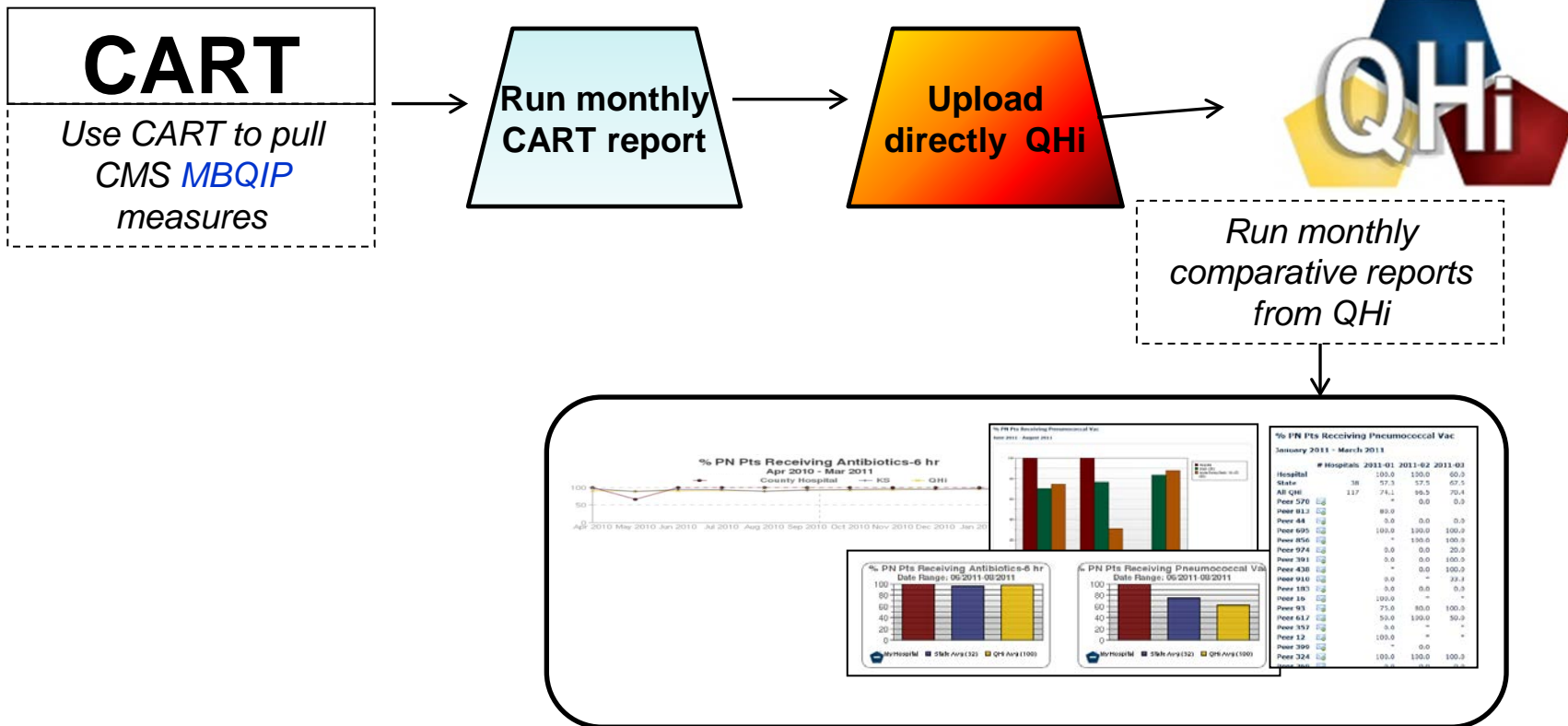




QHi Quarterly Administrator Call

September 5, 2012

CART Report Import - *New way*





QHi Quarterly Administrator Call

September 5, 2012

CART Report Import

Quality Health Indicators
About QHi

May 2012
82 of 296 hospital submissions are active
Inbox (0) | Outbox (1) | Ask My Administrator

Data Submissions Reports My Profile Administration Logout Help

Go to:

Cheyenne County Hospital
Submissions for May 2012

Month to add:

Activate data for reporting

 Show/Hide All Definitions

Clinical Quality

Healthcare Associated Infections per 100 Inpatient Days [QHi Core Measure] show/hide definitions

	Acute Inpatient Days	Skilled Swing Bed Days	HAIs	Calculate Result With Current Values
May	<input type="text" value="45"/>	<input type="text" value="54"/>	<input type="text" value="0"/>	0.00
April	45	70	0	0.00
March	71	33	0	0.00
February	69	37	0	0.00

Unassisted Patient Falls per 100 Inpatient Days [QHi Core Measure] show/hide definitions

	Acute Inpatient Days	Skilled Swing Bed Days	Unassisted Patient Falls	Calculate Result With Current Values
May	<u>Shown above</u>	<u>Shown above</u>	<input type="text" value="0"/>	0.00
April	45	70	0	0.00
March	71	33	0	0.00
February	69	37	0	0.00



QHi Quarterly Administrator Call

September 5, 2012

Inpatients Receiving Pneumococcal Vaccination - CMS PN-2 & MBQIP Phase 1

	PN pts 65 & older-Denominator	PN pts 65 screened/vac.-Numerator	Calculate Result With Current Values
April	<input type="text" value="5"/>	<input type="text" value="0"/>	0.00
January	3	2	66.67

Blood Cultures Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital - CMS PN-3b & MBQIP Phase 1

	PN pts-18 initial blood cult-Denominator	PN pts-cult prior to 1st abx-Numerator	Calculate Result With Current Values
April	<input type="text" value="10"/>	<input type="text" value="4"/>	40.00
January	3	0	0.00

Pneumonia Patients Receiving Initial Antibiotic Within 6 Hours of Hospital Arrival - CMS PN-5c & MBQIP Phase 1

	PN pts 18 & older-Denominator	PN pts antibiotic 6hrs-Numerator	Calculate Result With Current Values
April	<input type="text" value="9"/>	<input type="text" value="8"/>	88.89
January	3	3	100.00

Initial Antibiotic Selection for Community-Acquired Pneumonia (CAP) in Immunocompetent Patients - CMS PN-6 & MBQIP Phase 1

	PN pts-18-immunocomp w CAP-Denominator	PN pts-immuno w CAP-abx 24 hr-Numerator	Calculate Result With Current Values
April	<input type="text" value="1"/>	<input type="text" value="1"/>	100.00
January	0	0	